CAREPLUS
Ambulance Service, Inc

"Proposal for Ambulance Services"

Town of Conway NH

North Conway Ambulance Service
VALLEY TRANSFER SERVICE

CAREPLUS
Ambulance Service, Inc

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North Conway Ambulance Service
VALLEY TRANSFER SERVICE

CAREPLUS
Ambulance Service, Inc

PO Box 2154 Merrimack, NH 03054
Business Office 603-424-8910

September 27, 2016

Proposal for Ambulance Services

Board of Selectmen
Town of Conway
1634 E. Main Street
Center Conway, NH 03813

Dear Town Selectmen:

***CAREPLUS** Ambulance Service, Inc* is pleased to present our proposal to continue providing 911 Emergency Ambulance Services for the Town of Conway New Hampshire. Our proposal was designed to meet the requirements set forth by the RFP and offer additional options to consider for the best coverage in the area. You have our commitment to be a partner with the town and work out the best proposal and coverage option that meets all of the Town(s) requirements. With that said we are open to re-negotiation of our current contract and or changes or adjustments as needed under the attached proposal.

As the town looks to continue to offer the best Emergency Services Program possible for its residents during these very difficult economic times, it is important to know that ***CAREPLUS** / North Conway Ambulance Service* have the desire to continue to provide that Service Excellence while trying to be financially feasible for all parties involved.

As we reviewed the overall intent of your Request For Proposal (RFP), we felt that several important factors deserved special attention from the outset that may help to underscore the benefits of our proposal.

1. Service Excellence

   As a locally owned New Hampshire company, we are acutely aware of the importance of the ability of a company to be able to deliver on each and every service commitment that it makes to its customers.

   At CarePlus, whether this commitment to excellence is to a Municipal Government, a Hospital, a Nursing Home, or simply an individual who is in need of quality medical care, our pledge is always the same..."We promise to deliver the highest level of quality service, without compromise, to each and every person who entrusts us with their care or the care of a loved one."

   We are a New Hampshire based Ambulance Service who has been in business since 1988, serving the people of New Hampshire at every level of care from the EMT-Basic to the most advanced EMT-P, Paramedic Level Care, with technical services and people skills that we feel are second to none.

   New Hampshire is our home and we take our responsibilities to our local community and our commitment to the people of New Hampshire very seriously. Needless to say, we are extremely proud of the reputation that we have built and the respect that we have earned for many years as New Hampshire's leading Ambulance Service Company.

2. Service Partnership

Should we be fortunate enough to earn your trust and confidence to continue as your 911 ambulance provider, we want you to know that our success will only be possible if we prove ourselves to be an effective "Service Partner" in the area.

Therefore, we want to be very clear from the outset that we will continue to be committed to be a valuable part of a "Total Team Effort" with the Fire Department's, Police Department's and any other Municipal Service Departments with whom we will interface each and every day.

We also want you to know, if at any point in the future, the services that we built need to be augmented, adjusted or changed for any reason that we will work with the town to make that happen.

3. Fiscal Responsibility

In this difficult economic environment, we believe you would agree that it is incumbent upon every service provider bidding to bid responsibly and to insure not only that its bid reflects the most competitive offering possible but at the same time protects the company's fiscal viability so that it will be able to always satisfy the comprehensive requirements called for throughout the duration of the contract..

Naturally, we are open to discussion of any alternatives. We would welcome any opportunity to further discuss the financial feasibility of any contract enhancements or changes in our proposal to improve our Emergency Services Program.

Moving in the right direction by working together and continuing to provide an excellent Emergency Medical System for the town is our goal. We stand ready to present our proposal in person. Please don't hesitate to contact me with any questions or for clarifications as I will be the primary contact for this proposal.

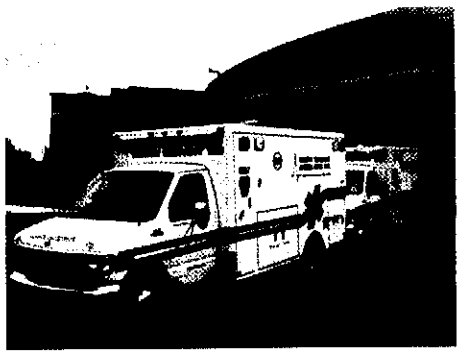
Sincerely,

Eric F. Damon
President/CEO

North Conway Ambulance Service
VALLEY TRANSFER SERVICE

Qualifications

CAREPLUS Ambulance Service, Inc has been providing Ambulance Services in the State of New Hampshire for over twenty seven years. During that time ***CAREPLUS*** has grown into the largest Medical Transportation Company in the State.



We have worked hard to support and partner with area municipalities and healthcare facilities to provide excellent EMS services with a focus on quality, professionalism and affordability.

CAREPLUS covers the entire State of New Hampshire from six satellite locations; Manchester, Merrimack, Concord, Lebanon, North Conway and Tamworth. Our coverage is a mix of Paramedic, Intermediate and Basic crews with over twenty-eight ambulances.

Over the past twenty seven years ***CAREPLUS*** has provided 911 services to the communities of Pittsfield, Barnstead, Lebanon Maine and the City of Lebanon New Hampshire. Currently we are providing services to North Conway, Hales Location, Tamworth, Madison, Freedom, Eaton, Effingham and Ossipee through North Conway Ambulance.

A commitment to excellence is the standard by which ***CAREPLUS*** operates thus emphasizing local ownership, dedicated services and long standing contracts throughout the State. We employ a team of professionals who are here to assist our patients and contracts.

CAREPLUS continues to grow in the State of New Hampshire with a focus on being a partner in EMS with your municipality, Fire and Police Departments.

Commitment to the Community

CAREPLUS/ North Conway Ambulance believes in community involvement through various established programs in place with the Police and Fire Department to new and innovative programs initiated by ***CAREPLUS***. A commitment to the community is being there in a timely manner for people in need, providing monthly blood pressure checks at our facility or the local senior center, providing community CPR programs and AED classes.

Our commitment to the community goes further with Don't Drink & Drive demonstrations, EMT and First Aid Classes. We will also work with local community clubs and provide lectures and classes on MRSA and STAPH infection control.

Dedication to Excellent Performance

Our dedication and promise to Excellent Performance is measured by our adherence to our agreement, response times, care provided to each patient, quality assurance reviews of every call along with feedback from the hospitals, our Medical Director and the communities that we serve.

You can count on ***CAREPLUS/ North Conway Ambulance*** as a valuable member of the team. Even though our "job" is to save lives, its also our "responsibility" to be professional, kind and dedicated to the services that we provide.

Partnership with First Responders

First responders are an important part of any EMS system. ***CAREPLUS/North Conway Ambulance*** believes that a strong partnership with first responders helps saves lives and improves patient care in any community. We currently enjoy an excellent Partnership with the Conway Police Department and precinct Fire Departments.

CAREPLUS/ North Conway Ambulance will continue to work with the Fire Department equally on scene of any emergency and encourage their involvement with patient care. We will also offer EMS training programs that will provide a full spectrum of continuing education classes to new programs in our local facility and at our headquarters. We will continue to offer ride time opportunities for new EMT's at the Fire Departments.

Financial Strength & Stability

CAREPLUS/ North Conway Ambulance is a locally owned New Hampshire company transporting over 35,000 patients a year by ambulance and wheelchair van. Our company covers the entire State of New Hampshire from six satellite facilities and fifty Ambulances, Wheelchair Vans and Support Vehicles.

CAREPLUS is a privately held company owned locally by New Hampshire people. Our company has the experience, stability and financial depth to consistently provide superior service. Our company has over $3 million dollars in assets with an excellent credit rating with local financial institutions and a proven financially sound track record.

EMS System Management Experience

When it comes to having the knowledge and experience in providing emergency and non-emergency EMS system Management ***CAREPLUS/ North Conway Ambulance*** is the company that excels in this area.

In North Conway we've had steady Local Management since we came into the area.

- North Conway Manager	Mitch Gove
- North Conway Supervisors	Ronny Davis Paramedic
	Dan Conger Paramedic
	Jeff Tavares EMT
	Earl Keniston EMT
- President/CEO	Eric Damon
- Executive Vice President	Keith Lemire
- Executive Vice President	Richard Doherty
- Customer Relations	Chris Bachand
- Strategic Development	Brian Gleason
- Medical Director	Dr. Thomas Scott D.O.
- Billing Manager	Lyn Brown
- Director Field Operations	Roy Lesure NREMTI

Clinical Quality Improvement Plan

CAREPLUS/ North Conway Ambulance has worked closely with Memorial Hospital and our Medical Director to craft and deliver a comprehensive internal clinical Quality Improvement Program that focuses on providing accountability for the complete care of the patient, retrospectively, concurrently and prospectively.

We will continue to work closely with Town Officials, Police and Fire Departments to ensure that the EMS system is nothing short of providing superior care for each and every patient.

Area Support & Experience

When it comes to support and experience you can count on ***CAREPLUS/ North Conway Ambulance***. With over six satellite facilities we have the ability to pull in more support and equipment than any other provider.

Should an incident occur where additional ambulances or specialty equipment are required, ***CAREPLUS*** has the resources to assist. Examples of such equipment include:

- Twelve Passenger Bus for Evacuations
- Additional Ambulances for large crowd coverage
- Wheelchair Vans
- Bariatric Ambulance

These specialty vehicles can be used for any type of evacuation, for individuals who are wheelchair bound or for individuals who may require a vehicle specially designed for large or obese patients.

North Conway Ambulance Service
VALLEY TRANSFER SERVICE

Qualifications and Experience

a. Names and addresses of the company

North Conway Ambulance Service
559 Eastman Road Conway NH

***CAREPLUS** Ambulance Service, Inc*
1501 Columbia Circle - Headquarters
Merrimack, NH 03054

- Tamworth NH
- Bow Dunklee Road
- Manchester Abby Road
- Lebanon Rt 12A

b. History, size and structure of the firm(s)

CAREPLUS Ambulance Service, Inc d/b/a North Conway Ambulance is a New Hampshire corporation and has been providing Ambulance Services in the State of New Hampshire for over twenty seven years. During that time ***CAREPLUS*** has grown into the largest Medical Transportation Company in the State.

We have worked hard to support and partner with area municipalities and healthcare facilities to provide excellent EMS services with a focus on quality, professionalism and affordability.

CAREPLUS covers the entire State of New Hampshire from six satellite locations; Manchester, Merrimack, Concord, Lebanon, North Conway and Tamworth. Our coverage is a mix of Paramedic, Intermediate and Basic crews with over twenty-eight ambulances.

Over the past twenty seven years ***CAREPLUS*** has provided 911 services to the communities of Pittsfield, Barnstead, Lebanon Maine and the City of Lebanon New Hampshire. Currently we are providing services to North Conway, Hales Location, Tamworth, Madison, Freedom, Eaton , Effingham and Ossipee, through North Conway Ambulance.

A commitment to excellence is the standard by which ***CAREPLUS*** operates thus emphasizing local ownership, dedicated services and long standing contracts throughout the State. We employ a team of professionals who are here to assist our patients and contracts.

c. Name(s) of principals of the firm(s). In addition, submit the name and telephone number of the person who will be the main contact from the firm for this contract

- *Eric F. Damon President/CEO – Founder* *Shareholder*
- *Keith Lemire – Executive VP* *Shareholder*
- *Richard Doherty – Executive VP* *Shareholder*

- *Gregory Michael Esq* *Board of Directors*

- *CONTACT: Eric Damon President/CEO 603-424-8910 x303*

d. Name, background/experience information and role of management team members.

CAREPLUS Ambulance Service has provided a brief biography on our Management Team. We will continue to have Mitch Gove oversee the Conway 911 program along with Company President Eric Damon. Mitch has a strong history in EMS and has been part of the North Conway area for many years through North Conway Ambulance, the Sheriff's department and as a Fire Fighter.

Our Supervisor team also has been part of the North Conway area for many years with EMS Ambulance Experience and leadership roles in local Fire Departments.

Our Management Team

CAREPLUS Ambulance Service d/b/a North Conway Ambulance Service

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Eric F. Damon President/CEO

Eric is the Founder and President of CAREPLUS starting the company over 27 years ago with the purchase of a single ambulance for $100. With his hands on leadership and unbridled dedication to the people of his home state, Eric built his company based on one Primary Principal... *"Offer a Quality Service at a Reasonable Price and Treat Your Customers and Employees as Family"*. Today, CAREPLUS is the largest Medical Transportation Provider in the State of New Hampshire.

Eric has been in EMS since 1979 and graduated from the Elliot Hospital Paramedic Program in 1992. Today he continues to hold his EMT Intermediate National Registry and resides in Merrimack with his wife Lisa and son Spencer.

Keith Lemire Executive Vice President
Human Resources

Keith is a shareholder in CAREPLUS and serves as Executive Vice President. Coming from a very successful Broadcasting and Communications Services background, Keith has also been one of Eric's Business Partners from the beginning of CAREPLUS. He has influenced the growth of CAREPLUS significantly by directing the Human Resources and payroll departments as well as helping to set the vision and direction of its corporate development.

Keith is originally from Franklin New Hampshire and currently resides in East Sandwich Massachusetts.

Our Management Team

CAREPLUS Ambulance Service d/b/a North Conway Ambulance Service

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Richard Doherty Executive Vice President

Rick is an owner in the CarePlus organization and serves as Executive Vice President of Corporate Development. He brings considerable experience in EMS to the company as it continues to expand in NH.

As a former owner and CEO of Chaulk Ambulance Service, Rick is well known to the Conway Community having grown-up in the area and attended Kennett High School.

He also formed his own consulting company, The Doherty Group, Inc., and has spoken to EMS and Healthcare Organizations across the country and in Canada on the importance of "customer care" in healthcare as well as helping to prepare healthcare organizations for financial growth and positive change as healthcare reform impacts our nation's healthcare industry.

Mitch Gove North Conway Manager

Mitch Gove has been part of North Conway Ambulance Service for many years as an EMT and in 2013 was named as the North Conway Ambulance Manager for CAREPLUS.

Mitch is a certified Advanced EMT and Fire Fighter. Working full time for North Conway Ambulance Service but also working on occasion as a Fire Fighter in the area. Mitch also has experience as a former Detective Sheriff's Deputy for Carroll County along with being certified as a Police Officer.

Our Management Team

CAREPLUS Ambulance Service d/b/a North Conway Ambulance Service

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Lyn Brown – Patient Accounts Manager

Lyn joined the CAREPLUS Ambulance management team in 2011 bringing many years of EMS experience and knowledge, her primary focus on compliance and billing. Lyn began her career in EMS over 25 years ago, with newly formed Paramedic Systems Inc, (Bristol, RI). In 2007 Lyn left EMS to broaden her medical billing knowledge, accepting a position in LTC which offered the opportunity to learn the *'A side'* of medical billing.

Lyn accepted a position with Rockingham Regional Ambulance in 2008. Within less than a year, Lyn was promoted to Billing Office manager. An active member of the company Compliance committee, Lyn was responsible to develop, train and oversee the entire billing process while assuring compliance regulations were met.

Lyn is a Nationally Certified Ambulance Coding specialist. She actively attends industry seminars and training, both locally and nationally.

Thomas Scott DO
Medical Director

University of New England
DO, Doctor of Osteopathic Medicine

1994 – 1998

Board certified in Emergency Medicine
Chief Resident Newark Beth Israel Medical Center
Residency Newark Beth Israel Medical Center

HCA Emergency Room Physician **President Passaic Healthcare Consultants**

CAREPLUS Medical Director since 2009

Our Management Team

CAREPLUS Ambulance Service d/b/a North Conway Ambulance Service

Brian Gleason Executive Director of Strategic Development

Brian has over thirty-five years in pre-hospital, clinical and psychiatric healthcare experience. He has been a Nationally Registered Paramedic for 27 years and has been in EMS Leadership and education since 1989. Brian has extensive experience in program marketing, accreditation, ACLS, PALS, PHTLS and developing modular EMS Programs.

Brian offers EMS classes for our employee's, hospital partners and municipal 911 programs throughout the State.

Roy Lesure Director of Field Operations

30 years on Hampstead Fire-Rescue, Call Firefighter, served many years as Training Officer, Lieutenant, and 17 years at "AMR" as a supervisor and Station Manager, working in southern NH and the Merrimack Valley.

Roy is Faculty at NHCPR since its founding in 2002, having taught patient assessment for all 26 EMT classes they've graduated. Previously taught for Safety Resources Group for 5 years, Academy of 1st Response for 4 years, member of the Region II evaluation Team from 1988 until PEETE system developed PEETE evaluator since its inception.

4 years as an Electronics Engineer for NASA subcontractor DIOP, 13 years as a technician at WCRB 102.5FM in Waltham MA. Licensed Electrician.

3 grown children, 2 grandchildren, NH Native.

Our Management Team

CAREPLUS Ambulance Service d/b/a North Conway Ambulance Service

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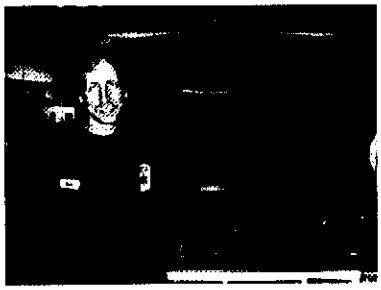
Chris Bachand
Customer Relations Coordinator

Chris has been working for CAREPLUS as our Customer Relations Coordinator working closely with Nursing Homes and the VA Medical Centers.

Fourth generation EMS/FIRE
2007-current CAREPLUS Ambulance
1996-2000 Rockingham Ambulance Manchester
2000-2004 Derry Fire Dept
1996 Paramedic Graduate from the Elliot Hospital program
1997 Tactical Paramedic
2000 Firefighter level 2
Hazmat tech, ICS
2010 Atlas Pyro technician

Robert Bennett
Fleet Maintenance

Bob is the Senior CAREPLUS ASE Certified Mechanic with Diesel certification with additional training on Emergency Vehicles.



Bob has been part of CAREPLUS for over fifteen years. He has previous background experience as an ASE Certified Mechanic for a local dealership.

Native of New Hampshire.

1. PROPOSAL PREPARATION, FORMAT AND CONTENT

In order to facilitate evaluation of the proposals, the provider is instructed to follow the outline below. Proposals that do not follow the outline, or do not contain the required information may be considered as unresponsive. Additional and more detailed information may be attached to the main body of the response.

a. Name and address of your firm.

CarePlus Ambulance Service d/b/a North Conway Ambulance Service, Inc
559 Eastman Road Conway NH

Headquarters: 1502 Columbia Circle Merrimack, NH 03054

b. Name, email and telephone number of contact person to whom Town staff should address questions they may have about the proposal submitted.

Eric Damon President/CEO	**Mitch Gove Area Manager**
ericdamon@careplus.org	mitch@northconwayambulance.com
603-424-8910 x303	**603-356-2245**

c. Background. Information concerning the background, history, experience, and reputation of the provider that is felt to be pertinent.

CarePlus Ambulance Service / North Conway Ambulance Service has been providing the 911 services for North Conway for over 31 years with the last 8 years under the ownership of CarePlus.

Locally we've provided 911 services to Eaton, Madison, Tamworth, Freedom for over six years and the Towns of Ossipee and Effingham for the past three years.

CarePlus /North Conway Ambulance Service transports over 3,000 emergency 911 patients a year. Overall CarePlus transports over 40,000 patients a year throughout the State of New Hampshire.

CarePlus has been focused on New Hampshire for the past twenty-eight years providing services for 911 programs as well as Healthcare Facilities throughout the State. The company works hard to develop long term relationships such as our partnership with the VA Medical Center now going on twenty-three years.

d. Ability to Perform. Information concerning the provider's organization, technical and professional qualifications, staffing, equipment and facilities.

CarePlus Ambulance has developed a system in North Conway over the past eight years that has earned great reviews and feedback from the hospital and patients about our clinical care and treatment of the sick and injured. We've developed strong relationships with the Police and area Fire Departments that are second to none. On emergency scenes North Conway Ambulance work together with the local Fire and Police Departments without issue and have developed a system that is second nature to all personnel.

Mitch Gove our area Manager has been part of the North Conway area for many years and has developed relationships to ensure that North Conway has the best 911 services. Mitch has worked hard to develop a system that features quick response times, exceeds Basic coverage requirements with Advanced and or Paramedic coverage sixty percent of the time. With the large amount of visitors to Conway these partnerships, relationships and focus to excellent service are extremely important.

CarePlus Ambulance / North Conway Ambulance has recently moved to a new location that is in the Center of Conway and provides better access to all areas of the Town helping reduce response times. Our new location also offers more room for crews and ambulances for the area.

Our qualified staff is dedicated to North Conway Ambulance and most have been part of the company for over ten years. Hiring local EMT's that are also volunteer Fire Fighters help us provide excellent care.

Overall North Conway Ambulance has three ambulances stationed in North Conway at all times. One ambulance is staffed twenty-four hours a day, seven days a week for emergency 911 calls with the second ambulance being available with call back crews as available and one immediate backup ambulance available in case of mechanical issues. From there North Conway Ambulance also has additional backup ambulances located at our Tamworth station and support for large events that require additional ambulances from CarePlus.

e.. Experience. The provider shall provide a list of previous (for at least the past 5 years) and current contracts that are considered identical or similar to the scope of services discussed herein.

CarePlus Ambulance Service d/b/a North Conway Ambulance Service have the following contracts currently in place.

- Hales Location 911 Emergency Response 2009 to current
Carroll County Commissioners David Sorensen
95 Water Village Rd Ossipee NH 03864
- North Conway Ambulance has had contract since 1990 –

- Tamworth NH 911 Emergency Response 2010 to current
Town of Tamworth – Darlene McWhirter Town Manger
84 Main Street Tamworth, NH 03886

- Madison NH 911 Emergency Response 2010 to current
Town of Madison – Josh Shackford Chairman Board of Selectmen
PO Box 248 Madison, NH 03849

- Freedom NH 911 Emergency Response 2010 to current
Town of Freedom – Leslie Babb Chairman Board of Selectmen
PO Box 227 Freedom, NH 03836

- Eaton NH 911 Emergency Response 2010 to current
Town of Eaton – Chairman Board of Selectmen
PO Box 88 Eaton, NH 03832

- Effingham NH 911 Emergency Response 2014 to current
Town of Effingham – Claudia Lamphier Town Manager
68 School Street Effingham NH 03882

- Ossipee NH 911 Emergency Response 2014 to current
Town of Ossipee – Ellen White Town Manager
PO Box 67 Center Ossipee NH 03814

- Manchester VA Medical Center Emergency & Transfers 1993 to Current

- White River Jct VA Emergency & Transfers 2013 to Current

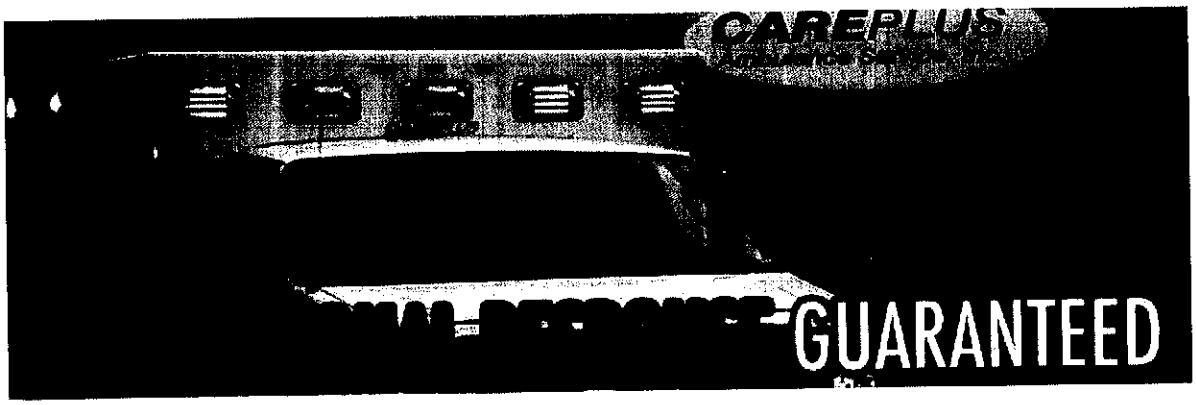
f. Subsidy Required. Indicate the subsidy required each year.

Coverage of current area – SERVICE AREA 1 ONLY

YEAR 1	**$140,000.00**
YEAR 2	**$140,000.00**
YEAR 3	**$142,100.00**
YEAR 4	**$142,100.00**
YEAR 5	**$144,200.00**

Coverage of SERVICE AREA 1 and SERVICE AREA 2

YEAR 1	**$250,000.00**
YEAR 2	**$250,000.00**
YEAR 3	**$253,750.00**
YEAR 4	**$253,750.00**
YEAR 5	**$257,500.00**



g. Signature. The proposal must be signed and dated by an official authorized to sign for the firm submitting the proposal. The signature section shall include the printed name of the official, and the official's title.

h. Proposals shall include a table of contents listing all sections, figures and tables.

i. All proposals must be bound in three-ring notebooks. Please submit financial reports in a separate, easily identifiable area of your proposal package.

j. Major divisions or sections, and appendices must be separated by a labeled binder index tabs

k. Pages shall be singled-sided, single spaced and numbered.

CarePlus Ambulance/ North Conway Ambulance Service will meet these requirements as outlined under #1 (g-h-i-j-k)

l. Confidentiality and Public Records Advisory

Confidential/Proprietary Information: Proposals submitted in response to this RFP and any resulting contract are subject to the provisions of the New Hampshire Right to Know Law (RSA 91-A). Any restrictions on the use or inspection of material contained within the proposal and any resulting agreement shall be clearly stated in the proposal itself. Confidential/ proprietary information must be readily identified, marked and separated/ packaged from the rest of the proposal. Co-mingling of confidential/ proprietary and other information is NOT acceptable. Neither a proposal, in its entirety, nor proposal price information will be considered confidential/ proprietary. Any information that will be included in any resulting contract cannot be considered confidential.

CarePlus Ambulance/ North Conway Ambulance understand these requirements as listed under #1 (l)

2. EVALUATION OF PROPOSALS

Proposals will be evaluated by the Town utilizing the criteria identified in the town of Conway Purchasing Policy and as specified below.

a. Requirements of the request for proposals and specifications therein.

b. Experience of the firm in providing emergency medical services

c. Subsidy required from Town.

CarePlus Ambulance/ North Conway Ambulance understand these requirements as listed under #1 (l)2 (a-b-c)

We have worked very hard to ensure that Conway will continue to have the best EMS service in the area by meeting all of the RFP requirements along with North Conway Ambulance Services 30 years of experience in Town.

Part of our goal has also been to keep the subsidy requirement as low as possible without jeopardizing the quality of care.

3. AGREEMENT AWARD

If approved by the voters, the agreement shall be awarded by written notice for an effective date of May 1, 2017. Upon award, a written agreement shall be executed with the Town including but not limited to the terms and conditions of the specifications included in the Request for Proposals.

CarePlus Ambulance/ North Conway Ambulance understand these requirements as listed under #3

We look forward to the opportunity to continue providing 911 Emergency Ambulance Services to the Town of Conway.

4. PROPOSAL PREPARATION COSTS

The Town shall not be liable for any costs incurred by any provider for preparation or submission of a proposal.

CarePlus Ambulance/ North Conway Ambulance understand these requirements as listed under #4

5. SERVICE AREA

The Service Area shall include all of the areas within the boundaries of the Town of Conway with the exception of the area located within the boundaries of the Conway Village Fire District. The Service Area is subdivided into Area 1 and Area 2 as illustrated in Attachment 1 and described below. Responders may bid on one or both of these areas.

Service Area 1:

North Conway Water Precinct (within the Town of Conway)
Redstone Fire Precinct
East Conway Fire Precinct
A9, M9 and E9 Non Precinct Fire Areas

Service Area 2:

Center Conway Fire District
B9, C9 and D9 Non Precinct Fire Coverage Areas

CarePlus Ambulance/ North Conway Ambulance understand these requirements as listed under #5

We have provided a proposal to continue coverage for Service Area 1 along with additional information to provide coverage for Service Area 2

6. SERVICE SPECIFICATIONS

A Definition of Emergency Medical Service

Emergency Medical Service is a call made in response to a perceived individual need for immediate medical care to prevent death or aggravation of physiological and psychological illness or injury, and which cannot be prearranged or otherwise scheduled prior to the call. It includes DOA cases. All other calls are non-emergency calls.

CAREPLUS /North Conway Ambulance understand the Definition of Emergency Medical Service and will ensure that our services for Conway are focused on Emergency 911 requests.

B Ambulances and Level of Service

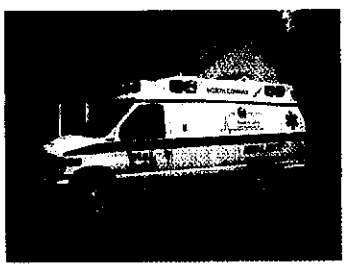
Payment under this agreement is based on the understanding and mutual agreement that a minimum of two (2) primary ambulances and one (1) back-up ambulance shall be provided for the total service area during the term of this agreement. Should two services be included in this agreement, then each service will be required to provide a primary ambulance for their service area. The backup ambulance however may be a shared ambulance provided jointly by the two providers.

Ambulance coverage shall be provided twenty-four hours per day, seven days per week.

CAREPLUS / North Conway Ambulance will meet the requirement as written. We agree to provide Two (2) Primary Ambulances staffed twenty-four hours a day, seven days a week at the Advanced and Basic Life Support Level. We will also provide a third ambulance as backup. This will be provided for Service (Area 1 and Service Area 2 coverage.)

We are also interested in continuing to provide coverage for (Service Area 1) which we understand requires One (1) Primary Ambulance staffed twenty-four hours a day, seven days a week. We will also provide a second ambulance to share in the backup coverage as agreed upon.

CAREPLUS/ North Conway Ambulance Service have been part of the EMS Coverage in town since 2009 with North Conway Ambulance coverage going back to 1982. We are committed to the community and focused on being an asset to the Town, residents and visitors.



B Ambulances and Level of Service—CONTINUED

Provider(s) must have available sufficient vehicles to meet the agreement response times, as follows:

Average response times of the primary ambulances to be on scene shall be within ten (10) minutes for ninety (90) percent of all emergency calls and eight (8) minutes for seventy-five (75) percent of all emergency calls.

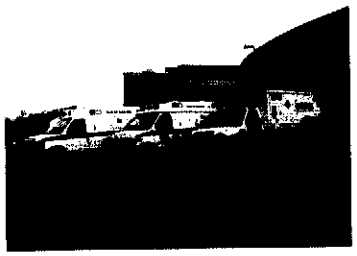
Backup emergency call ambulance runs are to average no more than fifteen (15) minutes.

It is understood by the parties that calls involving bad weather driving conditions, emergency calls to the farthest district/precinct coverage areas, or unusual and isolated unforeseen circumstances shall not be used for the calculation of average response times due to safety reasons.

CAREPLUS / North Conway Ambulance has moved our Conway facility to 559 Eastman Road which puts our ambulances in the middle of Conway. This location offers us the best for response times to any area of town. (Service Area 1) and (Service Area 2).

Currently ***CAREPLUS / North Conway Ambulance Service*** has an average response time to Emergency 911 requests of 8 minutes. With the years of experience as the Town's 911 Provider and the local EMT's and Paramedics who make up our staff, we have excellent knowledge of the Town and can respond to an emergency in any part of Town without delay.

CAREPLUS / North Conway Ambulance will provide the Town of Conway with quarterly performance reports outlining the company response times, breakdown of the types of calls and demand analysis report.



C Equipment

Vehicles shall be licensed registered and inspected per the State of New Hampshire Motor Vehicle Regulations and New Hampshire Division of Public Health Services, Bureau of Emergency Medical Services Regulations.

CAREPLUS / North Conway Ambulance will meet this requirement as listed. Currently our vehicles are licensed as Advanced and Paramedic Ambulances which gives us the ability to staff the vehicles at the Basic, Advanced or Paramedic level, under the State of NH rules.

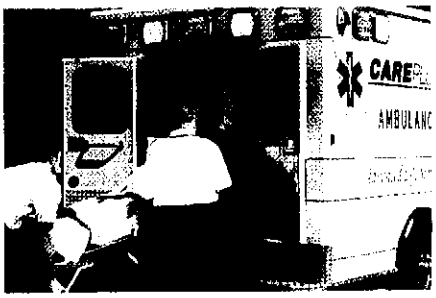
D Communications

The Town of Conway agrees that it will provide exclusive dispatch services to the Provider(s) through the Conway Dispatch Center under the Police Department. The Town shall ensure that the communications systems has the appropriate up-to-date FCC licenses, and is operated to conform to FCC rules and regulations.

Citizens access is through the E911 system. The Dispatch Center will receive and process all requests for emergency medical services and provide all dispatch functions for Provider(s).

CAREPLUS /North Conway Ambulance understands the Communications and will follow the requirements as listed.

We have an excellent working relationship with the Conway Dispatch Center and Police Department and work very well within the system currently set-up. We will continue to work closely with the dispatch center to ensure that responding ambulances have the necessary equipment for communications.



E Ambulance Deployment

1. The Provider shall ensure that when answering requests for mutual aid, that at least one primary response ambulance shall be kept within the Town limits for emergency response at all times.

CAREPLUS / North Conway Ambulance will meet this requirement E (#1) as outlined.

With the coverage we have in the area we continually have the ability to move Ambulances into coverage areas along with utilizing call back crews and on-site Manager's trained as EMT's.

F Personnel

1. Primary Response Ambulance

For Primary Ambulance service only the Providers may submit Alternate Bids for either or both of the following levels of service:

a. Alternate Bid 1

The provider(s) will staff each primary ambulance with a minimum of 2 Nationally Registered EMT's licensed by the State of New Hampshire Bureau of EMS

b. Alternate Bid 2

The provider(s) will staff each primary ambulance with a minimum of 1 Nationally Registered EMT's licensed by the State of New Hampshire Bureau of EMS, and 1 Nationally Registered Advanced EMT licensed by the State of New Hampshire Bureau of EMS.

2. Back Up Ambulance

The provider(s) will staff the back up ambulance with a minimum of 2 Nationally Registered EMT's licensed by the State of New Hampshire Bureau of EMS.

CAREPLUS / North Conway Ambulance will meet this coverage requirement as a minimum coverage requirement.

Currently ***CAREPLUS/North Conway Ambulance*** covers North Conway (Service Area 1) with Paramedic, Advanced and Basic level coverage. We will continue this coverage deployment should we be successful in remaining as the Towns Ambulance Provider (Service Area 1).

Should the town choose ***CAREPLUS/ North Conway Ambulance*** to cover both (Service Area 1) and (Service Area 2) we will ensure that both of the two Primary Ambulances will be at the Advanced and or Paramedic level twenty-four hours a day, seven days a week with the backup ambulance at a minimum meeting the requirement as listed.

G Indemnification and Insurance Requirements

1. In consideration of the utilization of Provider's services by the Town of Conway and other valuable consideration the receipt of which is hereby acknowledged, Provider agrees that all persons furnished by Provider shall be considered the Provider's employees or agents and that Provider shall be responsible for payment of all unemployment, social security and other payroll taxes, including contributions from them as required by law.

2. Provider agrees to maintain in full force and effect:

   a. Comprehensive general liability insurance including completed operations coverage, personal injury liability coverage, broad form property damage liability coverage and contractual coverage and contractual liability coverage insuring the agreements contained herein. The minimum limits of liability carried on such insurance shall be $1,000,000.00 each occurrence and, where applicable, in the aggregate combine single limit for bodily injury, property damage liability and personal injury (wrongful acts).

   b. Medical Malpractice (Professional Liability) Professional liability insurance for all activities of the Provider(s) arising out of or in connection with this Agreement in an amount of no less than $1,000,000 combined single limit for each occurrence. Said policy shall be endorsed with the following specific language: "This Policy shall not be canceled or materially changed without first giving thirty (30) days prior written notice to the Conway Board of Selectmen.

   c. Automobile liability insurance for owned, non-owned and hired vehicles. The minimum limit of liability carried on such insurance shall be $1,000,000 per person and $3,000,000 each occurrence, combined single limit for bodily injury and property damage.

CAREPLUS / North Conway Ambulance **will meet the Insurance Requirements as listed under G (1) & (2 a-b-c).**

Currently we carry coverage that meets the listed requirements through RLI Insurance and Lloyds of London for $1,000,000 / $3,000,000 in coverage. A copy of our coverage has been included in this proposal.

G Indemnification and Insurance Requirements CONTINUE

d. Workers' Compensation Insurance, whether or not required by the New Hampshire Revised Statutes Annotated, 1955, as amended, with statutory coverage and including employer's liability insurance with limits of liability of at least $100,000 each employee and $500,000 per policy year.

e. Provider(s) shall furnish certificates of the above-mentioned insurance to the Town of Conway by May 1, 2017 and with respect to the renewals of current insurance policies, at least thirty (30) days in advance of each renewal date. Such certificates shall, with respect to comprehensive general liability, auto liability, medical malpractice insurance and workers' compensation insurance, shall state that in the event of cancellation or material change, written notice shall be given to the Town of Conway, 1634 East Main Street, Center Conway, NH 03813, at least thirty (30) days in advance of such cancellation or change.

CAREPLUS / North Conway Ambulance will meet the Insurance Requirements as listed under G (1) & (2 d-e).

Our Workers' Compensation coverage which is currently through NH Motor Transport Association provides coverage with limits of liability for $1,000,000 each employee and $1,000,000 per policy year.

All required policies will be provided to the Town of Conway as required, meeting all requirements as listed. We have provided copies of our current coverage in our proposal.

H. Vehicle and Equipment Maintenance

1. The provider shall be responsible for the maintenance of all vehicles and equipment in order to ensure safe, dependable and clean operations.

2. The Provider(s) agree that if any ambulance assigned to service the Town of Con way becomes inoperative for any reason, a backup ambulance will be available and staffed in a manner to meet the response time requirements.

CAREPLUS / North Conway Ambulance operate a full time Fleet Maintenance division with two ASE certified mechanics. We take the operation and safety of our vehicles serious and have included a copy of our Preventive Maintenance Plan.

As a local Ambulance Service we have backup ambulances readily available in our Conway station to ensure there is never a time that ambulance coverage is not available. Our backup ambulances are equipped, licensed, insured and ready for service at a moments notice.

I. Reimbursement

1. All billing and collections for the service shall be the responsibility of the Provider(s).

2. No person shall be denied emergency transportation because of inability to pay any fee. No person shall be forced to pay any fee before emergency medical services and/or transportation if provided.

3. The Provider agrees that it shall accept assignment from Medical and Medicaid. Assignment of other insurance carriers is encouraged, but optional.

CAREPLUS / North Conway Ambulance will meet the requirement as listed under L (1-2-3)

CAREPLUS / North Conway Ambulance Service accepts Medicare and Medicaid assignment and is contracted with several private insurance companies. Our goal is always to work with the patient to ensure their insurance company has all of the necessary information to process their claim.

Our ambulance rates are some of the most affordable in New Hampshire. These days with deductibles so high its important to work with the patients insurance to help reduce the cost as much as possible to the patient.

CAREPLUS / North Conway Ambulance Service works closely with patients who may not have insurance or have large deductibles with payment plans and reduced fees, along with the ability to ask for hardship consideration.

J. Performance Evaluation

1. The Provider's delegated employees shall attend meetings or sessions requested by the Chiefs of the Precinct/District Fire or Town Police Departments or meetings with other Town officials requested by the Town.

2. The Provider agrees to notify the Town of Conway, 1634 East Main Street, Center Conway, NH 03813, not less than thirty (30) days prior to any cancellation or major changes to insurance coverage as specified in the agreement.

3. Right of Audit and Inspection.
At any time during normal business hours, and as often as the Town may determine to be necessary, the Town' representative may observe Provider's operations, and Provider shall make available to the Town for examination, its records with respect to all matters covered by this agreement, and make excerpts or transcripts from such records.

CAREPLUS /North Conway Ambulance will meet the requirement as listed under J (1-2-3)

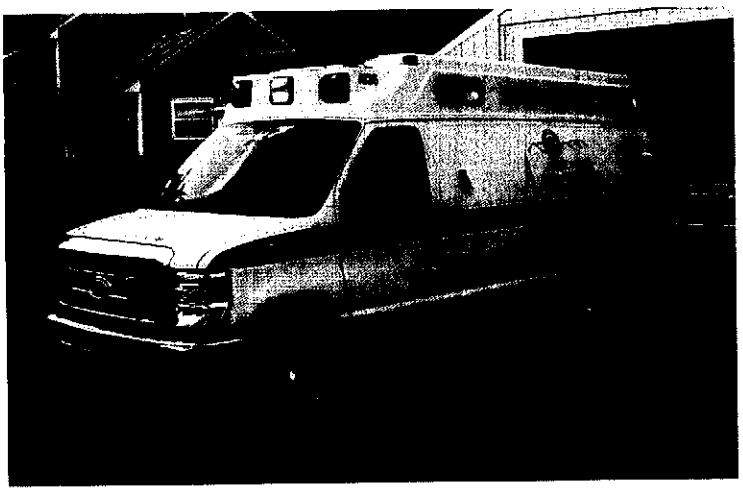
We currently attend the monthly Chiefs meetings which helps ensure a unified EMS/FIRE/ POLICE response in Conway. As always the Town is welcome to inspect and or audit records as necessary.

K. Date of Service Commencement

The Provider shall begin service at the level required by this agreement at one hundred percent (100%) capacity by 12:01 a.m. May 1, 2017

CAREPLUS /North Conway Ambulance is already and in place to continue providing services for (Service Area 1.) With our new location we are Centrally located and have enough space for the additional ambulances and staff to cover both (Service Area 1 and Service Area 2.)

We look forward to the opportunity to continue providing emergency services for Conway.



7. TERMS AND CONDITIONS

1. Proposers are expected to examine the specifications, schedule of delivery, and all instructions. Failure to do so will be at the proposer's risk.

2. Each proposer shall furnish the information required for each item as numbered or lettered in the RFP.

3. The Agreement will be awarded to that responsible proposer whose submittal, conforming to the Request Form Proposal, will be most advantageous to the Town of Conway, *price and other factors considered.*

4. The Town of Conway reserves the right to reject any and all qualifications and to waive in formalities and minor irregularities in proposals received, and to accept any portion of or all items proposed if deemed in the best interest of the Town of Conway to do so.

5. No submittal shall be withdrawn for a period of one hundred eighty (180) days subsequent to the opening of proposals without the consent of the Town of Conway.

6. Late or unsigned proposals will not be accepted or considered. It is the responsibility of proposer to insure that the proposal arrives in the office of the Board of Selectmen prior to the time indicated in the "Requests for Proposals"

7. Any interpretation, correction or change of the Proposal Documents will be made by Addendum. Interpretations, corrections and changes of the proposal documents made in any other manner will not be binding, and the Proposer shall not rely upon such interpretations, corrections and changes. The Town's representative will not be responsible for oral clarification.

CAREPLUS / North Conway Ambulance will meet the requirement as listed under 7 (1 though 7)

Our proposal has been put together with the experience of providing North Conway with 911 Emergency Services over the last 30 years (8 years with CarePlus).

We agree to work closely with the Town of Conway and are open to adjustments and or changes to our proposal as necessary.

AREA 1—Only

- 1 – Ambulance 24 hours a day / 7 days a week—Minimum coverage at the Basic level
- 1 – Back-up Ambulance as available

Yearly Subsidy

2017—$140,000.00	*2018—$140,000.00*	*2019—$142,100.00*
2020—$142,100.00	*2021—$144,200.00*	

NOTES/OPTIONS

- Level of Ambulance coverage will be a mix of Advanced EMT's / Paramedics and Basic level of care.

AREA 1 and 2

- 1 – Ambulance 24 hours a day / 7 days a week—Minimum coverage at the Advanced level
- 1—Ambulance 24 hours a day / 7 days a week—Minimum coverage at the Basic level
- 1 – On call crew for Back-up Ambulance in Station
- 1 – Back-up Ambulance in Station

Yearly Subsidy

2017—$250,000.00	*2018—$250,000.00*	*2019—$254,000.00*
2020—$254,000.00	*2021—$257,000.00*	

NOTES/OPTIONS

- New ***CARE****PLUS / North Conway Ambulance* location offers the best response times for all areas of town

TOWN OF CONWAY, NEW HAMPSHIRE REQUEST FOR PROPOSALS: EMERGENCY AMBULANCE SERVICES AGREEMENT

GENERAL INFORMATION

Background

The Board of Selectmen, Town of Conway, is accepting competitive Sealed Proposals for a five (5) year emergency ambulance service agreement effective May 1, 2017. Said services shall be provided to portions of the Town of Conway defined under Section 5 as the "Service Area". The Board of Selectmen is interested in receiving proposals that will meet the minimum requirements contained in the specifications, at the lowest possible, subsidy by the Town of Conway.

Please note: The purpose of this agreement is to support and facilitate the provision of the specified level of service by providing a subsidy to the selected provider (s).

Submission of Proposals

Proposals must be received at the following address by 3:00 PM, September 30, 2016:

Board of Selectmen, Town of Conway, 1634 E. Main St., Center Conway, NH 03813.

Postmarks are not accepted. Electronic copies are not accepted. Six hard copies of the proposal shall be submitted and must be enclosed in a sealed envelope or package clearly marked "Sealed Proposal: Ambulance Agreement". All late proposals shall remain unopened and shall be rejected. All proposals submitted become the property of the Town.

The Town will review all proposals received as a result of this request and make a selection that is in the best interest of the Town. The decision of the Town shall be final and conclusive. The Town reserves the right to reject any and all bids at its sole discretion.

In the event the Selectmen make a recommendation to the voters of the town, it will be by a warrant article appearing on the ballot of the 2017 annual town meeting. Final acceptance of any agreement for Ambulance Service will be by approval of the voters of the Town of Conway at the 2017 annual town meeting.

1. PROPOSAL PREPARATION, FORMAT AND CONTENT

In order to facilitate evaluation of the proposals, the provider is instructed to follow the outline below. Proposals that do not follow the outline, or do not contain the required information may be considered as unresponsive. Additional and more detailed information

may be attached to the main body of the response.

a. Name and address of your firm.

b. Name, e mail, and telephone number of contact person to whom Town staff should address questions they may have about the proposal submitted.

c. Background. Information concerning the background, history, experience, and reputation of the provider that is felt to be pertinent.

d. Ability to Perform. Information concerning the provider's organization, technical and professional qualifications, staffing, equipment and facilities.

e. Experience. The provider shall provide a list of previous (for at least the past 5 years) and current contracts that are considered identical or similar to the scope of services discussed herein.

The Provider must submit a list described above which shall include the following:

1. Agreement duration, including dates.
2. Services performed.
3. Name, address and telephone number of clients that may be contacted for verification of all data submitted.

f. Subsidy Required. Indicate the subsidy required each year.

Year 1 $_____
Year 2 $_____
Year 3 $_____
Year 4 $_____
Year 5 $_____

g Signature. The proposal must be signed and dated by an official authorized to sign for the firm submitting the proposal. The signature section shall include the printed name of the official, and the official's title.

h. Proposals shall include a table of contents listing all sections, figures and tables.

i. All proposals must be bound in three-ring notebooks. Please submit financial reports in a separate, easily identifiable area of your proposal package.

j. Major divisions or sections, and appendices must be separated by a labeled

binder index tabs.

k. Pages shall be singled-sided, single spaced, and numbered.

l. Confidentiality and Public Records Advisory

Confidential/Proprietary Information: Proposals submitted in response to this RFP and any resulting contract are subject to the provisions of the New Hampshire Right to Know Law (RSA 91-A). Any restrictions on the use or inspection of material contained within the proposal and any resulting agreement shall be clearly stated in the proposal itself. Confidential/proprietary information must be readily identified, marked and separated/packaged from the rest of the proposal. Co-mingling of confidential/proprietary and other information is NOT acceptable. Neither a proposal, in its entirety, nor proposal price information will be considered confidential/proprietary. Any information that will be included in any resulting contract cannot be considered confidential.

2. EVALUATION OF PROPOSALS

Proposals will be evaluated by the Town utilizing the criteria identified in the town of Conway Purchasing Policy and as specified below.

a. Requirements of the request for proposals and specifications therein.

b. Experience of the firm in providing emergency medical services.

c. Subsidy required from Town.

3. AGREEMENT AWARD

If approved by the voters, the agreement shall be awarded by written notice for an effective date of May 1, 2017. Upon award, a written agreement shall be executed with the Town including but not limited to the terms and conditions of the specifications included in this Request for Proposals.

4. PROPOSAL PREPARATION COSTS

The Town shall not be liable for any costs incurred by any provider for preparation or submission of a proposal.

5. SERVICE AREA

The Service Area shall include all of the areas within the boundaries of the Town of Conway with the exception of the area located within the boundaries of the Conway Village

Fire District. The Service Area is subdivided into Area 1 and Area 2 as illustrated in Attachment 1 and described below. Responders may bid one or both of these areas.

Service Area 1:

North Conway Water Precinct (within the Town of Conway)
Redstone Fire Precinct
East Conway Fire Precinct
A9, M9, and E9 Non Precinct Fire Areas

Service Area 2:

Center Conway Fire District
B9, C9, and D9 Non Precinct Fire Coverage Areas

6. SERVICE SPECIFICATIONS

A. Definition of Emergency Medical Service

Emergency Medical Service is a call made in response to a perceived individual need for immediate medical care to prevent death or aggravation of physiological and psychological illness or injury, and which cannot be prearranged or otherwise scheduled prior to the call. It includes DOA cases. All other calls are non-emergency calls.

B. Ambulances and Level of Service

Payment under this agreement is based on the understanding and mutual agreement that a minimum of two (2) primary ambulances and one (1) back up ambulance shall be provided for the total service area during the term of this agreement. Should two services be included in this agreement, then each service will be required to provide a primary ambulance for their service area. The back up ambulance however may be a shared ambulance provided jointly by the two providers.

Ambulance coverage shall be provided twenty-four hours per day, seven days per week.

Provider(s) must have available sufficient vehicles to meet the agreement response times, as follows:

Average response times of the primary ambulances to be on scene shall be within ten (10) minutes for ninety (90) percent of all emergency calls and eight (8) minutes for seventy five (75) percent of all emergency calls.

Backup emergency call ambulance runs are to average no more than fifteen (15) minutes.

It is understood by the parties that calls involving bad weather driving conditions, emergency calls to the farthest district/precinct coverage areas, or unusual and isolated unforeseen circumstances shall not be used for the calculation of average response times due to safety reasons.

C. Equipment

Vehicles shall be licensed as minimum basic life support ambulances, registered and inspected per the State of New Hampshire Motor Vehicle Regulations and New Hampshire Division of Public Health Services, Bureau of Emergency Medical Services Regulations.

D. Communications

The Town of Conway agrees that it will provide exclusive dispatch services to the Provider(s) through the Conway Dispatch Center under the Police Department. The Town shall ensure that the communications systems has the appropriate up-to-date FCC licenses, and is operated to conform to FCC rules and regulations.

Citizen access is through the E 911 system. The Dispatch Center will receive and process all requests for emergency medical services and provide all dispatch functions for Provider(s).

E. Ambulance Deployment

1. The Provider shall ensure that when answering requests for mutual aid, that at least one primary response ambulance shall be kept within the Town limits for emergency response at all times.

F. Personnel

1. Primary Response Ambulance

   The Provider(s) will staff each primary response ambulance with a minimum of two (2) nationally registered emergency medical technician basics. The Provider(s) may provide a higher level of service.

G. Indemnification and Insurance Requirements

1. In consideration of the utilization of Provider's services by the Town of Conway and other valuable consideration the receipt of which is hereby

acknowledged, Provider agrees that all persons furnished by Provider shall be considered the Provider's employees or agents and that Provider shall be responsible for payment of all unemployment, social security and other payroll taxes, including contributions from them as required by law.

2. Provider agrees to maintain in full force and effect:

   a. Comprehensive general liability insurance including completed operations coverage, personal injury liability coverage, broad form property damage liability coverage and contractual coverage and contractual liability coverage insuring the agreements contained herein. The minimum limits of liability carried on such insurance shall be $1,000,000.00 each occurrence and, where applicable, in the aggregate combine single limit for bodily injury, property damage liability and personal injury (wrongful acts).

   b. Medical Malpractice (Professional Liability) Professional liability insurance for all activities of the Provider(s) arising out of or in connection with this Agreement in an amount of no less than $1,000,000 combined single limit for each occurrence. Said policy shall be endorsed with the following specific language: "This Policy shall not be canceled or materially changed without first giving thirty (30) days prior written notice to the Conway Board of Selectmen."

   c. Automobile liability insurance for owned, non-owned and hired vehicles. The minimum limit of liability carried on such insurance shall be $1,000,000 per person and $3,000,000 each occurrence, combined single limit for bodily injury and property damage.

   d. Workers' Compensation Insurance, whether or not required by the New Hampshire Revised Statutes Annotated, 1955, as amended, with statutory coverage and including employer's liability insurance with limits of liability of at least $100,000 each employee and $500,000 per policy year.

   e. Provider(s) shall furnish certificates of the above-mentioned insurance to the Town of Conway by May 1, 2017 and with respect to the renewals of current insurance policies, at least thirty (30) days in advance of each renewal date. Such certificates shall, with respect to comprehensive general liability, auto liability, medical malpractice insurance and workers' compensation insurance, shall state that in the event of cancellation or material change, written notice shall be given to the Town of Conway, 1634 East Main Street, Center Conway, NH 03813, at least thirty (30) days in advance of such cancellation or change.

H. Vehicle and Equipment Maintenance

1. The Provider shall be responsible for the maintenance of all vehicles and equipment in order to ensure safe, dependable and clean operations.

2. The Provider(s) agree that if any ambulance assigned to service the Town of Conway becomes inoperative for any reason, a backup ambulance will be available and staffed in a manner to meet the response time requirements.

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1. All billing and collections for the service shall be the responsibility of the Provider(s).

2. No person shall be denied emergency transportation because of inability to pay any fee. No person shall be forced to pay any fee before emergency medical services and/or transportation is provided.

3. The Provider agrees that it shall accept assignment from Medicare and Medicaid. Assignment of other insurance carriers is encouraged, but optional.

J. Performance Evaluation

1. The Provider's delegated employees shall attend meetings or sessions requested by the Chiefs of the Precinct/District Fire or Town Police Departments or meetings with other Town officials requested by the Town.

2. The Provider agrees to notify the Town of Conway, 1634 East Main Street, Center Conway, NH 03813, not less than thirty (30) days prior to any cancellation or major changes to insurance coverage as specified in the agreement.

3. Right of Audit and Inspection

   At any time during normal business hours, and as often as the Town may determine to be necessary, the Town' representative may observe Provider's operations, and Provider shall make available to the Town for examination, its records with respect to all matters covered by this agreement, and make excerpts or transcripts from such records.

K. Date of Service Commencement

The Provider shall begin service at the level required by this agreement at one hundred percent (100%) capacity by 12:01 a.m. May 1, 2017.

7. TERMS AND CONDITIONS FOR REQUEST FOR PROPOSAL

1. Proposers are expected to examine the specifications, schedule of delivery, and all instructions. Failure to do so will be at the proposer's risk.

2. Each proposer shall furnish the information required for each item as numbered or lettered in the RFP.

3. The Agreement will be awarded to that responsible proposer whose submittal, conforming to the Request Form Proposal, will be most advantageous to the Town of Conway, *price and other factors considered.*

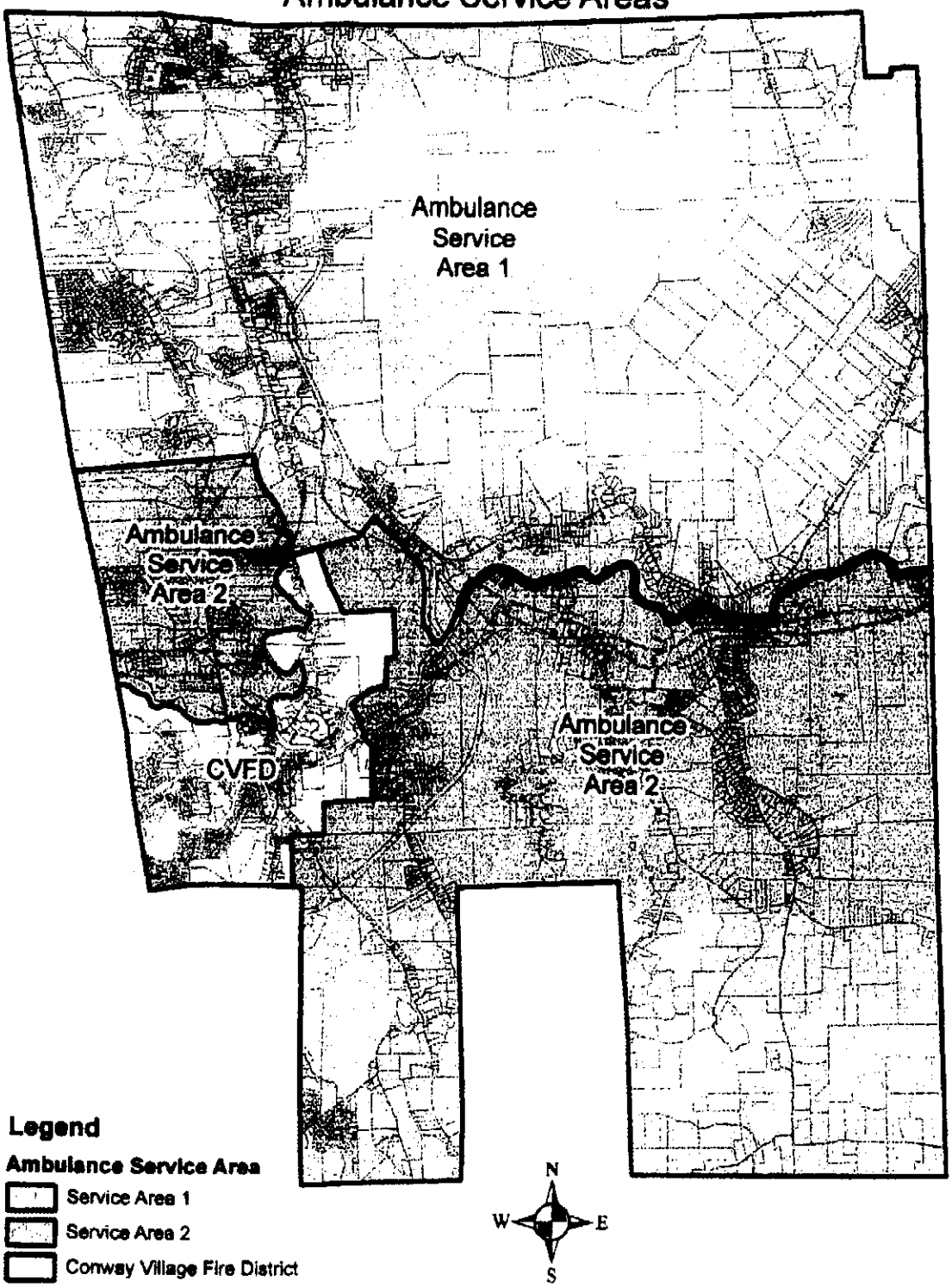
4. The Town of Conway reserves the right to reject any or all qualifications and to waive informalities and minor irregularities in proposals received, and to accept any portion of or all items proposed if deemed in the best interest of the Town of Conway to do so.

5. No submittal shall be withdrawn for a period of one hundred eighty (180) days subsequent to the opening of proposals without the consent of the Town of Conway.

6. Late or unsigned proposals will not be accepted or considered. It is the responsibility of proposer to insure that the proposal arrives in the office of the Board of Selectmen prior to the time indicated in the "Request for Proposal."

7. Any interpretation, correction or change of the Proposal Documents will be made by Addendum. Interpretations, corrections and changes of the proposal documents made in any other manner will not be binding, and the Proposer shall not rely upon such interpretations, corrections, and changes. The Town's representative will not be responsible for oral clarification.

Town of Conway
Ambulance Service Areas



mmitted to the Commu

COMMUNITY AWARENESS PROGRAMS

"Providing Emergency 911 Ambulance Service is a very important part of our services.....Being part of the Community is just as Important"

- **CPR DAY**
- **AED Training**
- **Regular Blood Pressure Clinics**
- **Ambulance Tours**

North Conway Ambulance Service
VALLEY TRANSFER SERVICE

Conway NH

www.northconwayambulance.com

A New Hampshire Company ▶▶▶
Caring for New Hampshire People

Conway Police Department Box 538, Center Conway, New Hampshire 03813 • Tel. 603-356-5785

Edward K. Wagner
Chief of Police

September 23, 2016

To whom it may concern,

Please accept this letter in support of North Conway Ambulance. The North Conway Ambulance plays a vital role in the emergency services sector of this community. I look forward to the continuation of the valuable working relationship that exists between the Conway Police Department and North Conway Ambulance.

Sincerely,

Edward K. Wagner
Chief of Police

Redstone Fire Department

889 Eastman Road
Redstone, Redstone, NH 03813
603.356.8800

Dear Selectmen of the town of Conway,

It has come to my understanding that ambulance coverage for the surrounding districts, including my own, may be going out to bid. Upon hearing this news I felt it was necessary to inform the town of my satisfaction with the services provided by Care Plus Ambulance (North Conway Ambulance). I have always seen very fast response times and excellent patient care as well as a professional demeanor from all the companies employees. I don't believe my district would benefit from any other service providers other than North Conway Ambulance and it is my recommendation to renew their contract if possible.

Best Regards,

Chief Neil L. Henry
Redstone Fire Department
603.662.6118

September 15, 2016

To Whom It May Concern,

I am writing this letter in support of North Conway Ambulance and the quality of care that they give the Mount Washington Valley. I am the Director of SOLO which has been offering first aid training here in the valley for over 40 years. We also train EMTs and many of the First Responders and EMTs in the valley have gotten their training through SOLO.

North Conway Ambulance has been an integral part of this training. North Conway Ambulance/Valley Transfer and their employees give of their time and expertise to ensure that we have well-trained medical personnel. They provide wonderful clinical experiences for these students which makes them better EMTs. And, since many of these students remain in the valley, we are all safer because of this.

I can't stress enough, how much we rely on our partnership with this organization. They have proven invaluable to us and to the valley as a whole. Please feel free to contact me if you need any further information.

Sincerely,

Jill MacMillan

Jill MacMillan
Director, SOLO Wilderness & Emergency Medicine
Conway, NH

Stonehearth Open Learning Opportunities, Inc.
P.O. Box 3150 • Conway, NH 03818 • 603-447-6711 Ph • 603-447-2310 Fax
www.soloschools.com • info@soloschools.com

Center Ossipee Fire & Rescue Department
16 Folsom Rd.
PO Box 276 Ctr. Ossipee, NH 03814
(603)-539-4401

To whom it may concern, 9/12/2016

It has come to my attention that Careplus has applied for a contract for the Town of Conway, NH. Being that the town I live in and work in uses Careplus I find it appropriate to write this letter of support for this company and its staff.

I am a lifelong Ossipee resident, as well as working for a local fire department for the last 12 years. I believe that I am more than qualified to give you a professional opinion on the services provided by Careplus. Over the last few years we have had nothing but professionalism and great service from this organization. The company's attention to detail and local style are its strongest attributes. They have provided our town and department membership with a resource to be able to go to for anything EMS.

By choosing Careplus you will be making an investment in the local community as well, most of Careplus' employees live in this area and spend this money in this area. You will also be buying into a New Hampshire company. Local business is always the way to go, that is why Ossipee chose Careplus. I would strongly recommend an investment in this company.

Sincerely,

Dana B. Cullen Jr.
Lieutenant – Center Ossipee Fire

MADISON FIRE DEPARTMENT

P.O. Box 158
Madison, New Hampshire 03849

This letter is a confirmation that we have an on-going successful relationship with the Care-Plus/North Conway Ambulance service. They have been reliable partners and shown great willingness and flexibility in attempting to meet the needs of the Madison Fire Rescue Department and the residents of Madison.

If there are any specific questions which I can address, please feel free to contact me.

Thank you very much.

Sincerely Yours,

David Aibel
Captain/ EMS- Coordinator
(603)367.9942
daibel@stiarna.com

FREEDOM FIRE-RESCUE DEPARTMENT
PO Box 129 • 218 Village Road • Freedom, NH 03836
Business: 603-539-4261 • Fax: 603-539-9065

To: whom it may concern

From: Freedom Fire-Rescue Department

Re: CarePlus/North Conway Ambulance

When our town entered into a contract with north Conway ambulance it was a one town contract with the closest cover truck coming from north Conway during that time we had many days when a second ambulance was needed for the same call or another while primary ambulance was transporting. We had a cover truck in town quickly. The crews on the ambulance interacted well with members of this department. The ambulances and equipment are within the contract and state specifications. Our contract does not specify a paramedic on duty, however more times then not there has been a paramedic on duty to respond when needed, this is above the contract requirements.

When careplus/north Conway ambulance entered into the multi town contracts. We saw no change in ambulance or equipment quality. personel continued to interact well with our members and we are still getting a paramedic response when needed from the tamworth location on a regular basis, even though there is no requirement for a paramedic in any of the contracts. Local providers continue to be hired and work in the local coverage area.

The two ambulances stationed in tamworth obviously respond to the four towns. There have been many busy days when those ambulances are on other calls and another call comes in cover trucks come down from north Conway base. We have not had a call that there was not an ambulance responding to an arrived in an appropriate time frame. From our original one town contract through the current multi town contracts we have not seen a decline in ambulances personel or response times for primary or back up ambulances. With that said the freedom fire-rescue department is very happy with careplus/north Conway ambulance.

Justin Brooks

Chief Justin Brooks

Tamworth Rescue Squad

P.O. Box 271
Tamworth, NH 03886

To whom it may concern,

North Conway Ambulance Service Division of Careplus Ambulance has been the contracted transporting service for the town of Tamworth since January 1, 2010. Since then it has been a pleasure working with the staff of North Conway Ambulance. They have met or exceeded the required level of care required by our five year contract. Tamworth Rescue and North Conway Ambulance providers have created a great working relationship over the last few years.

The administration has been available and has been responsive to any special occasions or requests. They have ensured participation in many local training events as well as town functions over the past three years.

North Conway Ambulance since acquiring the 9-1-1 contract for Tamworth has hired and currently employs many local EMS providers. Many of these providers have been providing emergency medical care in the Mt Washington and Ossipee Valley regions for years, this has created a seamless transfer of care from first responders to North Conway Ambulance transporting crews.

Captain Jeff Tavares Jr.

Tamworth Rescue Squad

Todd C. Nason
Fire Chief

Wakefield Fire Department

2017 Wakefield Rd
Wakefield NH 03872

North Conway Ambulance
185 Valley Vw.
North Conway, NH 03860

To whom it may concern,

We would like to thank you for your assistance at the Motor vehicle accident on Tuesday December 29th at around 7pm. Your EMT's played a vital role in the roll in assisting with treating and transporting patients involved. We cannot thank you enough for assisting us on that snowy night.

Thank you again,

Todd C Nason

Chief Todd Nason
Wakefield Fire Department

Town of Ossipee, New Hampshire

Selectmen's Office
P.O. Box 67, 55 Main Street
Center Ossipee, NH 03814
Phone: (603) 539-4181
Fax: (603) 539-4183
www.Ossipee.org

July 18, 2016

CarePlus Ambulance Service
Eric Damon, President/CEO
PO Box 2154
Merrimack, NH 03054

Re: Ossipee Old Home Week Celebration

Dear Mr. Damon,

On behalf of the Town and all visitors who attended the festivities during Ossipee's Old Home Week, the Board of Selectmen wishes to thank your emergency medical service providers for a job well done ensuring the public's safety.

We appreciate all that you do for our great Town, its residents, and visitors. Please feel free to contact us if we can be of assistance to you.

Respectfully,

Franklin R. Riley, Chairman

Robert C. Freeman

Richard H. Morgan

Ossipee Board of Selectmen

OSSIPEE CORNER FIRE DEPARTMENT

105 Old Route 25 • PO Box 414 • Ossipee, NH 03864-0414
[illegible] (603) 539-2407 • [illegible] (603) 539-4453

October 29, 2014

North Conway Ambulance / Valley Transfer Service Divisions of CAREPLUS Ambulance Service
Attention: Mitchell Gove, District Manager
185 Valley View Road
North Conway, NH 03860

Reference: Ambulance Service

Dear Mitch:

I just wanted to drop you a quick note as most of our communication is over the phone. It is hard to believe that it has been a little more than a year since North Conway Ambulance / CAREPLUS has taken over the Contract for the Town of Ossipee. The transition to a new ambulance provider takes time to develop so each party is comfortable and knows what to expect from the other. Over this time we have spoken numerous times on the phone, sometimes for minor questions and sometimes to give positive feedback. I appreciate that any concerns or questions that I have had along the way have been looked into and together we have resolved them in a timely manner. It is so nice to have someone who is willing to work with you, as this makes both of our jobs easier. Over this period there have been times when three or four Ambulances have been committed to one or more calls, at the same time, in the Town of Ossipee. This is above and beyond the Town's required two Ambulances. Your staff has also gone above and beyond the Town's Contract requirements. While on fire scenes, they have helped drag hoses, get equipment off engines, etc. to help us get our job done. These acts are not required, but certainly have built a stronger working relationship between your staff and the Members of the Ossipee Corner Fire Department. From my perspective, the level of care given by North Conway Ambulance has always been provided in a professional manor. However, they also take the time to listen to the patient, and if able to, they start to provide care while still on scene, even before moving the patient into the ambulance. In my opinion this gives the patient our best efforts for a positive outcome. I feel that this is extremely important as I have witnessed other services simply rush the patient to the ambulance and drive them to the hospital. Please extend my thanks to your staff for their efforts, as far too often positive feedback is not given because we get buried in all the other aspects of our jobs.

Sincerely:

Adam L. Riley, Chief
Ossipee Corner Fire Department

TUFTONBORO FIRE RESCUE

P O. Box 437
Melvin Village, NH 03850
603-569-3381
Fax 603-569-9685

August 3, 2011

To Whom It May Concern:

I on behalf of the entire members of the Tuftonboro Fire Rescue Department wanted to take this opportunity to write a letter of reference for North Conway Ambulance and Care plus Ambulance.

We have had the privilege of having a contract with this ambulance service and I can not say enough about the dedication and excellent service that we have received from them.

Whether it's a general question that we have right down to the care of the people they serve.

It has been a pleasure to have them service our residents. True professionals in everyway.

Please keep up the great work and I look forward to a long partnership with them.

Sincerely,

Adam L. Thompson, Chief
Tuftonboro Fire Rescue Department

ST. JOSEPH
HOSPITAL

20 March 2012

Good Day,

CarePlus Ambulance has been providing critical care and basic life support patient transfer services for St. Joseph Hospital since October 2011.

CarePlus has proven to be a clinically competent, professional service providing personal, compassionate service to the broad spectrum of patients requiring transfer services.

CarePlus continues to be a transfer service provider in good standing meeting and often exceeding expectations.

Please do not hesitate to contact me with any questions.

Sincerely,

James S. Martin MD, FACEP
EMS / ED Medical Director
St. Joseph Hospital
603.882.3000 x 66108

Francine M. Dupuis BS, RP, CHEP
EMS / Emergency Operations Manager
St. Joseph Hospital
603.595.5311

Conway man seriously hurt in four-wheeler accident

Charges possible after late night mishap

BY NATE GIARNESE
THE CONWAY DAILY SUN

CONWAY — A Conway man is in serious condition with a head injury at a Maine trauma hospital following a four-wheeler accident late Thursday in Redstone.

Conway police say Steven Marquis, 21, rolled his four-wheeler at about 9 p.m. near Redstone Deli and Convenience Store on Route 302. The case is still under investigation, but police say speed, alcohol and a second four-wheel vehicle may have all played a role in the accident.

"In a case such as this we always look at the possibility of alcohol being a factor," said Lt. Chris Perley, a department spokesman, who added that the time of day the accident happened and reports of reckless driving bolster that theory.

A Conway police accident investigation team was called to the scene Thursday night. Perley said preliminary fi ndings indicate Marquis was traveling westbound "at a high rate of speed" and maneuvered to avoid a second four-wheeler he was in the process of passing.

At some point after he crossed over the paved portion of 302, Marquis apparently lost control of the vehicle and crashed "resulting in a serious head injury."

Police said Marquis wasn't wearing a helmet.

Paramedics with North Conway Ambulance responded to the scene and transported Marquis to Memorial Hospital. Shortly afterward, he was airlifted to Maine Medical Center in Portland, where was listed in serious condition as of midday on Friday.

Police couldn't absolutely confirm that a second four-wheeler was involved but said that it was a "significant component of the investigation." Perley said police have conducted initial interviews with several people who witnessed some or all of the accident.

He said several charges may be fi led against Marquis, including operating a four-wheeler on or near a roadway. If a second four-wheeler was involved, he said that person could face several charges, including leaving the scene of an accident.

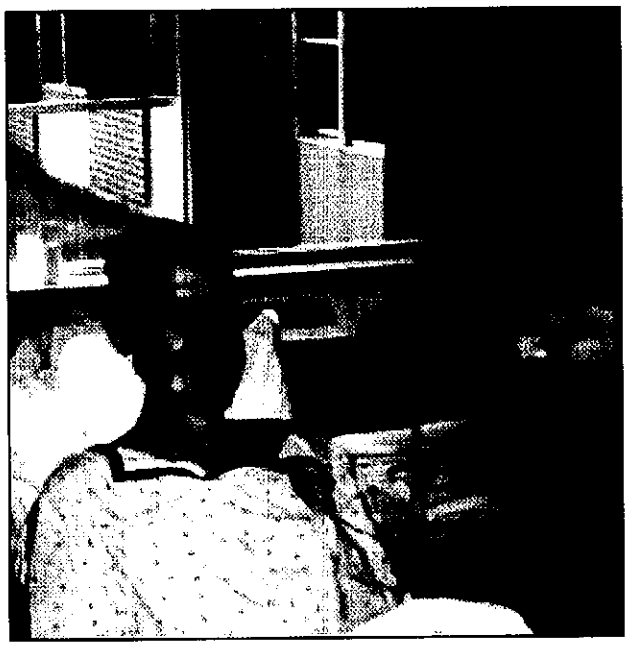
Huggins Happenings

The new Huggins Hospital opened to the community on Saturday with an estimated 2,000 people touring the new facility. There were lots of smiles and the word "wow" was heard repeatedly throughout the hallways. Many of the staff and volunteers were on hand to help out with the big event. If you didn't get a chance to see the hospital on Saturday, the new Café is open to the public and you are welcome to come and take a look at your new hospital.

Until the demolition is completed over the summer, the main entrance to the new hospital will be closed. The temporary main entrance is located at the walk-in entrance to the Emergency Department. This is the entrance under the triangular canopy facing South Main Street. To access this entrance, please use the parking lots near the Medical Arts Center. The concierges will be available to provide parking directions and they will have the golf cart to transport visitors and patients from their car to the hospital and back again. There is a separate Emergency Department entrance next to the helipad. This entrance is for the DHART flights and ambulances only. Please bear with us as we continue to improve our facilities for you and your loved ones.

Please note that if you are coming to the hospital for the Transitional Care Center (formerly "Sinclair B"), Wolfeboro Gynecology, or VNA, please use the former main entrance parking lot (the one on the corner across from All Saints Episcopal Church) and enter the hospital using that entrance. The Transitional Care Center of Wolfeboro (formerly "Sinclair B") will remain in its current location.

Under sunny skies on Sunday, the patients in ICU and Sinclair A were moved to the new hospital. Ambulances were used to transport the patients from the end of the hallway on Sinclair A to the ambulance entrance of the new Emergency Department and then up the elevator to the new patient rooms. A special thank you to North Conway Ambulance and Valley Transfer for their assistance with the transport. It was a smooth transition and each patient received a bud vase of daisies, a welcome card and a tote bag in his/her new room. The closure and reopening of the Emergency Department took place at 2 p.m. on Sunday.



COURTESY PHOTO

PATIENTS were moved from ICU and Sinclair A to rooms in the new hospital building last Sunday, May 23, with the help of North Conway Ambulance and Valley Transfer.

All patients are resting comfortably in their new rooms and employees are thrilled with the new systems and technologies now available to improve the patient care experience.

Inside the Medical Arts Center, the following specialty physicians will be available this week, May 27 to June 3: Cardiology, Neurology, Urology, Oncology, and Ear, Nose and Throat. For a complete schedule and contact information, visit the Web site at www.hugginshospital.org and click on "Find a Physician." There is a link to the Specialty Physician Schedule in the left-hand sidebar.

The State of New Hampshire
By Her Excellency
Margaret Wood Hassan, Governor

A Commendation

NORTH CONWAY AMBULANCE SERVICE

WHEREAS, On December 29, 2015, Wakefield Fire and Ambulance responded to a tragic and fatal two-car motor vehicle accident on Route 16 in the Town of Wakefield, New Hampshire; and

WHEREAS, Due to the severity of the accident, mutual aid was requested from the surrounding towns, requiring regional fire, police, and paramedic departments to come to the scene in order to administer immediate medical attention to those in need, thereby saving additional lives; and

WHEREAS, On that evening, the different crews worked in unison to achieve the best possible outcome for the situation that they encountered and demonstrated the critical role that first responders play in protecting the public safety of Granite Staters across the state; and

WHEREAS, These emergency medical services professionals, along with fire and police departments, demonstrated that they are prepared at a moment's notice for situations of any magnitude, and we are all indebted to these individuals who sacrifice every day for the greater good of New Hampshire's residents and visitors; and

WHEREAS, These members are dedicated to constantly learning and practicing best methods in order to save lives of New Hampshire's citizens; and

WHEREAS, The State of New Hampshire is fortunate to have such dedicated members of our community;

NOW, THEREFORE, I, MARGARET WOOD HASSAN, GOVERNOR of the State of New Hampshire, and the Executive Council, do hereby commend the **NORTH CONWAY AMBULANCE SERVICE** for its ability, professionalism, dedication, and compassion to our society and join all Granite Staters in recognizing the invaluable contributions of New Hampshire's first responders.

Given at the Executive Chamber in Concord this 27th day of January, in the year of Our Lord two thousand and sixteen, and the independence of the United States of America, two hundred and forty.

Margaret Wood Hassan, Governor

Joseph D. Kenney, Executive Councilor

Colin Van Ostern, Executive Councilor

Christopher T. Sununu, Executive Councilor

Christopher C. Pappas, Executive Councilor

David K. Wheeler, Executive Councilor

The State of New Hampshire
By Her Excellency
Margaret Wood Hassan, Governor

A Proclamation

EMERGENCY MEDICAL SERVICES WEEK
MAY 15-21, 2016

WHEREAS, Emergency medical services is a vital public service to residents and visitors in New Hampshire; and

WHEREAS, Members of emergency medical services teams provide lifesaving care to those in need 24 hours a day, seven days a week; and

WHEREAS, Access to quality emergency care dramatically improves the survival and recovery rate of those who experience sudden illness or injury; and

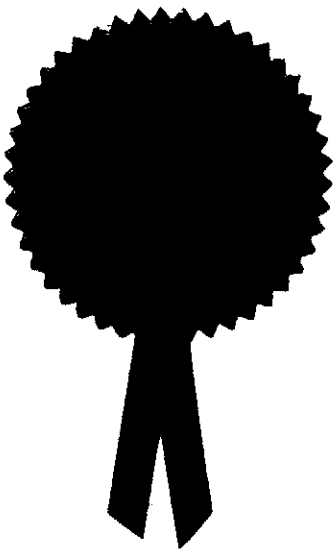
WHERAS, Emergency medical services has grown to fill a gap by providing important, out of hospital care, including preventative medicine, follow-up care, and access to telemedicine; and

WHEREAS, The emergency medical services system consists of New Hampshire first responders, emergency medical technicians, paramedics, emergency medical dispatchers, firefighters, police officers, educators, administrators, emergency nurses, emergency physicians, trained members of the public, and other out of hospital medical care providers; and

WHEREAS, The members of New Hampshire emergency medical services teams, whether career or volunteer, engage in thousands of hours of specialized training and continuing education to enhance their lifesaving skills; and

WHEREAS, It is appropriate to recognize the value and the accomplishments of New Hampshire emergency medical services providers by designating **Emergency Medical Services Week**;

NOW, THEREFORE, I, MARGARET WOOD HASSAN, GOVERNOR of the State of New Hampshire, do hereby proclaim **MAY 15-21, 2016, as EMERGENCY MEDICAL SERVICES WEEK** in the State of New Hampshire and encourage all Granite Staters to recognize New Hampshire's emergency medical services personnel for their hard work and dedication to keeping New Hampshire safe.



Given this 18th day of May, in the year of Our Lord two thousand and sixteen, and the independence of the United States of America, two hundred and forty.

Maggie Hassan

Margaret Wood Hassan
Governor

State of New Hampshire

Department of Safety

Division of Fire Standards & Training & Emergency Medical Services

Transport License

In accordance with the provisions of RSA 153-A and the Regulations

CAREPLUS AMBULANCE SERVICE, INC

to operate a unit known as

CAREPLUS AMBULANCE SERVICE, INC

and located at

1502 COLUMBIA CIRCLE, MERRIMACK, NH 03054

This license is valid only for the period 12/11/2015 through 12/31/2017.
License Number 0251

Deborah A Bergeron

Director, Division of Fire Standards & Training & Emergency Medical Services

State of New Hampshire

Department of Safety

Division of Fire Standards & Training & Emergency Medical Services

Transport License

In accordance with the provisions of RSA 153-A and the Regulations

CAREPLUS AMBULANCE SERVICE, INC D/B/A N CONWAY AMBULANCE SERVICE

to operate a unit known as

CAREPLUS AMBULANCE SERVICE, INC D/B/A N CONWAY AMBULANCE SERVICE

and located at

185 & 193 VALLEY VIEW ROAD, MERRIMACK, NH 03054

This license is valid only for the period 12/11/2015 through 12/31/2017.
License Number 0441

Deborah A Bergeron

Director, Division of Fire Standards & Training & Emergency Medical Services

State of New Hampshire

Department of Safety

Division of Fire Standards & Training & Emergency Medical Services

Transport License

In accordance with the provisions of RSA 153-A and the Regulations

CAREPLUS AMBULANCE SERVICE, INC D/B/A VALLEY TRANSFER

to operate a unit known as

CAREPLUS AMBULANCE SERVICE, INC D/B/A VALLEY TRANSFER

and located at

85 ROUTE 16B, CENTER OSSIPEE NH 03864, MERRIMACK, NH 03054

This license is valid only for the period 12/11/2015 through 12/31/2017.
License Number 0442

Deborah A Pendergast

Director, Division of Fire Standards & Training & Emergency Medical Services

MAINE EMS

GROUND AMBULANCE SERVICE LICENSE

Issued
To

CarePlus Ambulance Service dba North Conway Ambulance Service

This license is hereby issued in accordance with Chapter 588, Section 1, Public Laws of Maine 1991 32 M.R.S.A., s81 et. Seq. by Maine Emergency Medical Services.

License #	*Expiration Date*	*License Level*	*Permit Level*
1003	**12/31/2016**	**Emergency Medical Technician**	

Shaun St. Germain, Director

KEEP CONSPICUOUSLY POSTED
NON-TRANSFERABLE

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 5/17/2016

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 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
Cindy Elbert Insurance Services Inc
15182 North 75th Ave, Ste 100
Peoria, AZ 85381

CONTACT NAME:
PHONE (A/C, No, Ext): 602-942-3800 FAX (A/C, No): 602-942-4300
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Lloyd's Of London	AA1120096
INSURER B: RLI Insurance Company	13056
INSURER C:	
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Care Plus Emer Amb Svs inc dba
Care Plus Amb & Seacoast Amb
N Conway Amb & Valley Transfer
PO Box1288 Merrimack, NH 03054

COVERAGES CERTIFICATE NUMBER: 6,902 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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC			486204 $5000 Ded	5/17/2016	5/17/2017	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 50,000 $ 5,000 $ 1,000,000 $ 3,000,000 $ 1,000,000
B	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS			CAP9504322	5/17/2016	5/17/2017	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 1,000,000
	UMBRELLA LIAB OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $						EACH OCCURRENCE AGGREGATE	
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N If yes, describe under DESCRIPTION OF OPERATIONS below	N / A					WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	
A	Professional Liability Claims Made Retro 5/17/15			486204 $5000 Ded	5/17/2016	5/17/2017	$1,000,000 Each Claim $3,000,000 Aggregate	

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

Verification of Insurance

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

Cindy Elbert

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NH MOTOR TRANSPORT ASSOCIATION SELF-INSURANCE GROUP TRUST

WORKERS COMPENSATION AND EMPLOYERS LIABILITY INSURANCE CERTIFICATE INFORMATION PAGE

Policy No. P000700NHMTA2016
Renewal of Number: P000700NHMTA2015

1. The Member: Care Plus Emergency Ambulance Service, Inc.

Mailing Address: PO Box 1288

Merrimack, NH 03054-1288

Federal Employers ID # 02-0425135

If there are other workplaces see attached schedule.

2. The certificate period is from **01/01/2016** 12:01 a.m. to **01/01/2017** 12:01 a.m. standard time at the Member's mailing address.

3. A. Workers Compensation Insurance: Part One of the certificate applies to the Workers Compensation Law of the States Listed here: NH

B. Employers Liability Insurance: Part Two of the certificate applies to the workplace(s) listed in Item 1. The limits of our liability under Part Two are:

Bodily Injury by Accident:	$1,000,000	Each Accident
Bodily Injury by Disease:	$1,000,000	Certificate Limit
Bodily Injury by Disease:	$1,000,000	Each Employee

C. This certificate includes these endorsement and schedules: **See Schedule**

4. The premium of this certificate will be determined by our Manuals of Rules, Classifications, Rates and Rating Plans. All information required below is subject to verification and change by audit.

Classifications	Code No.	Premium Basis Total Estimated Annual Remuneration	Rate Per $100 of Remuneration	Estimated Annual Premium
		See Schedule		

Class Code/Minimum Premium	Expense Constant	$160
	Total Estimated Annual Premium	$152,652

Premium Adjustment Period: Annual

NH MOTOR TRANSPORT ASSOCIATION SELF-INSURANCE GROUP TRUST

Clerk: Paula W. McLaughlin

Secretary: Robert J. Scully

Producer: NHMTA Services, Inc.

Date of Issue: 01/01/2016

Post Office Box 3898, Concord, NH 03302-3898 * Tel. (603) 224-7337 * Fax (603) 415-8333

***CARE** PLUS Ambulance Service*

d/b/a North Conway Ambulance Service

Code	Procedure	2016
A0427	ALS Base Rate Emergency ALS 1	$1,200.00
A0433	ALS Base Rate Emergency ALS 2	$1,400.00
A0429	BLS Base Rate Emergency	$1,100.00
A0425	Mileage Rate	$31.25

CAREPLUS is a participating provider for:

- **Anthem Blue Cross Blue Shield**
- **Cigna Healthcare**
- **Fallon Community**
- **Harvard Pilgrim**
- **Tufts Healthcare**
- **Aetna HealthNet**
- **MaineCare**
- **Martins Point**
- **Mass Health**
- **VT Medicaid**
- **MVP Healthcare**
- **United Healthcare**
- **Neighborhood Health Plan**
- **Medicare & Medicaid**

Because of this patients utilizing our services will pay less money out of their pocket for services

CAREPLUS
Ambulance Service, Inc

North Conway Ambulance Service
VALLEY TRANSFER SERVICE

Continuous Quality Improvement Plan

2016

CONTINUOUS QUALITY IMPROVEMENT PLAN

Assignment of Responsibility

The President of CAREPLUS Ambulance Service authorizes and approves the development of the Quality Improvement Program. The President assigns responsibility of implementation and oversight of this plan to the Field Operations Manager, in conjunction with the Medical Director and the Personnel Coordinator.

II. SCOPE OF SERVICE

CAREPLUS Ambulance Service provides twenty-four (24) hour emergency and non-emergency medical services in the State of New Hampshire and Vermont.

Levels of staffing include Basic Life Support, Intermediate Life Support and Advanced Life Support.

In addition to service frequently rendered to trauma and cardiovascular patients, CAREPLUS Ambulance services a high volume of patients with a wide variety of medical conditions.

III. IMPORTANT ASPECTS OF SERVICE

CAREPLUS Ambulance Service, Inc is committed to delivering high quality emergency and non-emergency medical services. Critical aspects of these services include, but are not limited to:

a) Timely response to emergency calls
b) Dispatching of appropriate personnel
c) Safe, efficient transport of all patients to the hospital
d) Professional behavior by all staff, at all times
e) Safe and proper administration of medication and controlled substances
f) Compliance with local, hospital and company policies and procedures
g) Verifying, maintaining and developing skill levels of all EMS personnel

IV. INDICATORS FOR MONITORING ASPECTS OF SERVICE

It is the policy of CAREPLUS Ambulance Service to monitor, through the use of quality of care indicators, all important aspects of care. Each important aspect of care is represented by at least one indicator, and these indicators shall be monitored on an ongoing or periodic basis. The frequency of, and need for monitoring, for any of these indicators will be determined for overseeing the Quality Improvement Process.

Indicators listed below are categorized by indicator type, i.e. measures of structure, process or outcome.

A. STRUCTURE

1. Training/evaluation of staff
2. Delineation of skill levels
3. Maintenance of Vehicles

B. PROCESS

4. Compliance with informed consent polices
5. Proper administration and recording of controlled substances and other medications
6. Compliance with company policies and procedures
7. Compliance with clients policies and procedures
8. Accuracy of, compliance with radio/telephone communications
9. Knowledge of, compliance with paperwork requirements
10. Compliance with infection control procedures and principles
11. Confidentiality/Professional behavior of staff
12. Adherence to traffic regulations
13. Acknowledgement of DNR orders

C. OUTCOME

14. Patient satisfaction results
15. ALS review
16. Medication errors

V. THRESHOLDS FOR EVALUATING QUALITY OF CARE INDICATORS

Each indicator will have an established threshold assigned. A threshold will assist in evaluating Quality Improvement data. Thresholds or percentages are levels or critical limits, related to a specific indicator, that predetermine how often criteria should be met. If Quality Improvement data analysis reveals that the company's performance on any indicator has fallen below the expected threshold, a problem has been identified and warrants follow-up action.

For example, it is expected that CAREPLUS Ambulance employees will comply with the hospitals individual internal policies and procedures, related to transport of patients and completion of paperwork. A threshold for meeting the criteria of this indicator is compliance which will be met 97% of the time. If performance falls below this level, a need for staff education or disciplinary action may be indicated.

VI. & VII. METHODS FOR ONGOING DATA COLLECTION

A chart of indicators, criteria, thresholds, respective aspect of care, data source and review frequency follows:

Note: The following indicators can and will be adjusted to meet the specific current and proposed future demands.

INDICATOR ONE – Timely Response

Important aspect of Service:	Timely response to calls
Indicator:	All calls will be responded to in a reasonable amount of time as requested
Criteria:	An emergency vehicle will be dispatched immediately upon receipt of the call. Out of chute times for in-service ambulances is 3 minutes
Threshold:	Criteria will be 97% of the time
Data source:	Zoll RightCad Dispatch Reports
Frequency of review:	Daily basis by the Dispatch Supervisor

INDICATOR TWO – Dispatching Appropriate Personnel

Important aspect of Service:	Dispatching of appropriate personnel
Indicator:	Ambulance personnel will be dispatched according to type of call
Criteria:	Emergency calls will be handled by the closest appropriate ambulance.
Threshold:	Criteria will be 100% of the time
Data source:	Ambulance Run Reports/TEMSIS
Frequency of review:	Field Operations / Personnel Coordinator will perform weekly random reviews of run reports.

INDICATOR THREE – Safe Transport

Important aspect of Service:	Safe, efficient transport of all patients
Indicator:	Patients will be transferred safely and efficiently to all destinations.
Criteria:	Personnel will abide by all operating policies, and traffic regulations as outlined by the company
Threshold:	Criteria will be 100% of the time
Data source:	Review of recorded lines, TEMSIS, accident review and on-site QA
Frequency of review:	In-Depth reviews will be done for any event that effects patient transport.

INDICATOR FOUR - Professionalism

Important aspect of Service:	Professional behavior by all staff, at all times
Indicator:	Patients/participating facilities will be satisfied with the care rendered by, and professional behavior of, all CAREPLUS personnel
Criteria:	Patient satisfaction results, facility and municipal QA meetings and general feedback
Threshold:	Criteria will be 100% of the time
Data source:	Telephone and TAP survey. Review of all patient/facility/client complaints and supervisor reports.
Frequency of review:	Random calls on a bi-weekly basis

INDICATOR FIVE – Medication Storage/Stocking

Important aspect of Service:	Safe and proper storage/review of medication and controlled substances
Indicator:	Ambulance personnel will comply with company policies related to medication stocking and medication incidents
Criteria:	All medication will be locked in the Paramedic kit and secured in the locked ambulance cabinet Procedures for accessing medications and appropriate documented checks and replenishment.
Threshold:	Criteria will be 100% of the time
Data source:	Medication report
Frequency of review:	Immediately upon report of loss

INDICATOR SIX – Medication Administration

Important aspect of Service:	Safe and proper administration of medications and controlled substances
Indicator:	Medications will be administered without error to all patients
Criteria:	Medications will be administered at the proper time, via proper route, in the proper dose to the right patient. All error will be reported, on the appropriate form, immediately to the medical control physician, the patient's primary nurse and the EMS Director. Upon notification, the EMS Director will notify the President and Medical Control Officer. The incident will be investigated with a written report within 72 hours.
Threshold:	0% error
Data source:	Medication error reports
Frequency of review:	All medication errors will be reviewed and acted upon, in accordance to company policy.

INDICATOR SEVEN - Documentation

Important aspect of Service:	Ensure that every patient contact has proper run documentation through TEMSIS
Indicator:	Field staff are required to submit documentation electronically after every patient contact
Criteria:	All ambulances will be equipped with a tablet to complete run reports electronically through TEMSIS. Any issue with the tablets will be reported immediately to the Field Operations Manager EMT's Paramedics and Wheelchair Staff will be required to follow-up and complete any missing documentation
Threshold:	Criteria will be 100% of the time
Data source:	RightCad and TEMSIS systems
Frequency of review:	Daily – Reports will be run for any missing documentation and then reviewed for completeness and quality documentation and compliance within 72 hours.

INDICATOR EIGHT – Vehicle Cleanliness

Important aspect of Service:	Professional level of care and patient treatment demands a vehicle that is properly cleaned inside and out.
Indicator:	Staff will be responsible for ensure their vehicle meets this requirement at the start and end of their shift
Criteria:	After morning rig check staff will be required to wash the outside of their vehicle along with sweep and wipe down the inside of the vehicle. All trash will be properly emptied at the end of every shift and properly disposed of in red bags or regular waste.
Threshold:	Criteria will be 95% of the time
Data source:	Daily reviews and spot inspections from Supervisors, Managers and the Field Operations Manager
Frequency of review:	Daily / Random

INDICATOR NINE – Vehicle Condition

Important aspect of Service:	Safe run vehicles throughout the company
Indicator:	Field staff are responsible for daily rig checks and proper reporting of issues
Criteria:	Daily rig checks must be performed by field staff. All mechanical problems or issues with vehicles must be reported to the Field Operations Manager and properly documented for Fleet Maintenance Issues that have not been resolved must be reported
Threshold:	Criteria will be 100% of the time
Data source:	Field Staff during morning Rig Checks
Frequency of review:	Fleet Maintenance and the Field Operations Manager will look at all reported vehicle issues daily. A determination will be made on vehicle status and the vehicle will be scheduled for repair (immediate-scheduled)

VII. ANALYSIS OF DATA

Results of ongoing and random reviews will be reviewed against the thresholds established for each individual indicator. Review results that do not meet threshold expectations indicates a need for further follow-up and intensified review.

IX. ACTIONS TAKEN ON IDENTIFIED PROBLEMS

If after review of a suspected quality issue it is determined that a problem does indeed exist, the Field Operations Managers, CQI Coordinator, in conjunction with the Customer Relations Coordinator and Vice President, will devise a corrective action plan, or follow plans already detailed in our personnel handbook.

X. EVALUATION OF EFFECTIVENESS OF ACTIONS TAKEN

Once a corrective action plan has been implemented, and or a problem has been resolved, a follow-up study should be devised to ensure that the corrective plan was effective, and that the previously identified problem has not recurred.

The Compliance Plan

CARE*PLUS*
Ambulance Service, Inc

CAREPLUS AMBULANCE SERVICE
COMPLIANCE PLAN

A. Introduction to the CAREPLUS Ambulance Service Compliance Plan

1. The Current Health Care Environment and Importance of Our Compliance Plan

What is "compliance?" That's a fair question about a word tossed around very loosely these days. The Health Care Compliance Association (HCCA) defines compliance simply as: "the process of meeting the expectations of others." More specifically, health care compliance is a "process" of understanding and meeting the expectations of those who grant us money, pay for our services, and regulate our industry. Health care compliance includes numerous issues such as patient care documentation, reimbursement, employment and workplace issues, and licensure issues. Compliance helps ensure that we all are committed to the "due diligence" needed to prevent and detect violations of the law and to make corrections in our administrative, billing and operational procedures.

Why do we have this compliance program in place? In recent years there has been a tremendous surge in the number of health care industry fraud cases brought by federal and state law enforcement officials. Some of these cases have resulted in substantial fines and civil monetary penalties, as well as criminal sanctions against individuals who have perpetrated fraud in their organizations. A compliance program can help detect and prevent potentially fraudulent behavior and organizational practices. The presence of an active compliance program is also a favorable factor in your favor when prosecutors investigate fraud complaints. And in the unlikely event of a fraud conviction, the existence of an active plan may help reduce potential criminal sanctions and jail time as outlined in the Federal Sentencing Guidelines.

The number of resources at the disposal of the government to ferret out fraudulent practices has also increased tremendously in recent years, making compliance all the more important. The *Wall Street Journal* reported on August 18, 2003 that the federal government has amassed $4.21 billion in fines, settlements, and restitution payment from its health care investigations in the last three fiscal years---well over the $3.29 billion it collected in the prior ten years combined, according to the Department of Health and Human Services Office of Inspector General ("OIG"). Enforcement actions have clearly increased, with the number of federal criminal prosecutions of health care companies and workers increasing 34% in 2002, nearly double the number ten years earlier. Between 1996 and 2003, Congress has more than tripled the budget for Medicare and Medicaid fraud enforcement at the OIG, and nearly doubled the budget for the same type of work by the FBI. (*Wall Street Journal*, August 18, 2003, page B1).

The ambulance industry is not immune to the scrutiny of federal investigators and the recent heightened investigations of suspected fraud, since ambulance services participate in the same federal and state health care programs, such as Medicare and Medicaid, as do other health care organizations. As just one of many examples, a significant number of the individuals or organizations excluded from participating in federal health programs, come from the ambulance industry. The OIG's web site of excluded individuals lists numerous entities or persons from the ambulance industry who have been excluded from participation in federal health care programs.

The key to avoiding claims of fraud or abusive billing practices is to *prevent* the potential for fraud in the first place, and to have a system in place that promotes early detection of potentially fraudulent practices. That is the purpose of this Compliance Plan...to prevent and detect problems before they evolve into a government investigation or lawsuit.

2. The Goal of this Plan

The goal of this Compliance Plan ("the Plan") is to ensure that CAREPLUS Ambulance Service adheres to all applicable Medicare, Medicaid, and any other federally funded health care (for ease of reference, collectively referred to as "Medicare") laws, rules and policies relating to the submission of claims for ambulance services. This includes, among other things, to ensure proper documentation of services, billing, coding, and claims submission, and the prevention, prompt detection, and appropriate action steps for health care fraud and abuse. Other purposes of the Plan are to:

- Outline and emphasize the organizational commitment to accurate and lawful documentation and submission of all claims for ambulance service to Medicare and other third party payors;

- Promote the prevention, detection and resolution of instances of conduct that is not in conformance with applicable federal or state laws, rules and regulations;

- Minimize, through early detection and reporting, any potential loss to the government from erroneous claims, as well as reduce CAREPLUS 's potential exposure to damages and civil and criminal penalties that might result from questionable activities.

3. Importance of Adherence to This Plan

The Plan, having been approved by CAREPLUS officials, is our formal Medicare and third party payor policy as to our approach to billing and compliance. CAREPLUS 's

staff members who fail to comply with the elements of this Plan may face disciplinary action including reprimand, suspension without pay, termination, or even civil and/or criminal charges when violations are severe.

CAREPLUS has always strived to maintain a good faith effort to comply with all applicable regulations and laws. In today's dynamic health care environment, CAREPLUS has determined that it would be best to organize, centralize, and formalize procedures and implement a voluntary compliance plan, referring to existing guidance from the U.S. Department of Health and Human Services, Office of Inspector General ("OIG"), and to existing compliance policies and procedures. We expect all staff members to be fully supportive of this effort.

CAREPLUS is committed to proactive management of its billing submission processes to ensure full compliance with Medicare and other government regulations. The policies and procedures described in this document apply to all staff members of CAREPLUS (including officers, employees, and volunteers) as well as all vendors who do business or have a contractual relationship with CAREPLUS . It is the intention of CAREPLUS to enforce all policies and procedures, most importantly those that are designed to prevent and detect issues of noncompliance, so that all reasonable steps necessary are enacted to facilitate full compliance with the law.

4. Contacting the Compliance Officer

CAREPLUS 's Compliance Officer should be contacted when questions on compliance arise or to report potential violations or any concerns regarding compliance. To the fullest extent possible, all communication to the Compliance Officer will be treated confidentially. We also encourage the voluntary reporting of potential compliance issues. To this end and to encourage an open atmosphere of support for this Plan, there will be no adverse action or retaliation against any staff member who makes a good faith report of a compliance concern. Reports can be made to the Compliance Officer anonymously whenever possible.

5. Summary of Our Plan

The federal government has set forth seven elements necessary for an "effective" compliance program for ambulance services in its "Compliance Program Guidance for Ambulance Suppliers" published by the OIG on March 24, 2003. These guidelines describe that an effective program to prevent and detect violations of law means a program that has been reasonably designed, implemented, and enforced so that it generally will be effective in preventing and detecting criminal conduct. This Plan adheres to the seven elements set forth by the OIG.

Failure to prevent or detect an offense does not necessarily mean that the program was not effective. The hallmark of our program to prevent and detect violations of law is that CAREPLUS will exercise "due diligence" in seeking to prevent and detect criminal conduct by its staff members and other agents. Due diligence requires, at a minimum, that we adhere to the steps established in our organizational compliance program as set forth in this Plan.

B. Compliance Plan Components

1. Development of Compliance Standards, Policies and Procedures

CAREPLUS Ambulance Service has established compliance standards and procedures to be followed by its staff members and others with whom we are associated in order to reduce the possibility of criminal conduct. This includes written standards of conduct, as well as written policies and procedures that reflect CAREPLUS's commitment to compliance and to address specific areas of potential fraud and abuse. These written policies and procedures will be reviewed periodically (at least annually) and revised when necessary to ensure they are current and relevant to our operation.

a. Documentation

All efforts to comply with applicable statutes and regulations must be documented. This includes documentation of the following compliance related activities:

- Distribution and review of the Code of Conduct to existing and incoming staff members;
- Staff compliance training;
- Log sheets and other documents that show tracking of compliance incidents and inquiries and the disposition of each incident or inquiry;
- Method for staff members to provide confidential reporting of perceived compliance issues;
- Evidence that periodic internal auditing of billing activities takes place, including: baseline reviews, prebilling reviews, and periodic post-claim submission reviews; and
- Any inquiries of third party payors or Medicare Carriers and the outcome of these inquiries.

b. Guiding Principles

The following guiding principles shall guide the conduct of all CAREPLUS staff members. In conjunction with the more detailed Code of Conduct, all staff members are expected to adhere to these guiding principles. These principles affirm CAREPLUS 's policy of conducting its patient transportation operations in accordance with both the law and the highest ethical standards.

- CAREPLUS requires its staff to function in compliance with all applicable laws and regulations. When the application of a law or regulation is uncertain, the guidance and advice of CAREPLUS 's Compliance Officer will be sought.

- CAREPLUS is committed to the highest quality of patient care, patient care documentation, data and claim submission, and reimbursement practices measured by accuracy, reliability, timeliness, and validity.

- CAREPLUS 's policy is to maintain proper contacts with governmental officials and other government personnel, whether directly or indirectly, as proper business relationships. These contacts must never suggest undue influence upon these officials, or cast any doubt on CAREPLUS 's integrity. Furthermore, CAREPLUS is committed to ensuring the accuracy of all filings with the government, including claims and supporting documentation to obtain reimbursement.

- CAREPLUS maintains accurate and reliable patient and other related records that appropriately document the actual services provided and properly disclose all disbursements and other transactions to which CAREPLUS is a party.

- CAREPLUS requires the undivided loyalty of its staff members and other agents when they exercise their respective responsibilities. Except as may be approved otherwise by CAREPLUS , personal investments, acceptance of gifts, or other activities that may create, or give the appearance of a conflict of interest are to be avoided. Any questions concerning conflicts of interest should be directed to the Compliance Officer.

c. Compliance Standards and Procedures

CAREPLUS has complete confidence in the integrity and ethical conduct of its staff members. To fortify existing conduct, CAREPLUS has adopted a "Code of Conduct" to assist all staff members in avoiding both the appearance and commission of improper activities. The Code of Conduct is a "guidepost" to be used to help assure that all applicable laws and regulations are understood and followed by all personnel.

The Code of Conduct will be distributed to all staff members. All staff members will be required to certify that they have read, and fully understand, the Code of Conduct. Staff members' certifications will be kept on file in a secure location as directed by the Compliance Officer. Furthermore, adherence to the principles of this Plan, and the ethical and legal requirements established by CAREPLUS , will be an element in evaluating the performance of all staff members.

CAREPLUS is committed to conducting its operations in a lawful and ethical manner. CAREPLUS staff members are required to comply with all applicable laws, regulations, and policies affecting the operations of CAREPLUS 's operations. There are specific compliance areas that relate to operations and billing that we all must follow. Some of these areas include the following:

- Proper Call intake and dispatch procedures and "emergency response";
- Providing services to the extent necessary for the treatment of the patient;
- Billing for items or services only when they are properly documented;
- Proper documentation of "No transport" calls and calls where there was actual pronouncement of death at the scene;
- Proper documentation and claim submission for transports where there is more than one patient in the ambulance;
- Proper documentation of multiple ambulances called to respond to emergency calls;
- Appropriate contracting to provide services to municipalities and/or waiver of copayments for municipal residents who receive service, where applicable;
- Where applicable, proper procedures for the restocking of supplies and drugs used in connection with patients transported to hospitals or other emergency receiving facilities;
- Coding all claims for reimbursement properly;
- Avoiding inappropriate balance billing in violation of any applicable mandatory assignment rules

- Avoiding billing Medicare an amount "substantially in excess" of the usual charges for services in accordance with regulations;

- Proper and prompt resolution of overpayments received for claims that have been submitted for reimbursement;

- Applying proper safeguards for the security and protection of confidential patient information;

- Providing physical and technical integrity of all computer and systems and data entry devices;

- Ensuring that computer software programs that have certain "defaults" are turned off or carefully monitored to avoid inaccurate claim submission (Example: a software default that permits personnel to enter data in fields indicating services were rendered though not actually performed or documented, or a default that automatically indicates the patient was bed-confined);

- Ensuring that all personnel maintain the confidentiality of patient information and patient records in accordance with the HIPAA Privacy Regulations and state law;

- Ensuring the security of provider identification numbers (such as the service's Medicare provider number and patient identification numbers) and preventing misuse of identification numbers which can result in improper billing;

- Ensuring there is a process in place to avoid duplicate billing;

- Proper use of billing modifiers by billing office staff;

- Ensuring that there is a process in place to prevent the payment of incentives or anything else of value in return for influencing the referral of ambulance services to CAREPLUS in violation of the federal anti-kickback statute (AKS) or other similar Federal or State statute or regulation;

- Ensuring that only appropriate and fair market value payments are made to first responders or other assisting agencies who provide services but who also are in a position to influence the selection of the transporting entity;

- Making only appropriate arrangements with hospitals and nursing facilities, including contracts with facilities to provide medical transportation based on the fair market value of the services provided;

- Establishing properly constructed joint ventures with other ambulance services and providers;

- Making sure that arrangements with patients do not or cannot be inferred to improperly cause a patient to choose a particular ambulance service (Example: providing "free" wheelchair van service to patients who chose CAREPLUS Ambulance Service over XYZ Ambulance for their billable ambulance trips);

- Properly collecting any copayments and deductibles that the patient is normally required to pay, unless permitted by properly structured ambulance membership/subscription programs or municipal contracts;

- Establishing consistent internal billing and coding practices;

- Properly amending and correcting Patient Care Reports (PCRs) and other documents so that there is no misrepresentation of any information contained in the documentation;

- Billing for services only when there is proper documentation of the service provided;

- Billing for services only when those services are provided by the appropriately certified personnel and in licensed ambulances, in accordance with state;

- Ensuring that all necessary documentation (call intake records, dispatch records, patient care report, etc.) are available at the time of the preparation of the claim for submission; and

- Employing or contracting only with individuals or other entities that have not been excluded from participation in federal health care programs under the Office of Inspector General's exclusionary authority.

The Compliance Officer should be consulted if questions arise or to report a potential violation or any compliance concern relating to any of these key areas.

d. New Standards and Procedures

In addition to its pre-existing policies and procedures, CAREPLUS has created specific policies and procedures which, in part, are designed to ensure compliance with all Medicare regulations and policies established by the Medicare carrier, or other insurance company to which ambulance claims for reimbursement will be submitted. These policies are developed for each key area of responsibility, such as dispatch, ambulance operations, and billing. The requirements applicable to the Medicare program may also be applicable to services furnished to patients covered by other federal and state health care programs such as Medicaid as well as private insurance, unless these requirements are outlined in a separate regulation or payor policy.

e. Documentation Practices

The Patient Care Report ("PCR") is the foundation for documenting the services provided to patients and performed by CAREPLUS staff in the field. The PCR forms the basis for the submission of claims for reimbursement. It is essentially the "official record" of all care provided. As such, the PCR has significant patient care, billing, and liability ramifications.

The purpose of a PCR is to provide the reader with an accurate "picture" of the continuum of care provided to the patient, from the arrival of the first responders to the transfer of care to the hospital staff. In a lawsuit, the PCR becomes the provider's "substituted memory." Most liability lawsuits end up in trial years after the alleged harm to the patient occurred, at which point caregivers may have trouble remembering what actually occurred.

If our staff are to be seen as knowledgeable and credible witnesses before a jury, they need a complete and accurate record of what they found on scene and what they did; hence the need for an accurate and concise PCR. Sloppy, incomplete and poorly constructed patient documentation reflects unfavorably on the individual EMT or paramedic and on the ambulance service itself. Poor documentation also may be used against providers in a lawsuit or federal investigation.

Now more than ever, we must be vigilant in our documentation efforts at CAREPLUS . There are a number of ways in which CAREPLUS staff may now find themselves in court or at an administrative hearing trying to justify their services. Previously most providers had to worry about negligence cases---the law of negligence comes into play when a patient sues a service for the care that was provided (or not provided). Now, however, the recent focus on anti-fraud and abuse laws make documentation a concern outside of the traditional patient care areas. Medicare carriers, CMS, and the Office of the Inspector General (OIG) are more closely scrutinizing patient care documentation for false statements, inconsistent information, and other inaccuracies that may lead to a federal False Claims Act (FCA) action, other criminal prosecution, or civil sanctions.

i. Documentation to Prevent False Claims Act Violations

A very significant area of documentation that does not always relate directly to patient care deals with the federal False Claims Act (FCA), as well as similar state false claims laws. Under these laws, it becomes a criminal and civil offense to submit a false or fraudulent claim to the government. The FCA allows for an action to be brought against an individual or the ambulance service itself by the federal government. It also permits what are called *qui tam* or "whistleblower" actions by an individual with knowledge of the alleged false claim submissions. In these cases, the individual who brings the complaint to court---called a "relator"---may share in a percentage of any settlement or court award depending on whether the federal government intervenes in the prosecuting the case.

There has been significant scrutiny of the ambulance industry in recent years with respect to false claims act actions brought by the government or individual relators. Some disgruntled employees or competitors have filed these lawsuits with the expectation of obtaining a large financial award. Some have been successful, but most have not been successful.

The recent wave of government scrutiny began in November 1997 when the Office of Inspector General (OIG) for the U.S. Department of Health and Human Services announced that the Medicare program was losing millions of dollars due to unnecessary ambulance transportation. A medically unnecessary trip can be a false claim under the FCA if there is the requisite intent to defraud the government. Innocent errors or a mistake in documentation that results in a technically false claim being submitted is not actionable. But there is a "fine line" between what is a mere oversight or error. Any documentation that overly aggressive investigators from the OIG's office may look on as suspiciously borderline could potentially fit into the false claims category.

The significant risks of criminal and civil action, as well as the automatic exclusion from the Medicare program that goes with a FCA conviction (as well as certain convictions under other federal laws), make it critically important to reconcile the documentation in the field with the information submitted to Medicare or any other insurance company. In other words, to make sure that any inconsistencies are reviewed and that only completely accurate and truthful information is relied on when determining whether a claim should be submitted for reimbursement to Medicare, Medicaid or other insurers.

The process of documentation should be "seamless" throughout the organization. All field, administrative and billing staff must understand the procedures and work together to ensure that all documentation from the call intake forms, to the PCR to the completed billing claims are consistent and contain only accurate information.

Both management and field personnel need to be sensitive about their approaches to documentation in the current legal environment. For example, it would be improper for management to require or suggest that all requests for ambulance service met the definition of "emergency response" under the Medicare regulations when in fact some of those calls were not dispatched by 911 or its equivalent and the service did not "respond immediately" as defined by Medicare. It would also be improper for management to require or "suggest" that crews always document that a patient was "carried to the litter" -- even if they walked -- for the purpose of enabling a claim to meet non-emergency medical necessity requirements.

Management should instead conduct training and continuing education sessions on documentation in which crews are instructed – and reinforced – to document all patient conditions as they are encountered, accurately and without regard to whether or not the claim might be paid. Of course, if a patient truly was "bed-confined," or required total assistance by two personnel to be lifted to the litter because the patient could not ambulate or stand, then it is by all means appropriate for management to expect that those conditions will be completely and accurately documented both for patient care *and* for payment purposes.

Field personnel should likewise maintain a commitment to ethics, honesty and integrity in their approach to documentation. Just as it would be improper for management to ask crew members to falsify or exaggerate your documentation, so to would it be improper for crew members to engage in such activity, whether at management's request or of the individual crew member's own actions. However, it is not improper for management to require that crew members completely document a patient's bed confinement or inability to ambulate when those conditions in fact exist. Management has a right to expect staff members to document in a way that facilitates not only effective patient care but maximizes billing opportunities, as long as the

documentation truly and accurately reflects the patient's condition without improper embellishment.

Ambulance services should keep accurate records of all documentation training and continuing education sessions attended by their personnel. Copies of the curriculum and the instructional materials should be maintained to demonstrate the ambulance service's efforts in properly educating their personnel on proper documentation principles and practices.

ii. Correcting Deficiencies in a PCR

The False Claims Act raises concerns with respect to what documentation is included in a PCR, and what can be done to make changes or additions at a later date without the appearance of the documentation being constructed to enhance the likelihood of obtaining reimbursement from Medicare or other payors. Common misconceptions have emerged about documentation. You may make changes to a PCR as long as the late entries or changes are clearly identified with the individual's initials and the date and time that the change or addition was made. The key is to make certain that any late entries or changes after the initial completion of the PCR do not look like they were done contemporaneously at the time you completed it. Errors may be corrected by drawing a single strikeout line through the incorrect text, and then clearly initialing and dating the correction with the date it was made.

Supplemental sheets or "addendum sheets" are also permissible. If you forgot several things when you completed the PCR, fill out an addendum sheet, clearly noting the date and time it was completed, and forward it on to the destination hospital and billing department, asking them to attach the addendum to the original PCR.

Many electronic PCR programs prohibit changes to the original PCR that was submitted, or they clearly indicate the date and time of any subsequent additions, changes or corrections. PCR generating software should not be set to "auto generate" a patient narrative or other information that could impact on organizational compliance.

Some particular legal and common sense "Dos and Don'ts" in documentation are:

- DO write or print legibly.
- DO keep all entries in proper time sequence.
- DO complete the PCR and other necessary paperwork as close in time to the actual call as possible.
- DO record objectively all relevant events, observations and actions---the good and the bad.
- DO sign the completed PCR.
- DO promptly provide a copy to the staff at the patient's destination point.

- DON'T use correction fluids or tape.
- DON'T alter someone else's report.
- DON'T leave out unfavorable information.
- DON'T add your subjective comments or opinions.
- DON'T implicate other health professionals unnecessarily.
- DON'T use inappropriate abbreviations or abbreviations only you understand.

iii. Confidentiality in Documentation

The importance of confidentiality and protecting the integrity of a medical record, such as a PCR, cannot be overemphasized. Recently, new federal privacy regulations greatly limit our ability to use and disclose protected health information unless that information is needed for treatment of the patient, billing, or health care operations. CAREPLUS field personnel and billing personnel need to understand the critical importance of not showing or releasing PCRs and other documentation or information they contain to others who are not authorized to receive the information. Legal claims involving "invasion of privacy" as well as violations of the federal privacy regulations can arise when we do not treat medical records and reports with the highest degree of respect.

iv. "Best Practices" in Documentation

When looking at a PCR, outsiders such as the Medicare carrier, a judge or a jury will expect the records to be similar in quality to that of other similarly situated ambulance service providers, and that the records will contain the information necessary to support the claim for reimbursement. To this end, they will ask questions that reflect the following "best practices" in documentation:

- Is the PCR concise, yet thorough? An incomplete PCR can destroy a good defense case and make the provider look incompetent. If the PCR is too long and does not create a clear picture of the continuum of care, it may be confusing. Incomplete PCRs that do not provide enough information for billing personnel to determine the appropriate charge for services and to properly apply the appropriate charge codes are not acceptable.

- Is the PCR factual and objective? The report should not contain the provider's opinions or beliefs, but should instead be an unbiased description of events and observations and be as objective as possible.

- Are the correct terminology, spelling and abbreviations used? Nothing looks worse than a poorly completed PCR with misspellings and bad grammar. The presence of such a report is a sure way for the service to lose credibility with

an outside observer. The document should include recognized abbreviations that all professionals in the course of the patient's experience will understand. Slang EMS abbreviations should be avoided and a standardized set of abbreviations used whenever possible.

- Is the PCR organized and legible? A good PCR follows a systematic approach that puts the most critical information "up front" and documents care chronologically. Make sure the document is legible. If the narratives are not being typed or inputted into a reporting program, they should at least be neat and readable.

- Is the PCR complete and accurate? False or purposely misleading information should never be included in a PCR. All sections of the document must be completed in their entirety.

- Are appropriate items included that are necessary for proper billing for services? A number of items should be included as part of the PCR documentation for purposes of billing. For example:

    - Under Medicare reimbursement rules, the PCR should indicate if the call was for an "emergency response" to a 911 call or its equivalent.

    - If there was an emergency response, whether an advanced life support assessment was performed by a paramedic crew, and the name(s) of the paramedics who performed the assessment and the agency they represent.

    - The zip code of the point of pickup of the patient is essential for billing to determine the proper mileage rate and the payor to which the claim should be submitted.

    - The exact odometer readings or trip mileage should be indicated for the period when the patient is loaded and transported.

    - All medications given to the patient should be documented clearly, including the route of administration, dosage, and timing of the dosage as this documentation is not only essential for patient care purposes, but also for determining what level of ALS to bill to the patient or payor.

If it is a non-emergency transport, areas to document include: whether the patient was bed-confined at the time of the transport, whether the patient had a medical condition that required ambulance transportation, the method by which the patient was moved to the stretcher, whether restraints or other immobilization devices were used, whether continuous oxygen was needed, and whether a properly completed Physician Certification Statement (PCS) has been obtained by dispatch or the ambulance crew.

In sum, extensive documentation must be included on all non-emergency transports so that the following question can be answered: *Why were other means of transportation, such as a car, taxi, or wheelchair van contraindicated for this patient?*

2. Designation of the Compliance Officer and Other Oversight Responsibilities

Specific individual(s) with high-level authority within CAREPLUS Ambulance Service have been assigned overall responsibility to oversee compliance with such standards and procedures. CAREPLUS has designated a Compliance Officer and other appropriate bodies (e.g., a Compliance Committee) charged with the responsibility for operating and monitoring the organization's compliance program. CAREPLUS will use due care not to delegate substantial authority to individuals who may have the propensity to engage in illegal activities.

a. Compliance Officer

CAREPLUS has appointed a Compliance Officer, who is responsible for overseeing implementation of this Plan, making recommendations to CAREPLUS regarding changes to CAREPLUS to enhance compliance, updating the Compliance Plan and serving as liaison to those served by CAREPLUS to ensure that the CAREPLUS Plan conforms with those of vendors, suppliers, and third party agents. The Compliance Officer has the following specific responsibilities:

- Develop compliance policies and standards;
- Oversee/monitor implementation of compliance activities;
- Report on a regular basis to CAREPLUS management on implementation progress;
- Assist in developing methods for reducing the company's vulnerability to fraud, abuse, and waste;
- Periodically revise the Plan to reflect changes in practice, or in the laws and policies of government and private payor health plans;
- Develop, coordinate, and/or conduct educational activities and other methods of communication that focus on elements of the Plan and the specific risk areas identified in the Plan, e.g., training for billing staff members regarding coding, appropriate documentation and medical necessity of transports;
- Ensure that all staff members have read the Code of Conduct and sign a statement acknowledging their understanding of its requirements;

- Seek to assist provider clients in ensuring that all relevant staff members and management are knowledgeable about and comply with relevant federal and state standards;

- Work with individuals responsible for personnel decisions to ensure that appropriate credentials and references are checked for all staff members;

- Conduct or assist in the conducting of appropriate internal compliance reviews and audits;

- Develop policies that encourage reporting of suspected fraud and other improprieties without fear of retaliation;

- Independently investigate compliance problems and bring them to the attention of the CAREPLUS management staff for appropriate response and disciplinary action if necessary; and

- Carry out corrective actions with approval of CAREPLUS management.

The Compliance Officer has the authority to review all documents and other information relevant to compliance activities including, but not limited to, patient records, billing records, contracts, and records relating to marketing of the service, as well as the company's arrangements with other clients, including ambulance services, independent contractors, vendors, agents, etc.

It should be clearly understood that the Compliance Officer is not responsible for the organization's actual compliance with applicable laws, rules and regulations or for transacting business in conformity with the law. Rather, the Compliance Officer is responsible for ensuring that the organization has in place, at all times, an effective Compliance Program, and that the applicable policies, procedures and practices are sufficient for purposes of communicating, monitoring and enforcing CAREPLUS 's ongoing commitment to compliance.

b. Compliance Committee

CAREPLUS shall appoint a Compliance Committee that will have overall responsibility for oversight of compliance activities. This committee will review reports on CAREPLUS 's compliance activities and will assist the Compliance Officer in the operation of the Plan.

Other responsibilities of the Compliance Committee shall be to:

- Keep up to date on current issues and trends in the ambulance industry as well as regulatory activities of the federal government that may affect CAREPLUS in its compliance initiatives;

- Review company policies to ensure that they are up to date and reflect the latest national industry standards and recommend to CAREPLUS management revisions to existing policies and new policies that may be necessary in light of industry-wide changes in compliance standards;

- Review specific trends and issues identified by the Compliance Officer and other staff members and work with the Compliance Officer and others to spearhead necessary change in the overall compliance program; and

- Serve as the "watchdog" group on all corporate compliance issues and provide guidance to management on a regular basis to evaluate operational and administrative changes in procedures that could impact on the overall compliance program.

Due to the potential seriousness of compliance issues that may be violations of the law and the negative consequences a violation may have on CAREPLUS , both the Compliance Officer and the Compliance Committee will have direct access to the chief executive or governing body. The Compliance Officer will also have the authority to deal directly with operational managers on any compliance issue and will have an "open door" to all staff members of CAREPLUS with respect to any compliance concerns that any individual in the organization may wish to report or discuss.

3. Development of Education and Training Programs

CAREPLUS Ambulance Service will take all necessary steps to communicate effectively its standards and procedures to all staff members and other agents, e.g., by requiring participation in training programs or by disseminating publications that explain in a practical manner what is required of them to avoid compliance issues. Our training content will be tailored appropriately and will be delivered in a way that will maximize the likelihood that the information will be understood by all staff members.

a. Overview of Compliance Training Programs

CAREPLUS believes that continuing education for its staff members and agents promotes professional excellence and regulatory compliance. Coding proficiencies require that billing staff.

In addition to professional training, the Compliance Officer will ensure that CAREPLUS employees are afforded regular training and educational programs about regulatory compliance issues. Likewise, CAREPLUS billing personnel are required to participate in such programs and to educate themselves regarding compliance issues as a condition of working in the claims submission field and failure to do so may result in disciplinary action, including termination. Compliance training should be face-to-face, and may include lectures, videos and interactive sessions. It may be conducted by CAREPLUS personnel, outside trainers and lecturers, or a combination of both.

Staff members participating in training will complete a post-compliance training test to verify comprehension of the material presented.

b. Core Content of Our Compliance Training Program

Compliance-related education programs should, at a minimum, include:

- An overview of federal and state fraud and abuse laws and regulations, coding requirements, documentation requirements, and market practices that reflect current legal and program standards.

- How the Plan operates and the significance of this Plan; and

- The role of each CAREPLUS staff member and agent in adhering to this Plan.

Training will be geared to level of responsibility and job function. Training for patient care providers should focus on patient care reports and other record documentation. Training for billing personnel should focus on coding and billing practices, and compilation of all necessary documentation to verify the legitimacy of the level of service submitted for reimbursement. Specific appropriate training topics should include, among other things:

- Government and private payor reimbursement principles and policies;
- General prohibitions on false claims, self-referrals, and the payment or receipt of remuneration (i.e., anything of value) to induce referrals;
- Proper confirmation of patient condition or interpretation of documentation submitted by the patient care staff;
- Proper completion of all documentation and the importance of not altering patient care reports after they have been submitted unless for routine demographic and other minor corrections that would be appropriate for billing staff to complete (e.g., adding a social security number that was missing, correcting an incorrect address, etc.); and
- Duty to report any billing concerns, improper procedures or any possible misconduct.

c. Compliance Officer's Role in Training

The Compliance Officer shall be responsible for coordinating these training activities. CAREPLUS staff members will be required to have a minimum number of educational hours per year, as an appropriate part of their organizational responsibilities.

The Compliance Officer also is responsible for maintaining a library of regulatory compliance-related information and training manuals. This should include coding references, Carrier newsletters, Medicare manuals, federal regulations, CMS interpretations, and other relevant resource materials. This material will be maintained by the Compliance Officer. The Compliance Officer is also responsible for regularly disseminating new compliance information to CAREPLUS staff members and agents.

The Compliance Officer is required to thoroughly document all educational activities. Appropriate documentation includes a record of dates, time, attendance, and agenda for all professional and compliance training sessions in which staff members participate. It also includes development of measurement tools (test or quiz) to verify comprehension of the compliance material by the training participants. Copies of materials disseminated at training sessions should also be maintained to the extent feasible.

4. Development of Internal Monitoring and Reviews

CAREPLUS Ambulance Service will take reasonable steps to achieve compliance with its standards by using monitoring and review systems reasonably designed to prevent and detect potentially criminal conduct by its staff members and other agents. This includes developing and using appropriate monitoring methods to detect and identify problems, and to help reduce the future likelihood of problems. Claims and system reviews are common internal monitoring methods that will be employed. Another key element of CAREPLUS 's Plan is our reporting system that staff members and others can use to report compliance issues and suspected criminal conduct by others within the organization without fear of retribution.

a. Coding and Billing Decisions

It is CAREPLUS 's policy that all claims submitted for reimbursement shall be accurate and based upon information provided by CAREPLUS 's staff members and other applicable sources, such as dispatch information and the patient's physician.

In order to ensure that this policy is implemented appropriately, CAREPLUS has established the following procedures for the review and application of all existing criteria for determining levels of service, procedure codes, and other regularly used claims methods. The Compliance Officer shall be responsible for assuring that regular reviews and updates of these policies take place and any changes are communicated to the appropriate personnel.

It is essential that all services that are provided by CAREPLUS are submitted for reimbursement using the proper service level and procedure codes, and the proper diagnosis/condition codes as appropriate. The Compliance Officer shall take necessary steps to review the standards and criteria which the billing staff uses to make coding decisions and to assure that those standards and criteria are accurate. The Compliance Officer shall assure that CAREPLUS has a procedure for the prompt and accurate answering of all of its staff member questions regarding coding decisions. Thereafter, reviews of coding procedures shall be repeated periodically by the Compliance Officer.

b. Illegal Remuneration and Prohibited Referrals

CAREPLUS 's reputation for quality service is due to the professional and ethical conduct of its staff members and other agents. All staff members should conduct themselves with personal integrity, good judgment and common sense. No staff member shall make, offer to make, solicit, receive any payment, or provide any other thing of value to another person with the understanding or intention that such payment is to be used for an unlawful or improper purpose.

This includes bribes, kickbacks, or payoffs, in cash or in kind, to garner favorable decisions, obtain client referrals, discounts from vendors, etc.

c. Billing and Claims Submission

CAREPLUS requires its billing staff to comply with all billing and claims submission requirements promulgated by federal, state, and other payors. For instance, CAREPLUS must adhere to the following principles:

- Proper and timely documentation of all services provided to patients must be maintained to ensure that only accurate and properly documented services are billed;

- Under no circumstances may claims be submitted for services not provided or for a level of service that exceeds the level of service actually provided;

- Patient care reports, dispatch records, physician certification statements, medical and nursing notes, and other documentation used as a basis for a claim submission should be appropriately organized and in a legible form so they can be audited and reviewed;

- Levels of service, patient condition and procedures reported on claims for reimbursement should be based on the patient care report and other legitimate supporting documentation;

- The documentation necessary for accurate assignment of levels of service, procedures performed, and patient condition should be available to the billing staff; and

- The compensation for billing staff should not provide any financial incentive to improperly "upcode" claims (e.g., bill a BLS-Emergency call as an ALS 2-Emergency when there was no paramedic on the crew), or to exaggerate the level of service actually provided to the patient.

Among other things, CAREPLUS desires to follow the billing and coding rules issued by the Centers for Medicare and Medicaid Services (CMS), the state Medicaid agency, and the local Medicare carrier. CAREPLUS recognizes its greatest role in this effort is in the accurate submission of bills for rendered services. To ensure compliance in this area, CAREPLUS regularly monitors and audits the coding decisions of its billing staff and takes corrective action as necessary.

- While proper documentation is the responsibility of the ambulance transport supplier, the billing staff should be aware of proper documentation requirements and should encourage other health care providers to document their services appropriately.

d. Assessment of the Claims Submission Process

i. Information and Documentation on the Patient Care Report

The documentation in the Patient Care Report (PCR) must provide evidence that the patient's medical condition required ambulance transportation and that no other means of transportation were appropriate for the patient. The PCR should included enough information to allow the billing staff to determine the appropriate level of service to bill, and to whom the claim should be submitted.

Documentation on the PCR should provide a clear answer to the question: Why did the patient require ambulance transportation at this particular time? Patient care reports should be reviewed prior to bill submission to ensure that the trip is only billed for services that are considered covered services.

ii. Medical Necessity

Medically unnecessary transports have formed the basis for a number of Medicare and Medicaid fraud cases. Consequently, CAREPLUS will devote considerable effort to ensure that all ambulance services are provided only when medically necessary and in accordance with CMS and Medicare and Medicaid policy. Ambulance service will only be provided to patients where the patient's medical condition contraindicates another means of transportation. The medical necessity requirements vary depending on the status of the ambulance transport (i.e., emergency transport vs. non-emergency transport).

iii. Coding of the Claim

CAREPLUS staff should be extremely careful to bill at the appropriate level for services actually provided. The federal government has prosecuted a number of ambulance cases involving "upcoding," where claims are billed at a higher level than what was justified by the services actually performed. Compliance activities will focus on ensuring that the likelihood of inadvertent or intentional upcoding is minimized.

iv. Copayment Collection Procedures

CAREPLUS will follow all regulations and payor policies with respect to collection of copayment amounts from Medicare and other patients. Regular follow up procedures will be used to ensure that a patient's coinsurance is properly billed and that "waiver" of any copayments is approved only in limited circumstances, such as in bona fide financial hardship cases, or in the case of an actuarially sound subscription or membership program.

v. Subsequent Payor Reimbursement

CAREPLUS will ensure that all payments received subsequent to initial receipt of reimbursement are proper. These payments will be properly credited to the patient account and any overpayments will be promptly refunded to the payor.

e. Integrity of Electronic or Computer Billing Systems

CAREPLUS will establish procedures for maintaining the integrity of its electronic or computer billing/data collection and storage systems. This will include procedures for regularly backing-up data (either by diskette, restricted system or tape) to ensure the accuracy of all data collected in connection with submission of claims and reporting of overpayments. At all times, CAREPLUS will have a complete and accurate "audit trail" to track all incoming and outgoing claims information.

Additionally, CAREPLUS will develop a system to prevent the contamination of data by outside parties. This system will include regularly scheduled virus checks. Finally, CAREPLUS will ensure that electronic data are protected against unauthorized access or disclosure. In order to ensure compliance in this area, CAREPLUS staff must adhere to our security policies regarding patient information and use of electronic equipment. CAREPLUS regularly monitors the system for integrity and takes corrective action as necessary.

f. Auditing and Monitoring

CAREPLUS is committed to ensuring that this Plan is properly implemented through a system of periodic monitoring and auditing. The principal concern for CAREPLUS includes the coding, documentation, and medical necessity determination activities of its billing staff,.

While the Compliance Officer will be ultimately responsible for coordinating formal audits, the audits themselves may be performed by internal or external auditors with expertise in federal and state health care statutes, regulations and policies. The routine audits will be conducted by staff members of CAREPLUS .

The purpose of the routine audits is to detect potential errors in coding, documentation and medical appropriateness. The regular audits should be conducted to detect possible billing errors or fraud. The Compliance Officer shall be responsible for investigating incidents of systemic errors or reports of noncompliance. If indicated, the results of the audit process must be communicated to and discussed with legal counsel to determine whether corrective action is required.

i. Who Should Conduct Audits and Reviews

The claim reviews will be conducted by individuals with experience in coding and billing and familiar with the different payors' coverage and reimbursement requirements for ambulance services. The reviewers will be independent and objective in their approach. Claim reviewers who analyze claims that they themselves prepared or supervised often lack sufficient independence to accurately evaluate the claims submissions process and the accuracy of individual claims. The appearance of a lack of independence may hinder the effectiveness of a claim review.

The review/audit methodology may consist of various techniques, such as:

- On-site visits;
- Testing billing and coding staff on their knowledge of reimbursement and coverage criteria, e.g., presenting hypothetical scenarios of situations experienced in daily practice and assess responses;
- Unannounced mock surveys, audits and internal reviews;
- Examination of complaint logs;

- Checking personnel records to determine whether any individuals who have been reprimanded for compliance issues in the past are among those currently engaged in improper or potentially improper conduct;

- Interviews with personnel involved in management, operations, coding, claim development and submission and other related activities;

- Questionnaires developed to solicit impressions of a broad cross-section of the CAREPLUS staff; and

- Reviews of written materials and documentation prepared by the different divisions of CAREPLUS .

The reviewer(s) should:

- Possess the qualifications and experience necessary to adequately identify potential compliance issues;

- Be objective and independent of line management;

- Have access to existing audit and health care resources, relevant personnel and all relevant areas of operation;

- Present written evaluative reports on compliance activities to the CAREPLUS Compliance Committee on a regular basis, but not less than annually; and

- Specifically identify areas where corrective actions are needed.

ii. The Baseline Review

CAREPLUS will conduct audits/reviews of new and current staff members' coding and documentation skills until it is determined that they are proficient in their accuracy. This baseline review would apply to all CAREPLUS staff, including field personnel and billing personnel. The focus for field personnel will be documentation on the PCR, and the focus with billing staff will be on the coding and submission of claims for payment.

The Compliance Officer will monitor this audit process on a regular basis. CAREPLUS will conduct a baseline audit of its claims submission process that appropriately represents the universe of claims it submits, shortly after the adoption of the CAREPLUS Compliance Plan.

iii. Prebilling Reviews

CAREPLUS will audit/review claims on a prebilling basis to identify errors before claims are submitted. If there is insufficient documentation to support the claim, the claim should not be submitted for payment until it is determined by a responsible person within CAREPLUS that accurate, appropriate and adequate documentation exists to support the claim. Through the prebilling review, CAREPLUS will review the medical necessity of all claims before they are submitted to the local carrier. If, as a result of the prebilling claim review process, a pattern of claim submission or coding errors is identified, CAREPLUS will develop a responsive action plan, which would include a plan to ensure that overpayments are identified and repaid.

iv. Periodic Review of Claims Denials

CAREPLUS will conduct periodic "spot-check" audits at regular intervals to ensure ongoing coding accuracy, medical appropriateness and compliance with any new rule or regulation implemented since the previous audit. The periodic audits should focus on problems discovered in the baseline audit and previous audits.

CAREPLUS will review their claims denials periodically to determine if denial patterns exist. If a pattern of claims denials is detected, the pattern will be evaluated to determine the cause and appropriate course of action. Staff education regarding proper documentation, coding, or medical necessity may be appropriate. If CAREPLUS believes its payor is not adequately explaining the basis for its denials, CAREPLUS will seek clarification in writing.

The manner in which the periodic audits will be conducted is comparable to that described for the baseline audit. Significant variations should be investigated to determine the cause. If there is a legitimate explanation and no systemic error, the Compliance Officer may not need to take any corrective action. If the deviation is due to improper procedures, misunderstanding of rules, potential fraud, or systemic problems, then prompt corrective action should be taken.

The Compliance Officer or auditors should also review whether the requirements of the compliance program are being followed. For instance, the review should determine whether the program standards have been adequately disseminated, whether appropriate training and education programs have been conducted, and whether the disciplinary process is working properly. The reviewers should also determine whether appropriate records are being kept and that other documentation requirements are being satisfied. Where it is determined that the Plan is not being followed, corrective action should be taken.

v. System Reviews and Safeguards

CAREPLUS will conduct a risk analysis to evaluate internal and external factors that affect CAREPLUS 's operations from a compliance perspective. This risk analysis may include a review of internal systems and management issues, as well as the federal health care program requirements that govern CAREPLUS 's operations. This evaluation will form the basis for the creation and adoption of written policies and procedures to ensure compliance. The evaluation process may be simple and straightforward or it may be fairly complex and involved. For example, an evaluation of whether CAREPLUS 's existing written policies and procedures accurately reflect current federal health care program requirements is straightforward. However, an evaluation of whether CAREPLUS 's actual practices conform to its policies and procedures may be more complex and require several analytical evaluations to determine whether system weaknesses are present.

The evaluation process will provide a "snapshot" of CAREPLUS 's strengths and weaknesses and assist management in recognizing areas of potential risk. This system review will be conducted initially upon implementation of the compliance program and periodically as the governing body or the Compliance Officer may suggest. The review will provide a "risk analysis" to evaluate a variety of practices and factors and may be completed by legal counsel knowledgeable in ambulance industry compliance issues, or outside consultants. The risk analysis will include a review of CAREPLUS 's policies and procedures, employee training and education, employee knowledge and understanding, claims submission process, coding and billing, accounts receivable management, documentation practices, management structure, employee turnover, contractual arrangements, changes in reimbursement policies, and payor expectations.

g. Disclosure of Review Results

i. Internal Disclosure

The Compliance Officer will ensure that the findings of reviews/audits are reported to the management of CAREPLUS , and in particular, the Compliance Committee. There are many occasions where there are no violations discovered, but there may be trends or areas for improvement that should be addressed internally. In these situations, there may be no need to report any findings externally to the Medicare carrier, other payors, or government agencies. This includes isolated overpayments involving individual beneficiaries where the overpayment has been corrected by repayment to the carrier.

Review results should be kept confidential, accessible only by those with a need to know. The fact of the review should be documented in writing on an appropriate Self Audit Form, but particular details of the review may not necessarily be documented in writing.

ii. External Disclosure

If regular patterns of errors, significant overpayments are uncovered, or violations of the law are discovered, thus necessitating corrective action, the advice of legal counsel must be sought. Legal counsel will advise on matters of attorney/client privilege, disclosure, and whether CAREPLUS has any affirmative duties to report the violations and/or make restitution to health care payors. In some cases, legal counsel may recommend procedures for notifying the carrier or in implementing the OIG's Self Disclosure Protocol.

h. Overpayments

"Overpayments" are Medicare funds that CAREPLUS has received in excess of amounts due and payable to CAREPLUS under the Medicare statute and regulations. In addition, it is a debt owed to the U.S. Government by CAREPLUS . Overpayments occur for a variety of reasons that may include among other things: a claim paid in error by the carrier, inadvertent miscoding of a claim, mistake in submitting mileage, or a later determination that a claim for ambulance service was not medically necessary or was not to a destination covered by Medicare.

As an agent for the federal government, Medicare carriers must attempt to recover overpayments through timely and aggressive efforts. These efforts include demands for repayment, offsets of benefits and establishment of repayment schedules.

CAREPLUS will regularly review claims that have been paid by Medicare to verify that the amounts paid were proper and that no overpayment exists. When an overpayment does exist, CAREPLUS will take all reasonable steps to promptly refund the full overpayment amount to the Medicare carrier, with an explanation as to why the overpayment may have occurred. In no case will CAREPLUS keep reimbursement that has improperly been paid to it by Medicare or any other federal health care program. The Compliance Officer will periodically review the overpayment process to ensure that overpayments are refunded and that trends or repetitive overpayments are corrected.

The Medicare program is also the "secondary payor" with respect to items and services furnished to Medicare patients for whom it is reasonably expected that payment will be made under: (a) the patient's automobile policy or plan, (b) another person's automobile policy or plan, (c) the patient's workers' compensation policy or plan, or (d) a group health policy or plan in which the patient is enrolled, unless such group health

policy or plan has less than 20 employees with employment status for 20 or more calendar weeks of the current or preceding year.

Payment will be made by the Medicare program for items and services with respect to which it is the secondary payor. However, all necessary steps must be taken to ensure that repayment is made to the Medicare program within 60 days from the date CAREPLUS receives payment or notice that payment will be made for the items and services billed to the Medicare program, or as soon as reasonably possible thereafter.

5. Responding Appropriately to Detected Misconduct

If an offense has been detected, CAREPLUS Ambulance Service will take all reasonable steps to respond appropriately to the offense and to prevent further similar offenses. This includes appropriate legal consultation, when necessary, and proper reporting of the misconduct to appropriate authorities. Any suspected misconduct may make it necessary to modify our compliance program to determine any weaknesses and to correct those weaknesses. The goal at all times is to further prevent and detect potential violations of law, or the established reimbursement regulations and policies set forth by the federal government or payors of health care services.

a. Government Investigations

If any CAREPLUS staff member is contacted concerning an investigation (e.g., telephone interview, subpoena, personal visit) by a governmental agency regarding CAREPLUS Ambulance Service business, they are required to notify the Compliance Officer immediately. While it is CAREPLUS 's policy to cooperate with governmental agencies, CAREPLUS 's legal rights must be protected. In the case where a governmental agent visits a CAREPLUS staff member, the agent should be asked to contact the Compliance Officer to arrange an interview. The Compliance Officer, in turn, will notify legal counsel to discuss the matter. See CAREPLUS 's Policy on Staff Member Rights and Obligations in Government Investigation.

b. Reporting Intentional Wrong-Doing To Authorities

It shall be CAREPLUS 's policy to carefully evaluate all allegations of wrongdoing to determine: (a) if the allegation appears to be well founded, and (b) whether the allegation warrants reporting to enforcement authorities. When billing errors have been reported and payments returned, unless there is evidence of a pattern of wrongdoing, or an attempt to conceal wrongdoing, no further reporting to enforcement authorities is ordinarily required.

The Compliance Officer shall consult with any outside experts deemed necessary in order to comply with this policy. Unless immediate reporting is required to prevent personal injury, property damage, bodily harm or damage to the environment, or is otherwise mandated by law, the Compliance Officer will consult in advance with CAREPLUS Management before reporting suspected violations of the law to third parties.

If, after a thorough internal investigation, CAREPLUS Ambulance Service decides to make a report to the authorities, it will assure that the report is made under the direction of CAREPLUS Ambulance Service legal counsel and to the appropriate governmental authorities; and that the report is both timely and thorough.

6. Developing Open Lines of Communication

CAREPLUS Ambulance Service has created and will maintain a process, such as an easy-to-use "hotline" e-mail or other reporting system, to receive and process concerns and complaints and to ensure effective lines of communication between the Compliance Officer and all staff members. Procedures have been adopted to protect the anonymity of complainants, where the complainant desires to remain anonymous, and to protect whistleblowers (who make good faith reports of potential violations) from retaliation or other adverse action.

a. Hotline e-mail and Other Mechanisms For Reporting Violations

All CAREPLUS staff members are required to report incidents of violations of this Plan or Code of Conduct, unethical conduct, or incidents of potential fraud and abuse to the Compliance Officer. Such reports may be made in person, through the reporting mechanisms established by CAREPLUS or other forms of written communication. Reports will be treated as confidential to the extent reasonably possible. There shall be no retaliation against anyone who submits a good faith report regarding a compliance concern.

b. Protection of Staff Members

It is the policy of CAREPLUS that no staff member shall be punished on the basis that he or she reported what he or she reasonably believed to be an act of wrongdoing or a violation of this Plan or the CAREPLUS Code of Conduct. Furthermore, CAREPLUS is committed to following all protections set forth in applicable law regarding anti-retaliation for reporting of potential violations of law.

However, a staff member will be subject to disciplinary action if CAREPLUS reasonably concludes that the report of alleged wrongdoing was knowingly fabricated by the employee or was knowingly distorted, exaggerated or minimized to either injure someone else or to protect him or herself.

In determining what, if any, disciplinary action may be taken against a staff member, CAREPLUS will take into account the person's own admissions of wrongdoing; provided, however, that the admission was not previously known to CAREPLUS or its discovery was not imminent, and that the admission was complete and truthful. A staff member whose report of misconduct contains admissions of personal wrongdoing will not be guaranteed protection from disciplinary action. The weight to be given the self-confession will depend on all the facts known to CAREPLUS at the time it makes its disciplinary decisions.

c. Departing Staff Members - Exit Interview

All departing staff members must participate in an Exit Interview or complete an Exit Interview Questionnaire.

One of the purposes of the Exit Interview is to determine if the staff member has knowledge of any wrongdoing, unethical behavior or criminal conduct. The interview also may be used to obtain information about unsafe or unsound business practices and the like. The interview should be conducted while the staff member is still on the roster and on CAREPLUS property. Someone other than the departing staff member's immediate supervisor should conduct the interview, when possible.

The interviewer should prepare a report of the Exit Interview with the staff member's answers duly noted, or provide an Exit Interview Questionnaire to the departing staff member. The report or questionnaire should be made a part of the staff member's personnel file. If any compliance issues are raised, or if the interviewer is otherwise concerned about the staff member's honesty, the Compliance Officer should be notified immediately.

7. Enforcing Disciplinary Standards

CAREPLUS Compliance Service has developed policies and procedures to ensure that there are appropriate disciplinary mechanisms and standards applied in a fair and consistent manner. These policies and standards address situations in which staff members, vendors, or contractors violate, whether intentionally or negligently, internal compliance policies, applicable statutes, regulations, or other federal health care program requirements.

The standards will be consistently enforced through appropriate disciplinary mechanisms, including, as appropriate, corrective counseling and if necessary, discipline of individuals responsible for the failure to detect an offense. Adequate discipline of individuals responsible for an offense is a necessary component of enforcement. However, the form of correction or discipline provided will be case specific and may be based on a variety of factors, including severity of the offense, previous incidents involving the individual, and the individual's commitment to a positive change in behavior.

a. Compliance as an Element of Performance Evaluation

Staff members who fail to comply with the rules and procedures set forth in this plan or the laws and regulations governing CAREPLUS ' Ambulance's operations will be subject to disciplinary action. Adherence to compliance requirements will be a factor in staff member evaluations and will affect a staff member's continued relationship with CAREPLUS Ambulance Service.

b. Disciplinary Procedures

CAREPLUS will not tolerate illegal or unethical conduct of any sort, business or personal, by its staff members. CAREPLUS is prepared to take disciplinary action against individuals who violate the requirements of this Plan or otherwise engage in unethical or unlawful activities. CAREPLUS will publish and distribute to all staff members its disciplinary policies and procedures. The sanctions available under this Plan may include required remedial training, verbal and/or written reprimand, or, for serious infractions, suspension, expulsion or termination.

All aspects of corrective action or disciplinary action against staff members will be thoroughly and impartially investigated and documented.

c. Record Retention

CAREPLUS maintains a uniform system for record creation, distribution, retention, storage, retrieval, and destruction of documents. The type of documents developed under this system include patient care records, billing, claims documentation, and other financial records, and all records necessary to protect the integrity of our compliance process and confirm the effectiveness of the program. This includes documentation regarding staff member training, modifications to the compliance program, results of any investigations conducted, self-disclosures to enforcement agencies, and results of the company's auditing and monitoring efforts. Under no circumstances may documents relating to a pending investigation, or an inquiry regarding a report of a possible billing error, or an incident of fraud or abuse, be destroyed without permission of the Compliance Officer and approval of legal counsel.

d. Relationship With Competitors / Vendors

Information about our operations, such as marketing, strategy, service pricing, finances, etc. is in many cases confidential. CAREPLUS Ambulance Service business should generally not be discussed with anyone outside the organization. Contracts and contract negotiations are conducted in accordance with the law. Business integrity is important in choosing CAREPLUS business partners.

CAREPLUS should be open and honest in their business relationships with other ambulance transport professionals, CAREPLUS lawyers, accountants, consultants, and the Compliance Officer. CAREPLUS encourages a free flow of information among these individuals. Furthermore, free flowing communication will reduce the potential for fraud, abuse or waste. The failure to deliver information that is known or thought to be necessary, or delivering information that is known or thought to be inaccurate, misleading, or incomplete, is unacceptable and disciplinary action may be taken in such cases.

The Compliance Officer is responsible for promoting communication between CAREPLUS and any vendor or supplier with which CAREPLUS conducts business. CAREPLUS staff is encouraged to solicit the opinion of the Compliance Officer if they are uncertain about a compliance-related matter. They are expected to report billing errors or suspected incidents of health care related fraud and abuse. Communication and reporting may take place in person, by telephone, memoranda, or through electronic mail. The Compliance Officer shall use best efforts to keep all communications confidential whenever possible.

e. Screening Staff Members and Contractors

CAREPLUS staff members and subcontractors are expected to be honest and lawful in their business dealings. CAREPLUS will not employ or do business with individuals who have been convicted of health care fraud or listed by a federal agency as excluded, debarred or otherwise ineligible to participate in federally funded health care programs. Consequently, CAREPLUS will perform background investigations for prospective staff members, subcontractors, clients, and vendors. The Office of Inspector General's List of Excluded Individuals/Entities and other databases as identified in our background checking policies will be utilized. Applicants who wish to join CAREPLUS Ambulance Service will be required to disclose any criminal conviction or civil monetary penalties assessed against or paid by the applicant, or exclusion action imposed against the individual.

f. Plan Modifications

The Compliance Officer shall, on a regular basis, monitor developments in all applicable laws that might affect CAREPLUS Ambulance Service's legal duties under the Plan. This may include changes in applicable regulations and developments in payor policy that might require change in the design or implementation of the Plan.

Effective June 1, 2013

FLEET MAINTENANCE PLAN

CARE*PLUS*
Ambulance Service, Inc

FORMAL APPROVAL OF POLICY

This Plan has been approved by the Board of Directors.

Chairman Board of Directors	Date of Approval

FLEET MAINTENANCE PLAN

"NH PEOPLE CARING FOR THE PEOPLE OF NH"

INTRODUCTION

CAREPLUS Ambulance, in its continuous development and concern for the safety of its staff and patients has developed this maintenance plan. This is a living document that will be updated on an "as needed" basis and reviewed annually for compliance to new rules, regulations, and laws.

This plan is designed to keep all vehicles, shop equipment, public areas, and tools, in safe, reliable, and operational condition. It requires management, Crews, and related staff to be well trained and accountable for specific roles. Preventive maintenance is our goal and will come about as a result of working together as a team.

Specific roles

MANAGEMENT

Management will make sure that all staff is properly trained and certified as deemed appropriate in preventive maintenance. The Program Manager must know all parts of the preventive maintenance program, supervise its implementation and evaluate its effectiveness.

AMBULANCE AND WHEELCHAIR PERSONNEL

All Company personnel must be certified according to State laws. Crews will take the CEVO Class during Orientation. Personnel must know the proper starting, shifting, and braking procedures to extend the life of the equipment and must be vigilant in reporting his/her observations. Personnel will serve as vehicle fuelers and must make sure that all fluid levels are checked each time that the vehicle is fueled. No vehicle should be sent into service low on oil, antifreeze, automatic transmission, or power steering fluid. Unsealed batteries and windshield washer fluid must also be checked and filled. Personnel must also be trained to spot cracked or broken belts, loose or broken brackets, or other worn parts. They should be alert for unusual noises, bad tires, noisy or poor brakes.

Only qualified personnel should maneuver vehicles, especially within maintenance facility and garage. Backing of any vehicle requires a spotter without question.

All personnel should be completely familiarized with the vehicles including engine compartment, Crew controls, and passenger safety devices. Crews should be trained to recognize unusual noises and describe basic mechanical problems to the supervisor and/or mechanic.

FLEET MAINTENANCE GOALS AND OBJECTIVES

CAREPLUS Ambulance, seeks to obtain an overall goal of keeping the vehicles well maintained and servicing the community. Our objectives include:

- Maintaining flexibility for changes in route(s), schedule(s), environment, new technology, and other impacts;
- Maintaining chassis, body, and component manufacturers' recommended maintenance practices;
- Systematic inspections, services, and repairs;
- Defect reporting;
- Maintaining the proper level of fiscal control; and,
- The proper management of parts, equipment, facilities, fleet, and personnel.
- Maintain a 6 month inventory check.

Maintenance should cover all vehicles and equipment operated by ***CAREPLUS Ambulance and its affiliated companies***. Manuals should be maintained for each type of vehicle and equipment being used..

PREVENTIVE MAINTENANCE INSPECTIONS & SERVICES

INTRODUCTION

Vehicle and component (e.g., handicapped access equipment) manufacturers manuals that recommend maintenance practices as well as specific guidance and instructions for troubleshooting, removal, overhaul, repair, and replacement of components. These manuals are an important part of the vehicle maintenance plan as they define specific maintenance intervals and provide critical information when the maintenance work is actually to be performed.

Preventive maintenance (PM) inspections and services should follow the recommended intervals (within 500 miles or 7 days) by the manufacturer, supplier, or builder. If preventive maintenance services are not being done according to the guidelines of the manufacturer, supplier or builder, the company may jeopardize any claim to a warranty.

Services eligible for warranty payment must be made by the appropriate personnel and filed with the manufacturer. Documentation of such services should remain in the vehicle file and a copy should be forwarded to the Administrative Assistant for documentation with the next quarterly report.

DOCUMENTATION

Preventive maintenance (PM) inspections and services should be performed, and documented according to a schedule. All documentation should be kept through the life of the vehicle plus 3 years. Whenever a mechanic or tow truck is dispatched to a vehicle in service, documentation should be submitted to the office and placed in the vehicle file.

PM INSPECTIONS

Preventive maintenance (PM) inspections are scheduled to provide an opportunity to detect and repair damage or wear conditions before major repairs are necessary.

Each inspection will:

- Specify each item to be checked;
- Record repairs and the routine application of fluids;
- Indicate inspection interval (i.e., daily or weekly); and
- Contain a pass/fail standard for each item.

Portions of check lists and procedures may come from the manufacturer, the vendor, or ***CAREPLUS***. Refer to Appendix B for the daily PM Inspection Checklist.

IDENTIFIED DEFECTS

Identified defects should be reported to the project manager. Defects must be reviewed and repair considered. Categories of repair include:

- SAFETY DEFECT

  The vehicle cannot be released until the repairs are completed, except in case of an emergency. Safety cannot be compromised.

- MECHANICAL DEFECT

  A defect that will worsen and increase cost. The vehicle cannot be released until the repairs are completed, except in case of an emergency.

- ELECTIVE MECHANICAL DEFECT

  A defect that does not compromise safety, will not cause further damage if operated but needs to be corrected prior to the next PM cycle. Repair should be scheduled. Due to transportation costs and disruption to operations, this decision should not be made lightly.

- ELECTIVE OR COSMETIC DEFECT
  The defect will not compromise safety and will not cause further damage or cost as it is an aesthetic defect. This vehicle should be scheduled for an off-peak time in the future, as determined by management, or at the next scheduled PM service.

If the fleet experiences recurring defects, the Program Director should check vehicle maintenance files, check manufacturers' recall notices, service bulletins, and campaigns.

PM SERVICES

The manufacturer's recommended service schedule should be adhered to, within +- 500 miles or 7 days. We will group PM services into different levels. Level A comprises the most basic and frequent level of PM services while level D consists of more complicated services performed less frequently.

Level A – Conducted at 5,000 miles interval. Change oil and filter, inspect tires, electrical system, service all fluid levels, lubricate chassis and doors, check A/C, hoses, fire extinguishers, belts, brakes, lights (interior & exterior), test drive, body damage, etc. Inspect and test vehicle lift on ChairVans.

Level B – Conducted at 12,000 mile intervals. Includes all items in level A. Check coolant, specific gravity, and pH. Rotate tires on vehicles under 10,000 lbs

Level C – Conducted at 30,000 mile intervals. All items in levels A and B, plus change fuel filter, replace air filter, and inspection of braking system.

Level D – Conducted at 48,000 mile intervals. All items in levels A, B, and C, plus inspection and repack of wheel bearings.

PM MANAGEMENT BY EXCEPTION

There are many good reasons to vary a scheduled PM service. It will not necessarily hurt the vehicle to have the PM service performed off schedule and still allow **CAREPLUS** to manage its PM program to achieve its overall goal.

Management by exception allows flexibility in the PM program by authorizing the mechanic to make decisions on deleting or adjusting certain items listed on the PM schedule.

For example, if vehicle A comes in for level D service and according to the vehicle's records, the front wheel bearings were inspected and repacked at the time of the last front brake job (only 1300 miles ago), s/he could then delete the requirement to repeat this service. Proper documentation is required for these decisions.

PRE-TRIP INSPECTIONS

An important aspect of preventive maintenance is the establishment of strong communication between Crews and management. An easy way to ensure and document this communication link is through the use of the Crew's daily vehicle inspection checklist.

Each vehicle should have blank copies of the checklist on-board for the Crews to conduct the inspection. The Crew should identify any defects and report them to the program manager before driving the vehicle. If a problem arises during the shift, the Crew should add comments to the checklist. All checklists are to be maintained in the vehicle's permanent file.

NOTE: When malfunctions and/or defects are detected which threaten safe operating performance, the vehicle will not be used to transport persons until defects are corrected.

The pre- and post-trip inspection forms shall be legibly completed and signed by the vehicle Crew. Pre-trip inspections should include as a minimum:

- Cleanliness – Properly maintained and free of loose articles.
- Lights and reflectors – High/low beams, tail lights, turn signals,
- 4-way hazard flashers, marker lights, license plate light and reflectors should be cleaned as needed
- Brakes – Both foot and emergency brakes should be capable of effectively stopping or restraining the vehicle. Brake pedal should be firm after 1-2 inch free-play on a single down stroke. No noises, vibration or steering changes should result from applying the brakes while moving.
- Horn – Gives an adequate and reliable warning signal.

- Windshield, washer, wipers and defroster – Surfaces must be clean and unobstructed, inside and outside. Washer reservoirs are to be filled as needed.
- Mirrors – All rear vision mirrors must be clean, properly adjusted and unobstructed. Outside mirrors must be mounted on both sides.
- Tires – Must be of adequate load capacity when vehicle is fully loaded. Tires shall be inflated to recommended pressures and compatible with each set (i.e., all radials or all bias ply; no mixed sets.) Tire wear surfaces and sidewalls shall be inspected daily for debris, damage, and wear. Tires shall be replaced prior to revealing the "wear bars" between the treads at the contact surface.
- Speedometer – Shall be operational and accurately record speed.
- *Seat Belts – If the vehicle has seat belts, they must be in good operating condition and used by all passengers and Crews. Wheelchair passenger restraints and securement systems shall be fully operational.*
- Doors – Capable of being opened, shut, and locked as required.
- Fluids – All fluid levels must be checked each time the vehicle is fueled and maintained at the manufacturers recommended operating levels. This includes engine coolant, oil, brake fluid, power steering fluid, transmission fluid and washer solvent.
- Wheelchair lifts – Check operating and structural condition by operating through two (2) complete cycles..
- Emergency Equipment – Should be present and operational:
  - Flares
  - First Aid Kits
  - Blood Borne Pathogens Clean-Up Kit
  - Reflective Vest for Crew
  - Fire Extinguishers
  - Flashlight W/Batteries
  - Reflective Triangle
  - Clean-Up Kit for Cleaning & Sanitizing the Vehicle

POST-TRIP REPORTS

Post-trip report is required.

(a) Report required. Crews should prepare a report in writing at the completion of each day's work on each vehicle operated and the report shall cover at least the following parts and accessories:

- Service brakes
- Parking (hand) brake
- Steering mechanism
- Lighting devices and reflectors
- Tires
- Horn
- Windshield wipers
- Rear vision mirrors
- Emergency equipment
- Wheelchair lifts

(b) Report content. The report shall identify the vehicle and list any defect or deficiency discovered by or reported to the Crew which would affect the safety of operation of the vehicle or result in its mechanical breakdown. If no defect or deficiency is discovered by or reported to the Crew, the report shall so indicate. In all instances, the Crew shall sign the report. Crew needs to sign the Crew vehicle inspection report. If a Crew operates more than one vehicle during the day, a report shall be prepared for each vehicle operated.

(c) Corrective action. Prior to requiring or permitting a Crew to operate a vehicle, Fleet Maintenance shall repair any defect or deficiency listed on the Crew vehicle inspection report which would be likely to affect the safety of operation of the vehicle.

(1) Fleet Maintenance or outside agency shall certify on the original Crew vehicle inspection report which lists any defect or deficiency that the defect or deficiency has been repaired or that repair is unnecessary before the vehicle is operated again.

CAREPLUS AMBULANCE SERVICE, INC.
REFERENCE LISTING

CURRENT 911 SERVICES

*TOWN OF CONWAY	-Earl Sires (Town Manager)	(603) 447-3811
*TOWN OF OSSIPEE	- Board of Selectmen	
*HALES LOCATION	-David Sorensen (Chairman County Commissioners)	(603) 539-7751
*TOWN OF TAMWORTH	-Board of Selectmen	(603) 323-7525
*TOWN OF MADISON	-Board of Selectmen	(603) 367-4332
*TOWN OF FREEDOM	-Gene Doe (Fire Chief)	(603) 539-4261
*TOWN OF EATON	-Board of Selectmen	(603) 447-2840
*TOWN OF BARTLETT/JACKSON - Backup	-Rick Murnick	(603) 383-3651

PAST 911 SERVICES

*CITY OF LEBANON, NEW HAMPSHIRE - 1993-1999	-Len Jarvl	(603) 448-4220
*TOWN OF PITTSFILED, NEW HAMPSHIRE - 1992-1997	-Lenny Deane	(603) 435-6807
*TOWN OF BARNSTEAD, NEW HAMPSHIRE - 1992-1994		
*TOWN OF LEBANON, MAINE - 2001 (Change over Period)		
*TOWN OF TUFTONBORO	-Adam Thompson (Fire Chief)	(603) 569-3381
* TOWN OF EFFINGHAM – Coverage in 2014		

CURRENT CONTRACTED SERVICES – MEDICAL CENTERS/REHABILITATION HOSPITALS

*VETERAN'S ADMINISTRATION MEDICAL CENTER -Contracting Officer	(603) 624-4366
*NORTHEAST REHABILITATION HOSPITAL -Vice President of Operations	(603) 893-2900
*HITCHCOCK CLINIC-MANCHESTER -Director of Operations	(603) 647-7500
*BEDFORD HILLS -Administrator	(603) 625-6462
* CRESTWOOD HEALTHCARE -Administrator	(603) 673-7061
*THE ELMS - MILFORD -Administrator	(603) 673-2907
* PHEASANTWOOD -Administrator	(603) 924-7267
*SUNBRIDGE OF EXETER -Administrator	(603) 778-0531
*CLIPPER HILL OF ROCHESTER -Administrator	(603) 335-3955
*HILLSBORO HOUSE -Administrator	(603) 464-5561
*ST FRANCIS HOME -Administrator	(603) 524-0466
*ST JOSEPH'S RESIDENCE -Administrator	(603) 627-5831
*ST ANN'S HOME -Administrator	(603) 742-2612
*GOOD SHEPHERD NURSING HOME -Administrator	(603) 532-8762
*PLEASANT VALLEY HEALTHCARE -Administrator	(603) 434-1566
*HANOVER TERRACE -Administrator	(603) 643-2854
* AURORA HEALTHCARE -Administrator	(603) 432-3801

*MYRTLE MANOR	-Administrator	(603) 641-6626
*PROSPECT MANOR	-Administrator	(603) 645-1212
*BEL-AIR NURSING HOME	-Administrator	(603) 497-4871
*THE MASONIC HOME	-Administrator	(603) 669-7361
*HILLSBOROUGH COUNTY NURSING HOME	-Administrator	(603) 627-5540
*LANGDON PLACE OF DOVER	- Administrator	(603) 743-4110
* LAUREL CENTER	-Administrator	(603) 627-4147
*GENESIS ELDERCARE HARRIS HILL	-Administrator	(603) 224-1319
*GENESIS ELDERCARE PLEASANTVIEW CENTER	-Administrator	(603) 224-6561
*GENESIS ELDERCARE PLEASANTVIEW COMMUNITY	-Administrator	(603) 228-0311
*GENESIS ELDERCARE RIDGEWOOD CENTER	-Administrator	(603) 623-8805
*GENESIS ELDERCARE LEBANON CENTER	-Administrator	(603) 448-2234
*PRESIDENTIAL OAKS	-Administrator	(603) 225-6644
*HAVENWOOD HEALTHCARE	-Administrator -Vice President of Nursing	(603) 224-5363 (603) 224-5363
*HERITAGE HEIGHTS RETIREMENT COMMUNITY	-Administrator	(603) 224-5363
*RIVERMEAD HEALTHCARE	-Director of Nursing	(603) 924-0062
*FAIRVIEW NURSING HOME	-Administrator	(603) 882-5261

*CLIPPER HARBOR OF PORTSMOUTH -Administrator	(603) 431-2530
*VILLACREST NURSING HOME -Administrator	(603) 622-3262
*MT CARMEL NURSING HOME - Administrator	(603) 627-3811
*ST THERESA'S NURSING HOME -Administrator	(603) 668-2373

SERVICES ALSO PROVIDED

*DARTMOUTH HITCHCOCK MEDICAL CENTER -DHART	(603) 650-5000
*ELLIOT HOSPITAL	(603) 669-5300
*CATHOLIC MEDICAL CENTER	(603) 668-3545
*SOUTHERN NH MEDICAL CENTER	(603) 577-2000
*PARKLAND MEDICAL CENTER	(603) 432-1500
*CONCORD HOSPITAL	(603) 225-2711
*EXETER HOSPITAL	(603) 778-7311
*PORTSMOUTH HOSPITAL	(603) 436-5110
*WENTWORTH-DOUGLASS HOSPITAL	(603) 742-5252
*FRISBIE MEMORIAL HOSPITAL	(603) 332-5211
*MONADNOCK COMMUNITY HOSPITAL	(603) 924-7191
*ALICE PECK DAY HOSPITAL	(603) 448-3121
*HITCHCOCK CLINIC-BEDFORD	(603) 624-1313
*HITCHCOCK CLINIC-CONCORD	(603) 226-2000

*HITCHCOCK CLINIC-MERRIMACK	(603) 424-4713
*HITCHCOCK CLINIC-NASHUA	(603) 883-0323
*HITCHCOCK CLINIC-LEBANON	(603) 650-5000
*NH CATHOLIC CHARITIES	(603) 624-4717
*CONCORD KIDNEY CENTER	(603) 224-9996
*LANGDON PLACE OF NASHUA	(603) 888-7878
*LANGDON PLACE OF EXETER	(603) 772-5251
*EXETER HEALTHCARE	(603) 778-1668

CURRENT CONTRACTED INSURANCE COMPANIES

*BLUE CROSS AND BLUE SHEILD OF NH -Case Management	(603) 224-9511
*US HEALTHCARE -Case Management	(800) 624-0756
*TUFTS ASSOCIATED HEALTH PLANS -Contracting	(603) 471-4331
*OXFORD HEALTH PLANS -Case Management	(603) 891-7928
*FALLON COMMUNITY HEALTH PLAN -Provider Relations	(866) 275-3247
*CIGNA HEALTHCARE -Customer Service	(800) 882-4462
*MVP HEALTHCARE -Professional Relations	(888) 363-9485
*HARVARD PILGRIM HEALTHCARE -Account Services	(800) 637-4751

Genesis HealthCare®

New Hampshire Regional Office
227 Pleasant Street
Concord, NH 03301
Tel 603 228 0311
Fax 603 225 8781

To Whom It May Concern:

It is my pleasure to recommend CarePlus Ambulance Service to you and your facility. I've been in healthcare in New England for 6 years as a Nursing Home Administrator and for the past 13 years Vice President of New Hampshire operations of Sunbridge Healthcare and currently Genesis Healthcare.

CarePlus Ambulance Service has always been a company that my staff and I could rely on. In 2011 when Sunbridge Healthcare was looking for one ambulance provider for our fifteen facilities in New Hampshire we contracted with CarePlus. I'm happy to say that when Sunbridge was purchased by Genesis in December, 2012, it was no surprise to see CarePlus already contracted with most Genesis facilities in New Hampshire as well.

The company offers top-notch quality, professional care, services and rates to our facilities as well as our residents. Across the board, we are always pleased with their work. Should any issue arise the CarePlus Management and staff are easily accessible and ready to immediately rectify or assist in any situation.

Please consider CarePlus Ambulance for your facilities Ambulance and Wheelchair Transport needs. I recommend them so please don't hesitate to give me a call at 603 714 4935.

Sincerely,

Sean Stevenson
Regional V.P. Operations
Genesis Healthcare NH

Fairview Healthcare

It's the caring that counts

To Whom It May Concern:

It is my pleasure to write a letter of recommendation for CAREPLUS Ambulance Service.

CAREPLUS Ambulance Service has been our facility's preferred provider since 2008; providing us with wheelchair van transportation as well as ambulance transportation.

Their drivers and attendants are always very friendly and compassionate when interacting with our residents as well as our staff. When calling the office, the dispatchers are also very helpful and pleasant to interact with. They provide skilled and competent clinical service to our residents.

We are very fortunate to have an excellent customer relationship with CAREPLUS. And I am confident that this relationship will continue in the future. I would highly recommend their service to any healthcare facility.

Sincerely,

Denise Paradise RN, DNS

Denise Paradise RN, BSN
Director of Nursing
Fairview Nursing Home
Ph (603) 882-5261 X 103
Fax (603) 598-3896
dparadise@fairviewhealthcare.com

CROTCHED
MOUNTAIN

RE: CarePlus Ambulance Service Letter of Recommendation

To Whom It May Concern,

Please accept this letter of recommendation on behalf of CarePlus Ambulance Service, of Merrimack, NH.

Our facility swapped to their transportation services over a year ago. We are a rehabilitation center located in a very rural area, approximately an hour from any major city or any medical services/offices. Our clients range in age from infants to senior citizens, we specialize in brain and spinal cord injury rehabilitation so our clients are often very delicate (often on ventilators) and require a lot of specialty care when being transported. We have been extremely impressed and very happy with the transportation services we have been receiving from CarePlus.

Drivers are always on time regardless of weather or driving conditions (again, please keep in mind we are on 30 miles of back road from anywhere) and extremely courteous and respectful of our patients and their needs.

The staff has been extremely helpful in transitioning to, and working with, the new managed Medicaid companies (MCO's). Although we often have difficulty booking with the MCO's themselves, whenever we contact CarePlus to confirm or book, they set up transportation immediately and have the upmost concern of getting our patients where they need to be when they need to be there.

I would highly recommend CarePlus for all of your transportation needs.

Sincerely,
Lisa Perales,
Vice President of Nursing

Springfield Hospital

To Whom It May Concern:

The purpose of this letter is to recommend Care Plus Ambulance as an excellent, comprehensive reliable ambulance service. We have increased our interaction and use of Care Plus' services in the past several years as a result our need for advanced support or critical care of the patients we need to transfer. Care Plus has done a remarkable job to meet our needs. They are flexible and creative in meeting these needs. Their ambulance crews are well trained, very capable and are excellent to work with. The leadership has been very proactive in meeting our needs. I would recommend them without reservation.

Sincerely,

Richard A. Marasa MD

Richard A. Marasa MD, FACEP, MBA
Medical Director, Emergency Medicine
Springfield Hospital
25 Ridgewood Road
Springfield, VT 05156
(802)885-7544

MERRIMACK POLICE DEPARTMENT

31 Baboosic Lake Road • Merrimack, NH 03054
603.424.3774 • Fax 603.424.1760
www.merrimackpd.org

Mark E. Doyle
Chief of Police

July 14, 2016

Care Plus Ambulance Service
Mr. Newell Bailey
4 Center Street
Merrimack, NH 03054

Mr. Bailey:

I would like to thank you for extending your expertise and your time for the CPR training that you provide to the Merrimack Police Department. Your attention to detail and high standards were evident throughout the training.

As you are aware Merrimack PD believes in community policing and prides itself in building trust with all of the community. The training you provided is another example of how our department and your agency continue to work together.

As always, we appreciate your continued support.

Sincerely,

Mark E. Doyle
Chief of Police

Robert E. Lee

66 Hayes Road, Alton, NH 03809

Phone: 603-569-9677
Fax: 603-569-9907

e-mail: rleesaret@metrocast.net

June 13, 2016

North Conway Ambulance
185 Valley Road
North Conway, NH 03860

Gentlemen,

Please accept this note of appreciation from my family for the kind assistance rendered by your service this last Friday.

My wife, Fay, was shopping at the Ocean Job Lot, Route 16, Ossipee, when she suffered a fainting spell . Your personnel responded, rendered assistance and stayed with her until I was able to arrive there.

Please convey to your responding personnel our deepest appreciation for the professionalism and courtesy rendered to us.

Fay and I have resided in New Hampshire for 14 years and one thing that attracted us to here is the professionalism of agencies such as yours.

Best regards always,

Robert E. Lee

John Fuller Elementary School

51 Pine Street

North Conway, NH 03818

June 17, 2016

Dear Valley Transfers,

On behalf of John Fuller Elementary School, I would like to thank you for participating in our annual Career Day. It is with your help and support that our students are able to explore career opportunities for the future. Your presentation made a positive impact on our students. Students loved seeing the ambulance and learning about your services!

THANK YOU!

Sincerely,

Alison Memoli

Alison Memoli, School Counselor

John Fuller Elementary School