

Exhibit “A”

TOWNSHIP OF WEST ORANGE

ESSEX COUNTY, NEW JERSEY

REQUEST FOR PROPOSAL

**THIRD PARTY BILLING FOR AMBULANCE SERVICES
PROVIDED BY THE WEST ORANGE FIRE DEPARTMENT**

SUBMISSION DATE:

N o v e m b e r 17, 2022

A t 11:00 A.M

TOWNSHIP OF WEST ORANGE

66 MAIN STREET

RM 111

WEST ORANGE, NEW JERSEY 07052

TOWNSHIP OF WEST ORANGE

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TOWNSHIP OF WEST ORANGE

Invitation to Bid

The Township of West Orange is seeking competitive contract bids pursuant to N.J.S.A. 40A:11-4.3, seq. from companies for the following goods and/or services:

THIRD PARTY BILLING OF EMERGENCY TRANSPORT SERVICES FOR THE TOWNSHIP OF WEST ORANGE

Bid forms may be obtained in person at the Township of West Orange, 66 Main Street, Purchasing Room 111, County of Essex, West Orange, NJ 07052, Monday to Friday during regular business hours 8:30 a.m. to 4:30 p.m. or by emailing preynolds@westorange.org.

Sealed proposals clearly marked with the title of project and name and address of party making submission, addressed to the West Orange Township Purchasing Department will be received by mail, or hand delivery, at the Municipal Building, 66 Main Street, West Orange, NJ 07052 on or before November 17, 2022 at 11:00 A.M. and will be publicly opened and read at that time in the Council Chambers on the same day. No bids received after that time will be considered.

Bidders are required to comply with the Affirmative Action requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27 and have a New Jersey Business Registration Certificate P.L. 2004, c.57 and comply with Local Unit Pay to Play Law P.L. 2004, c.19.

Bid deposit will be required in the amount of \$5,000.00 to be a part of the bid submission in the form of a certified or /Cashier's check or bid bond. The Township Council reserves the right to reject any or all proposals submitted and also to increase or diminish any or all of the quantities which in their judgment be necessary.

Panayiota Reynolds
Purchasing Agent

TOWNSHIP OF WEST ORANGE

I.

SUBMISSION OF PROPOSALS

1. Sealed bid shall be received by the contracting unit, Township of West Orange, Essex County, New Jersey (hereinafter referred to as "TOWNSHIP") in accordance with public advertisement as required by law, with a copy of said notice being attached hereto and made a part of these specifications.
2. Sealed bid will be received by the designated representative at the time and place stated in the Notice to Bidders, and at such time and place will be publicly opened and read aloud.
3. Submit the bid in a sealed envelope addressed to the:
 - Township of West Orange,
66 Main St., West Orange, NJ 07052
Attn: Panayiota Reynolds, Purchasing Agent, Room 111
 - Bearing the name and address of the vendor written on the face of the envelope.
 - Clearly marked "PROPOSAL" with the contract title/''.
4. It is the vendor's responsibility to see that proposals are presented to the TOWNSHIP on the time and at the place designated. Bids may be hand delivered or mailed; however, the TOWNSHIP disclaims any responsibility for a bid forwarded by regular or overnight mail. If the bid is sent by express mail service, the above address must also appear on the outside of the express mail envelope. Bids received after the designated time will be returned unopened.
5. Sealed bids forwarded to the TOWNSHIP before the time of opening may be withdrawn with a written request and evidence showing that the individual is or represents the principal or principals involved in the proposal. Once proposals are opened, they shall remain firm for a period of sixty (60) calendar days.
6. All prices and amounts must be written in ink or preferably machine-printed.
 - a. Bids containing any conditions, omissions, unexplained erasures or alterations, items not called for in the proposal form, attachment of additive information not required by the specifications, or irregularities of any kind, may be rejected by the TOWNSHIP. Any changes, whiteouts, strikeouts, etc. in the proposal must be initialed in ink by the person signing the proposal.
7. Each bid form must give the full business address, business phone, fax, e-mail if available, and the contact person of the bid. An authorized representative must sign your submission as follows:
 - a. Bids by partnerships must furnish the full name of all partners and must be signed in the partnership name by one of the members of the partnership or by an authorized representative, followed by the signature and designation of the person signing.

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- b. Bids by corporations must be signed in the legal name of the corporation, followed by the name of the State in which incorporated and must contain the signature and designation of the president, secretary or other person authorized to bind the corporation in the matter.
- c. The proprietor shall sign proposals by sole-proprietorship.

II. PROPOSAL SECURITY AND BONDING REQUIREMENTS

The following provisions if indicated by an (X), shall be applicable to this proposal and be made a part of the proposal documents:

(X) PROPOSAL GUARANTEE

Vendor shall submit with the proposal a certified check, cashier's check or proposal bond in the amount of \$5,000.00 payable unconditionally to the TOWNSHIP. When submitting a Proposal Bond, it shall contain Power of Attorney for full amount of Proposal Bond from a surety company authorized to do business in the State of New Jersey and acceptable to the TOWNSHIP. The check or bond of the unsuccessful vendor(s) shall be returned pursuant to N.J.S.A. 40A:11-24a. The check or bond of the vendor to whom the contract is awarded shall be retained until a contract is executed and the required performance bond or other security is submitted. The check or bond of the successful vendor shall be forfeited if the vendor fails to enter into a contract pursuant to N.J.S.A. 40A:11-21.

Failure to submit this shall be cause for rejection of the proposal.

III. INTERPRETATION AND ADDENDA

1. The vendor understands and agrees that its proposal is submitted based on the specifications prepared by the TOWNSHIP. The vendor accepts the obligation to become familiar with these specifications.

2. **Vendors shall examine the specifications and related proposal documents with care and observe all their requirements.** Ambiguities, errors, or omissions noted by vendors should be reported promptly in writing to the appropriate official. Any prospective vendor who wishes to challenge a proposal specification shall file such challenges in writing with the contracting agent no less than three business days prior to the opening of the proposals. Challenges filed after that time will not be considered and having no impact on the contracting unit or the award of the contract pursuant to N.J.S.A. 40A:11-13. In the event the vendor fails to notify the TOWNSHIP of such ambiguities, errors, or omissions, the vendor will be bound by the requirements of the specifications and the vendor's submitted proposal.

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3. No oral interpretation and or clarification of the meaning of the specifications for any goods and services will be made. Such request shall be in writing, addressed to the TOWNSHIP'S representative stipulated in the specification. In order to be given consideration, a written request must be received at least seven (7) business days prior to the date fixed for the opening of the proposal for goods and services.

a. All interpretations, clarifications and any supplemental instructions will be in the form of written addenda to the specifications, and will be distributed to all prospective vendors, in accordance with N.J.S.A. 40A:11-23. All addenda so issued shall become part of the specification and proposal documents, and shall be acknowledged by the vendor in the proposal. The TOWNSHIP'S interpretations or corrections thereof shall be final.

b. When issuing addenda, the TOWNSHIP shall provide required notice prior to the official receipt of proposals to any person who has submitted a proposal or who has received a proposal package pursuant to N.J.S.A. 40A:11-23c.1.

4. Discrepancies in Proposals.

If the amount shown in words and its equivalent in figures do not agree, the written words shall be binding. Ditto marks are not considered writing or printing and shall not be used. In the event that there is a discrepancy between the unit prices and the extended totals, the unit prices shall prevail. In the event that there is an error of the summation of the extended totals, the computation by the TOWNSHIP of the extended totals shall govern.

IV. INSURANCE AND INDEMNIFICATION

1. Worker's Compensation and Employer's Liability Insurance.

This insurance shall be maintained in full force during the life of this contract by the vendor covering all employees engaged in performance of this contract pursuant to N.J.S.A. 34:1512(a) and N.J.A.C. 12:235-1.6. Minimum Employer's Liability is \$1,000,000.00 for each accident for bodily injury and \$3,000,000.00 each accident for property damage, shall be maintained in force during the life of this contract by the vendor.

2. Certificates of the Required Insurance:

a. Certificates as listed above shall be submitted along with the contract as evidence covering Comprehensive General Liability, Comprehensive Automobile Liability, and where applicable, necessary Worker's Compensation and Employer's Liability Insurance.

b. Such coverage shall be acceptable insurance companies operating on an admitted basis in the State of New Jersey and shall name the TOWNSHIP as an additional insured.

c. Self-insured contractors shall submit an affidavit attesting to their self-

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insured coverage and shall name the TOWNSHIP as an additional insured.

3. Indemnification.

Successful vendor shall indemnify and hold harmless the TOWNSHIP from all claims, suits or actions and damages or costs of every name and description to which the TOWNSHIP may be subjected or put by reason of injury to the person or property of another, or the property of the TOWNSHIP, resulting from negligent acts or omissions on the part of the vendor, the vendor's agents, servants or subcontractors in the delivery of goods and services, or in the performance of the work under the contract.

v. STATUTORY AND OTHER REQUIREMENTS.

The following are mandatory requirements of this proposal and contract.

1. Mandatory Affirmative Action Certification.

No firm may be issued a contract unless it complies with the affirmative action provisions of N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27-1 et seq. The following information summarizes the full, required regulatory text, which is included as Exhibit A of this proposal specification.

Goods and Services (including professional services) Contracts:

Each contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

- a. A photocopy of a valid letter that the contractor is operating under an existing Federally approved or sanctioned Affirmative Action program (good for one year from the date of the letter), or
- b. A photocopy of a Certificate of Employee Information Report approval, issued in accordance with N.J.A.C. 17:27-4; or
- c. A photocopy of an Employee Information Report (Form AA302) provided by the State of New Jersey, Division of Contract Compliance & Equal Employment Opportunity and distributed to the public agency to be completed by the contractor in accordance with N.J.A.C. 17:27-4.

3. Stockholder Disclosure.

Vendors shall submit a statement setting forth the names and addresses of all stockholders in the corporation or partnership who own ten (10) percent or more of its stock of any class, or of all individual partners in the partnership who own a ten percent or greater interest therein. The included Statement of Stockholder Disclosure shall be completed and attached to the bid. This requirement applies to all forms of corporations and partnerships, including, but not limited to, limited partnerships, limited liability partnerships and Subchapter S corporations. Failure to submit a stockholder disclosure document shall result in rejection of the proposal.

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4. Proof of Business Registration.

N.J.S.A. 52:32-44 requires that each vendor (contractor) submit proof of business registration with the proposal. Proof of registration shall be a copy of the vendor's Business Registration Certificate (BRC). A BRC is obtained from the State of New Jersey, Division of Revenue. Information on obtaining a BRC is available on the internet at:

www.state.nj.us/treasury/revenue/gettingregistered.htm#busentity or call the Division of Revenue at (609) 292-1730. N.J.S.A. 52:32-44 imposes the following requirements on contractors and all subcontractors that knowingly provide goods or perform services for a contractor fulfilling this contract:

- a. The contractor shall provide written notice to its subcontractors and suppliers to submit proof of business registration to the contractor;
- b. Prior to receipt of final payment from a contracting agency, a contractor must submit to the contracting agency an accurate list of all subcontractors or attest that none was used;
- c. During the term of this contract, the contractor and its affiliates shall collect and remit, and shall notify all subcontractors and their affiliates that they must collect and remit to the Director, New Jersey Division of Taxation, the use tax due pursuant to the Sales and Use Tax Act, (N.J.S.A. 54:32B-1 et seq.) on all sales of tangible personal property delivered into this State.

A contractor, subcontractor or supplier who fails to provide proof of business registration or provides false business registration information shall be liable to a penalty of \$25 for each day of violation, not to exceed \$50,000 for each business registration not properly provided or maintained under a contract with a contracting agency. Information on the law and its requirements is available by calling (609) 292-1730.

5. Non-Collusion Affidavit

The Affidavit shall be properly executed and submitted with the proposal.

6. Iranian Disclosure

7. Receipt of addenda

8. Township Political Contribution Statement

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VI. METHOD OF EVALUATION

The Township may establish an evaluation committee to evaluate and score the proposals submitted by the vendors.

Evaluation Criteria:

The contract will be awarded to the vendor that best meets the Township's needs. The following criteria shall be used for evaluating the proposals under the Competitive Contracting process:

A. Technical Criteria –

Evidence software is compliant with all applicable State of New Jersey and Federal regulations and laws.

Evidence of capacity to provide the services within time frame proposed by the Township.

B. Management Criteria –

Vendor's prior experience reflect the type of services required under this RFP.

Qualifications of vendor's staff to effectively perform the services required under this RFP.

Vendor's references.

Do the vendor's references provide positive testimony regarding the success of the vendor in collecting outstanding debts and obligations?

Information vendor provides detailing information concerning workflow and turnaround time from initial receipt of data to receipt of payment?

History of vendor's percentage of collection in terms of dollars and claims?

Does vendor meet experience requirements stipulated in this RFP?

C. Cost Criteria –

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Does the vendor's cost proposal provide the best economic advantage to the Township?

VII. TERMINATION OF CONTRACT

1. If, though any cause, the successful vendor shall fail to fulfill in a timely and proper manner obligations under this contract or if the contractor shall violate any of the requirements of the notice to the contractor of such termination and specifying the effective date of termination. Such termination shall relieve the Township of any obligation for balances to the contractor of any sum or sums set forth in the contract. Township will pay only for goods and services accepted prior to termination.
2. Notwithstanding the above, the contractor shall not be relieved of liability to the TOWNSHIP for damages sustained by the TOWNSHIP by virtue of any breach of the contract by the contractor and the TOWNSHIP may withhold any payments to the contractor for the purpose of compensation until such time as the exact amount of the damage due the TOWNSHIP from the contractor is determined.
3. The contractor agrees to indemnify and hold the TOWNSHIP harmless from any liability to subcontractors/suppliers concerning payment for work performed or goods supplied arising out of the lawful termination of the contract by the TOWNSHIP under this provision.
4. In case of default by the successful vendor, the TOWNSHIP may procure the goods and services from other sources and hold the successful vendor responsible for any excess cost.
5. Continuation of the terms of this contract beyond the fiscal year is contingent on availability of funds in the following year's budget. In the event of unavailability of such funds, the TOWNSHIP reserves the right to cancel this contract.
6. ACQUISITION, MERGER, SALE AND/OR TRANSFER OF BUSINESS, ETC. It is understood by all parties that if, during the life of the contract, the contractor disposes of his/her business concern by acquisition, merger, sale and/or transfer or by any means convey his/her interest(s) to another party, all obligations are transferred to that new party. In this event, the new Township(s) will be required to submit all documentation/legal instruments that were required in the original proposal/contract. Any change shall be approved by the TOWNSHIP.
7. The contractor will not assign any interest in the contract and shall not transfer any interest in the same without the prior written consent of the TOWNSHIP.

III. PAYMENT

1. No payment will be made unless duly authorized by the TOWNSHIP'S authorized representative and accompanied by proper documentation.
2. Payment will be made in accordance with the TOWNSHIP'S policy and procedures.

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IX. CONTRACT TERM

This contract shall begin following date of award thirty-six (36) months. The Township reserves the right to renew this contract for an additional two years not too exceed five (5) years. Renewal shall be enacted by the recommendation of Business Administrator with the approval of the West Orange Township.

The TOWNSHIP'S representative shall provide a written intent to extend the agreement. The same conditions shall prevail. The price (if applicable) shall only be adjusted as per the State established index rate. Any contract resulting from this proposal shall be subject to the availability and appropriation of sufficient funds annually.

The Township of West Orange may, at any time during the contract period, terminate the contract by giving thirty (30) days' notice in writing to the Vendor.

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SCOPE

These specifications outline the requirements for a vendor to provide private patient billing services for people transported by either the West Orange Fire Department “WOFD”. The WOFD is the primary Basic Life Support (BLS) provider for the Township. WOFD responds to over 4700 BLS incidents annually. WOFD also respond to (and transport) ALS (advanced life support) calls with paramedics. The Township is only interested in obtaining payment from the user’s insurance company. We do not seek co-pays or deductibles from the township residents’ who are transported. The Township will not charge a resident that is not covered by insurance. It is the Township’s intention not to be involved with any of the day to day billing and collection process.

The proposal package consists of three parts: 1) General Conditions for submission 2) Technical requirements and 3) Proposal Documents & Checklist.

These specifications may not contain all of the processes or requirements necessary to accomplish third party billing. Each vendor should provide those services which, in their opinion, are required to provide a complete billing service for the Township of West Orange thereby fulfilling the intent of these specifications. If any of the requirements contained in these specifications is contrary to standard procedures for third party billing services, the vendor must seek a clarification from the Township or should propose the specifications as written and file a letter stating their reservations over any unusual requirements.

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SPECIFICATIONS

Township Responsibilities

Once a vendor has been selected, a Township representative will be assigned by the WOFD.

The Township shall supply to the vendor a completed ambulance incident report within 5 calendar days of the provision of ambulance services.

The Township, in cooperation with the selected vendor, shall open the necessary bank account at a bank convenient to the vendor. This account shall be a "lock box" concept wherein all funds are credited to the Township and can only be withdrawn by the Township.

Vendor Responsibilities

1. Vendor shall supply Township with patient Care forms that will be utilized by all Emergency Medical Service personnel. These forms shall comply with all Federal and State Statutes, regulations, and guidelines.
2. Vendor shall supply at no cost to Township, four (4) laptops with touch screen capabilities or tablets per Basic Life Support Unit, plus one spare. Each laptop or tablet shall be tested and certified to mil-standard 810g and IP65. The vehicle mounts must be State of New Jersey, Division of Health and Senior Services (to be referred to as DOHSS) approved for the life of the contract. Laptops provided by vendor need to be identical and equipped with an integrated air cards and with data service provided by vendor. Vendor shall provide all technical support necessary to ensure the laptops and ePCR are working and shall ensure within 24 hours a replacement laptop is provided if needed.
 - a. Vendor will supply four (4) classroom training sessions annually to cover EMS report writing, laptop use, ePCR software usage and a chart/narrative writing annually while under contract.
 - b. Vendor shall supply Township with Patient Care forms to be utilized by all EMS personnel in the event internet outages.

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3. Vendor will be responsible for all costs for related to software such as EMScharts. If EMS charts becomes unable to provide ePCR services, it will be the vendors' responsibility to supply another ePCR software package that the Township approves at no additional cost.
4. Vendor shall review Patient Care Forms within 5 working days of receipt. After review, the forms are either processed for billing the appropriate insurance provider or returned to WOFD for further information or clarification. The vendor shall provide the WOFD with a monthly quality assurance report indicating the status and quality of the ePCRs being completed by WOFD crews.
 - a. The initial billing shall be sent to the insurance provider, with an advice copy to the patient. If the insurance provider name or address is not obtained at the time of the service, vendor shall obtain this information by any means necessary, other than the patient. The vendor is responsible for maintaining accurate information concerning the claim processing address and procedures for all insurance providers licensed to do business in New Jersey. The vendor will not invoice a 'resident' patient who does not have coverage" since we do bill non-residents without coverage.
5. The Township shall retain the rights to all records and reports that are utilized and generated in connection with the execution of this contract.
 - a. No records and/or reports shall be released without the prior written approval of the Business Administrator.
 - b. All records shall be maintained in accordance with the prescribed N.J. State Statutes pertaining to Record Retention and for a period not less than six (6) years. No records shall be disposed of, without first obtaining approvals from the Township.
 - c. Vendor shall be required to provide the following services to the Township on a monthly basis:
 - d. All pertinent records shall be sent to the Township monthly
 - e. This service shall include the removal of staples, scanning and shredding of all documents after the prescribed time period as stipulated in the N.J. State Statues pertaining to Record Retention.

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6. The vendor shall deposit all payments received on behalf of the Township in an account designated by the Township within 48 hours of their receipt.
 - a. The vendor shall provide to the Township Finance Department a copy of all deposit slips for patient payments within two working days of the deposit. The Township will accept either facsimile or by US Mail (to be postmarked within the two-day time period). On these deposit slips or on an accompanying statement, the vendor shall indicate the name of the original patient and the date the service was rendered.
 - b. Vendor shall forward to the Township a monthly report listing all billings and collections. This report shall be due no later than 10 days after previous months end. Vendor shall supply a sample report for the Township's approval.
7. The vendor is to provide with each invoice, information on the collection process, on hardship waivers, and on the proper method of contacting the vendor to receive clarification of the billing process. The Township will prepare this information with the assistance of the selected vendor and the vendor shall be responsible for making copies of these documents for inclusion with their billing information.
8. The vendor shall provide either a local and or a toll-free telephone number to provide prompt responses to patients' questions regarding services rendered and charges billed. Customer service personnel shall have quick access to patients' records and qualified to perform these services. Vendor shall provide direct line access for the Township representatives.
9. The vendor shall be responsible for providing their own stationery, invoices, all office and normal expenses, postage, telephone cost, personnel expenses and standard operating expenses required to fulfill this contract. Vendor shall not identify the Township of West Orange or the Fire Department on its letterhead or any preprinted stationery. The only acceptable reference is in the description of services rendered by the Fire Department.
10. The vendor is to be paid a percentage of the collections received as determined in this proposal process. Consequently, it is in the vendor's best interest to expedite the billing and collection process, and to take the necessary action to secure payment from those users who are capable of doing so.
11. The vendor is to respond with reasonably accurate information to all inquiries relating to the billing process, insurance coverage, and the hardship waiver process. All inquiries relating to the quality of the ambulance service provided are to be referred to the Fire Chief of the West Orange Fire Department.
12. The vendor shall negotiate Advanced Life Support (ALS) agreements for the Township subject to approval by the Township.
13. The vendor shall advise the Township Fire Department on any ambulance calls which they

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believe will not be reimbursed by insurance companies or Medicare due to the fact that there were not deemed to be medically necessary or the incident reports are improperly completed. The vendor shall not bill the user for this ambulance call even though they believe the bill may not be paid. The information to be provided to the Fire Department is for information and education purposes only.

14. In addition to the insurance requirements provided in the General Conditions, the selected vendor must provide liability insurance or a surety bond for no less than \$100,000 for employee dishonesty, forgery, and/or theft.
15. The vendor agrees to maintain all of its policies, procedures and practices in a manner consistent with all Medicare, State, and Federal regulations and requirements. It will hold the Township harmless from any liability due to changes in these regulations and procedures that relate to billing and collection processes.
16. The vendor shall provide at least a 30 day notice of any changes in its collection processes or the information provided to users or paying agents. The Township shall reserve the right to review and/or reject any changes proposed by the vendor.
17. To be considered for this contract, a vendor must provide references for EMS billing and collection services billing for at least three (3) governmental or non-profit agencies in the State of New Jersey for the past ten (10) years. In each of these cases the vendor must have supplied these services for at least five (5) years. As a part of the bid, the vendor shall provide the names and addresses of references from these three agencies. A summary of the billing and collection history for these agencies and include a copy of their standard invoice and explanatory information provided to the user.
18. The vendor shall be headquartered and operating in the State of New Jersey for at least ten years. The vendor shall provide information on the number of employees available for billing and follow up notices on behalf of the Township.

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Questions that have been asked in the past

- Anticipated contract start date: *60 days from receipt of bids.*
- Maximum number of renewal options by policy or statute? *5 year maximum*
- Current contract has gone full term.
- All options to extend the current contract been exercised.
- Estimated or actual dollars were paid last year, last month, or last quarter to any incumbent(s): *\$100,314.94 paid for 2021*
- Proposals will be evaluated and how the selected vendor(s) will be chosen by: *Competitive Contracting Ranking Method: Management, Technology & Cost*
- Level of satisfaction with your current vendor(s), if applicable. *Satisfactory*
- Annual total adjustments for last year or for the last 12 months: *N/A*
- Annual contractual allowance write offs for last year or for the last 12 months: *N/A*
- Annual gross collections last year or for the last 12 months: *\$1,184,690.89*
- Per-mile ground transport charges: *\$15.00*
- Advanced life support emergency level 1 charges: *\$1,900.00*
- Advanced life support emergency level 2 charges: *\$2,450.00*
- Basic life support charges: BLS 1 - *\$800.00*
- Basic life support emergency charges: *N/A*
- Specialty care transport charges: *N/A*
- Treatment without transport charges: *N/A*
- Average per-trip charge: *\$950.00*
- Last changes to your transport rates, and are you considering raising any of the rates currently charged: *2013 and we may consider changing if market allows*
- Percentage of patients are residents versus non-residents, and do you charge the two groups differently: *N/A and Residents without insurance are not billed.*
- We do not operate any shared services agreements with any other municipal or county governments in the region.
- Transports per year for basic life support for last year or for the last 12 months: *2021 = 3,355 12 months = 3,173*
- Transports per year for advanced life support emergency level 1 for last year or for the last 12 months: *2021 = 227 12 months = 212*
- Transports per year for advanced life support emergency level 2 for last year or for the last 12 months: *2021 = 4 12 months = 0*
- Transports per year for specialty care transport for last year or for the last 12 months: *N/A*
- Transports per year for treatment without transport for last year or for the last 12 months: *N/A*
- Payer mix expressed as percentages of 100% billed: *Medicaid 3%, Medicare 59%, Self Pay 3%, Commercial Ins 35%*
- Payer remit mix expressed as percentages of 100% of what you typically receive: *Medicaid 14%, Medicare 54%, Self Pay 18%, Commercial Ins 14%*
- Total transport vehicles do you now operate: *4*
- Average loaded miles per trip: *5*
- Average revenue per call: *\$350.28*
- We do not have a lockbox provider.
- EPCR provider: *EMS Charts*

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- Current collection agency provider: *Coronis Health, Morganville, NJ*
- Facility typically receiving most of our patients: *St. Barnabas, Livingston, NJ*

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BIDDER'S CHECK LIST

Mandatory Items

- Completed Bid Proposal Form _____
- Business Registration Certification _____
- Public Works' Contractors
Certification (if applicable) _____
- Stockholders Disclosure
Statement _____
- Affirmative Action Compliance
Notice _____
- Bid Deposit _____
- Surety for Performance Bond
(If applicable) _____
- Iranian Disclosure Form _____
- Acknowledgement of Addenda _____
- Township Political Contribution Statement _____

Please provide two (2) additional copies of entire bid package, one of which can be on a flash drive. Please review your proposal carefully before submitting.

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Email Address

Business Registration Certification

Effective September 1, 2004, the State has expanded its Contractor Registration Program to local Government contracts, P.L. 2004, c57. All business organizations that do business with a local government agency are required to be registered with the State. The business must provide proof of that registration to the local government agency before that local government agency can enter into a contract with the business. A copy of the Business Registration Certificate shall be provided at the time any bid or RFP is submitted; failure to do so is a fatal defect that cannot be cured. A copy of the Business Registration Certificate must also be on file before any purchase order/voucher or other contracting document can be issued.

Contractors are responsible for notifying subcontractors.

Further information and registration can be obtained online from the NJ Treasury, Division of Revenue or by calling (609) 292-1730.

P.L. 1999 Chapter 238. The Public Works Contractor Registration Act specifies that no contractor or subcontractor shall bid on or engage in any contract (or part thereof) for public work which is subject to the provisions of the "New Jersey Prevailing Wage Act", P.L. 1963 C. 150 (c. 34:11-56.25 et seq.) for the construction, reconstruction, demolition, alteration, repair, or maintenance of a public building regularly open to and used by the general public or public institution, and includes any subcontractor or lower tier subcontractor of a contractor unless they are registered with the Commissioner of Labor.

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STATEMENT OF OWNERSHIP
(OWNERSHIP DISCLOSURE CERTIFICATION)
N.J.S.A. 52:25-24.2 (P.L. 1977, c.33, as amended by P.L. 2016, c.43)

Name of Business: _____

Address of Business: _____

Name of person completing this form: _____

N.J.S.A. 52:25-24.2:

"No corporation, partnership, or limited liability company shall be awarded any contract nor shall any agreement be entered into for the performance of any work or the furnishing of any materials or supplies, unless prior to the receipt of the bid or proposal, or accompanying the bid or proposal of said corporation, said partnership, or said limited liability company there is submitted a statement setting forth the names and addresses of all stockholders in the corporation who own 10 percent or more of its stock, of any class, or of all individual partners in the partnership who own a 10 percent or greater interest therein, or of all members in the limited liability company who own a 10 percent or greater interest therein, as the case may be.

If one or more such stockholder or partner or member is itself a corporation or partnership or limited liability company, the stockholders holding 10 percent or more of that corporation's stock, or the individual partners owning 10 percent or greater interest in that partnership, or the members owning 10 percent or greater interest in that limited liability company, as the case may be, shall also be listed. The disclosure shall be continued until names and addresses of every noncorporate stockholder, and individual partner, and member, exceeding the 10 percent ownership criteria established in this act, has been listed.

To comply with this section, a bidder with any direct or indirect parent entity which is publicly traded may submit the name and address of each publicly traded entity and the name and address of each person that holds a 10 percent or greater beneficial interest in the publicly traded entity as of the last annual filing with the federal Securities and Exchange Commission or the foreign equivalent, and, if there is any person that holds a 10 percent or greater beneficial interest, also shall submit links to the websites containing the last annual filings with the federal Securities and Exchange Commission or the foreign equivalent and the relevant page numbers of the filings that contain the information on each person that holds a 10 percent or greater beneficial interest."

The Attorney General has advised that the provisions of N.J.S.A. 52:25-24.2, which refer to corporations and partnerships apply to limited partnerships, limited liability partnerships, and Subchapter S corporations.

This Ownership Disclosure Certification form shall be completed, signed and notarized.

TOWNSHIP OF WEST ORANGE

Failure of the bidder/proposer to submit the required information is cause for automatic rejection of the bid or proposal

Part I

Check the box that represents the type of business organization:

- ☐ Sole Proprietorship (skip Parts II and III, sign and notarize at the end)
- ☐ Non-Profit Corporation (skip Parts II and III, sign and notarize at the end)
- ☐ Partnership ☐ Limited Partnership ☐ Limited Liability Partnership
- ☐ Limited Liability Company
- ☐ For-profit Corporation (including Subchapters C and S or Professional Corporation)
- ☐ Other (be specific): _____

Part II

☐ I certify that the list below contains the names and addresses of all stockholders in the corporation who own 10 percent or more of its stock, of any class, or of all individual partners in the partnership who own a 10 percent or greater interest therein, or of all members in the limited liability company who own a 10 percent or greater interest therein, as the case may be.

OR

☐ I certify that no one stockholder in the corporation owns 10 percent or more of its stock, of any class, or no individual partner in the partnership owns a 10 percent or greater interest therein, or that no member in the limited liability company owns a 10 percent or greater interest therein, as the case may be.

Complete, sign and notarize the form below. (Please attach additional sheets if more space is needed):

TOWNSHIP OF WEST ORANGE

Name _____

Name _____

Address _____

Address _____

Name _____

Name _____

Address _____

Address _____

Name _____

Name _____

Address _____

Address _____

TOWNSHIP OF WEST ORANGE

Part III - Any Direct or Indirect Parent Entity Which is Publicly Traded:

“To comply with this section, a bidder with any direct or indirect parent entity which is publicly traded may submit the name and address of each publicly traded entity and the name and address of each person that holds a 10 percent or greater beneficial interest in the publicly traded entity as of the last annual filing with the federal Securities and Exchange Commission or the foreign equivalent, and, if there is any person that holds a 10 percent or greater beneficial interest, also shall submit links to the websites containing the last annual filings with the federal Securities and Exchange Commission or the foreign equivalent and the relevant page numbers of the filings that contain the information on each person that holds a 10 percent or greater beneficial interest.”



Pages attached with name and address of each publicly traded entity as well as the name and address of each person that holds a 10 percent or greater beneficial interest.

OR



Submit here the links to the Websites (URLs) containing the last annual filings with the federal Securities and Exchange Commission or the foreign equivalent.

AND



Submit here the relevant page numbers of the filings containing the information on each person holding a 10 percent or greater beneficial interest.

Subscribed and sworn before me this ____ day of _____ 2 _____.

(Notary Public)

My Commission expires:

(Affiant)

(Print name of affiant and title if applicable)

(Corporate Seal if a Corporation)

TOWNSHIP OF WEST ORANGE

SCHEDULE A

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127) -- N.J.A.C. 17:27 -- GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

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

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will take affirmative action to ensure that such applicants are recruited and employed, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor, where applicable, will send to each labor union or representative or workers with which it has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the agency contracting officer advising the labor union or workers' representative of the contractor's commitments under this act and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to employ minority and women workers consistent with the applicable county employment goals established in accordance with N.J.A.C. 17:27-5.2, or a binding determination of the applicable county employment goals determined by the Division, pursuant to N.J.A.C. 17:27-5.2.

(cont.)

TOWNSHIP OF WEST ORANGE

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, labor unions, that it does not discriminate on the basis of age, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the applicable employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

Employee Information Report Form AA302

The contractor and its subcontractors shall furnish such reports or other documents to the Div. of Contract Compliance & BEO as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Div. of Contract Compliance & EEO for conducting a compliance investigation pursuant to Subchapter 10 of the Administrative Code at N.J.A.C. 17:27.

TOWNSHIP OF WEST ORANGE

REQUIRED EVIDENCE

AFFIRMATIVE ACTION REGULATIONS N.J. S.A. 10:5-31, et seq. (N.J.A.C. 17:27)

If awarded a contract, the Bidder will be required to comply with the requirements of N.J.S.A. 10:531, *et seq.*, and N.J.A.C. 17:27. Within five (5) days after receipt of the notification of intent to award the contract, the Bidder shall present one of the following:

1. Appropriate evidence that the Contractor is operating under an existing federally approved or sanctioned affirmative action program; or
2. A Certificate of Employee Information Report Approval issued in accordance with N.J.A.C. 17:27-4; or
3. An initial Employee Information Report consisting of forms provided by the Affirmative Action Office and completed by Contractor in accordance with N.J.A.C. 17:27-4.

The Bidder must submit no later than three (3) days after the signing of the Contract an Initial Project Manning Table consisting of forms provided by the Affirmative Action Office and completed by Contractor in accordance with N.J.A.C. 17:27-7.

Bidders are referred to the Bidder's Information Section of the Bid Packet for a further description of the above requirements.

NO BIDDER MAY BE ISSUED A CONTRACT UNLESS THEY COMPLY WITH THE AFFIRMATIVE ACTION REGULATIONS OF N.J.S.A. 10:5-31, et seq.

The following questions must be answered by all Bidders:

1. Do you have a federally-approved or sanctioned Affirmative Action Program?

Yes _____ (If yes, submit a copy of such approval.) No

2. Do you have a State Certificate of Employee Information Report approval?

Yes _____ {If yes, submit a copy of such approval.) No

The undersigned Bidder certifies that he is aware of the commitment to comply with the requirements of N.J.S.A. 10:5-31, *et seq.*, and agrees to furnish the required documentation pursuant to the law.

COMPANY: _____ NAME:

SIGNATURE: _____ TITLE: _____

NOTE: A bid must be rejected as non-responsive if a Bidder fails to comply with requirements of N.J.S.A. 10:5-31, et seq., within the time frame stipulated.

TOWNSHIP OF WEST ORANGE

AMERICANS WITH DISABILITIES ACT OF 1990 Equal Opportunity for Individuals with Disability

The contractor and the Township of West Orange, (hereafter "Township") do hereby agree that the provisions of Title 11 of the Americans With Disabilities Act of 1990 (the "Act") (42 U.S.C. S121 01 et seq.), which prohibits discrimination on the basis of disability by public entities in all services, programs, and activities provided or made available by public entities, and the rules and regulations promulgated pursuant there unto, are made a part of this contract. In providing any aid, benefit, or service on behalf of the Township pursuant to this contract, the contractor agrees that the performance shall be in strict compliance with the Act. In the event that the contractor, its agents, servants, employees, or subcontractors violate or are alleged to have violated the Act during the performance of this contract, the contractor shall defend the Township in any action or administrative proceeding commenced pursuant to this Act. The contractor shall indemnify, protect, and save harmless the Township, its agents, servants, and employees from and against any and all suits, claims, losses, demands, or damages, of whatever kind or nature arising out of or claimed to arise out of the alleged violation. The contractor shall, at its own expense, appear, defend, and pay any and all charges for legal services and any and all costs and other expenses arising from such action or administrative proceeding or incurred in connection therewith. In any and all complaints brought pursuant to the Township's grievance procedure, the contractor agrees to abide by any decision of the Township which is rendered pursuant to said grievance procedure. If any action or administrative proceeding results in an award of damages against the Township, or if the Township incurs any expense to cure a violation of the ADA which has been brought pursuant to its grievance procedure, the contractor shall satisfy and discharge the same at its own expense.

The Township shall, as soon as practicable after a claim has been made against it, give written notice thereof to the contractor along with full and complete particulars of the claim, If any action or administrative proceeding is brought against the Township or any of its agents, servants, and employees, the Township shall expeditiously forward or have forwarded to the contractor every demand, complaint, notice, summons, pleading, or other process received by the Township or its representatives.

It is expressly agreed and understood that any approval by the Township of the services provided by the contractor pursuant to this contract will not relieve the contractor of the obligation to comply with the Act and to defend, indemnify, protect, and save harmless the Township pursuant to this paragraph.

It is further agreed and understood that the Township assumes no obligation to indemnify or save harmless the contractor, its agents, servants, employees and subcontractors for any claim which may arise out of their performance of this Agreement. Furthermore, the contractor expressly understands and agrees that the provisions of this indemnification clause shall in no way limit the contractor's obligations assumed in this Agreement, nor shall they be construed to relieve the contractor from any liability, nor preclude the Township from taking any other actions available to it under any other provisions of the Agreement or otherwise at law.

AFFIDAVIT OF NON-COLLUSION

The undersigned bidder of full age, being duly sworn according to law depose and hereby specifically certifies that:

A. to the best of the bidder's knowledge and belief, the annexed bid proposal for this project has not been prepared in collusion with any other bidder of like item or services and the prices, discounts, terms and conditions thereof have not been directly or indirectly communicated by or on behalf of the bidder to any person other than the recipient of the bid and will not be communicated to any person prior to the official opening of the bid.

B. the bidder fully understands that no premiums, rebates, or gratuities are permitted either with, prior to, or after signing of contract. Any violation will result in cancellation and removal from the bid list.

C. the bidder further certifies that the undersigned has the necessary authority, to sign this stipulation stating that the bidder has not entered into any agreement, or otherwise taken any action in restraint of free competitive bidding in connection with this bid.

All references to the bidder are understood to include the undersigned and all principals, partners and officers of the bidder.

Dated:

(Signature)

(Name and Title)

(Company Name) _____

(Address) _____

(City, State, Zip Code) _____

(Corporate Seal)

Subscribed and sworn to before me

this _____ day of _____, 20

Notary Public of the State of New Jersey

My Commission expires

TOWNSHIP OF WEST ORANGE

DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

Proposer: _____

Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that the person or entity, or one of the person or entity's parents, subsidiaries, or affiliates, is not identified on a list created and maintained by the New Jersey Department of the Treasury as a person or entity engaging in investment activities in Iran. If the Director finds a person or entity to be in violation of the principles which are the subject of this law, s/he shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring, declaring the party in default and seeking debarment or suspension of the person or entity.

I certify, pursuant to Public Law 2012, c. 25, that the person or entity listed above for which I am authorized to submit a proposal:

- ☐ Is not providing goods or services of \$20,000,000 or more in the energy sector of Iran, including a person or entity that provides oil or liquefied natural gas tankers, or products used to construct or maintain pipelines used to transport oil or liquefied natural gas, for the energy sector of Iran, and
- ☐ Is not a financial institution that extends \$20,000,000 or more in credit to another person or entity, for 45 days, or more, if that person or entity will use the credit to provide goods or services in the energy sector in Iran.

In the event that a person or entity is unable to make the above certification because it or one of its parents, subsidiaries, or affiliates has engaged in the above referenced activities, a detailed, accurate and precise description of the activities must be provided in part 2 below to the New Jersey Turnpike Authority under penalty of perjury. Failure to provide such will result in the proposal being rendered as non-responsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.

Part 2: PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN

You must provide a detailed, accurate and precise description of the activities of the proposer, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above by completing the boxes below.

Name: _____	Relationship to Proposer: _____
Description of Activities: _____	

Duration of Engagement: _____	Anticipated Cessation Date: _____
Proposer Contact Name: _____	Contact Phone Number: _____

Certification: I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I attest that I am authorized to execute this certification on behalf of the above referenced person or entity. I acknowledge that the Township of West Orange, State of New Jersey is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the Township to notify the Township in writing of any changes to the answers of information contained herein. I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with the Township of West Orange,
Continued...

State of New Jersey and that the Township at its option may declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print): _____ Signature: _____

Title: _____ Date: _____

TOWNSHIP OF WEST ORANGE
Political Contribution Disclosure Statement Pursuant to Chapter 2, Section 68 of the Revised
General Ordinances of the Township of West Orange

Pursuant to Section 2-68.1 of the Revised General Ordinances of the Township of West Orange, please set forth below all political contributions in cash or in kind of two hundred (\$200.00) dollars or more made within five (5) years of the date of acceptance of a proposal for a negotiated contract with the Township of West Orange, or within five (5) years of the notice of award for a bid contract with the Township of West Orange, either directly or indirectly, by the individuals or any of the principals of the business entity completing this form or by the business entity itself, to any elected official of the Township of West Orange currently in office or any political organization affiliated with an elected official of the Township currently in office.¹

<u>Name of Individual/Entity Making Contribution</u>	<u>Amount of Contribution</u>	<u>Recipient of Contribution</u>	<u>Date of Contribution</u>

If you have <u>NOT</u> made any contributions within the scope of Section 2-68.1, as set forth above, please X the line to the right.	NONE

I hereby certify under penalty of perjury that the information provided herein is true and accurate to the best of my knowledge, information and belief.

The current elected officials of the Township include the following: Mayor Robert D. Parisi; Councilwoman Cindy Matute-Brown, Councilman Bill Rutherford; Councilwoman Susan McCartney, Councilwoman Michelle Casalino; and Councilwoman Tammy Williams.

Company Name

Authorized Signature

Printed Name

Date

TOWNSHIP OF WEST ORANGE

TOWNSHIP OF WEST ORANGE

ACKNOWLEDGMENT OF RECEIPT OF ADDENDA

The undersigned Bidder hereby acknowledges receipt of the following addenda:
Please assign the number, date and initial.

<u>Addendum Number</u>	<u>Dated</u>	<u>Acknowledge Receipt</u> (Initial)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ No addenda was received.

Acknowledged for: _____
(Company Name)

By: _____
(Signature of Authorized Representative)

Name: _____
(Print)

Title: _____

TOWNSHIP OF WEST ORANGE

VENDOR INFORMATION

In order to assure that all future correspondence is directed to the correct address, assure proper ordering, expedite future payments, and in accord with I.R.S. regulations, the following information must be provided with this bid.

Name of Business: _____
Print

Name of Contact Person: _____
Print

Correspondence Address (including zip code):

Purchase Order Address (including zip code):

Payment Address (including zip code):

Telephone Number: _____

Fax Number: _____

E-mail Address _____

Employer I.D. or S.S. # _____

Exhibit “B”



(Previously Known as Revenue Guard Medical Claims Management)

Township of West Orange, N.J.

RFP

Third Party Billing

For

Ambulance Services

November 17, 2022

(COPY)

COPY

Coronis Health
RMC, LLC

Township
of
West Orange,
New Jersey

RFP

Third Party
Billing
For
Ambulance
Services

November 17,
2022

1

SECTION 1

Proposal Letter / Executive Summary
Pages 1-5

2

SECTION 2

Experience Statement
and Qualifications
Pages 6-17

3

SECTION 3

Computer Hardware / Software
Transition Plan and Project Timeline
Pages 18-22

4

SECTION 4

Key Management Staffing
for Project
Pages 23-25

5

SECTION 5

Detailed Prior Experience and Clients
Reference Information
Pages 26-37

6

SECTION 6

Proposal Cost
Page 38

7

SECTION 7

Required Statement / Documents
Pages 39-46

8

SECTION 8

Signed Required Forms



Tab #1



November 17, 2022

Dear Evaluating Committee:

It is Coronis Health's **(previous known as Revenue Guard Medical Claims Management)** pleasure to provide this Ambulance Billing Services proposal to the Township of West Orange. We are enthusiastic about participating in the Bid because we believe your ambulance revenue may be in jeopardy. How so? Many municipalities have made errors in judgment by not fully taking into consideration a proposed vendor's past performance and historical track record into account when deciding on the best choice as their EMS billing vendor. When it comes to EMS billing, the vendor offering "the lowest percentage, is not necessarily the lowest responsible bidder" and only considering the lowest bid may not be the best approach for determining which vendor will collect the most revenue. We urge you to strongly consider who your next billing vendor will be and if they are the best candidate to successfully secure and maximize your future Ambulance billing revenue?

Coronis Health is confident that if awarded your contract, we will exceed any expectations that the Township of West Orange poses. Coronis Health has been providing EMS claims management and emergency medical third-party billing services and collections successfully for over 15 years and our focus is on ensuring that your current EMS billing performance and revenue are maximized. Our high compliance standards also ensure that your claims and service are able to withstand legal and regulatory scrutiny. Coronis Health has and will continue to produce more medical billing revenue than any other prospective competitor.

In 2021 we generated over 300,000 claims and collected more than \$100,000,000 million dollars in revenue for more than 75 municipalities and agencies, private providers and Hospitals. We continue to successfully increase "cash per trip" when compared to other companies. **Coronis Health currently averages a 98% collection rate on all billable trips for our current clients.** As an example, **Coronis Health currently averages \$350 cash collected per billable trip for our current clients, which is approximately 25% more than other current vendors are collecting.**



Coronis Health is also the only Third-Party EMS Billing and Collections Company in the State of New Jersey that provides Third Party EMS Medical/ Ambulance Billing and Collections Services for area Hospitals.

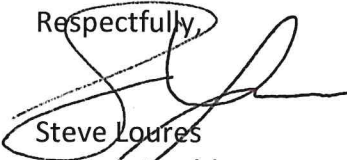
Coronis Health is the authorized and trusted Third-Party Billing and collections Company for St Clares Health System, Robert Wood Johnson/Saint Barnabas Health Care Systems, Atlantic Mobile Health/Atlantic Ambulance, University Hospital and other area Hospitals.

Starting on March 1, 2022 Coronis Health will now be the authorized and trusted Third-Party Billing and collections Company for Cooper University Hospital.

Based on our current collected average of \$350 cash per billable trip for our current clients we believe Coronis health if awarded your contract can potentially increase your billable collections by approximately 10%. This would then make our bid the lowest overall responsible bidder.

We provide much more than a typical third-party billing service, and we have a firm interest in undertaking the challenges proposed in this request. Please feel free to contact me directly if you have any questions or concerns related to this proposal.

Respectfully,



Steve Loures
Coronis Health
President

Proposal Primary Contact Person:

Jennifer Aldana

(732) 598-0474 or (866) 624-0900

(732) 441-1350 Fax Number

JenniferAldana@coronishealth.com

50 US Highway 9 North, Building B, Morganville, NJ 07751



Executive Summary:

Coronis Health (previous known as Revenue Guard) boasts over 15 years' experience in offering both BLS and ALS Level One and Level Two services directly to Insurance and Medicare Emergency Medical Third-Party Billing and Collections Services. We have collected over 100 million dollars for our EMS entities within the past 12 months. On subsequent pages you will find a list of Coronis Health's satisfied municipalities and healthcare organizations. A review of our operations, capabilities, and the company's experienced and knowledgeable personnel will support why Coronis Health is the experts in EMS claims management. In New Jersey, we are pleased to currently provide Ambulance/EMS Revenue Recovery Services to over 75 municipalities and EMS Agencies and 11 hospital-based operations.

Due to our expertise in Ambulance/EMS billing and collections, our services generate more cash than a typical third-party billing vendor. **Coronis Health current averages a 98% collection rate on all billable trips for our current clients or \$350 cash per billable trip or approximately 25% more than other current vendors.** We use custom made software and we partner with the most elite entities in the healthcare industry. We have long standing relationships with the most prestigious insurance companies and hospitals including **being the authorized billing and collection company for St Clares Health System, St Barnabas Health Care Systems and Atlantic Ambulance Corp, University Hospital, and starting on March 1, 2022 we are now the authorized billing and collections company for Cooper University Hospital.** Our dedicated set of account management teams are involved with each organization's top-level executives. Coronis Health's reputation and level of compliance has granted us access to main hospital billing systems, and we have been called upon by CFOs to design and implement procedures that will increase their operation's profit.

Coronis Health's goal is to utilize the experience we have acquired in the field to ensure that your organization develops and maintains the highest level of efficiency possible. We work together with your organization to solve a problem or leverage an opportunity. Coronis Health's team is there to help clients resolve conflict, transitions and management dilemmas. Our assignments draw on the EMS industry and its challenges, and we are called upon when specialized expertise is required. Our principal activities include, but are not limited to:



Executive Summary:

Financial EMS Consulting Services

- Cost recovery improvement and financial systems assessment
- Revenue cycle design
- Financial planning and budgeting assistance
- Claim review for Medicare and Medicaid
- Front-end crew documentation training

Operational EMS Consulting Services

- Comprehensive medical transportation program reviews
- Comprehensive strategic and business planning services
- Market research and marketing plan development and implementation
- Efficiency enhancement programs
- Complete medical and operational quality improvement evaluation
- HIPAA Compliance Program development and employee training

EMS/Ambulance Billing Services

Pursuing your cost recovery is our priority. Our billing specialists employ 21st century technology to assure that your claims are processed in a timely manner. Coronis Health gets the job done right. Here are just a few reasons why you should choose Coronis Health to be your billing and collection provider:

- Superior customer service
- Wireless interfacing with electronic field data collection devices
- Efficient EMS claims processing implementation
- Monthly customized reporting to clients
- Compliance with HIPAA, Federal and State regulations
- Prompt account follow up
- Electronic and paper billing for claim reimbursement
- Toll-free telephone numbers available for patient inquiries



Executive Summary:

In the beginning of 2011 Coronis Health/Revenue Guard upgraded operations by the occupancy of its state-of-the-art secure finance/billing center located at 50 Route 9 North, Morganville, NJ 07751. This new center has allowed Coronis Health the physical space to match the unparalleled growth we have earned during the past several years. Our staff is comprised of over 60 employees, 5 managers and 3 supervisors holding full time status in order to handle the demands of our customers and meet their unique needs and concerns. Steve Loures serves as our President, joined by Stephanie Dall, Director of Finance; Jennifer Aldana, Director of Revenue Cycle Management; Sugan Colindres Director of Collections, and Steven Morley Director of Human Resources, Development and Quality Assurance.

Coronis Health offers their employees a wide and comprehensive range of benefits and employee incentive programs. We believe in taking care of our employees as well as we take care of our clients and we strive to maintain a productive and relax atmosphere that promotes growth, stability, and professional quality. The following are just some of the benefits and incentives we offer our team members:

- Flexible working schedules
- Promotion from within
- Enjoyable office environment: fully equipped staff lounge
- Discounted computer purchase program.
- Employee recognition programs.
- Casual Fridays with lunch provided by the company
- Company sponsored holiday parties.
- Employee Wellness programs: Nutrition Education, Lunch walking activities, employee challenges, employee discounts for gym memberships
- Educational opportunities: billing and collections seminars, computer skills enhancement, management and supervisors conference
- Activities and events such as: BBQ Fridays, Football Friday, International Food Day
- Performance Bonuses



Tab #2



QUALIFICATIONS AND EXPERIENCE STATEMENT

Below please find Coronis Health's comprehensive Third Party Billing for Ambulance Services proposal to the Township of West Orange, to include:

PROPOSED APPROACH TO SCOPE OF WORK

WE HAVE THE EXPERIENCE. Coronis Health (**previous known as Revenue Guard**) has been a leader in New Jersey revenue cycle management for over 15 years and since its formation in 2005. We are pleased to currently provide Medical Billing and EMS Revenue Recovery Services to 75 municipalities, EMS agencies and hospital-based operations. In the past 12 months alone, we have collected over \$135,000,000 million for our EMS clients and processed over 350,000 ambulance claims. We are proud to boast a list of satisfied municipalities and healthcare organizations of similar size and scope. Coronis Health employs 100% U.S. based, certified medical billers and we never outsource to billing or call centers. A review of our operational capabilities and the company's experienced and knowledgeable personnel will evidence and support why Coronis Health is one of the leading experts in EMS claims management and why we feel uniquely poised to become the Township of West Orange's Ambulance Billing and Collections Services provider of choice.

WE CAN MAXIMIZE YOUR REVENUE. Coronis Health excels above our competitors by providing services that generate more revenue for our customers than a typical third-party billing vendor. **Coronis Health currently averages a 98% collection rate on all billable claims for our current clients as well as an average of \$350 cash collected per billable trip.** We focus on maximization of revenue while maintaining strict compliance. With typically increase our public/private sector clients' revenue by 20% - 25%. We have even assisted one of our public sector clients' move their revenue from \$1.25 million to over \$4 million over 5 years on the same annual transport volume. The primary metric we focus on is average revenue per billing event. We monitor this based on our customer's history and on our performance. We track this on a monthly basis and our billing teams work diligently to constantly improve performance. We are confident that should the Township of West Orange select Coronis Health as their new Ambulance billing and collections service provider, you could expect to experience increased collection rates per transport.



WE REGULARLY PROVIDE CONSULTING ON REIMBURSEMENT AND CHARGE MASTER RATES.

Coronis Health works closely with each of our clients to assist them with optimizing their chargemaster rates to insure they are charging the maximum fees acceptable for their geographic zone. On an annual basis, we consult with clients to establish a review of their chargemaster as it compares to peer operations and to optimize insurance carrier reimbursements. We also assist our emergency EMS clients to negotiate in-network agreements with insurance carriers as deemed expedient. It is not unusual to discover that our clients often fail to analyze their rates on a consistent basis, causing them to charge rates under the UCR rates their peers are charging. We place a major focus in monitoring average revenue per transport and we work diligently to improve upon top line gross revenue.

WE MONITOR INDUSTRY ISSUES. Coronis Health prides itself on being at the forefront of information when it comes to industry trends and developments. We monitor changes in regulations and closely watch for any circumstances that may affect ambulance billing services, to include changes in rates of Medicare and Medicaid reimbursement and reporting requirements. We have an internal legal team and also work with expert outside legal counsel to ensure full compliance with changes that may arise. We also communicate any such changes to our clients, and insure everyone adapts procedures necessary to conform to new regulations. We also offer, as part of our reimbursement rate, consulting services and recommendations to assist clients to meet industry best practices and improve revenue generation, customer service and all other key areas of performance.

WE USE A HIGHLY SECURE CLOUD DATA STORAGE PLATFORM. The billing software utilized by Coronis Health employs Dimension Data Managed Cloud Platform to ensure that our client's data is stored behind a multi-layer security system. The system performs 24x7 security monitoring, ensuring all systems are protected by multiple layers of security including intrusion prevention and denial of service protection. Penetration tests are also performed against the system by external testing firms to ensure that there are no remotely exploitable vulnerabilities. The cloud network is a physical layer-2 VLAN created as a security context on a Cisco switch infrastructure. Lastly, the cloud storage platform is regularly audited for compliance with SSAE-16 and European Safe Harbour requirements. In short, Coronis Health represents that your data is secure with us.

WE UTILIZE STATE-OF-THE-ART TECHNOLOGY FOR ALL ELECTRONIC INTERFACE. Coronis Health currently interfaces with all EMS ePCR companies, to include EMS Charts, ESO, Safety Pad, Image Trend, Zoll, Emergency Reporting, Firehouse Software and others. We utilize customized dashboards to interface directly with clients, which would allow the Township of West Orange the real time opportunity to monitor performance and review A/R status reports.



WE ARE EXPERTS IN MEDICAL CODING, DIAGNOSIS, AND MEDICAL NECESSITY. Coronis Health employs only CAC's (Certified Ambulance Coders) for our billing staff. Additionally, our Director of Revenue Cycle Management is certified in CACO (Certified Ambulance Compliance Officer) and CAPO (Certified Ambulance Privacy Officer). We also have an internal Medical Necessity Audit team that reviews all Medicare claims prior to submission ensuring full compliance with CMS regulations. Our billers are experts in managing EPCR claims as stored in our database and they perform all medical diagnostic coding using ICD-10 coding and CPT coding. We also have the ability to manually enter a PCR into our database in the event an EPCR is unable to be uploaded electronically.

WE MAINTAIN HIGH HIPAA COMPLIANCE STANDARDS. Coronis Health takes HIPAA Compliance extremely seriously. We have established a comprehensive employee training program as an essential step toward achieving HIPAA compliance. We focus on wide-ranging yearly HIPAA training seminars as well as abbreviated monthly HIPAA reminder meetings to keep employees informed of security risks and threats to PHI and ePHI. Our HIPAA Privacy and Security Officer works hand in hand with both our Human Resources and IT Departments to develop training programs that instruct employees on how to avoid breaches in compliance and maintain common security safeguards. Training is maintained on a regular basis and includes orientation sessions for new employees as needed.

WE ABIDE BY THE HIGHEST ETHICAL AND COMPLIANCE STANDARDS IN THE INDUSTRY. When it comes to integrity and compliance, Coronis Health never accepts compromise. While our collectors work hard each day for our customers, it is imperative that they maintain the highest standard of legal ethics and conduct when it comes to the collection of debt and communications with debtors with respect to that debt. When dealing protected data during collections, Coronis Health strictly follows their HIPAA Policies and Procedures to ensure no PHI or ePHI is ever compromised. Should Coronis Health be awarded this contract, we represent that we will strictly comply with all legal requirements and codes of conduct with respect to collection of debts and communication with debtors made or issued by any governmental agency in any jurisdiction, to include but not limited to:

- Fair Debt Collection Practices Act overseen by the New Jersey Department of Community Affairs
- Consumer Credit Protection Act



WE EXCEL AT CUSTOMER SERVICE VIA A RELIABLE AND SECURE PHONE SYSTEM. Coronis Health employs the most reliable VoIP phone system available to ensure that both clients and patients will always be able to contact us. With datacenter redundancy, failover, disaster recovery and virtual PBX (Private Branch Exchange), we assure our customers that our call center is always up and running. Along with this reliability comes added security. When it comes to your voice and message data, Coronis Health has insured that advanced encryption techniques have been installed throughout our phone system that fully prevent unauthorized access to secure transfers and connections.

WE EMPHASIZE QUALITY ASSURANCE AND CONTINUOUS TRAINING. Quality Assurance and training is another intense focus of our upper management team. We continuously work to measure and improve our internal quality metrics and meet with staff members regularly to notify and make improvements as necessary. Coronis Health also provides training to our customers at no cost. We offer billing educational programs, front-end crew documentation training, HIPAA compliance training, EMS practice management, Medicaid and Medicare medical necessity requirements training, operational and clinical advice as well as public relations training. All these training programs would be made available to the Township of West Orange staff as needed and requested.

CLIENT RELATIONSHIP AND TRANSITION. The staff at Coronis Health takes pride in developing close working relationships with all our clients and should we have the privilege of being awarded the Township of West Orange contract, we anticipate working with the City to ensure an orderly transition of responsibilities from them to Coronis Health. We envision fostering a professional relationship that continues long after the initial implementation as we work hard to gain the trust of the Township of West Orange.



CAPACITY TO PERFORM SERVICES

WE HAVE A STREAMLINED AND EFFICIENT ELECTRONIC CLAIMS PROCESSING MODEL. With decades of experience in ambulance billing services, Coronis Health's upper management has developed a proprietary and streamlined claims processing model that efficiently and effectively manages hundreds of thousands of medical claims for our customers. For example, with only 65 employees, we process 350,000 claims per year. The difference is our efficiency and drive. We work hard for clients. A brief overview of our EMS claims processing model is as follows:

- Pre-Billing Function: We begin with a robust pre-billing function that makes sure we get the correct insurance information to create an initial clean claim the first time around. When insurance isn't provided by the patient, we investigate and exhaust all measures to find insurance information whenever possible. 85% of the time, our highly skilled pre-billers find missing insurance information, allowing a clean claim to be sent out as quickly as possible. Traditionally when the patient doesn't provide insurance information, the provider sends out an RFI (Request for Information) and invoice to the patient then awaits a response, which creates weeks of delay in sending out a clean claim. Coronis Health is different. We hustle for our clients to find the insurance on our own using available databases that enable us to send out clean claims quickly and efficiently.
- Signatures: We ensure all proper signatures are obtained as required by CMS as well as independent insurance carriers.
- Coding: Our Certified Ambulance Coders ensure all claims are properly reviewed and coded with the appropriate ICD-10 codes for each diagnosis.
- Technology: We use a dedicated dashboard for each client that allows them to constantly monitor our performance in real-time.
- Training: We train our staff as well as client staff in industry trends and compliance issues.
- Collections: Our focus on optimizing per transport revenue is the single most important function Coronis Health employs for our clients. Our collectors search for primary and secondary insurance and communicate regularly with patients to assist them in receiving the insurance benefits they have paid for and deserve.
- Compliance: We promote a culture of strict compliance with CMS, HIPAA, Office of Inspector General and Medical Necessity as well as reducing RAC Audit Liability.



VERIFICATION / PRE-BILLING:

At Coronis Health, each claim is evaluated by a pre-billing staff for completion and accuracy. All patient and insurance information are verified prior to data entry to decrease claim rejection. All mandatory provider information is checked for completion to assure that the claim is ready to be submitted. At this first step of quality assurance, the pre-billing staff will research and obtain any additional information required to enable each claim to move to the next stage of completion.

Over 90% of all claims are released from Pre-billing within two business days of receipt. The Pre-billing department must submit an administrative report of any claim that is unable to be billed within 3 business days of receipt. Any claim not deemed suitable for billing within 5 business days is turned over to supervisory personnel for further action, which may include return to the provider for additional information. Procedure steps as follows:

Upon receipt of the patient information, Coronis Health shall utilize standard skip tracing techniques to verify the authenticity of the patient's demographics and whether he/ she has provided a release to obtain medical and insurance information. The release to obtain medical and insurance information will be verified by the signature of the patient on the PCR, signature of a department employee confirming patient's approval, or signature of the patient's relative. The signature signifies the release of medical information required for billing. If applicable, the signature is included on the database provided by the department.

Skip tracing and/or information acquisition shall utilize standard review procedures including but not limited to:

- ◆ Direct access to local hospitals
- ◆ Passport Health Communications Inc.
- ◆ Direct access to computerized databases of major HMO companies and hospitals
- ◆ Choice Point Person Locator/ Reverse Directory through search engines and other patient locator websites.
- ◆ Coronis Health's current patient database (CentralSquare Technologies)

The information is generally furnished on the EMS Billing Information Sheet and is attached to the copy of the PCR or E-PCR. Some hospitals also furnish this information in computerized format. Due to Coronis Health's high standards of work and ethics, many relationships have been established affording our organization direct access to the main billing systems of major hospitals and entities. These features enable us to ensure the verification of gathered information, as well as a venue for the retrieval of pertinent information required in the billing process.



Upon completion of the skip tracing review for each record Coronis Health shall determine patient eligibility for Medicare, primary and secondary insurance, if the claim is directly paid by the patient, or if the claim is ineligible for billing (i.e. Medicaid transport or special case transport). For all eligible patient claims, Coronis Health shall generate a claim for payment in the form of one of the following formats:

- ◆ A Medicare claim in either an NSF or ANSI electronic format, as applicable;
- ◆ An invoice for a claim to the primary insurance company. At the sole option of the insurance company, claim can be issued in other formats such e-mail, batch tapes, or disc.
- ◆ An invoice to the patient or responsible party.

PCRs without the required medical release signature are not released to Medicare or the insurance company. Such claims shall be forwarded directly to the patient or provider to obtain the required signature(s).

INVOICE SUBMISSION:

Coronis Health's staff are all highly qualified and trained in all Medicare, Medicaid, Automobile, Workers Compensation and Commercial Health Benefits. All employees are fully trained in Medicare and HIPAA compliance rules and regulation. We offer our clients HIPAA rules and regulations training for privacy and security. Our system not only meets Medicare and HIPAA compliance standards, but has been customized over the years to overcome almost every possible billing obstacle in order to attain our client's revenue goals. Coronis Health maintains one of the highest rates of revenue returns per billed claim in the industry.

The submission department at Coronis Health is responsible for generating all invoices after the billing entry has been completed. An additional quality assurance step relies upon software edits that report any errors in patient or payer fields. **At this point in the process, errors are less than 0.25% (one error per 400 claims).** Any errors are immediately corrected and the printed or electronic claim is created and forwarded to the responsible party for payment without delay. Ninety-eight percent of all claims are released for payment within five business days of receipt from the provider. All electronic claims transmissions are confirmed within 24-48 hours to insure receipt by the appropriate payers. Confirmation of paper claims, for private patients and those insurance companies that do not yet accept electronic claims, begin 10–14 days after printing. Reminder notices are mailed every 30 days thereafter up to 90 days, when collection notices are generated.



MEDICARE CLAIMS:

All claims shall be transmitted in an electronic format acceptable to Medicare. Coronis Health shall forward the claims determined to be medically necessary or not necessary to Medicare with all required supporting documentation. The claims shall clearly indicate the determination status. **Coronis Health has successfully billed over 140,000 Medicare claims last year alone.**

INSURANCE CLAIMS INCLUDING MEDICARE AND MEDICAID HMO'S:

Coronis Health shall generate an insurance claim in either an invoice format (currently HCFA 1500 form) or electronic format upon receipt of patient approval and notice of the appropriate primary carrier. Coronis Health shall provide information as required by the insurance company's standard claim format which may include such information as delineated herein and appropriate medical determination and medical coding criteria. Coronis Health shall forward claims determined to be medically necessary or medically not necessary to the insurance carriers with all required supporting documentation.

After verification of receipt of payment from primary insurance carrier, Coronis Health shall determine if there is a secondary carrier for the patient. If a second carrier exists, Coronis Health shall generate an insurance claim to the second carrier. In addition to providing all standard insurance company claim information, Coronis Health shall furnish proof of payment from the primary carrier. Proof of payment generally consists of statement from the insurance carrier or a facsimile check. The balance of any revenue, deductibles, or the co-payment fee due after receipt of payment by the insurance carrier are billed to the patient or written off according to client policies. Coronis Health shall not directly bill any patients that are known to be covered by Medicaid (except for Medicaid HMOs).

AUTO ACCIDENT CLAIMS:

Coronis Health makes every effort in obtaining auto insurance information by either contacting the patient or obtaining a police report. When Coronis Health bills an auto accident claim in which the patient is not the responsible party, the patient is obligated to file a claim under their own auto policy, or as PER specific state No-Fault guidelines. Coronis Health will follow up with these insurance companies or the patient in the event of delayed claim filing.



OUR COLLECTIONS PROCESS

WE AGGRESSIVELY MANAGE YOUR ACCOUNTS RECEIVABLE. Coronis Health has a strong philosophy of taking an aggressive approach towards EMS Accounts Receivable collections. We work with insurers to insure you receive the maximum reimbursement allowed under each policy. We also work hard to exhaust secondary and co-insurance payment all the while taking a compassionate approach towards the patients. We develop cordial relationships with patients as they are sometimes needed in the collection process when outstanding balances are due from insurance carriers. We also operate a denials department that appeals all denied claims, refusing to rest until they are fully paid. When necessary, Coronis Health is prepared to file complaints with various State Department of Banking and Insurance agencies when insurers fail to process claims properly. Sending claims to third-party collections agencies, although necessary, would expose the Township of West Orange to higher collection rates. Coronis Health works extremely hard to avoid write offs to assist with maximizing per event revenue for our clients.

Correspondence and denials from insurance companies received in regular mail are separated by insurance and worked by collectors. Thirty (30) days after a call is entered into the system, calls are then made to the insurance company for the status of the payment on the claim. If there is a denial on the claim there is a request to have the claim reprocessed for payment. Appeals are written to insurance on behalf of the patients to obtain payment. As an incentive to increase cash flow we will offer discounts to patients who pay within 10 days. We also offer patients the option of payment plans. Aging reports are reviewed by manager for consistency. Coronis Health reviews all criteria before sending claims out to an outside collection agency. In general, accounts that go to collection are grouped into non-residents that don't pay, nor respond to insurance requests over a specified period of time outlined below.

1. Insurance inquiry/Bill sent to patient
2. 25 Days later a second request is sent to patient
3. 25 Days after the 2nd past due notice is sent to the patient
4. 10 Days later a pre-collection letter is sent to the patient
5. 20 Days later the claim is reviewed by the Collections Manager, and as deemed appropriate and in consultation with the client a decision will be made to either continue trying to collect on the outstanding claim or have the claim sent to an outside collection agency.



In addition, all patients who receive money directly from their insurance company and fail to turn it over to Coronis Health are also turned to an outside collection agency.

During this process multiple attempts are made to contact patient and research address insurance information. The process normally takes 80 days, but can be shorter or longer depending on any information incurred during the cycle. When receiving notices from estates and/or bankruptcies, Coronis Health will treat the bill as a write-off. Cases dealing with requests for hardship status are reviewed individually and judged accordingly.

Even after payment has been received on accounts that have been turned over to the collection agency, Coronis Health will work with the agency to process payment of bills and/or submit these to the insurance companies on behalf of the agency/ patient should it be determined that the patient is eligible for benefits under the insurance.

Coronis Health concentrates on exhausting every possible avenue of collection before turning these accounts to collection agencies; we understand profit is lost when such methods are consistently employed. However, Coronis Health will consult with the Township of West Orange and establish guidelines as to when this approach will be used and to what extent.

CUSTOM INVOICES

Coronis Health is capable of customizing patient invoices to meet the needs of the Township of West Orange. These invoices can be designed and redesigned with ease.

REPORTING

Coronis Health understands the importance of being able to generate reports and the significance in interpreting these to maximize your revenue. Reporting financial data accurately is a business priority for an ever-increasing percentage of EMS companies, particularly in the complex and fast-paced industry. We are aware that the function of these generators is to pull up any field from any record in order to show it as a data item on a report. Coronis Health has the level of customization in their financial and revenue management reporting that your organization requires. We can provide any type of statement that is useful to communicate the activities performed. We provide true customization, enabling your Agency to view financial data according to the precise criteria you set. Not only does our reporting software come with a host of standardized reports, it also enables you to customize them. Following are samples of our standard reports, and customized patient data reports, as well as additional ones that you will find helpful as well as informative.



Coronis Health will provide the Township of West Orange with an extensive library of report options listed below as well as any requested customized reports. These reports are deliverable in the time frames and format deemed acceptable to each individual client.

Available reports include, but are not limited to, the following:

Monthly Reports:

- ⇒ Open Accounts Report
- ⇒ Closed Accounts Reports
- ⇒ Patient Summary Reports
- ⇒ Billing Receivables Reports
- ⇒ Collection Reports
- ⇒ Quarterly Trip Statistics
- ⇒ Contractor Reports
- ⇒ Medicare/ Medicaid Reports

Miscellaneous Reports:

- > Insurance, medical and/or commercial with company names
- > Medicare payments
- > Individual payments
- >Source of any other payments

CUSTOMER SERVICE

Coronis Health's staffing levels are sufficient to accommodate the anticipated call volume of the Township of West Orange with the over 60 members of the billing and collection department. Our staff is divided into three categories (Primary Billing Staff, Primary Backup Billing staff, and Secondary Backup Billing and Collections) in order to manage and support the services required by each department. Our billing system is fully integrated with EMS Charts, ESO, Safety Pad, Image Trend, Zoll, Emergency Reporting, Firehouse Software and others to facilitate expedient claims processing. A brief description of our staffing requirements and training is included below as an outline of Coronis Health's criteria. Over 75 municipalities, Hospital-based billing operations, and General Transport Ambulance Service is supported and assisted by Coronis Health's staff.



RECRUITING / TRAINING

Coronis Health routinely recruits new staff members through local nursing schools, First Aid and Rescue Squads, and vocational schools offering Medical Billing and Coding courses. Potential applicants meeting our hiring requirements are screened for medical terminology knowledge, data entry accuracy, and interpretation of sample E- PCRs to evaluate their ability to translate the E-PCR into a completed claim. Should the applicant demonstrate suitable proficiency in all areas, they are approved for training.

Coronis Health requires that all new employees have a minimum of two years relevant experience in medical billing, collections, or insurance claims processing, or have successfully completed an approved Medical Billing and Coding program. A suitable background of three or more years in direct patient care (preferably EMS) experience with strong medical terminology knowledge may be substituted for entry level positions. All employees are subject to a mandatory training period of no less than 80 hours regardless of experience. A minimum probationary period of 30 days for experienced staff, 90 days for entry level staff, under direct supervision of senior staff, enables us to ensure that all permanent staff members have demonstrated satisfactory knowledge and expertise to provide efficient, effective claims management skills. During this time, applicants are granted limited access rights to network information at read and write only levels. Should an applicant fail to achieve expected levels of competency throughout the training or probationary period, they will be terminated. Such applicants will not be permitted to re-apply for a period of no less than one year.

Permanent employees receive training updates on a regular basis to ensure that they are thoroughly knowledgeable in all areas of claims management. All personnel involved in claims management procedures are routinely audited and evaluated by supervisory personnel to ensure proper claims handling at all levels. Billing staff receive additional billing/coding training specific to the ambulance industry with focus on Medicare standards of documentation for medical necessity regarding emergent ambulance transports. Additionally, all employees, regardless of department, receive annual HIPAA compliance training.



Tab #3



TECHNICAL RESOURCES AND SOLUTIONS

COMPUTER HARDWARE AND SOFTWARE

Coronis Health uses CentralSquare Technologies Respond Billing platform, an on-line database for ambulance billing services that is HIPAA and Nemsis Gold Compliant. This software was created exclusively for EMS billing to provide an all-in-one solution for all phases of the process from start to finish. The software can also integrate with other CAD and EPCR systems for maximum adaptability. CentralSquare Technologies Respond Billing features include ePCR import via Nemsis or a proprietary ASCII format, insurance eligibility verification, electronic and paper insurance claims, patient invoices and dunning notices, credit posting, claims status reports, and customized financial provider reports. Additionally, the online software is housed in a Tier IV data center, ensuring maximum uptime, connectivity, and data protection.

Maintaining steady reimbursement for services provided is the key for all ambulance/medical transport services. Without a reliable, up-to-date ambulance billing software system, seemingly ever-changing rules and forms can make timely reimbursement difficult to achieve. Coronis Health utilizes Respond Billing due to its' recognized status as the industry leading ambulance billing software for reimbursement and collections. It offers a wide range of modules and detailed reporting options, and Respond Billing optimizes the billing process, improves payer intelligence, and ultimately increases our client's revenue. With these proper tools in place, Coronis Health's automated and streamlined process allows our staff to focus on critical tasks to service our clients with excellence.

Coronis Health's Respond Ambulance Billing information system includes:

- ⇒ "Real time," interactive information on all transactions. We will post all data immediately (rather than in batches)
- ⇒ The ability to process partial payments
- ⇒ The ability to process any time of payment adjustments, i.e. returned checks and refunds



Coronis Health will also provide the Township of West Orange with:

- Monitoring and auditing capabilities
- Customized Reports utilizing current data
- The ability to generate ad hoc reports and correspondence
- The ability to electronically transmit all EPCR information to and from Coronis Health
- The ability to complete Health Department-required EPCRs and other required information using hand-held devices in each ambulance.

Access to Coronis Health's database will always require a password-protected log-on procedure. Every user that accesses Coronis Health's database is mandatorily required to have a unique user identification (ID) and password. Coronis Health assures all our clients that only those employees specifically assigned to perform billing and debt collection services for the Township may be allowed access to the database of records to access patient accounts. Township will ensure that any ability to edit database information will also be restricted to individuals designated by Coronis Health and the Township. Coronis Health will restrict access using the same system of IDs and passwords described above. Coronis Health also represents that we will purge data from live information system and stored on CD-ROM/USB based on age as determined by the Township.

Interface

Coronis Health currently interfaces with all EMS EPCR companies, to include EMSCharts, Image Trend, ESO, Safety Pad, Zoll, Emergency Reporting, Firehouse Software and others. We utilize customized dashboards to interface directly with clients, which would allow the Township the opportunity to monitor performance and review A/R status reports.

Our billing software has the capability to configure billing export and import setup with many software vendors.



TRANSITION PLAN

The staff at Coronis Health takes pride in developing close working relationships with all our clients and should we have the privilege of being awarded the Township of West Orange contract, we anticipate working with the Township to transition the start-up of this EMS Ambulance Billing and Collections service effectively and efficiently.

The Transition Plan would include:

- Providing a staff member on-site as necessary to ensure effective initial training and start-up requirements
- Make recommendations to increase the Township EMS revenue generating capability
- Assist Township with deposits set up so payment deposits are directly placed in a special account
- Implementing HIPAA policies and procedures to insure PHI and ePHI security
- Establishing a responsive Customer Service department / call intake center
- Providing educational training to designated Township staff
- Provide a complete listing and description of all necessary EMT recorded information needed for a proper billing incident report
- Effective techniques on dealing with denials and appeals
- Training on the importance of internal Medical Necessity safeguards for Medicare claims submission to avoid the risk of a RAC audit

Coronis Health envisions fostering a professional relationship that continues long through both the initial contract as well as the transitional phases as we work hard to gain the ongoing trust of the Township of West Orange.



Project Timeline Approach

Coronis Health has successfully transitioned over 50 clients to our billing service. We have a proven track record of procedures to minimize the payment delays that accompany these changes. Unlike many other billing services, we understand that your former billing service will need to collect on the outstanding accounts they have previously billed. Our goal is to begin billing your accounts immediately to avoid interruptions in your cash flow, while not impeding the efforts of your previous vendor to continue collecting your receivables.

When Coronis Health becomes the contracted billing agency, clients receive a paperwork package with all necessary documents for Medicare, Medicaid, Railroad Medicare, commercial insurance, and electronic clearinghouses. Our collections specialists verify your company's information and provider numbers with major carriers. Your patient care reports are given top priority for billing system entry until all data is up to date. Our team members refer to this as the "Startup Blitz," a defined set of step-by-step procedures refined by years of successful client transitions. Most of our new client accounts begin billing within three days and realize little interruption in their cash flow thanks to these procedures.

To provide the services requested in this RFP, Coronis Health will furnish a startup package and obtain all required signatures to begin submitting claims on your behalf. Forms required for Medicare, Medicaid, and clearinghouse transitions will be forwarded to the appropriate agencies within one working day. Immediately upon receipt of patient care reports, a team of senior billing and prebilling specialists will be designated to verify and input all patient data. Our collections specialists will generate claims for submission within three working days and simultaneously begin the global commercial verification process. All claims for startups are closely monitored on the payer level until finalization to immediately adjust or correct any information required. When your transition has been successfully completed and all data input is up to date, we will perform the procedures defined within our scope of services on a daily basis to maintain your account.



Project Timeline Approach

Coronis Health has a blitz mentality when receiving a new customer. We are committed to a structured transition; our goal is to begin billing your claims immediately. Coronis Health intends to interact with the prior billing vendor if requested by Township of West Orange. A smooth transfer is critical to ensure the revenue flow remains uninterrupted. The bottom line is transition will not be an issue. We are experienced in this startup process and we urge you to please contact our references for our track record.

Prior to the “going live” billing date, Coronis Health will ensure that the startup package criteria and legal documents required are completed. The Coronis Health team will request a meeting with the West Orange EMS Coordinator to develop and ensure a direct line of communication. In the meeting, the Startup Package will be reviewed, and a chain of command established.

Jennifer Aldana, Director of New Account startup, has been assigned to develop and oversee a billing procedure for the Township of West Orange account. Jennifer will be the direct contact with the Township of West Orange EMS Coordinator.

Coronis Health startup package criteria will include:

- ☐ Obtaining required signatures to begin submitting claims
- ☐ Obtaining banking documents and account information
- ☐ Receiving copies of the NJDOH license
- ☐ Confirming individual vehicle licenses and NJDMV registrations
- ☐ Completing the Business Associate Agreement
- ☐ Reviewing the Township of West Orange EMS Patient Care Report
- ☐ Reviewing the Medicare signature requirement
- ☐ Reviewing current ambulance service rates and current billing agreements with ALS providers
- ☐ Establishing a secure and speedy delivery of PCR's and/or other billing documents
- ☐ The filing of a 45-day extension to Medicare, if requested by the Township of West Orange, so the prior billing vendor can continue processing Township of West Orange EMS claims.



Tab #4



STAFFING:

In early 2011 Coronis Health (**previous known as Revenue Guard**) upgraded its operations by the occupancy of its state-of-the-art secure finance/billing center at its current location in Morganville, New Jersey, which lies approximately 36 miles from the Township of West Orange NJ. This customized and highly secure center has allowed Coronis Health the physical space to match the unparalleled growth we have experienced during the past few years. Our staff over the past 3 years is comprised of over 60 employees, 5 managers and 3 supervisors holding full time status in order to handle the demands of our customers and meet their unique needs and concerns. Coronis Health's Executive Staff assigned with overseeing our EMS/Fire Division is comprised of leading EMS billing, revenue cycle recovery and EMS industry professionals that supervise every aspect of the business. Key Executive Staff include:

STEVEN LOURES, is the current President / CEO. He previously owned and operated a 160-vehicle emergency ambulance system named "MultiCare" from 1984 to 2002. It operated in the states of New York, New Jersey, and Pennsylvania. In New York they owned and operated a five-borough license (Keefe & Keefe) which was one of the first licensed ambulance services in the 5-borough dating back to the 1930's. In 2002, the business was sold to a national provider, Rural-Metro. From 2001-2007 Mr. Loures was the Vice-President of Rural-Metro, the country's largest private EMS service based in Scottsdale, Arizona serving as V.P. of Northeast Operations where he was responsible for the New York, New Jersey and Pennsylvania operations with an annual budget of \$127 million. His position there required him to handle all financial analysis and AR management oversight for EMS client's operations. He was required to review all accounts to maximize provider revenue and increase client cash-per-trip figures in both the EMS ambulance and fire service billing divisions. Mr. Loures was also a certified New Jersey paramedic and Member of the American Ambulance Association. He is also a commercial air ambulance pilot and a graduate of Embry Riddle University in Daytona Beach Florida.

STEPHANIE DALL, Chief Financial Officer of Coronis Health, has over 20 years' experience with public and privately held corporations in the EMS industry. Stephanie is experienced in Sarbanes-Oxley accounting standards and AR financial analysis. Her current responsibilities include managing SAS 70 accounting controls and compliance, IT commercial functions of new clients as well as financial reporting, and revenue analysis for clients. Stephanie provides financial and management as well as EMS metric reporting to our clients and oversees the day-to-day accounting and posting functions. She is also responsible to keep open communications with our clients as it pertains to their cash and revenue expectations and projections. Stephanie holds a Bachelor's of Science from Rutgers University in Accounting and Finance.



JENNIFER ALDANA. Jennifer serves as the Director of Revenue Cycle Management at Coronis Health. She has over 19 years' experience exclusively dedicated to ambulance revenue cycle billing and collections for public and private operations. Jennifer's responsibilities at Coronis Health include coordinating all functions related to pre-billing and claims processing for our clients. She ensures compliance with state and federal laws and regulations for managed-care payers and maintains ongoing knowledge of CMS rules and regulations. Jennifer has a proven record of maximizing revenue while limiting EMS denials. She is a CAC-certified Ambulance Coder and a CADS-certified Ambulance documentation specialist. She also performs documentation and medical necessity training for all Coronis Health clients and facilitates identification of issues and solutions by team members and monitors billing processes to determine revenue improvement opportunities. Jennifer studied Business Administration at Pace University in New York.

SUGEN COLINDRES serves as the Director of Collections for Coronis Health. Sugén has over 10 years of experience in the medical claim's management process, with a dedicated focus in the ambulance revenue cycle for the last 8 years. Sugén's responsibilities consist of developing strategic plans to reduce outstanding aging reports for claims while establishing policies and procedures that meet our companies' standards. Sugén ensures that her staff is educated in the ever-changing insurance policies by providing constant training and staff development. Her vision for the department is to continuously lead by developing an enthusiastic work environment and inspiring her team to achieve their potential and highest level of performance. Her continued goal is to design and implement processes to improve cash flow by efficiently appealing claims denials and monitoring cash flow. She is a CAC-certified Ambulance Coder. Sugén studied Biology at Douglass College, Rutgers University.

ASSIGNED PROJECT STAFF

As noted earlier, we enjoy a professional staff comprised of over 60 employees, 5 managers and 3 supervisors holding full time status in order to handle the demands of our customers and meet their unique needs and concerns. Should the Township of West Orange select Coronis Health as their Ambulance billing and Collection's services vendor, they will be working with our well-trained and certified EMS revenue recovery team.

Coronis Health's Director of Revenue Cycle Management, Jennifer Aldana, who would be the Team Lead for the Township of West Orange has over 19 years of experience in Ambulance Revenue Recovery. In addition to her experience, Jennifer has a proven track record of maximizing revenue for our clients, has been certified in the following: CACO (Certified Ambulance Compliance Officer) and CAPO (Certified Ambulance Privacy Officer).



CERTIFIED AMBULANCE CODER

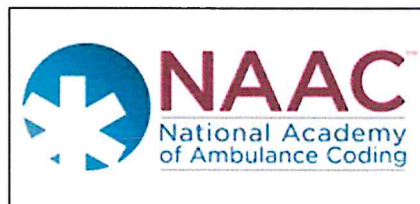
Who is the person coding and billing your EMS claims?

Coronis Health has understood for years that ambulance billing is a specialized and different aspect from other medical billing components. We are among the first in the state to embrace the Certified Ambulance Coder program offered by the National Academy of Ambulance Coding as part of their staff training and certification curriculum. This certification demonstrates a high level of knowledge and commitment to compliance in the ambulance billing profession. **All key members of our staff have completed this program and are all currently certified NAAC.**

We strongly urge prospective clients to review the staff experience of their current and future billing partners. Many third-party billing companies have difficulty finding qualified people to bill their claims. Coronis Health's greatest asset is our workforce; our billing staff are Certified Ambulance Coders and highly trained and very experienced in ambulance billing.

Jennifer Aldana is a Certified Ambulance Coder, and Coronis Health's Billing and Collections Director, she is the administrator for our clients' accounts, and manages all aspects of this process. Jennifer has 19 years of experience in ambulance revenue collections and has long-term relationships with all major payers. She will develop a specialized course of action and oversee all facets of the process as determined by our clients, their needs, and concerns.

Be assured that our experience, knowledge, and level of commitment to our clientele will be evident.





Tab #5



DETAILED PRIOR EXPERIENCE WITH PUBLIC SECTION CLIENTS SIMILAR IN SIZE AND SCOPE

Of our over 75 current customers, we serve Fire/EMS agencies, cities and municipalities as well as volunteer agencies. We also service most hospitals in the state New Jersey for their emergency paramedic operations.

Serving hospital systems has enabled Coronis Health to become a strong Public Sector EMS ambulance billing services provider as hospitals are extremely revenue and compliance conscious.

One of our clients in the higher range for call volume handles approximately **65,000** service calls per year¹. The range goes down from there. For example;

1 – We provide ALS and BLS ambulance billing services to Jersey City, the 2nd largest City in the State of New Jersey with a call volume of approximately 65,000;

2 – We provide ALS and BLS ambulance billing services for the City of Paterson Fire Department, the 3rd largest City in the State of New Jersey, with a call volume of approximately 40,000;

3 – We provide ALS and BLS to other major New Jersey Cities with varying degrees of call volume, including the City of Clifton with a call volume of 12,000, the City of Asbury Park with a call volume of over 5,000 and the City of Linden that also averages a call volume of 5,000 just to name a few.

We feel confident that the Township of West Orange will see from the above statistics that Coronis Health's public sector experience is extensive and demonstrates that we possess comprehensive expertise on how to provide billing and collections services to large public sector entities.

We have what it takes to provide the level of Ambulance billing and collection Services to the Township of West Orange that ensures the success you deserve.

¹We should also note that we provide EMS ambulance billing services to major private hospital systems such as Robert Wood Johnson/Saint Barnabas Health Care Systems with a call volume of over **100,000 responses per year**, Atlantic Ambulance Corp. with a call volume of over **75,000 responses per year** and Hackensack Medical Center with an annual call volume of **32,000 responses per year**.

Starting on March 1, 2022 Coronis Health will now be the authorized third-party billing and collections company for Cooper University Hospital.

Based on these statistics, Coronis Health feels extremely confident that we would successfully service the Township of West Orange's EMS's ambulance call volume for service.



This Reference List in this business proposal is strictly **PROPRIETARY AND CONFIDENTIAL** and is supplied with the understanding that it is to be used for the RFP process. This list should not be distributed or disclosed to any parties without Coronis Health's prior consent.

Fire/EMS References

City of Paterson Fire Department

300 McBride Ave

Paterson, New Jersey 07501

Fire Chief

973-321-1400

Township of West Orange Fire Department

66 Main Street

West Orange, New Jersey 07052

Fire Chief

973-325-4185

Belleville Fire Department

275 Franklin Avenue

Belleville, New Jersey 07109

Fire Chief

973-450-3375

Asbury Park Fire and Rescue

800 Main Street

Asbury Park, N.J. 07712

Chief

Kevin Keddy

732-775-6300

Jackson Township Emergency Medical Services

PO Box 516, Jackson NJ 08527

Al Couceiro

732-928-0278

Howell EMS

300 Old Tavern Rd Howell, NJ 07731

Peggy Doyle

732-938-4575 Ext 2850



Fire/EMS References - Continued

Lakewood Township
1555 Pine St, Lakewood NJ 08701
Crystal Van De Zilver
732-901-8487

Marlboro 1st Aid Squad
140 Windcrest Road, Marlboro NJ 07746
Michele Lewis
732-536-1166

North Plainfield Fire Department
8 Lincoln Place
North Plainfield N.J. 07060
Fire Chief
Willian Eaton
908-769-2935

Clifton Fire Department
900 Clifton Avenue
Clifton, NJ 07013
EMS Coordinator
973-470-5801

Hillside Fire Department
395 Hollywood Avenue
Hillside, New Jersey 07205
Fire Chief
908-352-1700

Oakhurst EMS
72 Larkin Place
Oakhurst N.J. 07755
EMS Chief
732-757-9808



Hospital References

Robert Wood Johnson University Hospital

1 Robert Wood Johnson Place.
New Brunswick, New Jersey 08903

Director of Patient Accounts
Peg Douglas Martino
Phone 732-690-5361

Hackensack University Medical Center

30 Prospect Ave
Hackensack, New Jersey 07505

Chief Financial Officer
Robert L. Glenning
Phone 201-996-3371

Holy Name Hospital
718 Teaneck Road
Teaneck, New Jersey 07666

Director of EMS
Mark Veenema
201-541-632

St Joseph's Healthcare System

700 Main Street
Paterson, New Jersey 07505

Director of MICU
Phone 973-754-2262



Hospital References -Continued

Hackettstown Regional Medical Center
651 Willow Grove St
Hackettstown, New Jersey 07840

Chief Financial Officer
Stella Visaggio
Phone 908-852-5100

Saint Clare's Health System
25 Pocono Road
Denville, New Jersey 07834

Executive Director of Emergency Services
Jan Bednar
973-625-6629

Atlantic Mobile Health/Atlantic Ambulance
Eagle Medical Transport

Manager
Glen Deitz
973-422-7972

Raritan Bay Medical Center
530 New Brunswick Ave
Perth Amboy, New Jersey 08861

Director of EMS
Mike Sample
Phone 732-324-4686



Client List

**Woodbridge Township Ambulance and Rescue Squad
P.O. Box 911
Iselin, New Jersey 08830**

**Borough of North Arlington
214 Ridge Road
North Arlington, New Jersey 07031**

**Old Bridge Township EMS
1 Old Bridge Plaza
Old Bridge, New Jersey 08857**

**Township of Union Fire Department
1 Bond Drive
Union, New Jersey 07083**

**Nutley Emergency & Rescue Squad
1 Old Bridge Plaza
Old Bridge, New Jersey 08857**

**Rutgers University EMS
PO Box 1077
Piscataway, New Jersey 08855**

**Lodi Volunteer EMS
72 Kimming Ave
Lodi, New Jersey 07040**

**Iron Bound EMS
399 New York Ave
Newark, New Jersey 07105**

**South River EMS
6 Thomas St
South River, New Jersey 08882**



Client List – Continued

**Union Emergency Medical Unit
2493 Vauxhall Rd
Union, New Jersey 07083**

**Freehold EMS
18 Spring Street
Freehold, New Jersey 07728**

**Hackensack Volunteer Ambulance Corps
205 State Street
Hackensack, New Jersey**

**Rochelle Park Ambulance Corps
151 West Passaic Street
Rochelle Park, New Jersey 07662**

**Morristown Ambulance Squad
PO Box 553
Morristown, New Jersey 07963**

**Cedar Knolls Fire Department
82 Ridgedale Avenue
Cedar Knolls, New Jersey 07927**

**River Road Rescue Squad
101 Shirley Parkway
Piscataway, New Jersey 08854**

**Raritan Valley Regional EMS
848 New Dover Road
Edison, New Jersey 08820**

**Avenel – Colonia First Aid Squad
105 Avenel Street
Avenel, New Jersey 07001**



Client List – Continued

**Cliffside Park EMS
525 Palisades Ave
Cliffside Park, New Jersey 07010**

**Montclair Ambulance Unit
95 Walnut St
Montclair, New Jersey 07042**

**Little Falls Fire/EMS
60 Wilmore Rd
Little Falls, New Jersey 07424**

**Dover Fire/EMS
37 N Sussex St.
Dover, New Jersey 07801**

**Maple Shade First Aid Squad
44 S Maple Ave
Maple Shade, New Jersey 08052**

**Roselle Fire/EMS
725 Chestnut St.
Roselle, New Jersey 07203**

**Mansfield EMS Inc.
301 Airport Rd.
Hackettstown, New Jersey 07840**

**Borough of Belmar
414 9th Ave
Belmar, New Jersey 07719**

**Little Ferry First Aid Corps
95 Main St
Little Ferry, New Jersey 07643**



Client List – Continued

**Beechwood EMS
1600 Pinewood Rd
Beachwood, New Jersey 08722**

**South Toms River Volunteer
First Aid and Rescue Squad
401 Dover Rd
Toms River, New Jersey 08757**

**Lanoka Harbor EMS
305 Manchester Ave
Lanoka Harbor, New Jersey 08734**

**Milford-Holland Rescue Squad
151 Waters St
Milford, New Jersey 08848**

**Lebanon Volunteer Fire Department
532 West Hill Road
Glen Gardner, New Jersey 08826**

**Cresskill Fire/EMS
51 Madison Ave
Cresskill, New Jersey 07626**

**Sparta Ambulance Services
14 Sparta Ave
Sparta, New Jersey 07871**

**Middletown EMS
1 Penelope Ln
Middletown, New Jersey 07748**

**West Paterson First Aid Squad
23 Rose Place
Woodland Park, New Jersey 07424**



Client List – Continued

**Mountainside Rescue Squad
1399 Route 22 East
Mountainside, New Jersey 07092**

**Dunellen Rescue Squad
415 North Ave
Dunellen, New Jersey 08812**

**East Brunswick Rescue Squad
346 Cranbury Rd
East Brunswick, New Jersey 08816**

**North Brunswick
880 Ridgewood Ave
North Brunswick, New Jersey 08902**

**Port Reading First Aid Squad
916 West Ave
Port Reading, New Jersey 07064**

**Bayshore EMS
260 Church St
Aberdeen, New Jersey 07742**

**Bloomfield EMS
1 Municipal Plaza
Bloomfield, New Jersey 07003**

**Carteret Fire/EMS
240 Roosevelt Ave
Carteret, New Jersey 07008**

**Jamesburg EMS
131 Perrineville Rd
Jamesburg, New Jersey 08831**



Client List – Continued

**Long Branch First Aid and Safety Squad Corp,
134 Belmont Avenue
Long Branch, NJ 07740**

**Union County EMS
400 North Avenue East
Westfield, 07090**

**Ventnor City Fire Department
6201 Atlantic Avenue
Ventnor City, NJ 08406**

**Quakertown Fire District
Division of EMS
67 Quakertown Road
Pittstown, N.J. 08867**

**Millstone Fire District
461 Stagecoach Road
Millstone NJ 08510**

**Township of North Bergen EMS
4233 Kennedy Blvd
North Bergen, N.J. 07047**

**City of Vineland EMS
625 Plum St
Vineland, N.J. 08362**

**City of Linden
302 South Wood Avenue
Linden, N.J. 07036**

**City of Margate
1 South Washington Avenue
Margate, N.J. 08402**



**Township of Brick Police Department
401 Chambers Bridge Road
Brick, N.J.08723**

**Voorhees Township Fire Department
2002 S. Burnt Mill Road
Voorhees, NJ 08043**

**Manchester Township
1 Colonial Drive
Manchester, NJ 08759**

**Borough of Elmwood Park
182 Market Street
Elmwood Park, NJ 07407**

**Parsippany Troy EMS
1130 Knoll Road
Lake Hiawatha, NJ 07034**

**West Windsor Fire/Emergency Services
45 Sean Kehler Way
West Windsor, NJ 08550**

**Wanamassa First Aid Squad
1401 Wickapecko Drive
Ocean Township, NJ 07712**



Tab #6



Cost Proposal

Start-up costs:

There are no startup costs to the Township of West Orange.

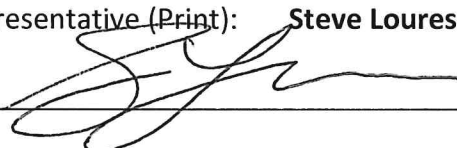
Service cost:

Coronis Health will charge a fee as listed on the proposal form on the next page for all revenue collected for the term of this proposal.

Company: **Coronis Health RMC, LLC**

Date: November 17, 2022

Authorized Representative (Print): **Steve Loures**

Signature:  Title: **President**

Telephone #: 732-598-0474

E-mail: jenniferaldana@coronishealth.com

TOWNSHIP OF WEST ORANGE

THIRD PARTY BILLING FOR EMERGENCY AMBULANCE SERVICES

PROPOSAL FORM

The Township of West Orange is seeking an incentive based scale to maximize the collection of the billable ambulance services. An example is provided below.

Example:	Percentage	Range of Collections by Vendor		
	5 %	\$ 0	to	\$100,000.00
	10 %	\$101,000.00	to	\$200,000.00

Percentage increases to be paid by the Township would be based on total collections over a 12 month period. The undersigned hereby agrees to furnish all services, labor, materials, supervision, equipment, and other means as necessary to perform all the work in accordance with these specifications.

8 %

\$ 0 to 750,000.00

10 %

\$ 751,000.00 to 1,000,000.00

11 %

\$ 1,000,001.00 to 1,500,000.00

11 %

\$ 1,551,000.00 and above

Authorized Signature

Company Name

Date

Telephone Number

Print Name & Title

Address

City, State, Zip



Tab #7



Contact Person

Jennifer Aldana

Senior Director of Revenue Cycle Management

50 Route 9 North, Building B
Morganville, NJ 07751

JenniferAldana@CoronisHealth.com

Cell: 732-598-0474

Office: 866-624-0900 Ext: 2321

Fax: 732-588-0929



Workers Compensation

Coronis Health has Workers' Compensation and Employees' Liability Insurance that is in accordance with New Jersey Law.



Statement of Professional Practice

Coronis Health the Company nor any individuals assigned to this engagement are disbarred, suspended, or otherwise prohibited from performing professional practice by any Federal, State, or local agency specifically the Medicare and Medicaid programs.



Description of Office Location:

Coronis Health's office is located at 50 Route 9 North Bldg. B Morganville N.J.

In the beginning of 2011 Coronis Health (**previously known as Revenue Guard**) upgraded operations and now operate out of a 10,000 square foot state-of-the-art secure finance/billing center located at 50 Route 9 North Morganville, NJ 07751 which is approximately 36 miles from the Township of West Orange. For our customers' convenience, we have over 20 phone lines and our calls are answered in under 2 minutes. Our toll-free number is (866) 624-0900 and fax is (732) 640-1138. This new center has allowed Coronis Health the physical space to match the unparalleled growth we have earned during the past few years. Our staff is comprised of over 60 employees, 5 managers and 3 supervisors holding full time status in order to handle the demands of our customers and meet their unique needs and concerns.

Coronis Health's Executive team and staff members will be and are available for meetings, conferences, training, and other emergency response at either our facility or at the Township of West Orange facilities upon request.



Statement and Representation that all Services are performed in the United States:

Coronis Health represents that all our services to be performed as part of this RFP will be performed within the United States of America.



Statement to Comply with General Terms and Conditions:

Coronis Health agrees to comply with all the General Terms and Conditions required by the Township of West Orange and agrees to enter into the Township of West Orange Standard of Professional Services Contract.



Certification Statement

Coronis Health is providing assurance with a certification statement that we are committed to complying with the Standards for Privacy or Individually Identifiable Health Information (the Privacy Rule) under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and has developed and implemented internal practices, books, and records relating to the use and disclosure of Protected Health.



Lawsuit Statement

Coronis Health has no past or present lawsuits filed against our firm.



State of New Jersey
DEPARTMENT OF BANKING AND INSURANCE

CERTIFICATION AS A QUALIFIED THIRD-PARTY BILLING SERVICE

Trenton, NJ
August 17, 2021

I, Marlene Caride, Commissioner of Banking and Insurance of the State of New Jersey, do hereby certify that

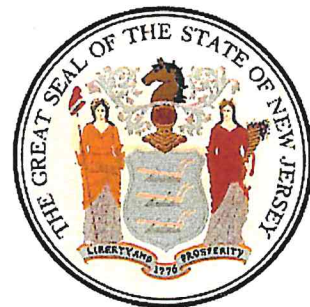
Coronis Health RCM, LLC
Certification # 515025836

has complied with all the requirements of N.J.S.A. 17B:27B-1 of the "Revised Statutes" of this State with respect to operating as a third-party billing service and is duly authorized to operate as such in this State on and after August 17, 2021 unless and until such authority is suspended or revoked pursuant to N.J.S.A. 17B:27B-5.

IN TESTIMONY WHEREOF, I have hereunto
set my hand and affixed my Official Seal,
at Trenton, NJ, the day and year above written.

A handwritten signature in blue ink, appearing to read "M. Caride".

Marlene Caride
Commissioner of Banking and Insurance





STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name: CORONIS HEALTH RCM, LLC

Trade Name:

Address: 5963 EXCHANGE DRIVE STE 114
SYKESVILLE, MD 21784

Certificate Number: 2600268

Effective Date: June 21, 2021

Date of Issuance: June 23, 2021

For Office Use Only:

20210623120113972

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. Coronis Health LLC	
	2 Business name/disregarded entity name, if different from above Coronis Health RCM, LLC	
	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. ☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate ☒ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) P 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. ☐ Other (see instructions) ▶	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ (Applies to accounts maintained outside the U.S.)	
	5 Address (number, street, and apt. or suite no.) See instructions. 5963 Exchange Drive, Ste 114	Requester's name and address (optional)
	6 City, state, and ZIP code Sykesville, MD 21784	
	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								
8	2	-	1	5	5	0	4	9
7								

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 ▶ **10/18/2022**

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.

Certification 64860

CERTIFICATE OF EMPLOYEE INFORMATION REPORT

INITIAL

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of **15-AUG-2021** to **15-AUG-2024**

**CORONIS GLOBAL
5963 EXCHANGE DR
SYKESVILLE**

MD 21784



Elizabeth Maher Muoio

ELIZABETH MAHER MUOIO

State Treasurer



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/22/2022

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

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

PRODUCER Woodruff-Sawyer & Co. One Liberty Square, Suite 600 Boston MA 02109	CONTACT NAME: Dan McMullen PHONE (A/C, No, Ext): 617-658-7103 E-MAIL ADDRESS: dcmullen@woodruff-sawyer.com FAX (A/C, No):																					
INSURED Coronis Health, LLC (See Below for Full Named Insured Listing) 5963 Exchange Drive, Suite #114 Sykesville MD 21784	<table><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A:</td><td>Hartford Fire Insurance Company</td><td>19682</td></tr><tr><td>INSURER B:</td><td>Hartford Casualty Insurance Company</td><td>29424</td></tr><tr><td>INSURER C:</td><td>Trumbull Insurance Company</td><td>27120</td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Hartford Fire Insurance Company	19682	INSURER B:	Hartford Casualty Insurance Company	29424	INSURER C:	Trumbull Insurance Company	27120	INSURER D:			INSURER E:			INSURER F:		
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INSURER C:	Trumbull Insurance Company	27120																				
INSURER D:																						
INSURER E:																						
INSURER F:																						

COVERAGES**CERTIFICATE NUMBER:** 2133032501**REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☒ POLICY ☐ PRO-JECT ☐ LOC OTHER:	Y	08UUNBB1832	7/24/2022	7/24/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ LIMITED GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
C	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY		08UENBB9182	7/24/2022	7/24/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE DED ☒ RETENTION \$ 10,000		08XHUBB1412	7/24/2022	7/24/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	08WEAG9B1U	7/24/2022	7/24/2023	☒ PER STATUTE ☐ OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

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

Additional Named Insureds:
CORONIS HEALTH RCM, LLC
SUPPORTMED, LLC
CORONIS GLOBAL, LLC
CRT MEDICAL SYSTEMS, INC.
M.L. MEDICAL BILLING COMPANY
MEDICAL BILLING UNLIMITED, INC.
CORONIS GLOBAL, INC.
See Attached...

CERTIFICATE HOLDER**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.



BUSINESS ENTITY ANNUAL STATEMENT
NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION
(609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)

THIS FORM MUST BE ELECTRONICALLY FILED AT:
www.elec.nj.gov

FORM BE

FOR STATE USE ONLY

This statement is required to be filed by a business entity which has received \$50,000 or more in the aggregate during a calendar year through agreements or contracts with a public entity or public entities.

Part 1: General Information

Date of Statement December 6, 2021

Activity for Calendar Year 2021

☐ Check if Amendment

Part 2: Business Entity Information

Business Name Coronis Health RCM, LLC

Business Type Other Business Organization

Address 1 5963 Exchange Drive

Address 2 _____

City Sykesville State Maryland Zip 21784

*(Area Code) Telephone Number _____

ACKNOWLEDGEMENT

I have been authorized by the above named business entity to complete the annual statement, and certify that the statements and/or information contained herein are true. I am aware that if any of the statements or information are willfully false, I may be subject to punishment.

First Name Vlad Last Name Busko

Title/Position Staff Accountant Date December 6, 2021

*(Area Code) Telephone Number 410-753-3358

☒ Check this box to certify the above acknowledgement.

A business entity which has received \$50,000 or more in the aggregate during a calendar year through agreements or contracts with a public entity or public entities, but has made no contributions to candidates or committees, shall file the business entity annual disclosure statement with the Commission to report that no contributions were made during the calendar year.

☒ Check this box if the business entity has not made any reportable contributions during the calendar year.

*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.



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Tab #8

TOWNSHIP OF WEST ORANGE

BIDDER'S CHECK LIST

Mandatory Items

- Completed Bid Proposal Form SL
- Business Registration Certification SL
- Public Works' Contractors
Certification (if applicable) SL/N/A
- Stockholders Disclosure
Statement SL
- Affirmative Action Compliance
Notice SL
- Bid Deposit SL
- Surety for Performance Bond
(If applicable) SL/N/A
- Iranian Disclosure Form SL
- Acknowledgement of Addenda SL
- Township Political Contribution Statement SL

Please provide two (2) additional copies of entire bid package, one of which can be on a flash drive. Please review your proposal carefully before submitting.

TOWNSHIP OF WEST ORANGE

THIRD PARTY BILLING FOR EMERGENCY AMBULANCE SERVICES

PROPOSAL FORM

The Township of West Orange is seeking an incentive based scale to maximize the collection of the billable ambulance services. An example is provided below.

Example:	Percentage	Range of Collections by Vendor	
	5 %	\$ 0	to \$100,000.00
	10 %	\$101,000.00	to \$200,000.00

Percentage increases to be paid by the Township would be based on total collections over a 12 month period. The undersigned hereby agrees to furnish all services, labor, materials, supervision, equipment, and other means as necessary to perform all the work in accordance with these specifications.

8 %

\$ 0 to 750,000.00

10 %

\$ 751,000.00 to 1,000,000.00

11 %

\$ 1,000,001.00 to 1,500,000.00

11 %

\$ 1,551,000.00 and above

Authorized Signature

Company Name

Date

Telephone Number

Print Name & Title

Address

City, State, Zip

Coronis Health Partners LLC

11-14-22

732-598-0474

Steven Loures / President

50 US Highway 9N, Bldg-B

Morganville, N.J. 07751

TOWNSHIP OF WEST ORANGE

Email Address

Business Registration Certification

Effective September 1, 2004, the State has expanded its Contractor Registration Program to local Government contracts, P.L. 2004, c57. All business organizations that do business with a local government agency are required to be registered with the State. The business must provide proof of that registration to the local government agency before that local government agency can enter into a contract with the business. A copy of the Business Registration Certificate shall be provided at the time any bid or RFP is submitted; failure to do so is a fatal defect that cannot be cured. A copy of the Business Registration Certificate must also be on file before any purchase order/voucher or other contracting document can be issued.

Contractors are responsible for notifying subcontractors.

Further information and registration can be obtained online from the NJ Treasury, Division of Revenue or by calling (609) 292-1730.

P.L. 1999 Chapter 238. The Public Works Contractor Registration Act specifies that no contractor or subcontractor shall bid on or engage in any contract (or part thereof) for public work which is subject to the provisions of the "New Jersey Prevailing Wage Act", P.L. 1963 C. 150 (c. 34:11-56.25 et seq.) for the construction, reconstruction, demolition, alteration, repair, or maintenance of a public building regularly open to and used by the general public or public institution, and includes any subcontractor or lower tier subcontractor of a contractor unless they are registered with the Commissioner of Labor.



STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name: CORONIS HEALTH RCM, LLC

Trade Name:

Address: 5963 EXCHANGE DRIVE STE 114
SYKESVILLE, MD 21784

Certificate Number: 2600268

Effective Date: June 21, 2021

Date of Issuance: June 23, 2021

For Office Use Only:

20210623120113972

TOWNSHIP OF WEST ORANGE

STATEMENT OF OWNERSHIP
(OWNERSHIP DISCLOSURE CERTIFICATION)
N.J.S.A. 52:25-24.2 (P.L. 1977, c.33, as amended by P.L. 2016, c.43)

Name of Business: Coronix Health RCM, LLC

Address of Business: 50 US Highway 9N, Bldg B, Morrisville, N.J. 07751

Name of person completing this form: Stephen Loures

N.J.S.A. 52:25-24.2:

"No corporation, partnership, or limited liability company shall be awarded any contract nor shall any agreement be entered into for the performance of any work or the furnishing of any materials or supplies, unless prior to the receipt of the bid or proposal, or accompanying the bid or proposal of said corporation, said partnership, or said limited liability company there is submitted a statement setting forth the names and addresses of all stockholders in the corporation who own 10 percent or more of its stock, of any class, or of all individual partners in the partnership who own a 10 percent or greater interest therein, or of all members in the limited liability company who own a 10 percent or greater interest therein, as the case may be.

If one or more such stockholder or partner or member is itself a corporation or partnership or limited liability company, the stockholders holding 10 percent or more of that corporation's stock, or the individual partners owning 10 percent or greater interest in that partnership, or the members owning 10 percent or greater interest in that limited liability company, as the case may be, shall also be listed. The disclosure shall be continued until names and addresses of every noncorporate stockholder, and individual partner, and member, exceeding the 10 percent ownership criteria established in this act, has been listed.

To comply with this section, a bidder with any direct or indirect parent entity which is publicly traded may submit the name and address of each publicly traded entity and the name and address of each person that holds a 10 percent or greater beneficial interest in the publicly traded entity as of the last annual filing with the federal Securities and Exchange Commission or the foreign equivalent, and, if there is any person that holds a 10 percent or greater beneficial interest, also shall submit links to the websites containing the last annual filings with the federal Securities and Exchange Commission or the foreign equivalent and the relevant page numbers of the filings that contain the information on each person that holds a 10 percent or greater beneficial interest."

The Attorney General has advised that the provisions of N.J.S.A. 52:25-24.2, which refer to corporations and partnerships apply to limited partnerships, limited liability partnerships, and Subchapter S corporations.

This Ownership Disclosure Certification form shall be completed, signed and notarized.

TOWNSHIP OF WEST ORANGE

Failure of the bidder/proposer to submit the required information is cause for automatic rejection of the bid or proposal

Part I

Check the box that represents the type of business organization:

- ☐ Sole Proprietorship (skip Parts II and III, sign and notarize at the end)
- ☐ Non-Profit Corporation (skip Parts II and III, sign and notarize at the end)
- ☐ Partnership ☐ Limited Partnership ☐ Limited Liability Partnership
- ☒ Limited Liability Company
- ☐ For-profit Corporation (including Subchapters C and S or Professional Corporation)
- ☐ Other (be specific): _____

Part II

☒ I certify that the list below contains the names and addresses of all stockholders in the corporation who own 10 percent or more of its stock, of any class, or of all individual partners in the partnership who own a 10 percent or greater interest therein, or of all members in the limited liability company who own a 10 percent or greater interest therein, as the case may be.

OR

☐ I certify that no one stockholder in the corporation owns 10 percent or more of its stock, of any class, or no individual partner in the partnership owns a 10 percent or greater interest therein, or that no member in the limited liability company owns a 10 percent or greater interest therein, as the case may be.

Complete, sign and notarize the form below. (Please attach additional sheets if more space is needed):

TOWNSHIP OF WEST ORANGE

Name Cornelis Health, LLC

Name _____

Address 5963 - Exchange Drive

Address _____

Suite 114, Sykesville, MD 21784

Name _____

Name _____

Address _____

Address _____

Name _____

Name _____

Address _____

Address _____

TOWNSHIP OF WEST ORANGE

Part III - Any Direct or Indirect Parent Entity Which is Publicly Traded:

"To comply with this section, a bidder with any direct or indirect parent entity which is publicly traded may submit the name and address of each publicly traded entity and the name and address of each person that holds a 10 percent or greater beneficial interest in the publicly traded entity as of the last annual filing with the federal Securities and Exchange Commission or the foreign equivalent, and, if there is any person that holds a 10 percent or greater beneficial interest, also shall submit links to the websites containing the last annual filings with the federal Securities and Exchange Commission or the foreign equivalent and the relevant page numbers of the filings that contain the information on each person that holds a 10 percent or greater beneficial interest."



Pages attached with name and address of each publicly traded entity as well as the name and address of each person that holds a 10 percent or greater beneficial interest.

OR



Submit here the links to the Websites (URLs) containing the last annual filings with the federal Securities and Exchange Commission or the foreign equivalent.

AND



Submit here the relevant page numbers of the filings containing the information on each person holding a 10 percent or greater beneficial interest.

Raven RCM Intermediate Holding, LLC (sole member of Corvus Health LLC)
5962-Exchange Drive, Suite 114, Sykesville, MD 21784

Subscribed and sworn before me this 14th day of
November 2022.

(Notary Public)

My Commission expires: 9-26-2027

State of NJ
County of Monmouth


(Affiant)

Steven L. ... President
(Print name of affiant and title if applicable)

(Corporate Seal if a Corporation)

TOWNSHIP OF WEST ORANGE

SCHEDULE A

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127) -- N.J.A.C. 17:27 -- GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

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

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will take affirmative action to ensure that such applicants are recruited and employed, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor, where applicable, will send to each labor union or representative or workers with which it has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the agency contracting officer advising the labor union or workers' representative of the contractor's commitments under this act and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to employ minority and women workers consistent with the applicable county employment goals established in accordance with N.J.A.C. 17:27-5.2, or a binding determination of the applicable county employment goals determined by the Division, pursuant to N.J.A.C. 17:27-5.2.

(cont.)

TOWNSHIP OF WEST ORANGE

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, labor unions, that it does not discriminate on the basis of age, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the applicable employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

Employee Information Report Form AA302

The contractor and its subcontractors shall furnish such reports or other documents to the Div. of Contract Compliance & BEO as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Div. of Contract Compliance & EEO for conducting a compliance investigation pursuant to Subchapter 10 of the Administrative Code at N.J.A.C. 17:27.

TOWNSHIP OF WEST ORANGE

REQUIRED EVIDENCE

AFFIRMATIVE ACTION REGULATIONS N.J. S.A. 10:5-31, et seq. (N.J.A. C. 17:27)

If awarded a contract, the Bidder will be required to comply with the requirements of N.J.S.A. 10:531, *et seq.*, and N.J.A.C. 17:27. Within five (5) days after receipt of the notification of intent to award the contract, the Bidder shall present one of the following:

1. Appropriate evidence that the Contractor is operating under an existing federally approved or sanctioned affirmative action program; or
2. A Certificate of Employee Information Report Approval issued in accordance with N.J.A.C. 17:27-4; or
3. An initial Employee Information Report consisting of forms provided by the Affirmative Action Office and completed by Contractor in accordance with N.J.A.C. 17:27-4.

The Bidder must submit no later than three (3) days after the signing of the Contract an Initial Project Manning Table consisting of forms provided by the Affirmative Action Office and completed by Contractor in accordance with N.J.A.C. 17:27-7.

Bidders are referred to the Bidder's Information Section of the Bid Packet for a further description of the above requirements.

NO BIDDER MAY BE ISSUED A CONTRACT UNLESS THEY COMPLY WITH THE AFFIRMATIVE ACTION REGULATIONS OF N.J.S.A. 10:5-31, et seq.

The following questions must be answered by all Bidders:

1. Do you have a federally-approved or sanctioned Affirmative Action Program?

Yes _____ (If yes, submit a copy of such approval.)

No

2. Do you have a State Certificate of Employee Information Report approval?

Yes _____ {If yes, submit a copy of such approval.)

No

The undersigned Bidder certifies that he is aware of the commitment to comply with the requirements of N.J.S.A. 10:5-31, *et seq.*, and agrees to furnish the required documentation pursuant to the law.

COMPANY: Coronis Health PCM LLC NAME: Steven Loures

SIGNATURE: [Signature] TITLE: President

NOTE: A bid must be rejected as non-responsive if a Bidder fails to comply with requirements of N.J.S.A. 10:5-31, et seq., within the time frame stipulated.

Certification 64860

CERTIFICATE OF EMPLOYEE INFORMATION REPORT

INITIAL

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of 15-AUG-2021 to 15-AUG-2024

CORONIS GLOBAL
5963 EXCHANGE DR
HYKESVILLE

MD 21784



Elizabeth Maher Muoio
ELIZABETH MAHER MUOIO
State Treasurer

TOWNSHIP OF WEST ORANGE

AMERICANS WITH DISABILITIES ACT OF 1990 Equal Opportunity for Individuals with Disability

The contractor and the Township of West Orange, (hereafter "Township") do hereby agree that the provisions of Title 11 of the Americans With Disabilities Act of 1990 (the "Act") (42 U.S.C. S121 01 et seq.), which prohibits discrimination on the basis of disability by public entities in all services, programs, and activities provided or made available by public entities, and the rules and regulations promulgated pursuant there unto, are made a part of this contract. In providing any aid, benefit, or service on behalf of the Township pursuant to this contract, the contractor agrees that the performance shall be in strict compliance with the Act. In the event that the contractor, its agents, servants, employees, or subcontractors violate or are alleged to have violated the Act during the performance of this contract, the contractor shall defend the Township in any action or administrative proceeding commenced pursuant to this Act. The contractor shall indemnify, protect, and save harmless the Township, its agents, servants, and employees from and against any and all suits, claims, losses, demands, or damages, of whatever kind or nature arising out of or claimed to arise out of the alleged violation. The contractor shall, at its own expense, appear, defend, and pay any and all charges for legal services and any and all costs and other expenses arising from such action or administrative proceeding or incurred in connection therewith. In any and all complaints brought pursuant to the Township's grievance procedure, the contractor agrees to abide by any decision of the Township which is rendered pursuant to said grievance procedure. If any action or administrative proceeding results in an award of damages against the Township, or if the Township incurs any expense to cure a violation of the ADA which has been brought pursuant to its grievance procedure, the contractor shall satisfy and discharge the same at its own expense.

The Township shall, as soon as practicable after a claim has been made against it, give written notice thereof to the contractor along with full and complete particulars of the claim, If any action or administrative proceeding is brought against the Township or any of its agents, servants, and employees, the Township shall expeditiously forward or have forwarded to the contractor every demand, complaint, notice, summons, pleading, or other process received by the Township or its representatives.

It is expressly agreed and understood that any approval by the Township of the services provided by the contractor pursuant to this contract will not relieve the contractor of the obligation to comply with the Act and to defend, indemnify, protect, and save harmless the Township pursuant to this paragraph.

It is further agreed and understood that the Township assumes no obligation to indemnify or save harmless the contractor, its agents, servants, employees and subcontractors for any claim which may arise out of their performance of this Agreement. Furthermore, the contractor expressly understands and agrees that the provisions of this indemnification clause shall in no way limit the contractor's obligations assumed in this Agreement, nor shall they be construed to relieve the contractor from any liability, nor preclude the Township from taking any other actions available to it under any other provisions of the Agreement or otherwise at law.

AFFIDAVIT OF NON-COLLUSION

The undersigned bidder of full age, being duly sworn according to law depose and hereby specifically certifies that:

A. to the best of the bidder's knowledge and belief, the annexed bid proposal for this project has not been prepared in collusion with any other bidder of like item or services and the prices, discounts, terms and conditions thereof have not been directly or indirectly communicated by or on behalf of the bidder to any person other than the recipient of the bid and will not be communicated to any person prior to the official opening of the bid.

B. the bidder fully understands that no premiums, rebates, or gratuities are permitted either with, prior to, or after signing of contract. Any violation will result in cancellation and removal from the bid list.

C. the bidder further certifies that the undersigned has the necessary authority, to sign this stipulation stating that the bidder has not entered into any agreement, or otherwise taken any action in restraint of free competitive bidding in connection with this bid.

All references to the bidder are understood to include the undersigned and all principals, partners and officers of the bidder.

Dated:

(Signature)



(Name and Title)

Steven Loures / President

(Company Name)

Corvus Health RCM, LLC

(Address)

50-45 Highway 9N, Bldg B

(City, State, Zip Code)

Morristown, N.J. 07751

(Corporate Seal)

Subscribed and sworn to before me

this

14th

day of

November

, 20 22

Notary Public of the State of New Jersey



My Commission expires 09-26-2027

State of NJ

County of Monmouth

TOWNSHIP OF WEST ORANGE

DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

Proposer: Corning Health RCM, LLC

Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that the person or entity, or one of the person or entity's parents, subsidiaries, or affiliates, is not identified on a list created and maintained by the New Jersey Department of the Treasury as a person or entity engaging in investment activities in Iran. If the Director finds a person or entity to be in violation of the principles which are the subject of this law, s/he shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring, declaring the party in default and seeking debarment or suspension of the person or entity.

I certify, pursuant to Public Law 2012, c. 25, that the person or entity listed above for which I am authorized to submit a proposal:

- ☒ Is not providing goods or services of \$20,000,000 or more in the energy sector of Iran, including a person or entity that provides oil or liquefied natural gas tankers, or products used to construct or maintain pipelines used to transport oil or liquefied natural gas, for the energy sector of Iran, and
- ☒ Is not a financial institution that extends \$20,000,000 or more in credit to another person or entity, for 45 days, or more, if that person or entity will use the credit to provide goods or services in the energy sector in Iran.

In the event that a person or entity is unable to make the above certification because it or one of its parents, subsidiaries, or affiliates has engaged in the above referenced activities, a detailed, accurate and precise description of the activities must be provided in part 2 below to the New Jersey Turnpike Authority under penalty of perjury. Failure to provide such will result in the proposal being rendered as non-responsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.

Part 2: PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN

You must provide a detailed, accurate and precise description of the activities of the proposer, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above by completing the boxes below.

Name: _____	Relationship to Proposer: _____
Description of Activities: _____	
Duration of Engagement: _____	Anticipated Cessation Date: _____
Proposer Contact Name: _____	Contact Phone Number: _____

Certification: I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I attest that I am authorized to execute this certification on behalf of the above referenced person or entity. I acknowledge that the Township of West Orange, State of New Jersey is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the Township to notify the Township in writing of any changes to the answers of information contained herein. I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with the Township of West Orange,
Continued...

State of New Jersey and that the Township at its option may declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print): Steven Louie S Signature: [Signature]
Title: President Date: 11-17-12

TOWNSHIP OF WEST ORANGE
Political Contribution Disclosure Statement Pursuant to Chapter 2, Section 68 of the Revised
General Ordinances of the Township of West Orange

Pursuant to Section 2-68.1 of the Revised General Ordinances of the Township of West Orange, please set forth below all political contributions in cash or in kind of two hundred (\$200.00) dollars or more made within five (5) years of the date of acceptance of a proposal for a negotiated contract with the Township of West Orange, or within five (5) years of the notice of award for a bid contract with the Township of West Orange, either directly or indirectly, by the individuals or any of the principals of the business entity completing this form or by the business entity itself, to any elected official of the Township of West Orange currently in office or any political organization affiliated with an elected official of the Township currently in office.¹

<u>Name of Individual/Entity Making Contribution</u>	<u>Amount of Contribution</u>	<u>Recipient of Contribution</u>	<u>Date of Contribution</u>

If you have <u>NOT</u> made any contributions within the scope of Section 2-68.1, as set forth above, please X the line to the right.	NONE
	X

I hereby certify under penalty of perjury that the information provided herein is true and accurate to the best of my knowledge, information and belief.

The current elected officials of the Township include the following: Mayor Robert D. Parisi; Councilwoman Cindy Matute-Brown, Councilman Bill Rutherford; Councilwoman Susan McCartney, Councilwoman Michelle Casalino; and Councilwoman Tammy Williams.

Coronis Health PCIT, LLC
Company Name

[Signature]
Authorized Signature

Steven Louder
Printed Name

11-14-22

Date

TOWNSHIP OF WEST ORANGE

TOWNSHIP OF WEST ORANGE

ACKNOWLEDGMENT OF RECEIPT OF ADDENDA

The undersigned Bidder hereby acknowledges receipt of the following addenda:
Please assign the number, date and initial.

<u>Addendum Number</u>	<u>Dated</u>	<u>Acknowledge Receipt</u> (Initial)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ No addenda was received.

Acknowledged for: Coronis Health PCMA, LLC
(Company Name)

By: [Signature]
(Signature of Authorized Representative)

Name: Steven Loure
(Print)

Title: President

TOWNSHIP OF WEST ORANGE

VENDOR INFORMATION

In order to assure that all future correspondence is directed to the correct address, assure proper ordering, expedite future payments, and in accord with I.R.S. regulations, the following information must be provided with this bid.

Name of Business: Coronis Health PCMA, LLC
Print

Name of Contact Person: Jennifer Alderman
Print

Correspondence Address (including zip code):

50 - Route 9 North, Bldg B
Morristown, N.J. 07751

Purchase Order Address (including zip code):

Payment Address (including zip code):

Telephone Number: 732-598-0474

Fax Number: 732-588-0429

E-mail Address: Jennifer.Alderman@CoronisHealth.com

Employer I.D. or S.S. # 82-1550497