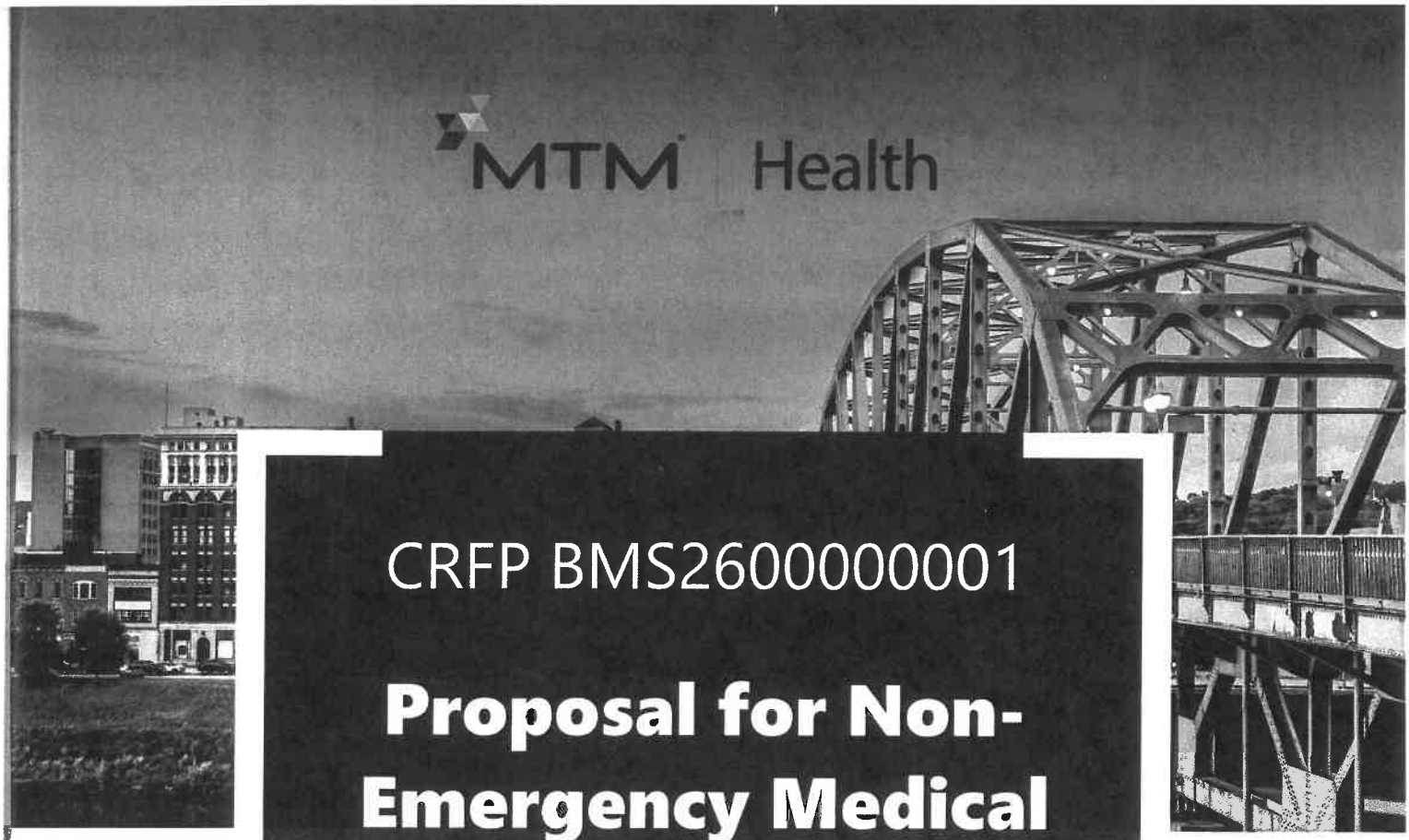


CRFP BMS2600000001

Proposal for Non-Emergency Medical Transportation and STP

TECHNICAL PROPOSAL

Prepared for

West Virginia Health and Human Resources
Bureau for Medical Services

October 2025

RECEIVED
2025 OCT 14 AM 10: 00
WV PURCHASING DIVISION

Submitted By: MTM Health
Business Address: 16 Hawk Ridge Circle, Lake St. Louis, MO 63367
Phone: 636-561-5686 | **Fax:** 636-561-2962
Contact: Amy Ritchie, VP Proposals | aritchie@mtm-inc.net

Vendor Signature: Amy Ritchie **Date:** 10/13/25

Table of Contents

EXECUTIVE SUMMARY **4**

A Proven Partner for West Virginia 5
Moving the NEMT Brokerage Program Forward 7
Providing Unmatched Industry Stability 8
The Agency's Best Choice 9

4.1 PROJECT GOAL AND MANDATORY REQUIREMENTS **10**

Approach 10
Problem-Solving 10
- *Lack of NEMT Providers in Rural Areas* *11*
- *Fraud, Waste, and Abuse Under Gas Mileage Reimbursement* *12*
- *Member/Facility Appointment Verification* *13*

Strengths and Weaknesses of Proposed Approach 14
- *Partnerships with NEMT Providers* *15*
- *Responsiveness to Clients and Stakeholders* *17*
- *MTM Link Platform* *17*
- *Seamless Implementation* *18*

The Right Approach for West Virginia 18
4.1.1 Goals and Objectives 19
- *4.1.1.1 Appendix 1, Operational Specifications* *19*
- *4.1.1.2 Appendix 2, Implementation Specifications* *112*
- *4.1.1.3 Subcontractors* *121*
- *4.1.1.4 Database* *121*
- *4.1.1.5 Report Development and Production* *125*
- *4.1.1.6 Supplying Required Deliverables* *125*
- *4.1.1.7 Supplying Written Material* *125*
- *4.1.1.8 Providing Increased Training* *126*
- *4.1.1.9 Change Control Procedures* *127*
- *4.1.1.10 Communication Plan* *128*
- *4.1.1.11 Grievance Process* *129*
- *4.1.1.12 Contracting with Qualified NEMT Providers* *129*
- *4.1.1.13 Screening Staff and Providers* *130*
- *4.1.1.14 Addressing Non-Compliant Medicaid Members* *131*
- *4.1.1.15 Collaborating to Ensure Appropriate Level of Service* *132*
- *4.1.1.16 Prior Authorization Requirements* *133*

- *4.1.1.17 Maintaining NEMT Provider Credentials* 134
- *4.1.1.18 Handling Out of Area Requests* 136
- *4.1.1.19 Preventing and Handling Fraud, Waste, and Abuse* 137
- *4.1.1.20 Establishing an Advisory Committee* 138
- *4.1.1.21 Providing Gas Milage Reimbursement and Transportation* 140
- *4.1.1.22 Providing Monthly Trip Reports* 140
- *4.1.1.23 Providing NEMT Utilization Reports for MAT* 141
- *4.1.1.24 Handling Non-Compliant Providers* 141

OFFICE OF DRUG CONTROL POLICY - OPTIONAL SERVICE 142

- *4.1.1.25 Jobs and Hope Program* 142
- *4.1.1.26 Ride Sharing Solution* 143
- *4.1.1.27 Implementing Requirements by "Go-Live"* 146
- *4.1.1.28 Experience Operating Statewide Programs* 146
- *4.1.1.29 Providing Transportation in all West Virginia Counties* 147
- *4.1.1.30 Providing On-Demand Ride Response Services* 148
- *4.1.1.31 Providing On-Time Rides* 148
- *4.1.1.32 Multi-Passenger Trips* 149
- *4.1.1.33 Maintaining On-Time Performance* 149
- *4.1.1.34 Approach and Methodology to Personnel Management* 150
- *4.1.1.35 Platform Development and Implementation* 150
- *4.1.1.36 Conducting Training and Education for Authorized Users* 152
- *4.1.1.37 Meeting Monthly Reporting Requirements* 153
- *4.1.1.38 Rolling Calls to Behavioral Health Line* 153
- *4.1.1.39 Behavioral Health Transportation* 154
- *4.1.1.40 Recruitment Initiatives in Challenging Counties* 154
- *4.1.1.41 Educating Facilities on Urgent Trip Protocols* 155
- *4.1.1.42 Following Up with Individuals* 155
- *4.1.1.43 Online Process for Urgent Requests* 155

4.2.2 MANDATORY PROJECT REQUIREMENTS 156

- *4.1.2.1 Complying with Laws, Ordinances, Orders, and Regulations* 156
- *4.1.2.2 Maintaining Appropriate Staffing* 157
- *4.1.2.3 Call Center Location* 157
- *4.1.2.4 Operating the NEMT Brokerage Program* 158
- *4.1.2.5 Reimbursing NEMT Providers* 159
- *4.1.2.6 Complying with the Agency's Rebate Program* 160
- *4.1.2.7 Completing Start-Up Activities* 160
- *4.1.2.8 Monthly Administrative Meetings with Agency Staff* 161

- *4.1.2.9 Providing Data for Audits* *161*
- *4.1.2.10 Pricing Individual Tiers* *161*
- *4.1.2.11 Service Level Agreements* *162*

4.2 QUALIFICATIONS AND EXPERIENCE **164**

4.2.1. QUALIFICATION AND EXPERIENCE INFORMATION 165
- *4.2.1.1. Organizational Charts* *165*
- *4.2.1.2. Roles, Responsibilities, and Skills* *166*
- *4.2.1.3. Job Descriptions* *175*
- *4.2.1.4. Off-Site Work* *175*
- *4.2.1.5. Promoting Staff Retention* *175*
- *4.2.1.6. Approach and Methodology to Personnel Management* *179*
- *4.2.1.7. Operating NEMT Brokerage for Similar Populations* *180*

4.2.2 MANDATORY QUALIFICATIONS/EXPERIENCE REQUIREMENTS 184
- *4.2.2.1. Key Staff* *184*
- *4.2.2.2. Resumes* *185*
- *4.2.2.3. References* *185*

REQUIRED FORMS **189**

ATTACHMENTS **190**

Executive Summary

The West Virginia Department of Health and Human Resources, Bureau for Medical Services (the Agency) has the important responsibility of selecting a qualified Non-Emergency Medical Transportation (NEMT) broker to ensure Medicaid members throughout the state of West Virginia receive high-quality, safe, timely, and economical transportation to covered medical care.

The Mountain State faces unique transportation challenges:

- As the nation's third most rural state, more than half of West Virginians live in remote, rural areas, which lack sufficient medical providers and NEMT providers, causing barriers to accessible medical care
- West Virginia's NEMT program needs to adequately contain costs by preventing and identifying fraud, waste, and abuse, particularly for gas mileage reimbursement, without restricting convenient access for members who require this mode of transportation
- With high utilization for recurring trips to behavioral health and substance abuse treatment, the West Virginia NEMT program needs to have a proven method of appointment verification that does not burden members or medical providers / facilities

These challenges are only a few of the nuances the Agency, and its selected vendor, must consider while operating the NEMT Brokerage Program. Medical Transportation Management, Inc. (dba MTM Health), a certified Woman-Owned Business in West Virginia, is prepared to meet the Agency's goals. We will leverage our extensive experience to address West Virginia's challenges from day one of the new contract term by:

- Collaborating with NEMT providers and transit resources throughout the state to establish adequate coverage across all regions, including rural and remote areas
- Using proprietary software backed by artificial intelligence alongside proven methods for mitigating and identifying fraud, waste, and abuse
- Improving appointment verification by educating facilities, auditing appointment records, and leveraging the appointment verification feature in our software

As an industry pioneer, MTM Health has continually innovated to help our clients stay abreast of trends, using a member-centric approach to deliver the best possible stakeholder experience. We were specifically founded to provide NEMT services, and that remains our core line of business today. MTM Heath offers the Agency the experience, approach, and stability it needs to deliver an effective, reliable NEMT program to its members.

A Proven Partner for West Virginia

In 2014, MTM Health implemented West Virginia's first brokered NEMT program. We worked diligently to rally the program's stakeholders toward the common goal of providing the state's Medicaid members access to quality healthcare. Our implementation focused on transparency, communication, and cooperation with the Agency, medical providers, facilities, NEMT providers, and members. When the Agency awarded the contract to MTM Health in 2014, it was after cancellation of the original solicitation; MTM Health understood the pressure the Agency faced to contain costs, coordinate with program stakeholders, and ensure successful implementation of the brokerage model throughout the solicitation and evaluation process.

Our implementation in West Virginia received MTM Health's full operational support to address the program's complexities. Knowing that moving from an un-brokered to brokered model had the potential to cause confusion for stakeholders, we were proactive in our outreach during implementation. We held town hall meetings in four regions of the state; hosted on-site meetings at more than 25 medical facilities; completed outreach to over 30 dialysis facilities; and led more than 50 training activities and small-group meetings for members, NEMT providers, medical providers, and facilities alike. During implementation, we contracted, credentialed, and trained more than 70 NEMT providers and 500 drivers.

We established a local call center and business office in Charleston in support of the program, and offered numerous jobs to area residents, positively impacting the West Virginia economy. More than 90% of MTM Health employees dedicated to this contract were West Virginians; we plan to continue investing in the local economy by hiring West Virginia-based staff if awarded a contract. Each direct job we created also has a multiplier effect, as spending and tax revenues recycle to the state and for local jurisdictions where our employees live and spend their money.

In the first year of operation, MTM Health delivered a cost savings of $3.4 million to the Agency, including $1.5 million from implementing a brokerage model and $1.9 million in a rebate. We also realized multiple opportunities for fraud, waste, and abuse reduction.

From 2014 to 2018, we successfully operated the NEMT Brokerage Program on behalf of the Agency, carrying out the critical transportation brokerage functions in a consistent and high-quality manner. Our operations included:

- A trained and qualified team of over 70 management, logistics, and call center employees, many who served the program since its inception
- A call center in Charleston with the infrastructure and equipment needed to support the program
- Solid relationships with medical providers, facilities, and behavioral health centers across West Virginia
- A comprehensive, stable network of over 60 trained and credentialed NEMT providers with almost 900 vehicles statewide, 47 approved volunteer drivers, as well as providers in bordering states

From 2015 to 2017, MTM Health accommodated a 71% increase in trip legs, all while maintaining the following high standards:

- 0.2% late or missed trips
- 2.7% call abandonment rate
- 9,100 public transit trips performed annually
- 0.05% NEMT provider no-shows
- 32 seconds average wait time in call queue
- 100% compliance with Behavioral Health Center transports
- 100% compliance with reimbursement timeliness
- Zero corrective action plans

We also proved ourselves to be a fiscally sound partner to the Agency. MTM Health increased public transportation utilization from 1,141 trips in 2014 to 9,095 in 2016, and gas mileage reimbursement by 40% from FY 2015 to 2017. In addition, MTM Health developed and leveraged a strong network of 47 volunteer drivers throughout the state.

During our tenure as the Agency's broker, we regularly exceeded the Agency's expectations for both pre- and post-transportation verification checks. We conducted nightly adjudication of all trips, and provided thorough training for employees, NEMT providers, and facilities, completing approximately 10,350 validations checks for gas mileage reimbursement each month. Should we be awarded a contract, the Agency can look forward to the same level of vigilance, quality, and thoroughness from MTM Health once again.

Moving the NEMT Brokerage Program Forward

Since operating the West Virginia contract for the Agency from 2014 to 2018, MTM Health has continuously evolved, and now brings an unmatched blend of cost-effectiveness, expanded resources, and technological innovation.

In 2022, MTM Health acquired Veyo, LLC as a majority-owned subsidiary, successfully incorporating the company's technology to enhance service for members. In October 2024, MTM Health acquired Access2Care's NEMT business. Through these acquisitions, MTM Health offers our clients expanded national presence, with operations across the entire United States and Puerto Rico. We can also offer enhanced network coverage, strengthening our service capabilities and allowing us to implement new contracts and markets quickly. The acquisition also brings an influx of talent and NEMT expertise to MTM Health, which we use to customize NEMT solutions for Medicare and Medicaid programs.

Beyond this growth, MTM Health constantly seeks opportunities to improve our operations and make the NEMT programs we serve more accessible to members and less burdensome for our clients. We invest time, money, and resources towards this goal on a continual basis, using feedback from stakeholders to develop solutions that answer real needs for NEMT operations. As a result, our proprietary software, MTM Link, offers unparalleled technology that benefits all stakeholders. Our MTM Link member app gives members access to their NEMT benefit at any time, including the ability to request same-day gas mileage reimbursement trips and submit claims in the app without any additional paperwork or steps. The MTM Link facility portal and Approval Manager allow medical providers convenient, fast access to reserve, manage, view, and authorize member trips. NEMT providers can better manage operations with MTM Link with intuitive trip assignment, convenient claims submission, interfaces with routing, scheduling, and dispatching platforms.

In addition, MTM Health continues to use innovations such as artificial intelligence and machine learning to proactively mitigate risks and maintain positive outcomes for the members and clients we serve. Predictive analytics and metadata inform our decisions in real-time, allowing us to serve the Agency to the highest level of quality.

With MTM Health, the Agency and other stakeholders will experience a commitment to program improvement from day one of the contract term. MTM Health has already performed significant outreach in preparation for this solicitation, including contacting over 80 NEMT providers. Our outreach included a meeting with Paul Davis and Jennifer Woodall of the Tri-State Transit Authority and Paula Smith of TriRiver Transit during which these transit agencies communicated a desire to work with MTM Health for the new contract term, citing worries about the incumbent's stability and continued issues regarding credentialing, trip assignment, and billing. These agencies recalled working with MTM Health through implementing the broker model in West Virginia, stating they have a new perspective after nine years under the broker model and would love to see MTM Health operating the NEMT program again. We are proud to have signed Letters of Intent from nine agencies across West Virginia, provided in **Attachment B**.

We held conversations with advocacy groups, behavioral health facilities, and transit authorities across West Virginia to obtain information on the program's current challenges and areas of opportunity. From this outreach, we understand network adequacy and communication are common concerns with these stakeholders. MTM Health looks forward to addressing these obstacles in West Virginia from day one of the new contract term by leveraging our experience building and maintaining networks in rural areas as well as our proven approach to partnering with NEMT providers.

Providing Unmatched Industry Stability

MTM Health can offer the Agency a level of stability far beyond that of other large national NEMT broker. The long tenure of our corporate leadership team speaks for itself in terms of our commitment to a positive company culture.

President and CEO Alaina Maciá has been with MTM Health for 22 years—a tenure that is unmatched in the NEMT industry.

A team of seasoned senior leaders support Alaina and our contracts, including:

- Dana Wilkerson, Senior Vice President of Service Delivery—11 years with MTM Health
- Danielle Mezera, Regional Vice President of Operations—9 years with MTM Health
- Jill Heneghan, Chief Financial Officer—11 years with MTM Health
- Kerri Mileski, Chief People Officer—13 years with MTM Health
- Michele Lucas, Chief Marketing Officer—15 years with MTM Health
- Phil Stalboerger, Senior Vice President of Public Affairs—12 years with MTM Health

In addition, MTM Health is financially stable and can meet our short- and long-term obligations. Unlike some of our competitors, our status as a privately held company allows us to be responsive to client needs. We are not beholden to the desires of our shareholders, but rather the needs of our clients and the members they serve. Further, remaining privately held allows us to focus on innovation and improvement without the distraction of quarterly earnings and reporting with which our publicly traded competitors contend. MTM Health has no plans to sell or go public.

MTM Health's stability not only reassures the Agency, but it also helps the Agency reassure the many stakeholders, from members, to NEMT providers, to medical providers, of the stability of the NEMT program and the vital access it provides to West Virginians.

The Agency's Best Choice

Our goal is simple: deliver the most value to the Agency. MTM Health's priority will be to operate a high-quality NEMT Brokerage Program that provides reliable access to medical care for West Virginia Medicaid members. The Agency entrusted MTM Health with the provision of these services once before. Together, MTM Health and the Agency worked diligently to improve program quality from 2014 to 2018. Our compliant NEMT provider network, strong relationships with facilities, and high member satisfaction exemplified our combined successful efforts. Reinstating the partnership between MTM Health and the Agency will benefit all stakeholders and offer the lowest risk and highest rewards for the State of West Virginia's NEMT Brokerage Program.

MTM Health has the qualities the Agency seeks in a transportation broker, with the broad range of knowledge and experience to complement and support your efforts in improving healthcare outcomes for members in West Virginia. By choosing MTM Health as its NEMT broker, the Agency will experience the positive difference of working with a company focused on delivering the highest quality services possible. We look forward to partnering with the Agency to once again bring quality NEMT services to the West Virginia NEMT program.

4.1 Project Goal and Mandatory Requirements

The vendor is encouraged to articulate their approach and methodology for service provision or problem-solving, aligning with the specified goals and objectives. Furthermore, the vendor should delineate the strengths and weaknesses of their proposed approach in comparison to alternative strategies.

Approach

Over the course of our 30-year tenure as a trusted NEMT broker we have honed our approach to NEMT service, including: developing and managing reliable transportation networks; recruiting and retaining knowledgeable staff; managing efficient contact center operations; maintaining an excellent member experience; implementing cost-containment strategies; performing targeted outreach to all stakeholders; monitoring service delivery, customer service, and overall program integrity; and providing transparent, collaborative partnership to our clients and stakeholders.

MTM Health reduces administrative burden related to the management and oversight of NEMT programs for our clients and provides a simplified process for members. We handle every aspect of the program, from call intake to claims validation and payment, to reporting. With 30 years of experience, the Agency can be confident in MTM Health's responsiveness to requests, accuracy of data and reports, compliance, and improvements to the member experience.

Problem-Solving

MTM Health reduces administrative burden related to the management and oversight of NEMT programs for our clients and provides a simplified process for members. We handle every aspect of the program, from call intake to claims validation and payment, to reporting. With 30 years of experience, the Agency can be confident in MTM Health's responsiveness to requests, accuracy of data and reports, compliance, and improvements to the member experience through proactive problem-solving. MTM Health is prepared to assist the Agency in overcoming the NEMT program's biggest challenges to the benefit of all members and their healthcare access.

Lack of NEMT Providers in Rural Areas

MTM Health is familiar with providing rural transportation, serving all 50 states. We use many methods to deliver safe and timely transportation to rural members, as detailed in ***Maintaining Rural Coverage*** on **page 53**. MTM Health is prepared to help the Agency and its communities overcome rural challenges with our holistic approach to NEMT. This approach will leverage the existing resources in the state, including public transit, specialized transit, volunteers, and traditional NEMT providers. Our Community Outreach and Logistics teams will participate in coordination meetings with transit agencies, community organizations, and NEMT providers to identify and resolve gaps in service, strengthen our relationship with NEMT providers, and better coordinate NEMT operations.

One approach we propose to improve access across West Virginia's challenging areas is to give rural transit agencies right of first refusal for trips within their service area, when cost competitive. We use this strategy in North Carolina with success, as it allows transit agencies to maintain relationships with members they already transport for non-medical purposes. Based on our outreach to agencies in West Virginia, we believe this approach would be well received by all stakeholders and improve service reliability and satisfaction for members who are familiar and comfortable with their community agencies.

Another approach MTM Health's Logistics team uses to overcome rural challenges is partnering with existing NEMT providers who want to expand their operations, as detailed in ***Partnerships with NEMT Providers*** on **page 15**,. When NEMT providers approach MTM Health about adding trip volume, we ask them to consider expanding operations into challenging areas, increasing their operating hours, and/or adding vehicles to support challenging modes. This approach has proven successful in several instances to provide additional coverage.

Our Logistics team also analyzes network adequacy, including in rural areas, by reviewing late trips and performance data to identify and resolve root causes. For example, using this exercise in Connecticut showed many of our NEMT providers were set up to serve entire counties in largely rural areas, which led to NEMT providers receiving trips they could not realistically perform within service parameters for on-board time and/or on-time performance. To resolve this issue, our Field Service Specialists worked with Connecticut NEMT providers to identify service areas by town instead of county, resulting in providers being able to accommodate more trips than when they were set up to serve the entire county. This also relieved abrasion between NEMT providers whose service areas overlapped in certain counties. This approach helped us provide more adequate coverage across the state, especially in rural areas, with less performance issues.

MTM Health will rely on our extensive experience serving statewide programs, including several with remote/rural geography like Idaho, Iowa, Missouri, and Wisconsin, to help the West Virginia NEMT program improve community access for members.

One example of how we effectively manage transportation in rural areas is when MTM Health found members in a rural nursing home were struggling to access transportation to scheduled medical appointments. This issue was compounded by the fact that many of these members had complex medical needs, making their attendance at scheduled medical appointments especially vital while making it more difficult to find an appropriate NEMT provider to fulfill the trips. MTM Health's Ombuds and Community Outreach team met with the nursing home to discuss these challenges as a rural facility. Our team recommended the facility consider becoming a sole source provider for their residents, through which they receive reimbursement for using their own vehicle to transport members to and from medical appointments. The facility agreed, and our team connected them with a Field Service Specialist to complete the process and answer any questions. The nursing home successfully completed the process to become a sole source provider. The members residing at the facility now have reliable transportation to and from appointments that meets their specific needs and schedules. This results in improved attendance to scheduled appointments which closes gaps in the healthcare system. Both the facility and the members it serves are highly satisfied with MTM Health's solution for this vulnerable group of members.

Fraud, Waste, and Abuse Under Gas Mileage Reimbursement

MTM Health recently enhanced our fraud, waste, and abuse detection and investigation process with a mix of artificial intelligence (AI) and Robotic Process Automation by partnering with a healthcare automation consultant to build proprietary dashboards to detect anomalies in real time, such as unusual trip distances or frequent rides outside contractual terms. These dashboards, detailed more in *Using Artificial Intelligence (AI)* on **page 70**, have proven especially useful in reducing fraud, waste, and abuse of gas mileage reimbursement, which was the first mode we analyzed using AI. We have since expanded our approach to all modes, and continue to invest in our enhanced fraud, waste, and abuse mitigation efforts. No other broker is making these investments or getting these results, and MTM Health looks forward to bringing them to the West Virginia NEMT program.

In addition, the MTM Link mobile app streamlines the gas mileage reimbursement process while mitigating fraud, waste, and abuse, allowing members to submit claims using the MTM Link app and receive reimbursement via reloadable debit cards and ACH. The app uses geocoding at the member's starting and destination addresses to verify appropriate location, denying the claim if the member is outside 1/10 of a mile from the addresses provided during trip reservation. We detail this process more below, as well as in ***Private Auto*** on **page 55**.

Using these tools, **MTM Health has seen a reduction of approximately $1.7M in gas mileage reimbursement losses between 2024 and 2025**. Over the past eight months, we have also proactively flagged 2,315 high fraud risk gas mileage reimbursement trip legs, **generating approximately $100K in savings.**

Member/Facility Appointment Verification

MTM Health is highly attune to the needs and desires of our stakeholders, including the need for streamlined appointment verification. We understand facilities struggle to perform and provide appointment verification in addition to their regular responsibilities. Staff often work in multiple platforms, experience administrative turnover, and are generally hesitant to provide protected health information needed for verification purposes. MTM Health has implemented several approaches to help facilities overcome these challenges, including educating facilities on the importance of appointment verification for the NEMT program, sending MTM Health employees directly to facilities to audit appointment records, and adding an appointment verification feature to MTM Link, described below.

One of the best approaches we found is to collaborate with clients to give MTM Health's staff access to the medical claims portal where we can verify previous member attendance without burdening or relying on facilities to complete appointment verification. Our team can review member claim history to verify if the member is attending scheduled appointments. This approach also helps us identify instances of fraud, waste, and abuse within the NEMT program.

We access the medical claims portal in Connecticut **where we successfully identified 75 instances of fraud, waste, and abuse with a loss avoidance of $8,535 for Q3 2025 alone.**

We strongly encourage the Agency to give MTM Health access to medical claims under this contract so we can help overcome these challenges in West Virginia.

We are constantly improving and updating MTM Link to deliver the best user experience possible. The MTM Link facility portal, detailed in ***MTM Link Facility Capabilities*** on **page 30**, allows facilities to complete a number of tasks online at their convenience, including completing appointment verifications. The MTM Link facility portal offers automated visit verification, allowing users to perform trip verification in the portal rather than via phone or fax. We piloted this functionality with facilities in Rhode Island and Nevada, and are in the process of improving the features based on their feedback.

We will streamline appointment verification for gas mileage reimbursement with our MTM Link mobile app, if approved by the Agency. This process is simple and convenient for members and replaces the burdensome written verification process. Using the MTM Link mobile app, members simply verify when they arrive at their intended destination. Since MTM Link pre-calculates trip mileage, once the member selects they arrived, the app submits the trip for reimbursement. The app uses GPS information from the member's smartphone to verify if the member is within a "geo-fence" distance of the appointment and return trip destinations given at the time of the reservation. If GPS data shows the member was outside of 1/10 a mile of the approved geo-fence, but near the address indicated in the reservation, MTM Link submits the claim for approval by MTM Health staff. If data shows the member was far outside the geo-fence at the time they indicated arrival, MTM Link denies the claim.

Strengths and Weaknesses of Proposed Approach

MTM Health was founded specifically to provide NEMT service; our 30 years of experience has developed a number of strengths, blending cost effectiveness, expanded resources, and technological innovation to serve clients such as the Agency. Throughout our proposal, we detail our ability to provide oversight and monitoring of the day-to-day operations necessary for the delivery of NEMT services, including:

- Maintain a compliant, adequate network of NEMT providers
- Accept requests for NEMT services from members and their representatives, verify eligibility and need, and determine most transport needs
- Schedule and dispatch NEMT providers for the most appropriate trip(s) using the most appropriate method of transportation
- Monitor service quality
- Reimburse NEMT providers for authorized services

While MTM Health maintains a number of strengths as a NEMT broker, we routinely hear from our clients and stakeholders how the following set us apart from our competitors. We've worked tirelessly over our 30 years of experience to systematically address any weaknesses in our systems and processes and continue to tackle any new challenges that may arise.

Partnerships with NEMT Providers

MTM Health provides reliable service by maintaining successful partnerships with NEMT providers. Our approach to working with NEMT providers differentiates us from competitors; we do not experience issues with insufficient NEMT providers and drivers as other brokers do. We are proud to have built a reputation as a true partner to NEMT providers, which we achieved by negotiating and paying sustainable rates, providing high quality, ongoing training opportunities; and rewarding and recognizing superior service. We also keep NEMT providers in-the-know on their performance and give them control over their service area, hours of operation, trip types, and other factors so we can assign trips they want to take and avoid late trips, missed trips, and other issues. Our flexible technology allows providers to manage their businesses effectively, promote paperless operations, and reduce administrative burdens.

Because we encourage communication and partnership with our network of NEMT providers, MTM Health is aware of the challenges providers face. We understand it is getting harder to recruit and retain drivers in competition with Amazon, Uber, and Lyft, especially given the stringent requirements placed on NEMT providers in comparison. One way we help NEMT providers overcome this challenge is by offering on-demand training options that allow the provider and drivers to complete the necessary training at their convenience, so it does not interfere with their day-to-day operations and revenue.

Another way we help NEMT providers is by facilitating fast, convenient credentialing through our MTM Link portal, detailed in *4.1.1.17 Maintaining NEMT Provider Credentials* on **page 134**. Using the portal, NEMT providers can easily complete all credentialing necessary to onboard with MTM Health. Our team averages two business days turnaround for approving uploaded credentials, helping NEMT providers to complete the onboarding process as quickly as possible to begin receiving NEMT trips.

Through our out outreach to NEMT providers in West Virginia, we understand the incumbent often allocates trips to out-of-state NEMT providers at lower cost rather than supporting West Virginia-based NEMT providers. Although using a higher cost provider for some trips may be viewed as a weakness, MTM Health is committed to working with local NEMT providers to serve the West Virginia NEMT program.

Recruiting and retaining high quality, in-state NEMT providers not only makes for a better overall experience for the members we serve, but it is also essential to our vision of building communities without barriers. Rather than rely on out-of-state NEMT providers, MTM Health's Field Service Specialists will work with existing West Virginia NEMT providers to add vehicles, drivers, and grow their service area. We have experience doing this in several states, such as Rhode Island and Connecticut. The following are examples of how we helped NEMT providers expand operations:

- **Moshlaw Transportation** – This husband and wife team started with MTM Health in 2019, they now operate eight vehicles and drivers and have become the preferred provider for a large senior living and adult day care center.
- **The Dream Team** – Three providers (SRS Logistics, J&E Services LLC and Gaffy Transportation) approached MTM Health with the desire to grow. By working with us directly, the three providers teamed up to take over transportation for Providence, Rhode Island's largest substance use facility. They formed a direct relationship with the facility and now operate as one provider working out logistics challenges themselves. Their successful operation led to local staff referring to them as The Dream Team.
- **Princely Grace LLC** – This provider started with us in September of 2021 with one vehicle. Through providing quality service they are now at seven vehicles and drivers and have taken over transportation for a high volume substance use facility.
- **De-Ride** – This provider joined MTM Health's network in 2019 with one vehicle. Their willingness to perform long distance trips and provide rural transportation helped them grow into one of our largest NEMT providers in Rhode Island with 15 vehicles performing over 150 trips per day.
- **Connecticut NEMT Providers** – MTM Health developed a preferred provider arrangement for a NEMT provider who purchased four new wheelchair vans to be the preferred provider at a facility in an area where we historically have difficulty covering wheelchair trips. We are in discussions with another NEMT provider to support a similar expansion to become a preferred provider for discharges from a hospital in a very rural area of the state.

We look forward to using our proven expertise and sufficient experience to provide similar results in West Virginia.

Responsiveness to Clients and Stakeholders

MTM Health administers each program under our management with a focus on performance, cost-effectiveness, and transparency. Our West Virginia team will work closely with the Agency to customize performance measurements for the program. Our leadership will meet with the Agency on a regular basis and engage in Quarterly Business Reviews as well as recaps of our Service Level Agreement achievements. We will also provide transparency into the program's day-to-day operations through real-time reporting, detailed in ***Ad Hoc Reports*** on **page 122**.

In addition to collaborating with the Agency, MTM Health commits to working alongside all stakeholders throughout West Virginia to best serve the state and its members. Repeatedly, MTM Health hears how our approach to community outreach with medical facilities, NEMT providers, advocacy groups, and community organizations are far superior to our competitors. We have a Community Outreach team dedicated to working with stakeholders during implementation and throughout the life of the contract, performing online and in-person trainings, site visits, and communication, as further detailed in ***Member Outreach and Education Plan*** on **page 100**.

Our Community Outreach team is already working in West Virginia to reconnect with stakeholders throughout the state. During the solicitation process, we spoke to NEMT providers, transit agencies, advocacy groups, and behavioral health facilities across West Virginia about the program's current challenges and areas of opportunity. This outreach will continue through implementation and the contract term. We facilitate communication both ways, providing information and instruction on how to make the most of the NEMT benefit, and listening to stakeholders' perceptions of the service and ideas for improvement.

MTM Link Platform

MTM Health offers the Agency our proprietary MTM Link platform, which delivers benefits for all program stakeholders. MTM Link automates the entire NEMT process, from call intake; routing scheduling, and dispatching; quality management; credentialing; claims management; reporting; and encounter submission. Using one platform, specifically designed for NEMT, drives data integrity and streamlines workflows for all users. MTM Link provides stakeholders with greater control and transparency over their NEMT services. Stakeholders can conveniently schedule, view, and manage trips through various channels such as our mobile application, web portal, web chat, intelligent virtual agents, and toll-free phone services. MTM Link's features will position the NEMT program to be a model for transportation technology innovation and efficiency.

Seamless Implementation

We understand choosing a new contractor for the West Virginia NEMT program is a significant decision, and MTM Health assures the Agency that we are fully prepared to transition the contract in an organized and practiced manner. Our Project Management Office, which is dedicated to managing such transitions, successfully handled 65 implementation, expansion, and transition projects in 2024. To ensure a seamless transition, we deploy highly qualified teams, conduct on-the-ground outreach, and provide comprehensive training for facilities and NEMT Providers. From start to finish, our Project Management Office will oversee implementation with meticulous attention to detail and maintain regular communication with the Agency. Upon contract award, our team will be on-the-ground in West Virginia to continue outreach, prepare the contact center, and credential our network. We understand the importance of attending to the needs of members, NEMT providers, and clients during the switch to a new transportation broker, and we invest significant time and effort into implementation to ensure that it proceeds as smoothly as possible for all stakeholders.

The Right Approach for West Virginia

MTM Health's approach to NEMT stands out due to our flexibility. We are a nationwide company that partners with customers like a local company. We are dedicated to customizing programs to meet clients' unique needs and providing a high degree of program-level and executive support, while offering the discipline, resources, and buying power of a national firm. The Agency can be confident in selecting MTM Health as its NEMT partner, as we will bring innovation to improve access for members by tailoring our services to meet the Agency's specific needs and goals under the new contract term.

With a comprehensive understanding of the challenges and nuances of delivering NEMT services in West Virginia, MTM Health is poised to elevate the NEMT program and improve the health and wellbeing of all members who rely on these critical services. By addressing NEMT provider availability, reducing fraud, waste, and abuse, and providing a user-friendly experience for all stakeholders, we will exceed the Agency's expectations. With our emphasis on partnership, responsiveness, technology, and seamless implementation, MTM Health is the ideal partner to improve access for West Virginia and ensure the success of the Agency's NEMT program.

4.1.1 Goals and Objectives

4.1.1.1 Appendix 1, Operational Specifications

The vendor should address Appendix 1, Operational Specifications, including all deliverables and proposal components described therein.

MTM Health understands the overall engagement and services to be provided, and we will meet or exceed all project deliverables and components of *Appendix 1, Operational Specifications* of the RFP. The following sections provide detail on our plan, approach, and experience related to these functions.

I. NEMT Service Request Processing

As required, MTM Health will comply with all codes, chapters, regulations, and policies listed in Appendix 1, I. NEMT Service Request Processing. This includes BMS Chapter 524 of the West Virginia State Medicaid Manual for provider requirements, Chapter 27 of the West Virginia Bureau for Family Assistance (BFA) Income Maintenance Manual (IMM) for member eligibility, 42 CFR Section 440.170, and the Assurance of Transportation A Medicaid Transportation Coverage Guide.

Further, we will maintain compliance with West Virginia Code, Chapter 46A, Art. 2A; West Virginia Code, Chapter 61, Art. 3C, Computer Crime and Abuse Act; any policies issued by the West Virginia Office of Technology, Chief Technology Officer; and the West Virginia Executive Branch Privacy Policy. Our Corporate Compliance department monitors MTM Health's compliance with regulatory requirements.

MTM Health is already familiar with the Agency's requirements, having previously operated this contract and maintained full compliance with West Virginia regulations.

A. Screening

MTM Health performs all necessary gatekeeping for NEMT services. Our proprietary platform, MTM Link, automates several of these functions to streamline service and prevent errors. In addition, MTM Health educates our staff, NEMT providers, members, and other stakeholders on all program requirements and protocols for accessing the NEMT benefit.

Verifying Eligibility

To verify member eligibility, MTM Health uploads Agency-provided eligibility files into MTM Link, which allows us to automatically check the member's information against data provided by the Agency. Further, MTM Link automatically and continually queries member eligibility for recurring trips.

Establishing Need

After confirming eligibility, the Customer Care Representative (CCR) interviews the member to determine if they have access to alternative free modes of transportation, as Medicaid is the payer of last resort. During the intake process, the CCR determines whether the member has other available means of transportation by asking Agency-approved questions such as:

- How did you get to your last appointment?
- Do you have a car?
- Can a relative or friend take you?
- How do you get to the grocery store?

The CCR will require the member to verbally certify that he or she has no access to alternative transportation. If the CCR identifies a member has alternative transportation resources available, they note this in MTM Link, which automatically flags this information. Apart from procedural verifications, MTM Health accepts information provided by members or their representatives as valid, unless there is cause to doubt the validity of the information. If we have cause to doubt a member, MTM Health requests additional documentation to validate the claim.

Enforcing Program Protocols

After MTM Link confirms eligibility, it verifies the NEMT service is to an enrolled, in-network, and approved Medicaid-covered service. For each trip, MTM Health collects the trip reason, pick-up and drop-off addresses, and drop-off time. We also collect the location type within a dropdown of categories in MTM Link to help create accurate encounter submissions. MTM Link automatically checks the service against the Agency's established covered services, which MTM Health also loads into MTM Link. MTM Link alerts the user if the trip reason entered is a non-covered service. Further, CCRs receive detailed training on covered services, instructing them to deny transportation for non-covered services. If a member attempts to request a ride for a non-covered service, MTM Health denies the trip.

In addition to covered trip reasons, MTM Health programs all program-specific protocols for trip eligibility in MTM Link during implementation. This can include mileage limits, trip limits, or other parameters. These protocols act as rules within MTM Link, automatically flagging the trip for further review and approval, such as prior authorization, or denial.

For the West Virginia NEMT program, this will include enforcing the requirement for requests to be within West Virginia or within 30 miles of its border. If outside these parameters, MTM Link will check the member's profile for prior authorization from the Utilization Management Contractor (UMC) or an appropriate agency.

MTM Health will also enforce the Agency's requirement of nearest provider of care by loading enrolled Medicaid providers into MTM Link. When a member requests transportation, the system verifies the proximity of medical providers to members' homes. If the medical provider is not within the county, bordering county, or metropolitan area, we will refer the member to a closer facility, unless they meet specific exclusion requirements established by the Agency. We will monitor and report the frequency of authorizations for NEMT services with excessive distance, of 125 miles or more, on a regular basis as part of our fraud, waste, and abuse processes detailed in ***Reviewing Utilization*** on **page 70**.

Once MTM Health verifies the member is eligible, the trip request is to a covered service, and the trip complies with all program protocols, we complete the trip request.

Level of Transportation

Through a Level of Need process, MTM Health assigns the appropriate mode of transportation according to each member's needs so the assigned vehicle can accommodate wheelchairs, oxygen, etc. Our process reduces program costs, as well as fraud, waste, and abuse. It also helps us keep higher modes available for members who truly need them, increasing access to service. Through this process, MTM Health assesses the member's capabilities to place them on the least costly, most appropriate mode of transportation available to meet their needs. This never includes emergency ambulance services; CCRs instruct any member requesting emergency service to call 911.

During the trip reservation process, if the member indicates they do not have access to public transportation or a personal vehicle, and is requesting a mode higher than sedan, MTM Link automatically initiates our Level of Need process, prompting the user to enter contact information for the member's medical provider to continue trip intake. MTM Link sends the Level of Need form to the member's medical provider via an encrypted link.

Using the electronic form, the medical provider indicates the member's transportation challenges, evaluates their cognitive and physical abilities. The medical provider also notes if the need is permanent or temporary, and if temporary, for what period it applies. The form saves directly in the member's profile for reference on future trips.

MTM Health works closely with the medical community to communicate Level of Need procedures and the importance of their swift response. While the Level of Need process is completed, CCRs temporarily certify members at their requested mode for two weeks. MTM Health provides higher modes of transportation according to member's needs; each member is allowed one temporary certification period per year. Higher modes may include:

- Shared van/sedan/taxi transportation for members who are ambulatory or can transfer out of a mobility device without assistance
    - Curb-to-curb and door-to-door levels of service assigned as applicable
- Wheelchair transportation for members who use a wheelchair or power chair, and do not require assistance, but cannot transfer into a vehicle
    - Curb-to-curb, door-to-door, hand-to-hand levels of service assigned as applicable
- Non-emergency ambulance transportation for bariatric members (350+ pounds)

Attendants/Escorts

Many members with special needs require an attendant or escort for transport due to medical condition, age, physical limitation, language barrier, or other disability. MTM Link makes it easy for members, facilities/medical providers, or other representatives to arrange transportation when an attendant or escort is necessary by retaining information about approved attendants/escorts and including this information on reservations and trip manifests. This helps reduce errors due to mistaken or omitted information, and it helps ensure adequate space on vehicles for all individuals traveling.

MTM Health arranges attendants through our network of NEMT providers, who staff these individuals. If a member's medical provider or case manager deems an attendant necessary through our Level of Need process, we note this need in MTM Link, which indicates an attendant is necessary on the trip manifest for the NEMT provider. The attendant stays with the vehicle after the member departs. CCRs attempt to route members requiring attendants together to minimize the number of attendants used.

Similarly, MTM Health transmits to the NEMT provider when an escort will travel with the member so the NEMT provider can accommodate the additional passenger. If a NEMT provider does not have the capacity to perform a trip with an attendant or escort as required by the manifest, the provider must decline the trip so we may assign it to another NEMT provider. MTM Health minimizes this occurrence by carefully scheduling trips in accordance with the information each NEMT provider supplies regarding vehicle type, capacity, and other service information.

MTM Health will transport family member(s) and/or caregivers as space and conditions allow; we do not reimburse NEMT providers for transporting persons other than the member. MTM Health understands we are not responsible for arranging transportation of the remains of a member who expires while receiving medical treatment. We will instruct the NEMT providers in our network that, in the event a member expires while in transit, they are to contact the nearest law enforcement agency. We will notify the Agency of the member's expiration within one business day.

B. Advance Reservations

MTM Health will require members and their representatives to request routine NEMT service at least five business days in advance. We will educate members about this requirement through our website, educational materials, and during call intake. We will also use the strategies described in detail in ***Non-Compliant Member Education*** on **page 103**, to communicate the advance notice policy to members. For urgent or last-minute NEMT requests, including those falling on weekends, evenings, or holidays, we will follow the process outlined in ***Urgent Trips*** on **page 33**.

MTM Health offers several simple ways to request rides, including via a toll-free number, intelligent virtual agent, web chat, online portal, or mobile application. Each of these operates on our proprietary MTM Link platform.

Toll-Free Telephone Number

When members book trips by calling MTM Health's dedicated toll-free phone line, a welcome message greets them and guides them through intelligent virtual agent prompts to verify key Health Information Portability and Accountability Act (HIPAA) information. The intelligent virtual agent is dynamic, presenting options in the order most likely to address the member's call reason. Following HIPAA verification, the caller can continue using intelligent virtual agent for their call reason or request to speak to a Customer Care Representative (CCR).

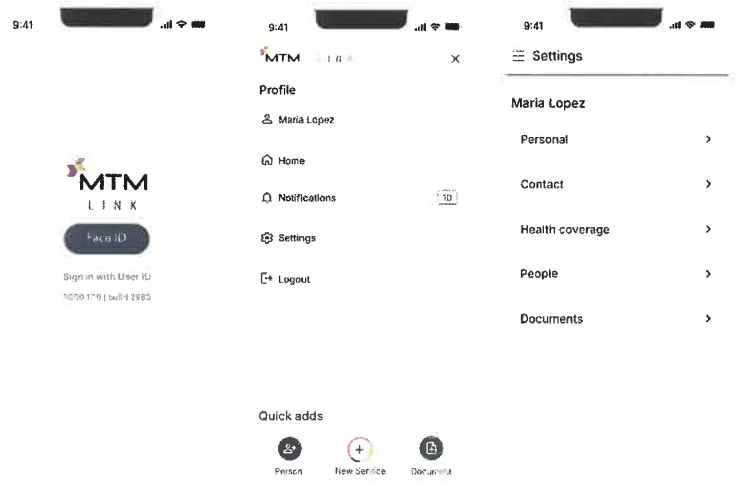
MTM Health offers these options 24/7/365, giving members the convenience to request trips at any time, according to their schedule. We staff live CCRs 24 hours a day, 7 days a week, 365 days a year. Outside of regular business hours, calls are answered by a select group of CCRs who have been specially trained on the West Virginia NEMT Brokerage program.

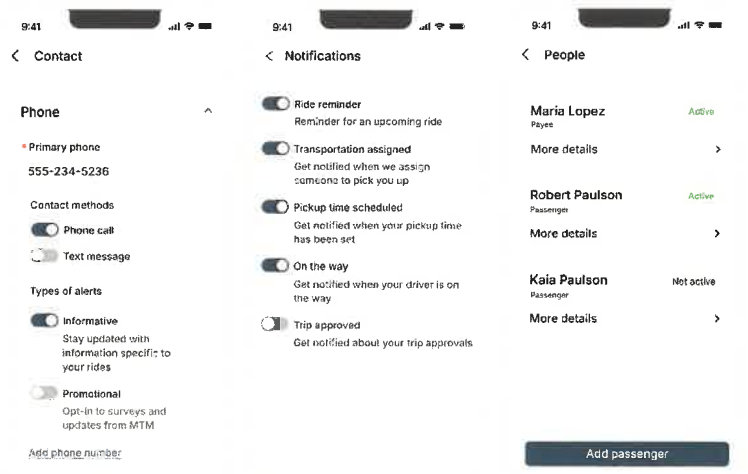
If the member has scheduled transportation with MTM Health before, the CCR's screen auto populates with the member's information for faster, more accurate reservations. Because MTM Health strives for first-call resolution, members learn their transportation details during their initial request whenever possible. At the conclusion of the call, the CCR restates all trip details, including pick-up window, as well as pick-up and destination addresses.

The member learns the name of the NEMT provider performing their trip during the automated confirmation call, which they receive 24 hours before the scheduled trip. Members can also opt to receive trip confirmation via email and reminders through text messaging. The member can easily cancel trips on either the reminder calls or text messages if they no longer require a ride.

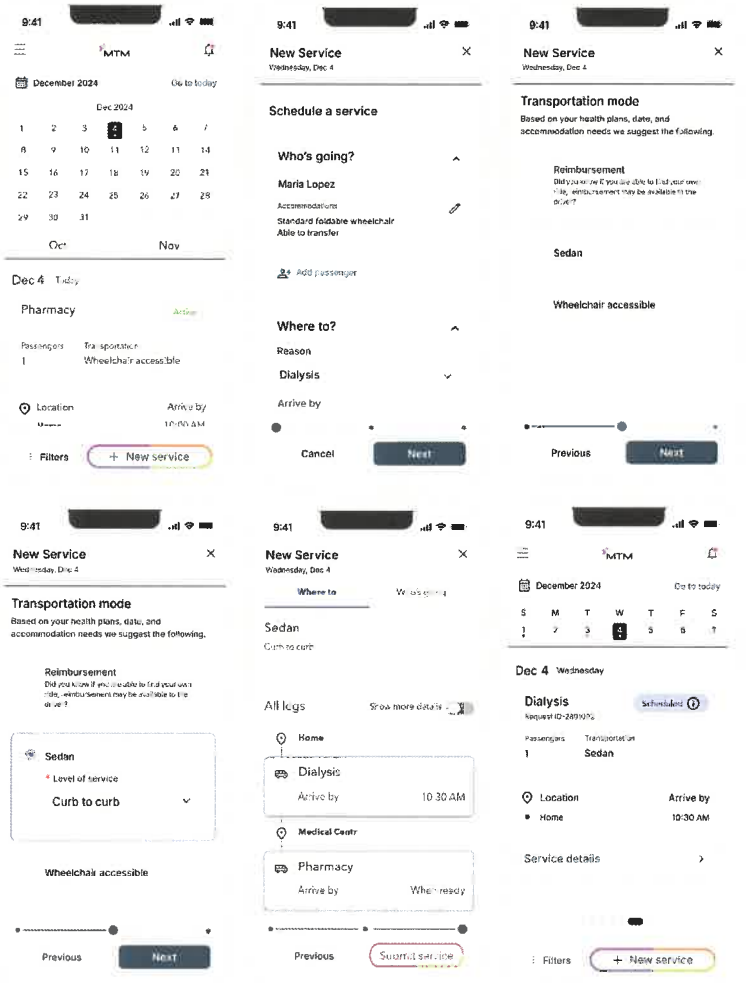
MTM Link Mobile Application

Through our intuitive, free, and easy-to-use MTM Link mobile app, stakeholders have access to real-time vehicle tracking; an easy way to book, view, and manage trips; the ability to receive trip reminders and imminent arrival notification; and the ability to submit claims for gas mileage reimbursement.

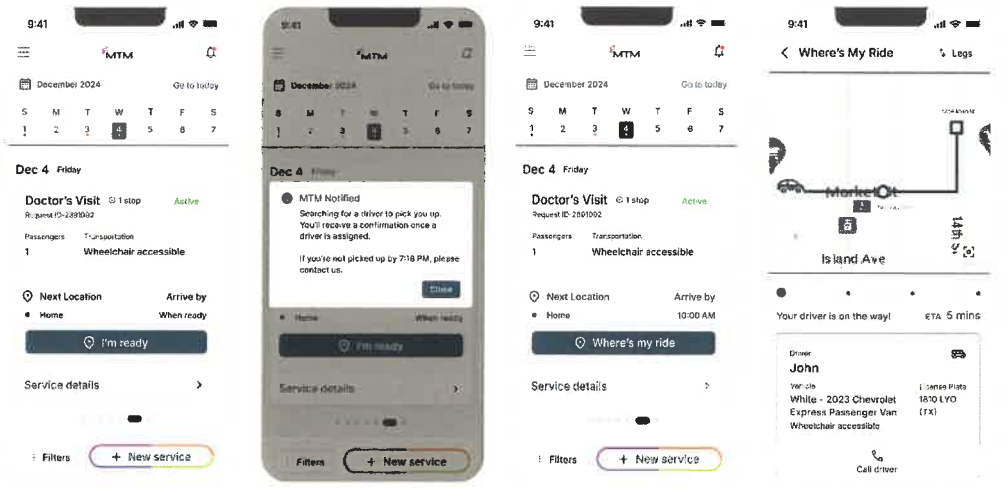




MTM Link Mobile App. *Users can set contact preferences, save profile information for convenient trip setting, and view booked trips on the mobile app.*



MTM Link Mobile App. *Users can easily schedule one way and/or recurring trips on the mobile app.*

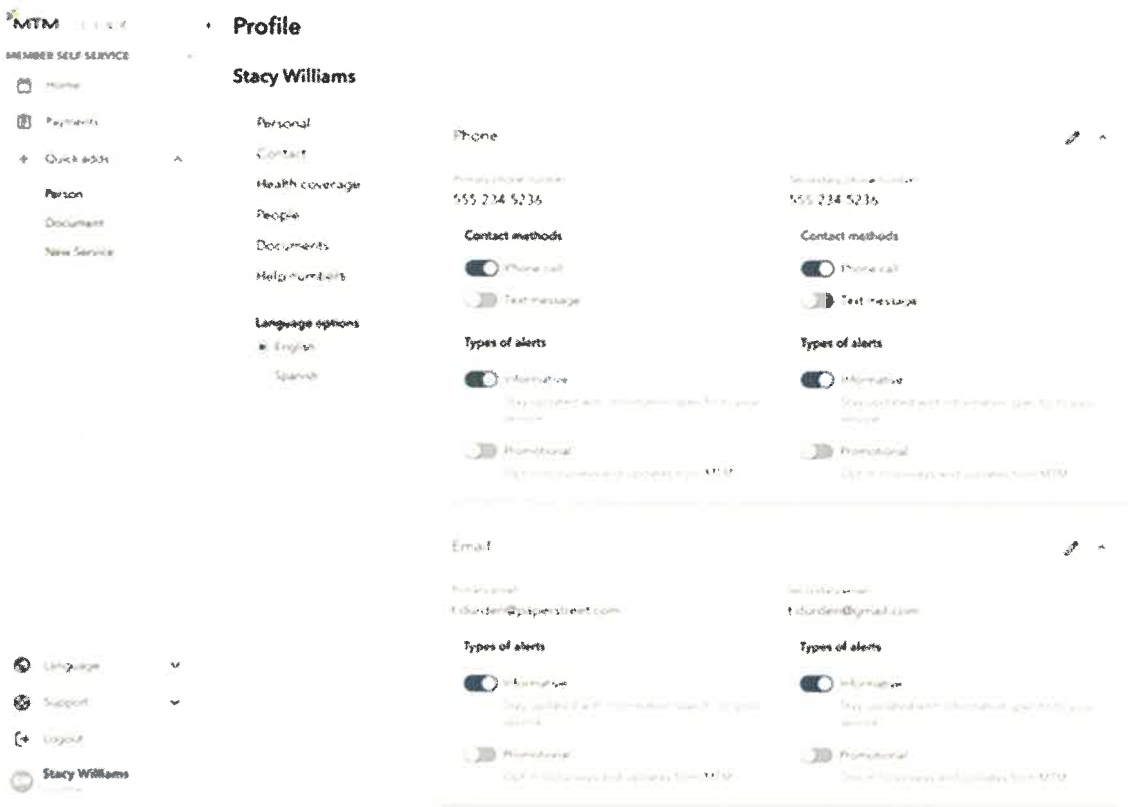


MTM Link Mobile App. *Users can easily request and track return trips on the mobile app.*

MTM Link Portal

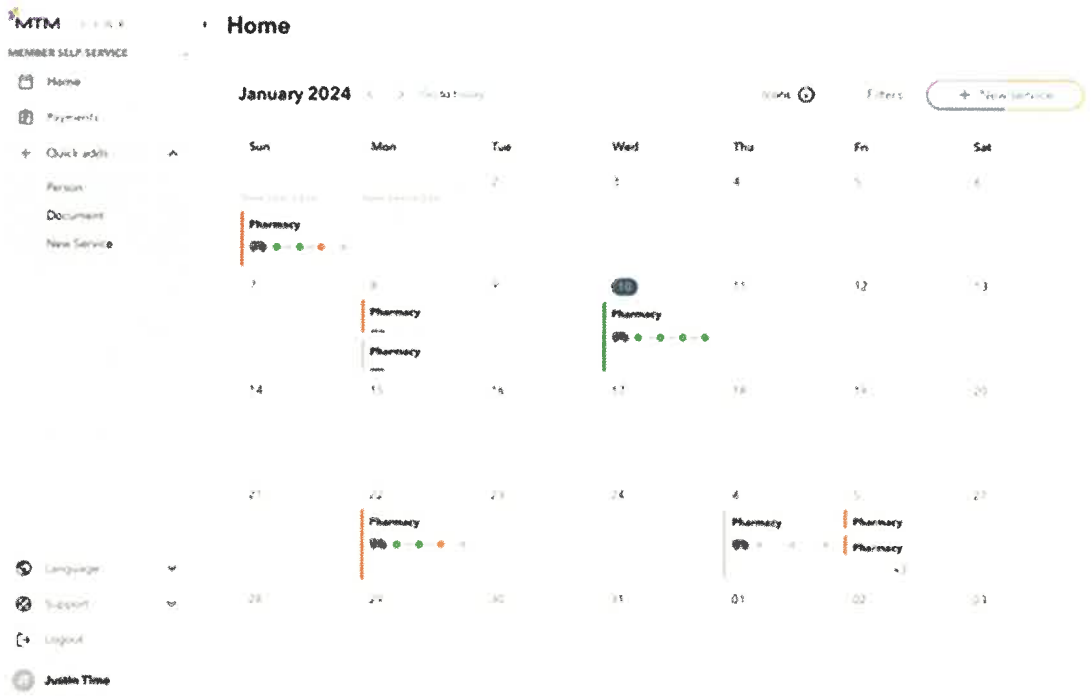
Members can request, view, and cancel trips online via the MTM Link portal, which is accessible on any internet-connected device. To use the portal, members simply register online at https://mtm.mtmlink.net using the same information on file with the Agency, including first and last name, date of birth, phone number, zip code, and ID number. The portal sends an email to the member from which they verify the account and create a password to complete registration.

Once the member logs-in, s/he can view and update their profile information, including physical address, mailing address, and contact preferences which allows MTM Health to send trip confirmations and reminders via email and/or text message.

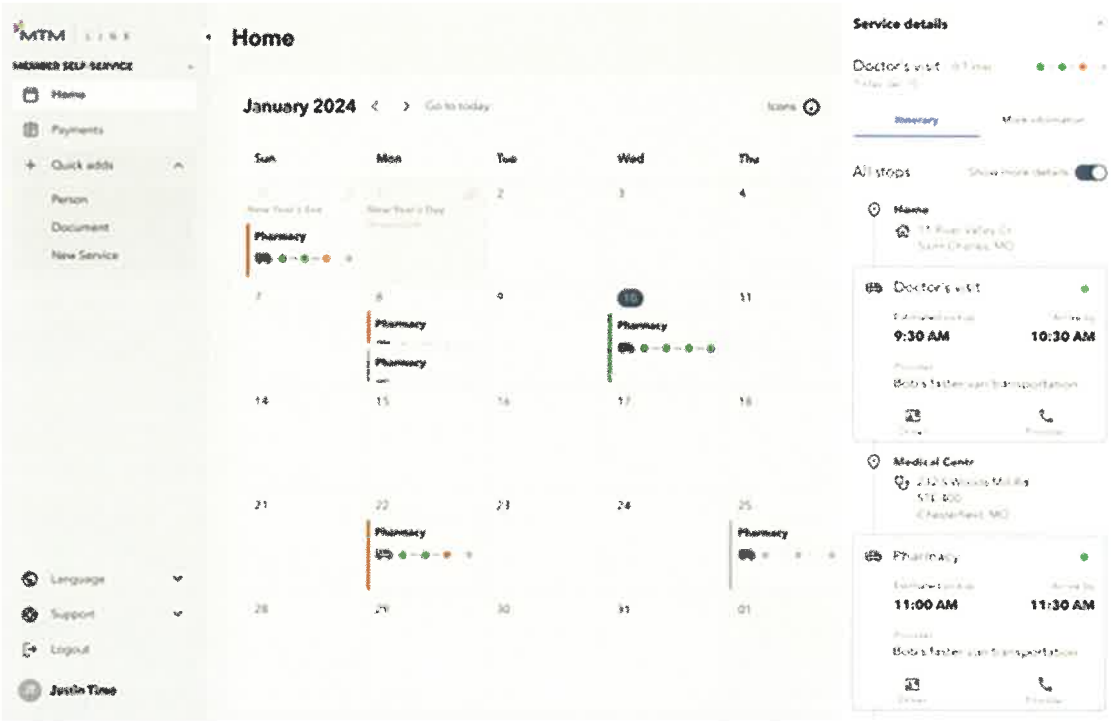


MTM Link Member Profile. *Members can update contact preferences in the MTM Link portal.*

Members can also easily find and view information for scheduled trips using the daily or monthly calendar view on the MTM Link portal.

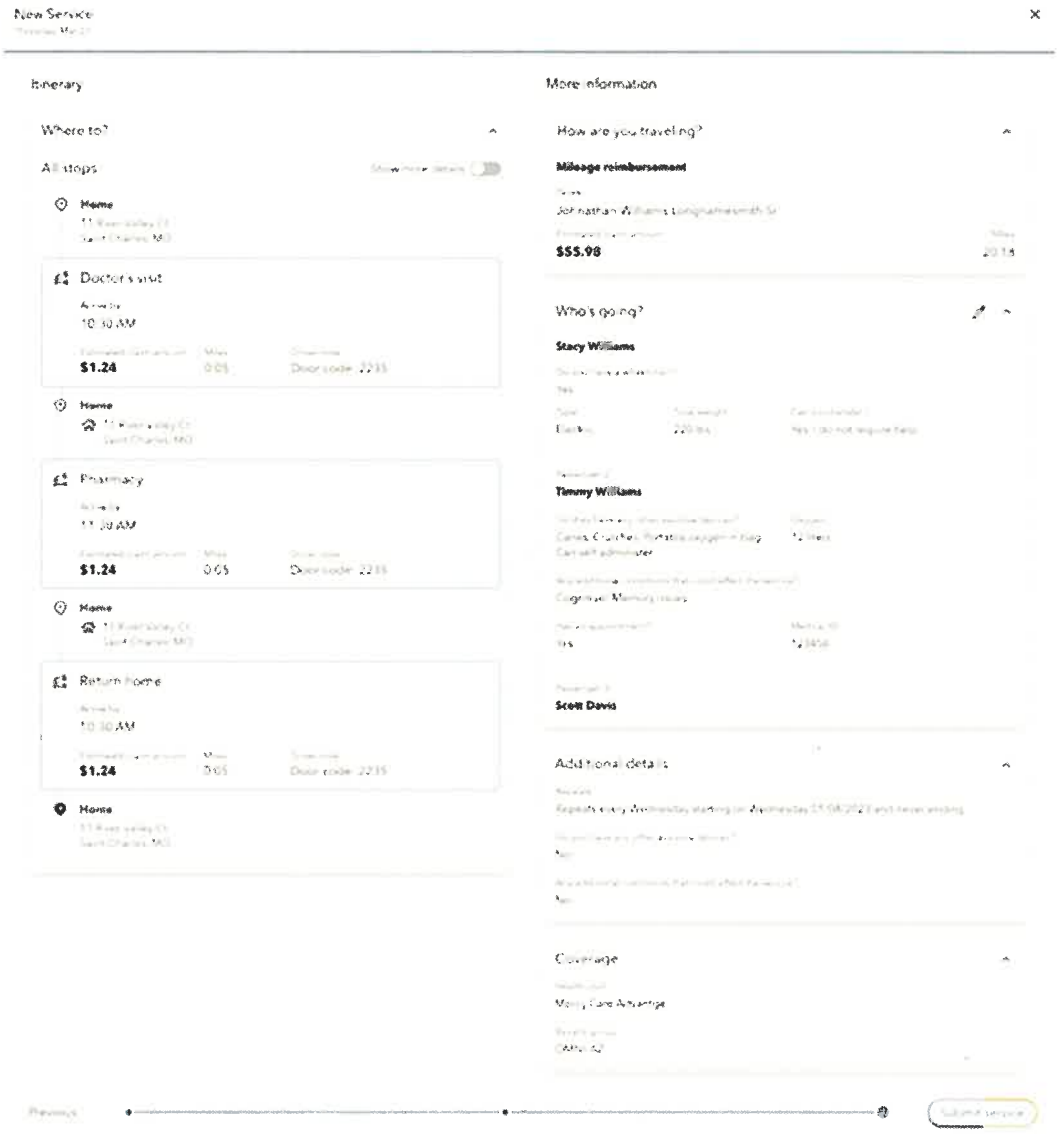


Monthly Calendar View. *Members can view requested and scheduled trips using a monthly calendar view in the MTM Link portal.*



Service Details. *For scheduled rides, members can view trip details, including the assigned NEMT provider.*

Members can request new trips for approved modes on the MTM Link portal, which guides users through entering all trip information, including origin address, destination address, special needs, and return trip. Members can schedule single trips or recurring trips on a daily, weekly, or monthly basis. Once the member submits a trip request on the MTM Link portal, MTM Health reviews and schedules the trip. If we have any questions or need more information, our CCRs call the member to schedule the trip.



Requesting Transportation. *Members can request new trips on the MTM Link portal.*

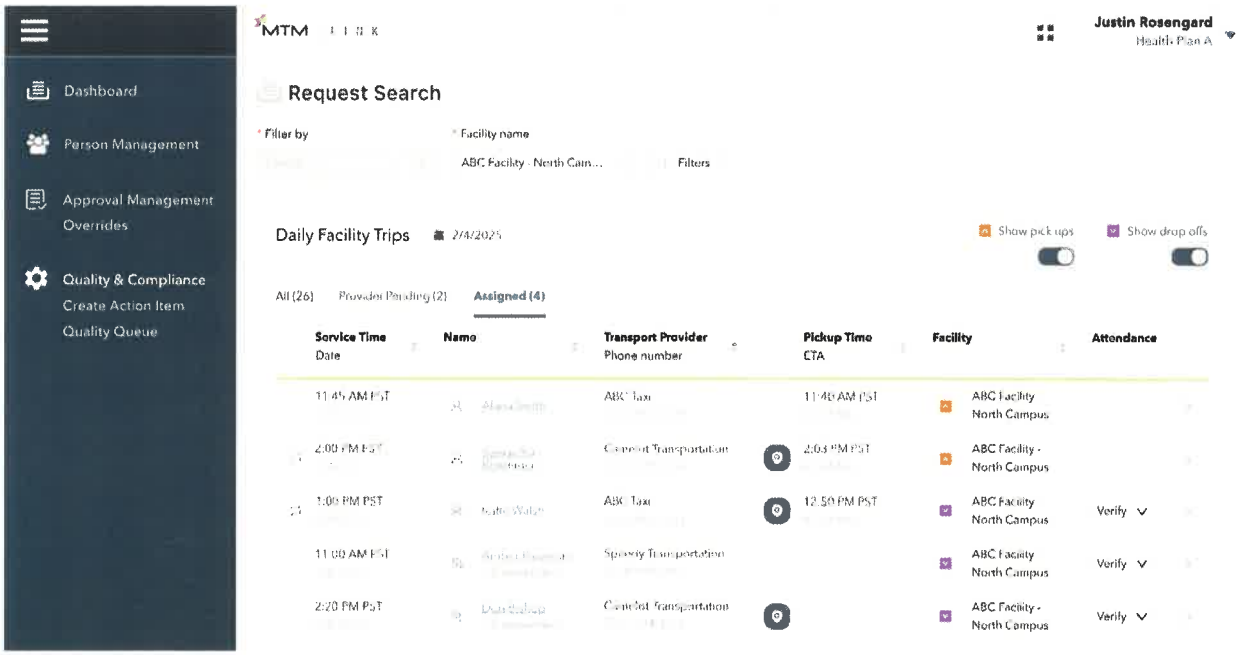
In addition to viewing and scheduling trips, members can also use the MTM Link portal to cancel trips. Members can cancel the entire trip or just one way. Considerable planning went into the MTM Link portal design and functionality to provide a high-quality member experience and promote repeat use.

MTM Link Facility Capabilities

Facilities using MTM Link can enjoy the following capabilities within the portal:

- **Automated Visit Verification:** This feature reduces administrative burden on facilities conducting pre- and post-trip verification, allowing them to conveniently perform verification within the portal rather than via phone or fax.
- **Enhanced Daily View:** Facilities can view all of their patients' MTM Health trips for the day and can easily cancel trips and verify attendance.
- **Same-Day Trip Scheduling:** Enhanced functionality allows facilities to easily schedule same-day trips without calling MTM Health.
- **Recurring Trip Management:** Facilities can easily schedule or cancel a repeating trip series for their patients.
- **Where's My Ride Visibility:** Users can quickly view the location of any vehicle transporting their patients, along with each patient's ETA.

In accordance with HIPAA regulations, medical providers may only view trips for their patients.



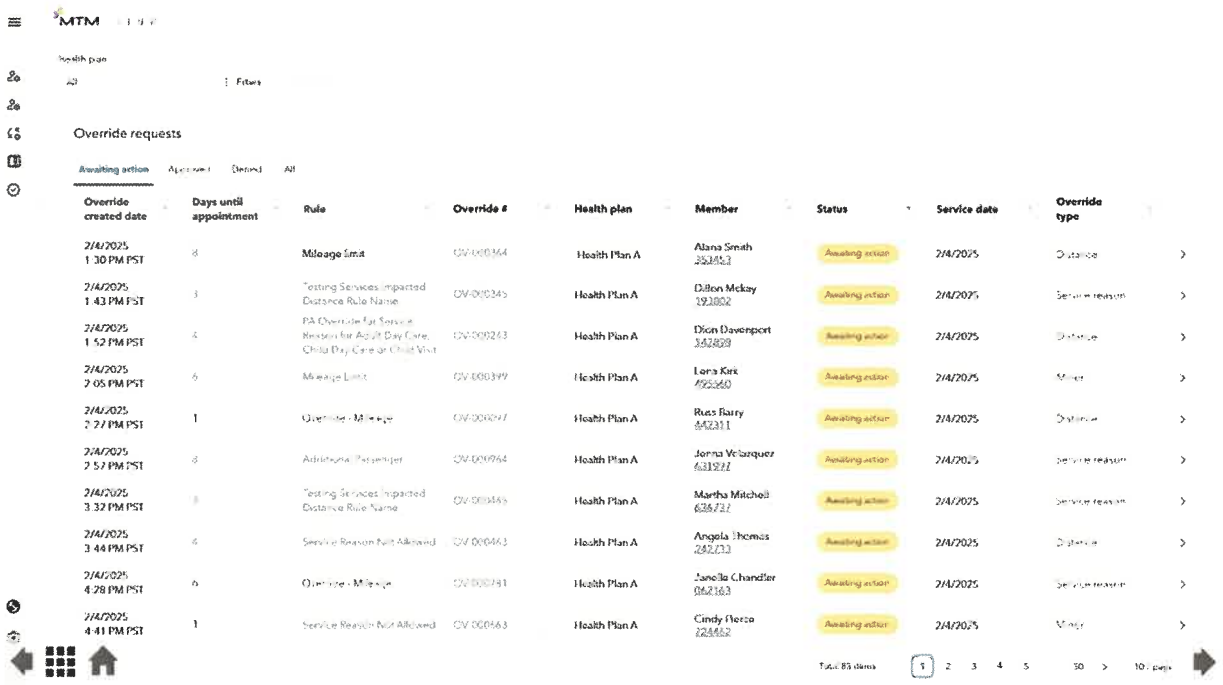
MTM Link Facility Portal. *Facilities can easily view all trips for patients at their facility.*

Streamlined Level of Need Process

To reduce administrative burden on medical personnel and facilities, and to further streamline the Level of Need process we use to assign the most appropriate, lowest cost mode of transportation, MTM Health is launching an enhanced Level of Need feature in MTM Link. Medical staff will use an encrypted link to fill out an electronic form, which will save directly in the member's profile. Medical staff can also check the status of a member's Level of Need status and view expiration dates for required forms. In addition to streamlining the process, this will improve transparency for all stakeholders, including members and medical facilities, and shorten the Level of Need process.

Streamlined Prior Authorization

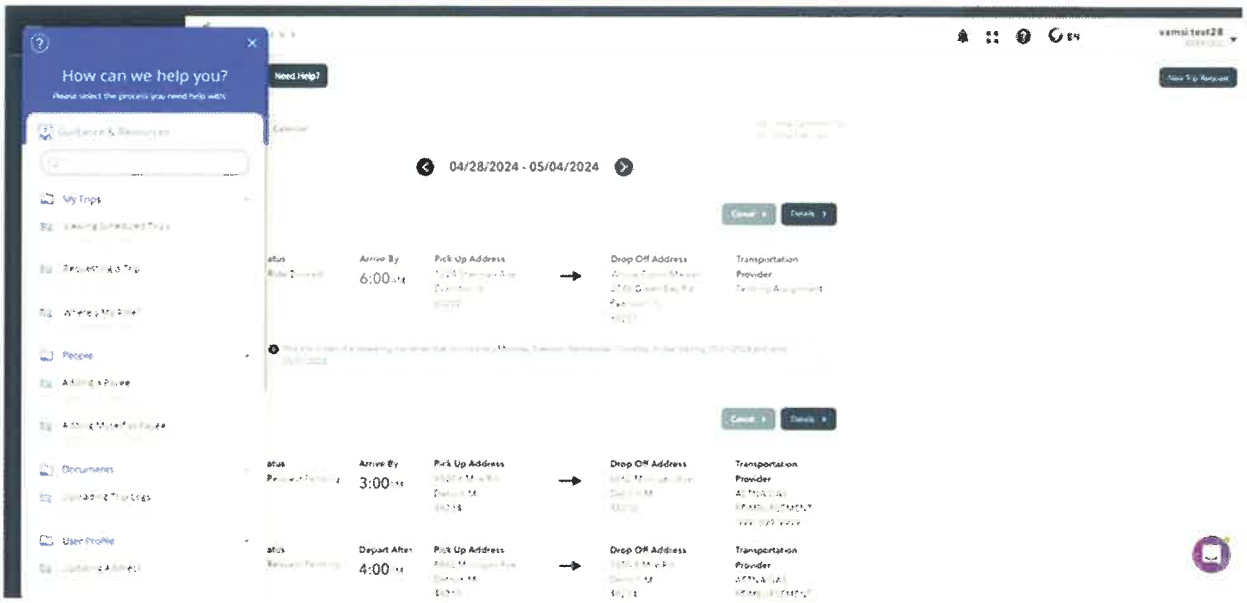
MTM Health implemented our Approval Manager as an efficient way for clients and medical providers/facilities to electronically review and prior authorize trips that meet a set of criteria, such as mileage overages or trip reason. Trips that meet the criteria enter the Approval Manager for the review once a CCR enters in the trip. Clients, medical providers, or facilities complete the review process in Approval Manager, which sends an updated status seamlessly back to MTM Link for trip processing.



MTM Link Approval Manager. *Clients, medical providers, facilities, and other authorized representatives use Approval Manager to review and prior authorize trips, such as those requiring distance verification.*

MTM Link Technical Support

MTM Health provides technical assistance to users on the MTM Link portal and mobile app through a tool called WalkMe. WalkMe operates within MTM Link as a pop-up feature. With WalkMe, members, medical providers, facilities, and other users can select a topic with which they require assistance, using keywords to search the menu to find the help they need. WalkMe guides the user, directing them to the correct tab or screen within the platform.



WalkMe

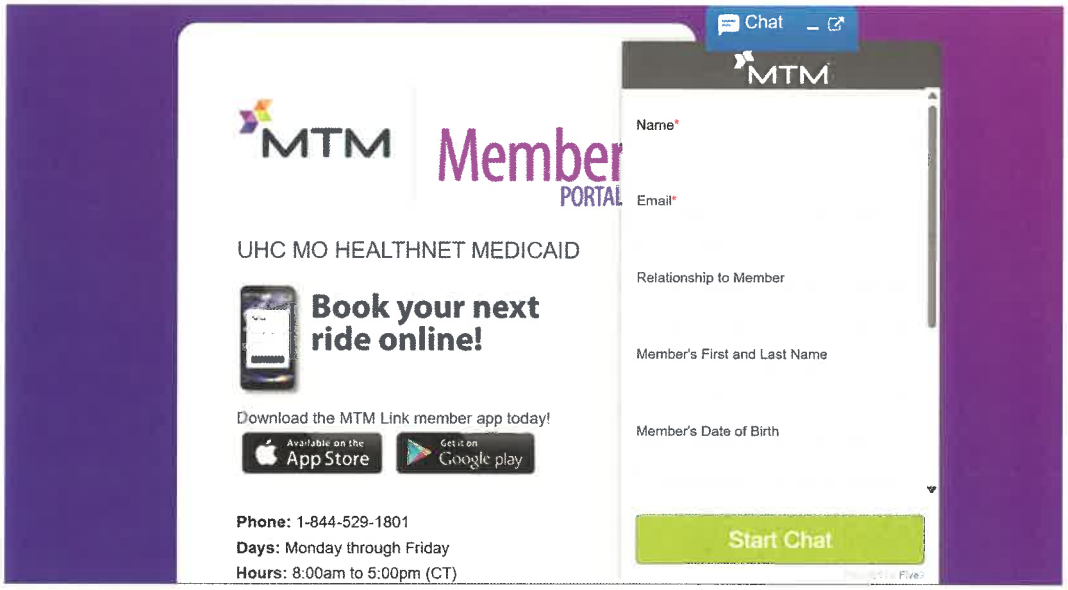
If a stakeholder needs further assistance using MTM Link, they can also call our toll-free Navigator phone line to reach a specially trained CCR who can assist them with questions like:

- How to download the MTM Link mobile app
- How to sign up as a registered user
- Navigating MTM Link's features on the mobile app, member portal, facility portal, or client portal

The CCR can walk the caller through the steps needed to successfully use MTM Link, ensuring stakeholders have the knowledge they need to take advantage of MTM Health's self-service technology.

Web Chat

In addition to prompt, knowledgeable assistance via phone, MTM Health offers members the ability to use web chat to view prior and upcoming trips, schedule trips, cancel trips, and rebook existing or past trips. When a member clicks the chat button, a window launches, prompting the member to type in identifying information. From here, the chat request routes to an available CCR who responds to help the member with the request.



Web Chat: *Members can chat with MTM Health 24 hours a day, 7 days a week.*

Because the chat feature is a component of MTM Health's phone system, MTM Health can track, pull, monitor, review, and report on web chats just as with phone calls. As with all MTM Health's technology offerings, the chat feature is HIPAA HITECH compliant and vetted by MTM Health's internal Information Security team.

Urgent Trips

MTM Health requires members to request urgent trips via a toll-free phone call. If a member tries to schedule an urgent trip via the MTM Link app or portal, they receive a message instructing them to call our toll-free number. Members can schedule same-day gas mileage reimbursement trips using the MTM Link app, upon approval from the Agency.

When a member requests an urgent trip, the CCR verifies the urgency of the appointment with the medical provider by phone. If the CCR verifies the appointment is urgent, they proceed with scheduling transportation.

If the trip request is determined not to be urgent, the CCR educates the member of the days' notice standard. CCRs educate members on the required days' notice requirements during the scheduling call.

MTM Health's Dispatch and Logistics teams work to place short notice, after-hours, and urgent trips with available NEMT providers. They call NEMT providers who cover the service area to determine availability, confirm the trip details with the provider and the member/representative, and negotiate rates for the trip if necessary. If we dispatch a trip to a NEMT provider less than 48 hours in advance, MTM Health contacts them by phone to confirm they can accommodate the trip and/or sends the trip directly to a driver for acceptance.

Making Adjustments for Scheduling Changes

If MTM Health needs to modify a trip due to a potential late, late, or missed trip, we work quickly to try and recover the trip once we receive word that a driver is running behind or not showing at a scheduled pick-up. MTM Link notifies our Dispatch team whenever a driver is running behind so they can reassign trips to an available provider in the area if necessary.

MTM Link automatically recalculates the timeliness of routes by acquiring GPS data every 60 seconds and uses Google Maps data to project the timeliness of all future trips on a route. This data also factors in traffic and delays, projecting potentially late trips far more accurately than other software. MTM Link sends trips projected to be late to the dispatch queue, where we can make immediate adjustments to reduce late and missed trips.

During training, MTM Health's staff educate NEMT providers to notify MTM Health immediately in the event of a vehicle breakdown, accident, incident, or any other problem that might cause a trip delay. Immediately after notification, a CCR contacts the member and/or the facility or individual at the destination points and documents the notification.

While this notification takes place, a dispatcher uses MTM Link's trip fit tool to identify the most appropriate and available qualified NEMT provider in the area, using GPS/Automatic Vehicle Locator integration to view current locations and projected pick-up times. Once the dispatcher identifies the provider with the highest trip fit score in MTM Link, MTM Link automatically dispatches the trip to the MTM Link Driver App. The scoring system not only considers the best route on which to place the trip in question, but also the potential impact on other trips in that driver's route; MTM Link does not place a trip on a route if it causes delays to other trips already on the manifest.

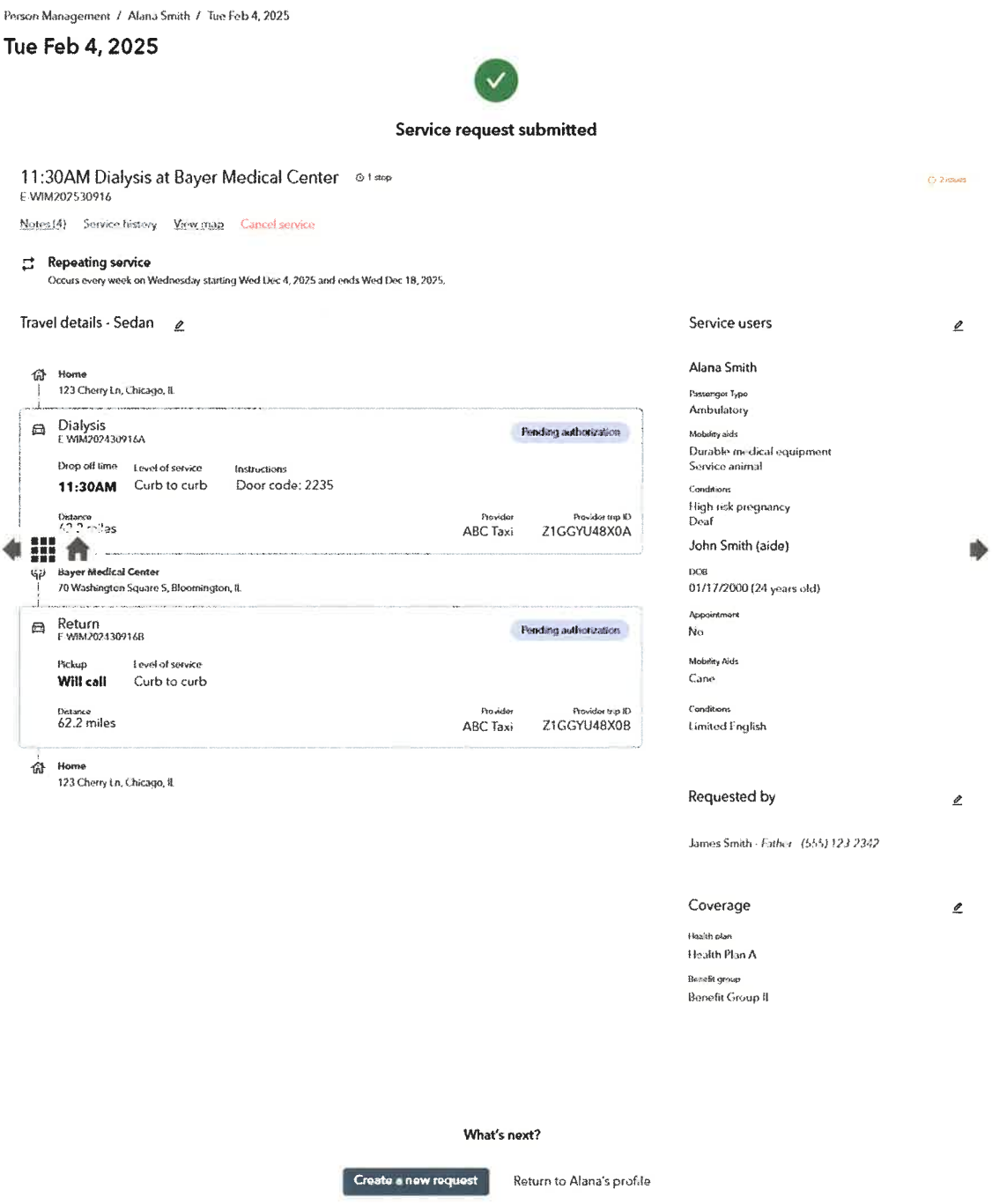
If the provider does not accept the trip in the allotted time, MTM Link notifies the dispatcher and moves to the second highest provider, and so on, until the trip is accepted.

In the case of a NEMT provider no-show, we contact the member and facility to see if the facility can accommodate a later appointment that day and then reach out to our network to find an alternative NEMT provider.

Callers can conveniently use MTM Health's toll-free Where's My Ride line to obtain information on the status of their scheduled ride and/or whereabouts of the assigned NEMT provider. We also offer Where's My Ride capabilities via Intelligent Virtual Agent. With MTM Link, users may also check the status of their ride on the portal or app, and receive imminent arrival alerts using the app.

C. Notification of Arrangements

At the conclusion of the trip request, MTM Link provides a summary of trip details, including pick-up time, as well as pick-up and destination addresses.

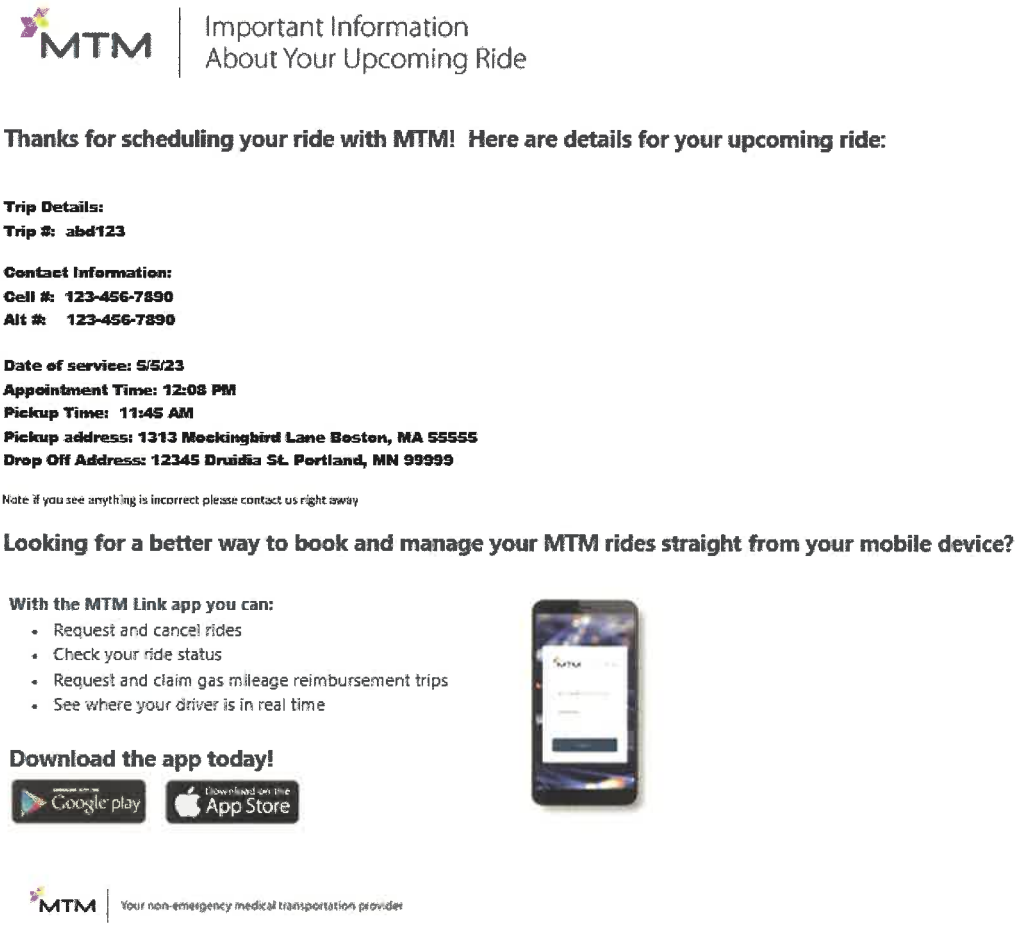


Summary. *MTM Link provides a summary of trip details.*

If for some reason, whether pending authorization or level of need verification, a trip cannot be scheduled during the initial request for NEMT services, a CCR calls the member after his or her trip is scheduled to confirm the details.

Confirming Trips

MTM Health also uses confirmation emails to convey trip details to members immediately after booking the trip reservation, if the member elects to receive email communication. These emails allow members to review trip details, send details to caretakers or other parties, and /or refer to details as needed without having to call MTM Health.



MTM | Important Information About Your Upcoming Ride

Thanks for scheduling your ride with MTM! Here are details for your upcoming ride:

Trip Details:
Trip #: abd123

Contact Information:
Cell #: 123-456-7890
Alt #: 123-456-7890

Date of service: 5/5/23
Appointment Time: 12:08 PM
Pickup Time: 11:45 AM
Pickup address: 1313 Mockingbird Lane Boston, MA 55555
Drop Off Address: 12345 Druidia St. Portland, MN 99999

Note if you see anything is incorrect please contact us right away

Looking for a better way to book and manage your MTM rides straight from your mobile device?

With the MTM Link app you can:

- Request and cancel rides
- Check your ride status
- Request and claim gas mileage reimbursement trips
- See where your driver is in real time

Download the app today!

Google play | Download on the App Store

MTM | Your non-emergency medical transportation provider

Confirmation Email. *MTM Health uses confirmation emails to communicate the details of the reservation to the member.*

Reminder Notifications

MTM Health uses a courtesy call system to verify the member's trip the day before the transport is scheduled. This automated call gives the member the option to speak with a live CCR to verify the details of their trip if they answer the call. If the member does not answer the call, the system leaves a confirmation voicemail detailing the specifics of the trip without providing any PHI.

Additionally, members have the option of subscribing to text messages to remind them of upcoming trips or confirming trip details through MTM Health's intelligent virtual agent system. The intelligent virtual agent gives members the option to cancel or confirm the trip, and/or listen to the details of the trip, including trip date, time, and assigned NEMT provider.

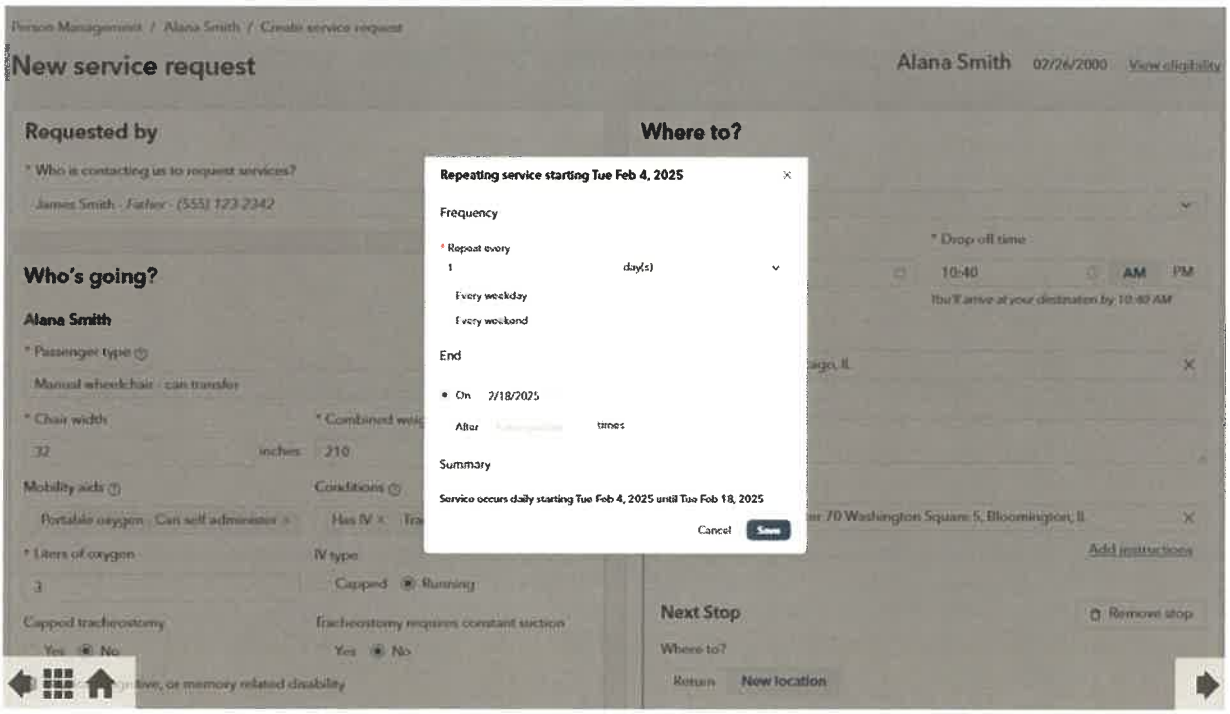
These reminders, offered in multiple formats based on the member's preference, help to reduce no-shows and improve member attendance at medical services.

D. Scheduling and Dispatching Trips

MTM Link makes the trip intake process seamless for members by retaining information like the member's frequently used addresses, who is requesting the trip on behalf of the member (if applicable), approved escorts/attendants, and accommodations such as mobility aids, service animal, and/or conditions affecting transport which it uses to assign the most appropriate mode of transportation allowing us to seamlessly incorporate this information for new trip reservations. This minimizes the risk of input error and prevents callers from having to give the same information for every trip, such as mothers accompanying minor members.

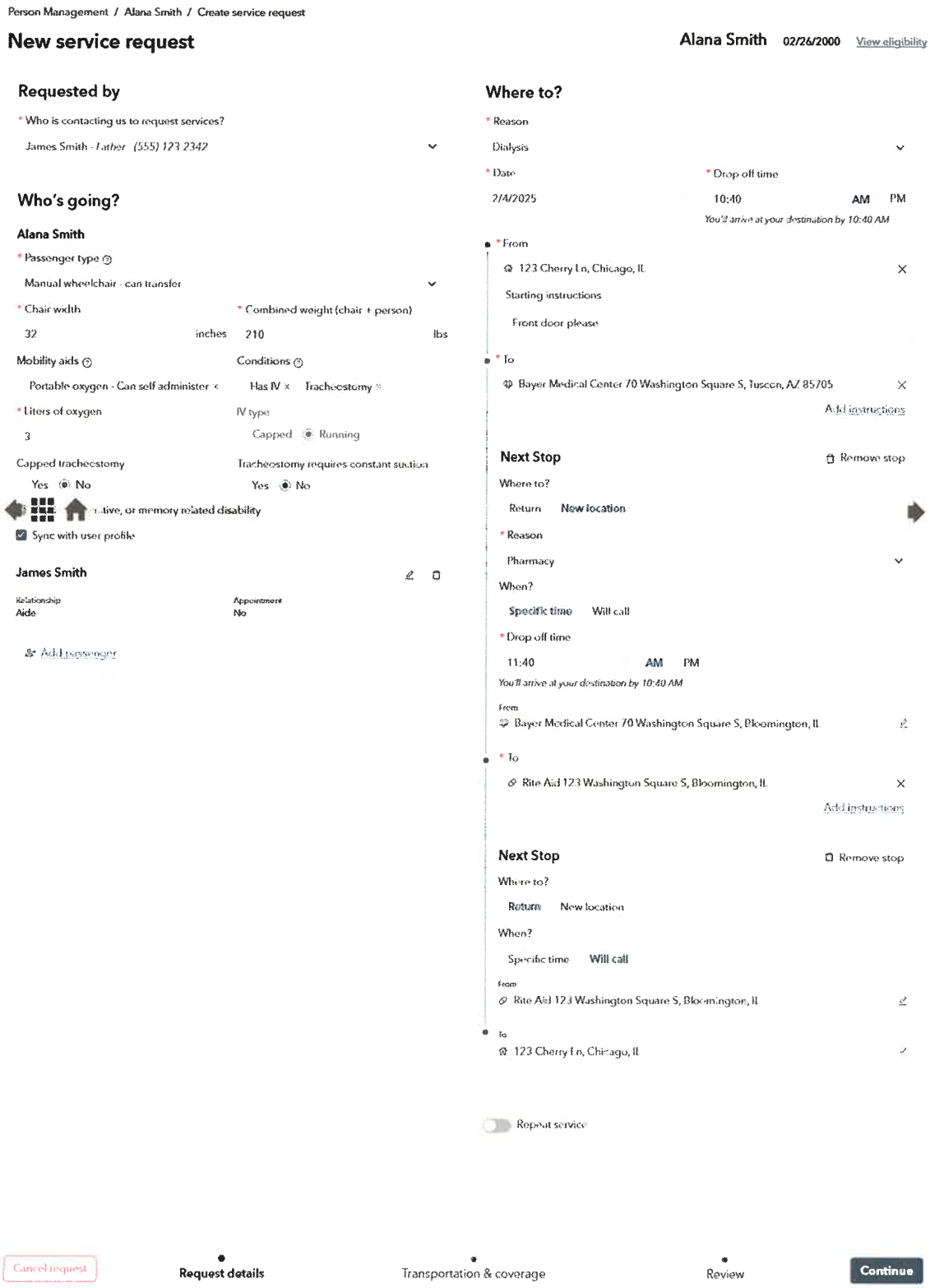
When entering a pick-up or drop-off address, users can drop a pin to identify an exact geographic location, if necessary. This can be helpful in rural areas where a specific street address is not available, as well as for hospital and medical campuses to indicate the location of a specific building or entrance. Users can add notes for the driver within MTM Link, either for a specific trip or for all trips, which transfer onto the driver's manifest so they can accommodate the member's needs.

Users can also mark trips as recurring, so members do not have to individually arrange repetitive appointments. Users can set up the specific cadence of the recurring trip including the frequency, days, and timeframe. MTM Link applies client-specific protocol for setting recurring trips, including the timeframe, and can allow indefinite timeframes for specific trip reasons, such as life sustaining trips. Every 90 days, we will recertify members' need for a standing trip with their medical provider.



Recurring Trips. *MTM Link allows users to easily schedule recurring trips.*

MTM Link also allows users, such as CCRs, clients, and facilities to add notes to a member's profile regarding eligibility, compliance, claims, trips, or general information, giving MTM Health and other users a detailed log of member information and interactions, as well as a quick and convenient way to view important information about the member and NEMT benefits and use.



Appointments and Return Rides. *Users enter information on the appointment and return ride.*

Multi-Loading Trips

MTM Link schedules trips to optimize efficiency, productivity, and performance in accordance with the Agency's standards, finding the balance between meeting contract requirements and member needs. This includes the parameters that no member remains in the vehicle for more than 45 minutes longer than the average travel time for direct transport.

We strive to coordinate trips in the most cost-effective manner and route and multi-load trips as efficiently as possible. Multi-load/shared rides often work best for standing appointments for adult daycare, substance abuse treatment, and nursing home facilities. MTM Health also tries to leverage sole source providers whenever possible to maximize multiloading opportunities. Our staff perform outreach to facilities with multiple members attending regular appointments to try and establish sole source arrangements where they transport members to and from appointments or programs at their facilities. In our experience, these facilities can serve members under their care better than anyone else.

We assign trips not easily multi-loaded or routed to NEMT providers able to provide individual point-to-point transportation. MTM Link applies service parameters to assign trips to providers who can deliver service within the established standards.

MTM Health will transport family member(s) and/or caregivers as space and conditions allow; we will not reimburse NEMT providers for persons other than the member.

Assigning Trips to NEMT Providers

After we set up the trip and determine the appropriate mode of transportation, MTM Link identifies the most appropriate and lowest cost NEMT provider for the trip, scoring each eligible provider on the following factors:

- Modes applicable – if the appropriate mode is not available due to special circumstances, MTM Link authorizes a one-time assignment to next highest mode
- Trip cost
- Number of vehicles in fleet
- Service areas for pick-up and drop-off
- Capacity levels set per vehicle amounts and performance
- Hours set based on service hours of vehicles and performance – if a provider turns back or no shows trips during a particular time of day, we lower capacity for those hours/days or eliminate their time available until they rectify the performance issues

MTM Health places members with their requested provider to the extent possible based on availability, level of service, and mode. We understand this helps to build trust between the member and provider, but also between the member and MTM Health/the Agency. Further, establishing a routine leads to better on-time performance and customer satisfaction. As required by the RFP, for members receiving covered behavioral health services, MTM Health will schedule transportation with a licensed behavioral health center or licensed behavioral health provider as appropriate and available.

We strive to coordinate trips in the most cost-effective manner and route, and multi-load trips as efficiently as possible. MTM Link applies service parameters to assign trips to providers who can deliver service within the established standards. MTM Link schedules trips around standing orders, or trips assigned to providers on established routes, and adds demand-response or single-reservation trips as they best fit into the schedule. MTM Link then batches schedules several times to optimize efficiency, productivity, and performance in accordance with the Agency's standards. MTM Link uses these metrics to balance between meeting contract requirements and member needs. MTM Link optimizes trips until the trip is less than 48 hours in advance, at which time trips are "locked" so we can notify the provider and member of the final arrangements. NEMT providers can easily access their trip manifests via MTM Link, as detailed in ***C. Trip Manifests*** on **page 76**.

Handling Hospital Discharges and Will Call Trips

MTM Health knows how critical it is to respond quickly to trip requests for members upon hospital discharge, both for the member and the hospital. To meet this need, we have a dedicated team to handle all facility-initiated trips, including discharges. We give facilities a direct phone line to this team for one-call resolution and immediate support for discharges. At the corporate level, our internal dispatch work queue places discharges as priority, along with life-sustaining trips. Our Dispatch team includes market experts in every state who focus on discharge trip requests from initiation to completion. This approach will allow us to meet the Agency's requirement for pick-up within one hour after notification of a hospital discharge.

> Our experience is that MTM's staff providers professional service and dependable support for our patients. We have found we can count on MTM to respond promptly to any issues and have enjoyed working with MTM because of their ability to schedule online and responsiveness for requests for short-notice rides.
>
> Kathy Hartenberger, Social Worker
> *SSM Health Dean Medical Group*

MTM Link facilitates an easy process for managing will-call trips. During the initial trip request, the user or CCR marks the trip as "Will Call" instead of entering a time for a return trip. When the member is ready for pick-up, they may call, text, or use the MTM Link app to notify MTM Health. Upon notification, MTM Link sends a notification to the NEMT provider via the MTM Link Driver App, or through the NEMT provider's software via an application programming interface, to their in-vehicle device. The driver receives an alert indicating the member is ready for pick-up and completes the trip. In compliance with the Agency's standards, we will require NEMT providers to complete will-call return trips within 60 minutes from notification. MTM Link logs trip information so we see any instance where a driver takes longer than 60 minutes to arrive.

Return Trips After Emergency Transport

MTM assigns the most cost-effective, appropriate mode of transportation to members requesting NEMT service after discharge from a medical facility. In such situations, our CCR or dispatcher will obtain any special transportation-related needs to ensure we provide the right level of care. MTM arranges private auto, basic vehicle, wheelchair vehicle, or commercial air service for the member, and one attendant, as appropriate.

Commercial Airline Transportation

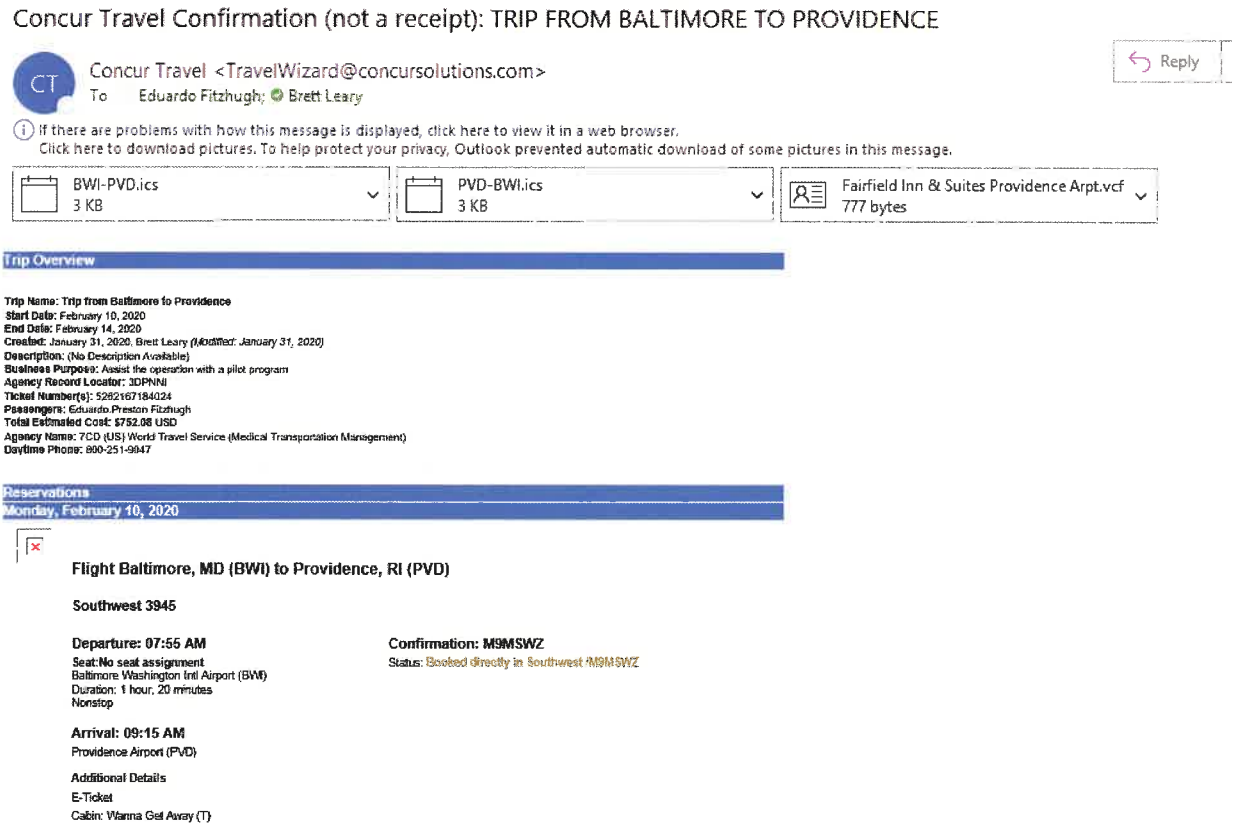
To help members obtain necessary medical services despite distance limitations, MTM Health coordinates commercial air travel. In our previous operation of this program, we arranged approximately one to two air transports each month. MTM Health has a dedicated Travel team to handle requests for out-of-area travel. This team, comprised of dedicated, experienced Member Travel Agents, is our internal "owner" of arranging all aspects of long-distance member travel.

Our Member Travel Agents handle the member's travel experience **from start to finish, providing a convenient, consistent point of contact** for members and representatives.

Our Travel team has several years of experience handling ancillary requests for members, their representatives, and health plans. The team also handles billing via single use authorization (SUA) virtual credit cards, which eliminates challenges members face at check-in, and greatly reduces the risk of fraud, waste, and abuse by eliminating the need to send multiple credit card authorizations to hotels.

If a member is unable to receive necessary medical services within reasonable proximity to their home or in the state of West Virginia, we request authorization for transportation for the member and up to one attendant to an out-of-state facility. MTM Health only arranges such transportation at the direction and authorization of the UMC or an MCO as required.

If we receive prior authorization and medical certification from the member's medical provider, the Member Travel Agent selects the most appropriate mode based on the member's medical condition, reason for transport, urgency of transport, and destination; this may include commercial air travel with or without an escort, or a private charter flight. The Member Travel Agent purchases the most cost-efficient option available, considering the number of transfers and/or travel time, as well as departure/arrival time based on the member's needs. MTM Health only purchases coach seating tickets for commercial air travel. Once purchased, the Member Travel Agent distributes tickets and travel itinerary to the member and escort, if applicable.


Concur Travel Confirmation (not a receipt): TRIP FROM BALTIMORE TO PROVIDENCE

CT Concur Travel <TravelWizard@concursolutions.com>
To Eduardo Fitzhugh; Brett Leary

Reply

If there are problems with how this message is displayed, click here to view it in a web browser.
Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

BWI-PVD.ics 3 KB | PVD-BWI.ics 3 KB | Fairfield Inn & Suites Providence Arpt.vcf 777 bytes

Trip Overview

Trip Name: Trip from Baltimore to Providence
Start Date: February 10, 2020
End Date: February 14, 2020
Created: January 31, 2020, Brett Leary (Modified: January 31, 2020)
Description: (No Description Available)
Business Purpose: Assist the operation with a pilot program
Agency Record Locator: 3DPNNI
Ticket Number(s): 5262167184024
Passengers: Eduardo.Preston Fitzhugh
Total Estimated Cost: $752.08 USD
Agency Name: 7CD (US) World Travel Service (Medical Transportation Management)
Daytime Phone: 800-251-9947

Reservations
Monday, February 10, 2020

Flight Baltimore, MD (BWI) to Providence, RI (PVD)

Southwest 3945

Departure: 07:55 AM
Seat:No seat assignment
Baltimore Washington Intl Airport (BWI)
Duration: 1 hour, 20 minutes
Nonstop

Confirmation: M9MSWZ
Status: Booked directly in Southwest M9MSWZ

Arrival: 09:15 AM
Providence Airport (PVD)

Additional Details
E-Ticket
Cabin: Wanna Get Away (T)

Sample Travel Itinerary. *After setting appropriate travel arrangements, MTM Health sends an itinerary to members or their representatives.*

Due to the costly nature of such trips, MTM Health conducts pre-transportation validation checks on all air travel request. We also conduct retroactive reviews of authorization requests for air travel occurring after business hours, on weekends, and on holidays.

Meals and Lodging

For long-distance travel, MTM Health arranges services like meals and lodging as authorized by the Agency. This may include circumstances where travel cannot be accomplished on the day of the appointment, return travel takes more time, and/or cost-savings can be realized if travel occurs at an earlier/later date.

Whenever possible, MTM Health secures lodging for the member with non-profit lodging organizations available near the treatment facility. If non-profit housing is unavailable, we arrange accommodations at the next most appropriate, cost-effective lodging facility where we have negotiated competitive rates. Our staff considers whether the lodging facility provides meals, shuttle services, etc.

MTM Health coordinates with agencies and facilities that provide complimentary or discount accommodations such as the Ronald McDonald House, national motel chains that offer hospital rates, and corporations that own housing units offering long-term lodging. MTM Health also has national agreements with several hotel chains including Marriott, Hilton, IHG, and LaQuinta; through these agreements, we receive preferred, discounted rates.

We will arrange, reserve, and coordinate with a lodging facility for the member and an attendant, if authorized, in the following circumstances:

- Lodging the night before the appointment if travel cannot be accomplished on the day of appointment, the medical provider documents the necessity of travel the night before on the level of need form, or if it allows for savings on airfare
- Lodging the night after the appointment if travel cannot be accomplished on the day of appointment, the medical provider documents the necessity for an additional stay on the level of need form, or if it allows for savings on airfare

MTM Health provides meal reimbursement per diem or advanced funds for members and attendants/escorts based on the mileage and duration of the trip, as well as the Agency's protocols. Our Travel team contacts the facility to see if meal vouchers are available first. If meal vouchers are unavailable, MTM Health can arrange advanced funds and/or reimbursement for meal expenses, depending on the protocols approved by the Agency.

To support the meals and lodging process, MTM Health can also offer our Member Wallet debit card to the Agency's members. MTM Health can load a member's card with a per diem amount for meals and lodging. MTM Health would send reloadable debit cards to members and load/activate funds as directed. This is an excellent way to promote member independence and give members control over their allotted funds, without having to submit receipts for reimbursement after their appointment. For eligible members and authorized attendants traveling to covered health services, we authorize an allowance of $25 per day, per person, pro-rated for services provided for less than one day.

For any authorization requests for air travel after hours, on weekends, or holidays, we will conduct a retroactive review of the request using our process for post-trip verification detailed in *Post-Transportation Validation Checks* on **page 68**.

Ensuring Timely Pickups

MTM Health agrees to meet the Agency's timeliness standards by leveraging our procedures to maintain vehicle availability, facilitate intuitive scheduling, and monitor performance in real-time. Timeliness standards will be included in MTM Health's NEMT provider contracts, which will state that NEMT providers must pick up members within a window beginning 15 minutes before and extending to 15 minutes after the scheduled pick-up time.

MTM Health prevents delays by empowering NEMT providers to dictate many aspects of their service, such as service area, hours, and capacity. Using this information, MTM Health dispatches trips NEMT providers are most likely to accept and perform according to service standards.

Further, we maintain service level thresholds for our NEMT providers regarding missed/late trips and assess liquidated damages for those who exceed these thresholds. MTM Health also continuously provides education and support to NEMT providers, so they have the skills, knowledge, and tools they need to be successful.

II. NEMT Providers

A. Network of NEMT Providers

MTM Health currently works with over 4,400 NEMT providers across the United States. Having strong partnerships with NEMT providers is essential to a successful transportation program. MTM Health negotiates fair, competitive rates; pays timely and accurately; keeps NEMT providers updated on their performance; and uses flexible technology that allows providers to manage their businesses effectively, promote paperless operations, and reduce administrative burdens.

During our previous tenure operating the West Virginia NEMT program, we built a comprehensive, stable network of **over 60 trained and credentialed NEMT providers representing over 900 vehicles statewide**. We also leveraged a network of **47 approved volunteer drivers**, as well as providers in bordering states.

Thanks to the relationships we built with MCOs, medical facilities, and NEMT providers during our previous tenure as the Agency's NEMT broker, we will be able to quickly build an extensive network of NEMT providers. We provide Letters of Commitment from NEMT providers who are interested in providing service in **Attachment B**. This includes the number of vehicles by type for each proposed NEMT provider, their geographic area of operation, as well as NEMT providers for bariatric transportation by geographic area. Some NEMT providers are hesitant to sign any documents without a formal state contract in place; we anticipate that many more providers will be willing to sign formal commitments with MTM Health upon award notification. We will notify the Agency within 30 calendar days of service of any service level changes to our NEMT providers' fleets and/or operational areas.

MTM Health's Logistics team constantly monitors our NEMT provider network for adequacy. We store information regarding each NEMT provider's service area in MTM Link. We allow providers to define their service area, coverage capabilities, and specifications for pick-up and drop-off locations. MTM Link then uses this information to gauge NEMT provider capacity and availability.

In addition, our Logistics staff continually monitors network adequacy, using a sophisticated algorithm, so we maintain coverage for all modes in every county. If we identify any gaps in coverage, we work with our current network of NEMT providers to identify where these providers can grow their services to accommodate the Agency's membership.

Next, we reach out to NEMT providers from whom we have Letters of Commitment to contract throughout additional counties to join our network. MTM Health maintains a repository of potential transportation partners and can tap into them as needs arise.

We use innovative solutions for recruiting new NEMT providers, such as applying creative rate structures; reaching out to medical facilities for provider recommendations; and providing technology that helps providers be more efficient, claim trips faster, and have better visibility into their operations.

As required by the RFP, MTM Health does not delegate services except for the direct provision of transportation by our network of NEMT providers. We manage all screening, authorization, and scheduling duties in house, as described throughout this proposal. Our ***Proposed Staffing Plan*** on **page 164** details the staff who will be responsible for these activities.

Strategies to Reduce Trip Costs

MTM Health will look to provide our NEMT providers with flexible pricing based on average trip distance. This will allow us to offer more trips to NEMT providers that give pricing discounts for trip volume. Further, we will ensure that any behavioral health centers we contract with in our network are paid accordingly based on their overhead.

As detailed in ***Private Auto*** on **page 55** and ***Fixed Route*** on **page 54**, we maximize the use of low cost modes such as gas mileage reimbursement and public transportation. In addition, we use several innovative strategies for cost containment and enhanced NEMT accessibility and reliability, such as dedicating NEMT providers to medical facilities, as described below.

Dedicated NEMT Providers for Facilities and Hospitals

Certain facilities, including hospital systems, benefit from direct relationships with NEMT providers to provide the best service to members. This may be for a variety of reasons, with the most common being the ability to accommodate hospital and facility discharges without delay. Because hospital discharges and similar trips occur without advanced notice, MTM Health created a program to help facilities and hospital systems address the challenge of having a NEMT provider readily available by dedicating a single NEMT provider or a small group of NEMT providers to serve these facilities.

Through a competitive RFP process, we select NEMT providers that exemplify high service at a competitive market price to serve specific hospital systems. This may include helping NEMT providers establish temporary depots at hospitals with parking spots set aside for their drivers to use during the day. This approach helps maintain driver availability for unpredictable trips such as Will Call and hospital discharge, effectively reducing wait time for members, reducing missed trips, and improving our relationships with hospitals and facilities. It also lowers transportation costs because we no longer need to offer rate incentives to place the short-notice trips, as the assigned NEMT provider is readily available. In one instance, we were able to reduce trip costs by 40% for a drug rehabilitation facility by dedicating the trip volume to one transportation provider.

As another example, we assigned a NEMT provider to serve a large facility in Illinois which generates a large number of trips, making it an ideal target to improve service and on-time performance. This program began in October 2024, and since then, it has helped improve member and facility satisfaction. We are also in discussions with an Illinois NEMT provider for day rates with the purpose of selectively placing drivers and vehicles in locations with needs. We have identified several areas that would be a good fit and provide a more reliable service as these locations are in rural areas. This is part of a larger, long-term initiative to explore opportunities for staging vehicles in rural areas to improve network adequacy.

B. NEMT Provider Contracts

MTM Health sets clear expectations for service delivery and holds NEMT providers accountable. We continually monitor NEMT provider performance and compliance with state laws and regulations, and we detail our expectations in our sample Model NEMT Provider Contract, provided in **Attachment D**. Upon contract award, we will update the contract as necessary to meet all Agency requirements as listed in Appendix 1, III. NEMT providers, B. NEMT Provider Contracts, and we will provide it for review prior to use. The service agreement specifies the activities and responsibilities delegated to the NEMT providers and detail actions or sanctions if the provider's performance is inadequate. We do not allow NEMT providers to deliver NEMT service before we complete credentialing and receive a signed NEMT Provider Contract. MTM Health maintains an electronic copy of the signed contract within MTM Link for each NEMT provider in our network.

In accordance with Agency standards, MTM Health will offer contracts to any willing NEMT providers, and licensed behavior health centers, that meet the Agency's and MTM Health's NEMT provider requirements. MTM Health recruits sufficient providers into our network to perform NEMT services effectively and efficiently.

Our network will include all required types of transportation, including basic vehicle, enhanced vehicle, and all others listed in *Section III of Appendix 1*, to meet the needs of West Virginia Medicaid members.

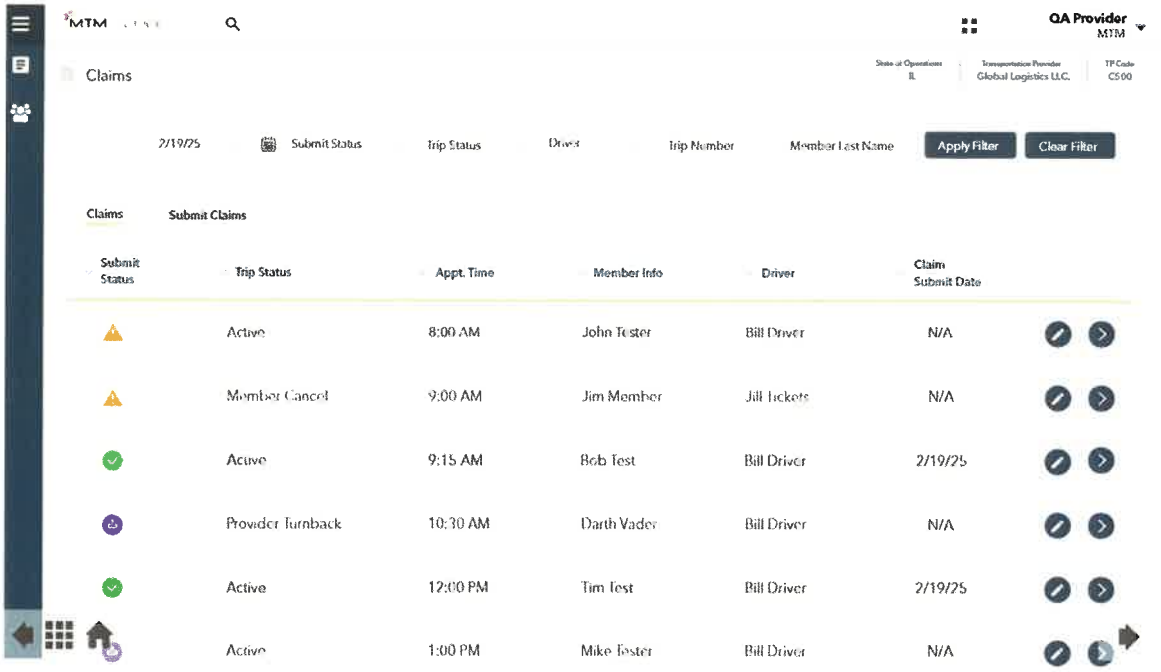
C. NEMT Provider Reimbursement

NEMT providers appreciate MTM Health's timely, seamless, and transparent claims processes; we routinely hear from providers that our claims processing is much speedier than our competitors'. We spend considerable time ensuring NEMT providers understand our processes, as cash flow is often very important to their ability to provide consistent, high-quality service.

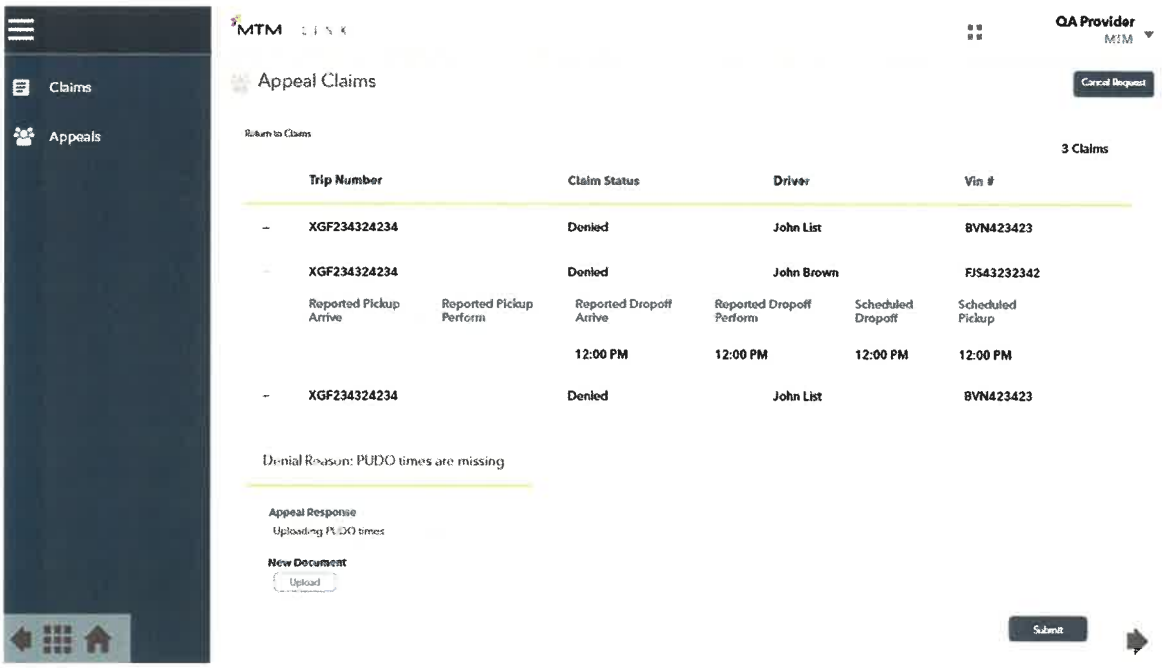
MTM Health pays NEMT providers in our network on a biweekly basis via Automatic Clearing House (ACH) electronic check. MTM Health reconciles 100% of submitted trips; MTM Link matches each claim to the authorized trip and validates data and trip documentation to reconcile the trip before payment, protecting against fraud. NEMT providers submit billing information and review payment details electronically:

1. **Online Trip Information Entry:** Using the MTM Link portal, providers submit trip claim information, where it is assigned an Internal Control Number. MTM Health requires providers to submit their claims within 90 days of service; trips not claimed within 90 days are denied based on timeliness and must be appealed for payment. MTM Health allows 365 days from the date of the primary payer's explanation of benefits for Medicare crossover claims and coordination of benefit (COB) claims, so we do not penalize NEMT providers for delays created by waiting for a response from the primary payer.
2. **Information Validation:** MTM Link reviews documentation for compliance and places the claim into approved or denied status. Approved claims move on to step three. Providers receive automatic notification of claim denial through the portal and via mailed denial notifications. If the provider does not agree with the denial, they may request an appeal online, which prompts a review from a Claims Specialist. Following evaluation, a Claims Specialist approves the claim, and it moves to step three, or rejects the claim and notifies the provider of their right to submit a second level appeal. Second level appeals are reviewed by an Appeals Board. This process occurs within 30 calendar days.
3. **Payment Authorization:** Upon the successful completion of the above steps, the NEMT provider receives payment for approved trips. MTM Health pays providers within 30 calendar days of receipt of a clean claim. MTM Health provides reports on claims payment processing including the number of days for claims payment and number of days between services rendered and claims submission.

Across our book of business, MTM Health maintains a timely claims reconciliation process, paying 100% of clean claims within 30 days. Our average claims payment time from date of claim receipt is nine days.



MTM Link Claims. *NEMT providers can easily upload and manage claims on MTM Link.*



MTM Link Claims Appeals. *NEMT providers use MTM Link to view and manage claims appeals.*

MTM Health does not normally implement any penalties for submission of late reimbursement requests; rather, NEMT providers have 90 days following the date of service to submit their claim. Any claims reimbursement requests not submitted timely within that window will be denied, with exception to claim(s) submitted by or on behalf of a NEMT provider or provider who is under investigation for fraud, waste, misuse, or abuse or a claim that is under review for medical necessity. This deadline is outlined in MTM Health's Model NEMT Provider Contract, included as **Attachment D**.

Adjudicating Claims

MTM Health 's comprehensive claim adjudication process makes sure we only pay NEMT providers for authorized transportation they successfully perform. We reconcile 100% of submitted trips, and only pay reconciled claims, protecting against fraudulent activity.

To avoid claim errors, MTM Health automates our adjudication process. NEMT providers submit claims online, and MTM Link pulls pertinent trip information, including:

- Trip number
- Pick-up and drop-off times
- Driver and vehicle
- GPS timestamps

MTM Link then automatically validates:

- The trip was assigned to the NEMT provider
- The driver had current certifications on file and was in an approved status on the date of the trip
- The vehicle is registered and was in an approved status on the date of the trip
- The claimed trip is in a "Scheduled" status, and was not canceled, reassigned, or documented as a no-show

To further review claim submissions for errors prior to payment, MTM Link adjudicates all claims nightly, reviewing the claim for errors or other outlier qualities that require additional review. MTM Link flags trips with errors or outlier properties for investigation by MTM Health's fraud, waste, and abuse team.

In addition to reconciliation, MTM Health performs pre-trip and/or post-trip verification to make sure members have/attended scheduled appointments. We conduct pre-trip and/or post-trip verification on a random sample of trips each month, or whenever a member shows the possibility for fraud, like high utilization. In addition, we are creating a process to automate attendance verification for medical facilities and providers and use the data to identify fraud, waste, and abuse trends.

D. Geographic Coverage Area

As required by the RFP, MTM Health will record the geographic coverage area from which NEMT providers may accept assignments, including county-level detail and adjacent states. We will provide a Networking and Geographic Coverage Report 30 days prior to the operations start date, and we will not begin operations without it.

Maintaining Rural Coverage

MTM Health is familiar with providing rural transportation; serving all 50 states. We use the following methods to deliver safe and timely transportation to rural members:

- **Innovative Provider Rate Structures:** We establish mileage bands and out-of-service area rates to incentivize NEMT providers to fulfill trips in rural areas. In addition, our Marketplace tool allows providers to select trips that fit within their schedule to minimize downtime while waiting to complete a return trip for long-distance trips, helping maximize productivity and increase trip volume.
- **Sole Source Providers:** We work with medical facilities with fleets to set up sole source arrangements where they transport members to and from appointments or programs at their facilities. We have had success establishing sole source providers for substance abuse treatment facilities, adult daycares, and nursing homes who often transport members together for recurring trips.
- **Non-Professional Community Drivers:** MTM Health integrates volunteers into our NEMT programs, specifically in areas where public transportation and traditional NEMT providers are not available. To accurately convey how volunteers must complete the same inspections and certifications alongside commercial NEMT providers, MTM Health refers to this network as Certified Community Drivers. This program name helps assure members all volunteer drivers receive adequate training and credentialing. During scheduling, MTM Link automatically identifies where volunteers are available and appropriate for a member's needs. Volunteers can access MTM Link to view their trips, receive turn-by-turn directions, and facilitate GPS tracking.
- **Gas Mileage Reimbursement:** If a member has access to a working personal vehicle, wishes to drive themself, or arranges transportation with a relative or friend using a personal vehicle, we assign gas mileage reimbursement. MTM Link predetermines direct mileage for trips to provide the exact anticipated reimbursement amount during reservation. We also reimburse members through reloadable debit cards and ACH.
- **Greyhound and Amtrak:** MTM Health leverages Greyhound and Amtrak to provide cost-effective transportation for long-distance trips. We increase our ability to use these services by scheduling NEMT providers to transport members to train/bus stations and from train/bus stations to the destination.

III. Modes of Transportation

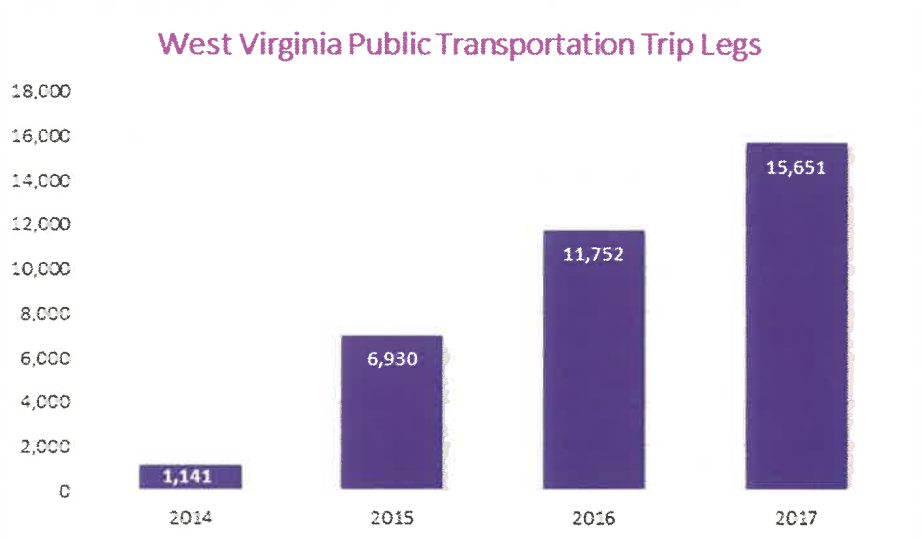
A. Fixed Route

MTM Health leverages all available public transit options whenever possible to both use the least costly mode of transportation and maintain adequate transportation resources for members across the state. During our previous operation of this contract, we established partnerships with several West Virginia transit agencies, including:

- Bluefield Area Transit
- Central WV Transit Authority
- Fairmont-Marion Transit Authority
- Ohio Valley Regional Transit Authority
- Eastern Panhandle Transit Authority
- Potomac Valley Transit Authority
- Raleigh County Community Action
- TriRiver Transit
- Tri-State Transit Authority

We intend to refresh these partnerships again, should we be awarded a contract. We already began outreach to these agencies, including Tri-State Transit Authority and TriRiver Transit, both of which signed a Letter of Intent to work with MTM Health should the Agency award the contract, included in **Attachment B**. We understand the vital role these agencies already play in the communities they serve, as well as their desire to continue serving their communities under the NEMT program. During our outreach, we discussed how MTM Health can help the agencies overcome current challenges with credentialing, trip assignment, and billing.

During our tenure as the Agency's NEMT broker, MTM Health increased public transportation utilization exponentially.



West Virginia Public Transportation Trip Legs. *MTM Health successfully increased public transportation in West Virginia.*

MTM Link uses an interface with Google Transit to get the most up to date public transit data during scheduling. If a member can use public transit, MTM Link can determine if the member's trip falls within the service area of a public transit program, and whether the member's pick-up and drop-off location are within one-half mile from a fixed route stop, which is the current Agency proximity requirement.

MTM Health considers the member's transportation needs, inclement weather conditions, trip reason, and compatible schedule times prior to assigning public transportation with a drop-off time no more than 90 minutes prior to the appointment and a pick-up time at least 45 minutes later than the estimated appointment completion time. If a member declines fixed route service and requests a higher mode, we initiate the level of need review process.

MTM Health makes reimbursement for public transit fare timely and convenient for members by using reloadable debit cards instead of mailing physical passes through our Member Wallet program. For members approved for public transportation, MTM Health sends a card and loads the appropriate amount. MTM Health's staff analyze each member's trip patterns to determine whether to load funds for Single, Monthly, Daily, and/or Multi-Ride Passes. If we find a member abuses the program, we only provide enough funds for a one-day pass for each future trip and only replenish it after we verify the member's attendance with the medical provider. The member's medical provider or facility verifies his/her attendance via the MTM Link portal. In addition, MTM Health performs monthly attendance confirmation for standing order appointments using the MTM Link portal functionality.

MTM Health launched Member Wallet among AmeriHealth's Pennsylvania membership in December 2020. AmeriHealth's population in this area are high utilizers of public transit. Approximately 4,900 AmeriHealth members use Member Wallet for their public transit trips, leading to increased efficiencies, higher satisfaction and willingness to take public transit, and reduced fraud, waste, and abuse. The Member Wallet program reduced processing time for public transit fare by 97%, giving members more timely access to their transit fare.

B. Private Auto

MTM Health approves gas mileage reimbursement if a member has access to a working personal vehicle, wishes to drive themself, or arranges transportation with a relative or friend using a personal vehicle. Across our operations, MTM Health issues approximately $2.6M per month in gas mileage reimbursement, which is a testament to our efficiency in managing this mode for clients and members.

There are many benefits to promoting gas mileage reimbursement:

- Low-cost mode representing cost savings for the Agency
- Enables NEMT providers to focus on those members who have no other reliable access to transportation
- Promotes independence and community involvement, allowing friends and family members to transport members with considerations to their needs
- Eliminates appointment timeliness complaints, as members are responsible for their own transportation

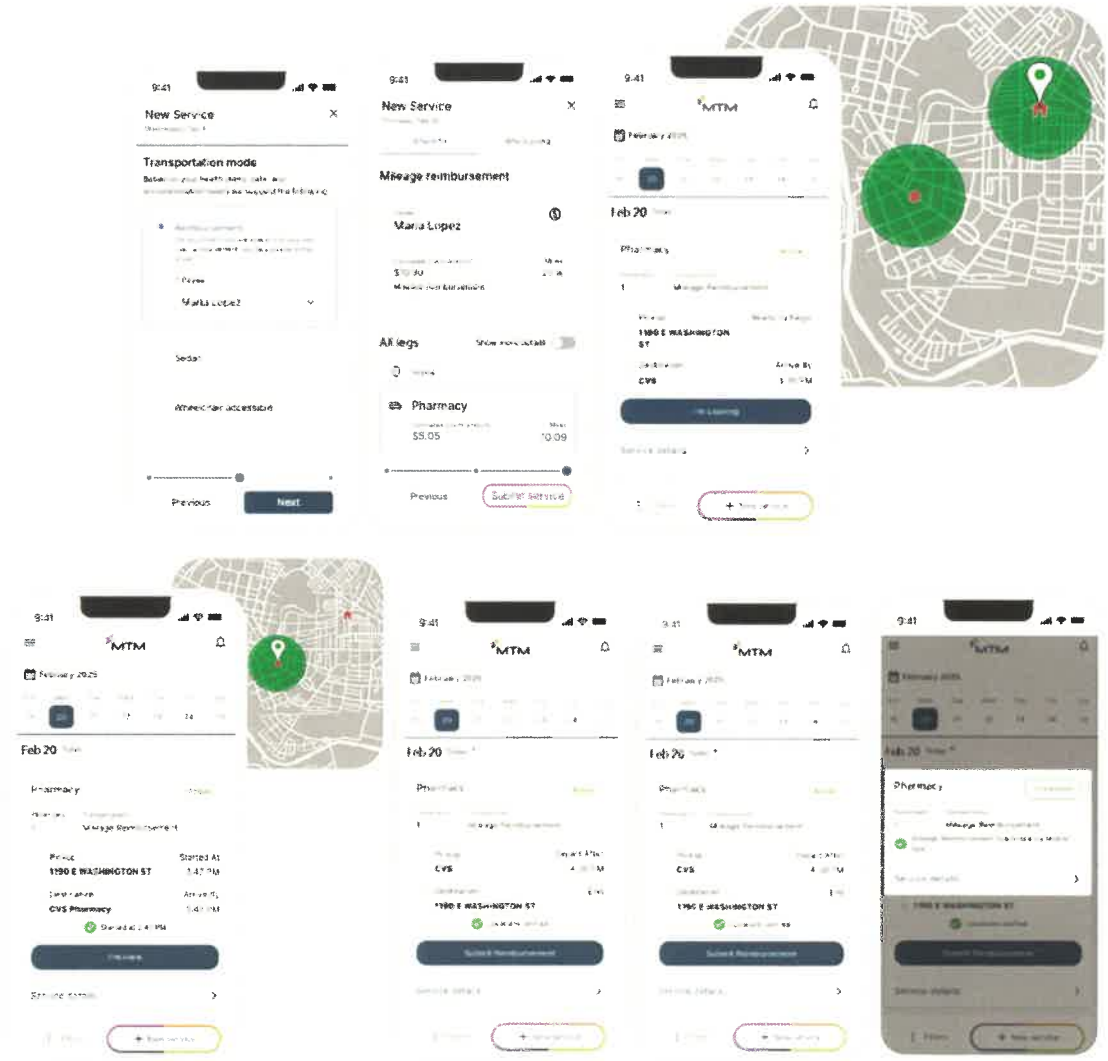
During our previous operation of the West Virginia NEMT program, **we successfully implemented and increased utilization of gas mileage reimbursement by 40%** between FY2015 and FY2017, realizing a **cost savings of nearly $600,000** for the program.

Members can schedule gas mileage reimbursement trips via phone call, online, or using our mobile app, including same-day gas mileage reimbursement trips. MTM Link integrates with Google Maps to predetermine direct mileage for a trip using the origin and destination addresses. For gas mileage reimbursement trips scheduled via phone, the CCR can provide the exact anticipated reimbursement amount to the member on the call. CCRs can also share the dollar amount of reimbursement available to members initially requesting sedan or another higher mode of transportation, to encourage use of this lower cost mode. Additionally, to further encourage the use of gas mileage reimbursement, MTM Health often includes messaging on our interactive voice response and within the MTM Link member app to promote the convenience of this option. MTM Health will use the Agency-approved call script to ask if members have access to transportation services through a personal vehicle, friends, family, or community services.

MTM Health makes mileage reimbursement convenient for members or the friends and family who drive them, offering reimbursement via reloadable debit cards and automated clearing house (ACH) deposits. To prevent fraud, waste, and abuse, members can submit gas mileage reimbursement claims online and using the MTM Link app.

This claims process is simple and convenient and replaces the burdensome, costly written verification process; members simply verify that they arrived at their intended destination when they reach their appointment using the mobile app. Since MTM Link pre-calculates trip mileage, once the member selects they arrived, the app submits the trip for reimbursement.

The app uses GPS information from the member's smartphone to verify if the member is within a "geo-fence" distance of the appointment and return trip destinations given at the time of the reservation. If the GPS data shows the member was outside of 1/10 a mile of the approved geo-fence, but near the address indicated in the reservation, MTM Link submits the claim for approval by MTM Health staff. If the data shows the member was far outside the geo-fence at the time they indicated arrival, MTM Link denies the claim.



MTM Link Mobile App: *Users can easily request gas mileage reimbursement trips, view estimated reimbursement amount, and submit claims through the mobile app, which uses geofencing to automatically validate the claim for payment.*

For members who do not wish to use the MTM Link mobile app, MTM Health supplies trip logs. The member must fill out the trip logs and obtain signatures from the medical provider/facility personnel for all trips. The member then sends the trip log back to MTM Health for verification and reimbursement within 60 days from the date of the earliest ride listed on the form.

Volunteer Transportation

Volunteer drivers are an important part of MTM Health's network in many of our markets, especially in rural and remote rural areas. Because we have seen firsthand the positive impact volunteers can have, we intend to use them where available for the Agency's NEMT program.

Although volunteers can be an important tool for helping contain costs – specifically in areas where public transportation and traditional NEMT providers are not available – their benefits extend far beyond finances. MTM Health's volunteer drivers are part of the communities in which our members live; often volunteers are their neighbors.

This provides members with confidence in the volunteer drivers, and the volunteers report a great sense of satisfaction in being able to provide a vital service to members of their communities by helping them access important medical services and treatment.

MTM Health has an established, proven process for recruiting and retaining high quality volunteers. To accurately convey how volunteers must complete the same inspections and certifications alongside commercial NEMT providers, MTM Health refers to this network as Certified Community Drivers. This program name helps assure members all volunteer drivers receive adequate training and credentialing.

During scheduling, MTM Link automatically identifies where volunteers are available and appropriate for a member's needs. Volunteers can access the portal to view their trips and can use the MTM Link Driver App for turn-by-turn directions and to facilitate GPS tracking.

During our previous operation of this contract, MTM Health **built a network of 47 approved volunteer drivers throughout West Virginia**. Our network of volunteers **completed 1,110 trips each month** and realized a **cost savings of nearly $600,000** for the program.

Further, during the town halls we conducted across West Virginia in March 2020, we learned that many volunteer drivers desire to have strong support from the NEMT broker, especially when it comes to timely payment, monitoring, and after-hours assistance. As we did during our previous operation of this contract, MTM Health will support our network of volunteer drivers by providing them with courteous, professional support from our dedicated West Virginia team. Our West Virginia volunteer drivers will also have the ability to access a live agent any time they need assistance, through 24/7 live chat and email. In addition, MTM Health will stand up a phone line specifically for NEMT providers and volunteer driver support during the first 60 days of our operations.

C. Basic Vehicle

Following public transportation and private auto, basic vehicles are the next most cost-effective mode of transportation for members who do not require a wheelchair, hydraulic lift, medical monitoring, medical aid, and/or medical care or treatment during transport. Basic vehicles are usually categorized as sedans or minivans.

D. Enhanced Vehicle

Generally, MTM Health authorizes enhanced vehicle services for members who are unable to transfer from a wheelchair into a basic vehicle, safely reach their destination from the curb or vice versa, safely exit the medical provider's facility, or locate the vehicle independently. In certain situations, a member may be able to arrive at the medical facility utilizing public transportation or basic vehicle services, but due to the nature of the medical treatment, require a higher mode of transport on the return ride. MTM Health has developed split-level certifications so we can appropriately accommodate such situations.

E. Other Transportation

Nationwide, MTM Health uses a variety of other types of commercial carriers to serve our members, including Amtrak, buses, and commercial air carriers. We have even used ferry services to transport members in Wisconsin. To meet West Virginia Medicaid members' needs, we will use whatever mode of transportation is the lowest cost and most appropriate.

IV. Miscellaneous Operation Rules

A. Excessive Distance

If a member requests to travel out of the coverage area, a CCR sends a "Distance Verification Form" to the member's referring or rendering medical provider. If the provider verifies need for the request, a CCR places the trip into a valid status and schedules it with an appropriate NEMT provider. If the medical provider does not verify the need for the request, MTM Health denies the trip, and MTM Link generates a denial letter for the member.

MTM Health streamlines the Distance Verification process with our Approval Manager tool. Approval Manager is an electronic web-based portal that offers a secure, HIPAA compliant, and efficient way for clients and medical providers/facilities to electronically review and prior authorize trips that meet a set of criteria, such as mileage overages or trip reason. Trips that meet the criteria enter the Approval Manager for the review once a CCR enters in the trip. Clients, medical providers, or facilities complete the review process in Approval Manager, which sends updated status seamlessly back to MTM Link for trip processing.

For the West Virginia NEMT contract, we will implement excessive distance protocol if the requested trip is to a medical provider outside the county, bordering county, or within 30 miles of the West Virginia border. Our staff will approve these requests only if the member has medical certification or specific prior authorization by the UMC on file, or if the member has relocated within the past 90 days. We will monitor and report the frequency of authorizations for NEMT services with excessive distance on a monthly basis, and will also report any member pickup requests from out of state.

B. On-Time Arrival

MTM Health prevents delays by empowering NEMT providers to dictate many aspects of their service, such as service area, hours, and capacity. Using this information, MTM Health dispatches trips NEMT providers are most likely to accept and perform according to service standards. Further, we maintain service level thresholds for our NEMT providers regarding missed/late trips and assess liquidated damages for those who exceed these thresholds. MTM Health also continuously provides education and support to NEMT providers, so they have the skills, knowledge, and tools they need to be successful.

Using GPS capabilities, our dispatchers have live insight into vehicle timeliness, allowing us to be proactive, rather than reactive, in preventing missed trips due to vehicle breakdown, traffic, or other issues.

MTM Health uses real-time GPS data from MTM Link to gain insight into potentially late or missed trips, which enhances our ability to meet and exceed the Agency's performance standards of no more than 5% late or missed trips. Further, MTM Link's scoring criteria prevents assigning trips to NEMT providers who exceed capacity for the day or do not serve a particular area.

MTM Link allows us to monitor provider performance in real-time, collect GPS information and time stamps for pick-ups and drop-offs, and use Automatic Vehicle Locator to verify a vehicle's location at any given time of service.

These capabilities greatly improve MTM Health's insight into NEMT provider on-time performance and allow us to develop training, incentives, or penalties for NEMT providers based on the root causes of untimely transport. MTM Link's dashboards can provide timeliness alerts for the entire program and/or by provider. These dashboards enable users to drill all the way down to trip level, where they can see how a driver completed an individual trip, including captured GPS locations displayed on a map.

We use this information to improve future service by identifying the root cause of timeliness issues from both the NEMT provider and member. This may include geocoding the correct pick-up location, accounting for additional loading/alighting time, or setting proper vehicle capacity by time of day/day of week. We also perform random on-street observations and review feedback from member satisfaction surveys to monitor NEMT provider performance.

We educate drivers that they must make their presence known and wait for the member for at least five minutes after the scheduled pickup time before marking the member as a no-show, alerting their dispatcher, and departing.

C. Travel Time on Board

MTM Health manages travel time parameters through trip assignment, prioritizing timeliness as we assign trips to NEMT providers in multi-load situations, and we clearly outline time-on-board standards with NEMT providers. We schedule multi-loaded trips (excluding air transport) so members do not remain in the vehicle for more than 45 minutes longer than the average direct commute from the point of pick-up and destination. We verify travel time by reviewing GPS data and trip logs submitted for claim reimbursement. MTM Link shows whenever a trip is running behind schedule and can highlight travel times for specific members. A dispatcher can use this information to manage the trip as necessary to meet the travel time requirement.

D. Adverse Conditions Plan

With 30 years of experience operating transportation programs in every region and climate the United States has to offer, MTM Health maintains a vetted approach to minimizing the impact of inclement weather, natural disasters, and other states of emergency have on transportation services.

When authorities predict a severe weather event, or when an unexpected natural disaster occurs, our leadership team immediately implements the appropriate course of action, including:

- **Assessment and Planning:** Our executive and local teams jointly assess the scenario and initiate an appropriate plan of action.
- **Client Notification:** Our local teams report to each impacted client the nature of the disaster, the potential impact to operations, plans to manage the impact, and the anticipated timeline to restore normal operations.
- **Operations Preparation:** Our team contacts each operational department head and Recovery Team to initiate the plan via a calling tree.
- **Call Rerouting:** If local or corporate telephone lines go down, our telephony system immediately begins re-routing calls to back-up CCRs in remote locations. Our telephony system intelligently manages our CCRs as a global resource pool, which allows us to instantaneously reroute calls without disconnecting members. Because many of our CCRs work remotely, MTM Health has an added layer of protection, as they are less likely to be impacted by severe weather simultaneously.
- **Trip Cancellations and Service Continuation:** Our Logistics and Dispatch teams work with NEMT providers to contact members who have trips scheduled to non-life-sustaining appointments during the forecasted inclement weather. We inform these members that MTM Health has temporarily suspended transportation service, and work with them to reschedule their appointments and transportation. Simultaneously, we coordinate with NEMT providers to schedule immediate return rides for those members already at their appointment to ensure each member returns home safely. Additionally, when safe and possible, we make priority arrangements to continue transportation to life-sustaining appointments like dialysis and physical therapy to ensure members do not miss critical care.

MTM Health maintains an Adverse Conditions Plan, which we will customize to meet the Agency's requirements and provide for approval at least two weeks before the operations start date, upon any revisions, and upon request thereafter.

We will maintain a standard plan across the region and provide an appendix for each county noting any specifics for that area, such as points of contact. MTM Health will review and update the plan as necessary, and at least annually.

We also maintain a Business Continuity and Disaster Recovery Plan, provided as **Attachment I**, to ensure our ability to respond adequately to an acute event that disrupts telephone and/or transportation services.

E. Vendor as a NEMT Provider

As a true broker, MTM Health does not own or operate any vehicles in any of our current contracts. We will not serve as a NEMT provider for the West Virginia program. MTM Health will assign all trips for the Agency's NEMT Brokerage Program to our subcontracted network of NEMT providers.

F. Post-Transportation Authorization Requests

MTM Health is well-versed in handling post-transportation authorization requests. MTM Health minimizes the need for post-transportation authorization requests, as members can reach us via phone 24/7/365, as outlined in ***Telephone Access*** on **page 86**.

For back-dated eligibility issues, MTM Health will review and approve gas mileage reimbursement for trips that occurred during this period. We will consider the same factors as described in ***Screening*** on **page 19** to determine whether to authorize NEMT services after a trip took place. As with gas mileage reimbursement requests, we will establish a timeframe in which members must submit their post-authorized claims. We will submit our customized West Virginia Post-Transportation Authorization of NEMT Services Policy for the Agency approval at least 30 days prior to the operations start date.

G. Accidents and Incidents

MTM Health defines incidents and accidents as the following situations:

- Vehicle accidents
- Assaults to a member or driver
- Injury to a member while on board the vehicle
- Allegations of abuse
- Medical attention needed en route
- Any occurrence that interrupts the trip, causing the driver to stop the vehicle including a breakdown or unruly passenger

In these scenarios, MTM Health develops a report including, but not be limited to, the name of the driver and member(s) involved; address, date, and time of incident; whether illness or injury was involved; description of the incident; and final disposition and resolution. Our reports will include all details as required in *Appendix 3, Reporting Requirements*.

MTM trains NEMT providers to notify dispatch immediately of any incident or accident along with the necessary authorities (ambulance, police, etc.), depending on the type and severity of the accident. For any accident that results in bodily injury, we require the NEMT provider to complete an Incident/Accident Report Form, which they must submit to our Quality Operations department within 24 hours of occurrence.

All accidents/incidents are reported directly to the Quality Operations department. A Compliant Coordinator checks the NEMT provider's current insurance, driver training, background check, and MV record for the driver involved. Regardless of the type or severity of an accident/incident, MTM Health retains the right to require a driver submit to drug/alcohol testing when deemed necessary. We retain all reports of the accident/incident electronically. Based on the findings, we take corrective action up to and including terminating the provider from our network, if warranted by the investigation results.

V. NEMT Service Denials

A. Denial Policies and Procedures

While MTM Health's determination procedures always rely on objective, consistent methods for approving service requests, we also have procedures in place to accommodate denials. We never discriminate against race, ethnicity, color, origin, or religion when making denial or approval decisions and only deny requests when they do not meet program requirements and/or the member is not eligible for services.

If a member's request for transportation does not meet the program's eligibility requirements, such as Medicaid eligibility, covered services, or nearest provider, MTM Health denies the request. We verbally notify the member or representative as soon as possible. We follow up on our verbal notification with a written denial notice.

MTM Health automates the generation of denial letters; when MTM Link denies a member transportation services, it automatically fills in the necessary information within the denial notification, including:

- A clear statement of the decision
- The specific reason(s) for the action
- Regulations that support or require the action
- Explanation of member's right to appeal, including how to initiate an appeal and a description of the appeal and fair hearing process
- Contact information

MTM Health notifies a member any time we make an adverse determination regarding a requested trip, whether denied, approved for a lesser amount than requested, or approved for an alternate service. We also provide notification whenever we reduce, suspend, or terminate services for a member.

During implementation, MTM Health will program MTM Link with the Agency's denial criteria, including the denial reasons listed in *Section V, Subsection B* of the RFP. MTM Link stores all trip requests, including denials, giving us a clear record of all denials for record keeping and quality assurance processes.

MTM Health will submit our denial letter template for the Agency's approval no later than 30 days prior to the operations start date. Once approved, in cases of denials, MTM Health will mail the notice to the member and medical provider no later than the next business day following the date of the denial decision and maintain a copy within our files. MTM Health will report denials to the Agency within our monthly reports. For reporting purposes, we will not include instances where a member does not have sufficient information to arrange transportation, or has to hang up and call back at a later time, as trip denials.

B. Denial Reasons

In accordance with the Agency's established protocols, MTM Health will deny NEMT service requests that meet one or more of the following:

- The member is not eligible for NEMT services on the date of service
- The member does not have a medical need that requires NEMT services
- The NEMT request is not for a covered medical service
- The NEMT request is for a medical service that requires prior authorization, which has not been obtained
- The service was done out-of-network without a prior authorization and did not meet policy criteria for an emergency or foster child placed out-of-state
- The member has access to affordable transportation
- The NEMT request is for a medical service covered under another program
- The NEMT request is for post-transportation authorization and was not received timely or did not meet established criteria
- The medical appointment is not scheduled or was not kept
- MTM Health cannot verify there was a medical appointment
- MTM Health cannot verify the member's physical address
- The member did not request the trip within an appropriate timeframe and MTM Health cannot accommodate the trip
- MTM Health requested additional documentation, and the member did not submit the documentation within an appropriate timeframe
- The member refuses the appropriate mode of transportation
- The member refuses the NEMT provider assigned to the trip and another NEMT provider is not available
- The member's medical need(s) requires an ambulance level of transportation

In situations where a member requires an ambulance level of transportation, MTM Health will refer the member to appropriate resources, such as local ambulance providers in their area.

VI. Timeliness

A. Routine NEMT Services

Across our book of business, MTM Health authorizes and schedules thousands of trips each day in a timely manner. During our previous tenure as the Agency's NEMT broker, we scheduled 98% of all routine NEMT requests within three business days' receipt, and 100% of requests within ten days after receipt. If awarded a contract, we will do so again. As outlined in ***Notification of Arrangements*** on **page 35**, MTM Health strives to schedule all NEMT requests during the member's initial call.

B. Non-Routine NEMT Service

If we require additional information to authorize a request for transportation, we place the trip on hold and request the information within 24 hours. If we do not receive the additional information within the timeframe requested, we deny the trip unless the service is to an appointment for chemotherapy, dialysis, or high-risk pregnancy. In those cases, MTM Health will approve a single trip request and work with the member to obtain the necessary information to set up a standing order.

VII. Validation Checks

As detailed in ***Screening*** on **page 19**, MTM Health performs all necessary gatekeeping to verify trip requests meet eligibility and protocol requirements prior to scheduling. In addition, MTM Health performs pre-trip and/or post-trip verification to make sure members have/attended scheduled appointments. We conduct pre-trip and/or post-trip verification on a random sample of trips each month, or whenever a member shows the possibility for fraud, like high utilization. In addition, we are creating a process to automate attendance verification for medical facilities and providers and use the data to identify fraud, waste, and abuse trends.

As required by the Agency, we will conduct monthly validation checks on at least 10% of all NEMT service requests, including 6% pre-transportation and 4% post-transportation. MTM Health will provide our Validation Plan to the Agency at least 30 days prior to the operations start date for review and approval. The plan will include protocols for obtaining verification that appointments exists, processes for flagging trips as a result of busy signals or no answer, and denying trips in which pre-transportation validation verifies an appointment does not exist.

A. Pre-Transportation Validation Checks

MTM Health will hire five full-time Appointment Verification Specialists for the West Virginia NEMT program to conduct validation checks. Each month, they will perform pre-transportation validation checks on over 6% of all NEMT requests to verify the member has a scheduled appointment for a covered medical service on the date of requested NEMT service. If our staff find the member does not have an appointment for the date of requested NEMT service, and/or the service is not a covered medical service, they log a denial reason code in MTM Link, which initiates a denial notice within our system.

If our Appointment Verification Specialist cannot complete a pre-transportation check because the call to the medical provider resulted in a busy signal or no answer, they will flag the member's NEMT request for a post-transportation validation check. MTM Health will not count these attempts towards our 6% rate.

B. Post-Transportation Validation Checks

Similar to the process above, the Appointment Verification Specialist will conduct post-transportation validation checks on over 4% of all NEMT services requests every month to verify the member attended an appointment for a covered medical service on the date of requested NEMT service. If our staff find the member had no appointment, did not keep the appointment, did not show for the appointment, or did not receive a covered medical service, they log a failed validation check within MTM Link. MTM Health denies any claim for NEMT service that failed a post-transportation validation check. If the Appointment Verification Specialist cannot complete a post-transportation validation check because the call resulted in a busy signal or no answer after three attempts, they will flag the member in the system. During future NEMT requests, MTM Link flags the trip for validation by the Appointment Verification Specialist before authorizing the trip.

C. Fixed Route

MTM Health will include fixed route trips within our pre-transportation and post-transportation validation checks on at least 10% of all NEMT requests. We will work with the Agency and public transit agencies to develop final policies and procedures for fixed route validation checks.

VIII. Suspected Fraud, Abuse, Waste, and Misuse

MTM Health believes in anticipating, rather than reacting to fraud, abuse, waste, and misuse, and places high importance on maintaining a corporate culture of detection and prevention. MTM Health checks eligibility for every single trip prior to scheduling; uses software designed to identify potential fraud early; determines the mileage and trip details during scheduling; and assigns the lowest cost, most appropriate mode of transportation. We take all accusations and suspicions of fraud seriously. If we discover fraud on the part of a member, NEMT provider, or medical provider, we will report the case to the Agency's Office of Program Integrity and the Agency Contract Manager, as soon as possible, but no later than three calendar days. Our Corporate Compliance department staffs Compliance Coordinators focused specifically on detecting and responding to fraud, abuse, waste, and misuse cases. A Compliance Coordinator will communicate all details to the Agency including:

- The NEMT provider's name, Medicaid ID Number, the driver's name, and contact information
- The member's name and Medicaid ID Number
- The medical provider's name and Medicaid ID number
- A narrative describing the situation including all substantiating research and data
- Indication as to whether the service was verified

MTM Health's entire staff will cooperate fully with any Agency, OIG, or law enforcement investigations and/or reviews and ensure transparency of data and circumstances relating to the incident in question. Our NEMT Provider Contract, included as **Attachment D**, will include requirements for adherence to these provisions.

Outside of our standard eligibility verification processes, MTM Health has established several prevention and identification methodologies, outlined below.

In 2024, MTM Health's Compliance team investigated 11,096 potential fraud cases, s**aving $2,862,784 in loss avoidance and recouping $848,156**. With our **new AI tool for automated FWA detection**, we already seen significant success. In just the first six months of 2025, January – June), we investigated 13,397 potential fraud cases, **saving our clients $1,217,243 in loss avoidance and recouping $3,496,966**.

Training Staff and NEMT Providers

MTM Health provides mandatory annual fraud, abuse, waste, and misuse training for all employees and NEMT providers. Upon completion of our course, each employee and NEMT provider must complete an assessment to verify understanding and sign a completion document. MTM Health maintains all results in the employees' or providers' files. Providers also receive guidelines on trip and billing requirements to help reduce the likelihood of committing fraud or a simple documentation error.

Verifying Service Provision

MTM Health performs attendance verification, signature verification, and trip reconciliation; our Fraud Review team follows-up on any inconsistencies. Should MTM Health suspect a member has misrepresented a medical condition to justify need for NEMT, our Compliance Coordinator calls the medical provider to verify the medical necessity for service. If MTM Health determines the member falsified a medical condition, we require authorization and verification by the member's medical provider for all subsequent trips. MTM Link adjudicates 100% of claims as NEMT providers submit them.

MTM Link's automated adjudication process reviews various aspects of claims to check for errors or other outlier qualities, such as high utilization by the same member, high trip cost, high trip mileage, high travel time, trips assigned to NEMT providers with outdated credentials/contracts, etc.

As allowed by the Agency, MTM Health would like to request claims data for paid Medicaid services to compare against transportation claims to aid in verifying service provision and reducing fraud, waste, and abuse.

Using MTM Link to Detect and Prevent Fraud, Abuse, Waste, and Misuse

MTM Link identifies potential fraud early and raises a fraud alert. MTM Link confirms the member's eligibility and only allows scheduling to covered services with approved modes. It also matches files sent by NEMT providers with scheduled trips. This process generates exception reports for a Claims Auditor. In the event MTM Health identifies suspicious activity from a member, we place the member on our fraud watch list. The next time they call, MTM Link alerts the CCR to verify a scheduled appointment exists prior to arranging transportation, and to review other information for potential fraud.

Reviewing Utilization

If we find a member demonstrates suspicious overutilization, MTM Link flags them as high-risk. When a high-risk member calls to schedule a trip, MTM Link notifies the CCR during the reservation to perform pre-trip verification. The CCR contacts the member's medical provider or facility to verify the member has an appointment prior to setting the trip.

We also flag the NEMT provider tied to the member's overutilization, prompting MTM Link to pull all claims from that provider for post-trip verification by our Logistics and Claims departments.

Using Artificial Intelligence (AI)

We have recently enhanced our fraud, waste, and abuse detection and investigation process with a mix of artificial intelligence and Robotic Process Automation. We partnered with St. Louis-based healthcare automation consultant Amitech to build proprietary and private AI dashboards for MTM Health that allow our team to access real-time data insights, empowering them to mitigate fraud, waste, and abuse before we disperse funds to NEMT providers and/or members.

The AI model pulls reports to help MTM Health proactively confirm or cancel trips through model predictions forecasting trips in advance and recent trips for updated trip information. It uses automated pattern recognition machine learning algorithms to detect anomalies in real time, such as unusual trip distances or frequent rides outside contractual terms. Advanced algorithms uncover hidden fraud schemes by analyzing relationships between entities like drivers, members, and trip routes.

Near real-time data analysis provides quicker responses, minimizing fraud impact and speeding up resolutions along with refocusing manual review efforts to concentrate on high-risk cases. Some of the ways we are using these dashboards to produce actionable items include:

- Linking high-risk payees and members to other potential fraudulent trips to expose fraudulent 'rings' of activity
- Categorizing trends by client, provider, state, and type
- Showcasing trip irregularities for targeted follow up
- Automatically linking and flagging all current and future trips to high-risk payees/members for claims department escalation and attendance verification
- Automatically monitoring future trips scheduled by high-risk payees or members

The AI model results in cost savings, optimization, and compliance by limiting financial losses through early and efficient fraud detection and allowing MTM Health to focus our resources on legitimate fraud, waste, and abuse cases. Further, the model is completely private, specially created for MTM Health use, and compliant with all security and HIPAA requirements.

IX. Vehicle Requirements

A. Americans with Disabilities Act (ADA) Compliance

Each NEMT provider will receive a copy of ADA vehicle requirements upon joining MTM Health's network. MTM Health's Logistics staff will inspect each vehicle serving the Agency's membership prior to joining our network, and every six months thereafter to verify ADA compliance. We keep records of all vehicle inspections at our local office and within MTM Link, where the Agency has access as needed.

B. Other Compliance

MTM Health's proposed Provider Relations Manager, Kristin Gillam, will oversee the inspection of NEMT providers in our West Virginia network. We will staff three full-time Field Service Specialists within West Virginia who will meet with each NEMT provider to conduct an inspection of the provider's facilities and vehicles and ensure providers entering our network have safe, qualified vehicles that comply with or exceed the manufacturer's, state and federal regulations including ADA, and safety and mechanical standards. MTM Health clearly defines vehicle requirements, including each of those established by the Agency and included in *IX Vehicle Requirements* of the RFP, within our NEMT Provider Contract.

Field Service Specialists work closely with NEMT providers to make certain they understand all contract requirements such as documentation, registration, insurance requirements, driver conduct, and training. They determine if the NEMT provider has the necessary technology, hardware, and software capabilities to provide and maintain accurate and timely records, as required by MTM Health and the Agency.

Field Service Specialists conduct scheduled and random on-site inspections throughout the life of this contract to verify compliance with driver and vehicle requirements and conduct retraining as needed. If the Field Service Specialists find a vehicle to be non-compliant with Department of Transportation vehicle licensing requirements, safety standards, ADA regulations, or RFP requirements, they require the NEMT provider to immediately remove the vehicle from service until they resolve the issue. Field Service Specialists document deficiencies and actions within MTM Link.

Additionally, our proposed network includes bariatric-equipped vehicles, and NEMT providers who have the capability to perform bariatric transports of patients up to 800 pounds. Across the country, we continually perform successful bariatric trips each day, including in dense metropolitan areas such as Washington, D.C., and in locations involving stairs.

C. Vehicle Inspection

Our Logistics staff inspect each vehicle prior to the operations start date to validate whether the vehicle is compliant with contractual vehicle/safety standards and meets or exceeds all MTM Health, state, federal, and manufacturer standards. Additionally, we test all communication equipment during inspections. Field Service Specialists complete inspections on a semi-annual basis. This will be conducted in-person or virtually as allowed by the Agency. NEMT providers serving the program are also required to make vehicles available for immediate inspection upon the Agency's or MTM Health's request.

Upon passing our inspection, each vehicle receives an MTM Health inspection sticker. During on-street observations, our staff check to ensure each vehicle transporting members is appropriately adorned on the outside of the passenger side rear window in the lower right corner with this sticker. The sticker will state the license plate number and vehicle identification number of the vehicle.

If we deem a vehicle to be out of compliance, we direct the provider to remove it from service immediately until the provider verifies correction of deficiencies. Any deficiencies and remedial actions become part of the vehicle's permanent records. We maintain records of all inspections electronically within MTM Link and make them available to the Agency upon request. MTM Health will submit our final plan for vehicle inspection, forms, and a list of trained inspectors to the Agency at least 30 calendar days prior to the operations start date.

Vehicle and Driver Spot Checks

In addition to initial and annual vehicle inspections, MTM Health performs spot checks to verify all drivers and vehicles have proper credentials at all times. Our teams have monthly goals for completed inspections, instilling a culture of continuous oversight and excellence for our NEMT providers. During spot checks, our staff conduct inspections without prior notice to the NEMT provider to get an accurate picture of the provider's day-to-day operations, including the status of driver credentials and training, vehicle credentials, and NEMT provider contract compliance. These checks help us proactively identify areas for improvement and arrange additional support and/or training as appropriate, successfully mitigating service issues.

X. NEMT Providers' Drivers Policies and Procedures

A. Driver Requirements

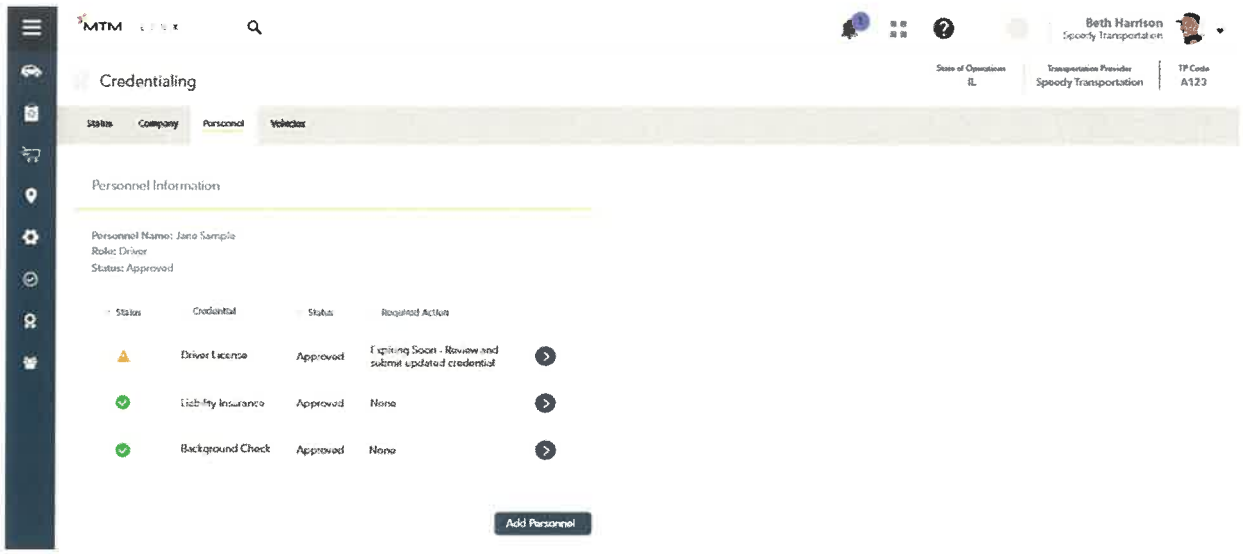
MTM Health understands the vital nature of ensuring the NEMT providers who serve under our contracts are fully qualified to do so in a safe, responsible manner. We take great care to properly credential NEMT providers and drivers prior to allowing them into service. MTM Health's Logistics team oversees all NEMT provider and driver credentialing, which NEMT providers complete through the MTM Link NEMT provider portal; through regular, direct database pulls; and through on-site inspections by Field Service Specialists. We clearly detail all required credentials in our NEMT Provider Contract, which each provider must sign prior to joining our network.

In the MTM Link portal, NEMT providers must upload documents to meet the Agency's criteria, including:

- At least 18 years of age
- A current and appropriate license through the state of West Virginia to operate the type of vehicle to which they are assigned
- No license suspension or revocation within the previous five years for moving traffic violations
- Passed a criminal background check conducted by the West Virginia Law Enforcement Division, the National Crime Information Center, or an equivalent entity, in compliance with 42 CFR Section 455.434
- Completed a fingerprint check
- Abiding by state, federal, and local laws
- Not listed on the West Virginia Sex Offender Registry
- Passed a five-panel drug test
- Maintained training and certification in CPR, first aid, defensive driving, blood-borne pathogen handling, passenger assistance, HIPAA compliance, and other related subjects

As part of our credentialing process, MTM Health requires NEMT providers to submit national background checks for all drivers initially and on an annual basis thereafter. MTM Health uses batch search options through state and national databases, such as System for Award Management (SAM) and Office of Inspector General (OIG), the Federal List of Excluded Individuals/Entities (LEIE), U.S. Treasury and Blocked Persons and Office of Foreign Assets Control (OFAC), and Office of Personnel Management (OPM) to verify the eligibility of employees and NEMT providers. We also verify the provider is not on any outstanding debt/termination list, Exclusions List, or OIG Exclusion list. Further, we run sanction reports monthly. Approved NEMT providers receive a copy of our NEMT Provider Contract. We do not allow NEMT providers to deliver NEMT service before we complete credentialing and receive a signed NEMT Provider Contract.

MTM Link makes sure credentials stay current by notifying NEMT providers when a credential is about to expire with notifications of increasing urgency as the expiration date approaches. The Field Service Specialist also reaches out to the provider to communicate the need to update the credential as well. The provider must upload a new credential showing compliance with the requirements before the expiration date, or MTM Health removes the driver from service.



MTM Link Driver Credentialing. *MTM Health requires all NEMT providers to submit credentials for all drivers.*

Driver Conduct

During initial and on-going training, MTM Health instructs drivers on how to interact with members with sensitivity, integrity, and patience. We provide training on assisting members when entering and exiting the vehicle, taking a seat, fastening a seatbelt, securing wheelchairs and child safety seats, stowing mobility devices, and getting safely inside the destination. Additionally, we teach drivers to properly announce their presence and identify themselves when entering a facility or completing pick-ups by presenting their ID badge, which they must wear in an easily visible manner at all times. We also communicate to drivers about prohibited behaviors during the provision of service. We will include all items outlined by the Agency in *Appendix 1, X. NEMT Providers' Drivers Policies and Procedures, A. Driver Requirements*, of the RFP in our NEMT Provider Contract, which all providers must sign prior to entering service. MTM Health maintains strict adherence to these criteria; we remove or permanently terminate any driver that fails to comply with these standards of conduct. We will report biannual driver compliance data within our quarterly report to the Agency.

B. Provider Daily Trip Logs

MTM Health will require all NEMT providers to maintain trip logs, which we use to adjudicate 100% of trips, as detailed in ***Adjudicating Claims***VII. Validation Checks on **page 52.** NEMT providers will receive necessary training, support, periodic refresher training, and regular monitoring from our Logistics staff to ensure compliance with maintaining trip logs, inclusive of the following information:

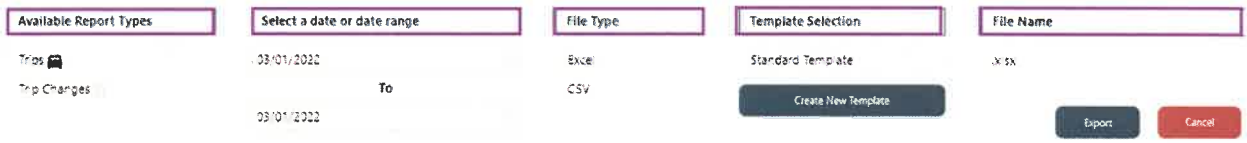
- Date of service
- Driver signature
- Vehicle Identification Number (VIN)
- NEMT provider name
- Mode of transportation authorized
- Actual drop-off time (military)
- Driver name
- Member name
- Member or attendant signature
- Trip ID number
- Miles driven per trip odometer
- Pertinent notes regarding completion of the trip

Alternately, if the provider uses MTM Health's driver app, they can collect the signature electronically. The app automatically attaches the signature to the trip manifest, which will contain the same information as the traditional paper-based log.

C. Trip Manifests

As previously discussed in ***Scheduling and Dispatching Trips*** on **page 38**, MTM Link continually optimizes trips until the trip is less than 48 hours in advance, at which time they are "locked" so the NEMT provider and member can be notified of the final arrangements. Then, the NEMT provider can download the manifest from MTM Link. The manifest includes:

- Request tracking number
- Member's name
- Member's phone number
- Address of pickup location, including name and phone number of the facility
- Time of pickup
- Address of medical facility for drop off
- Appointment time
- Mode of transportation
- Directions to the member's home, if appropriate
- Return trip time, if appropriate
- Any special instructions



MTM Link Manifest Download. *MTM Link makes it simple for NEMT providers to access their daily trip manifests.*

After creating manifests, MTM Link allows drag-and-drop alterations to the schedule as needed for late cancellations, no-shows, or breakdowns, which either MTM Health or the provider can perform as necessary. Providers can also download manifests for import into other routing, scheduling, and dispatching software, giving providers flexibility to run their operations according to their own preferences while providing the necessary GPS data for accurate claims.

Dispatchers at MTM Health and the NEMT provider's office receive notification when a NEMT provider accepts a trip. If the provider does not accept the trip within a defined period, it automatically goes back into the dispatch queue for confirmation and/or reassignment. If we dispatch a trip to a provider less than 48 hours in advance, as in the case of an urgent trip, MTM Health contacts them by phone to confirm they can accommodate the trip and/or sends the trip directly to a driver for acceptance.

All methods for providing manifests fully comply with all HIPAA, state, and federal privacy regulations. Per the Agency's requirements, MTM Health will also maintain a fax line for manifests. We will include provisions in our Transportation Service Provider Agreement covering all requirements in the RFP.

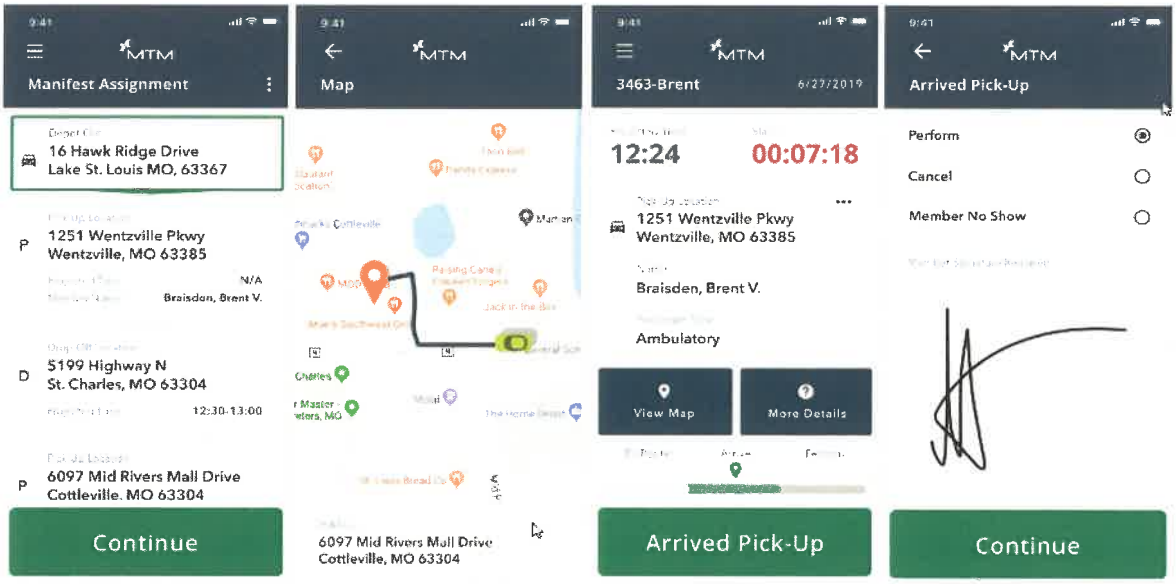
D. Real-Time Communication

As a transportation broker, MTM Health relies on our NEMT providers to develop and facilitate their own dispatching and radio communication processes and systems. Our Field Service Specialists inspect vehicles to ensure each has a functioning two-way communication system; MTM Health does not accept pagers as a communication system.

We instruct NEMT providers to notify MTM Health in the event of a breakdown, accident, incident, cancellation of a trip, or member no-show. MTM Health's dispatchers work with NEMT providers throughout the day on any changes to trips, including short-notice trips and trip reassignments.

MTM Link Driver App

In addition to maintaining their own dispatching and communication systems, MTM Link offers all NEMT provider free access to our MTM Link Driver App to streamline communication, trip assignments, manifests, and claims submissions. Drivers can easily access manifests through the Driver App, which provides all information needed to complete the trip, as well as easily submit the trip for reimbursement.



MTM Link Driver App. *Drivers can view their manifests, see their route on a map, note their arrival, and collect member signatures through the MTM Link Driver App.*

Upon arriving at pick-up and drop-off locations, drivers simply press "Arrive" in the Driver App. At drop-off, the app alerts the driver to collect the member's electronic signature. MTM Link automatically validates pick-up and drop-off data against original manifests to verify trip timeliness for reporting. Dispatchers also monitor on-time performance in real-time through MTM Link, with alerts notifying them automatically of any trips projected to be late.

MTM Link automatically **recalculates the timeliness of routes by acquiring GPS data every 60 seconds** and uses Google Maps data to project the timeliness of all future trips on a route. This Google data also factors in current traffic and other delays, **projecting potentially late trips far more accurately than other software solutions**.

Providers can access the app free of charge by downloading it from the Apple or Android app store onto any mobile device. MTM Health's Logistics team provides technology support and training for providers throughout the term of the contract.

The MTM Link Driver App is simple and functional, bearing the daily tasks of a driver in mind; we offer it free to all NEMT providers and conduct training for providers on how to use the app to get the most out of it. The app provides useful tools such as integrated Google Maps Navigation, quick messaging to and from dispatchers, and the ability to input fare collection.

In addition, our MTM Link Driver App allows drivers to:

- Mark a trip as a cancellation or no-show
- Accept and/or reject new trips
- View trip changes
- Receive detailed information about the member and trip (mode, mobility aid, etc.)
- Collect member signature
- Provide GPS pings to MTM Health every 60 seconds
- Send real-time event data to MTM Health and members/facilities using the member app or online portals when a vehicle arrives, departs, or is enroute
- Message members for seamless pick-ups
- View claims status
- Notification when a member marks themselves as "Ready Now" for will-call trips using the member app
- Notification for when a member confirms a trip using the member app
- Notification when a trip is projected late

We continuously update the app with improvements like additional address information, such as apartment, suite, room, etc. on the assignment view, stop summary, and stop details screens for better pick-up and drop-off processes.

The MTM Link Driver App offers the Agency, NEMT providers, and members so many benefits. It provides real-time trip and member information; reduces fraud, waste, and abuse with GPS data for claims; aids in complaint and incident investigation; and enhances the member experience with increased transparency into NEMT provider assignment, and ETAs.

API Integration with Other Transportation Software

The flexibility of our technology sets MTM Health apart from other transportation brokers; we can accommodate NEMT providers' preferred software as appropriate. We understand NEMT providers put considerable effort into selecting their software, and we respect their choices. Some competitors try to force NEMT providers to adopt a certain technology platform, which can lead to push back and contribute to non-compliance issues.

We allow NEMT providers to use the routing, scheduling, dispatching (RSD) software of their choice if it captures and sends the information required by the contract and MTM Health; we do not require NEMT providers to use the MTM Link Driver App if they have an existing software in place. For these providers, we offer integration through application programming interface (API), streamlining interactions with NEMT providers.

Specifically, our API:

- Collects and imports real-time pick-up, drop-off, and location data into MTM Link
- Updates changes MTM Health staff make in MTM Link into the NEMT providers' platforms in real time
- Updates cancelations and turn-backs from NEMT providers using their own platform in real time
- Receives real-time GPS updates as NEMT providers perform trips
- Receives trip performance events from NEMT providers' platforms in real time, including driver enroute, member pick-up, member boarding, arrival at destination, and member drop-off
- Updates ETAs in real time as trip occur

MTM Health currently has APIs with 22 routing, scheduling, and dispatching software systems in production, including Ecolane and TripMaster which are highly used across West Virginia transit agencies, with several more in process. Using data from NEMT providers' RSD platforms of choice, MTM Health and the Agency will have visibility into network performance, including real-time trip status and GPS tracking. We can use this data to help identify potentially fraudulent or incorrect claims.

E. Monitoring Plan

MTM Health sets clear expectations for service delivery and holds NEMT providers accountable. We verify all NEMT providers meet health and safety standards for vehicle maintenance, operation, and inspection, as well as driver qualifications and training through our thorough initial and annual credentialing process detailed in ***4.1.1.17 Maintaining NEMT Provider Credentials*** on **page 134** as well as initial and semi-annual vehicle inspections detailed in ***Vehicle Inspection*** on **page 72**.

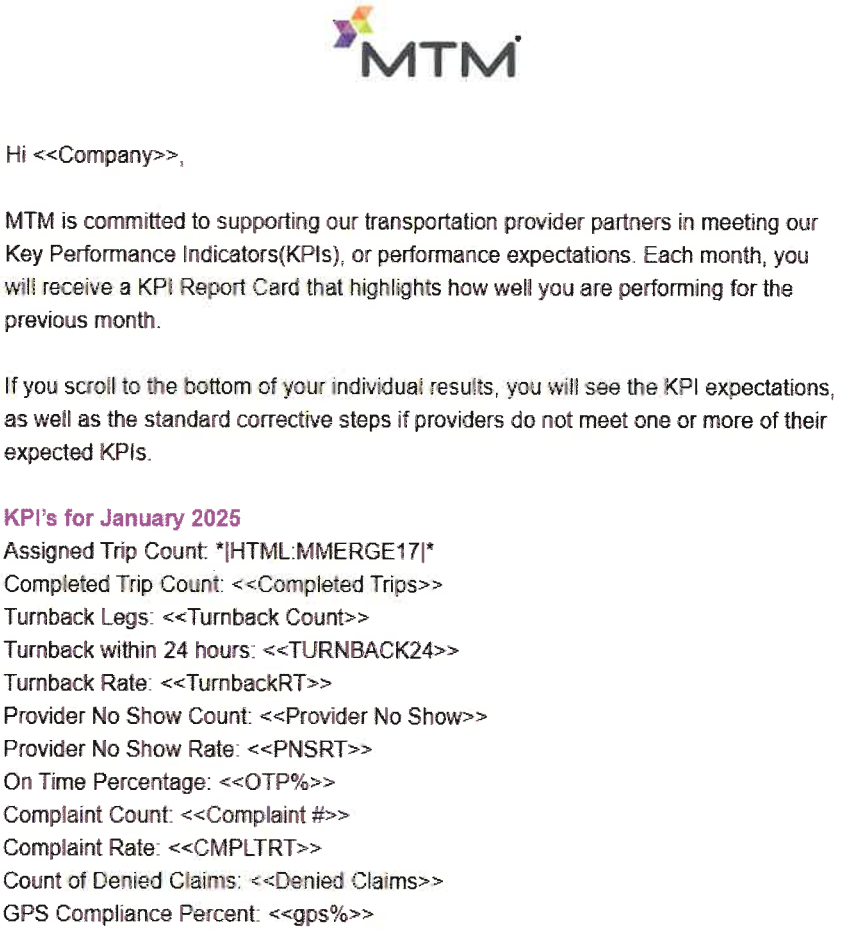
We continually monitor NEMT provider performance and compliance with state laws and regulations, and we detail our expectations in our NEMT Provider Contract. These documents specify the activities and responsibilities delegated to the NEMT providers and detail actions/sanctions if the provider's performance is inadequate.

Our Field Service Specialists are a key part of our plan for monitoring NEMT providers. They have ultimate responsibility for delivering a high level of service to our NEMT providers every day, ensuring high operational standards and NEMT provider satisfaction within West Virginia.

They own the day-to-day interaction with the NEMT providers, acting as Account Managers to build and sustain strong working relationships with cross-functional departments and assigned NEMT providers. The Field Service Specialists also act as the single point of contact for escalations and appropriate resolution. Our Field Service Specialists host one-on-one monthly meetings with their NEMT providers to review performance, address issues and challenges, and recognize their successes.

NEMT providers told MTM Health they wanted clearer performance insights, so in February 2025, we introduced a monthly provider scorecard. **The scorecard is designed to deliver more accurate and consistent KPI tracking, helping NEMT providers gauge and improve their performance within our network**.

These scorecards allow them to benchmark their performance against the average for the local NEMT provider network. Data points include timeliness, no shows, grievances, and trip turn-backs, allowing us to analyze overall provider operations. NEMT providers are entrepreneurs and genuinely want to be the best; this type of feedback creates competition amongst providers to be the best in their service area.



Hi <<Company>>,

MTM is committed to supporting our transportation provider partners in meeting our Key Performance Indicators(KPIs), or performance expectations. Each month, you will receive a KPI Report Card that highlights how well you are performing for the previous month.

If you scroll to the bottom of your individual results, you will see the KPI expectations, as well as the standard corrective steps if providers do not meet one or more of their expected KPIs.

KPI's for January 2025
Assigned Trip Count: *|HTML:MMERGE17|*
Completed Trip Count: <<Completed Trips>>
Turnback Legs: <<Turnback Count>>
Turnback within 24 hours: <<TURNBACK24>>
Turnback Rate: <<TurnbackRT>>
Provider No Show Count: <<Provider No Show>>
Provider No Show Rate: <<PNSRT>>
On Time Percentage: <<OTP%>>
Complaint Count: <<Complaint #>>
Complaint Rate: <<CMPLTRT>>
Count of Denied Claims: <<Denied Claims>>
GPS Compliance Percent: <<gps%>>

NEMT Provider Scorecard. *NEMT Providers receive customized KPI tracking through a templated and customized email.*

If a grievance, inspection, or investigation reveals non-performance or non-compliance, our Logistics staff coordinates education with the NEMT provider. If the incident is serious or unresolved, Logistics places the provider on a performance improvement plan (PIP). A Field Service Specialist follows up with the provider in intervals of 30, 60, and 90 days to make sure they achieve compliance. If the issue is severe, we suspend the provider/driver, or as a last resort, remove them from the network.

MTM Health will submit our Monitoring Plan, which will include all monitoring activities outlined in *Appendix 1, X. NEMT Providers' Drivers Policies and Procedures, E. Monitoring Plan*, of the RFP, to the Agency for approval at least 30 days prior to the operations start date. We will provide a monthly report to the Agency outlining our monitoring activities, findings, corrective actions, and improvements made.

F. Member Satisfaction Surveys

MTM Health collects stakeholder feedback, specific to customer satisfaction, customer service, and timeliness, in several ways. We conduct satisfaction surveys, perform call monitoring, track and trend grievances, and host advisory committee meetings. We also monitor general performance for activities that impact member satisfaction, such as on-time performance. From this data, we glean high-level feedback from members regarding their overall satisfaction with MTM Health 's services.

During our previous operation of this contract, we maintained member satisfaction rates above 94%. We look forward to bringing similarly strong results back to West Virginia if awarded a contract.

At the end of every call, MTM Health asks callers to answer a question using their keypad regarding their satisfaction with the interaction. As is typical with the contact center industry, we limit our post-call survey to one question. In our experience, the more questions, the less likely callers are to complete the survey.

At the end of every trip, members using the MTM Link member app can rate their satisfaction with the trip directly in the app. We also survey MTM Link member app/portal users quarterly to gauge their satisfaction with these technology tools.

As part of our Quality Assurance activities, MTM Health obtains feedback and recommendations from member satisfaction surveys, conducted via phone on a quarterly basis. These surveys allow us to measure satisfaction and improve the program without solely relying on grievance resolution as a measure of improvement. During the survey, a representative asks the member a variety of questions regarding the reservation process; driver and CCR courtesy and assistance; and the condition of the vehicle. Following the survey, an MTM Health representative inputs all gathered survey data into our business intelligence tool for reporting and tracking. Clients receive a summary of survey results, and MTM Health uses the survey data to identify opportunities for service improvement.

If desired and approved by the Agency, instead of internal staff performing the survey, MTM Health can use an independent vendor to survey a statistically significant sample representing a cross-section of stakeholders, including those with various disabilities, as we do in other NEMT contracts.

MTM Health's operational teams trend survey results for each contract under our management in their meetings. In the rare circumstance a survey shows an unsatisfactory result, we institute an appropriate Performance Improvement Plan to resolve the issue. In addition, we use survey results to develop Quality Improvement Plans and to determine target areas for Lean-Six Sigma value stream workshops and rapid improvement projects.

During our previous tenure as the Agency's NEMT broker, MTM Health assessed member satisfaction through surveys, conducted via phone every six months. We will do the same if awarded another contract with the Agency. We will input all data from the survey into our database for reporting and tracking. The Agency will receive an analysis of survey responses within 60 days. We do not currently plan to implement separate surveys of specific member populations, such as members with disabilities, as our phone survey will include all West Virginia members. If requested by the Agency, we can use targeted surveys for specific populations. Further, if approved by the Agency, we can implement short, automated surveys at the end of randomly selected scheduling calls, and can also offer surveys through our member smartphone app. Through these methods, we would have the option to provide breakouts based on various population types, as the surveys can be tied to specific members.

Client, NEMT Provider, and Facility Satisfaction Surveys

In addition to soliciting satisfaction feedback from members, MTM Health also surveys other stakeholders, including clients, NEMT providers, and medical facilities. We survey clients and NEMT providers twice a year. We survey facilities using a customer effort score, asking users how easy it is to work with MTM Health. In a survey of NEMT providers in Quarter One of 2025, we received nearly 400 responses to a survey asking NEMT providers to rate their satisfaction in nine different areas on a scale of 0-10. We saw improvements from 2024 in nearly every category, with averages above 6.4 in every category. In addition, we asked open-ended questions to obtain feedback from NEMT providers. Common positive feedback included timely payments, effective communication with MTM Health staff, user-friendly technology, and satisfactory trip volume. Based on other survey results, we implemented various improvements to NEMT provider operations, including reducing credentialing approval timeframes, which now average less than two business days, and delivering more insight on NEMT provider performance through our NEMT provider report card.

Beyond surveys, all stakeholders can submit feedback to MTM Health at any time through our We Care phone line, via our website, www.mtm-inc.net, or via email to qm@mtm-inc.net.

XI. Call Center

MTM Health has extensive experience providing call center services for programs of similar size and scope. In our 30 years of experience, MTM Health has mastered handling transportation service requests from Medicaid members, their families or representatives, and medical providers. Nationwide, we handle 13.5 million calls annually. Some strategies we use to do this successfully include:

- Using a best-in-class, scalable telephony system
- Using a specialized Workforce Management department to constantly monitor and analyze CCR staffing levels
- Deploying a geographically dispersed work from home model across the state
- Using a call monitoring system backed by artificial intelligence
- Developing an award-winning CCR training program that gives our CCRs the tools they need to provide the best possible service

For the West Virginia NEMT program, we plan to hire call center staff to work both remotely throughout the state of West Virginia, as well as a team to work out of our proposed call center, identified below. This approach allows us to maintain adequate coverage and redundancy for the program, while offering service to members from fellow residents with locally relevant knowledge of geography, terminology, and other nuances specific to West Virginia.

A. Facility

We propose establishing a call center and business office at 312 MacCorkle Avenue SE, Charleston, WV 25314 – 2nd floor, to support the NEMT program. This facility is approximately 1 mile from the West Virginia State Medicaid agency located at 350 Capitol Street in Charleston. Our Senior Manager of Procurement conducted a thorough search of available facilities in West Virginia, considering size, lease term, price, parking, and facility use. We selected this facility for the location, which will facilitate hiring and retaining sufficient staff. This facility also offers features conducive to operating the NEMT program, such as 24/7/365 access and access security system.

From this location, our West Virginia team will perform all call center activities for reservations, trip inquiries, and complaints. MTM Health will assume all costs related to securing and maintaining our call center for the duration of the contract, including:

- Hardware and software
- Janitorial services
- Transportation
- Storage
- Lease hold improvements
- Maintenance
- Utilities
- Security
- Insurance
- Office equipment and supplies

In addition, MTM Health will support the NEMT program from our corporate headquarters in Lake St. Louis, Missouri, as well as from our satellite offices across the nation, as necessary. We maintain an extensive remote workforce throughout the United States who support multiple contracts and NEMT functions.

B. Telephone Access

To ensure optimum service for the Agency's members, our office will operate from 7 a.m. to 6 p.m. Eastern Time, Monday through Friday, excluding state holidays. Callers have access to quality service 24/7. Calls never go unanswered and members never receive voicemail or blocked service as 24/7/365 access to a CCR is always available, even on state-designated holidays. If a member calls to schedule an urgent trip outside of regular business hours, they can always reach a CCR by following the prompts of our phone system. MTM Health can accommodate transportation on a 24/7/365 basis. MTM Health never routes calls outside of the continental United States.

MTM Health will release all toll-free numbers used for the West Virginia NEMT Brokerage program lines to the Agency upon termination of the contract.

The Agency can review a draft call script MTM Health will use to determine the member's eligibility, appropriate mode of transportation, purpose of the trip, and all other pertinent information in **Attachment M**. We will submit this script to the Agency prior to the operations start date for modification and approval.

By definition, NEMT services do not include transportation provided on an emergency basis, such as trips to the emergency room in life-threatening situations. Instead of processing such calls, the CCR answering a call for immediate emergency medical assistance will instruct the caller to call 911 or the appropriate local emergency service.

Work from Home CCRs

For the West Virginia program, we plan to deploy a number of Work from Home CCRs to handle calls. These agents will still be located within the state of West Virginia. Incorporating Work from Home CCRs gives MTM Health a larger workforce pool, improves attendance, and ensures members receive assistance from employees with knowledge and understanding of the transportation options and challenges. Further, MTM Health is able to leverage Work from Home CCRs during times of inclement weather, call center closure, or other events that may impact the ability for employees to report to the local West Virginia office.

We have strict standards, policies, and procedures for hiring and monitoring Work from Home CCRs, just as we do for our CCRs in our call centers. Work from Home CCRs must provide a land line or cell phone with unlimited minutes; working headset that hooks up to their phone; a device to download Skype and our VPN verification application; a reliable internet connection; a keyboard and mouse; and a monitor that supports DisplayPort Cables. MTM Health provides a thin client from which the CCR receives incoming calls from members.

To monitor HIPAA compliance and performance, MTM Health conducts random unannounced visits and audits via Skype, webcam, screen sharing, and/or home visits during the CCR's designated work hours, and monitors performance using the same methods and tools in our call centers. MTM Health's Workforce Management Team schedules and enforces work hours for Work from Home CCRs. If it is impossible or impractical to work from home on a particular day due to family circumstances, equipment malfunction, or any other reason, the employee may report to work at our local West Virginia call center or be subject to the MTM Health Attendance Policy.

Where's My Ride Line

Callers can conveniently use MTM Health's toll-free Where's My Ride line to obtain information on the status of their scheduled ride and/or whereabouts of the assigned NEMT provider. We also offer Where's My Ride capabilities via Intelligent Virtual Agent. With MTM Link, users may also check the status of their ride on the portal or app, and receive imminent arrival alerts using the app.

TTY and TDD Services

MTM Health processes calls for hearing or speech impaired members through teletype (TTY) and telecommunication devices for the deaf (TDD) services. By using these services, members, regardless of their specific needs, never experience communication barriers with MTM Health.

C. Language Requirements

When members call our toll-free number, we provide them with the option to press a number on their phone to route directly to a Spanish-language menu and speak with a Spanish-speaking CCR. MTM Health accommodates languages spoken by the populations we serve by hiring bilingual Spanish-speaking staff.

Through the information provided during this procurement, only minimal Spanish language needs were identified, which can be met by our bilingual staff. However, if additional language needs exist or arise over the term of the contract, and if desired and approved by the Agency, MTM Health can also use a translation vendor to meet other language needs. Our Five9 telephony platform uses advanced automatic call distribution (ACD) skill level-based call routing, including routing the call to a CCR who speaks a specific language requested by the caller. We can program the ACD system to include prompts in these languages for proper routing. Our CCRs can also perform a warm transfer to a third-party interpretive service free of charge, which can accommodate hundreds of languages. CCRs can connect to interpreters directly without requiring the caller to place an additional call. They also stay on the line with the member during calls with an interpreter to ensure the call meets MTM Health and the Agency's standards.

In addition, MTM Health works to contract with NEMT providers who speak the prevalent languages among the populations we serve. Whenever possible, we schedule trips so members ride with providers who speak the same language. MTM Link stores information on the languages a member speaks as part of their profile, for easy access during scheduling.

As required by the RFP, we do not allow members to have anyone under the age of 18 provide interpretive services.

Region-Specific Terminology

MTM Health's CCR training will include Agency-approved training on region-specific terminology, geography, and pronunciations to avoid potential conflicts or misunderstandings. Because we plan to staff CCRs and other roles within the state of West Virginia, our employees will have appropriate knowledge of geography, regional dynamics, and cultural nuances to serve their fellow residents through the NEMT program.

D. Customer Care

MTM Health's training program prepares employees to provide the best member experience possible and facilitates job skill growth over a five-week initial training period. Training topics and requirements include:

- Medicaid transportation policy and guidelines
- Background on transportation management, NEMT policies, and medical terminology
- Use of the telephony system
- Use of MTM Link
- Confidentiality, including HIPAA and PHI safeguards and compliance
- Civil rights, diversity, cultural sensitivity, and cultural competency
- Interpretive and teletype (TTY)/telecommunications devices for the deaf (TDD) services
- Customer service (soft skills) and professionalism, including handling difficult callers
- Strategies for identifying and reporting fraud, waste, and abuse
- Active listening, documentation, and restating trip details before concluding a call
- Time management and other basic skills, such as writing, spelling, and grammar
- Referring callers with an emergency to 911
- Emergency response training, including handling suicide or bodily harm calls
- Client-specific contract requirements, protocols, and MTM Health policies and procedures

Calls from West Virginia Medicaid members and other stakeholders will always be answered by agents who are specifically trained and "skilled" on the West Virginia NEMT program. We will assign primary CCRs, as well as secondary CCRs, and always give priority routing to the primary agents, using secondary CCRs to support periods of peak call volume.

MTM Health pioneered a new hiring and training process to maintain our low attrition rate and attract the best possible talent. Most contact centers recruit and hire CCRs until they have enough individuals to fill a training class. This means some individuals wait several weeks between hiring and paid training, which leads to attrition before CCRs even start work. To solve this problem, **MTM Health holds training classes each week, allowing new employees to start right away**.

The following provides a high-level outline of our five-week comprehensive training course for new CCRs, which combines new hire orientation, classroom learning, and hands-on experience. During implementation, we will obtain the Agency's approval of our training plan.

Week One: New Hire Orientation and MTM Health Operations

New hire orientation immerses CCRs in the culture and history of MTM Health and allows them to network with other departments to build relationships with existing employees. This week also leads into operations training, covering the basics of customer service, understanding member populations, and our trip intake system, as well as our in-depth processes and procedures. Week one covers the following topics:

- Welcome to MTM Health
- Who we are, who we serve, what we do, and how we do it
- Cultural competency
- Diversity
- Work perks
- MTM Health access and resources
- Security and safety
- Medical terminology
- Call flow and customer service
- MTM Health systems overview
- Trip reason/status codes
- Medicaid policy and guidelines
- Operations overview
- Gas mileage reimbursement
- Multi-leg trips
- Return trips
- Days' notice process
- Prior authorizations
- Public transportation
- Final assessment

Week Two and Three: Trip Intake (On-the-Job Training)

The second and third weeks of training provide CCRs their first interaction with members. They get a feel for the trip intake process while guided by supervising staff. Weeks two and three cover the following topics:

- Side-by-side coaching
- Daily huddles
- Pop quizzes
- Additional protocol training
- Setting appropriate modes
- Daily refresher trainings
- Caller sensitivity

Weeks Four and Five: Trip Intake

The fourth and fifth weeks of training allow CCRs to master their job duties with the help and oversight of supervising staff. Weeks four and five cover the following topics:

- Coaching in the moment
- Daily quality score review
- Dedicated support

Before moving on from classroom training, CCRs take an assessment to measure effective learning transfer; they must score a minimum of 85% on this assessment.

Refresher Training

MTM Health provides refresher training to cover changes to protocols, process improvements, and/or as a supplement to performance discussions or coaching sessions. CCRs participate in periodic training sessions with their supervisors, as well as regular call monitoring and reviews.

Our training never stops at onboarding. All CCRs are required to take annual refresher training. We also have mandatory quarterly compliance training, and we require additional training as necessary on protocols, process improvements, and/or as a supplement to performance discussions or coaching sessions. Even outside of formal training, MTM Health keeps CCRs up to date on client requirements by sending out weekly updates on any topics that may impact their interactions with members.

Ongoing Training

While MTM Health firmly believes our initial training curriculum provides adequate knowledge to our employees, we do not stop there. Throughout employment, our staff receives continual training, including annual performance reviews and access to our online learning resource, Knowledge College. This system contains hundreds of online training sessions accessible 24 hours a day, seven days a week, for staff to develop their job skills and earn certifications.

These courses cover a variety of subjects to meet the training needs of our employees, from job-specific technical courses to topics such as Microsoft Excel and Word, Communication, Time Management, Organizational Skills, Leadership Essentials, and Sales. These courses are used to enhance job training and performance and as part of employees' personal and career development plans.

After completing each self-paced training session, the employee completes an assessment on the covered material and must score 90% or higher to earn the Certificate of Achievement. The Corporate Training and Development team receives an automatic alert when an employee earns a certificate, and a copy is placed in the employee's file. Supervisors can also select specific subjects for team training. Participation in the online training library is a part of each employee's annual evaluation, as it enhances current skills and promotes professional growth.

Call Monitoring

MTM Health uses a call monitoring platform backed by artificial intelligence to monitor, record, and analyze incoming calls. This platform produces actionable data our teams can use to quickly modify processes, create training, or intervene in real time to de-escalate a conversation if necessary. This technology allows us to monitor most incoming calls—far more than the industry standard of 1-3% call monitoring. Our platform informs callers that their call is monitored and recorded for quality assurance purposes. As required by the RFP, MTM Health will monitor two live calls for each call center staff member monthly.

We use call monitoring information to increase first call resolution, shorten handling time, and reduce unnecessary calls. Not only can this technology reduce costs, but it also delivers rich program data. MTM Health has gained valuable insight into what our CCRs are doing well and where they may need additional training, as seen through the stakeholders' perspective. For example, the tool provides a customer service score for each call based on the presence or absence of certain language, such as politeness, understandability, appropriate verification of identifying HIPAA data, or risky indicators. Our call center team reviews these scores daily and provides immediate coaching if necessary.

We can also translate this information into training, process improvements, and quality initiatives for each individual program, as well as across our book of business.

Through this platform, MTM Health can provide a monthly report to the Agency detailing a score per CCR for greeting, HIPAA verification, caller information, offering gas mileage reimbursement, soft skills, and closing, as well as compliments received for each CCR. MTM Health believes we are the only NEMT broker offering this level of quality monitoring for our clients.

In addition to live and recorded call monitoring, supervisors and team coaches provide virtual on-the-floor real-time monitoring to review our CCRs' demeanor and abilities, as well as to assist with any issues they may have throughout the day. These individuals monitor our Five9 dashboards to verify which call stations are active, current hold times, speed-to-answer, abandoned calls, and callers in queue, and make modifications as necessary to meet performance measures and maintain high program quality. Our call monitoring platform and management activities help us meet contractual requirements and maintain excellent customer service performance.

MTM Health saves all call recordings for up to 12 months, or longer, at the direction of the Agency. We will submit call monitoring reports and results of subsequent training to the Agency as outlined in *Appendix 3 Reporting Requirements*.

E. Automatic Call Distribution System

MTM Health's highly scalable phone system, Five9, includes multi-channel ACD capabilities. These capabilities include skill level-based call routing to route calls to appropriate CCRs, such as those who speak a specific language requested by the caller.

Five9 provides extensive call tracking and reporting that meets the Agency's requirements, including:

- Number of incoming calls
- Number of answered calls
- Average time for a call to be answered by a live CCR
- Number of abandoned calls during the wait in queue for interaction
- Average abandonment time
- Highest call abandonment time (to the nearest 15-minute increment)
- Average talk time
- Identity of CCR taking the call and authorizing the request
- Daily percentage of abandoned calls and calls answered by a live CCR
- Number of available CCRs by time of day and day of week, in hourly increments
- Number of complaint calls
- Reason for complaint
- Identification of supervisor who addressed the complaint

We can also collect and report ACD data on an ad hoc basis, as requested by the Agency.

F. Data Analysis

Using data collected from our ACD system, MTM Health analyzes our call center operations on a monthly basis, both at a local and corporate level. We use this data to perform quality assurance and improvement activities, fulfill reporting requirements, and ensure adequate staffing. MTM Health will document compliance in these areas upon the Agency's request.

G. Multiple Queues

MTM Health's ACD system routes incoming calls to multiple queues based on the caller's needs and the CCR's skills, including non-English speaking members and providers. MTM Health will not implement any queue not-specified in the contract without the Agency's prior approval.

Five9's ACD system intelligently routes calls to CCRs based on the best match for the call, which is determined by calculating scores for both CCRs and call type. MTM Health can configure the formula used to calculate scores based on elements determined by MTM Health and the Agency, including items such as:

- Amount of time a CCR has been available
- Call skill requirement (i.e. language)
- Amount of time a call has been in an ACD queue
- CCR's skills
- Call priority level

Using this scoring, the ACD system operates under two main scenarios: (1) there are many CCRs available to take an interaction. In this situation, the system assigns the best CCR to take the call; and (2) there are many calls waiting and a CCR becomes available. In this case, the system selects the best call for that CCR to answer.

We maintain separate menu-driven queues based on call reason so the ACD transfers each caller to the appropriate CCR or staff member. Five9 allows a virtually unlimited number of ACD groups. We are able to add, change, and delete ACD groups seamlessly, and change the routing and reporting structure without interrupting service. Separate queues, including our We Care line for complaints, toll free line for trip reservations, and the Where's My Ride line, allow us to track and report on calls by caller type, as well as call nature.

H. Sufficient Resources

Our Five9 telephony software can handle high call volume and meet the Agency's requirements for sufficient capacity. We have session initiation protocol trunks in our primary and back-up data centers with 1,600 SIP call paths in each data center for 3,200 total call paths. There is plenty of spare capacity on the session initiation protocol, which allows us to add additional call paths on the session initiation protocol trunks if necessary.

Our unified communications platform currently operates over 350 toll-free and local call-in phone numbers, each with a unique interactive voice response and routing configuration, allowing multiple call-in phone numbers with different call routing systems. A benefit of our advanced telephony system and work-from-home model is the ability to manage our CCRs as one global resource pool in the event of failure or emergency, or during increases in call volume. Five9 automatically reroutes calls through our IP backbone, making the switch from one CCR to another instantaneous. Our Workforce Management department continually monitors call flow and volume, and seamlessly diverts calls in the case of an emergency or power outage, or in the event of a spike in call volume. Callers never receive a busy signal.

As we did during our time as the Agency's NEMT broker, and as we currently do across our book of business, MTM Health maintains sufficient equipment and call center staff to serve all callers. As detailed previously, call scripts will be used to ensure consistency and high quality service; a sample CCR call script can be found in **Attachment M**. We will modify it upon contract award as the Agency sees fit. As previously stated, we will record all incoming calls for quality assurance purposes, and we will alert callers that their call is being recorded. MTM Health will keep recordings for up to 12 months as the Agency desires, as well as provide copies upon request.

Our system meets all criteria outlined in *Appendix 1, Section XI (E)*, including answering all calls within three rings, average queue time <5 minutes, and <5% abandonment rate. As part of our call center reporting, MTM Health will maintain daily ACD logs, which we will tally and send to the Agency by the 15th day of each month, following the month of report.

Ensuring Adequacy of Staffing

MTM Health has a specialized Workforce Management department to keep our contact centers staffed appropriately to manage incoming calls in accordance with Centers for Medicare and Medicaid Services (CMS) requirements and contract performance standards. This department forecasts call volumes and patterns, measures demand needs, develops staffing models, schedules staff, and monitors call queues, service levels, and CCR performance in real time. MTM streamlines forecasting and scheduling through workforce management software within our Five9 telephony platform. This tool creates forecasts annually, then consistently re-forecasts each day to create demand and schedule needs based on call handling time, call volume, occupancy, and shrinkage. Monitoring call queues in real time helps identify volume irregularities that may affect service. Through our workforce management tools, we can instantaneously analyze and project call patterns and call volume down to 15-minute intervals, meaning MTM can quickly adjust resources and scheduling to maintain compliance with our service level commitments.

XII. Training and Education

A. NEMT Provider Manual

Between MTM Health's website, the MTM Link platform, and Field Service Specialists, NEMT providers always have convenient access to program information, including rules and requirements. They prefer to access the information through these avenues, as it is always up-to-date. In addition to these resources, MTM Health will develop a NEMT provider manual, customized to West Virginia NEMT operations during implementation and distribute a link to the electronic manual for the initial distribution and any updates. The manual will contain all policies and procedures for NEMT providers, including:

- NEMT provider enrollment and participation requirements
- NEMT provider file maintenance and record keeping requirements
- Standard reimbursement requirements
- Covered and Non-Covered Services
- Vehicle requirements
- Limitations and considerations of NEMT services to covered medical services

We will submit our manual to the Agency for approval at least 30 days prior to the operations start date of the new contract. MTM Health's Logistics Management department will review the manual annually, upon any operational changes, and at the Agency's request; we will obtain the Agency's approval of any changes before institution. We will make any requested modifications within ten business days. Each NEMT provider and MTM Health staff member associated with the project receives a copy of the NEMT Provider Manual during training, and a downloadable copy of the document will be available on our West Virginia website. Further, MTM Health is happy to email any stakeholder a copy of the manual upon request.

B. NEMT Provider and Provider Training and Education

Our Logistics staff conduct a training and orientation meeting with the NEMT provider, thoroughly explaining our operations and all aspects of working with MTM Health. We hold educational sessions to educate all NEMT providers to provide transportation services efficiently and successfully.

We provide training via a variety of venues, including online, in-person, and manuals. MTM Health's initial NEMT provider training covers topics such as:

- Overview of the NEMT program
- Fraud, waste, and abuse prevention
- HIPAA
- Vehicle requirements, insurance coverage, licenses, permits, and certifications
- Driver and attendant qualifications, responsibilities, and conduct
- Pick-up and delivery standards
- Grievance and appeal processes
- Incident and accident procedures
- Cultural competency and disability sensitivity
- Special needs of specific populations, such as dialysis, behavior/mental health, etc.
- Use of the MTM Link portal and app using interactive tutorials

MTM Health's Logistics department trains NEMT providers and drivers according to the specific population they transport, including minors, dialysis, and behavioral/mental health members, each with unique needs and nuances. This specialized training ensures the highest level of safety, quality, and continuity of service for members. For instance, drivers transporting dialysis patients are educated on the vital importance of getting members to their appointments on time, and the toll dialysis takes, meaning the member may need additional assistance in boarding/alighting the vehicle during the return trip.

MTM Health also conducts initial and annual disability sensitivity training for all NEMT providers within our network. This training covers Assisting Passengers with Disabilities and Emergency Situations, Sensitivity Training for Providers, and Cultural Competency.

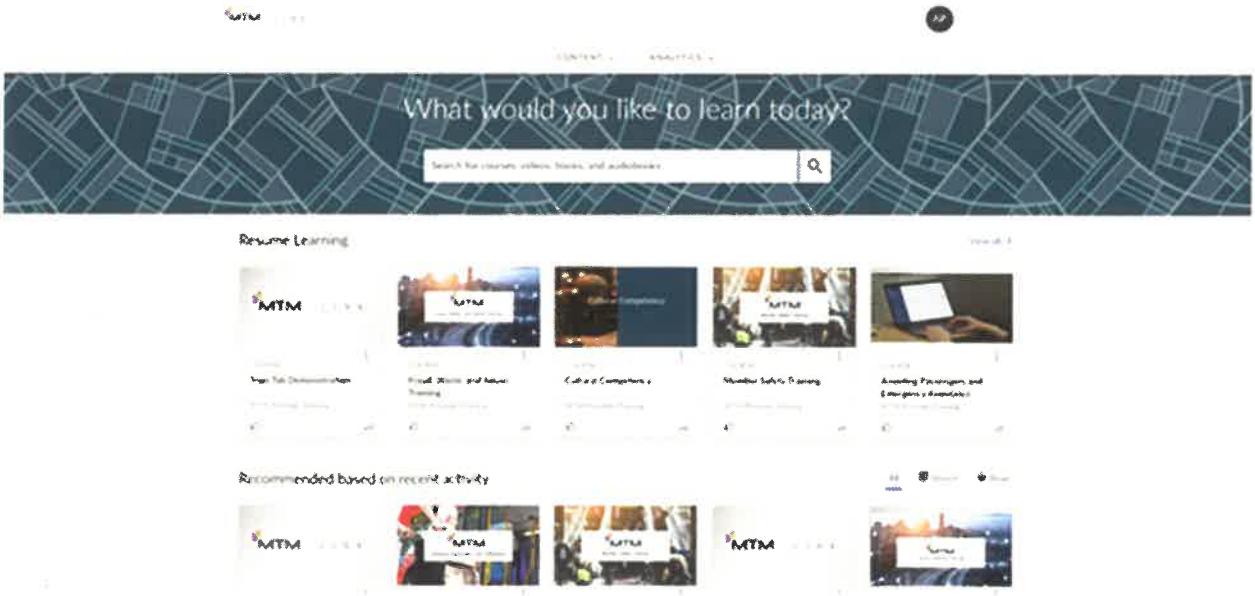
In addition, NEMT providers have 24/7 online access to training content and materials through on-demand Knowledge College platform, allowing them to review training topics at any time. After the initial training, MTM Health offers NEMT providers supplemental training when we identify a need. We supplement training through a variety of venues, including online training, in-person discussions, and manuals. In addition, we collaborate with training resources such as the American Red Cross and online programs to facilitate driver training. Our Field Service Specialists complete wheelchair safe transport training; and Community Transportation of America (CTAA) Passenger Assistance, Safety and Sensitivity (PASS) training.

During initial and on-going training, MTM Health instructs drivers on how to interact with members with sensitivity, integrity, and patience. We provide training on assisting members when entering and exiting the vehicle, taking a seat, fastening a seatbelt, securing wheelchairs and child safety seats, stowing mobility devices, and getting safely inside the destination. Additionally, we teach drivers to properly announce their presence and identify themselves when entering a facility or completing pick-ups by presenting their ID badge, which they must always wear in an easily visible manner.

We also communicate to drivers about prohibited behaviors during the provision of service. MTM Health maintains strict adherence to these criteria; we remove or permanently terminate any driver who fails to comply with these standards of conduct.

Online Training Resources

NEMT providers have 24/7 access to the online training platform MTM Health uses to train staff called Knowledge College. NEMT providers use single sign-on through MTM Link and are assigned learning content for their specific region. This allows MTM Health to make training more interactive and enhance reporting on provider compliance with required training.



Knowledge College Platform. *NEMT providers have 24/7 access to on-demand training through our Knowledge College platform.*

Upon completion of required training elements, NEMT providers must complete, and pass, required assessments on each topic. Once the assessment is complete, the platform automatically uploads proof of training to MTM Link's credentialing platform for each driver. Having one centralized web-based location for this content makes it simple for MTM Health to monitor which NEMT providers complete training. We do not permit NEMT providers to accept trips until we receive proof of completed training.

Ongoing Training

MTM Health's training efforts do not stop at onboarding. In addition to our required initial orientation training, we require NEMT providers to complete annual retraining as part of their re-credentialing process. Further, we provide continual training support through project implementation and beyond.

After NEMT providers begin completing trips, we reach out via email, letter, and/or phone to schedule webinar training to address specific areas they may need assistance, such as our claims process. We also host guest speakers to help NEMT providers better understand and serve the specific populations they transport. Some examples include dialysis center staff or social workers who work with marginalized populations. We also may assign additional training as the result of member, facility, or the Agency's feedback or grievance. We follow up regularly to address NEMT providers' needs for any additional refresher training.

Each quarter MTM Health publishes a safety module to all NEMT providers. Topics include proper member securement (wheelchair, seatbelt, car seats), drug and alcohol awareness/prevention, inclement weather, pre-trip safety checks, etc. We have also conducted email campaigns around Intersection awareness and safety and seat belt safety. We trend our grievance, incident, and accident data to create content relevant to our providers and their actual experiences in the market. For example, most high-risk accidents are related to wheelchair securement, so our first module centered around proper securement. These activities help keep safety at the forefront of NEMT providers and drivers' day-to-day operations.

MTM Health will host training sessions for our NEMT providers in at least five Agency-approved locations across the state, at least 15 business days prior to the operations start date of the new contract. We will also submit our NEMT provider training plans and materials for the Agency's review and approval at least 30 calendar days prior to the operations start date.

Training Medical Providers

During the implementation period and throughout the life of this contract, our Training department will conduct various outreach efforts to educate and inform medical providers about NEMT service operations. Communication methods will include U.S. mailings, internet postings, contacting stakeholders via telephone, hosting web-based seminars, and conducting town hall and face-to-face meetings, depending on the audience.

> "MTM has set the standard in transit training and have gone above and beyond in making sure the development continues after all employees come on board."
>
> Joseph Gonzalez, Fleet Manager
> *LEON Medical Centers*

Our Training department will identify medical facilities throughout the state, such as hospitals or dialysis centers, and will conduct a phone campaign to obtain their contact information. Then, our Training staff will send an introduction letter and will schedule town hall meetings, webinars, and face-to-face meetings with medical providers. These meetings will be an opportunity for us to provide them with an overview of MTM Health, and to listen to any feedback the medical providers may have for us. We already have a list of locations from our

previous operation of the program, and many staff at these sites have experience working with MTM Health and an understanding of our processes and technology.

C. Member Outreach and Education Plan

MTM Health's Community Outreach department handles both member and medical facility education at a local level. During implementation, our Community Outreach team conducts various outreach efforts to educate and inform stakeholders on the shift in NEMT service.

Comprehensive outreach continues to be a differentiator for MTM Health, especially during implementation. This may include contacting stakeholders via telephone, hosting web-based seminars, and conducting town hall and face-to-face meetings, depending on the audience.

MTM Health works from the ground up, building relationships with stakeholders and local resources to design a program that makes sense for the service area. When we enter a region, we first learn about the community and the current efforts being made to meet the needs of stakeholders, including:

- Eligible members
- Long-term care facilities
- Human service agencies
- Public transportation
- Federally Qualified Health Centers
- Primary Care Case Management Providers
- Local hospitals and emergency departments
- Medical facilities
- Advocacy groups
- NEMT providers
- Behavioral health centers
- The community at large
- Patient-Centered Medical Home and Health Home providers
- Accountable Care Organizations

We conduct training sessions in person with medical providers, social workers, and NEMT providers, as well as facilitate online sessions on a regular basis to communicate process enhancements and new web-based technology rollouts to facilitate local relationships. Developing relationships with stakeholders and providing targeted education and training reduces frustration, questions, and complaints, ensuring confidence in MTM Health and the Agency.

Our proposed West Virginia Member Outreach and Education Plan, along with some materials we previously created for the program, is provided in **Attachment L**. We will provide this plan for the Agency's review and approval under the new contract term at least 30 calendar days prior to the operations start date.

Our West Virginia Outreach and Communications Manager Justin Stowers will oversee and track these efforts, and will schedule additional one-on-one sessions at the request of individual facilities.

Working with Behavioral Health Centers in West Virginia

During our tenure in West Virginia, MTM Health is particularly proud of the relationships we built with the behavior health centers across the state. When we started operating the NEMT Brokerage Program in 2014, these centers were very vocal about their place within the NEMT operation, and they were not keen about the prospect of changing current processes. However, MTM Health identified a need to control costs related to behavior health center transports. With much effort and collaboration, we successfully implemented new policies and procedures to control the centers' spending without jeopardizing their operations or sacrificing quality of transportation for their members. MTM Health is confident that, if awarded a contract, we can continue to build relationships with West Virginia's behavioral health centers, as well as facilities such as hospitals, nursing homes, and dialysis centers, and realize further benefits for the NEMT Brokerage Program.

Written Educational Materials

MTM Health's Community Outreach department handles both member and medical facility education at a local level. During implementation, our Community Outreach team conducts various outreach efforts to educate and inform stakeholders on the shift in NEMT service.

Comprehensive outreach continues to be a differentiator for MTM Health, especially during implementation. This may include contacting stakeholders via telephone, hosting web-based seminars, and conducting town hall and face-to-face meetings, depending on the audience.

Upon contract award, MTM Health will develop educational and targeted outreach materials, including web pages, brochures, informational packets, instructional materials, and other written materials for dissemination to members based on the Agency's needs and requirements.

With Agency approval, we propose mailing a postcard to members with information on how to access program information via our website or through a hardcopy mailed upon request. We have used this sustainable approach successfully in multiple large-scale implementations with great success. The Agency can view a sample postcard used for the Nevada NEMT program in **Attachment L**, along with samples of other member educational materials.

We have a library of materials we can customize to meet Agency-specific requirements. Our experienced Marketing department develops all educational materials in an easy-to-understand format, written at the fifth-grade reading level as verified by the Flesch-Kincaid ease of readability index. Our Marketing team has experience developing materials to meet the needs of diverse member populations, including:

- Easy-to-understand language written with health literacy in mind
- Working with a professional translation service to translate materials into Spanish and any other language spoken by a significant percent of the member base, and as the Agency desires
- Developing alternative formats like Braille and large print as needed to meet the needs of visually impaired and elderly members

We will submit all materials to the Agency for approval prior to disseminating to members or other stakeholders.

As a past West Virginia NEMT vendor, MTM Health has Agency-approved brochures, informational packets, instructional materials, and other written materials for dissemination to stakeholders, samples of which are provided in **Attachment L**. We will use these as templates to create updated documents to disseminate to stakeholders, including members and medical providers, 30 days prior to the start of the operations start date of the new contract, with the Agency's approval. We will not begin operations without mailing these materials to members. If there are multiple members residing in the same household, we will mail materials to the head of household. These documents will emphasize the availability of NEMT services, eligibility for these services, standing orders, medical documentation of need, and how to request and use NEMT services.

Our strategies for working with Medicaid members who fail to comply with established policies and procedures are outlined in ***Non-Compliant Member Education*** on **page 103**.

User-Friendly Website

Stakeholders will have access to information regarding the West Virginia NEMT program, via a state-specific website, which MTM Health will create upon contract award. In our experience, members and other stakeholders prefer accessing information online rather than receiving hard copies by mail, because the information is readily accessible, always up to date, and searchable. Not only is this process more effective in disseminating information, but it is also a more sustainable and cost-friendly approach.

To deliver on this need, MTM Health will provide members with 24/7/365 access to information via a West Virginia-specific website, including the information required by the Agency. This user-friendly website will enable members and other stakeholders to learn about their program, as well as receive updates about changes as they occur.

The Agency can view some of our websites at https://www.mtm-inc.net/washington-dc/, https://www.mtm-inc.net/idaho/, and https://www.mtm-inc.net/nevada/. Our West Virginia website will have similar information and layout.

D. Non-Compliant Member Education

In any NEMT program, non-compliant members are an unavoidable issue. MTM Health strives to prevent non-compliant members by educating stakeholders on how to properly use the NEMT program via our website, educational materials, and during call intake. We stress the importance of complying with the advanced notice requirement, calling to cancel or change a trip, and being ready on time for trips.

MTM Health has established policies for handling no-shows, lateness, and other abusive behavior, for which we will seek Agency approval. These policies address members who consistently fail to use arranged NEMT services without cancelling with MTM Health; demonstrate abusive behavior or misconduct towards NEMT providers, other members, or MTM Health staff; habitually violate the five business days' advance notice policy; and are habitually late.

With the Agency's approval, we will implement an escalating action plan to address non-compliant member behavior, which we use in similar programs across our book of business:

1. Outreach, education, or verbal warning
2. Written warning
3. Reduction of services to mileage reimbursement or public transportation only
4. Temporary suspension of services

When a member demonstrates non-compliant behavior, we first have one of our Provider Managers contact the member to provide education on appropriate NEMT use, such as the days' notice requirements, cancellation policies, and/or in-vehicle safety protocol. Oftentimes, this outreach allows us to determine the root cause of any issues resulting in member non-compliance and set an appropriate resolution for future trips.

If non-compliant behavior continues, we send a series of two educational letters informing the member of the seriousness of their actions. Next, we may limit the member to certain modes of transportation, such as gas mileage reimbursement. The final step would be a temporary suspension of services. Prior to reducing or revoking services, MTM Health will seek Agency approval based on specific reasoning and documentation. We keep detailed records regarding disciplinary actions, which the Agency may request and/or view in our reporting package.

Preventing Member No Shows

Using GPS-enabled technology, MTM Health proactively prevents no-shows by monitoring the driver's ETA and sending text alerts to the member. These alerts provide updates and reminders to the member about their driver's pending arrival and help ensure they are ready when the driver arrives. MTM Health also uses reminder calls and SMS text messages in an attempt to reduce member no-shows. An automated courtesy call verifies the member's trip the day before transport. This call allows the member to confirm trip details such as trip date, pick-up time, and assigned NEMT provider. MTM Health also offers convenient options for members to cancel trips through intelligent virtual agent, online, or through the MTM Link mobile app, which prevents member no shows.

When a provider reports a member no-show, we verify the provider is at the appropriate location using GPS tracking. We validate no-shows in real time by pulling up a street view of the vehicle's location at that time. Our staff advise the driver if they are in the incorrect location, or at the incorrect area (i.e. at the front of the building when the pick-up is set to occur at the back entrance). With MTM Link, MTM Health's staff can quickly drop a pin at the member's location, allowing the driver to see exactly where the member is; this is especially helpful at large medical facilities with multiple entrances. Upon verification of an actual no-show, we flag the trip, which automatically initiates the disciplinary process and generates a no-show letter. When a member has three no-shows, we require them to call and confirm their trip prior to MTM Health dispatching a provider.

Beyond using technology to prevent and address member no shows, MTM Health also uses our Provider Managers. This staff often intervenes for members who are high-risk, have complex trips, or have a history of missed trips. Provider Managers contact the member directly to identify the root cause of the missed trips and resolve the issue; if they cannot get ahold of the member, they contact the facility or medical provider to try and arrange successful transportation. This approach is a testament to MTM Health's business model, which leverages technology while never losing the human touch.

If a member has three no-shows, we require the member to call and confirm future trips prior to assigning a NEMT provider. We record the time a member calls to confirm transportation for the next 90 days, during which the member must confirm every requested trip within 48 hours of the appointment time, but no less than 24 hours. If the member does not confirm the trip, we automatically cancel it.

Handling Aggressive Member Behavior

MTM Health does not tolerate aggressive or threatening behavior. If a member exhibits verbal or physical aggression in route, the driver is to stop the vehicle, stabilize the situation, and contact MTM Health and/or authorities, depending on the severity of the situation. If appropriate, MTM Health may dispatch another NEMT provider to complete the transport for the member and/or other passengers in the vehicle.

XIII. Operations Procedures Manual

MTM Health has provided a draft copy of our Operations Procedures Manual as **Attachment H**. Our Operations team and key personnel will coordinate with the Agency to ensure the content for each policy and procedure is accurate, complete, and current. We will submit a copy of our Operations Procedures Manual at least 30 calendar days prior to the operations start date, and we will modify the manual within 10 business days to accommodate any modification requested by the Agency. MTM Health will provide a copy to all staff, and we will incorporate our West Virginia Operations Procedures Manual into all training for new employees serving the NEMT Brokerage Program. We will review the manual on an annual basis to ensure its relevance.

XIV. Complaint Policies and Procedures

We are proud to maintain historically low complaint rates well under 1%. This is a testament to the exemplary service we provide, which translates to higher customer satisfaction with our clients. MTM Health has a fair process for receipt, research, communication, and education to resolve complaints from all stakeholders. We will abide by our Complaint Policies and Procedures Manual, which we will provide to the Agency for approval at least 30 calendar days prior to the operations start date. Our Corporate Compliance department will review our complaint policies and procedures every six months. We will notify the Agency if any amendment to a policy/procedure is necessary. Once the Agency approves the amendment, MTM Health will publish and distribute an amended manual to relevant stakeholders within 30 calendar days.

A. Member Complaint Resolution and Appeal Process

If a member wishes to express dissatisfaction with the service they received, they may express their concern verbally or in writing. MTM Health provides a dedicated "We Care" phone line to allow stakeholders to communicate directly with our team for prompt resolution of any issue. In addition, we accept complaints via our website, www.mtm-inc.net, or via email to qm@mtm-inc.net. We acknowledge complaints immediately, verbally on the phone, and/or through an automated email if received online.

When MTM Health receives a complaint, a Complaint Coordinator documents it in writing, with all circumstances surrounding the situation, date stamps the item, and assigns the complaint a unique tracking number, and a high, medium, or low priority; and within one business day, informs the complainant of receipt. After completing these steps, they conduct a comprehensive first level investigation to determine the root cause and appropriate corrective action.

When investigating a complaint involving the member's trip, the Complaint Coordinator uses MTM Link to view a map of the trip with time stamps, confirm actual pick-up and drop-off times, view the route the NEMT provider used, and confirm details such as speed traveled. We can also determine if the provider made an unauthorized stop along the way. Thanks to the MTM Link Driver App's built-in GPS capabilities, we can immediately see where a driver was at any given time during a trip. This greatly enhances MTM Health 's ability to investigate complaints in a transparent, efficient manner, and effectively eliminates "he said/she said" situations. If the member claims the NEMT provider was a no-show for the trip, we can confirm whether the provider was at the correct location, correct entrance, and the time they arrived and departed.

NEMT providers have 48 hours to provide a response and supporting documentation regarding complaints involving their company, drivers, and/or vehicles. If the complaint concerns the customer service experience the member had with an MTM Health CCR, the Complaint Coordinator accesses documentation and notes from the interaction, as well as a recording of the call. Investigation time varies on the complaint type and information needed for resolution. Trip details from MTM Link are tied to the complaint for documentation, training, and corrective action purposes.

The Complaint Coordinator works with all involved parties to reach a satisfactory and prompt resolution, documenting all details surrounding the complaint to determine the root cause of the issue. If necessary, a supervisor conducts a second-level review for accuracy.

After the identified parties take corrective action with satisfactory results, the Complaint Coordinator closes the complaint.

We provide clients with regular complaint reporting as part of our monthly reporting package. Additionally, clients have insight into complaint information through our business intelligence reporting dashboard, which we update daily. MTM Health's team also discusses complaint trends with the Agency during Business Reviews. If we identify a specific trend, we work closely with the Agency to develop an action plan to resolve the root cause.

MTM Health understands the Agency has final approval on member complaint resolution. As necessary, we will provide pertinent complaint information to the Agency, including:

- Documentation or testimony from Project Manager Lorie Cox or other medical / expert consultant(s) familiar with and able to testify to the case
- Records and documentation regarding a denial of a NEMT service
- Comprehensive documentation specific to the case

If the Agency overturns a denial made by MTM Health and authorizes NEMT services, MTM Health will notify the member and NEMT provider of the appeal decision, approve the requested NEMT services, and reimburse the NEMT provider.

Appeals

Members or a member's representative may submit member appeals directly to the Corporate Compliance team via mail or our We Care Line. Project Manager Lorie Cox will forward any appeals received locally to our Corporate Compliance team. Our Corporate Compliance team manages all member appeals and state fair hearing requests in accordance with contractual requirements, as well as regulations set forth by the Centers for Medicaid and Medicare Services, including documentation, investigation, resolution, follow-up and reporting. We document all details regarding the appeal in MTM Link, including, but not limited to, a description of the appeal, all investigation actions, and the appeal resolution. Once we resolve an appeal we mail an appeal determination letter that includes information regarding State Fair Hearings to the member.

Complaint Prevention

MTM Health also sends our executive team a summary report of complaints. The appropriate operational leadership teams, along with our Complaint Coordinators, carefully examine complaints to determine potential areas for improvement and increased efficiency, as well as track and trend complaints to find opportunities for quality improvement efforts.

If these parties identify an improvement, we make every effort to incorporate changes quickly. Additionally, we welcome the Agency's feedback during regular meetings and conversations.

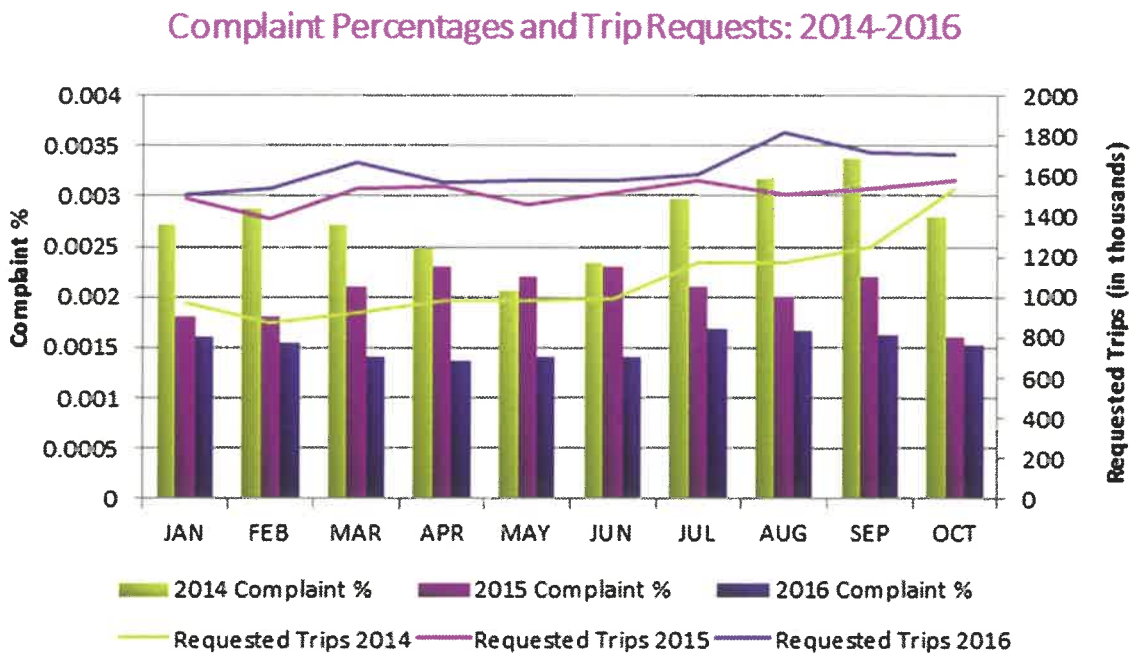
MTM Health uses the data collected through these activities to identify patterns or trends and create Quality Improvement Plans as necessary. This allows us to make accurate, timely changes to the program. We input all complaint and survey information into our database for reporting and tracking, and we will provide the Agency with an analysis of results upon request.

Although we have a process for member complaint resolution, MTM Health proactively reduces complaints by monitoring repeat NEMT provider and member behaviors before these behaviors result in complaints. We create a biweekly report with the following information:

- No Show, Return Trip—Member not at arranged pick-up
- No Show, Direct Cancellation—Member cancels directly with driver at pick-up
- No Show—Member not there at time of pick-up
- No Show—Member there but not ready at time of pick-up
- Cancellation—Member canceled directly with provider prior to trip
- Cancellation—no NEMT Provider available
- No Show— NEMT Provider does not show up
- Turnback— NEMT Provider turns a trip back (rejects an assigned trip)

Depending on the behavior, MTM Health takes action to educate the necessary individual(s) to prevent future complaints. Behaviors are trended monthly, and results are provided to Executives and Directors. Through this exercise, MTM Health can also detect and prevent fraud, waste, and abuse.

During our previous tenure with the Agency, we decreased complaints even while trip volume increased. We look forward to bringing similar results back to the Agency and West Virginia Medicaid members.



Complaint Percentages. *MTM Health proactively reduced complaints in West Virginia by monitoring problematic NEMT provider and member behavior.*

B. NEMT Provider Complaint Resolution and Grievance Process

MTM Health uses the same process for reviewing complaints and grievances submitted by NEMT providers as complaints made by members and medical providers, outlined above. We assign a unique tracking number to each complaint or grievance received from a NEMT provider, and we allow providers 15 calendar days to request a review of MTM Health's and/or the Agency's decision. If a provider fails to request a review within 15 calendar days, MTM Health waives the NEMT provider's right to request a review.

XV. Contract Close Out and Turnover Procedures

A. Turnover Plan

In the event of contract expiration, non-renewal, termination, or cancellation, MTM Health will assist the Agency through an orderly and controlled turnover. Within 14 days after notice of contract award, we will provide the Agency with a detailed Turnover Plan for approval. Our Turnover Plan will allow us to remain conscientious of the new broker, minimize service disruption, and provide smooth program turnover on the final date of service.

Our Turnover Plan will address:

- Proposed approach to turnover
- Schedule and milestones for turnover
- Training
- Tasks and subtasks for turnover
- Operational resource requirements
- Electronic transfer of data, documentation, files, manuals, materials, and other records related to the NEMT Brokerage Program

B. Turnover Notification and Turnover Period

MTM Health understands the Agency will give us written notification of the need for turnover at least 90 calendar days prior to the termination date of the contract. We will begin turnover duties on the date specified in the Agency's notice, and meet all obligations as required by the Agency, even beyond the termination date of the contract.

C. Specific Close-Out Requirements

MTM Health will continue delivering our contractual duties and handling requests for NEMT services up to 11:59 p.m. ET on the termination date, including:

- Screening, authorization, scheduling, and provision of NEMT services
- Submitting all utilization data to the Agency
- Generation and sending all required notices to providers and members
- Conducting validation checks
- Submitting and correcting, as necessary, all reports

D. Agency Access

The Agency will have full remote access to all records kept under this contract via independent web-based portal, and full access during regular business hours to any information stored at our local office. This access will continue during the Turnover Period.

E. Specific Turnover Requirements

To assist with a smooth transition, MTM Health will provide the following information to the Agency, upon request:

- The number, review status, and completion date of all scheduled, authorized, or provided transportation up to and including 11:59 p.m. ET on the termination date not transmitted to the Agency for processing
- The number, review status, and completion date of all scheduled, authorized, or provided transportation up to and including 11:59 p.m. ET on the termination date returned to MTM Health as unprocessed with an error code
- Information on any pending deliverables as of 11:59 p.m. ET on the termination date including:
    - Any outstanding reports
    - Status of any unresolved complaints or grievances
    - Status of any scheduled or in-process Agency hearings

F. Vendor Response to Questions

MTM Health will cooperate fully with the Agency and its new broker throughout the turnover period, answering questions in writing within five business days of receipt.

G. Turnover Meetings

We will send two proficient, knowledgeable representatives to all meetings related to turnover to aid the Agency and its new contractor in the transition process.

4.1.1.2 Appendix 2, Implementation Specifications

The vendor should address Appendix 2, Implementation Specifications, including all deliverables and proposals components described. The vendor's approach should exhibit an up-to-date knowledge and understanding of the NEMT Brokerage Program and NEMT Services in general, including the requirements of BMS Chapter 524, which can be found at: https://www.medicaid.gov/federal-po1icy-guidance/downloads/smd23006.pdf of the West Virginia State Medicaid Manual for Provider requirements, Chapter 27 of the West Virginia Bureau for Family Assistance (BFA) Income Maintenance Manual (IMM) for member eligibility, which can be found at: https://dhhr.wv.gov/bfa/policyplans/Documents/Binder4.pdf and 42 CFR § 440.170, which can be found at: https://www.gpo.gov/fdsys/pkg/CFR-20l 1-title42-vol4/pdf/CFR-2011-title42-vol4-sec440-170.pdf

MTM Health clearly understands the overall engagement and services to be provided, and we will meet or exceed all deliverables and components of *Appendix 2, Implementation Specifications*. Further, having previously operated this contract, MTM Health understands and is familiar with BMS Chapter 524 of the West Virginia State Medicaid Manual for provider requirements; Chapter 27 of the West Virginia Bureau for Children and Families (BCF) Income Maintenance Manual (IMM) for member eligibility; and 42 CFR Section 440.170.

MTM Health tailors our implementation approach and timeline to each of our client's individual needs. Our 30 years of experience implementing NEMT programs of similar size and scope to the Agency's program gives us an in-depth understanding of the expectations and milestones necessary for a successful implementation. MTM Health's clients consistently identify our implementation approach as a differentiator over our competitors. We put substantial time and energy into making the implementation as smooth as possible for all stakeholders. Our unparalleled implementation approach includes:

- Leveraging our dedicated Project Management Office whose focus is ensuring MTM Health's contract implementations are successful
- Staffing a dedicated Implementation Project Manager who will be available to the Agency to discuss progress and answer questions throughout the process
- Creating a tailored compliance matrix to track complex requirements and deliverables
- Assigning specific staff to serve as the "owner" of each implementation requirement
- Holding weekly meetings to keep all parties accountable and up to date
- Conducting readiness testing prior to the contract start date
- Engaging our call center department to proactively call members prior to the contract start date to confirm trip details in our system
- Conducting outreach to NEMT providers to help them learn about our systems and processes, and assist them with MTM Health's credentialing and training requirements

I. Implementation of Work Plan

To demonstrate our ability to assume operation of the West Virginia contract, we provide a draft Implementation Work Plan in **Attachment A**. This plan includes all additions and updates to operations, and details the activities, milestones, responsible parties, and timeframes necessary to implement the new contract, and meets all RFP requirements. MTM Health will provide a final Implementation Work Plan to the Agency, both electronically and in hard copy, no later than 14 days after contract award.

A. Work Plan Tasks

Our Implementation Work Plan details all the tasks necessary to begin service in West Virginia, including timeframes, milestones, staff responsible, and start and end dates, including:

- Acquiring office space, furniture, telephone and computer equipment, and installing utilities
- Hiring and training staff
- Recruiting, credentialing, and training a network of NEMT providers
- Inspecting vehicles
- Credentialing drivers
- Testing operational readiness and systems
- Installing MTM Link scheduling, reservations, and dispatch systems
- Educating stakeholders
- Developing deliverables

II. Quality Assurance Plan

At the onset of a new contract, MTM Health develops a compliance matrix covering all contract requirements as specified in the final RFP and resultant contract to maintain quality during implementation and beyond. Project Manager Lorie Cox, Assistant Manager Dylan Kirby, our Implementation Project Manager, and our Corporate Compliance department work closely to identify all performance standards, milestones, and deliverables for the new contract term in the matrix. The Implementation Project Manager then assigns each requirement to an employee. The employee must verify we have the processes, procedures, technology, and/or workforce to perform and/or meet the necessary requirement within the required timeline.

We test the compliance matrix informally throughout the implementation process, formally during the readiness review, and then use it to guide our performance and adherence to contractual requirements. In addition, MTM Health monitors our performance to the compliance matrix on an annual basis throughout the life of the contract.

Items covered include on-time report submission, credentialing of NEMT providers, and other contract requirements. Through this program, MTM Health conducts a continuous cycle of self-monitoring to achieve NEMT excellence, process integrity, and contract compliance.

We also survey our clients following implementation to find out where we performed well and identify areas for improvement. Currently, MTM Health's clients rate our Implementation Project Managers at 9.6 out of 10 for professionalism.

In all areas of our business, MTM Health's goal is to exceed average performance standards and continue to build on our reputation as the industry leader in quality NEMT management. Our Quality Assurance Plan, in **Attachment J**, details the methods MTM Health uses to ensure our operations are of the highest quality, including strict policies for authorizing NEMT services; verifying that trips actually occurred; reducing fraud and abuse; resolving complaints and appeals; monitoring NEMT providers for compliance; and call center quality control. Aside from these procedures, we use performance metrics and thresholds to evaluate compliance with MTM Health's standards and Agency protocols.

MTM Health will submit our Quality Assurance Plan for the Agency to review and approval at least 30 days prior to the operations start date. Throughout the contract term, we agree to indemnify the Agency against any causes or claims of payment brought by NEMT providers or members. We understand that the Agency may make quality assurance reviews on our services anonymously and without advance notice.

III. Operational Readiness Review

MTM Health's Project Management Office team initiates a readiness review to assess if a project is ready for go-live. Readiness testing verifies our systems work as intended, including phone lines, trip assignment, and protocol enforcement. Prior to the readiness review, the Project Management Office team develops a readiness checklist detailing all processes, systems, and deliverables. The team then reviews each item on the checklist with the appropriate operational departments for service readiness. If the team identifies any deficiencies during the review, the operational departments must correct them prior to sign-off. In general, our Project Management Office team aims to complete readiness testing 14 days prior to the date we begin answering calls from members, which begins one week prior to the contractual go live date. During our weekly implementation status meetings with the Agency our Project Management Office team will establish the specific processes, systems, and deliverables they will review during the readiness review prior to go-live.

A. Readiness Review Deliverables

MTM Health will submit the following deliverables at least 30 calendar days prior to the operational readiness review for the Agency's review and approval:

- Data systems
- Information systems screen prints and logic
- Brokerage process, including authorization, scheduling, dispatch, coordination, management, generation of denial letters, and reimbursement process
- NEMT provider Network and Geographic Coverage Report
- Proof of NEMT provider network sufficiency
- Adverse Conditions Plan
- Post-Transportation Authorization of NEMT Services Policy
- NEMT Service denial criteria and service denial letter
- Validation Policy
- Vehicle Inspection Plan
- Proof of compliance with vehicle and driver requirements
- NEMT Provider Monitoring Plan
- Final NEMT Provider Manual
- NEMT Provider and Provider Training and Education Plan
- Final Member Outreach and Education Plan
- Verification that education of Agency members, NEMT providers, providers, and other agencies occurred
- Operations Procedures Manual
- Final Complaint Policies and Procedures Manual
- Quality Assurance Plan
- Business Continuity Plan and Disaster Recovery Plan
- Reporting capabilities, including the ability to produce Agency-specific reports

B. Call Center Readiness Requirements

MTM Health will demonstrate compliance with the following contract requirements:

- Data collection
- Method for recovering member information and displaying information on screens used by call center staff
- Method by which call center screens display Agency-issued overrides and/or special instructions
- Ability to determine member eligibility
- Ability to produce denial letters to Agency members, NEMT providers, and medical providers, as appropriate

- Functionality of web-based inquiry system for NEMT providers
- Quality control procedures and edits
- Reporting capabilities, including the ability to produce Agency-specific reports
- Appropriately trained staff
- Sufficient staff to meet timeliness and telephone system requirements

C. Remediation and Start-Up

Although we do not foresee any issues, MTM Health will make any corrections requested or required by the Agency prior to operations start date, and we will submit documentation verifying correction as necessary. Should the Agency award the contract to MTM Health, we will begin taking calls for NEMT requests two weeks prior to the scheduled operations start date.

IV. Data Systems Requirements

MTM Health offers the Agency our proprietary MTM Link platform, which delivers numerous benefits for all program stakeholders through intuitive, easy-to-use solutions. MTM Link automates the entire NEMT process, from call intake; routing scheduling, and dispatching; quality management; credentialing; claims management; reporting; and encounter submission. Using one platform, specifically designed for NEMT operations, drives data integrity and streamlines workflows for all users.

MTM Link is a reflection of MTM Health's commitment to improving the NEMT industry, making the vital services more accessible to members and less burdensome for clients. Through our continuous investment of time, money, and resources, MTM Link offers unparalleled technology that answers real needs for all NEMT stakeholders.

MTM Link can perform all functions required by the Agency. MTM Link is a private platform used across MTM Health's book of business for NEMT operations, hosted on Amazon Web Services (AWS).

A. Eligibility Verification

As noted in ***Verifying Eligibility*** on **page 20,** MTM Health uploads the Agency-provided eligibility files into MTM Link, which allows us to automatically check the member's information against data provided by the Agency. Further, MTM Link automatically and continually queries member eligibility for recurring trips.

MTM Health proposes that the Agency provides an initial eligibility file during implementation to establish a base of eligible members and then using a simplified batch process thereafter. The batch process would occur through submission of a batch 270/271, through which our scheduling platform, MTM Link, would verify the eligibility of many members at once. MTM Health would also like to set up an on-demand eligibility verification process. This process would require us to establish an Application Programming Interface (API) between our system and the Agency's eligibility system. If the Agency can support a real-time 270/271 via an API call, the Agency will have minimal lift to implement this process. The Agency's system would return an EDI 271 Eligibility Response via the same API, which our system would update MTM Link with relevant eligibility information for trip scheduling.

Beyond having accurate eligibility information at the time of trip scheduling, this process continually updates eligibility between scheduling and date of service. This prevents MTM Health from providing service to ineligible members if a member loses eligibility status prior to the date of service. This approach would ensure there is never a gap in visibility to a member's eligibility.

Each week MTM Health will upload the Member and Provider Extract Files into MTM Link within two business days of receipt. MTM Health will verify eligibility changes between extract files through the Automated Voice Response System (AVRS) using the West Virginia Medicaid Management Information System (MMIS).

B. Data Capture

As detailed throughout this proposal, MTM Link allows us to efficiently capture important data regarding West Virginia Medicaid members and trips required in the RFP. Additionally, we can also accept manually entered eligibility data, such as member name and ID number, which we will reconcile against the Member and Provider Extract File to ensure data integrity.

C. Encounter Data

MTM Health supports electronic submission of encounter and claim data. We accept 834 eligibility files, as well as data exchange in the 5010 version of the X12 837P, 835, 270/271, 820, 277CA, 277U, and 999 formats. MTM Health passes all encounter data through a series of validation processes for formatting and data values. We deliver encounter data files through SFTP or FTPS according to client requirements. Our EDI team reviews response files upon receipt, and analysts work with operation staff to correct data issues and adjust encounter codes to correct errors. As with all of our operations, MTM Health's encounter transactions always comply with HIPAA rules and regulations.

MTM Health uses an EDI tool called Boomi which allows us to build custom procedures and edits to identify potential errors prior to submitting files. Boomi has alerts and extensive logging to help encounter processes run as expected and certify that data is an accurate depiction of the processed claim content. MTM Health corrects denied trip records and resubmits as a "new" trip record if appropriate.

The paid amount on encounter data is the amount paid to the NEMT provider, and all encounters are for covered services for eligible members. MTM Health 's encounter transactions always comply with HIPAA. MTM Health reconciles the data of paid trips within the encounter data file with data on associated scheduled rides as part of the monthly encounter data submission.

MTM Health is both familiar and comfortable with encounter processing for the State of West Virginia. We will adhere to all RFP requirements regarding encounter data and will submit the monthly aggregate file and a summary report by the 15th of the following month. MTM Health will reconcile the data of paid trips within the encounter data file with data on associated scheduled rides as part of the monthly encounter data submission.

D. Audit

The Agency, federal personnel, or appropriate designee(s) will have access to MTM Health's systems, equipment, communication software, source code, and facilities to conduct audits and inspections. During any audits, MTM Health will provide access to data, systems, and documentation required by auditors and inspectors.

MTM Health uses Google Maps and ArcGIS-mapping to calculate reliable mileage and develop routes. We stand by the accuracy of each mileage calculation, and we will represent such in audit or legal proceeding as required by the Agency.

E. Web-Based Inquiry System

All NEMT providers within MTM Health's network will have access to MTM Link, which serves as an intuitive, web-based inquiry system. Using MTM Link, NEMT providers have online ability to:

- Manage credentials
- View and download assigned trips through a customized download format
- Update, accept, and decline trips
- Mark trips as no-shows
- View report card data
- Update service parameters (hours of operation, service areas, available vehicles, etc.) and business information (contact information, disadvantaged business certifications, etc.)
- Submit claims and enter pick-up and drop-off information, vehicle/driver details
- View a summary of trips for a date range
- View a summary of trips by member for a date range
- View details of trips by request tracking number

In accordance with HIPAA regulations, the data available to NEMT providers is restricted to that required to perform the services assigned. Further, the portal complies with all requirements in 45 CFR Section 155.260(b); state codes and policies referenced in *Appendix 1, Section 1* of the RFP; and Americans with Disabilities Act (ADA) screen readability requirements.

We train NEMT providers to use MTM Link prior to entering our network and Field Service Specialists provide direct support to NEMT providers throughout the contract term.

V. Business Continuity and Disaster Recovery Plan

MTM Health maintains a Business Continuity and Disaster Recovery Plan, provided as **Attachment I**. This plan identifies our processes for minimizing disaster threats; continuing to accept calls and schedule transportation during emergencies; and minimizing the loss of records due to disaster. This plan includes an MTM Health contact list, back-up components, high availability details, and disaster recovery methods, as well as addresses topics like employee training, key business functions, plan testing, and communication. We will submit the final plan for review at least 30 days prior to the operations start date.

Database Reliability and Recovery

MTM Health operates our primary systems in an AWS multi availability zone environment with SOC II compliant data centers. As an additional layer of redundancy, we back up our databases every 15 minutes, including all member and trip data. In the highly unlikely scenario where both the primary and secondary systems go down, we can restore the data to a backup without losing more than 15 minutes of data.

We also provide back-up support with manual processes. Our staff know how to document trip requests and other critical business practices off-line in the unlikely event systems become unavailable. MTM Health also maintains documentation for their reference.

MTM Health prevents system problems through regular maintenance, which complies with HITRUST standards. Authorized employees and/or third-party services perform maintenance according to manufacturer specifications. We maintain security controls over maintenance on information assets or physical security components and clear covered information prior to maintenance. In addition, our Security Officer must authorize any off-site repair. Following maintenance, our IT team checks security controls for any potential security modifications, and verifies it meets the security standards set forth for the system prior to placing it back into production.

Telephony Systems Reliability and Recovery

Like our computer systems and databases, MTM Health's phone system offers multiple layers of redundancy. MTM Health operates our primary phone system in dual-primary mode in two geographically diverse data centers. This means no dropped calls or uninterrupted phone service for the Agency. Additionally, our phone system links each of our contact centers and our work-from-home contact center staff, allowing the automatic rerouting of calls to any of our locations or to our work-from-home staff. If the contact center becomes unavailable due to a local outage or severe weather, the phone system seamlessly routes calls to alternate centers and work-from-home staff.

4.1.1.3 Subcontractors

The vendor should list all subcontractors that the vendor intends to use for any administrative functions of the NEMT Brokerage Program, other than NEMT Providers. Additionally, for each subcontractor, the Vendor should:
4.1.1.3.1 List the subcontractor's name, address, contact person, and phone number.
4.1.1.3.2 Detail the exact nature of the subcontractor's responsibility for the NEMT Brokerage Program, and the projected dates the subcontractor will begin and end work.
4.1.1.3.3 Detail the time period, scope of work and quality of performance for any past work performed by the subcontractor in conjunction with the vendor.
4.1.1.3.4 Identify the policies and procedures for handling subcontractors when they fail to meet company, State and/or Federal regulations.
4.1.1.3.5 Provide three (3) references for the subcontractor.
4.1.1.3.6 Provide a draft of the proposed subcontract.

MTM Health does not intend to use any subcontractors for any administrative functions of the NEMT Brokerage Program. We perform all corporate functions, such as finance/accounting, marketing, business development, recruiting/human resources, and logistics in-house.

4.1.1.4 Database

The vendor should describe their approach and methodology for developing and managing an up to date database for a statewide NEMT brokerage system for a population similar to that of WV Medicaid, including the ability to submit data via batch mode, perform statistical analysis (including transportation utilization analysis), and provide detailed reports as listed in Appendix 3 (Reporting Requirements) and the flexibility to produce additional ad hoc reports based on the data collected.

As previously described in ***IV. Data Systems Requirements*** on **page 116**, MTM Link accommodates the full spectrum of our clients' technology needs. It serves as the database for member and trip details, encounter information, member extract files, NEMT provider listings, and more. MTM Link also has the capability to submit information in batch mode, perform statistical analysis including transportation utilization, and to provide detailed reports as outlined in Appendix 3 Reporting Requirements. Further, we can drill down to many different, specific levels of information in order to produce ad hoc reports as the Agency may require.

Having previously operated this contract, we have already successfully developed and maintained an up-to-date database for West Virginia Medicaid. We use MTM Link as our database across our book of business, including all of our statewide NEMT programs similar in size and scope to West Virginia.

Reporting Capabilities

MTM Health places high importance on accurate, comprehensive, and timely reporting to maintain a clear and consistent understanding of services and performance. MTM Health does not view reports as simple data; instead, we use them to learn program strengths and plan for positive maintenance and program improvements. We will provide all reports to the Agency according to the requirements outlined in the RFP.

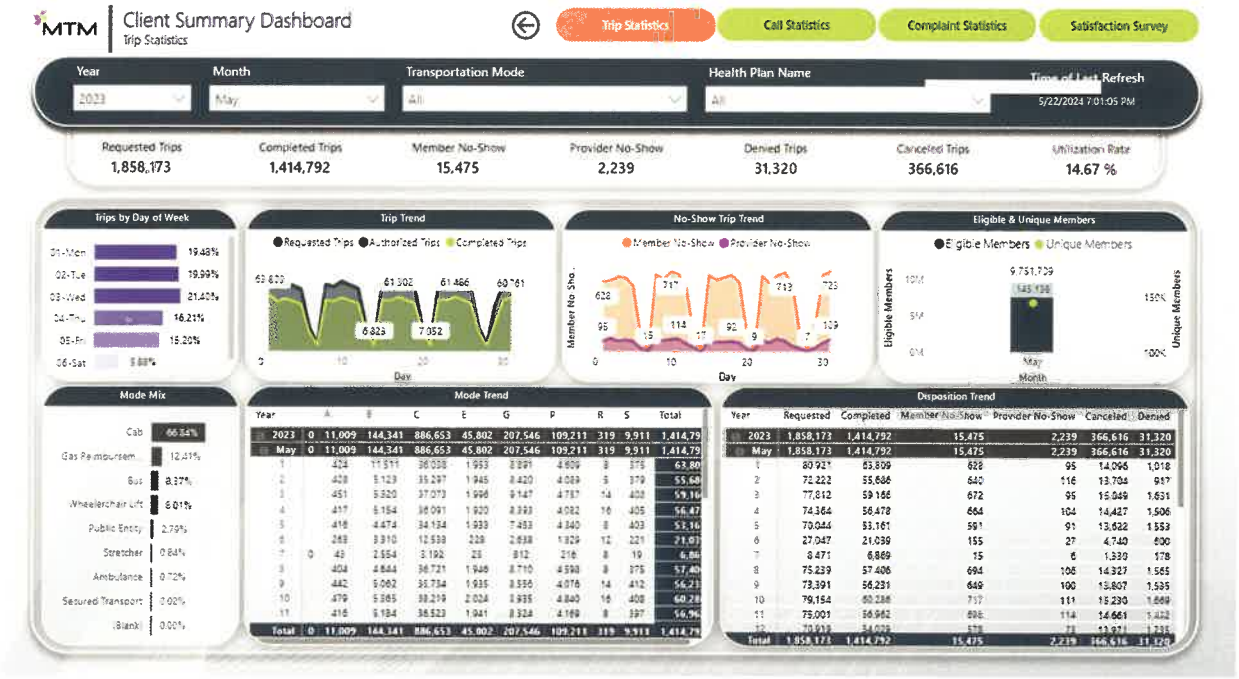
MTM Link collects and stores required data elements during and after the trip request process for utilization tracking and provides reports detailing these data elements. It also supports and tracks daily operational functions, including service authorizations and denials, trip scheduling, mileage calculation, trip logs, and other information. Additionally, MTM Link can submit batched data, perform statistical analysis (including transportation utilization analysis), and provide detailed reports, including ad hoc reports. MTM Link then readily generates reports as users enter trip requests, grievances, and claims, where it permanently stores the data. MTM Health will assemble data into several accurate, complete reports and distribute them electronically to the Agency on a monthly, quarterly, and annual basis, and as otherwise requested.

Ad Hoc Reports

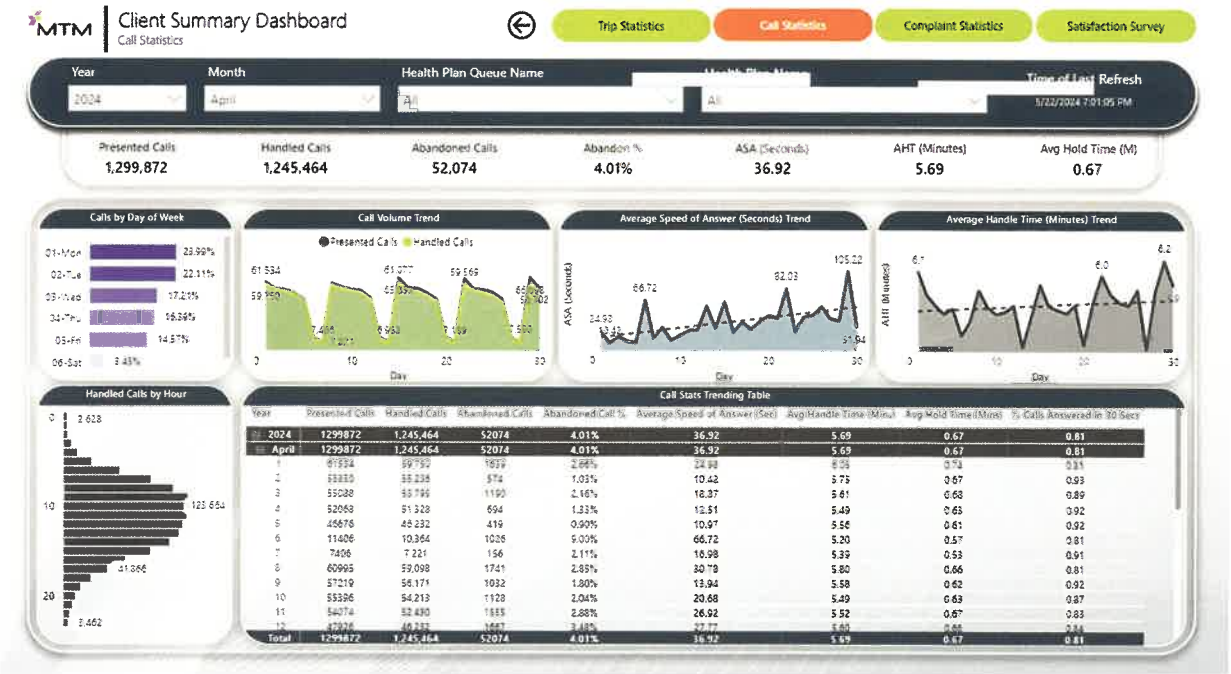
MTM Health regularly produces ad hoc reporting for our clients and will provide this level of service for the Agency as needed. MTM Health understands some ad hoc data requests are urgent in nature, particularly if they are in response to legislative or agency inquiries. MTM Health is typically able to respond to most ad hoc reporting requests within one business day. MTM Health can pull extensive ad hoc and regular reporting information directly from MTM Link, which will be particularly useful in the investigation of individual complaints or service issues.

In addition to regular reporting packages, MTM Health offers self-service reporting for the Agency through a cloud-based business intelligence tool. This tool collects and analyzes data from multiple platforms in real time, giving MTM Health and the Agency a single view of operations in dashboard format. Data from our Five9 telephony system, MTM Link platform, and other sources funnel into the business intelligence tool. Within the tool, the Agency can view contact center performance, trip performance, and other data as meaningful dashboards, reports, and data sets. The Agency will have access to the most responsive operational insight tool in the market, giving leadership real-time insight into program performance, with data that can be easily exported in Word or PDF format. The Agency can log in and view the data directly at any time; the platform is also mobile-responsive, providing on-the-go data accessibility.

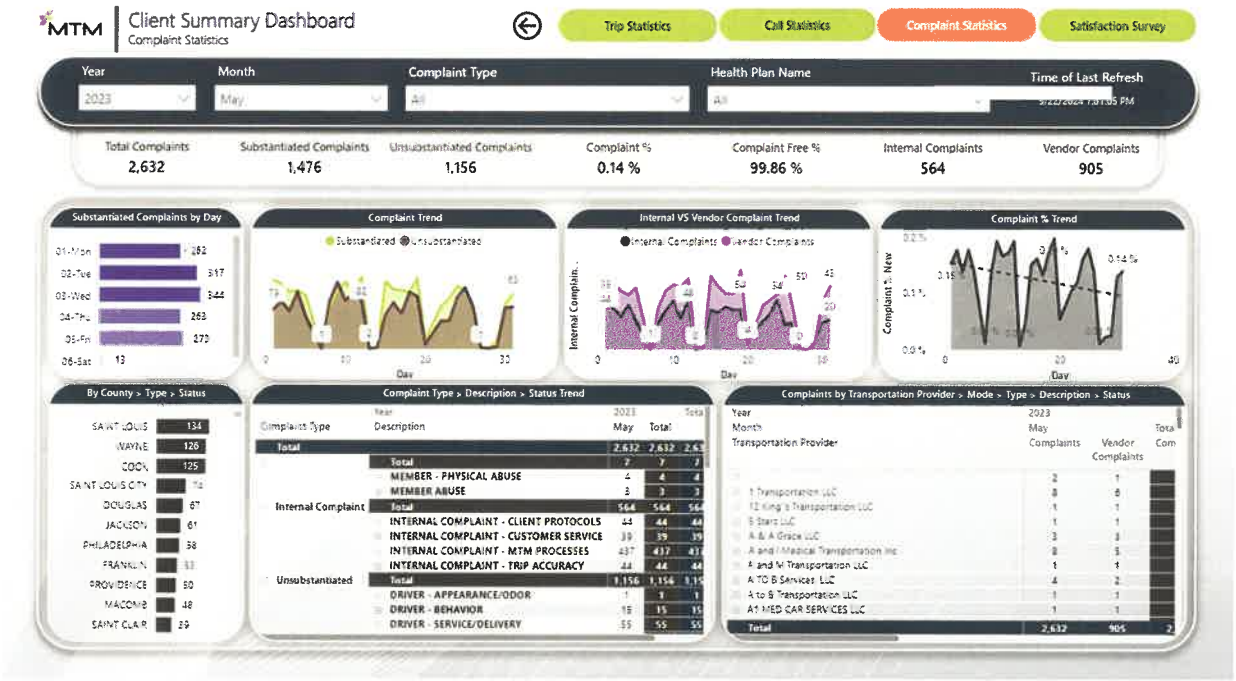
MTM Health refreshes the data every 24 hours, so the Agency has actionable insight into program performance.



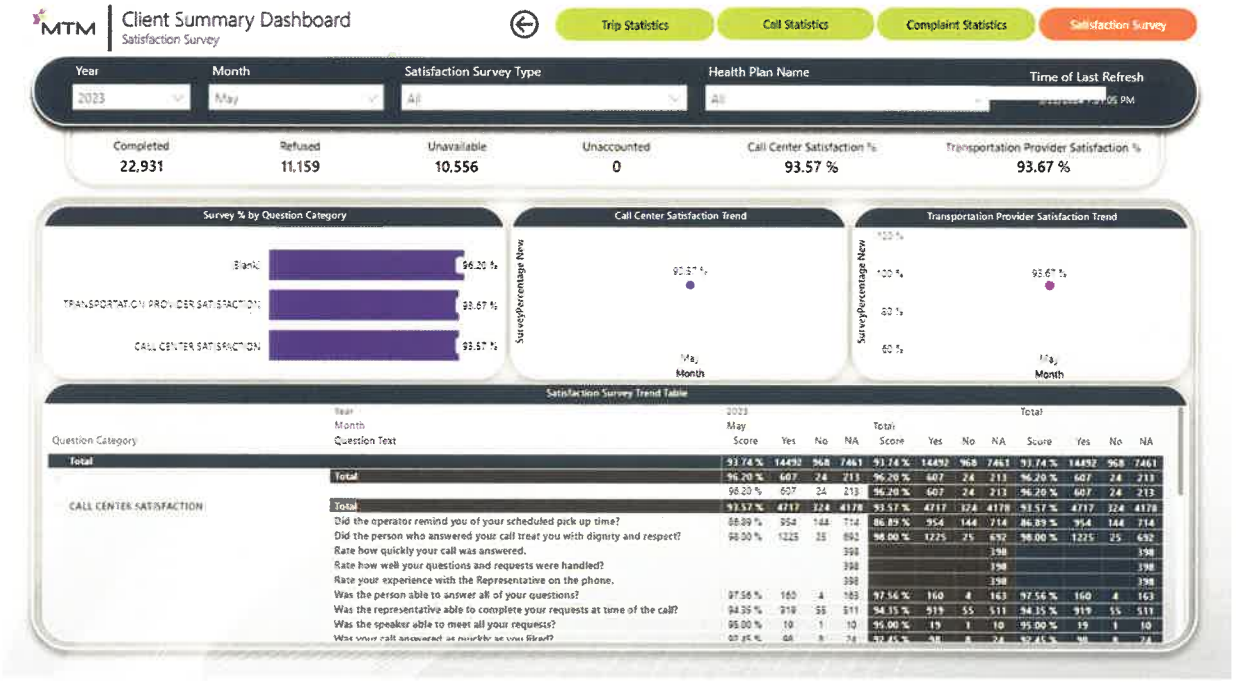
Trip Statistics Dashboard. *Clients can view trip statistics in this dashboard.*



Call Statistics Dashboard. *Clients can view call statistics in this dashboard.*



Grievance Statistics Dashboard. *Clients can view grievance statistics in this dashboard.*



Satisfaction Survey Statistics Dashboard. *Clients can view satisfaction survey data in this dashboard.*

4.1.1.5 Report Development and Production

The vendor should describe their approach and methodology for report development and production and should also provide examples of reports produced for projects of the type, size and scope of that described in this RFP.

As detailed in ***Reporting Capabilities*** on **page 122**, MTM Health will provide all reports to the Agency according to the requirements outlined in the RFP. MTM Health provides our clients with a monthly standard reporting package full of useful, detailed information. Although many of these reports are similar from contract to contract, we customize these packages for each program based on specific needs. The Agency can review examples of the types of reports we produce for projects of similar size and scope in **Attachment K**.

4.1.1.6 Supplying Required Deliverables

The vendor should describe their plan, to include timeframes, to supply all deliverables as described in Appendix 3 (Reporting Requirements) and perform according to the approved Service Level Agreements listed in Appendix 4 (Service Level Agreements).

As detailed in ***4.1.2.11 Service Level Agreements*** on **page 162**, MTM Health agrees to the key performance standards set forth by the Agency and defined in Appendix 4. Upon contract award, MTM Health will modify our Quality Assurance Program to outline all performance measures required by the Agency. Our team will work with the Agency to customize performance measurements for the program during the first year and periodically, as appropriate. MTM Health's Quality Operations department will review the program on a regular basis to verify effectiveness and address any program changes.

4.1.1.7 Supplying Written Material

The vendor should describe their approach to supply all written material, including (but not limited to) reports, letters, training materials, Agency recipients' education materials, provider manuals and operations manuals to the Agency for approval thirty (30) calendar days in advance of distribution.

Upon request by the Agency and preceding any significant program changes, MTM Health will develop brochures, informational packets, instructional materials, and other written materials for dissemination to NEMT stakeholders and will provide them to the Agency for approval 30 calendar days in advance of distribution. Once the initial information packets are approved, we will print and distribute the materials at least 30 business days prior to the start of service.

As noted in ***Written Educational Materials*** on **page 101**, our experienced Marketing department will create written materials for members in compliance with all requirements of the RFP and in an easy-to-understand format no higher than a fifth-grade reading level. Our materials will be available in English, Spanish, and any other requested languages, as well as Braille and large print.

In our experience, members and other stakeholders prefer accessing information online rather than receiving hard copies, because the information is readily accessible, always up to date, and searchable. Not only is this process more effective in disseminating information, but it is also a more sustainable and cost-friendly approach. Stakeholders will have access to information regarding available services, eligibility requirements, and how to access transportation via a West Virginia-specific website, which MTM Health will create upon contract award. This user-friendly website will enable members and other stakeholders to learn about their program, as well as receive updates about changes as they occur.

4.1.1.8 Providing Increased Training

The vendor should describe their plan to adjust and/or provide increased training of NEMT Providers without additional cost to the Agency, if the vendor or the Agency determines that requirements, quality or other standards (Appendix 1) are not being met.

As outlined in ***NEMT Provider and Provider Training and Education*** on **page 96**, MTM Health provides comprehensive education to NEMT providers prior to entering service and regularly thereafter throughout the contract term. Above and beyond standard education, we provide specific education based on the population types served by providers (dialysis patients, minors, behavioral health, etc.). In the event the Agency requests additional training, we will conduct additional mandatory sessions for specific providers, or the entire network, at no cost to the Agency. We document completed training in MTM Link to verify all NEMT providers complete required training prior to receiving trips for the program.

4.1.1.9 Change Control Procedures

The vendor should describe their plan to follow proprietary formalized change control procedures for all changes to project scope, including (but not limited to): changes arising during the Implementation and Operations phases of the project and changes necessitated as a result of new and amended federal and state regulations and requirements.

MTM Health makes it a point to stay abreast of Centers for Medicare and Medicaid Services (CMS) regulations to help our clients maintain compliance and implement industry best practices. Our organizational structure allows us to be flexible and quickly implement new processes and procedures.

MTM Health follows a five-step process for making programmatic changes as follows:

1. **Identify the change.** The first step is to identify and document the needed modification, its importance, and its overall impact.
2. **Assess the circumstances.** Following identification, we thoroughly research the issue and assess any associated risks or challenges that will accompany the change. We identify the key staff responsible for creating a plan to accommodate the change and assign the task as a deliverable.
3. **Plan.** During this phase, the team defines the plan for implementing the change and involves key stakeholders to ensure success.
4. **Pilot/Test.** As necessary, particularly for significant modifications, we build our solution, provide it for client review, and test it in a controlled environment with a pilot group of participants.
5. **Implement.** Following approval and successful testing, we implement the change with continual status reviews to determine effectiveness. We will report these findings to the Agency and its stakeholders regularly to ensure transparency and understanding.

More involved issues may require the formation of a cross-functional task force to develop and operationalize modifications. Historically we have found our team can address most issues by developing or modifying an existing policy or procedure, re-engineering an operational process, or improving communication.

4.1.1.10 Communication Plan

The vendor should describe their communication plan that addresses communication with all interested parties, including the Agency, which could include face to face, video conference, internet conference or teleconference meetings to discuss and resolve administrative and operational issues.

Establishing clear lines of communication will allow MTM Health to effectively interact with the Agency and its stakeholders. Outreach and Communications Manager Justin Stowers will manage all communication and outreach for the West Virginia NEMT program. Members, NEMT providers, and medical providers have access to program information and services on our Agency-specific website as well as access to one of our trained staff via phone 24/7/365. Further, quarterly Advisory Committee Meetings, outlined in ***4.1.1.20 Establishing an Advisory Committee*** on **page 138**, facilitate face-to-face conversations between MTM Health and each stakeholder group.

Agency Communication Plan

Our local West Virginia management team will coordinate MTM Health 's interactions with the Agency, assigning communication, tasks, and responsibilities to the appropriate manager and team. We minimize frontline staff contacts to the Agency to proactively consolidate issues, reduce redundancy, and avoid confusion.

Collecting, analyzing, sharing, and using data to implement program enhancements is important to the success of every contract MTM Health operates. During implementation, we develop and communicate a project status reporting schedule that adheres to all RFP and client requirements. We outline our standard approach to project status reporting meetings below, including frequency and information covered in each meeting. Project Manager Lorie Cox will lead these meetings, with support from our corporate leadership teams as appropriate.

Quarterly Plan Performance Review

On a quarterly basis we trend monthly reporting data to assess performance and explore opportunities for improvement. Project Manager Lorie Cox and Assistant Manager Dylan Kirby will conduct this meeting face-to-face at a location and time convenient to the Agency. Typical content will include quarterly program overview detailing utilization, trip reason codes, and days' notice, average miles per trip, vehicle type, most utilized NEMT providers, complaints, and call statistics.

Annual Strategic Planning Session

Outside of detailed monthly reports and Quarterly Plan Performance Reviews, we will also provide the Agency with reports and feedback during an Annual Strategic Planning Session. Project Manager Lorie Cox and Assistant Manager Dylan Kirby will lead this session; the Agency is welcome to invite team members as appropriate. During the session, MTM Health will provide a statistical summary of services, including all program activity, accomplishments, challenges, and recommendations. MTM Health will also submit a written annual report following the end of each 12-month contract period.

4.1.1.11 Grievance Process

The vendor should articulate their grievance process in alignment with the Agency's policies and procedures as detailed in the BMS policy Chapter 800, which can be found at: https://dhhr.wv.gov/bms/Pages/Manuals.aspx of the West Virginia State Medicaid Manual for Provider requirements process for Medicaid recipients. Additionally, providers should be afforded a transparent review process.

The Agency can review MTM Health's process for handling grievances, which complies with BMS Chapter 800(A) of the West Virginia State Medicaid Manual, in ***XIV. Complaint Policies and Procedures*** on **page 105**. Through our easy-to-use website, members, medical providers, NEMT providers, or the Agency can submit complaints and/or compliments regarding MTM Health's service. Our capable Complaint Coordinators work with all involved parties to resolve complaints and grievances in a timely manner.

4.1.1.12 Contracting with Qualified NEMT Providers

The vendor should describe their plan for contracting with qualified NEMT Providers, including examples of reasons they would terminate a provider service agreement and timeframes.

Please refer to ***Network of NEMT Providers*** on **page 47**, for how we plan to establish a network of qualified NEMT providers throughout West Virginia. Our careful credentialing process (***4.1.1.17 Maintaining NEMT Provider Credentials*** on **page 134**), thorough training (***NEMT Provider and Provider Training and Education*** on **page 96**), and proactive performance monitoring (***Monitoring Plan*** on **page 80**) allow us to develop a strong, reliable network in West Virginia, as we did during our previous tenure as the Agency's NEMT broker.

We give our NEMT providers the tools and resources they need to be successful, and we provide continual guidance as needed; therefore, terminations are typically only a concern for companies who deliberately choose to be non-complaint.

That said, because member safety is our primary concern, termination is a first step in the case of egregious acts of member abuse, recklessness, or fraudulent behavior. Additionally, we will remove any provider, driver, or vehicle from service if it is determined to be in the best interest of the NEMT program.

4.1.1.13 Screening Staff and Providers

The vendor should describe their plan for screening staff and providers to include but not limited to fingerprint-based background checks.

All offers of employment at MTM Health are contingent upon clear results of a thorough background check, which we conduct for all final job candidates offered a position. A job applicant must provide consent for a background check. MTM Health does not discriminate against those with a criminal history and does not disqualify a candidate solely for having a criminal history on his/her background check. If an individual has a criminal history, we evaluate if the criminal history is substantially related to the position for which the applicant has applied. Any past activity that would subject sensitive systems and data to risk due to an employee's past behavior will be cause to terminate the employment relationship with MTM Health.

MTM Health also conducts initial and monthly sanction checks for all employees through the following entities:

- Department of Health and Human Services (DHHS)
- Office of the Inspector General (OIG)
- List of Excluded Individuals/Entities (LEIE)
- U.S. General Services Administration (GSA) System for Award Management (SAM) (includes Excluded Parties List System (EPLS)
- Social Security Number Validation
- State Medicaid exclusion lists

For employees with access to secure MTM Health and/or client information, including, but not limited to security infrastructure and cloud hosting operations, we validate all information provided by the applicant, including:

- Whether the applicant actually worked for the business during the time period identified in the resume
- Whether the applicant has the academic credentials they claim to have
- Whether the applicant has received the recognition/awards they claim to have

Prior to granting access to classified systems and data, all new hires must complete orientation and training that details responsibilities for protecting classified information. The pre-employment process is reviewed by recruitment to ensure security roles/responsibilities are specifically defined (in writing) and clearly communicated to job candidates. As outlined in MTM Health's Access Control Policy, a new employee's supervisor must approve access to systems on a "business need-to-know" basis and submit the Systems Access Request Form to both IT and HR for processing. The new employee must sign a Statement of Understanding and the Systems Access Request Form acknowledging acceptance of responsibilities contained in the MTM Health security policies. We provide these policies to the employee during orientation. Employees must re-acknowledge their understanding and acceptance of the security policies annually.

MTM Health conducts thorough background checks for NEMT providers and drivers during our credentialing process, as detailed in ***4.1.1.17 Maintaining NEMT Provider Credentials*** on **page 134**.

4.1.1.14 Addressing Non-Compliant Medicaid Members

The vendor should only describe their plan/process to address Medicaid recipients that are non-compliant pertaining to safety issues, hostile behaviors/environment, and/or exhibit aggressive behaviors.

MTM Health seeks to prevent member non-compliance with thorough education on how to properly use the NEMT program. However, we understand non-compliant member behavior occurs from time to time, and we maintain proven procedures to address non-compliant members. With the Agency's approval, we will implement an escalating action plan to address non-compliant member behavior, which we use in similar programs across our book of business:

1. Outreach, education, or verbal warning
2. Written warning
3. Reduction of services to mileage reimbursement or public transportation only
4. Temporary suspension of services

4.1.1.15 Collaborating to Ensure Appropriate Level of Service

The vendor should describe their plan to work collaboratively with the Agency's programs, the Agency's Utilization Management vendor or the State's Managed Care Organization (MCOs) to ensure that the most appropriate Level of Service is utilized for the member's transportation needs.

MTM Health will coordinate with members' Medicaid MCO Case Managers as appropriate in resolving issues related to transportation. Integrating and coordinating services between all entities serving members is crucial in improving health outcomes for members. As a national broker with 30 years of experience, and operations in all 50 states, we maintain close working relationships with dozens of MCOs across the country. In fact, approximately half of our book of NEMT business is through direct contracts with MCOs.

During our previous tenure in West Virginia, MTM Health developed relationships with the UMV, as well as several state managed care organizations (MCOs). MTM Health also has established relationships with MCOs in West Virginia through existing partnerships and contracts, including Aetna and Anthem. Over the next months, our senior leaders, including Chief Marketing Officer Michele Lucas, Senior Vice President of Public Affairs Phil Stalboerger, and Vice President of National Managed Care Solutions Chris Irwin, plan to hold meetings with leadership of MCOs serving West Virginia to discuss how MTM Health can help address member needs identified by MCO leaders. This may include areas such as:

- Preventing missed/late trips
- Recruiting and retaining drivers
- Maintaining network adequacy
- Communicating effectively with MCOs
- Improving data sharing between the organizations
- Coordinating with MCO case management staff, especially for high-risk members
- Serving vulnerable populations such as children, members with behavioral health challenges, high-risk pregnancies, and members with cognitive and physical disabilities

If we have questions regarding a member's requested level of service, we contact the UMV or MCOs directly to inquire and ensure members receive the appropriate level of service to meet their needs.

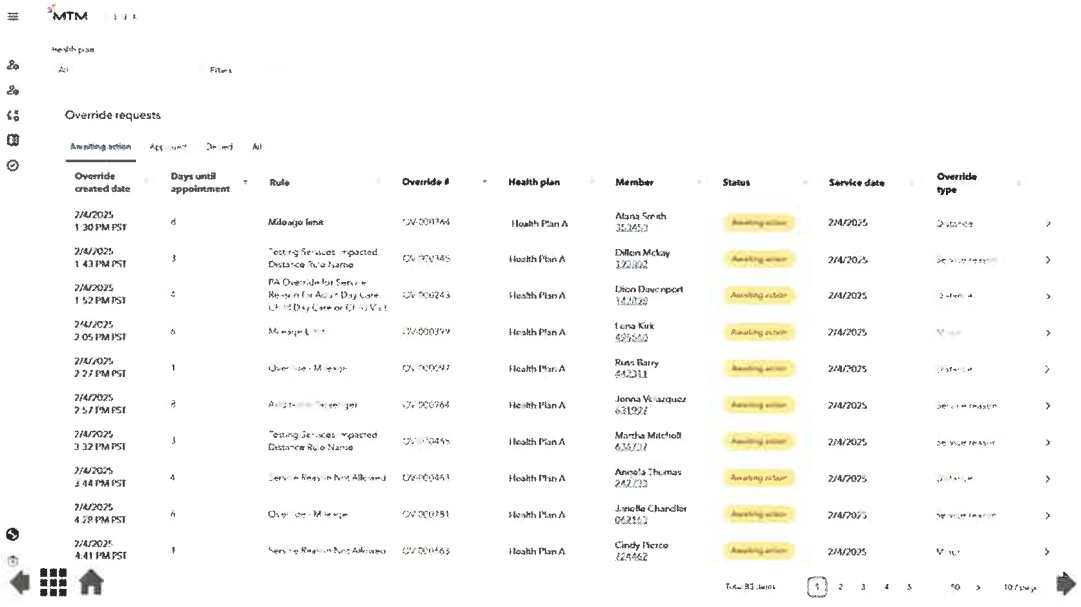
4.1.1.16 Prior Authorization Requirements

The vendor should describe their plan to work collaboratively with the Agency's Utilization Management Vendor or State MCOs or Office of Drug Control Policy/Bureau for Behavioral Health to assure that member services have met any prior authorization requirements prior to vendor scheduling and/or paying for member transportation.

MTM Health will check prior authorizations for members still enrolled in the Medicaid fee-for-service (FFS) program by logging in to the UMV's prior authorization system. For members enrolled with state MCOs, we will reach out to the organization directly using the Prior Authorization Form process. We will also work in conjunction with the state MCOs when dealing with member issues or complaints to gain access to their prior authorization information.

Approval Manager Tool

MTM Health streamlines trips requiring prior authorization with our Approval Manager tool. Approval Manager is an efficient way for clients and medical providers/facilities to electronically review and prior authorize trips that meet a set of criteria, such as mileage overages or trip reason. Trips that meet the criteria enter the Approval Manager for the review once a CCR enters in the trip. Clients, medical providers, or facilities complete the review process in Approval Manager, which sends updated status seamlessly back to MTM Link for trip processing.



Approval Manager. *Clients, medical providers, facilities, and other authorized representatives use Approval Manager to review and prior authorize trips, such as those requiring distance verification.*

4.1.1.17 Maintaining NEMT Provider Credentials

The vendor should describe their plan/process to notify providers of expiring credentials, the renewal process and consequences of not recertifying by due date.

MTM Health relies on a thorough credentialing process to ensure NEMT providers, their drivers, and their vehicles meet all MTM Health and Agency requirements. We clearly communicate these requirements to NEMT providers who wish to become part of our network; we also outline our requirements in the NEMT Provider Contract.

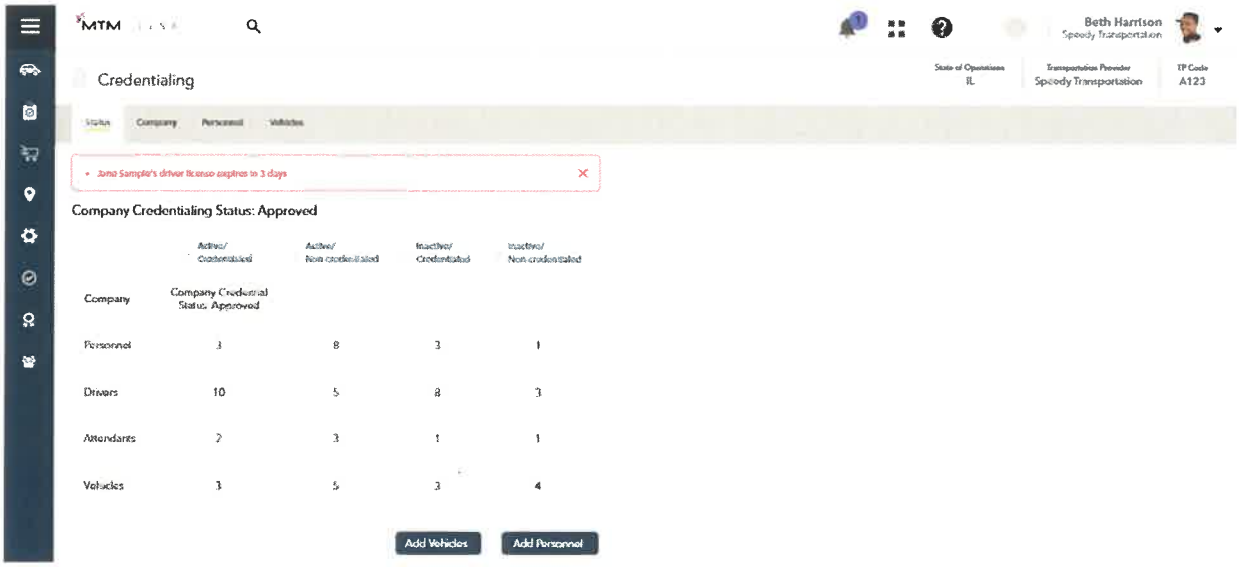
When a NEMT provider expresses interest in joining our network, MTM Health credentials the provider, as well as its drivers and vehicles. This involves vetting the NEMT provider and drivers according to MTM Health and Agency requirements and obtaining all necessary documentation from them. MTM Health's Logistics staff work with NEMT providers to help them enter credentialing information into our online platform.

As part of our credentialing process, MTM Health requires NEMT providers to submit national background checks for all drivers initially and on an annual basis thereafter. MTM Health uses batch search options through state and national databases, such as System for Award Management (SAM) and Office of Inspector General (OIG), the Federal List of Excluded Individuals/Entities (LEIE), U.S. Treasury and Blocked Persons and Office of Foreign Assets Control (OFAC), and Office of Personnel Management (OPM) to verify the eligibility of employees and NEMT providers. We also verify the provider is not on any outstanding debt/termination list, Exclusions List, or OIG Exclusion list. Further, we run sanction reports monthly. Approved NEMT providers receive a copy of our NEMT Provider Contract. We do not allow NEMT providers to deliver NEMT service before we complete credentialing and receive a signed NEMT Provider Contract.

All NEMT providers within MTM Health's network have access to MTM Link for a convenient credentialing process. After using a third-party credentialing platform, we worked to develop our own credentialing platform within MTM Link to greatly improve the efficiency of credentialing. NEMT providers can see credentials to be submitted, the status of credentials during processing, as well as specific instructions based on the status of the credential.

NEMT providers upload credentialing data and digital images of required information and documentation for their drivers, vehicles, and company. MTM Health staff view all submitted credentials in a work queue to review and approve in a timely fashion.

Our team averages two business days turnaround for approving uploaded credentials, helping NEMT providers to complete the onboarding process as quickly as possible to begin receiving NEMT trips.



MTM Link Credentialing Platform. *NEMT providers can view what must be submitted.*

Recredentialing

Providers must also complete annual re-credentialing, during which they re-submit expired information and documents, such as proof of insurance and driver's licenses. To avoid non-compliance, our platform notifies NEMT providers of any credential set to expire. The platform provides multiple notices of increasing severity as the expiration date approaches. Each time the NEMT provider logs into the platform, they receive notification of all outstanding actions with due dates. The procedure for verifying credentials is the same as for initial credentialing, and the documents requested are the same. MTM Health has a team of credentialing coordinators, who are responsible for reviewing and verifying appropriate credentialing documentation for all drivers, vehicles, and NEMT providers. Credentialing coordinators review all credentialing documents and reach out to NEMT providers to resolve any issues before approving entry or continuation in our transportation network.

Addressing Provider Non-Compliance

Our Logistics department maintains detailed deficiency documentation. If an inspection or investigation reveals non-compliance, our Logistics staff coordinates education with the NEMT provider. If the incident is serious or unresolved, we place the provider on a performance improvement plan (PIP).

A Logistics representative follows up with the provider's PIP in intervals of 30, 60, and 90 days to make sure they achieve compliance. If the issue is severe, we will suspend the NEMT provider or driver, or, as a last resort, permanently remove them from the network. No NEMT provider will be permitted to provide trips to West Virginia Medicaid members without having submitted the proper up-to-date information and documents.

4.1.1.18 Handling Out of Area Requests

The vendor should describe their plan/process for handling requests that are out of the members area, such as out-of-network/out-of-state services, how the service distance will be measured and their plan/process for verification of the prior authorization of the Out-of-Network service by the Agency's Utilization Management Vendor, Fiscal Agent, and/or MCO.

MTM Health handles out-of-area requests as previously detailed in ***Excessive Distance*** on **page 60**. Due to the costly nature of such services, MTM Health only arranges this transportation with appropriate prior authorization. Further, we conduct a pre-trip verification on all out-of-area services.

MTM Health streamlines the Distance Verification process with our Approval Manager tool. Approval Manager is an efficient way for clients and medical providers/facilities to electronically review and prior authorize trips that meet a set of criteria, such as mileage overages or trip reason. Trips that meet the criteria enter the Approval Manager for the review once a CCR enters in the trip. Clients, medical providers, or facilities complete the review process in Approval Manager, which sends updated status seamlessly back to MTM Link for trip processing.

For the West Virginia NEMT contract, we will implement excessive distance protocol if the requested trip is to a medical provider outside the county, bordering county, or within 30 miles of the West Virginia border. Our staff will approve these requests only if the member has medical certification or specific prior authorization by the UMC on file, or if the member has relocated within the past 90 days. We will monitor and report the frequency of authorizations for NEMT services with excessive distance on a monthly basis, and we will also report any member pickup requests from out of state.

As necessary, MTM Health arranges commercial airline travel, meals, and lodging for out-of-area requests, as detailed in ***Commercial Airline Transportation*** on **page 43** and ***Meals and Lodging*** on **page 45**.

4.1.1.19 Preventing and Handling Fraud, Waste, and Abuse

The vendor should provide a detailed description of their plan and processes for identifying and preventing potential fraud, waste, abuse, or misuse of NEMT payments. This should include, but not be limited to, procedures for verifying pick-up locations, confirming medical provider legitimacy, and managing repayments. Additionally, the vendor should outline their trip verification protocols, and the procedures used for reimbursing members and/or providers.

As detailed in ***VIII. Suspected Fraud, Abuse, Waste, and Misuse*** on **page 68**, MTM Health uses a variety of methods to prevent and handle instances of fraud, waste, and abuse. These include training and education, a thorough trip verification process, and pickup location verification through GPS. We rely on both our personnel and our technology to identify and prevent possible fraud, waste, and abuse.

Verifying Trips

As described in detail in ***VII. Validation Checks*** on **page 67**, MTM Health uses several means to verify trips, including both pre- and post-trip. We regularly exceeded the Agency's expectations regarding trip validation checks during our previous operation of this contract, and we look forward to once again providing a high level of service and thoroughness, should we be awarded a contract.

Managing Repayments

MTM Health relies on our gatekeeping and verification processes to ensure we only pay members and NEMT providers for eligible trips that actually occurred. We reimburse NEMT providers as detailed in ***NEMT Provider Reimbursement*** on **page 50** and reimburse members for gas mileage reimbursement, as detailed in ***Private Auto*** on **page 55**.

If any of our fraud, waste, and abuse investigations reveal we reimbursed a member or NEMT provider for a trip that did not occur, or a trip that falls into a category of fraud, waste, or abuse, we can recoup funds, as appropriate. MTM Health 's recoupment policies and procedures vary based on the situation and stakeholder involved.

As an example, the following describes our process for recouping funds related to members:

1. The Claims and Quality Operations team document individual claims to notify the member regarding the recoupment.
2. We send a notification letter regarding the recoupment amount to the member when applicable; the letter details evidence such as claims information, past payment information, current payment information, etc.
3. The member may reimburse MTM Health for the recoupment amount, or MTM Health may withhold the recoupment amount from future payments to the member. The member can submit the recoupment amount back to MTM Health directly via check or money order.
4. Members have the right to appeal or inquire about MTM Health's decision regarding the recoupment.

We recoup payments identified as fraud, waste, and abuse involving NEMT providers liquidated damages. We will inform the Agency monthly if MTM Health conducts any recoupment activities involving any Agency stakeholders including members, NEMT providers, and medical facilities.

4.1.1.20 Establishing an Advisory Committee

The vendor should describe their plan to establish an advisory committee composed of NEMT interested parties as approved by the Agency, to include, but not be limited to, members, healthcare providers, NEMT providers and at large community members for the purpose of maintaining relationships and identifying program improvements and shortcomings.

During our previous tenure as the Agency's NEMT broker, we successfully established local advisory committees and subcommittees specific to NEMT stakeholders, including members, healthcare providers, NEMT providers, and the community at large. We will establish the same advisory committees if awarded a contract.

During our outreach for this solicitation, we spoke with Tri-State Transit Authority and TriRiver Transit, who expressed a desire for regular opportunities for transit agencies across the state to discuss any issues, concerns, or ideas for the program with the NEMT broker. MTM Health will be sure to include transit agencies in our Provider Advisory Committee to provide this opportunity on a regular basis.

Committee	Members	Role of Committee
Provider Advisory Committee	NEMT providers	▶ Advise MTM Health on issues that affect NEMT providers ▶ Review NEMT provider policies and policy changes which affect them ▶ Discuss program concerns
Regional Advisory Committee	Members, healthcare providers, human services agency representatives, NEMT providers, advocacy organization representatives, behavioral health centers, FQHCs, BCF representatives, DOTs, and BMS	▶ Assist MTM Health in addressing concerns from each group of individual stakeholders ▶ Identify areas of potential services issues and gaps ▶ Guide changes and improvements to implementation activities

Advisory Committees. MTM Health proposes two advisory committees for stakeholders to deliver input on the NEMT program. Members of these committees serve for one year.

The Regional Advisory Committee is key in identifying member concerns and issues regarding NEMT service delivery. If awarded a contract, we will work with the Agency and key medical facilities to identify members interested in becoming part of this committee. In addition, we will solicit interested individuals within the educational materials we send to members prior to the operation start date. MTM Health encourages the Agency to attend the meetings of each Advisory Committee.

Outside of the formal Advisory Committee and subcommittees, we welcome input from members, the Agency, and other stakeholders at any time. With our convenient online complaint and comment site, stakeholders can provide input quickly and easily.

4.1.1.21 Providing Gas Milage Reimbursement and Transportation

The vendor should describe their plan to provide Gas Milage Reimbursement (GMR) or transportation to other persons designated by the Agency, which may or may not be current members, to designated covered events. These other persons include but are not limited to the members of the Beneficiary Advisory Council (BAC) to quarterly meetings, which are currently held in Charleston, WV. These persons will consist of a dedicated group, which will be provided to the vendor thirty (30) days in advance of any covered event.

As previously detailed in ***Private Auto*** on **page 55**, MTM Health approves gas mileage reimbursement if a member has access to a working personal vehicle, wishes to drive themself, or arranges transportation with a relative or friend using a personal vehicle. Members can schedule gas mileage reimbursement trips via phone call, online, or using our mobile app, including same-day gas mileage reimbursement trips. MTM Health makes mileage reimbursement convenient for members or the friends and family who drive them, offering reimbursement via reloadable debit cards and automated clearing house (ACH). To prevent fraud, waste, and abuse, members can submit gas mileage reimbursement claims online and using the MTM Link app.

For members who do not wish to use the MTM Link mobile app, MTM Health supplies trip logs. The member must fill out the trip logs and obtain signatures from the medical provider/facility personnel for all trips. The member then sends the trip log back to MTM Health for verification and reimbursement within 60 days from the date of the earliest ride listed on the form.

4.1.1.22 Providing Monthly Trip Reports

The vendor should describe their plan to provide a monthly report of the previous month's transportation trips that include but are not limited to: Agency recipient identification document (ID), date of service, servicing medical provider, and other data elements as determined by the Agency.

As previously discussed in ***4.1.1.4 Database*** on **page 121**, MTM Link allows us to track and trend a wide variety of information about members and trips. We can pull information and compile it into reports as the Agency requires. If awarded a contract, we will use these capabilities to provide a monthly report summarizing the previous month's trips, with elements including Medicaid member ID, date of service, and servicing medical provider.

4.1.1.23 Providing NEMT Utilization Reports for MAT

The vendor should describe their plan to develop a monitoring report that tracks monthly changes-both increases and decreases-in transportation trips for individuals receiving services for Medication Assisted Treatment (MAT), including methadone and buprenorphine. At a minimum this report should include data that illustrates trends in NEMT utilization for MAT.

As discussed throughout our proposal, we will use MTM Link to compile any reports the Agency requires, including monthly Medication Assisted Treatment (MAT) NEMT utilization reports showing increases or decreases. Any of our reports are filterable by the MAT field. We will also proactively review this data for trends and, if identified, report any sudden or long-term changes to the Agency for review and discussion.

4.1.1.24 Handling Non-Compliant Providers

The vendor should describe how they will inform the Agency when providers are not compliant with verification that the member is being transported to a medically necessary service.

As detailed in ***Screening*** on **page 19**, MTM Health verifies transportation is to a covered, enrolled medically necessary service as part of our gatekeeping protocols during the reservation process. We deny trips requests that do not meet the Agency's eligibility requirements. MTM Link allows us to write rules based for trip approval based on the client's approved facility list. When used, the rule prompts MTM Link to evaluate whether any non-residential trip addresses in the request matches an address on the approved facility list, only authorizing trips to eligible locations. This supports compliance with health plan requirements, reduces claim denials, and prevents unnecessary costs. Automating this validation also decreases manual review and improves intake accuracy for both call center staff and self-service users.

MTM Health uses GPS information, claims adjudication, and pre- and post-trip verification to confirm NEMT providers transport members to the appropriate locations indicated on the manifest and approved during trip reservation.

If we find a NEMT provider to be out of compliance with contract requirements, our Logistics staff coordinates education with the NEMT provider. If the incident is serious or unresolved, Logistics places the provider on a performance improvement plan. A Field Service Specialist follows up with the provider in intervals of 30, 60, and 90 days to make sure they achieve compliance.

If the issue is severe, we suspend the provider/driver, or as a last resort, remove them from the network. MTM Health will provide information to the Agency on any non-compliant NEMT providers as required by the contract.

In the event certain medical providers are repeatedly non-compliant in verifying member appointments, MTM Health will provide a list of these medical providers to the Agency via our monthly reporting package. Prior to, and even after, reporting these providers to the Agency, MTM Health will make multiple attempts to communicate with the medical providers, stressing the importance of their cooperation. Additionally, as previously mentioned, MTM Health will be offering staff the ability to verify appointments through our online portal, so we will inform staff of that option and offer to provide web-based training to encourage participation.

Office of Drug Control Policy - Optional Service

Contract services must meet or exceed the mandatory requirements listed below. The Office of Drug Control Policy will have authority for final approval of any and all implementation plans or other required materials specific to the Jobs and Hope program. All plan requests are to be submitted as part of the bid response.

4.1.1.25 Jobs and Hope Program

The vendor should develop and submit a plan on their engagement process with the Jobs and Hope program transition agents, who will be responsible for booking non-medical travel with the NEMT broker.
Note: Members dually enrolled in both Medicaid and the Jobs and Hope program will utilize the vendor's services. Medicaid NEMT travel will be arranged directly with the member. Any travel under the Jobs and Hope program must be arranged through the Jobs and Hope transition agent.

As described throughout our proposal, MTM Health has a 30-year history of building successful relationships with NEMT stakeholders, such as the Jobs and Hope program transition agents. During our previous operation of this contract, we established strong working relationships through methods including in-person and web-based meetings, town halls, advisory committees, and by making our staff available to respond to questions and provide information. We also built and maintained a strong relationship with leadership and intake staff with the Help4WV Program under our previous operation of the contract. MTM Health helped improve their rehabilitation intake program by implementing volunteer drivers and a dispatch team to verify trip completion.

Our approach to engaging with the Jobs and Hope program transition agents, should we be awarded a contract, will be no different. Our proposed Outreach and Communications Manager Justin Stowers will lead our engagement efforts. MTM Health will adhere to all requirements for the Jobs and Hope program outlined in the RFP. To make booking trips as simple as possible for the Jobs and Hope transition agents, MTM Health will provide access to the MTM Link facility portal, detailed in ***MTM Link Facility Capabilities*** on **page 30**, where they can easily book, view, and manage rides. They will be able to view this portal on either a desktop computer or a mobile phone, and they will be able to quickly and efficiently request trips for their clients.

MTM Health has extensive experience providing non-medical transportation, which we will leverage in working with the Jobs and Hope program transition agents. For example, through our NEMT contract for the District of Columbia Department of Healthcare Finance, MTM Health provides transportation to Intellectually and Developmentally Delayed (IDD) members including weekly appointments to the grocery store. We typically schedule these trips with an hour between the initial and return trip legs. In another instance, we provide trips for our members in Wisconsin to and from medication-assisted treatment. We understand how to successfully implement these trips. Between 2017 and 2019 in Wisconsin, MTM Health reduced the average drug rehabilitation trip cost by over $3.50 by collaborating with methadone clinics and providers to develop multi-load routes – a significant cost savings to the Wisconsin Department of Health Services, especially considering that drug rehabilitation utilization grew during that time from approximately 25% to 40% of the program's overall volume. Further, we incorporated feedback from our Transportation Advisory Council meetings to develop cost containment strategies for these trips. For example, these meetings have enabled MTM Health to directly coordinate with drug rehabilitation facilities to schedule shuttle runs and shift multiple members to the same pick up and drop off time. Multi-loading individuals will decrease transportation costs overall as we are able to negotiate more favorable multi-loaded rates with NEMT providers.

4.1.1.26 Ride Sharing Solution

The vendor should develop and submit a strategic plan for how the vendor will design, develop, and implement a ride sharing solution.

In addition to leveraging public transportation, gas mileage reimbursement, sole source providers, and traditional NEMT providers, MTM Health intends to use volunteers and Transportation Network Companies (TNCs) such as Uber and Lyft to complete trips for the Jobs and Hope program.

We have proven success recruiting volunteers for our transportation operations, which we will leverage for the Jobs and Hope program. Many participants (or former participants) within the Jobs and Hope program itself can serve as volunteers for other participants. MTM Health has also had success targeting our volunteer recruitment to seniors, veterans, and other populations looking to give back to their communities in a meaningful way while setting their own schedule and serving the program a few hours each week.

In addition to volunteers, MTM Health plans to work with TNCs to serve the Jobs and Hope program. Through application programming interfaces with TNCs, we provide seamless transportation requests, confirmation, execution, trip validation, and billing. TNCs bill MTM Health directly; this means members do not need to create an account or have a credit card on file.

In our TNC integrations, MTM Health has also focused on communication, such as automatic text features, to connect the member with the assigned rideshare driver and vehicle. Automatic text features include trip confirmations, arrival notifications, and a web link with GPS visibility to track the driver in real time. Additionally, to continually evolve our rideshare delivery model, our IT team is working to enhance API integrations by adding features that improve service quality and help protect against fraud, waste, and abuse. Some of these enhancements include venue mapping, return trip notifications, destination locking, text-based trip requests and cancellations, and automated confirmation calls.

We also launched a new program with Lyft called Lyft Flex. With this program, instead of scheduling all trip legs at the time of the member request, or making members call for a return ride, MTM Health sends the member a Lyft activation link via text message they can redeem when they are ready. For example, if a member needs a return ride but is not sure when their appointment will end, we can issue a link for their return ride which they simply click to request at the time service is needed.

This eliminates the need to call back or go online to request a return ride when their appointment ends. The code is only valid for a select timeframe based on their initial trip request and automatically expires if it is not used.

State of West Virginia

Certificate

I, Kris Warner, Secretary of State of the State of West Virginia, hereby certify that

MEDICAL TRANSPORTATION MANAGEMENT, INC.

a corporation formed under the laws of Missouri filed an application to be registered as a foreign corporation authorizing it to transact business in West Virginia. The application was found to conform to law and a "Certificate of Authority" was issued by the West Virginia Secretary of State on November 20, 2013.

I further certify that the corporation has not been revoked by the State of West Virginia nor has a Certificate of Withdrawal been issued to the corporation by the West Virginia Secretary of State.

Accordingly, I hereby issue this Certificate of Authorization

CERTIFICATE OF AUTHORIZATION

Validation ID:1WV6M_AEMKG

Given under my hand and the Great Seal of the State of West Virginia on this day of

October 06, 2025

Secretary of State

Notice: A certificate issued electronically from the West Virginia Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Validation Page of the Secretary of State's Web site, https://apps.wv.gov/sos/businessentitysearch/validate.aspx entering the validation ID displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate.

ERIC L. HOUSEHOLDER
CABINET SECRETARY

STATE OF WEST VIRGINIA
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION

SAMANTHA WILLIS
PURCHASING DIRECTOR

September 17, 2025

MEDICAL TRANSPORTATION MANAGEMENT
16 HAWK RIDGE DR
LAKE ST LOUIS, MO 63367

MEDICAL TRANSPORTATION MANAGEMENT, INC.:

This is to notify you that your Small, Women-, and Minority-Owned Businesses (SWAM) Certification Application has been approved based on your representations that the vendor named above meets the definition of a Small, Women-, and Minority-Owned Businesses as set forth in the ***West Virginia Code of State Rules*** 148-22-1 et seq. This certification becomes effective:

8/19/2025

And shall automatically expire without notice two years after the effective date unless revoked by the Purchasing Director or upon expiration pursuant to the ***West Virginia Code of State Rules*** 148-22-8. The type(s) of Small, Women-, and Minority-Owned Businesses (SWAM) Certification approved for your entity:

Women-Owned Business

At the end of your two-year certification period, if you wish to reapply, please complete a WV-1A form or apply for re-certification through the Vendor Self-Service portal at wvOASIS.gov. Complete renewal instructions, application forms, and a list of West Virginia's Small, Women-, and Minority-Owned Businesses (SWAM) Certification entities are available online at www.state.wv.us/admin/purchase/VendorReg.html.

If you have questions, please contact the West Virginia Purchasing Division at 304-558-2311.

Sincerely,

Mark Totten
Technical Services Manager

WBENC

WOMEN'S BUSINESS ENTERPRISE NATIONAL COUNCIL

JOIN FORCES. SUCCEED TOGETHER.

hereby grants

National Women's Business Enterprise Certification

to

Medical Transportation Management, Inc. DBA "MTM" and "MTM, Inc."

who has successfully met WBENC's standards as a Women's Business Enterprise (WBE).
This certification affirms the business is woman-owned, operated and controlled and is valid through the date herein.

Certification Granted: December 14, 2016
Expiration Date: December 15, 2025
WBENC National Certification Number: WBE1600529

WBENC National WBE Certification was processed and validated by Women's Business Development Center - Midwest, a WBENC Regional Partner Organization.

Authorized by Emilia DiMenco, President & CEO Women's Business Development Center - Midwest

WBDC
IGNITES BUSINESS GROWTH

NAICS: 561110, 485991, 485999, 488999
UNSPSC: 78101604, 78111800, 78141500

Center for Women & Enterprise · Great Lakes Women's Business Council · Greater Women's Business Council · Women's Business Council - Southwest · WBEC Metro NY · WBEC Greater MW · WBEA · WBEC East · WBEC Florida · WBEC ORV · WBEC Pacific · WBEC South · WBEC West

TRANSPORTATION PROVIDER SERVICES AGREEMENT

THIS AGREEMENT ("Agreement") is made and entered into by and between Medical Transportation Management, Inc., d/b/a MTM Health, a Missouri Corporation, (hereinafter referred to as "MTM" or "MTM Health") and [TP_Name], (hereinafter referred to as "Transportation Provider" or "Provider"). MTM Health and Transportation Provider individually shall be referenced herein as a ("Party") and collectively as the ("Parties").

WHEREAS, MTM Health provides transportation brokerage services pursuant to contracts ("Client Contracts") with governmental agencies and health care plans ("Clients") for the provision on their behalf of non-emergency medical transportation ("NEMT" or "NET") benefits; and

WHEREAS, pursuant to the Client Contracts, MTM Health is required to enter into agreements with qualified transportation companies and other business entities for the provision of high quality NEMT services ("Services"). Pursuant to the Client Contracts, which outline the manner in which Services are to be provided, the terms and conditions set forth in this Agreement are solely to ensure quality assurance of transportation services to Clients and not for purposes of supervision or control of the Transportation Providers and their Drivers; and

WHEREAS, Transportation Provider wishes to enter into this Agreement to provide Services on behalf of the eligible individuals to whom the Clients are obligated to provide transportation services under the terms and conditions set forth herein.

NOW, THEREFORE, in consideration of the foregoing and of the mutual covenants, promises and undertakings herein set forth, the Parties, intending to be legally bound, agree as follows:

1. DEFINITIONS

A. **Attendant** means a person that accompanies a Member and may be employed by the Transportation Provider, and/or may be a family member, caregiver, or caseworker of the Member. The Attendant assists the Driver in order to ensure the safe operation of the vehicle and the safety of the Member. Attendant requirements herein apply only to Attendants employed by the Transportation Provider.

B. **Member** means any person enrolled in and eligible to receive transportation services under a Client Contract.

C. **Covered Service** means any medical transportation service that MTM Health may provide to a Member pursuant to a Client Contract.

D. **Criminal Background Check** shall mean a Federal and FBI background check or the equivalent, to include a national criminal record search, a social security number trace, a social security number verification, a National Criminal Database search or the equivalent and a County Criminal Court Search or the equivalent based on the previous addresses as well as the names associated with the individual.

E. **Driver** is an individual who is directly retained/employed by the Transportation Provider to provide transportation services to individuals to whom the Clients are obligated to provide such services.

F. **Drug Screen** means a urine-based drug test that meets the requirements of the Federal Department of Health and Human Services, or the Department of Transportation, and screens at minimum for the use of marijuana, cocaine, amphetamines, opioids, and Phencyclidine ("PCP").

G. **Service Area** means the geographical area within which the Transportation Provider's transportation services will take place.

H. **Transportation Provider** or **Provider** means a transportation company, owner-operator, or other business entity, under agreement with MTM Health to directly provide transportation services to a Member.

I. **Trip** or **Trip Leg** means one-way transportation from point of pick-up to destination drop off.

2. TRANSPORTATION PROVIDER REQUIREMENTS

A. Transportation Provider understands that selection of the Transportation Provider's transportation services for Trips will include but not be limited to factors such as quality, service availability, and competitive pricing of its services relative to other Transportation Providers doing business in the Service Area.

B. Transportation Provider is a legally recognized business entity duly incorporated or organized, validly existing, authorized to transact business, and in good standing under the laws of the State in which services are being rendered. A Certificate of Good Standing from the Secretary of State must be provided to MTM Health upon request.

C. Transportation Provider must immediately report to MTM Health any changes in Transportation Provider's contact information, company ownership or Federal Tax ID. A change of ownership or change in the FEIN number or the legal name of a Transportation Provider will require a new Agreement.

D. Transportation Provider agrees and understands that its dispatch/office must be available for immediate response during regular business hours. Transportation Provider further agrees to maintain sufficient and fully-operational computer hardware, software, and Internet capability to support the delivery of Services pursuant to this Agreement.

E. The Immigration Reform & Control Act of 1986 prohibits employers from knowingly hiring illegal workers. Transportation Provider agrees that it shall only employ individuals who may legally work in the United States; either U.S. citizens or authorized aliens. Verification of U.S. employment eligibility must be provided to MTM Health upon request.

F. Transportation Provider warrants that neither it nor any of its owners or officers have ever been terminated or excluded from participation in any State Medicaid or Medicare program or have been determined to have committed Medicaid or Medicare fraud, or, are on any excluded parties list maintained by any Federal or State agency.

G. Transportation Provider warrants that no monies or gifts have been or will be paid or given directly or indirectly to any employee or agent of MTM Health as wages, compensation, or gifts in exchange for favors in granting of transportation services to Transportation Providers.

H. Transportation Provider understands and agrees that it is the Transportation Provider's responsibility for itself and its Drivers, to obtain and maintain in active status any and all licenses, permits, certificates, and registrations that are required by Federal, State or local laws, rules and regulations, as they currently exist and may hereafter be amended, including but not limited to any and all licenses, registrations, or certificates required to provide transportation for hire, and to operate as a Medicaid Provider in the assigned Service Area.

I. Transportation Provider must meet all Federal and State laws and regulations for Health Insurance Portability and Accountability Act (HIPAA) and related security and confidentiality compliance by keeping all Member protected health information ("PHI") and personally identifiable information ("PII") confidential, reporting to MTM Health any breaches of PHI or PII, and complying with the requirements set forth in the Business Associate Agreement, attached hereto as Appendix A and incorporated herein by reference. The Transportation Provider must sign the Business Associate Agreement, attached hereto as Appendix A, and incorporated herein by reference.

J. Transportation Provider agrees to comply with the Medicare Advantage and Medicaid Program Requirements, a copy of which is attached as Appendix C to this Agreement and incorporated herein by reference.

K. Transportation Provider agrees to provide safe and reliable transportation services under this Agreement on an efficient and timely basis. Transportation Provider understands that this Agreement does not guarantee or ensure Transportation Provider any minimum number of Trips, and that actual Trip volume may vary within the sole discretion of MTM Health.

L. Transportation Provider agrees to have a sufficient staff of appropriately trained, licensed, and fully credentialed Drivers meeting all applicable Federal, State, and local laws, rules, and regulations to perform the Covered Service. It is in the Transportation Provider's best interest to have Drivers and/or office personnel who are also fluent in the languages prevalent in Transportation Provider's Service Area.

M. Transportation Provider shall provide its Drivers and Attendants with visible, easily readable identification including a picture ID badge with Driver's name and Transportation Provider's Company name, for security and identification purposes.

N. Transportation Provider shall only use Drivers and vehicles to perform services under this Agreement that are fully credentialed and verified pursuant to the requirements of the Client Contracts. MTM Health may not pay Transportation Provider for Trips provided by Transportation Provider's uncredentialed Drivers, and MTM Health may not pay Transportation Provider for Trips using uncredentialed vehicles. The use of uncredentialed Drivers and vehicles is subject to liquidated damages as set forth in Schedule B, attached hereto and incorporated herein by reference, and may result in termination of this Agreement.

O. Transportation Provider represents, by submission of its Drivers for credentialing that each such Driver has represented that Driver has no known physical or mental impairment that would hinder or prevent Driver from performing the Services and safely transporting Members.

P. Transportation Provider for itself and its Drivers agrees that MTM Health Trip requests accepted by it will have equal priority with Transportation Provider's other day-to-day services, and that services available to Members have equal priority to services available to the general public. Transportation Provider agrees to have in place, a specific contingency or back-up plan to accommodate a Trip that has been accepted by Transportation Provider whether or not the Trip occurs.

Q. Transportation Provider understands that all Trips, including recurring Trips, may be assigned, or reassigned by MTM Health in its sole discretion. Transportation Provider has no claim or right to transport any particular person or any claim or right to transport any person attending any particular health care services facility.

R. Transportation Provider shall give immediate notice to MTM Health of: (i) any criminal investigation, charge or proceeding against Transportation Provider or its Drivers; (ii) any conviction(s) of Transportation Provider or its Drivers for misdemeanor or felony crimes against a person, alcohol related driving offenses, and crimes involving moral turpitude and (iii) any civil claim asserted against Transportation Provider or its Drivers arising from services rendered by Transportation Provider under this Agreement.

S. Transportation Provider is required to keep records of all Services provided under this Agreement and shall provide MTM Health with all necessary requested data as may be required in order for MTM Health and Transportation Provider to comply with all Federal, State, local, NCQA, URAC, and Client standards. Transportation Provider agrees to maintain full and complete

records reflecting all of its operations related to this Agreement for a period of ten (10) years or such longer period as may be required by applicable laws, regulations, or Client requirements.

T. Transportation Provider agrees to participate in quality and compliance programs, which may include developing and cooperating with corrective action plans to ensure that the proper level and quality of service is provided in accordance with the Client Contract. Transportation Provider must allow access to premises, inspections, audits, monitoring, and duplication of records at no charge, of billing reports, Trip/log sheets, vouchers and other records maintained by Transportation Provider for use by MTM Health, MTM Health's Client or City, County, State or Federal government officials during normal business hours. Such evaluations and inspections may be conducted unannounced. The failure of Transportation Provider to timely allow Transportation Provider audits or to respond to document requests by the requested date, could result in removal from the Transportation Provider network. Any requested records will not be returned by MTM Health. Transportation Provider is required to maintain copies.

U. It is the Transportation Provider's responsibility to understand and comply with all applicable State, Federal and local laws and regulations as they currently exist and may hereafter be amended to provide services under this Agreement, including but not limited to: the False Claims Act (32 USC 3729, et. seq.), and the Anti-Kickback Statute (section 1128 (b)) of the Social Security Act; the Americans With Disabilities Act (ADA) of 1990; the Rehabilitation Act of 1973, Section 504; the requirements of 42 Code of Regulations, Part 431, Subpart F; Title VII of the Civil Rights Act of 1964; Medicaid and Medicare laws and regulations; Federal Deficit Reduction Act of 2005; Copeland "Anti-Kickback" Act (18 USC 874 and 40 USC 276c); the Byrd Anti-Lobbying Amendment (31 USC 1352), and State and local traffic and distracted driving laws.

V. Transportation Provider must follow and ensure that its Drivers and Attendants follow procedures and policies set forth herein in order to ensure consistent quality of transportation services and compliance with the Client Contracts.

W. Transportation Provider agrees to provide such Trips as are assigned to Transportation Provider by MTM Health for a specified Service Area, and Transportation Provider agrees to and understands that liquidated damages as set forth in the attached Schedule B may be assessed by MTM Health for Trips that are unable to be completed, or for Transportation Provider's noncompliance with this Agreement.

X. Transportation Provider understands that Transportation Provider misconduct may, at the sole discretion of MTM Health, result in measures including but not limited to reduction of Trips, suspension, or termination of the Agreement in accordance with Section 14.

Y. Transportation Provider agrees to cooperate with MTM Health and the MTM Health Client in the investigation process for complaints, grievances, and suspected fraudulent activity. Transportation Provider understands and agrees that any complaints or grievances received by MTM Health with respect to the provision of Transportation Provider services will be forwarded to Transportation Provider for immediate attention and response. Any problem(s) related to the service shall be promptly resolved. Transportation Provider agrees to comply with applicable complaint resolution policies and provide MTM Health and/or the Client with the information necessary to help resolve grievances, complaints, and inquiries with respect to Transportation Provider's services and other issues.

Z. Transportation Provider understands if there is suspicion of fraudulent activity by Transportation Provider or any of its Drivers or Attendants, an investigation will be conducted by MTM Health and/or the Client, with appropriate action taken, including notification to the Client and/or the appropriate governmental authorities. Investigations by applicable government authorities may result in civil fines and penalties, and the potential for criminal prosecution.

AA. Transportation Provider or any of its Drivers or Attendants must not inquire as to the nature of a Member's illness or medical services received, except in the following instances: (i) Transportation Provider needs to know such information due to medical necessity relating to appropriate transportation and (ii) the Member becomes ill during the course of the Trip and acquiring such information is considered pertinent to assuring the Member's safety and well-being. Transportation Provider must immediately report to MTM Health any known or suspected fraud or willful abuse of Services by a Member.

BB. Transportation Provider must report accidents, incidents and injuries that occur during the transport of a Member to MTM Health. Transportation Provider agrees to cooperate with MTM Health in the investigation of accidents and injuries.

CC. If a Member is delayed due to late pick-up or drop-off by Transportation Provider, and cannot be seen at appointment, the Transportation Provider may be assessed a Provider 'no-show' liquidated damage or the Transportation Provider will not be compensated for the Trip.

DD. Transportation Provider agrees to notify MTM Health immediately of any significant delays that cause the Member to be late for the Member's medical appointment. In addition to MTM Health notification, Transportation Provider must make alternate plans for completing the Trip in a timely manner if the medical appointment can still be attended.

EE. If the Transportation Provider determines a scheduled Trip cannot be performed due to unsafe driving conditions during inclement weather, the Transportation Provider must immediately notify both the Member and MTM Health of the cancellation.

FF. Transportation Provider understands that, due to disability, age or mental condition, some Members require assistance and/or the use of an escort/Attendant to assist the Member during transport and at the place of treatment. Transportation Provider

agrees to transport the Member, and one (1) escort/Attendant as requested. Multiple escorts/Attendants require prior authorization from MTM Health.

GG. Transportation Provider must comply at a minimum with its assigned service level. Provider shall provide curb-to curb service as the standard service. Provider shall also provide door-to-door and door-through-door service with MTM Health's prior authorization, based on the medical necessity of the Member.

HH. Transportation Provider must ensure that Drivers do not charge for any general assistance into or out of the vehicle for any Member and/or passenger. General assistance includes but is not limited to opening doors, offering an arm to lean on, or holding a bag.

II. Transportation Provider agrees that MTM Health may use Provider's name, address, telephone number(s), and a description of Transportation Provider's services in MTM Health's directory, advertising, and other material.

JJ. Transportation Provider understands that no Driver or Attendant shall leave a Member unattended in the vehicle.

KK. Transportation Provider shall be responsible for payment to each employee and contractor of Transportation Provider who provides services in connection with this Agreement.

LL. Transportation Provider shall provide MTM Health with information necessary for MTM Health to fulfill its obligations to its Clients and to comply with state and federal law. Transportation Provider authorizes MTM Health to release such information as required by Clients or state and federal law and shall promptly procure such additional consents or authorizations as may be necessary from time to time, if any, for purposes of this Agreement.

3. TRANSPORTATION PROVIDERS' DRIVERS/ATTENDANTS

Transportation Provider's personnel, prior to providing Services in connection with this Agreement, must meet the following standards in accordance with requirements set by Client Contracts and/or applicable law and in order to ensure consistent quality and safety in connection with transportation services.

A. Any Driver or Attendant failing to meet required qualifications or any requirements imposed by State or local law, shall be prohibited from providing service under this Agreement.

B. All Drivers for Trips taken under this Agreement must possess a current, valid Driver's license appropriate for the services rendered and for the type of vehicle the Driver is operating and as required by the State and municipality in which Driver provides transportation. A current, legible copy of each Driver's license must be provided as part of the credentialing process.

C. Drivers and Attendants must be at least 21 years of age, must be a U.S. citizen or legal resident alien, and must obey all Federal, State and local traffic laws.

D. Drivers and Attendants must be able to read, write and communicate effectively in English.

E. Drivers must not allow Members and/or passengers to smoke or use e-cigarettes or vapor smoking products, or the equivalent in the vehicle. It is required that Transportation Provider post a "NO SMOKING" sign in all vehicles.

F. Drivers and Attendants must not eat or drink while in the vehicle or while involved with or in the presence of Members.

G. Drivers and Attendants must not use alcohol or drugs or be under the influence of alcohol or drugs at any time while providing MTM Health transportation services. Any Driver taking prescribed and/or over the counter (OTC) medication which may hinder the Driver's performance must report such use to the Driver's supervisor and not transport Members. A Driver or Attendant may use properly prescribed medication as long as the Driver's or Attendant's duties can still be performed in a safe manner and Transportation Provider has written medical documentation from the Driver's or Attendant's medical provider that the medication will not impact the ability of the Driver.

H. Drivers must allow service animals in their vehicles as per the Americans with Disabilities Act.

I. Drivers must require Members to use seatbelts properly and must refuse to commence travel or continue travel if Members are non-compliant. Drivers must have seat belt extenders and be knowledgeable in their use for securing Members that require the extenders.

J. Drivers must ensure that all wheelchairs and mobility devices are properly secured to the vehicle and ensure that Members utilizing wheelchairs and scooters are properly secured before putting the vehicle in motion.

K. Drivers understand infants/children are to be in proper infant/child restraint seats as required by State and/or Federal law. In the event a proper seat is not available, or the use of the proper child restraint seat is refused, the Driver must deny transportation.

L. Drivers must not place children in child restraint seats in the front seat of a vehicle.

M. Drivers and Attendants shall not wear any type of headphones or earpieces while on duty performing transportation services unless it is part of the Transportation Provider's two-way communication system.

N. Driver shall at all times comply with all applicable local, State and Federal laws and regulations governing the use of mobile devices while operating a motor vehicle. Drivers must not use a cell phone or texting device while driving.

O. Drivers must not allow firearms or other weapons, unauthorized controlled substances, or highly combustible materials to be transported in the vehicle.

P. Drivers and Attendants shall not accept responsibility for any of Member's and/or passenger's personal items, and interior vehicle signage shall make this known and visible to Members and/or passengers.

4. CLIENT'S VEHICLE REQUIREMENTS

A. All vehicles in use for Services in connection with this Agreement must meet all local, State and Federal requirements, and comply with all vehicle requirements imposed by a Client Contract or by the vehicle manufacturer. Vehicles must display any applicable State or local motor vehicle registration and/or inspection sticker. Transportation Provider agrees that all vehicles that transport Members utilizing mobility devices will comply with current Federal ADA vehicle regulations, as defined by the U.S. Department of Transportation.

B. Vehicles used for the transportation of Members must have operational Automatic Vehicle Location/Global Positioning System ("AVL/GPS") capability using an internet-connected device ("ICD"). At a minimum, the ICD must be able to transmit the following data in real time: (1) the location of the vehicle in use (for specific periods of time); (2) trip events; and (3) Member signatures. Requirements can be met using MTM Health's mobile application ("MTM Health Link"). MTM Health bears sole responsibility for the transmission of AVL/GPS data with MTM Health Link, provided that Provider/Provider Drivers use MTM Health Link correctly and in accordance with any instructions provided by MTM Health. Provider may alternatively elect to use the software of a third-party routing, scheduling, and dispatching ("RSD") company, provided (1) MTM Health is given the opportunity first to review and determine if such software will support AVL/GPS requirements, and (2) the RSD company is able to transmit the AVL/GPS data to MTM Health via an Application Programming Interface ("API") on behalf of the Provider. Should Provider use the software of a third-party RSD software company as described herein, then Provider is solely responsible for ensuring MTM Health receives or is able to access, via the API, all AVL/GPS data associated with or derived from transportation services rendered by the Provider on behalf of MTM Health. Provider's failure to do so may result in suspended trips, termination of this Agreement, or MTM Health's assessment of liquidated damages against the Provider. MTM Health reserves the right to refuse the establishment of an API between it and the RSD software company used by the Provider.

C. Pursuant to Client requirements, the Transportation Provider shall provide and ensure that each Driver uses a two-way voice communication system linking all vehicles used in delivering the services under this Agreement with the Transportation Provider's place of business. Pagers are not an acceptable substitute.

D. Use of any vehicle prior to credentialing in accordance with requirements set by a Client Contract, or Transportation's failure to comply with any of the above requirements concerning vehicles used in providing services in connection with the Agreement, is prohibited and may result in nonpayment for the Trip and subject the Transportation Provider to further action including assessment of liquidated damages.

5. CREDENTIALING AND RE-CREDENTIALING

A. Transportation Provider agrees to develop and maintain a Driver Orientation and Training Program. All training and orientation documentation must be maintained by the Transportation Provider in the individual Driver's file.

B. Driver training programs must include Fraud, Waste and Abuse ("FWA") and HIPAA. The Driver training program could include additional programs required by the Client Contract, including but not limited to:

i) Driver training, including defensive Driving

ii) Passenger assistance, including Wheelchair Securement

C. Transportation Provider agrees to maintain updated records on each of its Drivers and Attendants, including owner-Drivers. The file contents shall be provided to MTM Health upon request and shall include but not be limited to the following credentials:

i) Driver's License

ii) Criminal Background Check, Pre-employment and annually thereafter

iii) Motor Vehicle Driving Record Report for the previous three (3) years - Annual

iv) Drug & Alcohol Screening Results 1) Pre-employment, 2) Post Accident and upon suspicion, 3) Random per current FTA regulations: http://www.dot.gov/ost/dapc/rates.html

v) Training Certificates

D. With the exception of on-demand transportation network companies, no Driver or Attendant may perform transportation services under this Agreement until fully credentialed pursuant to Client Contract requirements.

E. Transportation Provider must not use any person as a Driver or Attendant whose name appears on the Office of the Inspector General ("OIG") exclusion list; the Federal Excluded Party List System ("EPLS"), or similar government exclusion or pre-exclusion lists to provide Services under this Agreement.

F. If a reasonable suspicion exists that a Driver or Attendant is under the influence of alcohol or drugs, the Transportation Provider must immediately remove its Driver or Attendant from service under this Agreement and submit the Driver or Attendant to an alcohol and/or Drug Screening at the Transportation Provider's expense.

G. Transportation Providers must maintain a Substance Free Workplace Policy to include but not be limited to pre-employment and random drug and alcohol screening for Drivers and Attendants pursuant to drug and alcohol testing regulations for safety sensitive positions. A copy of the policy must be provided to MTM Health upon request. Refusal to submit to testing within the designated time frame is considered a positive test result. Drivers or Attendants testing positive for drugs and/or alcohol will no longer be permitted to transport Members. Drivers and Attendants must not have:

i) Received treatment for a drug, alcohol, narcotics or prescription medication addiction, or abuse within the past five (5) years.

ii) Received a positive drug screening resulting from a urine analysis or other drug screening within the past five (5) years.

H. MTM Health reserves the right to deactivate or suspend any Driver or Attendant from providing services under this Agreement for safety reasons; or where disqualification of a Driver or Attendant is requested by an MTM Health Client; or for other reasons of good cause which within MTM Health's sole discretion, would not ensure the consistent quality assurance of transportation services.

I. Transportation Provider must not allow its Drivers or Attendants to perform services under this Agreement who are currently on work release, probation, parole, or pending any felony or misdemeanor charge, or arrest, or drug or alcohol related traffic offense charge, which, if the charge were to result in a conviction, would disqualify the Driver, Transportation Provider, or Attendant under this Agreement. Any Transportation Provider's Drivers and Attendants must have no prior convictions for a sexual crime or crime of violence. Any Driver or Attendant that has been convicted of a felony during the last seven (7) years may drive or aid Members only with the authorization of MTM Health's Client.

J. Transportation Provider must not use any Driver or Attendant to perform transportation services under a Client Contract in the following categories:

i) Drivers who currently have a suspended, expired, or revoked commercial or other driver's license.

ii) Drivers who receive a citation and are convicted of three (3) or more motor vehicle moving violations within the previous thirty-six (36) months, where the Driver is at fault.

iii) Drivers who receive a citation and are convicted of two (2) or more at-fault accidents resulting in personal injury or property damage within the previous thirty-six (36) months.

iv) An "at fault" accident means any accident where the Driver is cited with a violation or negligently contributes to the accident or any single vehicle accident where the cause is not equipment related. A Driver's involvement in an accident will be presumed at fault unless Driver provides evidence or documentation to the contrary. Copies of police reports are required to verify "no fault" accidents.

K. Any Transportation Provider's Drivers and Attendants must have no prior convictions for substance abuse within the last seven (7) years or within the timeframe prescribed by applicable State law.

L. The term "conviction" used herein shall also include any plea of guilty, finding of guilty, plea of "nolo contendere", or similar disposition, whether or not such disposition results in a sentence or conviction under applicable State or local laws.

M. A list of credentials can be found on Appendix B attached hereto.

6. CLAIM SUBMISSION, PROCESSING, AND PAYMENT

A. MTM Health shall process claim submissions from Transportation Provider for its Services at the rates set forth in Schedule A. MTM Health processes properly submitted uncontested claims within thirty (30) days after online electronic submission. Any claim submitted by Transportation Provider more than forty-five (45) days (or such other length of time as required by MTM Health's Client) after the date of service shall not be eligible for submission, processing or payment, and Transportation Provider thereby waives any right to such claim. Transportation Provider is solely responsible for making all decisions regarding the compensation of and for compensating its Drivers and Attendants for any transportation services they provide to Members under this Agreement.

B. No payment will be made for services performed by uncredentialed Drivers or Attendants or for services performed using uncredentialed vehicles.

C. Transportation Provider agrees that it will look solely to MTM Health for payment for services rendered. In no event, including but not limited to, non-payment by MTM Health or MTM Health's Client, may Transportation Provider bill, charge, or otherwise seek compensation from a Member of MTM Health's Client to whom Transportation Provider rendered services.

This provision does not prohibit Transportation Provider from collecting a copayment or other fee where authorized by MTM Health or MTM Health's Client.

D. The MTM Health appeals process gives Transportation Providers an opportunity to appeal any denied claims. Transportation Provider agrees that recovery of any overpayment or recoupment by MTM Health may be accomplished by offsets against future payments.

7. PERFORMANCE STANDARDS AND METRICS

A. Transportation Provider understands and agrees to the Performance Improvement Plan ("PIP") process and associated liquidated damages that may be assessed for noncompliance events as referenced in Schedule B attached hereto. MTM Health also reserves the right to pass through and assess against Transportation Provider any sum assessed against MTM Health by MTM Health's Client or applicable government authority relating to the performance or nonperformance of Transportation Provider with respect to services provided under this Agreement. Transportation Provider agrees to cooperate fully with MTM Health to discuss and agree to appropriate corrective action plans, as necessary.

B. Transportation Provider agrees to pay MTM Health the sums set forth herein as liquidated damages and not as a penalty. Transportation Provider agrees and authorizes MTM Health to withhold, offset, recoup, and deduct liquidated damages from any sums owing by MTM Health to Transportation Provider for services rendered. The assessment of liquidated damages shall not prohibit MTM Health from exercising any other right or remedy available to MTM Health at law or in equity. The failure at any time by MTM Health to assess liquidated damages shall not constitute a waiver of MTM Health's right to assess liquidated damages in the future.

8. NON-DISCRIMINATION

Transportation Provider agrees not to differentiate or discriminate in the treatment of Members because of sex, marital status, family status, age, race, color, national origin, ancestry, religion, mental or physical disability, medical condition, height, weight, veteran status, sexual orientation, political affiliation, economic status, or any other basis prohibited by law, and Transportation Provider will render services to Members in the same manner and in accord with the same standards as offered to other persons.

9. INSURANCE

A. Transportation Provider, at its sole cost and expense, shall procure and maintain throughout the term of this Agreement, such policies of comprehensive general and automobile liability insurance, which policies shall include property damage, contractual liability, and completed operations/products liability coverage, and other insurance, as may be required by MTM. Certificates of insurance evidencing existence of all insurance coverage specified herein shall be provided to MTM upon the signing of this Agreement and upon renewal of insurance.

B. The limits of all such insurance shall be in such form and coverage amounts as may be determined by MTM, and which may be amended by MTM upon notice to Transportation Provider, and shall, at a minimum, be in compliance with MTM's contractual requirements with its Client, and in compliance with all Federal, State and local insurance requirements for the jurisdiction in which transportation services are rendered. MTM reserves the right to require higher insurance coverage amounts than may be required by minimum Federal, State, or local laws and regulations.

C. Transportation Provider is required to maintain insurance at all times throughout the term of this Agreement. Failure to do so will result in immediate termination of the Agreement. The Transportation Provider's insurance coverage shall be primary insurance and non-contributory with respect to all other available sources. Such insurance coverage amounts are minimum coverage amounts for this Agreement and in no way limit the indemnity covenants contained within this Agreement. MTM in no way warrants that the minimum coverage amounts contained herein are sufficient to protect the Transportation Provider from liabilities that might arise out of the Services performed under this Agreement by the Transportation Provider, its agents, representatives, employees or subcontractors, and Transportation Provider may purchase such additional insurance as may be determined necessary. **Minimum** insurance limits are as follows:

i) Commercial General Liability

Policy shall include bodily injury, property damage, and broad form contractual liability coverage.
$ 500,000 per occurrence
$ 500,000 general aggregate

a) Commercial General Liability policies shall be endorsed to include MTM as Additional Insured up to the greater of the stated minimum limits or the Transportation Provider's full liability policy and umbrella limits.

b) Additional Insured endorsements shall be provided to MTM upon request. The Additional Insureds shall list:

"Medical Transportation Management, Inc. and all Subsidiaries and Affiliates"
16 Hawk Ridge Circle
Lake St. Louis, MO 63367

c) Commercial General Liability policies shall be endorsed to provide specific notice of cancellation to MTM. Copies of the specific Notice of Cancellation endorsements shall be provided to MTM upon the signing of this Agreement and upon renewal of insurance.

ii) Commercial Automobile Liability

Bodily Injury and Property Damage for any and all vehicles used in the performance of this Agreement.

$ 500,000 Combined Single Limit

a) Commercial Automobile Liability policies shall be endorsed to include MTM as Additional Insured up to the greater of the stated minimum limits or the Transportation Provider's full liability policy and umbrella limits.

b) Additional Insured endorsements shall be provided to MTM upon request. The Additional Insureds shall list:

"Medical Transportation Management, Inc. and all Subsidiaries and Affiliates"
16 Hawk Ridge Circle
Lake St. Louis, MO 63367

c) Commercial Automobile Liability policies shall be endorsed to provide specific notice of cancellation to MTM. Copies of the specific Notice of Cancellation endorsements shall be provided to MTM upon the signing of this Agreement and upon renewal of insurance.

iii) Workers Compensation

Statutory amounts for the State in which services are rendered.

D. Commercial Automobile Liability policies that are scheduled auto policies must list each vehicle insured. Transportation Provider must immediately notify MTM of all additions and deletions of insured vehicles.

E. "Broad Form" coverage shall include loading and unloading, and contractual liabilities. Waiver of subrogation shall apply and shall be in favor of "Medical Transportation Management, Inc. and all Subsidiaries and Affiliates."

F. If Transportation Provider does not maintain workers compensation insurance on its Drivers, the Transportation Provider must (i) submit documentation from the appropriate governmental regulating authority supporting the Transportation Provider's exclusion or exemption from maintaining such insurance under State law, and (ii) ensure that the Driver or Driver's company is contracted with the Transportation Provider. MTM reserves the right to require all Transportation Providers, including those otherwise exempt, to maintain workers compensation insurance.

10. INDEMNIFICATION

A. Except to the extent directly caused by the willful misconduct of MTM Health, to the fullest extent permitted by law, Transportation Provider agrees to defend, indemnify, and hold harmless MTM Health and MTM Health's Client and all their respective affiliates, subsidiaries, board members, agents, representatives, officers, directors, attorneys, contractors and employees of each (collectively "Indemnitees") from and against any and all allegations, demands, proceedings, suits, actions claims, damages, losses, judgments, liens, penalties, interest, liabilities and expenses of any kind or nature whatsoever including reasonable attorney's fees, court costs, the cost of appellate proceedings, all claims adjusting and handling expenses; and any noncompliance assessments, penalties, or liquidated damages and expenses incurred by or assessed against MTM Health and/or the Client relating to the actions or inactions of Transportation Provider, arising or alleged to arise from (i) performance or nonperformance of any service by Transportation Provider in connection with this Agreement, including but not limited to claims by personnel engaged by Transportation Provider; (ii) Transportation Provider's violation of law; (iii) Transportation Provider's breach of this Agreement; or (iv) Transportation Provider's acts, errors, or omissions.

B. If any claim, action or proceeding is brought against the Indemnitees in connections with Transportation Provider's performance of the Agreement or the transportation of any Members, Transportation Provider, at its sole cost and expense, will pay, resist or defend such claims, action or proceeding on behalf of the Indemnitees (either through Transportation Provider's attorney of insurer or independent counsel). MTM Health will cooperate to the extent reasonable and practical with all reasonable efforts in the handling and defense of such claim, action or proceeding. Any settlement of claims, action or proceeding must fully release and discharge the Indemnitees from any further liability with respect thereto. If the Transportation Provider neglects or refuses to pay, resist or defend the Indemnitees, any recovery or judgement against the Indemnitees with respect to such claim, action or proceeding will conclusively establish the Transportation Provider's liability to the Indemnitees in connection with such recovery or judgement, and if MTM Health desires to settle with any third party with respect to such claim, action or proceeding, MTM Health will be entitled to enter into a settlement in good faith and Transportation Provider will be liable for the amount of such settlement, and all expenses connected to the defense, including reasonable attorney fees, and other investigate and claims adjusting expenses.

C. Any insurance provisions or requirements set forth in this Agreement are separate and independent from this indemnification provision and will not be construed in any way to limit its scope, nor shall this provision be construed in any way to limit the scope and applicability of such insurance provisions or requirements.

11. CERTIFICATION

A. Transportation Provider affirms and certifies the following:

i) Transportation Provider warrants and represents that it, and its officers, directors, employees, agents and representatives, have not been convicted of crimes as specified in Section 1128 of the Social Security Act (42 U.S.C. 1320a-7); excluded from participation in the Medicare or Medicaid program, or any other Federal, or State program; assessed a civil penalty under the provisions of Section 1128; entered into a contractual relationship with an entity convicted of a crime specified in Section 1128, or taken any other action that would prohibit it from participation in Medicare or Medicaid, or are otherwise excluded from participation in Federal or State programs.

ii) Transportation Provider warrants and represents that with respect to Transportation Provider or any of its employees, contractors, subcontractors, governing body members, or any major shareholders (5% or more) (i) there are no past or pending investigations, legal actions, or matters subject to arbitration , all Federal and State, for health care and/or prescription drug services; and (ii) that none have been criminally convicted nor has a civil judgment been entered against any of them for fraudulent activities nor are any of them sanctioned under any Federal State program involving the provision of health care and/or prescription drug services.

B. Transportation Provider must immediately report to MTM Health any change in Transportation Provider's ownership, corporate officers, directors or controlling interest. Transportation Provider must notify MTM Health immediately if it or any of its owners, officers, directors, or managing personnel are barred from participation in any State or Federal program as a result of being sanctioned and placed on an excluded party list Transportation Provider shall complete and provide a disclosure of ownership, controlling interest and management upon request.

C. Transportation Provider warrants and represents that it has not engaged in any collusion with anyone pertaining to any matter relating to the subject of this Agreement.

D. Transportation Provider warrants and represents that the Provider will not and has not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any Federal Agency, a member of Congress or an employee of a member of Congress in connection with obtaining any Federal contract, grant or other award covered by 31 USC 1352 (Byrd Anti-Lobbying Amendment).

12. ASSIGNMENT

A. No portion of this Agreement shall be assigned, sublet, delegated, transferred, or otherwise disposed of by Transportation Provider, except with the express written consent of MTM Health. Transportation Provider may not subcontract any services herein to any person or business entity without the express written consent of MTM Health.

B. This Agreement may be assigned by MTM Health to the participating MTM Health Client under contract with MTM Health, or to any MTM Health affiliate, subsidiary, or successor entity, after notice of any proposed assignment is made to Transportation Provider. Notwithstanding any such assignment, the rights, obligations, and liabilities of Transportation Provider shall remain the same as set forth herein.

C. If Transportation Provider assigns its right to receive payments for services rendered pursuant to this Agreement to a third party, Transportation Provider must give written notice of such in accordance with Section 15 of the Agreement (including evidence of such assignment) to MTM Health at least thirty (30) calendar days in advance of any payment so assigned.

13. COMPLETE AGREEMENT

This Agreement including the attachments, addenda and amendments hereto, and the documents incorporated herein, constitute the entire understanding of the Parties hereto with respect to the subject matter hereof, and supersedes any prior or contemporaneous agreements, oral or written, between MTM Health and the Transportation Provider.

14. TERM AND TERMINATION

A. This Agreement shall be for a term of three (3) years and shall only be renewed or extended upon mutual written agreement of the Parties. Termination shall have no effect upon the rights and obligations of the Parties arising out of any services performed prior to the effective date of such termination. Further, in the event that a Member is provided services by Transportation Provider as of the date of termination of this Agreement, MTM Health will honor its contractual obligations to Members to pay for services rendered. This Agreement may also be terminated for convenience by either Party, at any time and for any reason or no reason at all with at least thirty (30) days' advance written notice to the other Party.

B. In the event Transportation Provider has been assigned Trips and provides notice to MTM Health of termination, the Transportation Provider must accommodate and run those assigned Trips within the thirty (30) day notice period. If Transportation Provider fails to complete said Trips, the Transportation Provider may be subject to liquidated damages. Moreover, MTM Health is entitled to recoup or offset and deduct from any payment due Transportation Provider, the cost associated with re-scheduling those Trips with another Transportation Provider.

C. Transportation Provider agrees that this Agreement does not guarantee or ensure Transportation Provider any minimum number of Trips, and that actual Trip volume may vary. Transportation Provider agrees to accept such Trips as are assigned to

Transportation Provider by MTM Health. If Transportation Provider is not assigned an adequate number of Trips and wishes to terminate this Agreement, Transportation Provider must give MTM Health the aforesaid notice.

D. Notwithstanding any provision herein to the contrary, MTM Health shall have the right to immediately terminate this Agreement and the services of Transportation Provider in the event: (1) Transportation Provider fails to perform or otherwise breaches the terms of this Agreement; or (2) MTM Health's Client suffers a loss of funding for the Contract between Client and MTM Health; or (3) MTM Health's contract with its Client is terminated for any reason; or (4) Transportation Provider's conduct in any way affects the potential safety of any Member, in the sole discretion and determination of MTM Health; or (5) the filing of any Petition of Bankruptcy or insolvency, by or against the Transportation Provider; or (6) MTM Health's Client has requested the termination of Transportation Provider; or (7) for other good cause. Transportation Provider shall have the right to immediately terminate this Agreement in the event MTM Health breaches the terms of this Agreement.

E. Transportation Provider agrees that MTM Health payment for all unpaid claims at time of notice of termination will be withheld until MTM Health has received and audited service records and claims for correctness and accuracy. MTM Health reserves the right to offset any liquidated damages or other noncompliance assessments against sums due for unpaid claims, or to seek recoupment of sums previously paid in error to Transportation Provider.

15. NOTICE

A. Any notice provided for in this Agreement shall be in writing, addressed to the Parties at the addresses set forth herein, and shall be delivered as follows with notice deemed given as indicated: (a) by personal delivery when delivered personally; (b) by registered or certified U.S. mail, return receipt requested and postage prepaid, in which case it shall be deemed served on the third mail delivery date after the date of mailing; or (c) nationally recognized courier service with all fees prepaid and shall be deemed delivered on the date of delivery, or the date of refusal.

B. Unless subsequently changed by written notice, notices shall be delivered or sent to the following addresses:

To:
Medical Transportation Management, Inc.
16 Hawk Ridge Circle
Lake St. Louis, MO 63367
Attention: CEO
Email: amacia@mtm-inc.net

To Transportation Provider at:
[Notice_Addressee]
[Notice_Addr]
[Notice_City], [Notice_State] [Notice_Zip]
Attention: [Notice_Name]
Email: [Notice_email]

16. INDEPENDENT BUSINESS RELATIONSHIP

It is mutually understood and agreed that in the performance of the duties and obligations of the Parties to this Agreement, each Party hereto is a separate and independent business. Neither Party is the principal, agent, nor representative of the other, and neither has any control over the manner in which the other Party performs its services and functions or manages its employees. Each, MTM Health and Transportation Provider, is free to enter into agreements with other entities or persons to provide the same or similar services.

The Transportation Provider accepts full responsibility for payment of unemployment insurance, workers compensation, social security, income tax deductions and any other taxes or payroll deductions required by law, for its employees or agents engaged in work related and/or authorized by this Agreement.

17. EDUCATION AND TRAINING

It is the sole responsibility of Transportation Provider, as an independent contractor, to ensure that its personnel are provided all necessary education and training to comply with applicable laws and regulations and the terms and conditions of this Agreement, and to provide Services in a safe and reliable manner.

18. INTERPRETATION

This Agreement shall be interpreted and governed in accordance with the laws of the jurisdiction in which transportation services are rendered pursuant to this Agreement.

19. AFFIRMATIVE ACTION

MTM Health is an Equal Opportunity Employer, which maintains an Affirmative Action Program. The Parties agree that they will comply with the nondiscrimination and affirmative action clauses contained in: Executive Order 11246, as amended, relative to equal opportunity for all persons without regard to race, color, religion, sex or national origin; the Vietnam Era Veterans Readjustment Act of 1974, as amended, relative to the employment of disabled veterans and veterans of the Vietnam Era; the Vocational Rehabilitation Act of 1973, as amended, relative to the employment of qualified handicapped individuals without discrimination based upon their physical or mental handicaps; the 1964 Civil Rights Act, as amended; the Age Discrimination Act of 1975 as amended; the Omnibus Reconciliation Act of 1981; the Americans with Disabilities Act of 1990 and all other applicable Federal and State Laws which prohibit discrimination in the delivery of services on the basis of race, color, familial status, national origin, age, sex, sexual orientation, handicap/disability , religious beliefs or any other basis prohibited by law. Transportation

Provider shall not discriminate or otherwise violate any Federal, State, or local anti-discrimination law or regulation in the performance of Transportation Provider's services to MTM Health under this Agreement.

20. AMENDMENT AND WAIVER

Transportation Provider acknowledges and agrees that this Agreement may be amended or modified in writing by mutual written agreement of the Parties. In addition, MTM Health shall have the right to amend this Agreement without Transportation Provider's consent, to maintain consistency and/or compliance with any State or Federal law, policy, directive, or government sponsored program requirement. MTM Health shall otherwise have the right to amend this Agreement, including compensation rates, upon written notice to Transportation Provider. If Transportation Provider does not deliver to MTM Health written notice of rejection of the amendment within thirty (30) days of the date of the notice of the amendment, the amendment shall be deemed accepted by and incorporated into this Agreement, and said amendment shall be binding upon the Transportation Provider.

21. CONFIDENTIALITY; NON-SOLICITATION; NON-COMPETE

A. Transportation Provider and MTM Health mutually acknowledge that in the course of performing this Agreement, Transportation Provider will become aware of information concerning MTM Health's operations, business practices, customer practices, software systems, programs, pricing policies, customers, Members, and Clients. To the extent such information is generally unknown in the transportation industry or was unknown to Transportation Provider before Transportation Provider became aware of the information through MTM Health, such information shall be deemed trade secrets and confidential, proprietary information of MTM Health.

B. With respect to MTM Health's trade secrets and confidential, proprietary information, including but not limited to all information obtained regarding Members, Transportation Provider agrees that Transportation Provider and its employees, agents, successors and assigns shall not disclose such information to any person or business entity without the written consent of MTM Health except for Transportation Provider's internal use as reasonably necessary to perform this Agreement. Transportation Provider also agrees that only those agents and employees of Transportation Provider who have a need to know any such information to perform their duties in connection with this Agreement will be provided with such information, and then only with those portions of such information as are reasonably necessary to the performance of their jobs. Further, Transportation Provider agrees to instruct such agents and employees not to disclose such information to any unauthorized persons or business entities.

C. Transportation Provider agrees that MTM Health's non-emergency medical transportation brokerage services business and its network of contracted Transportation Providers are unique and valuable assets of MTM Health for which MTM Health rightfully seeks the protection of this Agreement. Transportation Provider also agrees that becoming a part of MTM Health's Transportation Provider network through execution of this Agreement, is a valuable business asset of Transportation Provider.

D. Transportation Provider, for itself and its employees, agents, successors and assigns, further agrees that it will not: (a) use MTM Health's trade secrets and confidential, proprietary information to develop, initiate or establish a business, or further the business of another person or business entity, which competes directly or indirectly with MTM Health; and (b) solicit or hire any employee of MTM Health during the period of employee's employment with MTM Health, or for one (1) year following termination of employee's employment.

E. Transportation Provider agrees that a breach or threatened breach of the confidentiality provisions of this paragraph would cause immediate and irreparable harm to MTM Health, and that actual damages would be difficult or impossible to ascertain, such that MTM Health shall be entitled to injunctive relief in addition to pursuing such other relief as MTM Health may be entitled to at law or in equity.

F. Transportation Provider will ensure that all information obtained regarding Members in connection with this Agreement, will be held in the strictest confidence and used only as required for the performance of Transportation Provider's obligations under this Agreement. The provisions of this Section shall survive termination of this Agreement.

22. ATTORNEY FEES AND COSTS

In the event that Transportation Provider fails to comply with each and every term of this Agreement or otherwise is in breach of any term of this Agreement; or in the event that Transportation Provider is required to defend, indemnify and hold harmless MTM Health with respect to any claim or liability arising out of the performance or nonperformance of any service by Transportation Provider in connection with this Agreement, Transportation Provider shall pay all of MTM Health's costs and litigation expenses, including reasonable attorney's fees that may be incurred by MTM Health.

23. WAIVER OF JURY TRIAL

The Parties hereto waive jury trial and consent to a Court trial as to all litigation arising out of the terms and conditions of this Agreement.

24. SEVERABILITY

The Parties acknowledge that this Agreement is reasonable, valid, and enforceable. If, however, any part of this Agreement is held by a court of competent jurisdiction to be invalid, it is the intent of the Parties that such provision be reduced in scope only to the

extent deemed necessary to render the provision reasonable and enforceable and the remainder of the provisions of this Agreement will in no way be affected or invalidated as a result. Where any provision of this Agreement is found to be unenforceable, the Parties shall then make reasonable efforts to replace the invalid or unenforceable provision with a valid and enforceable substitute provision, the effect of which is as close as possible to the intended effect of the original invalid or unenforceable provision.

25. NO THIRD PARTY BENEFICIARY

Nothing in this Agreement is intended to or shall be deemed or construed to create any rights or remedies in favor of any third party.

26. FORCE MAJEURE

Neither Party shall be deemed to have breached this Agreement if its failure to perform all or any part thereof results from war, terrorism, flood, earthquake, strike, picketing, riot, fire, explosions, accidents, delays of carriers, governmental actions, pandemics or other acts of God, or circumstances beyond its control, or by reason of the judgment, ruling or order of any court or agency of competent jurisdiction occurring subsequent to the signing of this Agreement.

27. INCORPORATION OF ATTACHMENTS

This Agreement, and the following attachments incorporated herein, constitute the entire agreement between the Parties.

Appendix A – Business Associate Agreement
Appendix B – Credentials
Appendix C – Medicare Advantage and Medicaid Program Requirement Addendum
Schedule A – Transportation Provider Rate Sheet
Schedule B – Performance Standards and Metrics

28. RELEASE OF PRIOR CLAIMS

In consideration for entering into this Agreement, and for other adequate consideration, the receipt of which is hereby acknowledged, Transportation Provider, on behalf of itself and all of its parent(s), subsidiaries, and affiliates, releases, waives and forever discharges Medical Transportation Management, Inc. and all of its subsidiaries and affiliates, predecessors, successors, officers, directors, employees, former employees, representatives, and parent companies from any and all claims, demands, actions, suits, liens, obligations, costs, fees, charges, liabilities, losses, damages, and causes of action of every kind and character, whether asserted or unasserted, in law or in equity, for or by reason of any matter, cause or thing whatsoever concerning, related to, or arising out of the parties' dealings (including, without limitation, any agreement(s) between the parties, whether written or oral) from the beginning of time through the Effective Date of this Agreement.

29. CONSTRUCTION; ACKNOWLEDGEMENT

All Parties have participated in the negotiation of this Agreement, and accordingly, the Parties agree that this Agreement shall be construed and interpreted without regard to any presumption or other rule requiring construction against the Party causing this Agreement to be drafted. Transportation Provider warrants by signing this Agreement that they have read the document in its entirety, fully understands its content, and agrees to same. Transportation Provider further pledges to abide by all terms and conditions set forth herein and acknowledges such by signature hereupon. Transportation Provider is responsible for seeking the advice of an attorney for clarification prior to signing.

30. COUNTERPARTS

This Agreement may be executed in multiple counterparts, including both counterparts that are executed on paper and counterparts that are electronic records and executed electronically, and each such executed counterpart (and any copy of an executed counterpart that is an electronic record) shall be deemed an original of this Agreement.

31. CONSENT TO ELECTRONIC RECORDS AND SIGNATURES

Electronic records and signatures may be used in connection with the execution of this Agreement. If executed on paper by original signature or executed electronically by one or more Parties to this Agreement, this Agreement or one or more of its signed counterparts is an electronic record and is just as legally valid and enforceable as if such Parties had signed it on paper using a handwritten signature.

32. FURTHER ASSURANCES

Each Party shall cooperate with the other and execute such instruments or documents and take such other actions as may reasonably be requested from time to time in order to carry out, evidence or confirm their rights or obligations or as may be reasonably necessary or helpful to give effect to this Agreement.

33. REPRESENTATIONS

The signers of this document represent that they are acting officially and properly on behalf of their respective business entities, and have been duly authorized, directed, and empowered to execute this Agreement.

[SIGNATURES ON FOLLOWING PAGE]

TRANSPORTATION PROVIDER SERVICES AGREEMENT

IN WITNESS WHEREOF, this Agreement is entered into and is effective as of this [Effective_Day] day of [Month], [Effective_Year] ("Effective Date").

Medical Transportation Management, Inc.	**[TP_Name]**
By:	By:
(Signature)	(Signature)
By: [MTM_PrintedName]	By: [TP_PrintedName]
(Printed Name)	(Printed Name)
Title: [MTM_Title_PrintedName]	Title: [TP_Title_PrintedName]
Date:	Date:
[redacted]	Federal Tax ID: [TP_FedID]
16 Hawk Ridge Circle Lake St. Louis MO 63367 Attn: Logistics Operations Management	Address to be used for giving Notice under this Agreement: [Notice_Addr] [Notice_City], [Notice_State] [Notice_Zip] Attn: [Notice_Name]

FWA Training Purpose

- We are all responsible for preventing and reporting suspected cases of Fraud, Waste, and Abuse (FWA) without fear of punishment
- Training will give you basic information necessary to understand what FWA is and what your obligations are if you suspect it is happening
- By looking out for FWA, we protect Federal funding given to Medicaid and Medicare programs for NEMT

MTM

Overview

- Centers for Medicare and Medicaid Services (CMS)
- What is Fraud, Waste, and Abuse (FWA): Laws and Regulations
- MTM's Quality and Compliance Department
- HIPAA
- Data Use Agreement (DUA)

MTM

CMS

- Centers for Medicare and Medicaid Services, also referred to as CMS:
  - An agency within the US Dept. of Health and Human Services
  - Responsible for several health care programs and rules regarding FWA that must be followed by MTM, First Tier, Downstream and Related Entities
    - Providers, drivers and office staff

MTM

Fraud, Waste and Abuse (FWA)

MTM

MTM and CMS

- MTM partners with Medicare and Medicaid clients
- Clients are required by CMS to conduct FWA training with:
  - Transportation Providers
  - Drivers
  - Office Staff
- As MTM clients are regulated by CMS, so are MTM employees and transportation providers
- Documentation of annual FWA training must be maintained and available to CMS and MTM clients when requested

MTM

SAMPLE

FWA: What is Fraud?

- An intentional deception or misrepresentation made by a person with knowledge that deception could result in unauthorized benefit to himself or another person
- Includes any act that constitutes fraud under applicable Federal and State laws

MTM

FWA Laws and Regulations

- Suspected violations of:
  - False Claims Act; 31 U.S.C. §3729
    - ✓ Law prohibits incorrect claims from being submitted to Medicare and Medicaid
  - Stark Law
    - ✓ Law was written to prevent doctors and other clinicians from referring patients to their own practices (physician self-referral)
  - Anti-Kickback Statute
    - ✓ Law keeps doctors, hospitals and other clinicians from offering or receiving kick-backs for referring patients to certain practices

MTM

FWA: What is Waste?

- Overutilization of services or other practices that result in unnecessary costs
- Generally not caused by criminally negligent actions but rather misuse of resources

MTM

FWA Laws and Regulations

- Acts defined in 18 U.S.C. - HITECH Act of 2009 which widened scope of privacy and security protections available under HIPAA
- Health Insurance Portability and Accountability Act (HIPAA)
- State-specific laws and regulations that address Medicaid/Medicare FWA - Laws that a state implements that are more strict than the federal privacy law

MTM

FWA: What is Abuse?

- Defines ways that, either directly or indirectly, result in unnecessary costs to the Medicare or Medicaid Program
  - Reimbursement for unnecessary services or services that fail to meet professionally recognized standards for healthcare

MTM

FWA: Your Obligations

- Comply with all policies and procedures developed and amended by MTM in relation to FWA
- Acknowledge that payments made to you consist of Federal and State funding
  - You may be held civilly/criminally liable for non-performance or misrepresentation of FWA services
  - Immediately refer all suspected or confirmed FWA to MTM's Quality and Compliance department - 1-866-436-0457

MTM

SAMPLE

Examples of Member FWA

- Changing, forging, or altering:
  - Prescriptions
  - Medical records
  - Referral forms
- Lending insurance card to another person
- Identity theft
- Using NEMT for non-medical services
- Misrepresenting eligibility status
- Resale of medications to others
- Medication stockpiling
- Doctor shopping

Resolution Options for Provider FWA

- MTM's investigations specialists will determine which, if any, of the following actions are appropriate
  - Recover trip cost
  - Provide education
  - Make recommendation for an audit of trip records
  - Establish Corrective Action Plan (CAP)
  - Disciplinary action
  - Dismissal from MTM network of providers

Resolution Options for Member FWA

- Add a note to member's file advising MTM for future trips
- Add member's name to a list of frequent abusers
  - Trip requests will be monitored and managed to prevent potential future FWA
- Report issue to MTM's client liaison, who will determine the best way to report to other entities

Who is Responsible for Identifying FWA?

Examples of Provider FWA

- Falsifying credentials
- Billing for services not rendered
  - Inappropriate billing
  - Double billing
  - Fraudulent billing
- Collusion among providers
- Falsifying information submitted through prior authorization or other mechanism to justify coverage

Who Monitors FWA at MTM?

- Potential cases reported to MTM's Quality and Compliance department
- Quality Investigation Specialist investigates each reported incident
  - Note results of investigation in member's file
- FWA reported against Transportation providers, drivers, and office staff are handled in the same manner
- MTM reports incidents of FWA to clients on a monthly basis

SAMPLE

Preventing FWA

- Preventing FWA before it happens is critical
- Transportation providers should report incidents of FWA they suspect to MTM's Quality Management department immediately

Report all cases of suspected FWA to MTM immediately

MTM

Corporate Compliance Hotline

- MTM has a Compliance Hotline to report unethical or illegal behavior in an anonymous and confidential manner
- Types of issues that may be reported to the hotline include inappropriate billing practices, falsified credentialing documentation, violations of HIPAA or informational security standards, or other unethical or illegal practices

Corporate Compliance Hotline | phone (855) 847-0262 | web www.reportlineweb.com/mtm

MTM

Preventing FWA

- MTM staff are diligent and watch carefully for signs of potential FWA
  - Deny a trip if it seems "suspect"
  - Push trip request up internal chain of command to Team Lead
  - Contact client and get their guidance
  - Report suspicious activity to Quality Management department for investigation

MTM

FWA Reporting Protections

- Whistleblowers offered protection against retaliation under the False Claims Act
  - Employees discharged, demoted, harassed, or otherwise discriminated against for reporting FWA are entitled to protection under the False Claims Act

MTM

Reporting FWA

- Contact MTM's & Compliance department
  - 1-866-436-0457
- Try to include all pertinent information:

Subject of FWA → Subject ID information → FWA description → Any other important information

MTM

FWA Conclusion

- Training has given you:
  - Knowledge about what FWA is and why it is important to identify cases of suspected FWA
  - Tools necessary to feel confident in reporting suspected FWA without fear of reprisal
  - Understanding of why MTM requires training
  - Knowledge that everyone is responsible for reporting FWA
  - Knowledge that preventing FWA is critical—stop it before it happens

MTM

SAMPLE

Health Insurance Portability and Accountability Act (HIPAA)

Protected Health Information (PHI)

- PHI is individually identifiable health information that is:
  - Transmitted or maintained in electronic media
  - Transmitted or maintained in any other form or medium
- When an MTM member, agency, or health provider gives personal information to MTM, that information becomes PHI

HIPAA Privacy Rule

- Ensures consistent protection nationwide for all health information
- Imposes restrictions on use and disclosure of Protected Health Information (PHI)
- Gives people greater access to their own medical records
- Provides people with more control over health information

Examples of PHI

- Name or address
- SSN or other ID number
- Medicaid/ Medicare number
- Physician Notes
- Billing Information

HIPAA Background

HITECH Act

- HITECH Act promotes the adoption and meaningful use of health information technology

SAMPLE

HIPAA Expectations

- Use or disclose PHI only for work related purposes
- Exercise reasonable caution to protect PHI under your control
- Understand and follow MTM privacy policies
- Report potential HIPAA violations to MTM's Quality and Compliance department

Use or Disclosure of PHI

- Payment: Various activities of healthcare and healthcare related providers (such as you) to obtain payment or be reimbursed for services

Use or Disclosure of PHI

- HIPAA's privacy rule covers how we can use or disclose PHI
- Designed to minimize careless or unethical disclosure
- PHI can't be used or disclosed unless it is permitted or required by the Privacy Rule

Use or Disclosure of PHI

- Transportation Providers permitted to use or disclose PHI for:
  - Scheduling trip information
  - Confirming special needs or adaptive equipment
  - Incidental use such as talking to a facility or medical provider

Use vs. Disclosure

- PHI is used when it is:
  - Shared
  - Examined
  - Applied
  - Analyzed
- PHI is disclosed when it is:
  - Released/transferred
  - Accessed in any way by any one outside entity holding information

Minimum Necessary

- Use or disclosure of PHI should be limited to minimum amount of health-related information necessary to accomplish intended purpose of use or disclosure
- MTM has developed policies and procedures to make sure least amount of PHI is shared

If you have no need to review PHI, then stop!

SAMPLE

Data Use Agreement (DUA)

Transportation Provider Responsibilities

- Transportation providers will establish appropriate penalties against any member of its workforce that violates the sharing of client information
- Responsible for compliance with sending and destroying of confidential information

Data Use Agreement DUA

- The Data Use Agreement (DUA) is an agreement between MTM, MTM's clients, and independent transportation providers
- This agreement states that all information obtained by transportation providers including PHI will remain confidential and will be disposed of properly
- DUA applies to all MTM employees, transportation providers, and drivers who have access to confidential client information

Transportation Provider Responsibilities

- Transportation providers will deliver written certification of compliance when requested
- Upon termination, the transportation provider is required to retain documentation pursuant to contractual obligations

Transportation Provider Responsibilities

- Transportation provider will secure access to all clients' confidential information and ensure that it is only used in a manner that is approved under the DUA
- Transportation provider is required to secure any form of paper documentation that contains client PHI
- Transportation provider is required to secure mobile devices by a PIN number or equivalent security that contains client PHI

Transportation Provider Responsibilities

- Transportation providers will designate a person to implement the security requirements of the DUA

SAMPLE

Transportation Provider Responsibilities

- Transportation providers assure that their employees/drivers are only provided information as needed to complete job requirements
- Transportation providers must have and maintain a list of employees/drivers, and their signatures, titles, and the date they agreed to the terms of the DUA

What is a Breach of the DUA?

- Any incident where PHI is used in an unsecure or unauthorized manner
- Accessing client information that is not job related
- Sharing client information over social media, text, or screen shots
- Disposing of trip sheets in the trash of a public place

Transportation Provider Responsibilities

- Transportation providers will adhere to the policies and procedures relating to the use of confidential information as set forth in the DUA, the Business Associate Agreement and the Medical Transportation Service Agreement

What is a Breach of the DUA and HIPAA?

- Lending your mobile device that contains client information
- Emailing or storing client information in the cloud in an unsecured manner

Transportation Provider Responsibilities

- All data transferred and communicated will be through secure systems
- A completed 'DUA Agreement' is required and maintained with MTM
- A completed 'DUA Authorized User List' is maintained and regularly updated for users accessing data

If a Breach is Suspected

- Transportation providers will cooperate fully with MTM in investigating any breach of confidential information
- Transportation providers have no more than 24 hours after discovery of a breach to report the event or breach of the security policy to MTM

SAMPLE

DUA Guidelines

- DUA is effective on the date of execution
- All DUA users must be on the authorized user list
- The DUA ends upon termination of the Service Agreement with the exception of retention provisions

MTM

Maintaining Privacy: Telephone

- Leave minimal information necessary on voice mail or answering machines regarding confirmation of trips, or ask member to return call to confirm

MTM

DUA Guidelines

- MTM may immediately terminate the Service Agreement in the event of a material violation of the DUA
- MTM may immediately terminate the Authorized User of the DUA Agreement in the event of a material violation

MTM

Maintaining Privacy: Faxes

- Always include a cover sheet that:
  - States it is a confidential document
  - Gives a contact if fax is received in error
  - Spells out HIPAA (confidentiality) language
- Verify fax number before sending

MTM

Maintaining Privacy: Written

- Keep information in a folder during business hours and locked drawer after hours
- Shred documents containing PHI after use
- Keep a minimal amount of information in hard copy format
- Do not leave documents unattended at printer

MTM

Maintaining Privacy: Email

- Emails containing PHI must be sent securely
- Follow all directions for secured email
- Do not enter any PHI in subject line

MTM

SAMPLE

Maintaining Privacy: Workstation/Vehicle

- Always lock access to computer with a password and use privacy notice
- Remove documents containing PHI from copiers and printers ASAP
- Keep PHI in a folder or upside down during working hours
- Remove PHI from desk or vehicle and place in locked drawer at end of work day
- Do not discuss PHI in public areas

Misuse of PHI

- Misuse of PHI can result in civil and criminal sanctions:
  - Civil Penalties: Up to $25,000/year for inadvertent violations; $250,000 for willful neglect; $1.5 million for repeated or uncorrected violations
  - Criminal Penalties: Up to $250,000 fine and prison sentence up to 10 years for deliberate violations
  - Sanctions by DHHS
  - Other penalties related to not meeting contractual obligations

Cell Phone Best Practices

- Use a device pin, or password
- Install and/or enable encryption to your device
- Remote wipe capability for lost or stolen devices
- Disable use of file sharing applications
- Keep your software up to date
- Use adequate security to send or receive health information over public Wi-Fi networks

Example of Misuse of PHI

- A South Dakota medical student took home copies of 125 patients' psychiatric records to work on a research project
  - He disposed of material in a dumpster of a fast food restaurant, where they were found by a newspaper reporter

Protecting PHI

- Verify identity and authority of person requesting before releasing PHI
- Transmit PHI by telephone only when it can not be overheard
- When leaving messages, limit information left to member's name, a request to return call and your name/telephone number

Reporting Misuse of PHI

- Report incidents of accidental or intentional disclosure to your supervisor and MTM
- No adverse action will be taken against anyone who reports in good faith violations or threatened violations of Privacy Rule, Security Rule or related policies

SAMPLE

Breach of ePHI

- Breach is unauthorized acquisition, access, use or disclosure of PHI which compromises the security or privacy of information
- HITECH Act promotes the adoption and meaningful use of health information technology

Enforcement of Privacy and Security

- Office of Civil Rights has enforced Privacy Rule since 2003
- CMS has enforced Security Rule since 2005
- As of July 27, 2009 DHHS has delegated enforcement of both rules to Office of Civil Rights

Example of Breach of ePHI

- Theft of 6 hard drives at an insurance company's training facility, including images from computer screens containing data that was encoded but not encrypted

HIPAA Resources

- CMS – Center for Medicare and Medicaid Services
  - www.cms.hhs.gov/SecurityStandard/
- Office of Civil Rights
  - www.hhs.gov/ocr/hippa/
- US DHHS – Department of Health and Human Services
  - www.hhs.gov

Breach Notification

- Notice to individual of breach of his/her PHI is required under the HITECH Act
- Breaches involving PHI of more than 500 persons in one circumstance must be immediately reported to DHHS by covered entity
  - Will be posted on DHHS site
- Business Associates must report security breaches to covered entity

HIPAA Glossary

- Business Associate: Person or entity that performs certain functions or activities that involve use or disclosure of PHI on behalf of, or provides services to a covered entity
- Protected Health Information: Individually identifiable health information
- Minimum Necessary Information: Current practice is that PHI should not be used or disclosed when not necessary to satisfy a purpose or carry out a function

SAMPLE

Resources

Report Fraud, Waste and Abuse:

- Corporate Compliance Hotline Number: (855) 847-0262
- Corporate Compliance Web Link: http://www.reportlineweb.com/mtm

Report Information Security Issues:

- Email: security@mtm-inc.net
- Phone: (636) 695-5644

MTM

Please complete the Assessment following this training

MTM

SAMPLE

JOB TITLE:	Project Manager
CLASSIFICATION:	Exempt (Salaried)
ORGANIZATION:	MTM Health
LAST UPDATED:	2025

Position Summary

The **Project Manager** works in collaboration with operations, MTM Health support departments, and transportation providers to ensure the most appropriate and cost-effective delivery of transportation services. The **Project Manager** also acts as the internal liaison between MTM Health departments and the client to ensure MTM Health is fully compliant with contract requirements.

Essential Functions

- Provide leadership and management of direct and non-direct reports
- Ensure business outcomes and contract goals are defined and met
- Gain knowledge of and understand all aspects of the client and the contract
- Maintain, understand and effectively communicate client expectations
- Educate the client on MTM Health procedures
- Establish a working relationship with the client and act as a liaison to ensure expectations are met and any requests for information are responded to in a timely manner to the satisfaction of the client and MTM Health
- Track and maintain department budget in order to meet established financial goal
- Conduct quarterly Town Hall meetings with all levels of staff
- Monitor client satisfaction beyond statistical data
- Be available as client's key contact for any issues relating to the program
- Maintain a strong working relationship with key client personnel
- Work with the client to follow through on service issues, complaints, education, and troubleshooting problems and concerns
- Regularly hold and document satisfaction meetings with the client
- Identify and manage stakeholders' expectations during all phases of the contract
- Ensure regular interaction with internal departments
- Continuously plan for growth and issue resolution
- Keep abreast of changes to NEMT program rules, regulations, and policies
- Ensure regular interaction with transportation providers, facilities, and internal departments to ensure safe and quality transportation services are being delivered
- Ensure ongoing collaboration with internal and external partners to ensure effective processes are in place and in line with corporate processes and goals
- Provide development and career guidance to local staff
- Work across all departments to ensure the cost of transportation service delivery is within the budget
- Conduct and process disciplinary actions and terminations as needed

Knowledge, Skills, and Competencies

- Strong leadership, mentoring, and coaching skills
- Strong conflict management skills
- Strong persuasion and negotiation skills
- Strong decision making skills involving complex data
- Strong and effective communication skills
- Strong business and financial acumen
- Strong analytical and strategic planning skills
- Ability to build and manage a strong team
- Ability understand and communicate MTM Health vision
- Ability to establish and maintain operational structure
- Ability to build and maintain good relationships with community agencies and other critical stakeholders involved in healthcare access issues
- Ability to maintain a high level of confidentiality
- Excellent interpersonal skills and the ability to work with a variety of people and job positions
- Excellent organizational skills with the ability to manage multiple concurrent projects
- Excellent problem solving skills with the ability to anticipate and resolve problems
- Knowledge of managed care, quality improvement, contracting
- High cognitive skills
- Proficient in Microsoft Office Suite

Required Education and Experience

- Bachelor's degree and at least 2 years relevant experience, or at least 4 years of full-time, relevant experience required
- At least 8 years of experience managing large, profitable operations teams in a multimillion dollar contract environment, 10 years preferred
- Certified Project Management Professional or Associate Certification through the Project Management Institute (PMI) preferred
- Experience with contract implementation
- Experience with Lean processes; Six Sigma Certification preferred
- Experience establishing and managing all aspects of performance management
- Experience managing complex contracts with service level agreements (SLAs) and government compliance
- Experience managing a large team of both direct and indirect reports
- Experience working with Medicaid and/or state programs preferred
- Experience managing employees at all levels of the organization
- Must possess a valid driver's license

Working Conditions

- This job operates in a professional office environment
- May be subject to adverse weather conditions during times of travel

Physical Requirements

- May require sitting in front of, and operating, a computer for extended periods
- Requires close visual acuity when operating a computer
- Must be able to drive a motor vehicle
- Must be able to communicate with others and comprehend instructions
- Requires light lifting and carrying
- Routinely uses standard office equipment such as computers, phones, and photocopiers
- Must be able to move around an office environment

Travel

- May require local and overnight travel
- May be required to drive a company or rental vehicle (failure to pass an annual Motor Vehicle Record (MVR) background screen may result in termination of employment)

Supervision

- This position involves supervision of direct reports

Acknowledgement

I have read and understand my position description and certify that I understand the requirements of the essential functions and duties of the position and will fulfill the stated expectations:

____without accommodations

____with the following accommodations:

Equal Opportunity Employer: MTM Health is an equal opportunity employer.
If you are in need of accommodations, please contact People & Culture at (636) 561-5686.

Employee Name (print): _____

Employee Signature: _____ Date: _____

Supervisor Name (print): _____

Supervisor Signature: _____

Title: _____ Date: _____

This job description in no way states or implies that these are the only duties to be performed by the employee occupying this job. Employees may be required to follow other job-related instructions and to perform other job-related duties as requested, subject to all applicable state and federal laws. Certain job functions described herein may be subject to possible modification in accordance with applicable state and federal laws.

Original: Human Resources
Cc: Employee's Supervisor
Employee

MTM | Health

JOB TITLE:	Assistant Manager
CLASSIFICATION:	Exempt (Salaried)
ORGANIZATION:	MTM Health
LAST UPDATED:	2025

Position Summary

The **Assistant Manager** is responsible for ensuring the successful performance of the leaders of the Call Center Operations, Provider Network Management, Quality, Information Technology (IT), and other staff members residing in local operations.

Essential Functions

- Provide leadership and management of direct and non-direct reports
- Establish a working relationship with the client and act as a liaison to ensure expectations are met and any requests for information are responded to in a timely manner
- Monitor compliance with contract requirements
- Maintain a strong working relationship with key client personnel
- Conduct operation status meeting to identify problems and ensure deliverables are met
- Drive accountability on process improvement needed to reduce complaints and maximize operational efficiencies
- Work with the call center to ensure Customer Care Representatives (CCRs) are setting the most appropriate and lowest cost mode of transportation, leveraging public transit and gas mileage reimbursement to the fullest extent possible
- Ensure regular interaction with transportation providers, facilities, and internal departments to ensure safe and quality transportation services are being delivered
- Ensure ongoing collaboration with internal and external partners to ensure effective processes are in place and in line with corporate processes and goals
- Track results of audits per established guidelines
- Ensure all activities are being performed accurately and consistently to meet ongoing contractual and institutional compliance
- Provide development and career guidance to local staff
- Work across all departments to ensure the cost of transportation service delivery is within the budget
- Analyze complaint trends and identify root cause
- Conduct and process disciplinary actions and terminations as needed
- Assume the duties of Project Manager in their absence

Knowledge, Skills, and Competencies

- Strong leadership, mentoring, and coaching skills
- Strong business and financial acumen
- Strong conflict management skills
- Strong decision making skills

- Strong and effective communication skills
- Strong analytical and strategic planning skills
- Excellent organizational skills with the ability to manage multiple projects
- Ability to build and maintain good relationships with community agencies and other critical stakeholders involved in healthcare access issues
- Excellent interpersonal skills and the ability to work with a variety of people and job positions
- Excellent organizational skills with the ability to manage multiple concurrent projects
- Excellent problem solving skills with the ability to anticipate and resolve problems
- Ability to effectively communicate with internal and external customers
- Excellent problem solving skills with the ability to anticipate and resolve problems
- Proficient with Microsoft Office Suite

Required Education and Experience

- Bachelor's degree and at least 2 years relevant experience, or at least 4 years of full-time, relevant experience required
- Previous Management experience
- Minimum of 8- 10 years' experience in Operational Management
- Experience with Lean processes; Six Sigma Certification preferred
- Certified Project Management Professional or Associate Certification through the Project Management Institute (PMI) preferred
- Previous experience working with Medicaid and/or state programs, preferred
- Experience establishing and managing all aspects of performance management
- Experience managing complex contracts with service level agreements (SLAs) and government compliance
- Experience managing a large team of both direct and indirect reports
- Experience managing employees at all levels of the organization

Working Conditions

- This job operates in a professional office environment
- May be subject to adverse weather conditions during times of travel

Physical Requirements

- May require sitting in front of, and operating, a computer for extended periods
- Requires close visual acuity when operating a computer
- Must be able to communicate with others and comprehend instructions
- Requires light lifting and carrying
- Routinely uses standard office equipment such as computers, phones, and photocopiers
- Must be able to move around an office environment

Travel

- May require local and overnight travel
- May be required to drive a company or rental vehicle (failure to pass an annual Motor Vehicle Record (MVR) background screen may result in termination of employment)

Supervision

- This position does involve supervision of direct reports

Acknowledgement

I have read and understand my position description and certify that I understand the requirements of the essential functions and duties of the position and will fulfill the stated expectations:

____without accommodations

____with the following accommodations:

Equal Opportunity Employer: MTM Health is an equal opportunity employer.
If you are in need of accommodations, please contact People & Culture at (636) 561-5686.

Employee Name (print): _____

Employee Signature: _____ Date: _____

Supervisor Name (print): _____

Supervisor Signature: _____

Title: _____ Date: _____

This job description in no way states or implies that these are the only duties to be performed by the employee occupying this job. Employees may be required to follow other job-related instructions and to perform other job-related duties as requested, subject to all applicable state and federal laws. Certain job functions described herein may be subject to possible modification in accordance with applicable state and federal laws.

Original: Human Resources
Cc: Employee's Supervisor
Employee

MTM | Health

JOB TITLE:	Provider Relations Manager
CLASSIFICATION:	Exempt (Salaried)
ORGANIZATION:	MTM Health
LAST UPDATED:	2025

Position Summary

The **Provider Relations Manager** will have ultimate responsibility for delivering a high level of service to our vendors every day, ensuring high operational standards and vendor satisfaction within an assigned geographic area**.** The primary function of the **Provider Relations Manager** is to oversee transportation provider relationships and satisfaction, implementation, logistics/network management, field monitoring, and financial analysis of transportation costs within the assigned region. This role is key to a successful relationship with transportation providers.

Essential Functions

- Manage and oversee all operational aspects of Logistics within assigned region
- Ensure local Logistics teams are evaluating performance of transportation providers and holding them accountable for a variety of metrics, including, but not limited to, on time performance, cost, and customer service satisfaction
- Responsible for for network costs, including but not limited to reviewing and containing average costs per trip, average costs per mile, and other costs related metrics to meet budgeted transportation expenses over managed territories
- Drive cost containment initiatives through innovative recommendations
- Provide support for organization
- Direct Logistics team in recruitment and retention of the existing transportation network to ensure that network is comprehensive in geographic and mode coverage
- Direct Logistics team in field monitoring and issuing of performance improvement plans (PIPs) for transportation providers' subpar performance
- Ensure transportation providers are educated and trained in accordance with MTM Health and contract-specific requirements
- Ensure transportation providers are compliant with all requirements, credentials, and policies
- Participate in planning, revisions, implementation, and execution of updated amendments and/or regulations
- Responsible for daily guidance, development, and performance of all direct reports
- Provide contract and MTM Health policy interpretation and assistance to local Logistic team
- Facilitate town halls, conventions, and seminars
- Regular attendance is required
- Other duties as assigned

Knowledge, Skills, and Competencies

- Demonstrate excellent time management skills
- Execute for results
- Excellent public speaking and presentation skills

- Knowledge of transportation logistics
- Must be able to conduct inspections, audits, communicate issues, and corrective actions from an authoritative position but with professional courtesy
- Ability to establish and maintain operational structure
- Excellent problem-solving skills with the ability to anticipate and resolve problems
- Strong persuasion and negotiation skills
- Moderate skills in Microsoft Office
- Analytical in using data to drive operational and cost improvement
- Must be able to demonstrate a high level of ownership
- Must be able to demonstrate strong customer service skills
- Ability to maintain positive and team focused during high stress situations
- Excellent communication skills
- Ability to maintain high level of confidentiality
- Must be able to communicate with staff of all job levels professionally
- Ability to prioritize assigned projects, incidents, and requests
- Ability to identify with customers' needs and circumstances
- Ability to recognize, handle, and refer situations of an emergent nature
- Adhere to all MTM Health established protocols and policies
- Regular attendance required

Required Education and Experience

- Bachelor's degree and at least 2 years relevant experience, or at least 4 years of full-time, relevant experience required
- 2+ years of previous experience in management or in a proven leadership role
- 3+ years of previous experience in transportation, logistics, operations, or fleet management is required (5+ years is preferred)
- Minimum 2 years experience as an Account Manager or relevant related experience
- Experience with contracting and negotiations
- Experience managing a 100+ fleet of vehicles, preferred
- Experience with routing and dispatch applications is preferred
- Must possess a valid driver's license

Working Conditions

- This job operates in a professional office environment
- May be subject to adverse weather conditions during times of travel

Physical Requirements

- May require sitting in front of, and operating, a computer for extended periods
- Requires close visual acuity when operating a computer
- Must be able to communicate with others and comprehend instructions
- Requires light lifting and carrying

- Routinely uses standard office equipment such as computers, phones, and photocopiers
- Must be able to move around an office environment

Travel

- May require local and overnight travel
- May be required to drive a company or rental vehicle (failure to pass an annual Motor Vehicle Record (MVR) background screen may result in termination of employment)

Supervision

- This position does involve supervision of direct reports

Acknowledgement

I have read and understand my position description and certify that I understand the requirements of the essential functions and duties of the position and will fulfill the stated expectations:

____without accommodations

____with the following accommodations:

Equal Opportunity Employer: MTM is an equal opportunity employer.
If you are in need of accommodations, please contact People & Culture at (636) 561-5686.

Employee Name (print): _____

Employee Signature: _____ Date: _____

Supervisor Name (print): _____

Supervisor Signature: _____

Title: _____ Date: _____

This job description in no way states or implies that these are the only duties to be performed by the employee occupying this job. Employees may be required to follow other job-related instructions and to perform other job-related duties as requested, subject to all applicable state and federal laws. Certain job functions described herein may be subject to possible modification in accordance with applicable state and federal laws.

Original: Human Resources
Cc: Employee's Supervisor
Employee

JOB TITLE:	Outreach and Communications Manager
CLASSIFICATION:	Exempt (Salaried)
ORGANIZATION:	MTM Health
LAST UPDATED:	2025

Position Summary

The **Outreach and Communications Manager** will oversee all training aspects of the non-emergency transportation (NEMT) program. This position plays a critical role in educating all key stakeholders.

Essential Functions

- Design and/or prepare training/instructional materials, teaching aids, and devices based on client and MTM Health protocols
- Monitor and evaluate operations, programs, processes, and/or practices for quality and effectiveness; make recommendations for improvement
- Conduct training needs assessments and recommend training programs
- Deliver presentations, stand-up training, or instruction to staff and management
- Provide training to staff to improve performance
- Customize and update Transportation Provider Manual based on MTM Health and client protocols
- Assist transportation providers in complying with MTM Health transportation provider guidelines
- Provide interpretation and assistance in compliance with all MTM Health policies and reporting procedures
- Assist with transportation provider in-service training, driver training, and other presentations
- Provide information and suggestions to MTM Health administration on changes or revisions that need to be made to MTM Health transportation provider guidelines
- Participate in planning and execution of regional transportation provider meetings
- Gain, and maintain, in-depth knowledge of MTM Health's transportation guidelines and quality improvement program
- Create and customize member educational materials
- Hold periodic member educational meetings throughout the service area
- Solid interpersonal and team-building skills to effectively communicate with internal and external customers
- Provide proactive and creative techniques in solving client problems
- Create resource materials for the medical community

Knowledge, Skills, and Competencies

- Proficient with Microsoft Office, including Word, Excel, Access, PowerPoint, and Outlook
- Possess excellent communication skills
- Excellent time management and organizational skills
- Flexibility in all areas, especially work schedules, to meet training needs of a 24/7 work environment; must be available to work various shifts including weekends, holidays, and on-call
- Local travel required, approximately 30%, some overnight travel may be required
- Interact with people in a manner which shows sensitivity, tact, and professionalism

Required Education and Experience

- Bachelor's degree and at least 2 years relevant experience, or at least 4 years of full-time, relevant experience required
- Previous industry knowledge, including healthcare, managed care, and transportation required
- Experience designing and implementing training programs, at least 2 years of experience
- At least 2 years of outreach experience, or similar experience

Working Conditions

- This job operates in a professional office environment
- May be subject to adverse weather conditions during times of travel

Physical Requirements

- May require sitting in front of, and operating, a computer for extended periods
- Requires close visual acuity when operating a computer
- Must be able to communicate with others and comprehend instructions
- Requires light lifting and carrying
- Routinely uses standard office equipment such as computers, phones, and photocopiers
- Must be able to move around an office environment

Travel

- May require local and overnight travel
- May be required to drive a company or rental vehicle (failure to pass an annual Motor Vehicle Record (MVR) background screen may result in termination of employment)

Supervision

- This position does involve supervision of direct reports

Acknowledgement

I have read and understand my position description and certify that I understand the requirements of the essential functions and duties of the position and will fulfill the stated expectations:

____without accommodations

____with the following accommodations:

Equal Opportunity Employer: MTM Health is an equal opportunity employer.
If you are in need of accommodations, please contact People & Culture at (636) 561-5686.

Employee Name (print): _____

Employee Signature: _____ Date: _____

Supervisor Name (print): _____

Supervisor Signature: _____

Title: _____ Date: _____

This job description in no way states or implies that these are the only duties to be performed by the employee occupying this job. Employees may be required to follow other job-related instructions and to perform other job-related duties as requested, subject to all applicable state and federal laws. Certain job functions described herein may be subject to possible modification in accordance with applicable state and federal laws.

Original: Human Resources
Cc: Employee's Supervisor
Employee

MTM | Health

JOB TITLE:	Call Center Manager
CLASSIFICATION:	Exempt (Salaried)
ORGANIZATION:	MTM Health
LAST UPDATED:	2025

Position Summary

The **Call Center Manager** is responsible for overseeing the daily operations of a high-volume call center providing expertise and customer service support to call center staff. The **Call Center Manager** will ensure production, quality, and contract standards are met through monitoring service levels, consumer satisfaction, client satisfaction, and compliance of protocols and procedures.

Essential Functions

- Provide leadership and management of direct and non-direct reports
- Meet/exceed call center performance expectations and goals
- Meet call center and financial objectives by estimating requirements, preparing an annual budget, and analyzing variances
- Work with the Operations team to ensure call center team members are setting the most appropriate, lowest cost mode of transportation, leveraging public transit and gas mileage reimbursement to the fullest extent possible
- In collaboration with internal and external partners, ensure effective processes are in place and in line with corporate processes and goals
- Analyze statistical call center data, as well as dispatch data, and work with Workforce Management to determine areas of opportunity to prevent corrective action plans
- Oversee team staffing levels and partner with People & Culture to help support recruitment efforts, as needed
- Oversee the completion of various tasks assigned to call center staff
- Host regular meetings with staff to discuss performance results, opportunities, create action plans, and promote teamwork
- Drive accountability on process improvements that are needed to reduce complaints and maximize operational efficiencies
- Provide support on special projects, as needed

Knowledge, Skills, and Competencies

- Strong leadership, mentoring, and coaching skills
- Tech savvy with the ability to learn how to troubleshoot technical issues while navigating multiple systems
- Maintain a strong knowledge of products and services
- Efficiently execute tasks to achieve desired results
- Strong analytical and strategic planning skills
- Strong presentation skills; can speak across various forums and communicate to all levels of employees
- Strong organizational skills

- Ability to motivate and supervise people toward high productivity
- Ability to acquire and maintain knowledge of MTM Health protocols, transportation provider network system, and personnel policies
- High degree of accuracy, confidentiality, and the ability to work in a fast-paced environment
- Ability to multi-task and utilize call center systems
- Ability to maintain high level of confidentiality
- Excellent communication skills, including navigating video technology
- Proficient computer skills including Microsoft Outlook, Word, and Excel

Required Education and Experience

- Bachelor's degree and at least 2 years relevant experience, or at least 4 years of full-time, relevant experience required
- 5+ years of previous leadership or supervisory experience required, or equivalent related experience; at least 3 of those years in a leadership role within a call center
- Experience in coaching, mentoring, and fostering a positive work environment
- Experience communicating in a digital setting with all levels of employees
- Experience with recruiting, hiring and discipline management

Working Conditions

- This job operates in a professional office environment
- May be subject to adverse weather conditions during times of travel

Physical Requirements

- May require sitting in front of, and operating, a computer for extended periods
- Requires close visual acuity when operating a computer
- Must be able to communicate with others and comprehend instructions
- Requires light lifting and carrying
- Routinely uses standard office equipment such as computers, phones, and photocopiers
- Must be able to move around an office environment

Travel

- May require local and overnight travel
- May be required to drive a company or rental vehicle (failure to pass an annual Motor Vehicle Record (MVR) background screen may result in termination of employment)

Supervision

- This position does involve supervision of direct reports

Acknowledgement

I have read and understand my position description and certify that I understand the requirements of the essential functions and duties of the position and will fulfill the stated expectations:

____without accommodations

____with the following accommodations:

Equal Opportunity Employer: MTM Health is an equal opportunity employer.
If you are in need of accommodations, please contact People & Culture at (636) 561-5686.

Employee Name (print): _____

Employee Signature: _____ Date: _____

Supervisor Name (print): _____

Supervisor Signature: _____

Title: _____ Date: _____

This job description in no way states or implies that these are the only duties to be performed by the employee occupying this job. Employees may be required to follow other job-related instructions and to perform other job-related duties as requested, subject to all applicable state and federal laws. Certain job functions described herein may be subject to possible modification in accordance with applicable state and federal laws.

Original: Human Resources
Cc: Employee's Supervisor
Employee

JOB TITLE:	Provider Manager
CLASSIFICATION:	Non-Exempt (Hourly)
ORGANIZATION:	MTM Health
LAST UPDATED:	2025

Position Summary

The primary job function of the **Provider Manager** is to manage the member's experience once trip intake is completed through the completion of transportation. The members that this role manages will be determined by corporate guidelines and regional leadership. The **Provider Manager** will be responsible for trip monitoring; trip recovery; templating; problem solving; updating customer notes; outbound calls to members, providers, and facilities to confirm, correct, and/or verify trip information; member education; and ensuring successful trip outcomes.

Essential Functions

- Act as liaison and partner with client, members, and internal/external partners to coordinate a superior experience for members identified needing extra care
- Provide member support based on a population identified by the client or internal stakeholder
- Provide trip monitoring/confirmations, trip recovery, templating, problem solving, calls to members/facilities/providers to confirm/verify/correct transportation, ensure trips accuracy prior to facility holiday changes, and emergency trip mitigation during disaster situations
- Ensure excellent and professional written and/or oral communication and a sincere personal commitment to promptness, reliability, and quality of work
- Maintain an impacted member list and provide follow ups to ensure the members made it to and from their appointments safely and on time
- Document escalations and action plans in the appropriate intake systems
- Understand the Operations department to better service and care for both members and fellow employees
- Process escalated trips in a timely manner to prevent complaints or a member service failure
- Report issues, unusual trip circumstances, and/or inefficiencies of vendor operations to local or corporate leadership for prompt resolution
- Maintain a strong working understanding of MTM Health technology, portals, and applications, as well as how it applies NEMT services for members, transportation providers, and medical facilities
- Demonstrate flexibility in assignments to better serve members and help MTM Health achieve its business and operational goals of reducing complaints, mitigating service failures, and removing barriers
- Adhere to policies, procedures, and training
- Ensure compliance with assigned key performance indicators (KPIs) and contract requirements
- Adhere to all standard monthly development sessions, such as monthly manager meetings (MMM) for documentations including attendance, performance, and adherence to schedules
- Ensure documentation of internal complaints/grievances, the coordination of care coordination services, and the setting of reservations for select managed facilities and members
- Other duties as assigned

Knowledge, Skills, and Competencies

- Proficient computer skills including Microsoft Outlook, Word, and Excel
- High degree of accuracy, confidentiality, and the ability to work in a fast-paced environment
- Ability to multi-task and utilize customer service and systems
- Ability to maintain proper customer service etiquette and adherence to MTM Health procedures
- Ability to handle situations of an escalated nature using an analytical thought process
- Possess strong leadership and team building skills
- Exceptional communication skills
- Ability to maintain high level of confidentiality
- Ability to identify with customer needs and circumstances
- Be familiar and remain up to date with all programs/protocols and resource guides
- Ability to prioritize workload and act with a sense of urgency

Required Education and Experience

- High school diploma or G.E.D. required
- 9+ months of experience in a Customer Care Representative (CCR) role within MTM Health's call center, or similar equivalent experience in healthcare case management
- Medical terminology preferred
- Patient Care experience preferred

Working Conditions

- This job operates in a professional environment
- May be subject to adverse weather conditions during times of travel
- This position may require working onsite from time to time

Physical Requirements

- May require sitting in front of, and operating, a computer for extended periods
- Requires close visual acuity when operating a computer
- Must be able to communicate with others and comprehend instructions
- Requires light lifting and carrying
- Routinely uses standard office equipment such as computers, phones, etc.
- Must be able to move around an office environment

Travel

- May require local and overnight travel
- May be required to drive a company or rental vehicle (failure to pass an annual Motor Vehicle Record (MVR) background screen may result in termination of employment)

Supervision

- This position does not involve supervision of direct reports

MTM | Health

Acknowledgement

I have read and understand my position description and certify that I understand the requirements of the essential functions and duties of the position and will fulfill the stated expectations:

____without accommodations

____with the following accommodations:

Equal Opportunity Employer: MTM Health is an equal opportunity employer.
If you are in need of accommodations, please contact People & Culture at (636) 561-5686.

Employee Name (print): _____

Employee Signature: _____ Date: _____

Supervisor Name (print): _____

Supervisor Signature: _____

Title: _____ Date: _____

This job description in no way states or implies that these are the only duties to be performed by the employee occupying this job. Employees may be required to follow other job-related instructions and to perform other job-related duties as requested, subject to all applicable state and federal laws. Certain job functions described herein may be subject to possible modification in accordance with applicable state and federal laws.

Original: Human Resources
Cc: Employee's Supervisor
Employee

JOB TITLE:	Exceptions Manager
CLASSIFICATION:	Exempt (Salaried)
ORGANIZATION:	MTM Health
LAST UPDATED:	2025

Position Summary

The **Exceptions Manager** is responsible for day-to-day oversight and monitoring of the various teams within the Quality Operations department. The **Exceptions Manager** has primary responsibility for team accountability for assigned essential job functions, team productivity, and employee related goals and key performance indicators (KPIs).

Essential Functions

- Provide oversight for various teams within the Quality Operations department
- Ensure timely submission of all client required reporting and performance measures as related to the assigned Quality Operations teams
- Update and report activities to leadership in a consistent and timely manner.
- Coordinate meetings with necessary departments in relation to noticed complaint data and quality trends
- Provide day-to-day oversight of direct reports, including assistance with supervisor calls, monitoring productivity, time and attendance, and problem solving
- Provide recommendations for departmental improvements regarding processes, procedures, and training opportunities through data analytics and trending
- Help ensure consistency in MTM Health standards and processes across the company
- Identify training and coaching opportunities as well as career path opportunities for staff members
- Provide an added layer of review for quality determinations and/or supervisor escalations
- Provide guidance to staff relating to protocol and procedure interpretation
- Provide assistance with the preparation of employee reviews and discipline notifications, as needed
- Support and assist with special projects and/or Quality Operations initiatives, as needed
- Review, compile, and submit monthly ad hoc departmental reports upon request
- Provide departmental representation at internal and external meetings upon request
- Participate in quality improvement initiatives as required by URAC
- Attend client meetings and participate in regular client correspondence pertaining to Quality Operations and complaint reduction efforts, as needed

Knowledge, Skills, and Competencies

- Proficiency with MS Office Suite
- Excellent communication and problem-solving skills
- Excellent organizational, interpersonal, and teamwork skills
- Ability to multi-task and set priorities in a fast-paced environment
- Conduct all activities in a timely and responsible manner
- Ability to make solid judgment calls
- Ability to maintain high level of confidentiality

- Ability to gain and maintain working knowledge of MTM Health Operational departments
- Effectively communicate MTM Health's vision and direction
- Knowledge of all department responsibilities preferred
- Ability to provide oversight to various teams and their responsibilities
- Ability to provide direction and career development for individual team members
- Ensure accountability for established goals and KPIs
- Regular attendance is required

Required Education and Experience

- High School Diploma or G.E.D. equivalent
- Bachelor's degree or equivalent work experience
- 3+ years of quality related experience, 5+ years preferred
- 1+ year supervisory experience
- Previous experience in Medicaid or state public assistance programs preferred
- Experience working for a managed care organization (MCO) or healthcare provider preferred

Working Conditions

- This job operates in a professional office environment
- May be subject to adverse weather conditions during times of travel

Physical Requirements

- May require sitting in front of, and operating, a computer for extended periods
- Requires close visual acuity when operating a computer
- Must be able to communicate with others and comprehend instructions
- Requires light lifting and carrying
- Routinely uses standard office equipment such as computers, phones, and photocopiers
- Must be able to move around an office environment

Travel

- May require local and overnight travel
- May be required to drive a company or rental vehicle

Supervision

- This position does involve supervision of direct reports

Acknowledgement

I have read and understand my position description and certify that I understand the requirements of the essential functions and duties of the position and will fulfill the stated expectations:

____without accommodations

____with the following accommodations:

Equal Opportunity Employer: MTM Health is an equal opportunity employer.
If you are in need of accommodations, please contact People & Culture at (636) 561-5686.

Employee Name (print): _____

Employee Signature: _____ Date: _____

Supervisor Name (print): _____

Supervisor Signature: _____

Title: _____ Date: _____

This job description in no way states or implies that these are the only duties to be performed by the employee occupying this job. Employees may be required to follow other job-related instructions and to perform other job-related duties as requested, subject to all applicable state and federal laws. Certain job functions described herein may be subject to possible modification in accordance with applicable state and federal laws.

Original: Human Resources
Cc: Employee's Supervisor
Employee

MTM | Health

JOB TITLE:	Report Manager
CLASSIFICATION:	Exempt (Salaried)
ORGANIZATION:	MTM Health
LAST UPDATED:	2025

Position Summary

The **Report Manager** will serve as a liaison to assigned business units and technical experts. The **Report Manager** will work closely with business units to analyze processes and business needs and will provide recommended solutions. This role will solicit, define, and manage requirements for internally and externally developed projects and implementations in a team-oriented environment.

Essential Functions

- Coordinate software development for maintenance or enhancement requests
- Support users of assigned applications by resolving assigned helpdesk tickets, conducting training, and providing general guidance
- Participate in requirement gathering sessions, stakeholder interviews, group sessions, and user observations; may lead these sessions for smaller efforts
- Act as a liaison between the business customer and the technology providers both internally and externally
- Strongly focus on user experience to satisfy overall vision of project or implementation
- Responsible for some small to medium applications or projects
- Responsible for assisting product owner on projects
- Communicate relative feedback, level of effort, and return on investment to business users for project prioritization

Knowledge, Skills, and Competencies

- Knowledge of software development methodologies
- Accurately articulate technical specifications in a manner normal business users can understand
- Ability to manage multiple tasks and projects and forge strong interpersonal relationships within the department, with other departments, and with external audiences
- Ability to solve problems by using training, knowledge, tools, and analytical skills
- Ability to assimilate new and existing technologies
- Exemplary communication skills
- Ability to be effective in a fast paced, dynamic environment with minimal supervision
- Excellent planning, documentation, organizational, analytical, and problem solving abilities
- Ability to translate complex information into a logical, concise presentation
- Strong attention to detail

Required Education and Experience

- High School Graduate or G.E.D.
- Bachelor's degree in technical or business disciplines with outlined experience or equivalent field experience in lieu of degree
- 1+ years of relevant technical or business work experience
- Experience applying technology to solve problems
- Experience in gathering and authoring development requirements, including but not limited to user stories
- Experience collaborating with business users, programmers, and quality assurance testers in a corporate environment, preferred
- 1+ years of SQL experience, preferred

Working Conditions

- This job operates in a professional office environment
- May be subject to adverse weather conditions during times of travel

Physical Requirements

- May require sitting in front of, and operating, a computer for extended periods
- Requires close visual acuity when operating a computer
- Must be able to communicate with others and comprehend instructions
- Requires light lifting and carrying
- Routinely uses standard office equipment such as computers, phones, and photocopiers
- Must be able to move around an office environment

Travel

- May require local and overnight travel
- May be required to drive a company or rental vehicle (failure to pass an annual Motor Vehicle Record (MVR) background screen may result in termination of employment)

Supervision

- This position does not involve supervision of direct reports

Acknowledgement

I have read and understand my position description and certify that I understand the requirements of the essential functions and duties of the position and will fulfill the stated expectations:

____without accommodations

____with the following accommodations:

Equal Opportunity Employer: MTM Health is an equal opportunity employer.
If you are in need of accommodations, please contact People & Culture at (636) 561-5686.

Employee Name (print): _____

Employee Signature: _____ Date: _____

Supervisor Name (print): _____

Supervisor Signature: _____

Title: _____ Date: _____

This job description in no way states or implies that these are the only duties to be performed by the employee occupying this job. Employees may be required to follow other job-related instructions and to perform other job-related duties as requested, subject to all applicable state and federal laws. Certain job functions described herein may be subject to possible modification in accordance with applicable state and federal laws.

Original: Human Resources
Cc: Employee's Supervisor
Employee

MTM | Health

JOB TITLE:	Complaint Coordinator
CLASSIFICATION:	Non-Exempt (Hourly)
ORGANIZATION:	MTM Health
LAST UPDATED:	2025

Position Summary

The **Complaint Coordinator** is responsible for managing complaints, incidents, and accidents for designated clients, in accordance with client requirements and MTM Health policies and procedures for quality and compliance.

Essential Functions

- Document, review, investigate, resolve, and provide follow up for all complaints and complaint issues reported for assigned clients within the specified timeframe
- Closely adhere to client service level agreements (SLAs) to ensure complaints do not go out of compliance
- Obtain transportation provider responses to complaints and complaint issues within 24-48 hours
- Provide immediate follow up for complaint responses that are not submitted within the specified timeframe
- Respond to client or Project Manager inquiries sent via email, or fax, within the specified timeframe
- Ensure accuracy of information in report prior to deadline submission
- Triage issues and provide assistance to MTM Health's internal departments with complaint issues
- Assist with monthly trending regarding potential network inadequacies, transportation provider deficiencies, and training opportunities to applicable departments; report trends to leadership for further review
- Monitor and report incident/accident issues
- Monitor and report issues of non-compliance to the leadership staff and Logistics as indicated
- Compile weekly/monthly summaries of incident/accident investigations, findings, and resolutions as required
- Send out monthly Quality and Compliance tips to transportation providers and Logistics regarding prevention measures identified
- Ensure all training documents are received per Quality and Compliance request
- Create relevant workflows and tracking mechanisms as assigned
- Perform activities and participate in quality improvement projects for the Quality Improvement Program(s), as assigned, to ensure ongoing compliance with URAC standards
- Compile daily/weekly/monthly complaint reports to be submitted to designated clients, per contract

Knowledge, Skills, and Competencies

- Proficient in Microsoft Office suite
- Strong and effective communication skills, with an emphasis on grammar and spelling
- Ability to tactfully question and obtain information
- Excellent organizational skills
- Excellent interpersonal skills
- Ability to manage multiple priorities required
- Ability to handle confidential information in a professional manner
- Strong problem solving skills

MTM | Health

Required Education and Experience

- High School Diploma or G.E.D. required
- Some college preferred
- 2 years of customer service experience
- Previous Quality and Compliance experience preferred
- A minimum of six months in the MTM Health call center preferred
- Working knowledge of MTM Health customer service protocols and procedures preferred

Working Conditions

- This job operates in a professional office environment
- May be subject to adverse weather conditions during times of travel

Physical Requirements

- May require sitting in front of, and operating, a computer for extended periods
- Requires close visual acuity when operating a computer
- Must be able to communicate with others and comprehend instructions
- Requires light lifting and carrying
- Routinely uses standard office equipment such as computers, phones, and photocopiers
- Must be able to move around an office environment

Travel

- May require local and overnight travel
- May be required to drive a company or rental vehicle (failure to pass an annual Motor Vehicle Record (MVR) background screen may result in termination of employment)

Supervision

- This position does not involve supervision of direct reports

Acknowledgement

I have read and understand my position description and certify that I understand the requirements of the essential functions and duties of the position and will fulfill the stated expectations:

____without accommodations

____with the following accommodations:

Equal Opportunity Employer: MTM Health is an equal opportunity employer.
If you are in need of accommodations, please contact People & Culture at (636) 561-5686.

Employee Name (print): _____

Employee Signature: _____ Date: _____

Supervisor Name (print): _____

Supervisor Signature: _____

Title: _____ Date: _____

This job description in no way states or implies that these are the only duties to be performed by the employee occupying this job. Employees may be required to follow other job-related instructions and to perform other job-related duties as requested, subject to all applicable state and federal laws. Certain job functions described herein may be subject to possible modification in accordance with applicable state and federal laws.

Original: Human Resources
Cc: Employee's Supervisor
Employee

MTM | Health

JOB TITLE:	Claims Processor
CLASSIFICATION:	Non-Exempt (Hourly)
ORGANIZATION:	MTM Health
LAST UPDATED:	2025

Position Summary

The **Claims Processor** is responsible for analyzing data and performing quality control functions related to claims. The **Claims Processor** uses data to identify fraudulent claims activity and other irregularities including recognizing processes that allow fraudulent activity to occur. The **Claims Processor** will be responsible for the review of documentation and investigation into denied claims. The **Claims Processor** is responsible for performing focused audits on claims most likely to be fraudulent, while working with Quality and Accounting to recoup any funds paid based on those fraudulent claims. Responsibilities also include identifying and documenting the root cause of process irregularities to help prevent future fraudulent claims activities.

Essential Functions

- Determine root causes of claims irregularities and fraud, and recommend process improvements to prevent them from occurring in the future
- Investigate denied claims through documentation analysis and review of contracts
- Use best judgment to determine if an appeal should be approved or denied based on the available information submitted during the appeal
- Determine the validity of potentially fraudulent claims by scrutinizing claims documentation and verifying attendance with facilities/members, and work with Accounting and Quality to initiate payment recoupments
- Analyze data to identify claims, members, transportation providers, and/or facilities likely to be involved in fraudulent activities
- Identify claims paid at rates that differ from contracted rates, document the root cause, and escalate to Logistics and Claims department leadership
- Assist in information gathering for all external audits
- Review and monitor claim data patterns for fraud, waste, and abuse
- Assist in all claims-related activities
- Meet or exceed established productivity objectives
- Meet or exceed established accuracy objectives

Knowledge, Skills, and Competencies

- Intermediate knowledge of Microsoft Office programs, including Excel and Word
- Skilled in using all claims applications
- Excellent communication and problem-solving skills
- Excellent organizational, interpersonal, and teamwork skills
- Ability to multi-task and set priorities in a fast-paced environment
- Ability to make solid judgment calls
- Ability to maintain high level of confidentiality

Required Education and Experience

- High School Graduate or G.E.D. required
- Bachelor's degree or equivalent preferred
- 3+ years' experience in claims required
- Ability to meet productivity objectives
- Excellent communication skills

Working Conditions

- This job operates in a professional office environment
- May be subject to adverse weather conditions during times of travel

Physical Requirements

- May require sitting in front of, and operating, a computer for extended periods
- Requires close visual acuity when operating a computer
- Must be able to communicate with others and comprehend instructions
- Requires light lifting and carrying
- Routinely uses standard office equipment such as computers, phones, and photocopiers
- Must be able to move around an office environment

Travel

- May require local and overnight travel
- May be required to drive a company or rental vehicle (failure to pass an annual Motor Vehicle Record (MVR) background screen may result in termination of employment)

Supervision

- This position does not involve supervision of direct reports

Acknowledgement

I have read and understand my position description and certify that I understand the requirements of the essential functions and duties of the position and will fulfill the stated expectations:

____without accommodations

____with the following accommodations:

Equal Opportunity Employer: MTM is an equal opportunity employer.
If you are in need of accommodations, please contact People & Culture at (636) 561-5686.

Employee Name (print): _____

Employee Signature: _____ Date: _____

Supervisor Name (print): _____

Supervisor Signature: _____

Title: _____ Date: _____

This job description in no way states or implies that these are the only duties to be performed by the employee occupying this job. Employees may be required to follow other job-related instructions and to perform other job-related duties as requested, subject to all applicable state and federal laws. Certain job functions described herein may be subject to possible modification in accordance with applicable state and federal laws.

Original: Human Resources
Cc: Employee's Supervisor
Employee

JOB TITLE:	Appointment Verification Specialist
CLASSIFICATION:	Non-Exempt (Hourly)
ORGANIZATION:	MTM Health
LAST UPDATED:	2025

Position Summary

The **Appointment Verification Specialist** is responsible for identifying fraudulent data patterns. They will also make timely and accurate decisions to initiate payments to members and providers. In addition, the **Appointment Verification Specialist** will enter gas logs and meals/lodging data before releasing trips for payment.

Essential Functions

- Request verification for scheduled medical appointments from medical providers and facilities
- Approve and add new providers (doctors/facilities) that are entered into the database
- Process eligibility changes from call center into database
- Document detailed information in database
- Verify pickup and drop-off times in database
- Enter all trip logs and information
- Determine if trip is eligible for payment based upon obtained data
- Assist with member and/or provider inquiries (missing checks, etc.)
- Void or reissue payments based on established criteria
- Drive high client satisfaction through courtesy, helpfulness, and positive interaction with medical providers, health plan members and Medicaid members
- Review disputed signatures
- Approve or deny trip signatures
- Report findings to transportation providers
- Comply with established departmental metrics
- Keep information protected by conforming to MTM Health's HIPAA standards
- Work closely with Logistics team and Quality Management department
- Process cancelled trips and adjustments into database

Knowledge, Skills, and Competencies

- Strong organizational skills
- Ability to tactfully question and obtain necessary required information
- Ability to make solid judgment calls
- Ability to handle escalated calls appropriately and professionally
- Exemplary communication skills
- Ability to relate to and handle diverse members
- Previous experience dealing with the public
- Data entry experience helpful
- Ability to maintain high level of confidentiality

Required Education and Experience

- High school diploma or G.E.D. equivalent required
- Knowledge of Microsoft applications, including Word, Excel, and Outlook

Working Conditions

- This job operates in a professional office environment
- May be subject to adverse weather conditions during times of travel

Physical Requirements

- May require sitting in front of, and operating, a computer for extended periods
- Requires close visual acuity when operating a computer
- Must be able to communicate with others and comprehend instructions
- Requires light lifting and carrying
- Routinely uses standard office equipment such as computers, phones, and photocopiers
- Must be able to move around an office environment

Travel

- May require local and overnight travel
- May be required to drive a company or rental vehicle (failure to pass an annual Motor Vehicle Record (MVR) background screen may result in termination of employment)

Supervision

- This position does not involve supervision of direct reports

Acknowledgement

I have read and understand my position description and certify that I understand the requirements of the essential functions and duties of the position and will fulfill the stated expectations:

____without accommodations

____with the following accommodations:

Equal Opportunity Employer: MTM Health is an equal opportunity employer.
If you are in need of accommodations, please contact People & Culture at (636) 561-5686.

Employee Name (print): _____

Employee Signature: _____ Date: _____

Supervisor Name (print): _____

Supervisor Signature: _____

Title: _____ Date: _____

This job description in no way states or implies that these are the only duties to be performed by the employee occupying this job. Employees may be required to follow other job-related instructions and to perform other job-related duties as requested, subject to all applicable state and federal laws. Certain job functions described herein may be subject to possible modification in accordance with applicable state and federal laws.

Original: Human Resources
Cc: Employee's Supervisor
Employee

JOB TITLE:	Mass Transit Coordinator
CLASSIFICATION:	Non-Exempt (Hourly)
ORGANIZATION:	MTM Health
LAST UPDATED:	2025

Position Summary

The primary duty of the **Mass Transit Coordinator** includes the exercise of discretion and independent judgment when processing requests for public transit service and associated cost savings to MTM Health. The **Mass Transit Coordinator** is responsible for entering and maintaining public transit entity routes and schedules, and tracking fare media (tickets, passes, tokens, multi-punch passes). The highest level of customer service will be used when advising members regarding public transit information.

Essential Functions

- Audit public transit service request ensuring the request meets contract protocols
- Use discretion on type of fare media to be sent to the member, utilizing recent history and schedule
- Identify the most cost-effective shipping method to ensure delivery of fare media, including but not limited to FedEx, Priority, and USPS mail
- In cases of urgent fare delivery, use independent judgment evaluating shipping cost and transportation provider matrix pricing to select the most cost-effective means of member transportation
- Responsible for reporting and system tracking of all fare media used
- Maintain and update public transit routes in conjunction with route schedules
- Manually enter each public transit route/stop into the system for companies who do not have electronic GTFS (General Transit Feed Specification) routes
- Exercise independent discretion to enter appropriate bus routes to better serve our customers
- During member calls, demonstrate a high level of customer service, professionalism, and positive attitude
- Provide appropriate guidance in response to member questions regarding the most appropriate bus routes for member utilization
- Exercise sound judgment and rational decision making in cases of challenging customer service situations
- Determine best course of action in decisions regarding fare media resolution
- Review and reconcile member issues logged
- Ensure high standards are met through compliance with HIPAA, PHI, and Fraud, Waste, and Abuse
- Accurately code and report potential fraudulent bus claims per quality assurance protocol and quality control standards
- Complete company training as assigned by management
- Develop relationships with other MTM Health departments
- Ensure compliance with established policies and procedures for public transit
- Perform other duties as assigned

Knowledge, Skills, and Competencies

- Ability to work in a fast-paced, customer focused environment
- Exemplary written communication and phone skills
- Ability to relate to a diversity of customers and requests
- Knowledge of Microsoft Office programs
- Knowledge of Google Transit preferred
- Excellent interpersonal and organizational skills
- Ability to acquire and maintain an in-depth knowledge of public transit bus routes and time schedules
- Ability to maintain high level of confidentiality
- Regular attendance is required

Required Education and Experience

- High School Diploma or G.E.D. equivalent
- 1+ year business office experience
- 1+ year experience in customer service preferred

Working Conditions

- This job operates in a professional office environment
- May be subject to adverse weather conditions during times of travel

Physical Requirements

- May require sitting in front of, and operating, a computer for extended periods
- Requires close visual acuity when operating a computer
- Must be able to drive a motor vehicle
- Must be able to communicate with others and comprehend instructions
- Requires light lifting and carrying
- Routinely uses standard office equipment such as computers, phones, and photocopiers
- Must be able to move around an office environment

Travel

- May require local and overnight travel
- May be required to drive a company or rental vehicle (failure to pass an annual Motor Vehicle Record (MVR) background screen may result in termination of employment)

Supervision

- This role does not involve supervision of direct reports

Acknowledgement

I have read and understand my position description and certify that I understand the requirements of the essential functions and duties of the position and will fulfill the stated expectations:

____without accommodations

____with the following accommodations:

Equal Opportunity Employer: MTM Health is an equal opportunity employer.
If you are in need of accommodations, please contact People & Culture at (636) 561-5686.

Employee Name (print): _____

Employee Signature: _____ Date: _____

Supervisor Name (print): _____

Supervisor Signature: _____

Title: _____ Date: _____

This job description in no way states or implies that these are the only duties to be performed by the employee occupying this job. Employees may be required to follow other job-related instructions and to perform other job-related duties as requested, subject to all applicable state and federal laws. Certain job functions described herein may be subject to possible modification in accordance with applicable state and federal laws.

Original: Human Resources
Cc: Employee's Supervisor
Employee

JOB TITLE:	Fraud, Waste, Abuse, and Misuse Claims Reviewer
CLASSIFICATION:	Exempt (Salaried)
ORGANIZATION:	MTM Health
LAST UPDATED:	2025

Position Summary

The **Fraud, Waste, Abuse, and Misuse Claims Reviewer** plays a vital role in ensuring MTM Health's overall contractual compliance by partnering with various departments throughout the organization to develop and implement long-term compliance solutions. They are responsible for monitoring potential fraud, waste, and abuse (FWA) by performing investigations, facilitating both member and transportation provider appeals, and overseeing the performance improvement plan (PIP) process for transportation providers. The **Fraud, Waste, Abuse, and Misuse Claims Reviewer** also acts as a liaison and provides support to auditors as they review operational processes, policies and procedures, and contract management functions. The **Fraud, Waste, Abuse, and Misuse Claims Reviewer** will help oversee quality improvement plans, audits, provider assessment reviews, and will assess liquidated damages.

Essential Functions

- Proactively identify, prevent, and report potential fraud, waste, and abuse to leadership and client; make determination for cases involving fraud, appeals, denials, and liquidated damages, and make recommendations for improvement based on findings
- Create contractual compliance monitoring tools and matrices to ensure compliance metrics are sustained, follow best practices, and ensure all validation and quality requirements are met and documented
- Utilize large datasets to identify potential compliance deficiencies; monitor and maintain audits to reduce or define deficiencies
- Develop project plans, tracking and trending mechanisms to correct any identified deficiencies as well as identify focus areas for improvement to strengthen MTM Health's compliance program
- Investigate and provide determinations to all member appeals and state fair hearing requests in accordance with contractual obligations using MTM Health and client protocols
- Read, comprehend, and apply contract document requirements, including application of contract verbiage and requirements, for the operational processes of the organization
- Create and own performance improvement plans (PIPs) for transportation providers by monitoring the dissemination of PIPs, including the progress made by transportation providers while actively on PIPs
- Facilitate internal audits including conducting process reviews, conducting transportation provider focus audits, and documenting and reporting audit findings
- Own quality improvement plans and monitor progress to ensure compliance is achieved
- Assist auditors with external audits by providing support with audit tool completion, sample documentation compilation, and attending on site audits as needed
- Communicate information to Quality and Compliance Committee, department heads, and executive leadership; present findings to leadership and external stakeholders as necessary
- Compile records, reports, investigation results, and audit findings for external clients and state entities
- Monitor operational service level agreements (SLAs) for executive leadership team and identify risks for consideration

- Manage net promoter scores and satisfaction surveys for internal and external clients
- Make recommendations for systematic internal controls and process changes to ensure ongoing compliance for corrected deficiencies; assist in implementation of remediation to address compliance concerns
- Facilitate pre-assessment and liquidated damage process by investigating and making determinations to pre-assessment review requests and liquidated damage appeals using contractual documents to determine accuracy
- Manage and/or assist with other internal and external special projects and tasks as needed
- Collaborate with other departments and provide education of protocols, processes, and procedures
- Act as back-up to coworkers as required and cross-train in all department functions

Knowledge, Skills, and Competencies

- Detail-oriented, thorough, and systematic/methodical approach to projects
- Strong analytical and problem-solving skills
- Strong project management and organizational skills
- Strong communication skills
- Basic to intermediate understanding of database/system concepts and/or design
- Ability to complete basic to intermediate data analysis and trending
- Ability to multi-task, set priorities, meet deadlines, and work well under pressure and in a fast-paced environment
- Proficient in Microsoft applications (Word, Excel, Outlook, PowerPoint, and SharePoint)
- Ability to maintain high level of confidentiality
- Regular attendance is required

Required Education and Experience

- High School Diploma or G.E.D.
- Bachelor's Degree or equivalent relevant experience
- Experience managing multiple priorities and initiatives with stringent deadlines
- Previous experience in contract compliance and/or operational auditing role preferred
- Basic understanding of SQL and/or XML preferred

Working Conditions

- This job operates in a professional office environment
- May be subject to adverse weather conditions during times of travel

Physical Requirements

- May require sitting in front of, and operating, a computer for extended periods
- Requires close visual acuity when operating a computer
- Must be able to communicate with others and comprehend instructions
- Requires light lifting and carrying
- Routinely uses standard office equipment such as computers, phones, and photocopiers
- Must be able to move around an office environment

Travel

- May require occasional local and overnight travel
- Occasional travel to client meetings or MTM Health field locations may be required

Supervision

- This position does not involve supervision of direct reports

Acknowledgement

I have read and understand my position description and certify that I understand the requirements of the essential functions and duties of the position and will fulfill the stated expectations:

____without accommodations

____with the following accommodations:

Equal Opportunity Employer: MTM Health is an equal opportunity employer.
If you are in need of accommodations, please contact People & Culture at (636) 561-5686.

Employee Name (print): _____

Employee Signature: _____ Date: _____

Supervisor Name (print): _____

Supervisor Signature: _____

Title: _____ Date: _____

This job description in no way states or implies that these are the only duties to be performed by the employee occupying this job. Employees may be required to follow other job-related instructions and to perform other job-related duties as requested, subject to all applicable state and federal laws. Certain job functions described herein may be subject to possible modification in accordance with applicable state and federal laws.

Original: Human Resources
Cc: Employee's Supervisor
Employee

JOB TITLE:	Field Service Specialist
CLASSIFICATION:	Exempt (Salaried)
ORGANIZATION:	MTM Health
LAST UPDATED:	2025

Position Summary

The **Field Service Specialist** has ultimate responsibility for delivering a high level of service to our transportation providers every day, ensuring high operational standards and transportation provider satisfaction within an assigned geographic area. The **Field Service Specialist** owns the day-to-day interaction with the transportation providers, acting as an Account Manager to build and sustain strong working relationships with cross-functional departments and assigned transportation providers. The **Field Service Specialist** also acts as the single point of contact for transportation provider escalations and ensures appropriate resolution. This role is key to the success of a successful relationship with our transportation providers.

Essential Functions

- Work with transportation providers to follow through on service issues, troubleshooting problems and concerns, handling complaints, and providing education
- Utilize data to develop and deliver performance improvement plans (PIPs), and when needed, assess liquidated damages or termination
- Coordinate and conduct transportation provider performance evaluations
- Conduct off boarding for transportation providers not meeting standard expectations
- Serve as the first point of contact for all transportation provider service requests and escalations
- Own the day-to-day transportation provider interaction and satisfaction
- Conduct on site vehicle inspections and transportation provider audits to verify compliance with MTM Health and HIPAA guidelines, including random safety audits or observations
- Deliver timely, accurate, and professional operational support to all transportation providers within a specified geographic area and oversee service level agreements (SLAs)
- Demonstrate proactive leadership by working with internal MTM Health and external client teams, when necessary, to ensure complete resolution of transportation provider issues
- Demonstrate proficiency by providing effective consultation to transportation providers as well as guidance to internal team members
- Manage and maintain credentialing compliance in accordance with MTM Health client contracts
- Recognize opportunities to educate transportation providers on MTM Health processes when necessary
- Work with the Provider Relations Manager to reduce transportation costs
- Build and sustain a strong working partnership with assigned transportation providers
- Assist with/participate/facilitate regular transportation provider town hall meetings
- Handle inbound service requests and ensure they are properly assigned or addressed
- Liaise with other internal departments as required to resolve transportation provider issues and questions
- Provide ongoing support to transportation providers regarding claims, payments, eligibility, utilization management, or any other questions impacting provider performance

- Meet or exceed assigned key performance indicators (KPIs) and business objectives
- Meet all transportation provider compliance requirements, including but not limited to inspections, audits, and credentialing, ensuring non-compliant providers are not performing services for MTM Health
- Submit transportation provider configuration changes to data management team, and partner with them to ensure transportation provider is set up properly in the systems

Knowledge, Skills, and Competencies

- Demonstrate excellent time management skills
- Knowledge of transportation logistics
- Persuasive negotiator
- Must be able to conduct inspections, audits, communicate issues, and corrective actions from an authoritative position but with professional courtesy
- Moderate skills in Microsoft Office
- Analytical in using data to drive operational and cost improvement
- Demonstrate a high level of ownership
- Must be able to demonstrate strong customer service skills
- Ability to maintain positive and team focused during high stress situations
- Strong ability to pay attention to detail
- Excellent communication skills
- Ability to maintain high level of confidentiality
- Must be able to communicate with staff of all job levels professionally
- Ability to prioritize assigned projects, incidents, and requests
- Ability to identify with customers' needs and circumstances
- Ability to recognize, handle, and refer situations of an emergent nature
- Adhere to all MTM Health established protocols and policies
- Regular attendance required

Required Education and Experience

- High School diploma or GED
- College degree or equivalent work experience
- Minimum 2 years' experience as an Account Manager or relevant related experience
- 1-2 years' operational experience
- Must possess a valid driver's license
- Experience in project management and/or contract negotiations is preferred
- Experience in cost management is preferred

Working Conditions

- This job operates in a professional office environment
- May be subject to adverse weather conditions during times of travel

Physical Requirements

- May require sitting in front of, and operating, a computer for extended periods
- Requires close visual acuity when operating a computer
- Must be able to communicate with others and comprehend instructions
- Requires light lifting and carrying
- Routinely uses standard office equipment such as computers, phones, and photocopiers
- Must be able to move around an office environment

Travel

- Requires local and overnight travel
- May be required to drive a company or rental vehicle (failure to pass an annual Motor Vehicle Record (MVR) background screen may result in termination of employment)

Supervision

- This position does not involve supervision of direct reports

MTM | Health

Acknowledgement

I have read and understand my position description and certify that I understand the requirements of the essential functions and duties of the position and will fulfill the stated expectations:

____without accommodations

____with the following accommodations:

Equal Opportunity Employer: MTM Health is an equal opportunity employer.
If you are in need of accommodations, please contact People & Culture at (636) 561-5686.

Employee Name (print): _____

Employee Signature: _____ Date: _____

Supervisor Name (print): _____

Supervisor Signature: _____

Title: _____ Date: _____

This job description in no way states or implies that these are the only duties to be performed by the employee occupying this job. Employees may be required to follow other job-related instructions and to perform other job-related duties as requested, subject to all applicable state and federal laws. Certain job functions described herein may be subject to possible modification in accordance with applicable state and federal laws.

Original: Human Resources
Cc: Employee's Supervisor
Employee

JOB TITLE:	Contact Center Supervisor
CLASSIFICATION:	Exempt (Salaried)
ORGANIZATION:	MTM Health
LAST UPDATED:	2025

Position Summary

The **Contact Center Supervisor** is responsible for managing and coaching our customer service staff. This includes day-to-day activities related to the operation of the contact center, such as assessing performance, providing feedback, and giving excellent customer service to internal and external customers. The **Contact Center Supervisor** leads and motivates through open communication to ensure the overall success of their staff and team.

Essential Functions

- Provide leadership and management of direct and non-direct reports
- Ensure ongoing collaboration with internal and external partners to ensure effective processes are in place and in line with corporate processes and goals
- Meet/exceed contact center performance expectations and goals
- Consistently be attentive to real time service levels within the contact center; taking action when needed
- Analyze statistical contact center data and work with Workforce Management to determine areas of opportunity to prevent Corrective Action Plans
- Ensure oversight on contact center specific projects that have a direct impact on the business KPIs and goals
- Oversee team staffing levels and partner with People & Culture to help support recruitment efforts
- Host regular meetings with staff to discuss performance results, opportunities, create action plans, and promote teamwork
- Assist with compiling data and preparing reports
- Provide support on special projects as needed

Knowledge, Skills, and Competencies

- Strong leadership, mentoring, and coaching skills
- Tech savvy with the ability to learn how to troubleshoot technical issues while navigating multiple systems
- Strong analytical and strategic planning skills
- Strong knowledge of products and services
- Strong and effective communication skills
- Strong organizational skills
- Ability to motivate and supervise people toward high productivity
- Strong presentation skills; can speak across various forums and communicate to all levels of employees
- Ability to acquire and maintain knowledge of MTM Health protocols, transportation provider network system, and personnel policies
- Proficient computer skills including Microsoft Outlook, Word, and Excel
- High degree of accuracy, confidentiality, and the ability to work in a fast paced environment
- Ability to multi-task and utilize contact center systems

- Ability to maintain high level of confidentiality
- Strong knowledge of Medicaid and NEMT programs

Required Education and Experience

- High school diploma or G.E.D.
- College degree in a related field, preferred
- 1+ years of previous leadership or supervisory experience required, or equivalent related experience
- 2+ years of previous experience overseeing a team primarily made up of work at home or remote agents, preferred
- 1+ years of previous contact center leadership, preferred
- Experience in coaching, mentoring and fostering a positive work environment

Working Conditions

- This job operates in a professional office environment
- May be subject to adverse weather conditions during times of travel

Physical Requirements

- May require sitting in front of, and operating, a computer for extended periods
- Requires close visual acuity when operating a computer
- Must be able to communicate with others and comprehend instructions
- Requires light lifting and carrying
- Routinely uses standard office equipment such as computers, phones, and photocopiers
- Must be able to move around an office environment

Travel

- May require local and overnight travel
- May be required to drive a company or rental vehicle (failure to pass an annual Motor Vehicle Record (MVR) background screen may result in termination of employment)

Supervision

- This position does involve supervision of direct reports

Acknowledgement

I have read and understand my position description and certify that I understand the requirements of the essential functions and duties of the position and will fulfill the stated expectations:

____without accommodations

____with the following accommodations:

Equal Opportunity Employer: MTM Health is an equal opportunity employer.
If you are in need of accommodations, please contact People & Culture at (636) 561-5686.

Employee Name (print): _____

Employee Signature: _____ Date: _____

Supervisor Name (print): _____

Supervisor Signature: _____

Title: _____ Date: _____

This job description in no way states or implies that these are the only duties to be performed by the employee occupying this job. Employees may be required to follow other job-related instructions and to perform other job-related duties as requested, subject to all applicable state and federal laws. Certain job functions described herein may be subject to possible modification in accordance with applicable state and federal laws.

Original: Human Resources
Cc: Employee's Supervisor
Employee

JOB TITLE:	Customer Care Representative (CCR)
CLASSIFICATION:	Non-Exempt (Hourly)
ORGANIZATION:	MTM Health
LAST UPDATED:	2025

Position Summary

The **Customer Care Representative (CCR)** is the frontline representative and image of MTM Health. The **CCR** will handle a variety of tasks which will increase in complexity as the **CCR's** skills progress, but they will consist primarily of handling inbound calls from members, clients, and facilities.

Essential Functions

- Handle inbound calls from members, clients, and facilities to verify eligibility and coordinate non-emergency medical transportation (NEMT) services utilizing transportation management systems to meet contract service levels
- Provide top-quality customer service experience to a diverse customer population
- Schedule trips in the most cost-effective manner
- Meet job specific key performance indicators (KPIs) and goals
- Respond to all inquiries within a timely and professional manner
- Recognize, handle, and refer situations of an emergent nature
- Respond and document customer complaints
- Provide support on special projects as needed

Knowledge, Skills, and Competencies

- Acquire and maintain in-depth knowledge of, and adhere to, established client protocols, departmental policies and procedures, and MTM Health's transportation provider network
- Adhere to all established MTM Health and Employee Handbook guidelines
- Knowledge of Microsoft Outlook, Word, and Excel
- Strong and effective communication skills
- Ability to maintain a high level of confidentiality
- Ability to multi-task accurately
- Demonstrate effective problem-solving skills
- Maintain positive and professional attitude
- Ability to rely on provided resources and quickly research responses
- Strong computer navigation skills
- Must be dependable and comfortable working independently as well as part of a team where expertise is shared and feedback is welcomed
- Ability to participate and complete mandatory training M-F, for 4 weeks

Required Education and Experience

- High School Diploma or G.E.D.
- College degree a plus
- 1+ year of call center experience
- 6+ months of customer service experience
- Previous work-related experience working on a personal computer navigating through computer systems and screens

Working Conditions

- This job operates in a professional office or work from home (WFH) environment
- May be subject to adverse weather conditions during times of travel

Physical Requirements

- May require sitting in front of, and operating, a computer for extended periods
- Requires close visual acuity when operating a computer
- Must be able to communicate with others and comprehend instructions
- Requires light lifting and carrying
- Routinely uses standard office equipment such as computers, phones, and photocopiers
- Must be able to move around an office environment

Travel

- May require local and overnight travel
- May be required to drive a company or rental vehicle (failure to pass an annual Motor Vehicle Record (MVR) background screen may result in termination of employment)

Supervision

- This position does not involve supervision of direct reports

Acknowledgement

I have read and understand my position description and certify that I understand the requirements of the essential functions and duties of the position and will fulfill the stated expectations:

____without accommodations

____with the following accommodations:

Equal Opportunity Employer: MTM Health is an equal opportunity employer.
If you are in need of accommodations, please contact People & Culture at (636) 561-5686.

Employee Name (print): _____

Employee Signature: _____ Date: _____

Supervisor Name (print): _____

Supervisor Signature: _____

Title: _____ Date: _____

This job description in no way states or implies that these are the only duties to be performed by the employee occupying this job. Employees may be required to follow other job-related instructions and to perform other job-related duties as requested, subject to all applicable state and federal laws. Certain job functions described herein may be subject to possible modification in accordance with applicable state and federal laws.

Original: Human Resources
Cc: Employee's Supervisor
Employee

JOB TITLE:	Dispatcher
CLASSIFICATION:	Non-Exempt (Hourly)
ORGANIZATION:	MTM Health
LAST UPDATED:	2025

Position Summary

The **Dispatcher** is responsible for the day-to-day routing of third-party transportation vendors and trip operations. The **Dispatcher** works to assure safe, cost effective, and on-time performance of third-party transportation providers and drivers.

Essential Functions

- Assign same day and urgent trips to third party transportation providers
- Organize and route trips based on schedule and location to ensure optimal fleet performance
- Provide assistance to transportation providers and drivers with issues related to trip performance
- Document and report provider no shows or on-time-performance issues
- Inform transportation providers of any new trips that occur
- Establish and maintain effective communication with transportation providers
- Provide feedback to leadership and Fleet Management on transportation providers performance
- Monitor on-road provision of service for quality and on-time-performance
- Route and schedule next day and future trips to third party transportation providers daily for assigned region
- Route and schedule trips to transportation providers to ensure vehicle resources are used most efficiently and effectively to meet demand
- Communicate and escalate issues with unscheduled trips as appropriate
- Other duties as assigned

Knowledge, Skills, and Competencies

- Ability to maintain a high level of confidentiality
- Excellent communication and interpersonal skills
- Knowledge of GPS and GIS systems preferred
- Good organizational skills
- Detail oriented
- Ability to meet deadlines and complete work in a timely manner
- Skilled in the use of computers, including Microsoft Word, Excel and other Microsoft applications
- Must be able to demonstrate effective use of scheduling software, two-way radio communication and data analysis skills

Required Education and Experience

- High School Diploma or G.E.D.
- 6+ months of customer service experience
- 2+ years in transportation routing, dispatching, and scheduling expertise preferred
- 1+ years experience working with the applicable transit scheduling system preferred

Working Conditions

- This job may operate in both a professional office environment, hybrid, or work from home
- May be subject to adverse weather conditions during times of travel

Physical Requirements

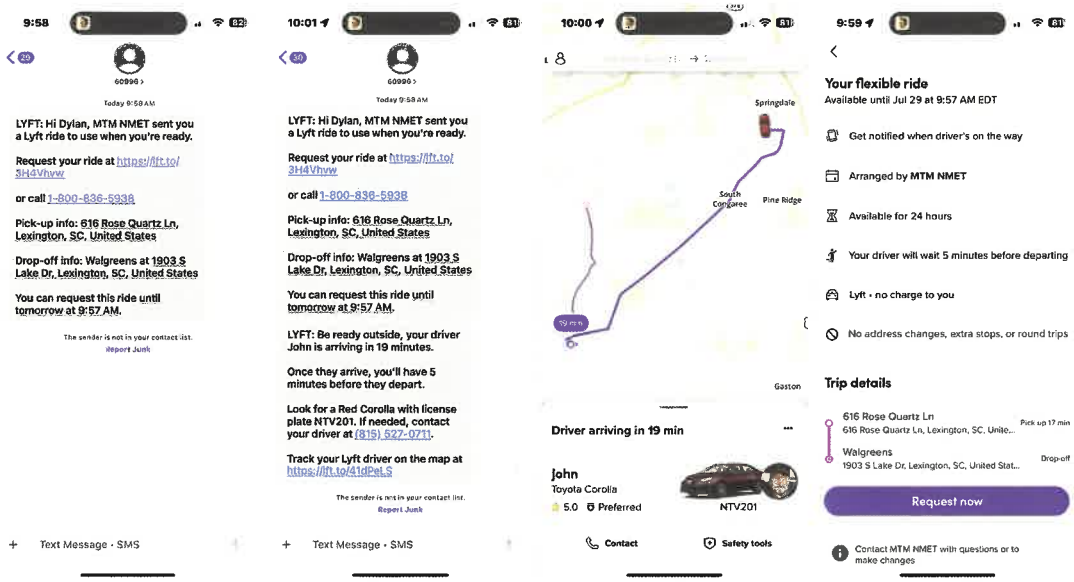
- May require sitting in front of, and operating, a computer for extended periods
- Requires close visual acuity when operating a computer
- Must be able to communicate with others and comprehend instructions
- Requires light lifting and carrying
- Routinely uses standard office equipment such as computers, phones, and photocopiers

Travel

- May require local and overnight travel

Supervision

- This position does not involve supervision of direct reports



Lyft Flex: *Members can use Lyft Flex to schedule rides at their convenience.*

Members appreciate the autonomy to control their ride as well as reduced wait times for return rides and MTM Health benefits from reduced member no shows.

MTM Health uses Lyft Flex to deliver nearly 10,000 trips each month, with a 95%+ ride completion rate, reduced no shows, and improved member satisfaction.

MTM Health is also working with Lyft to improve efficiency for responding to member grievances, accidents, and incidents. If an accident or incident occurs during a Lyft ride, Lyft automatically sends notification to MTM Health suppling static key metrics about the trip, including passenger name, driver name, driver's insurance carrier, pick-up and drop-off locations, date and time of incident/accident, etc. If applicable, this information also includes a description of reported injuries and/or 911 notification. MTM Health can also request this static information to investigate a grievance filed regarding any Lyft trip. Following any accident, incident, and grievance using Lyft, Lyft automatically blocks future trips between the passenger and driver for 30 days. In addition, MTM Health can easily block any Lyft driver from receiving trips from MTM Health following an accident, incident, or grievance.

4.1.1.27 Implementing Requirements by "Go-Live"

The vendor implements all contract requirements by the "go live" date of the contract.

MTM Health agrees to implement all contract requirements by the "go live" date of this contract. As described in the ***I. Implementation of Work Plan*** on **page 113**, we have proven processes for successfully implementing projects of similar size and scope for state NEMT programs across the country, including our previous experience operating NEMT for the Agency. We provide a draft Implementation Work Plan in **Attachment A**.

4.1.1.28 Experience Operating Statewide Programs

The vendor should provide documentation of their experience within the last five (5) years' operating a statewide Transportation Services program(s).

Since 1995, MTM Health has brokered quality transportation management services for city, county, and state governmental agencies; managed care organizations; Councils on Aging; and other organizations serving transportation disadvantaged, special needs, aging, low income, and individuals covered by Medicaid and Medicare. Each year, we serve 24 million members, providing 35 million trips and handling 13.5 million calls. Our experience includes previously serving as West Virginia's NEMT broker from 2014-2018. Our current contracts include several statewide Medicaid programs operated on behalf of state agencies, including the following:

State Medicaid Program	Dates of Service	Members Served
Connecticut Department of Social Services	January 2023 – Present	970,000
Idaho Department of Health and Welfare	March 2018 – Present	310,000
Iowa Department of Human Services	January 2023 – Present	8,000
Missouri Department of Social Services HealthNet Division	1997-2005, 2010-2011, December 2022 – Present	1,500,000
Nevada Division of Health Care Financing and Policy	June 2016 – Present	730,000
Rhode Island Executive Office of Health and Human Services	January 2019 – Present	320,000
Washington DC Department of Health Care Finance	July 2007 – Present	26,000
Wisconsin Department of Health Services	July 2013 – Present	1,150,000
Agency for Health Care Administration Florida Medicaid, Regions 3, 4, 5, 6, 7, 8	March 2015 – Present	100,000

4.1.1.29 Providing Transportation in all West Virginia Counties

The vendor should provide a plan as to how they will provide statewide transportation services in all fifty-five (55) counties of West Virginia.

MTM Health will rely on our proven network management techniques to recruit, credential, contract, and monitor a sufficient number of quality NEMT providers to ensure coverage in all 55 counties. Additionally, we leverage volunteers, gas mileage reimbursement, transportation network companies, and public transportation throughout the state when appropriate. MTM Health assures the Agency we do not, and will not, delegate services or allow any delegation of services under the contract.

MTM Health's Logistics team constantly monitors our NEMT provider network for adequacy. We store information regarding each NEMT provider's service area in MTM Link. We allow providers to define their service area, coverage capabilities, and specifications for pick-up and drop-off locations. MTM Link then uses this information to gauge NEMT provider capacity and availability. In addition, our Logistics staff continually monitors network adequacy, using a sophisticated algorithm, so we maintain coverage for all modes in every county.

If we identify any gaps in coverage, we work with our current network of NEMT providers to identify where these providers can grow their services to accommodate membership. Next, we reach out to NEMT providers from whom we have Letters of Intent to contract throughout additional counties to join our network. MTM Health maintains a repository of potential transportation partners and can tap into them as needs arise.

Additionally, we use innovative solutions for recruiting new NEMT providers, such as applying creative rate structures; reaching out to medical facilities for provider recommendations; and providing technology that helps providers be more efficient, claim trips faster, and have better visibility into their operations. With these strategies, MTM Health does not anticipate any gaps in network coverage.

4.1.1.30 Providing On-Demand Ride Response Services

The vendor should provide a plan as to how they will provide on-demand ride response services with responses occurring within a maximum of one 24-hour period.

MTM Health can accommodate same-day transportation by leveraging our network of NEMT providers, transportation network companies, public transit, and gas mileage reimbursement. Jobs and Hope transition agents can easily request same-day service through the MTM Link facility portal or mobile app, giving members the flexibility and independence to get the care they require as soon as possible. We will program MTM Link with the appropriate protocol for Jobs and Hope services trips, including the requirement for trips to occur within a maximum of 24-hours from request, to ensure these trips meet contract requirements for response time.

As detailed in ***4.1.1.26 Ride Sharing Solution*** on **page 143**, we also launched a program with Lyft called Lyft Flex to help members access transportation around their schedule so they can still access healthcare resources without disrupting childcare, employment, education, and/or other components of their lives.

4.1.1.31 Providing On-Time Rides

The vendor should provide a detailed plan outlining its strategy to arrive on time per the scheduled booking.

As discussed in ***On-Time Arrival*** on **page 60**, MTM Health uses GPS to proactively prevent late or missed trips. If a driver is running behind, MTM Link generates a notification so MTM Health or the NEMT provider can reassign trips to an alternate driver or provider in the area if necessary. During training, MTM Health's Logistics staff also educate NEMT providers to notify MTM Health immediately in the event of any problem that might cause a trip delay so we can contact the member and/or the facilities and make any necessary trip changes.

Even with these advanced tools that maximize the effectiveness of our NEMT provider network and provide full visibility into real-time availability of drivers, to be certain we can transport eligible members at all times, MTM Health will take necessary steps to identify and reimburse out-of-network providers for trips as required. Prior to assigning any trips to an out-of-network provider, we will validate that the provider meets the requirements of the contract and has completed adequate training to provide NEMT service.

4.1.1.32 Multi-Passenger Trips

The vendor should describe how they will use multi-passenger trips when possible.

Although multi-loading and routing trips can be a point of cost-efficiency, it can also be a concern to clients worried about timely transportation. However, MTM Health keeps timeliness in mind as we assign trips to NEMT providers in multi-load situations by setting specific time parameters in MTM Link. These parameters prevent the system from developing routes where on-board times exceed set limits. We also require NEMT providers to monitor their fleet capacity to adhere to timeliness requirements and educate NEMT providers to ensure they schedule multi-load situations in an efficient manner to minimize ride times. For multi-loaded trips, MTM Link will automatically validate that a member's time in a vehicle is no more than 45 minutes longer than the average travel time for direct transport from the first point of pick-up to the destination.

4.1.1.33 Maintaining On-Time Performance

The vendor should provide a plan as to how they will maintain an eighty (80) percent on-time rate for all rides authorized using the ride booking platform.

MTM Health agrees to meet the on-time performance expectation of 80% by leveraging our procedures to maintain vehicle availability, facilitate intuitive scheduling, and monitor performance in real-time. MTM Health prevents delays by empowering NEMT providers to dictate many aspects of their service, such as service area, hours, and capacity. Using this information, MTM Health dispatches trips NEMT providers are most likely to accept and perform according to service standards.

Further, we maintain service level thresholds for our NEMT providers regarding missed/late trips and assess liquidated damages for those who exceed these thresholds. We incorporate these thresholds into our contracts with NEMT providers to hold them accountable. MTM Health also continuously provides education and support to NEMT providers, so they have the skills, knowledge, and tools they need to be successful.

4.1.1.34 Approach and Methodology to Personnel Management

The vendor should provide an approach and methodology to personnel management that include contingency plans to ensure adequate coverage of program needs and requirements.

Although MTM Health enjoys a very high employee retention rate, we understand we must plan for unexpected events, such as the loss of a key staff member. To minimize any degradation on performance, we have a strong "bench" of management candidates who have the experience and knowledge to quickly step into a key position with a very short learning curve. It is our preference to promote from within, but we will look outside of MTM Health to fill a key position if we believe this course of action is best for the program.

MTM Health also values employee training and cross-training, and we emphasize no single points of failure. We use industry standard technologies and components that do not rely on narrow expertise, so in the event of the loss or retirement of key personnel, we can continue to support our clients in a smooth and consistent manner. We also have third- party partners who can supply key technical personnel who have worked on our systems and can maintain, enhance, and support the components. We discuss hiring contingency plans more in ***4.2.1.5. Promoting Staff Retention*** on **page 175**.

4.1.1.35 Platform Development and Implementation

The vendor should provide a plan as to how they will develop and implement a platform for users with the following services:

4.1.1.35.1 Ride Scheduling Platform

Ride scheduling and dispatch platform for participants by an Authorized User.

As discussed throughout our proposal, MTM Health's proprietary routing, scheduling, and dispatching solution, MTM Link, is our ride scheduling and dispatch platform. Jobs and Hope staff (authorized users) can schedule rides online, as detailed in ***MTM Link Portal*** on **page 26,** through our mobile app, detailed in ***MTM Link Mobile Application*** on **page 24**, or by calling our toll-free number, as detailed in ***Toll-Free Telephone Number*** on **page 23**. MTM Link is readily available for all state users from day one of the contract term.

4.1.1.35.2 Coordinated Transportation Network Services

Coordinated transportation network services.

MTM Link facilitates transportation scheduling and dispatch through the NEMT provider portal and/or through an application programming interface to NEMT providers' routing, scheduling, and dispatching software of choice, as detailed in ***API Integration with Other Transportation Software*** on **page 79**. We also have interfaces with TNCs, including Uber and Lyft, as detailed in ***4.1.1.26 Ride Sharing Solution*** on **page 143** that facilitate transportation coordination.

MTM Link offers several features to help users coordinate transportation, such as using Google Transit to determine if the member's trip falls within the service area of a public transit program, and whether the member's pick-up and drop-off location are within one-half mile from a fixed route stop, as detailed in ***Fixed Route*** on **page 54**. The MTM Link mobile app also makes the gas mileage reimbursement process quick and convenient for members, as detailed in ***Private Auto*** on **page 55**, including facilitating same-day gas mileage reimbursement trips and in-app claims submission.

4.1.1.35.3 Analytics and Reporting Tools

Network intelligence applications (analytics and reporting tools).

In addition to regular reporting packages, MTM Health offers self-service reporting for the Agency through a cloud-based business intelligence tool, detailed in ***Ad Hoc Reports*** on **page 122**. This tool collects and analyzes data from multiple platforms in real time, giving MTM Health and the Agency a single view of operations in dashboard format. Data from our Five9 telephony system, MTM Link platform, and other sources funnel into the business intelligence tool. Within the tool, the Agency can view contact center performance, trip performance, and other data as meaningful dashboards, reports, and data sets. The Agency will have access to the most responsive operational insight tool in the market, giving leadership real-time insight into program performance, with data that can be easily exported in Word or PDF format. The Agency can log in and view the data directly at any time; the platform is also mobile-responsive, providing on-the-go data accessibility. MTM Health refreshes the data every 24 hours, so the Agency has actionable insight into program performance.

4.1.1.35.4 Training and On-Boarding of Authorized Users

In person training and on-boarding of Authorized Users.

During implementation and throughout the life of this contract, Outreach and Communications Manager Justin Stowers will lead our local training and on-boarding efforts, detailed in the following section. When we previously held this contract, we held town hall meetings in four regions of the state; hosted on-site meetings at more than 25 medical facilities; completed outreach to over 30 dialysis facilities; and led more than 50 training activities and small-group meetings for members, NEMT providers, medical providers, and facilities alike during implementation. We will take a similar approach to in-person training of Jobs and Hope staff (authorized users) if awarded a contract.

MTM Health believes in a culture of continuous improvement and we regularly solicit feedback on our systems and processes from the front-line staff. If and when we make enhancements through the term of the contract, we will provide short update sessions and modify written materials to ensure up-to-date instructions are available at all times. Further, our team will provide contact information so that authorized users can contact our Community Outreach team directly with follow-up questions and feedback at any time.

4.1.1.36 Conducting Training and Education for Authorized Users

The vendor should provide a plan as to how they will conduct training and education about the application to Authorized Users as designated by the ODCP.

MTM Health is happy to provide training to help our clients understand how we can best work together, and we have done this in many other markets, such as Texas, Idaho, and Nevada. In our experience, personnel who benefit the most from our training include case managers and third-party scheduling agents, as well as staff who deal with claims or eligibility. MTM Health can provide training on a variety of topics that are relevant and useful to DHS, and we will tailor them to program's needs. These include, but are not limited to:

- MTM Overview
- NEMT Provider Compliance
- Cultural Competency
- Claims/Appeals
- Facility Portal
- Driver Training
- Assisting Passengers with Disabilities
- MTM's Credentialing Platform
- Provider Portal

Training materials will depend on each specific training, but will include PowerPoint presentations and reference guides. We can accommodate training at our West Virginia office, ODCP office, or online, depending on what is most convenient.

4.1.1.37 Meeting Monthly Reporting Requirements

The vendor should outline their approach to meeting the monthly reporting requirements set forth by ODCP. These reports should facilitate effective monitoring of service level agreements to ensure compliance.

MTM Health will meet all reporting requirements set by ODCP using the same methods outlined in ***Reporting Capabilities*** on **page 122**. We will give ODCP access to our business intelligence tool, shown in ***Ad Hoc Reports*** on **page 122**, for up-to-date monitoring of our compliance with serve level agreements and performance metrics related to the Jobs and Hope Program.

4.1.1.38 Rolling Calls to Behavioral Health Line

The vendor should describe their plan to partner with ODCP /BBH on the option to roll after-hours calls over to a 24/7 behavioral health line.

Upon contract award, MTM Health can work with the Agency and ODCP/BBH to establish a process for managing 24/7 access to behavioral health calls, including exploring a 24/7 behavioral health line for ODCP/BBH. As another option, we can customize our phone prompts for callers who need behavioral health support so that they can, "Press 3 to reach a behavioral health representative," to transfer directly to a behavioral health line. In many of our other contracts, our CCRs successfully warm transfer members to other outside resources when necessary; we can use a warm transfer process as an alternative, or in addition to, automated prompts.

MTM Health always provides 24/7/365 access to a live CCR for urgent trips. Our telephony system automatically rolls after-hours calls to trained CCRs so no calls go unanswered and all callers receive prompt assistance. We educate callers of applicable days-notice requirements for trips that fall outside of client-established urgency guidelines.

4.1.1.39 Behavioral Health Transportation

The vendor should describe their plan to partner with ODCP/BBH on options for people to receive transportation to a behavioral health level of care not eligible for NEMT; for example, those leaving one level of SUD treatment service (e.g., residential treatment, crisis service, hospital, etc.) to be transported to another level of care, such as recovery residences; or to the safest and most secure location for interim services while the person waits for another level of residential service or receives outpatient treatment services.

MTM Health has provided transportation to and from behavioral health care, such as residential treatment centers, crisis centers, hospitals, and many others, across the country for many of our clients. This includes transportation for non-eligible NEMT trips. In these instances, we perform a warm hand-off, document the individual's lack of NEMT eligibility, and provide the documentation to BBH. Should we be awarded a contract, we will collaborate with ODCP/BBH on the best ways to provide this type of transportation for West Virginia Medicaid members. As required, MTM Health will only bill BBH for these services when NEMT under Medicaid is not available.

4.1.1.40 Recruitment Initiatives in Challenging Counties

The vendor should describe their plan to partner with ODCP/BBH on optional initiatives to recruit drivers/driving services or other methods to increase acceptance call rates in counties with a history of unsuccessful trips.

MTM Health understands that due to the rural, mountainous nature of much of West Virginia, some counties can be especially challenging when it comes to ensuring all members have access to the transportation they need. During our previous operation of the West Virginia NEMT contract, MTM Health consistently provided trips in all counties of the state, including those with a history of unsuccessful trips. In addition to our proven rural strategies described in ***Maintaining Rural Coverage*** on **page 53**, we will collaborate with ODCP/BBH to identify potential NEMT providers, sole source providers, and volunteers in the geographic areas that need them the most. Further, the program will benefit from our national partnerships with Uber and Lyft, as detailed in ***4.1.1.26 Ride Sharing Solution*** on **page 143**, to develop coverage in challenging counties.

Additionally, we propose working with ODCP/BBH to set up a fixed route shuttle that would serve members in counties with a history of challenging trip acceptance. A shuttle can potentially be more efficient and cost effective when utilized in rural areas. MTM Health has extensive experience working with this type of transportation and would be happy to discuss this option further with ODCP/BBH should we be awarded a contract.

4.1.1.41 Educating Facilities on Urgent Trip Protocols

The vendor should describe their plan to partner with ODCP, as part of their Education for Providers, to educate behavioral health providers on the process for "urgent" protocols in which the receiving facility verifies the individual's visit as both urgent and requiring services within a certain number of hours.

As part of our initial training and outreach for this contract, our Community Outreach team will partner with ODCP to develop West Virginia-specific materials for facilities on MTM Health's urgent trip protocols. This will include information on verifying a member's visit as urgent. Our Community Outreach team has extensive experience developing this type of education, and will be happy to share their expertise with ODCP, as well as incorporate ODCP's feedback on training development.

4.1.1.42 Following Up with Individuals

The vendor should describe the option for its procedures for follow-up with individuals within the same business day of urgent trips, re-routed trips, or refused/declined trips, via notification of a method approved by the individual such as a call from an approved call line, peer worker, receiving facility's outreach worker, or family member or friend.

If a member requires follow-up due to urgent, re-routed, or refused/declined trips, one of our Dispatchers calls the member. These individuals focus on placing urgent trips and communicating with all necessary stakeholders. In the case of a re-routed or refused/declined trip, we contact the member and facility to see if the facility can accommodate a later appointment that day and then reach out to our network to find an available NEMT provider. Having a dedicated team working specifically on these trips ensures we meet all timeliness standards and prevent delays and missed trips. As required, notification will take place within the same business day of the trip.

4.1.1.43 Online Process for Urgent Requests

As part of the secure, web-based inquiry system for NEMT providers to access NEMT Services trip authorization information, the Vendor should describe its online/electronic process for urgent, same-day request submissions to be merged with the Agency data file; and to assign a "ODCP/BBH Transport Charity Care" number prior to when the Medicaid ID number is assigned or otherwise who do not have NEMT eligibility on the date of service.

During implementation, MTM Health will establish a method to merge our data with the Agency data file. We can establish an application programming interface between MTM Link and Agency platforms to facilitate electronic interchange of necessary information.

In addition, we will work with the BBH call line to assign an ODCP/BBH Transport Charity Care number in the event the member is not enrolled in Medicaid, or if NEMT eligibility has not been established on the date of service.

4.2.2 Mandatory Project Requirements

The following mandatory requirements relate to the goals and objectives and must be met by the vendor as a part of its submitted proposal. The vendor should describe how it will comply with the mandatory requirements and include any area where its proposed solution exceeds the mandatory requirement. Failure to comply with mandatory requirements will lead to disqualification, but the approach/methodology that the vendor uses to comply with, and areas where the mandatory requirements are exceeded, will be included in technical scores where appropriate. The mandatory project requirements are listed below.

4.1.2.1 Complying with Laws, Ordinances, Orders, and Regulations

The vendor must observe and comply with federal and State of West Virginia laws, local laws, ordinances, orders, and regulations existing at the time of, or enacted after, the execution of a resulting contract which in any manner affects the completion of the work. The Vendor must also comply with Chapter 524 of the West Virginia State Medicaid Manual, Chapter 27 of the West Virginia Bureau for Children and Families Income Maintenance Manual, 42 CFR § 440.170, and follow the Agency's exclusions.

MTM Health agrees to comply with all federal, state, and local laws, statutes, ordinances, rules, regulations, court orders, consent decrees, corrective action orders, corrective action plans, and agreed settlements throughout the term of the contract, including:

- Federal Medicaid statutes and regulations
- West Virginia State Medicaid statutes and rules
- Federal and State statutes and rules governing transportation
- Chapter 524 of the West Virginia State Medicaid Manual, Chapter 27 of the West Virginia Bureau for Children and Families Income Maintenance Manual, 42 CFR § 440.170, and the Bureau's exclusions

We understand rules and regulations may change throughout the course of this contract, and we will abide by all changes given. All MTM Health policies and procedures for the West Virginia NEMT Brokerage Program conform to the above regulations.

4.1.2.2 Maintaining Appropriate Staffing

The vendor must agree to provide increased staffing levels if requirements, timeliness, quality or other standards are not met, based solely on the discretion of and without additional cost to the Agency. In making this determination, the Agency will evaluate whether the vendor is meeting deliverable dates, producing quality materials, maintaining high quality and production rates and meeting contract standards without significant re-work or revision. Beginning thirty (30) calendar days prior to the operations start date and commencing through the end of the contract, the vendor will not reduce staffing without Agency approval.

MTM Health agrees not to reduce staff within 30 days of the operations start date, or after, without the Agency's approval. Should the program require, or the Agency request, we agree to increase our staffing levels as necessary, without additional cost to the Agency, to meet contract requirements.

4.1.2.3 Call Center Location

The vendor must agree to establish and operate the NEMT Call Center within a fifteen (15) mile radius of the West Virginia State Medicaid agency located at 350 Capitol Street, Charleston, WV to facilitate the Agency's ability to conduct on-site monitoring and oversight activities. The Call Center must be staffed with personnel who reside within the State of West Virginia. At a minimum, the following key personnel must be physically housed at this Call Center location: Project Manager, Provider Manager, Provider Relations Manager, Call Center Manager, Exceptions Manager, Mass Transit Coordinator, Report Manager, Two (2) Fraud, Waste, Abuse, and Misuse Claims Reviewers, Two (2) Complaint Coordinators, Two (2) Appointment Verification Staff, Two (2) Field Service Specialists, Two (2) Claims Processors. All inbound and outbound calls related to the Reservation, Ride Assist, Exceptions, and Provider Support Lines must be handled within the State of West Virginia, except during approved after-hours operations. The after-hours call handling location must be approved in advance by the Agency.
Under no circumstances shall the vendor route any calls outside the continental United States of America or its territories. Additionally, the vendor shall not delegate screening, authorization, or scheduling responsibilities to transportation providers or subcontractors without the Agency's prior written approval. While the vendor may delegate dispatch functions to NEMT providers, the vendor shall remain fully responsible for the proper execution and performance of all dispatch-related activities.

MTM Health proposes to locate our call center and business office at 312 MacCorkle Avenue SE, Charleston, WV 25314 – 2nd floor. This location is within the 15-mile proximity required, as the office is approximately 1 mile from the West Virginia State Medicaid agency at 350 Capitol Street in Charleston. All required personnel will work at this location, as dictated by the RFP. We detail this location more in ***Facility*** on **page 85**.

MTM Health handles all screening, authorization, and scheduling duties, and will never delegate these tasks to our NEMT providers or any subcontractor without prior approval from the Agency. Additionally, all calls are handled by our trained CCRs and are never routed outside the continental U.S. or its territories.

4.1.2.4 Operating the NEMT Brokerage Program

The vendor must agree to provide NEMT services described in the RFP from the operational start date until service delivery is turned over to a successor vendor at the end of the contract, including any optional renewal periods. Program changes include, but are not limited to, processes, protocols, flowcharts or any other program administration guideline changes/modifications must receive approval from the Agency prior to changes/modifications being implemented by the vendor. All program changes affecting member benefits must be communicated to members, through an Agency approved written communication, no less than thirty (30) calendar days prior to implementation of program change.

MTM Health agrees to provide NEMT services described in the RFP from the start date until the Agency turns service over to a successor vendor at the end of the contract, including any optional periods or extensions. As we did from 2014 to 2018, MTM Health will perform the following duties under the new contract without delegating any functions outside of transportation:

- Inform and educate members about available transportation services
- Operate a local call center to process all requests
- Screen for eligibility; assess the need for transportation, including specific modes; authorize services; and schedule and assign trips to qualified NEMT providers
- Coordinate trip information
- Operate call center services
- Build and monitor a compliant NEMT provider network
- Reimburse NEMT providers
- Implement quality management activities
- Collect data and submit management reports
- Provide administrative oversight
- Produce written materials
- Protect member confidentiality
- Monitor for fraud and abuse
- Conduct in-person meetings with the Agency as needed and provide monthly status reports

Throughout our tenure with the Agency, we developed customized processes and procedures to meet each requirement as outlined in the RFP, and we demonstrated our ability to perform these duties in a manner which met the Agency's expectations. If the Agency contracts MTM Health as the NEMT Brokerage Program vendor, we will once again offer excellent service throughout the life of the contract, including any renewal periods. MTM Health will obtain the Agency's approval to any and all program changes, including processes, protocols, flowcharts or any other modifications prior to implementing them within the NEMT Brokerage Program. We will communicate any and all program changes affecting member benefits to members through an Agency-approved written communication no less than 30 calendar days prior to implementation of the change.

4.1.2.5 Reimbursing NEMT Providers

The vendor will be responsible for reimbursing NEMT Providers. The vendor will not be required to reimburse unauthorized NEMT Services to out-of-network providers. The Vendor will not use NEMT Providers with which the Vendor has not executed a contract. The Vendor must maintain an appropriate reserve equivalent to ten percent (10%) of the annual contract cost bid for NEMT services during the contract period. The vendor will enroll as an Agency provider and receive payment for services through the State's Medicaid claim system, Medicaid Management Information System (MMIS).

MTM Health agrees to all payment terms outlined in the RFP. We outline our procedure for paying NEMT providers in ***NEMT Provider Reimbursement*** on **page 50**. In accordance with the Agency's requirements, MTM Health will not use out-of-network NEMT providers; we will assign all trips to NEMT providers who have completed credentialing and training through MTM Health and have signed a formal contract with MTM Health to serve the NEMT contract in West Virginia.

The Agency needs to know that the broker it selects has sufficient financial stability and solvency to provide a smooth implementation and operate this contract successfully. MTM has the necessary finances to do this. We are in good financial standing, and we have the financial ability to meet our short-term and long-term obligations, including sufficient reserve equivalent to 10% of the annual contract cost. Please see a financial statement in **Attachment N** attesting to our ability to provide the required reserve.

MTM Health is registered to do business in the state of West Virginia, is a certified Woman-Owned Business in West Virginia, and is enrolled as a West Virginia Medicaid provider to accept payment through the MMIS. The Agency can review certificates in **Attachment C**.

4.1.2.6 Complying with the Agency's Rebate Program

At the conclusion of each state fiscal year (June 30), the vendor will report pre-tax net income, of the West Virginia NEMT Program (Medicaid services only), to the Agency. Any amount over 7.5% profit will be returned to the state within thirty (30) days of the completion of the audit, which must be completed within ninety (90) days of the end of the state fiscal year. This serves as cost containment, ensuring the successful continuity of the program. For purposes of computing rebate, the vendor may carryover, from the prior reporting period only any expenses (losses) in excess of 100% of premium revenue received, not to exceed 5% of total loss amount (e.g. revenue received is $100; expenses are $100; vendor may carryover %.50 for rebating calculation in following year). The vendor must provide documentation that the carryover amount is in compliance with contractual standards via reporting completed by an independent auditor.

MTM Health agrees to comply with the rebate program required within Section 4.1.2.6 of the RFP. As the Agency will recall, MTM Health included this rebate offer in our proposal for the NEMT Brokerage contract in 2014 as a value-add. We proposed the rebate to give the Agency confidence in our pricing, and show that we truly understand the Agency's needs and goals for the program: serve West Virginia members while containing costs for the Medicaid program. MTM Health is just as committed to the continuity of this program as the Agency.

During our previous operation of this contract, MTM Health **gave the Agency a $1.9 million rebate for the first year of the operation, as promised.**

At the conclusion of each fiscal year, we will report pre-tax net income to the Agency, and we will return any profit over 7.5% to the state within 90 days of the start of the new fiscal year.

4.1.2.7 Completing Start-Up Activities

The vendor must complete all start-up activities within three (3) months prior to go live of contract award date.

MTM Health agrees to complete all start-up activities within three months of contract award. **Attachment A** outlines our proposed implementation and startup plan and timeline, which we developed based on the dates and milestones set forth in the RFP, and will modify based on Agency feedback.

4.1.2.8 Monthly Administrative Meetings with Agency Staff

The vendor will have monthly administrative meetings with the Agency staff to provide program updates to include, but not limited to: program cost, utilization trends, issues, program accomplishments/deficits and other data as requested by the Agency.

MTM Health agrees to meet with Agency staff at least monthly to provide program updates and discuss any issues, including, but not limited to, program costs, utilization trends, and program accomplishments and deficits. Typically, Project Manager Lorie Cox, Assistant Manager Dylan Kirby, and, when appropriate, select managers or supervisors attend this meeting. Members of our corporate and executive team may also participate in these meetings.

4.1.2.9 Providing Data for Audits

The vendor must provide all data, including data the vendor may consider proprietary, as requested for any State and/or Federal audit.

MTM Health is committed to meeting the service level agreements and performance measures established by the Agency. In addition to our internal quality monitoring detailed in the previous section, MTM Health will cooperate with any performance monitoring and/or auditing conducted by the Agency or its representative, including reviews of records or onsite reviews, and welcomes the Agency to monitor performance through call monitoring and auditing.

The Agency can easily monitor MTM Health's performance through our business intelligence reporting dashboard, which we update daily. The dashboard funnels data from our service platforms to provide a convenient, comprehensive view into daily performance. We will also provide the Agency access to MTM Link to verify NEMT provider credentials, and Five9 to listen to live and recorded calls.

Further, we will submit reports to the Agency to validate our compliance with performance measures. MTM Health will assist the Agency in any state or federal audits by making records available as requested and validating files when requested.

4.1.2.10 Pricing Individual Tiers

The vendor must agree to price individual tiers on the pricing page with no more than 20% variance between the individual tiers.

As required by the RFP, MTM Health priced individual tiers on the pricing page with no more than 20% variance between individual tiers for each contract year as directed in answers to questions. Please see our ***Cost Proposal*** to review our proposed pricing.

4.1.2.11 Service Level Agreements

The vendor must agree to be bound by all Service Level Agreements (SLA) included in Appendix 4.

MTM Health agrees to the key performance standards set forth by the Agency and defined in *Appendix 4* of the RFP. Assistant Manager Dylan Kirby will oversee our compliance with all service level agreements throughout the contract term, with support from Project Manager Lorie Cox and the rest of our key management team.

Upon contract award, MTM Health will modify our Quality Assurance Program to outline all performance measures required by the Agency. Our team will work with the Agency to customize performance measurements for the program during the first year and periodically, as appropriate. MTM's Quality Operations department will review the program on a regular basis to verify effectiveness and address any program changes. MTM Health will submit our Quality Assurance Plan for the Agency's review and approval at least 30 days prior to the operations start date. Throughout the contract term, we agree to indemnify the Agency against any causes or claims of payment brought by NEMT providers or members. We understand the Agency may make quality assurance reviews on our services anonymously and without advance notice.

We clearly define performance standards for all staff. MTM Health collects data from our various operations departments—Quality Operations, Corporate Compliance, Logistics, Contact Center, and Account Management—and compares the data to established goals and thresholds. Then, our teams trend each threshold, or predetermined level of performance. We also leverage our technology to meet and exceed performance standards. For example, we use MTM Link's advanced routing, scheduling, and dispatching platform to prevent late and missed trips and improve on-time performance by intuitively assigning trips to NEMT providers. It also facilitates fast, convenient claims and payment for NEMT providers through the MTM Link driver app. We use our telephony platform and call monitoring software backed by artificial intelligence to meet and exceed call center performance standards like average speed to answer, hold time, customer satisfaction, and complaints. MTM Health uses the information from these systems to tailor training, staffing, and scripting depending on a program's needs and challenges. Our EDI software helps us maintain high encounter acceptance rates with accurate, timely data submission.

However, MTM Health never loses sight of the necessary human-touch a NEMT program requires to meet and exceed performance standards. We monitor and enforce NEMT provider compliance through the diligent support and oversight of our Field Service Specialists.

Our Provider Managers proactively manage members with complex needs and/or service failures. The MTM Community Outreach team works with facilities and stakeholders to make sure processes work seamlessly and the program runs efficiently for everyone.

Together, MTM Health's processes, software, and people will come together to maintain a successful, compliant, high-performing NEMT program for West Virginia.

If put under a corrective action plan, our Corporate Compliance team works with the local management team through the corrective action process. MTM Health will meet all deliverables in accordance with the Agency's timeframes; our goal is to close any corrective action plans as quickly as possible.

4.2 Qualifications and Experience

Vendor should provide information and documentation regarding its qualifications and experience in providing services or solving problems similar to those requested in this RFP. Information and documentation should include, but is not limited to, copies of any staff certifications or degrees applicable to this project, proposed staffing plans, descriptions of past projects completed (descriptions should include the location of the project, project manager name and contact information, type of project, and what the project goals and objectives where and how they were met), references for prior projects, and any other information that vendor deems relevant to the items identified as desirable or mandatory below. The vendor should propose a staffing plan that can address the unique needs of members while guaranteeing services provided in the most economical manner. In their proposal, the vendor should describe how the staffing plan will provide the skills necessary to meet the requirements of the project throughout the life of the contract.

Proposed Staffing Plan

MTM Health will provide sufficient staffing for all functions of the West Virginia NEMT program. The following table outlines our proposed staffing plan with full time equivalent (FTE) figures. All staff will be located within the state of West Virginia with exception to Customer Care Representatives used to support after-hours and holiday calls. Each member of our key personnel, along with the staff required by the Agency in Sections 4.1.2.3 and 4.2.2.1 of the RFP will work out of our Charleston, West Virginia location.

MTM Health is flexible and will add staffing as the program requires. We welcome the Agency to collaborate with us regarding staffing for the program throughout the life of the contract.

Title	FTE
Project Manager, Lorie Cox	1
Assistant Manager, Dylan Kirby	1
Provider Relations Manager, Kristin Gillam	1
Outreach and Communications Manager, Justin Stowers	1
Call Center Manager, Terrance McBride	1
Provider Manager	13
Exceptions Manager	1
Report Manager	1
Complaint Coordinator	4
Claims Processor	2
Appointment Verification Specialist	5

Title	FTE
Mass Transit Coordinator	1
Fraud, Waste, Abuse, and Misuse Claims Reviewer	2
Field Service Specialist	3
Contact Center Supervisor	4
Customer Care Representative	65
Dispatcher	9
Ombuds	1
Member Travel Agent	2
Electronic Data Interchange (EDI) Analyst	1
Recruiter	1
HR Generalist	1
Trainer	1

4.2.1. Qualification and Experience Information

Vendor should describe in its proposal how it meets the desirable qualification and experience requirements listed below.

4.2.1.1. Organizational Charts

Organizational chart(s) showing the number and geographic location of all staff that will perform duties under the contract, including the vendor and subcontractor staff. Key staff members, off-site (i.e., location other than the vendor's call center facility), vendor staff, and subcontractor staff should be clearly identified as such on each organizational structure, including all parent entities. This chart should show the relationship of the vendor's proposed project organization to its overall organizational structure. The vendor should provide a revised organizational chart, within thirty (30) calendar days, at any time during the contract period that a change is made in the organizational structure.

The Agency can review MTM Health's proposed organizational charts in **Attachment G**. We included an organizational chart for our overall corporate structure, as well as an organizational chart clearly identifying West Virginia-dedicated staff. We will provide a revised version within 30 calendar days of any changes to our organizational structure.

4.2.1.2. Roles, Responsibilities, and Skills

Description of the roles, responsibilities and skills associated with each position on the organization chart.

The Agency can review job descriptions, which include roles, responsibilities, and skills, for each position identified on our proposed staffing plan and local West Virginia organizational chart in **Attachment E**.

Below, we detail the roles and experience of our proposed West Virginia key management team and our corporate leadership. Each member of our key management team will work out of our Charleston, West Virginia call center and be 100% dedicated to the West Virginia NEMT program.

Proposed Key Management Team

We propose a skilled management team to oversee MTM Health's NEMT operations in West Virginia. These individuals will have a strong understanding of the program, the membership, and the needs and nuances of all stakeholder groups, and well exceed the Agency's requirements for their assigned position. The Agency can find additional details on each position provided in the job descriptions in **Attachment E** as well as resumes for each of the named personnel in **Attachment F**.

Project Manager, Lorie Cox

MTM Health proposes Lorie Cox as Project Manager. Lorie has been with MTM Health for six years, serving in various roles, including Contact Center Manager, Senior Manager of Dispatch, and her current role, Director of Dispatch. In these roles, she developed a strong understanding of NEMT operations with a focus on managing network performance. Lorie is an effective leader, with experience overseeing a team of more than 1000 individuals and expertise serving as liaison between MTM Health's internal teams and external stakeholders to maintain program efficiency. Prior to joining MTM Health, Lorie held a variety of directorial positions at EchoStar (Dish Network), Teletech Holdings, Capital One, and the Wytheville Wythe Bland Chamber of Commerce. Lorie holds an Associate of Arts from Wytheville Community College in Virginia. Her six years of full-time paid NEMT experience at MTM Health is a substitution for the bachelor's degree requirement for the role, as allowed by the RFP.

As Project Manager, Lorie will oversee all aspects of the West Virginia NEMT program. She will have full authority to control and manage the allocation of resources to meet all RFP requirements without service interruption to Medicaid members. Lorie will be located on-site at our West Virginia business office full-time and will be fully dedicated to the contract. She will be available to Agency staff in person or via phone at any time during the contract term.

Assistant Manager, Dylan Kirby

MTM Health proposes Dylan Kirby as our Assistant Manager. Dylan is an accomplished senior manager with over 10 years of NEMT operations leadership at MTM Health specializing in logistics, team management, and cost optimization. He currently supports several large-scale NEMT programs similar in size and scope to the West Virginia program including managing multi-million-dollar budgets and driving process improvements while fostering collaboration with stakeholders. Dylan joined MTM Health in 2015 as an Operations Supervisor, where he developed operational strategies that resulted in significant productivity improvements. In recognition of his abilities, Dylan received promotions to Dispatch Manager, and currently, Senior Dispatch Manager. In that role, Dylan oversees operations across virtual and physical facilities spanning multiple regions, managing more than 200 team members and budgets of more than $100M annually. Additionally, Dylan holds a Bachelor of Science in Business Administration.

As Assistant Manager, Dylan will monitor MTM Health's compliance with contract requirements. He will collaborate with the Agency, MTM Health support teams, and transportation providers to deliver the most appropriate and cost-effective delivery of transportation services. He will be available to the Agency for regularly scheduled and as-needed meetings and phone calls.

Provider Relations Manager, Kristin Gillam

Kristin joined MTM Health in 2012 as a Customer Care Representative, quickly working her way up through the company to her current role as Senior Manager, Dispatch Process Improvement and Implementation. With over a decade of experience with MTM Health, Kristin possesses unparalleled understanding of NEMT services from all operational aspects. She uses this experience to identify opportunities for improvement and efficiency within our operations, benefiting both internal and external stakeholders. Kristin holds an Associate of Arts in Business Administration and Management from the University of Phoenix, as well as Six Sigma Yellow Belt Certification.

She is heavily involved in her community of Peterstown, West Virginia, where she volunteers at Faith Family Health, We Are All of the above, and Calfee Community and Cultural Center. Her 13 years of full-time paid NEMT experience at MTM Health is a substitution for the bachelor's degree requirement for the role, as allowed by the RFP.

As Provider Relations Manager, Kristin will oversee day-to-day operations of the NEMT provider network, serving as the link between NEMT providers and internal MTM Health departments. She will also supervise all areas of network development, including credentialing, monitoring, and education and enrollment activities for the program.

Outreach and Communications Manager, Justin Stowers

MTM Health proposes Justin Stowers as Outreach and Communications Manager for the West Virginia NEMT program. Justin has been with MTM Health since 2014 when he joined our team as a Network Management Representative to support our previous operation of the West Virginia NEMT program. Since then, Justin has grown within the company, serving in various roles, his most recent as Training Supervisor within our Community Outreach team. As Training Supervisor, he provides ongoing support for Trainers and learners, facilitating and participating in sessions, meetings, and town halls with stakeholders. He verifies learning transfer and measures learner satisfaction so MTM Health can modify and develop effective training materials and opportunities for stakeholders across our book of business. In addition to his 11 years of experience with MTM Health, Justin holds a Bachelor of Business Administration from Marshall University in Huntington, West Virginia.

Justin is currently based in South Charleston, West Virginia, and will work out of our Charleston location for this contract. In his role as Outreach and Communications Manage, he will work closely with Social Workers and Case Managers who are in direct contact with Medicaid members, often attending meetings geared towards ensuring vulnerable populations have access to the metropolitan transportation systems or other transportation means. Justin will focus on partnering with community action programs, community leaders, and organizations that serve these vulnerable populations, with a goal of removing the transportation barriers they face.

Call Center Manager, Terrance McBride

MTM Health proposes Terence McBride as Call Center Manager for the West Virginia NEMT program. Terence has been with MTM Health since 2016, working in our contact centers as a Contact Center Supervisor and currently Contact Center Manager. In this role, he oversees a team of 300 Customer Care Representatives across four contact centers. Terence manages MTM Health's compliance to contract performance standards by closely reviewing reporting and helps MTM Health optimize operations for our organization and our clients by identifying opportunities for cost savings, program improvement, and special project initiatives. Prior to joining MTM Health, he served as Advanced Technical Support/Outbound Call Center Supervisor for Dish Network in Christiansburg, Virginia. Terence's experience is complemented by a bachelor's degree in Business Management from Radford University in Radford, Virginia.

As Call Center Manager, Terrance will oversee daily operations within the call center, as well as the supervision of all call center staff. He will monitor compliance with all established protocols and procedures, and client satisfaction, will be knowledgeable of all areas of this contract and MTM Health's requirements, and will analyze daily, weekly, and monthly statistics, making necessary changes in staffing and processes.

Corporate Leadership Team

MTM Health's corporate leadership team is comprised of experienced, engaged professionals. Our team provides hands-on support for MTM Health's contracts, lending their unparalleled expertise to our dedicated staff. The Agency can review resumes for our corporate team in **Attachment F**.

Regional Vice President, Operations | Danielle Mezera

Danielle Mezera is responsible for the oversight of our Logistics Operations across all field locations in the East region of the United States, ensuring NEMT provider compliance, network adequacy, and strong performance. She oversees all aspects of MTM Health's relationships with our clients, including leading meetings, holding quarterly business reviews, and overseeing reporting and issue escalations. Danielle works in collaboration with MTM Health's client executives, operations department, support departments, and NEMT providers to ensure the most appropriate and cost-effective delivery of transportation services. She ensures MTM Health is in compliance with contract requirements at all times.

Danielle began her NEMT career with the Wisconsin Department of Health Services (DHS) as the Contract Monitor for the statewide NEMT program. In this role, she helped establish service levels, hold the state's NEMT broker accountable, ensure program compliance, troubleshoot concerns expressed by members, and build confidence in the NEMT program. In 2016, she joined MTM Health to oversee our operation of DHS's NEMT program. As our Wisconsin General Manager, Danielle maintained oversight of the entire NEMT process, beginning with call intake and scheduling, through transportation assignment and delivery, to quality assurance controls and community outreach. Danielle brings a unique perspective to serving MTM Health's clients, as she has worked in NEMT from both sides of the aisle. Danielle also previously worked as a Legal Associate and Risk Management Specialist, negotiating and administering service agreements and contracts affecting healthcare providers. In addition, her Juris Doctorate (J.D.) degree and Wisconsin Bar Admission complement her NEMT management experience.

Senior Vice President, Service Delivery | Dana Wilkerson

Dana leads MTM Health's Contract Operations teams, directly overseeing our Regional Vice Presidents, as well as Vice Presidents of MCO Solutions, Business Operations, and Government Affairs. She manages MTM Health's client-facing operations, helping our regional and local teams effectively meet service delivery standards for the contracts we serve.

Over her 11 years at MTM Health, Dana has served in several roles, most recently as Vice President of Finance and Data Intelligence. In her previous roles supporting MTM Health's Finance and Accounting teams, Dana has consistently helped provide optimal pricing and contract negotiations as well as operational excellence for clients. Dana's experience directing financial strategy, planning, and forecasting helps us be financially responsible partners to our clients, identifying and mitigating potential risks and maximizing cost efficiency. She has a significant understanding of MTM Health's NEMT contracts and has managed the financial aspects of NEMT operations from implementation, expansion, and conclusion.

Chief Marketing Officer | Michele Lucas

Michele oversees MTM Health's Marketing and Product Development departments, which support MTM Health's efforts for new business acquisitions, new services, and the production of internal and external marketing materials. She will be an integral part of this contract, working with our Marketing team to develop any new written materials for members, medical providers, and NEMT providers, including informative brochures, website content, and program manuals. Throughout the life of this contract, she will continue to maintain effective communication with all stakeholders from MTM Health.

With more than 30 years of sales and marketing experience, Michele brings an innovative approach to our strategic development. She understands how critical effective written and verbal communication with members and other stakeholders is, and she continually leverages her knowledge and leadership for our clients and NEMT programs. Since joining MTM Health in 2010, Michele has played an integral role in our numerous statewide and regional NEMT implementations, overseeing mailings to more than 1,000,000 members and reviewing all policies, procedures, and documents prior to use in the contracts.

Chief Technology Officer | Rick Holbrook

Rick leads our technology-driven business solutions and delivers the ongoing development of our proprietary NEMT scheduling platform, MTM Link. As the leader of our high-performing IT team, Rick provides true vision for future technology enhancements and investments, ensuring a seamless digital experience for stakeholders.

Rick joined MTM Health in 2019, bringing nearly 35 years of experience leading technology functions for organizations in the healthcare industry. In past roles, he helped companies improve their technology platforms to deliver an excellent user experience through configurable, scalable technology.

Chief Data Analytics Officer | Chad Nolan

Chad brings more than 15 years of leadership in data strategy, analytics, and AI-driven transformation, positioning MTM Health to enhance its data-driven capabilities and deliver improved business outcomes. As Chief Data Analytics Officer, Chad leads the development and execution of MTM Health's enterprise-wide data strategy, focusing on data governance, engineering, analytics, and AI applications.

Chad joined MTM Health from Edward Jones, where he served as General Partner and Head of Data. Throughout his career, he has built high-performing teams, implemented enterprise data governance frameworks, and leveraged AI and analytics to drive measurable business impact. His leadership has enabled large-scale digital transformations, including the implementation of data quality platforms, cloud-based data modernization efforts, and AI-driven business solutions.

Chief Financial Officer | Jill Heneghan

Jill provides executive oversight of all finance and accounting activities for MTM Health. She is responsible for all general accounting functions for MTM Health, including fixed assets, accounts payable, and payroll. She performs month-end financial reviews to ensure all statements are in accordance with GAAP. Monthly, she presents review results to the CEO and executive team. Jill enforces budget adherence and annual financial statement auditing.

Jill joined MTM Health in 2014 with more than ten years of experience in finance and accounting operations. She has been instrumental in establishing viable financial reporting and accounting processes and is a valuable team member at the executive level thanks to her collaborative and professional approach.

Chief People Officer | Kerri Mileski

Kerri oversees MTM Health's Human Resources, Corporate Training, and Employee Relations departments. Kerri focuses on staff engagement and organizational design to streamline MTM Health's operations. She supervises execution and updates to MTM Health's award-winning training program for new hire orientations and refresher training to give new and existing employees the tools and skills they need to effectively serve MTM Health's clients and their members.

Kerri is a training and education specialist with more than ten years of experience. In her past roles, she directed a variety of training curricula for corporations and educational programs for learning institutions. Kerri is also an expert in program development and implementation, executing creative solutions for training staff of all levels and positions.

Chief Legal Officer | Tom Wiese

As Chief Legal Officer, Tom ensures MTM Health adheres to federal, state, and local laws, as well as regulatory requirements, in all our operating areas. He is MTM Health's chief advisor and representation on all legal matters, and oversees the execution of all contracts with clients, vendors, and providers. Tom is also a valued resource and guide to MTM Health's Risk Management Committee and Board of Directors.

Tom has practiced law in the healthcare industry in private practice settings for more than a decade, for both multi-national managed care organizations and large hospital systems. Before joining MTM Health in 2022, he was Legal Counsel at SSM Health, where he provided transactional assistance and supported various legal needs for a system of more than 11,000 healthcare providers and 39,000 employees. Prior to that, he spent a majority of his career at Centene, where he directed the company's corporate governance and risk activities, and managed its specialty product and international compliance functions, including oversight of all matters related to privacy and regulatory compliance. Tom earned his Juris Doctorate degree from Saint Louis University School of Law and is certified in healthcare compliance.

Vice President of Public Affairs | Phil Stalboerger

Phil manages MTM Health's government relations around the country, educating lawmakers on the NEMT process, including issues faced, to keep them up to-date on key areas of interest for their constituents. He plays an integral role in developing key relationships and strategies for new business prospects, growing MTM Health's operating areas, and identifying solutions for community access. Phil also helped create a national coalition of NEMT brokers and stakeholders in Washington, D.C., called the Medical Transportation Access Coalition (MTAC) to help educate lawmakers and regulators on the NEMT benefit around the country.

Phil is a government relations expert, bringing more than 20 years of experience in policy and legislative affairs to MTM Health.

In previous roles, Phil was a Senior Government Relations Advisor at Faegre Baker Daniels, spent 12 years with Blue Cross Blue Shield of Minnesota in various legislative affairs roles, and served in legislative administration positions with the Minnesota Senate for five years.

President and CEO | Alaina Maciá

As the President and CEO of MTM Health, Alaina is a leader in the healthcare and transit industries. Her vision and passion for ensuring all our community services are accessible without barriers, including healthcare, job access, and social services for all persons, including those in need, is what continues to drive MTM Health forward. Since 2005, she has overseen MTM Health's growth from $30 million in annual revenue to more than $1 billion. Alaina is leading the transportation industry to be focused on a sustainable future with a reduction in climate impact.

Alaina holds a master's degree in business administration from Washington University in St. Louis' Olin School of Business. She is actively involved in the St. Louis community and is a member of the Washington University Institute of Public Health National Council, the St. Louis Chapter of YPO (Young Presidents Council), the St. Louis Regional Business Council, the Mary Institute Country Day School (MICDS) Board of Trustees, and the Foundation for Barnes-Jewish Hospital.

As a testament to Alaina's effective leadership, she has received many honors including being named one of 2012's Most Influential Businesswomen by the St. Louis Business Journal and being named in the publication's 30 Under 30 class in 2004, 40 Under 40 class in 2011, and 40 Under 40 Hall of Fame in 2020. In 2014, Mass Transit named Alaina to its 40 Under 40 list, and Ernst & Young named her Entrepreneur of the Year in the Midwest Region's Healthcare Services category. In 2018, the St. Louis Business Journal named her on the list of the area's Technology Executives of the Year, and in 2020, she received the St. Louis Business Journal's newest honor, the Business Journal Hall of Fame. Only ten individuals received this honor out of 1,600.

4.2.1.3. Job Descriptions

Job description and requirements for call center staff demonstrating a high school diploma or equivalent certification and all management staff demonstrating a bachelor's degree and at least two (2) years of qualifying experience for this project.

MTM Health provides job descriptions in **Attachment E** detailing the responsibilities and requirements for all positions in our staffing plan. We will require all call center staff to possess a high school diploma or GED equivalent, and all management staff to have at least a bachelor's degree and two years of experience.

4.2.1.4. Off-Site Work

For any proposed work to be performed off-site, including work of subcontractor(s), the bidder should describe the assurance of quality and timeliness of the work done off-site or through subcontractors.

Other than our network of NEMT providers, MTM Health will not use any subcontractors to provide NEMT services in West Virginia. The only off-site work to be performed will be by MTM Health employees working at our headquarters in St. Louis and remotely, including CCRs staffed remotely throughout West Virginia and CCRs staffed throughout the United States to handle after-hours or other roll-over calls. Only staff specifically trained on Agency protocols will participate in West Virginia operations.

4.2.1.5. Promoting Staff Retention

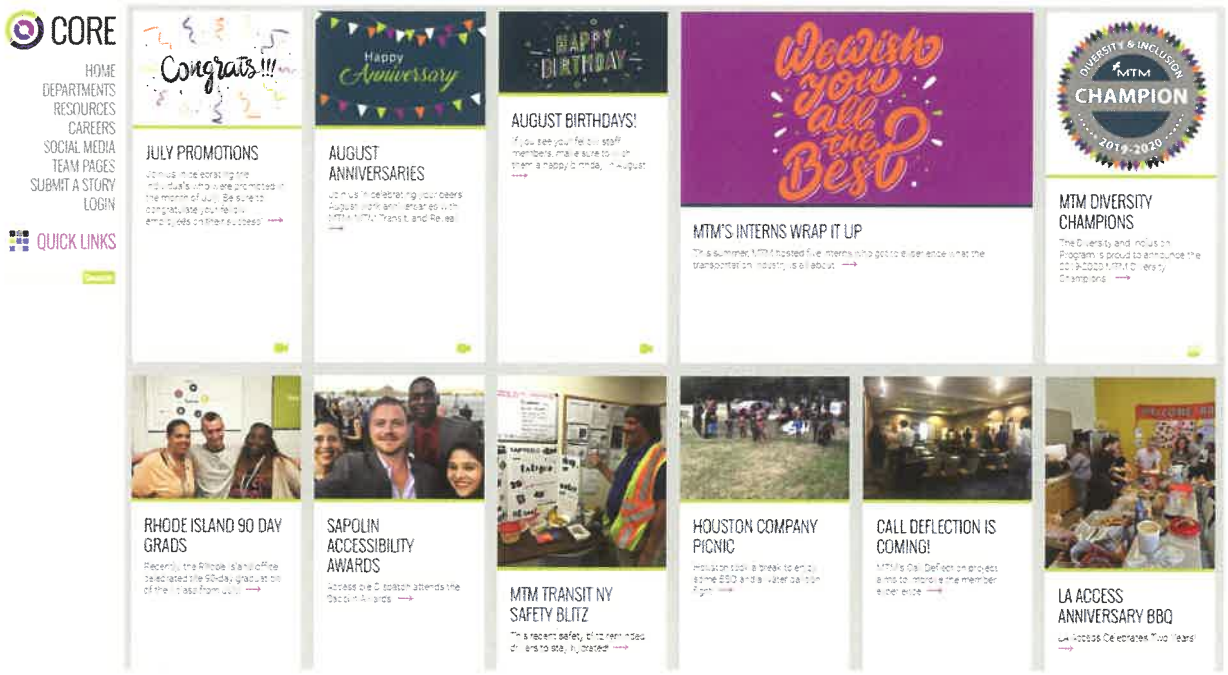
Approach to staff retention and ensuring continuity of staff to include employee continued education/training programs, employee performance incentives and other employee benefits/programs that provide for staff enhancement in education and/or performance. The vendor is to assume all costs associated with referenced programs.

MTM Health strives to retain extremely qualified personnel through excellent employee relations and promoting staff from within to higher positions as needs and skills allow. We take several steps to minimize turnover and encourage careers with our employees, including offering appropriate wages for the locations in which we operate, based on the local cost of living. We also provide support to our employees through a comprehensive wellness program.

To foster continual improvement, MTM Health leverages incentive and tiered pay-for-performance programs. Within these programs, MTM Health incentivizes employees to perform above our basic standards with opportunities for valuable bonuses and advancement to the next tier.

Additionally, staff can job shadow and/or request mentoring opportunities through the company. These efforts provide a diversified perspective on our operations and offer employees insight into future job prospects.

Staff interaction is a key focus for MTM Health. We celebrate holidays, new employees, and achievements, and promote community engagement to support the members we serve. Our intranet news site, MTM Core, connects employees across all our operations by highlighting awards, celebrations, and other events.



MTM Core. MTM Health's intranet news site engages employees in our unique culture.

As evidence of our commitment to employee satisfaction, MTM Health has received many awards recognizing us as an excellent place to work. Some of these include:

- St. Louis Post-Dispatch's list of Greater St. Louis Top Workplaces in 2022, 2021, 2019, 2018, 2017, and 2014. In 2021, MTM Health joined 150 other local companies on the list, and was ranked seventh in the Large Company category.
- Finalist in the St. Louis Business Journal's 2014, 2016, 2018, 2019, and 2020 Best Places to Work.
- Women's Foundation of Greater St. Louis 2018 list of Best Places to Work for Women. Honorees were selected through a double-blind review based on outcomes to advance women through compensation, leadership, flexible work policies, and recruitment and retention initiatives.

Bench Program

MTM Health recognizes the benefits of promoting from within; we develop internal employees to build a pipeline of future qualified leaders through The Bench Program. The Bench Program is a 12-month leadership program that provides participants the skills and confidence to immediately step into a leadership role. The program combines multiple learning strategies, including:

- Virtual instructor-led classes
- On-demand submissions
- Individualized development plans
- Role-play
- Mentoring
- Flipped classrooms
- Job rotation

The program pushes participants outside their comfort zones to learn through activities including vision boards, presentations, cross departmental assignments, and video submissions surrounding a variety of topics. Through this program, MTM Health develops and certifies Brand Ambassadors who represent MTM Health both internally and externally.

Participants also complete behavior- and knowledge-based assessments, which outline competencies for success. Participants use these assessments in partnership with their direct supervisor to create an individualized development plan to use for coaching.

During the program, each participant works with a strategically assigned executive-level mentor, meeting monthly to receive coaching and guidance. All executive leaders deliver department-specific training to increase organizational knowledge. Leadership also leads project teams for participants; each team spearheads an idea to support a corporate goal for MTM Health.

Following completion of the Bench Program, we survey participants to gauge their satisfaction with mentoring relationships, identify areas of opportunity, and improve overall effectiveness of the program.

Tuition Reimbursement

Another way MTM Health fosters the continuing training and education of our employees, is through our Tuition Reimbursement Program. We know higher education is not financially feasible for some of our employees; tuition reimbursement is a way for us to invest in our staff's future career growth at MTM Health.

We designed the Tuition Reimbursement Program to benefit all levels of development for our employees, and offer reimbursement for:

- **Non-Advanced Degrees:** Includes conferences, certifications, examinations, and undergraduate degrees
- **Advanced Degrees:** Includes Master's and Doctoral degrees

Currently, employees can choose to complete their coursework through three MTM Health-approved schools: Lindenwood University, Saint Louis University, and Penn State University Online. Each of these schools offers programs for non-traditional students, including online and nighttime classes. MTM Health reimburses 50% to 90% of course costs on a sliding scale for employees who maintain a GPA of 2.1 or higher.

Talent Development Strategy

MTM Health recently rolled out a new talent development strategy aimed at furthering the development and growth of our team. This strategy has five domains designed to provide every employee ongoing development for a successful lifelong career:

- **Employee Development:** Providing the employee with lifelong learning opportunities
- **Engagement and Retention:** Retaining the right talent through a culture of employee engagement, including leadership coaching and recognition, as well as quarterly internal surveys to continuously assess our engagement levels and make any changes needed
- **Recognition and Rewards:** Recognizing our employees' hard work through fun, socially interactive platforms.
- **Performance Management:** Using scorecards, goals, and KPIs to track employee performance at all levels.
- **Succession Planning:** Using 10 different contributor levels, and our proprietary Career Journey Blueprint, employees can recognize potential career interests, required experience, and capabilities to prepare for their next internal career move.

MTM Health commits considerable time and resources in attracting, hiring, and retaining highly qualified NEMT professionals. Through our strong culture of employment engagement, we provide an environment that promotes accountability, innovation, and continual learning. We strongly believe this philosophy and approach allows us to achieve higher client and member satisfaction and improved performance when compared to other NEMT brokers.

4.2.1.6. Approach and Methodology to Personnel Management

Approach and methodology to personnel management to include contingency plans to ensure adequate coverage of program needs and requirements. The vendor is to assume all costs associated with referenced programs.

MTM Health has a qualified team to lead the West Virginia NEMT program. This team has the experience and expertise needed to provide a smooth implementation and successful ongoing operations. For any positions not identified, and for any future openings, we maintain a streamlined process for attracting and hiring qualified individuals.

MTM Health 's ownership structure and leadership team sets us apart from our competitors. As a privately-owned, financially stable company with no intent to sell or go public, MTM Health recruits and retains exceptional talent to deliver on our operational excellence goals while ensuring we manage services within our clients' budgets. We continue to invest in our staff at all levels through the addition of new leaders to support our growth, and through training and development initiatives. The Agency, members, and all stakeholders will benefit from MTM Health's strong, stable leadership team, as opposed to vendors distracted as they fill leadership positions.

Our retention success begins with a stringent philosophy for hiring CCRs; we avoid seat-filling tactics used by many other organizations because we understand the direct impact CCRs have on member satisfaction.

Our comprehensive hiring process goes well beyond a simple application and interview, taking applicants through an in-depth screening process. The first step in our selection process involves a review of the individual's resume and application by our Human Resources recruiting team. We empower recruiters to decide if the applicant is a good fit for MTM Health based on their previous work history, time in past positions as well as their skill set. Once the applicant moves forward, they receive a notification that they have been selected to interview. From there, approved applicants go through an interview that includes behavioral and scenario-based questions as well as a knowledge check to ensure they meet our minimum requirements. This exhaustive recruiting strategy gives our recruiting team an overall assessment of the applicant's skills and provides the applicant with an accurate picture of their job responsibilities. Finally, Recruiters can make offers on the spot enhancing our positive candidate experience.

As the Agency knows, it is critical for this contract to remain properly staffed. We do not wait for a shortage to occur; we continually recruit and train qualified employees throughout the life of the contract. Our corporate Human Resources department partners with our local management teams during implementation and throughout the term of our contracts to assist in recruiting, screening, interviewing, and hiring staff. Then, the Human Resources department conducts weekly and/or monthly calls with the operating divisions to evaluate and anticipate recruitment needs with local managers to proactively identify potential gaps.

4.2.1.7. Operating NEMT Brokerage for Similar Populations

The vendor should describe their experience within the last five (5) years' operating a full brokerage NEMT services program(s) for a population similar to that of West Virginia Medicaid, including the following:

The best testament to our ability to operate the West Virginia NEMT program is our previous tenure with the Agency from 2014 to 2018. Our experience in West Virginia means the Agency and its members will receive knowledgeable service, and MTM Health will get things right from implementation throughout the contract term.

As previously noted in ***4.1.1.28 Experience Operating Statewide Programs*** on **page 146**, our current contracts include several statewide Medicaid programs operated on behalf of state agencies, including the following:

State Medicaid Program	Dates of Service	Members Served
Connecticut Department of Social Services	January 2023 – Present	970,000
Idaho Department of Health and Welfare	March 2018 – Present	310,000
Iowa Department of Human Services	January 2023 – Present	8,000
Missouri Department of Social Services HealthNet Division	1997-2005, 2010-2011, December 2022 – Present	1,500,000
Nevada Division of Health Care Financing and Policy	June 2016 – Present	730,000
Rhode Island Executive Office of Health and Human Services	January 2019 – Present	320,000
Washington DC Department of Health Care Finance	July 2007 – Present	26,000
Wisconsin Department of Health Services	July 2013 – Present	1,150,000
Agency for Health Care Administration Florida Medicaid, Regions 3, 4, 5, 6, 7, 8	March 2015 – Present	100,000

4.2.1.7.1 Experience with State Medicaid and Governmental NEMT

State Medicaid and/or other governmental NEMT programs.

Since 1995, MTM Health has brokered quality transportation management services for city, county, and state governmental agencies; managed care organizations; Councils on Aging; and other organizations serving transportation disadvantaged, special needs, aging, low income, and individuals covered by Medicaid/Medicare. Each year, we serve 24 million members, providing 35 million trips and handling 13.5 million calls. Our current contracts include several

Over the course of our tenure as a trusted NEMT broker we have honed our approach to all aspects of NEMT service:

- Developing and managing reliable transportation networks
- Recruiting and retaining knowledgeable staff
- Managing efficient contact center operations
- Maintaining an excellent member experience
- Implementing cost-containment strategies
- Performing targeted outreach to all stakeholders
- Monitoring service delivery, customer service, and overall program integrity
- Providing transparent, collaborative partnership to our clients and stakeholders

We describe our experience in each of these specific areas below.

4.2.1.7.2 and 4.2.1.7.3 Providing and Brokering NEMT or Other Transportation Services

Providing NEMT or other transportation services.
Brokering NEMT or other transportation services.

As the nation's largest privately-owned NEMT broker, each year we provide more than 25 million trips and handle 13.5 million calls for 24 million members across all 50 states and the District of Columbia. MTM Health reduces administrative burden related to the management and oversight of NEMT programs for our clients and provides a simplified process for members. We handle every aspect of the program, from call intake to claims validation and payment, to reporting. With 30 years of experience, the Agency can be confident in MTM Health's responsiveness to requests, accuracy of data and reports, compliance, and improvements to the member experience.

The Agency may refer ***4.1.1.28 Experience Operating Statewide Programs*** on **page 146**, for a detailed listing of our state and governmental NEMT programs.

4.2.1.7.4 Recruiting NEMT Providers

Recruiting NEMT Providers.

MTM Health is an industry expert when it comes to developing, recruiting, and maintaining transportation networks that meet the needs of members in diverse geographic locations, with a wide variety of cultural needs and preferences. We are proud to have built a reputation as a true partner to our NEMT providers, which, as described throughout this proposal, we have achieved by negotiating fair and sustainable rates; providing high quality, ongoing training opportunities; and by rewarding and recognizing our NEMT providers and drivers. As a result, we have built a strong network of loyal providers.

Recruiting and retaining high quality NEMT providers not only makes for a better overall experience for the members we serve, but it is also essential to our vision of building communities without barriers. MTM Health has the proven expertise and sufficient experience to manage a large network of subcontracted providers for a program of this size and scope. We proved our ability to recruit and maintain a sufficient network of NEMT providers in West Virginia under our previous operation of the contract with a network of over 60 NEMT providers representing almost 900 vehicles.

We have developed large networks in short timeframes for several programs and clients. For example, in North Carolina, we developed a network of 200 NEMT providers to serve the entire state in 90 days.

The Agency can review more information about our approach to recruiting NEMT providers in ***Network of NEMT Providers*** on **page 47**.

4.2.1.7.5 Operating an ACD System

Operating an Automatic Call Distribution (ACD) system.

As described in ***Automatic Call Distribution System*** on **page 92**, MTM Health uses the Five9 telephony platform in all of our call centers, which includes multi-channel ACD along with a number of other features, such as intelligent virtual agent. This solution meets all RFP requirements, and we will employ it in our West Virginia call center.

4.2.1.7.6 Staffing a NEMT Call Center

Staffing a NEMT or other transportation service customer service center.

MTM Health has extensive experience providing call center services for programs of similar size and scope. In our 30 years of experience, MTM Health has mastered handling transportation service requests from Medicaid members, their families or representatives, and medical providers. Nationwide, we handle 13.5 million calls annually.

MTM Health is an expert at handling high call volume within stringent timeframes. Some strategies we use to do this successfully include:

- Using a best-in-class, scalable telephony system
- Using a specialized Workforce Management department to constantly monitor and analyze CCR staffing levels
- Deploying a geographically dispersed work from home model across the state
- Using a call monitoring system backed by artificial intelligence
- Developing an award-winning CCR training program that gives our CCRs the tools they need to provide the best possible service

4.2.1.7.7 Transportation Database

Developing and managing a transportation database, including reporting and transportation utilization analysis activities.

As detailed in ***IV. Data Systems Requirements*** on **page 116**, MTM Health offers the Agency our proprietary MTM Link platform for the West Virginia NEMT program. MTM Link automates the entire NEMT process, from call intake; routing scheduling, and dispatching; quality management; credentialing; claims management; reporting; and encounter submission. Using one platform, specifically designed for NEMT operations, drives data integrity and streamlines workflows for all users.

MTM Link improves the member experience with intuitive routing and scheduling, lowering wait and ride times, and preventing missed trips. For NEMT providers, MTM Link results in greater efficiency and return on investment, offering the ability to optimize routes and productivity, including managing other revenue sources for better fleet management, and allowing providers to hold drivers accountable to schedules. The Driver App also aids in assigning short notice and recovery trips and helps MTM Health monitor NEMT provider performance to maintain high quality service.

As noted in ***Reporting Capabilities*** on **page 122**, MTM Link facilitates all reporting and utilization analysis, in coordination with our business intelligence tool to provide comprehensive, actionable reporting and program transparency for the Agency.

4.2.2 Mandatory Qualifications/Experience Requirements

The following mandatory qualification/experience requirements must be met by the Vendor as a part of its submitted proposal. Vendor should describe how it meets the mandatory requirements and include any area where it exceeds the mandatory requirements. Failure to comply with mandatory requirements will lead to disqualification, but areas where the mandatory requirements are exceeded will be included in technical scores where appropriate. The mandatory qualifications/experience requirements are listed below.

4.2.2.1. Key Staff

Key staff positions: Project Manager, Assistant Manager, Provider Relations Manager, Outreach and Communications Manager and Call Center management staff, identified with named individuals and resumes demonstrating a bachelor's degree, licenses, skills and at least two (2) years' experience that qualifies them for their role in this project. The bachelor's degree may be substituted with four (4) years of full-time or equivalent part-time paid NEMT experience in addition to the two (2) years already specified. Resumes should be limited to three (3) single-sided pages per individual.

As previously discussed in ***Proposed Key Management Team*** on **page 166**, MTM Health identified highly qualified candidates for all key staff positions required by the RFP, including:

- Project Manager Lorie Cox
- Assistant Manager Dylan Kirby
- Provider Relations Manager Kristin Gillam
- Outreach and Communications Manager Justin Stowers
- Call Center Manager Terrance McBride

These individuals all have the minimum experience required by the Agency.

4.2.2.2. Resumes

Resumes of all other named individuals included in the Vendor's proposal, including any temporary staff that may be assigned to the project to provide specific, fixed length services (e.g., training specialists or implementation staff). Resumes should include licenses, skills and relevant experience as they pertain to this project. Resumes should be limited to three (3) single-sided page per individual.

The Agency can review resumes for all named staff in **Attachment F**.

4.2.2.3. References

The vendor should provide detailed evidence of their related experience and capabilities in providing NEMT services in a full brokerage program. At least three (3) Vendor references from work performed for government entities within the last five (5) years should be provided. A reference from an MCO is acceptable when accompanied by a letter from that state's Medicaid agency explaining the relationship and size of the population served.

MTM Health is proud to provide the following references from government entities for which we provide similar full brokerage NEMT services:

- Idaho Department of Health and Welfare (IDHW)
- Rhode Island Executive Office of Health and Human Services (EOHHS)
- Nevada Division of Health Care Financing and Policy (DHCFP)

These references can attest to MTM Health 's ability to perform the scope of work required by the Agency. MTM Health is proud of all our contracts and can provide more information upon request.

Idaho Department of Health and Welfare (IDHW)

In Idaho, MTM Health has operated a statewide NEMT program on behalf of IDHW since March 2018, coordinating more than one million trips annually for 270,000 Members. We provide services across the state, largely in remote, rural geographic regions for a large member population, while working with an extremely vocal network of NEMT providers.

We took over the program following a request from the state to replace its previous vendor. During the three-month implementation period, we established a local business office and management team in the state. We also held five town hall meetings for NEMT providers, recruiting a statewide network of more than 70 providers.

Many of our outreach efforts were focused on Federally Recognized Tribes, as well as the large refugee population in the state, to address issues such as support for cultural diversity and language barriers, and to provide transparency and confidence in the NEMT program. In addition to tribal and refugee populations, we also focused on Children's Day Treatment programs to assure continuity of care.

During implementation, our Community Outreach team performed in-person outreach activities with 228 medical facilities throughout the state, provided training on our self-service facility portal, and offered a forum for input on desired improvements for medical facilities. Prior to the go-live date, the team also distributed requests to dialysis centers for patient schedules, encouraging facilities to use our portal to schedule trips in advance to ensure continuity of care. IDHW re-awarded this contract to MTM Health in 2022.

Idaho

Agency:	Idaho Department of Health and Welfare (IDHW)
Contact:	Alexandria Childers-Scott, Bureau Chief 150 Shoup Avenue, #19, Idaho Falls, ID 83402 Phone: 208-364-1928 | Email: Alexandria.childers-scott@dhw.idaho.gov

Rhode Island Executive Office of Health & Human Services (EOHHS)

In January 2019, MTM Health began operating EOHHS's statewide NEMT program. Under MTM Health's operation, the NEMT program delivers 2.4 million high quality NEMT trips annually to 310,000 eligible Medicaid members, Elderly Transportation Program (ETP) participants, and TANF (RI Works) program participants. EOHHS re-awarded the NEMT contract to MTM Health in 2023, citing our comprehensive plan for community engagement, understanding of vulnerable populations, innovative approach to implementing video cameras in all wheelchair accessible vehicles, and demonstrated flexibility to work in partnership with the State to mitigate other issues related to transportation delivery.

Rhode Island's NEMT program is complex, and the nuances between Medicaid, ETP, and TANF transportation challenged our teams to develop custom solutions and processes specifically for this program. Additionally, stakeholders throughout the state are vocal, which created the need for our team to coordinate with EOHHS and Medicaid leadership to address program concerns and quickly implement solutions to issues NEMT brokers typically face when implementing new NEMT programs.

Since implementation, MTM Health has focused on continually improving our Rhode Island operations, with an emphasis on improving access to healthcare and community services, introducing innovative technology, and ensuring an exceptional level of safety and quality. For example, to ensure continuity of care, we introduced a process new to Rhode Island allowing us to assign preferred NEMT providers to specific members and medical facilities. We also improved the member experience through the introduction of our MTM Link platform at the end of 2020, which allows members and medical facilities to use self-service tools to book rides through a web browser or mobile app. Additionally, we have a dedicated Member Services Lead in Rhode Island who serves as a liaison between members and MTM Health, helping resolve any transportation issues or concerns they may experience.

During the COVID-19 pandemic, our local team focused on supporting EOHHS and the state's Department of Health. We continued to provide all forms of NEMT to members in need—not just life-sustaining trips like other brokers—during the pandemic, and we are now supporting their efforts to connect Medicaid-eligible Rhode Islanders to vaccination sites. In October 2021, MTM Health launched a pilot program with Tufts Health Plan and a Rhode Island pediatric practice to provide daily transportation for patients through an English and Spanish hotline arranged by MTM Health. All patients, regardless of insurance status, can take advantage of this program.

Rhode Island

Agency:	Rhode Island Executive Office of Health and Human Services (EOHHS)
Contact:	Melanie Oxley, Administrator of Medical Services 3 West Road, Cranston, RI 02920 Phone: 401-786-2980 | Email: melanie.j.oxley@ohhs.ri.gov

Nevada Division of Health Care Financing and Policy (DHCFP)

MTM Health began operating DHCFP's statewide NEMT program in July 2016, providing more than one and a half million NEMT trips for 700,000 Nevada Medicaid members annually. Following five successful years of operation, the DHCFP re-awarded the NEMT program to MTM Health as part of a competitive bidding process; the new contract began on July 1, 2021. MTM Health retained the program over six other bidders.

To help maximize fixed route transit utilization, we implemented first mile/last mile feeder routes in the Las Vegas area, which helps connect members with fixed route stops not within walking distance.

MTM Health also reduced costs for the Nevada NEMT program by renegotiating contracts with transportation providers to achieve the lowest and fairest rates; introducing multi-loaded routes for members who attend facilities outside of the ADA public transit service area; and implementing 100% verification for trips over 100 miles to confirm members use the closest medical provider and most cost-effective mode of transportation to get to their appointments. We also leverage Greyhound and Amtrak services to reduce costs for long-distance trips.

Another way we provide cost savings to the DHCFP is by preventing fraud, waste, and abuse of public transit passes. Instead of mailing passes to members, MTM Health reimburses them for day passes through a reloadable debit card and distributes monthly bus passes at two State Welfare offices, where members must come pick them up in person and show picture IDs.

Under the new contract term, we enhanced the program with our MTM Link software, member Wallet program, and an application programming interface with the Regional Transportation Commission of Washoe County to electronically coordinate trips. We were also able to guide the DHCFP through incorporating Transportation Network Companies (TNCs) into the program to improve the member experience, while operating within the requirements of the NEMT program.

Nevada

Agency:	Nevada Division of Health Care Financing and Policy (DHCFP)
Contact:	Kirsten Coulombe, Social Services Chief III, 1100 East William Street, Suite 101, Carson City, NV 89701 Phone: 775-684-3747 | Email: Kirsten.coulombe@dhcfp.nv.gov

REQUEST FOR PROPOSAL
CRFP BMS2600000001
Bureau for Medical Services/Office of Drug Control Policy/Bureau for Behavioral Health- Non-Emergency Medical Transportation/Statewide Transportation Program

Points Allocated to Cost Proposal is 300

Proposal 1: Step 1 – $1,000,000 / $1,000,000 = Cost Score Percentage of 1 (100%)
Step 2 – 1 X 300 = Total Cost Score of 300

Proposal 2: Step 1– $1,000,000 / $1,100,000 = Cost Score Percentage of 0.909091 (90.9091%)
Step 2 – 0.909091 X 300 = Total Cost Score of 272.727273

6.8. Availability of Information: Proposal submissions become public and are available for review immediately after opening pursuant to West Virginia Code §5A-3-11(h). All other information associated with the RFP, including but not limited to technical scores and reasons for disqualification, will not be available until after the contract has been awarded pursuant to West Virginia Code of State Rules §148-1-6.3.d.

By signing below, I certify that I have reviewed this Request for Proposal in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this proposal for review and consideration; that I am authorized by the bidder to execute this bid or any documents related thereto on bidder's behalf; that I am authorized to bind the bidder in a contractual relationship; and that, to the best of my knowledge, the bidder has properly registered with any State agency that may require registration.

Medical Transportation Management, Inc. (dba MTM Health)
(Company)

Alaina Maciá, President and CEO
(Representative Name, Title)

Phone: 314-495-4953 | Fax: 636-561-2962
(Contact Phone/Fax Number)

10/13/25
(Date)

DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

(Printed Name and Title) Amy Ritchie, Vice President of Proposals

(Address) 16 Hawk Ridge Circle, Lake St. Louis, MO 63367

(Phone Number) / (Fax Number) Phone: 636-695-5634 | Fax: 636-561-2962

(email address) aritchie@mtm-inc.net

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through *wv*OASIS, I certify that: I have reviewed this Solicitation/Contract in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation/Contract for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that this bid or offer was made without prior understanding, agreement, or connection with any entity submitting a bid or offer for the same material, supplies, equipment or services; that this bid or offer is in all respects fair and without collusion or fraud; that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; that I am authorized by the Vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on Vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

By signing below, I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract clauses that violate State law; and that pursuant to W. Va. Code 5A-3-63, the entity entering into this contract is prohibited from engaging in a boycott against Israel.

Medical Transportation Management, Inc. (dba MTM Health)
(Company)

Alaina Maciá
(Signature of Authorized Representative)

Alaina Maciá, President and CEO 10/13/25
(Printed Name and Title of Authorized Representative) (Date)

Phone: 314-495-4953 | Fax: 636-561-5686
(Phone Number) (Fax Number)

amacia@mtm-inc.net
(Email Address)

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: BMS2600000001

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:
(Check the box next to each addendum received)

[✓]	Addendum No. 1	[ ]	Addendum No. 6
[✓]	Addendum No. 2	[ ]	Addendum No. 7
[✓]	Addendum No. 3	[ ]	Addendum No. 8
[✓]	Addendum No. 4	[ ]	Addendum No. 9
[ ]	Addendum No. 5	[ ]	Addendum No. 10

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Medical Transportation Management, Inc. (MTM Health)
Company

Alena Naeem
Authorized Signature

10/13/25
Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.
Revised 6/8/2012

Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

State of West Virginia
Centralized Request for Proposals
Service - Misc

Proc Folder: 1544503 **Doc Description:** NON EMERGENCY MED TRANSPORT/STATEWIDE TRANSPORT PROGRAM **Proc Type:** Central Master Agreement			**Reason for Modification:**
Date Issued	**Solicitation Closes**	**Solicitation No**	**Version**
2025-08-06	2025-09-16 13:30	CRFP 0511 BMS2600000001	1

BID RECEIVING LOCATION

BID CLERK
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
2019 WASHINGTON ST E
CHARLESTON WV 25305
US

VENDOR

Vendor Customer Code:

Vendor Name : Medical Transportation Management, Inc. (dba MTM Health)

Address : 16 Hawk Ridge Circle

Street :

City : Lake St. Louis

State : MO **Country :** United States **Zip :** 63367

Principal Contact : Amy Ritchie - VP, Proposals | aritchie@mtm-inc.net

Vendor Contact Phone: 636-695-5634 **Extension:**

FOR INFORMATION CONTACT THE BUYER
Crystal G Hustead
(304) 558-2402
crystal.g.hustead@wv.gov

Vendor Signature X Alena Naar **FEIN#** 43-1719762 **DATE** 10/13/2025

All offers subject to all terms and conditions contained in this solicitation

Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

State of West Virginia
Centralized Request for Proposals
Service - Misc

Proc Folder:	1544503
Doc Description:	NON EMERGENCY MED TRANSPORT/STATEWIDE TRANSPORT PROGRAM
Proc Type:	Central Master Agreement
Reason for Modification:	ADDENDUM 1 TO EXTEND PROPOSAL OPENING DATE

Date Issued	Solicitation Closes	Solicitation No	Version
2025-09-08	2025-10-01 13:30	CRFP 0511 BMS2600000001	2

BID RECEIVING LOCATION

BID CLERK
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
2019 WASHINGTON ST E
CHARLESTON WV 25305
US

VENDOR

Vendor Customer Code:

Vendor Name : Medical Transportation Management, Inc. (dba MTM Health)

Address : 16 Hawk Ridge Circle

Street :

City : Lake St. Louis

State : MO **Country :** United States **Zip :** 63367

Principal Contact : Amy Ritchie - VP, Proposals | aritchie@mtm-inc.net

Vendor Contact Phone: 636-695-5634 **Extension:**

FOR INFORMATION CONTACT THE BUYER
Crystal G Hustead
(304) 558-2402
crystal.g.hustead@wv.gov

Vendor Signature X Alana Nacia **FEIN#** 43-1719762 **DATE** 10/13/25

All offers subject to all terms and conditions contained in this solicitation

Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

State of West Virginia
Centralized Request for Proposals
Service - Misc

Proc Folder: 1544503			**Reason for Modification:**
Doc Description: NON EMERGENCY MED TRANSPORT/STATEWIDE TRANSPORT PROGRAM			ADDENDUM 2 TO EXTEND PROPOSAL OPENING DATE
Proc Type: Central Master Agreement			
Date Issued	**Solicitation Closes**	**Solicitation No**	**Version**
2025-09-24	2025-10-08 13:30	CRFP 0511 BMS2600000001	3

BID RECEIVING LOCATION

BID CLERK
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
2019 WASHINGTON ST E
CHARLESTON WV 25305
US

VENDOR

Vendor Customer Code:

Vendor Name : Medical Transportation Management, Inc. (dba MTM Health)

Address : 16 Hawk Ridge Circle

Street :

City : Lake St. Louis

State : MO **Country :** United States **Zip :** 63367

Principal Contact : Amy Ritchie - VP, Proposals | aritchie@mtm-inc.net

Vendor Contact Phone: 636-695-5634 **Extension:**

FOR INFORMATION CONTACT THE BUYER
Crystal G Hustead
(304) 558-2402
crystal.g.hustead@wv.gov

Vendor Signature X Alana Nacca **FEIN#** 43-1719762 **DATE** 10/13/25

All offers subject to all terms and conditions contained in this solicitation

Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

State of West Virginia
Centralized Request for Proposals
Service - Misc

Proc Folder: 1544503			**Reason for Modification:**
Doc Description: NON EMERGENCY MED TRANSPORT/STATEWIDE TRANSPORT PROGRAM			ADDENDUM 3 TO PROVIDE ANSWERS TO VENDOR QUESTIONS
Proc Type: Central Master Agreement			
Date Issued	**Solicitation Closes**	**Solicitation No**	**Version**
2025-09-24	2025-10-08 13:30	CRFP 0511 BMS2600000001	4

BID RECEIVING LOCATION

BID CLERK
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
2019 WASHINGTON ST E
CHARLESTON WV 25305
US

VENDOR

Vendor Customer Code:

Vendor Name : Medical Transportation Management, Inc. (dba MTM Health)

Address : 16 Hawk Ridge Circle

Street :

City : Lake St. Louis

State : MO **Country :** United States **Zip :** 63367

Principal Contact : Amy Ritchie - VP, Proposals | aritchie@mtm-inc.net

Vendor Contact Phone: 636-695-5634 **Extension:**

FOR INFORMATION CONTACT THE BUYER
Crystal G Hustead
(304) 558-2402
crystal.g.hustead@wv.gov

Vendor Signature X Alana Nacia **FEIN#** 43-1719762 **DATE** 10/13/25

All offers subject to all terms and conditions contained in this solicitation

Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

State of West Virginia
Centralized Request for Proposals
Service - Misc

Proc Folder:	1544503
Doc Description:	NON EMERGENCY MED TRANSPORT/STATEWIDE TRANSPORT PROGRAM
Proc Type:	Central Master Agreement
Reason for Modification:	ADDENDUM 4 TO EXTEND PROPOSAL OPENING DATE AND PROVIDE CLARIFICATION

Date Issued	Solicitation Closes	Solicitation No	Version
2025-09-26	2025-10-15 13:30	CRFP 0511 BMS2600000001	5

BID RECEIVING LOCATION

BID CLERK
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
2019 WASHINGTON ST E
CHARLESTON WV 25305
US

VENDOR

Vendor Customer Code:

Vendor Name : Medical Transportation Management, Inc. (dba MTM Health)

Address : 16 Hawk Ridge Circle

Street :

City : Lake St. Louis

State : MO **Country :** United States **Zip :** 63367

Principal Contact : Amy Ritchie - VP, Proposals | aritchie@mtm-inc.net

Vendor Contact Phone: 636-695-5634 **Extension:**

FOR INFORMATION CONTACT THE BUYER
Crystal G Hustead
(304) 558-2402
crystal.g.hustead@wv.gov

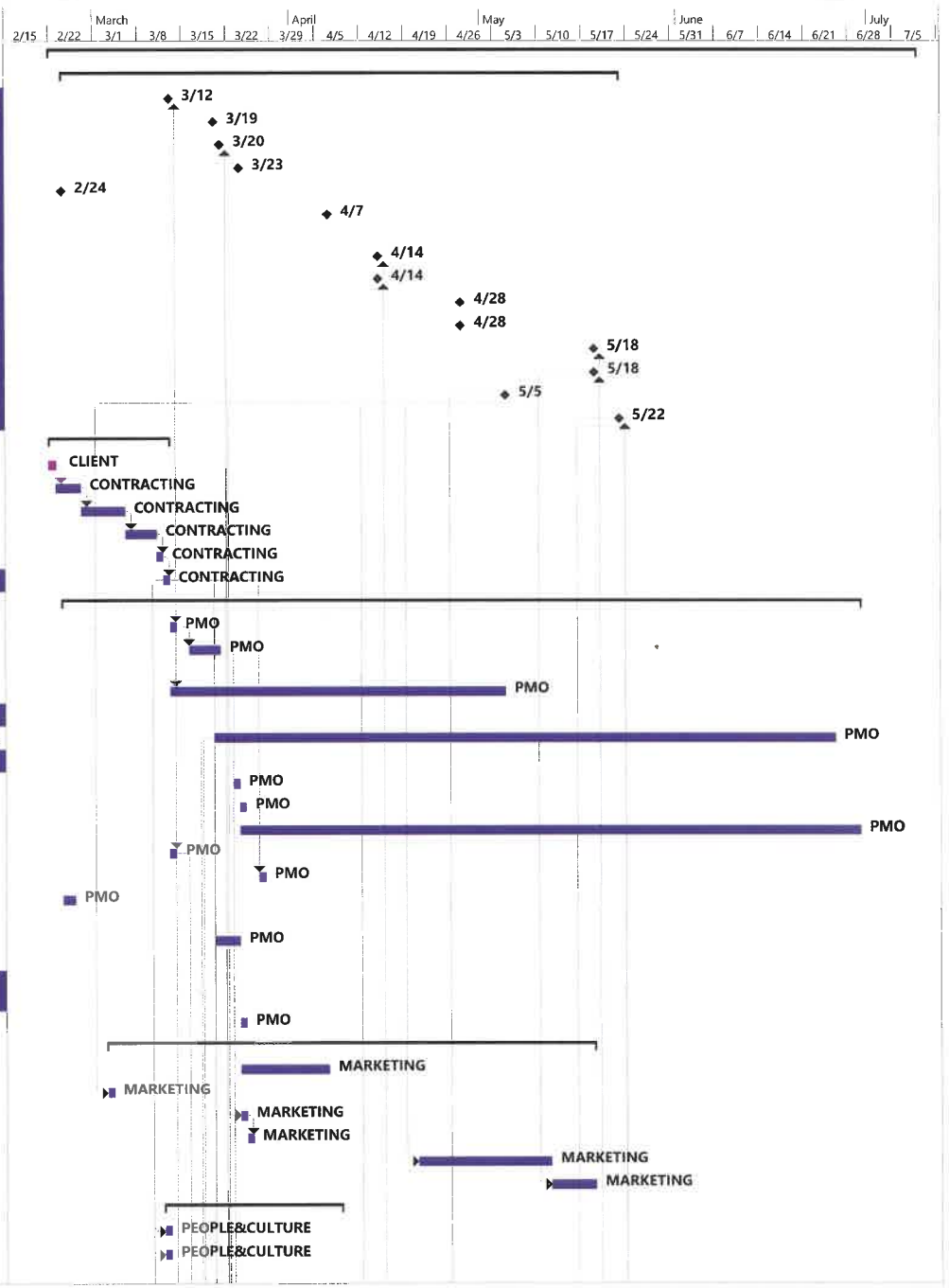
Vendor Signature X Alana Nacia **FEIN#** 43-1719762 **DATE** 10/13/25

All offers subject to all terms and conditions contained in this solicitation

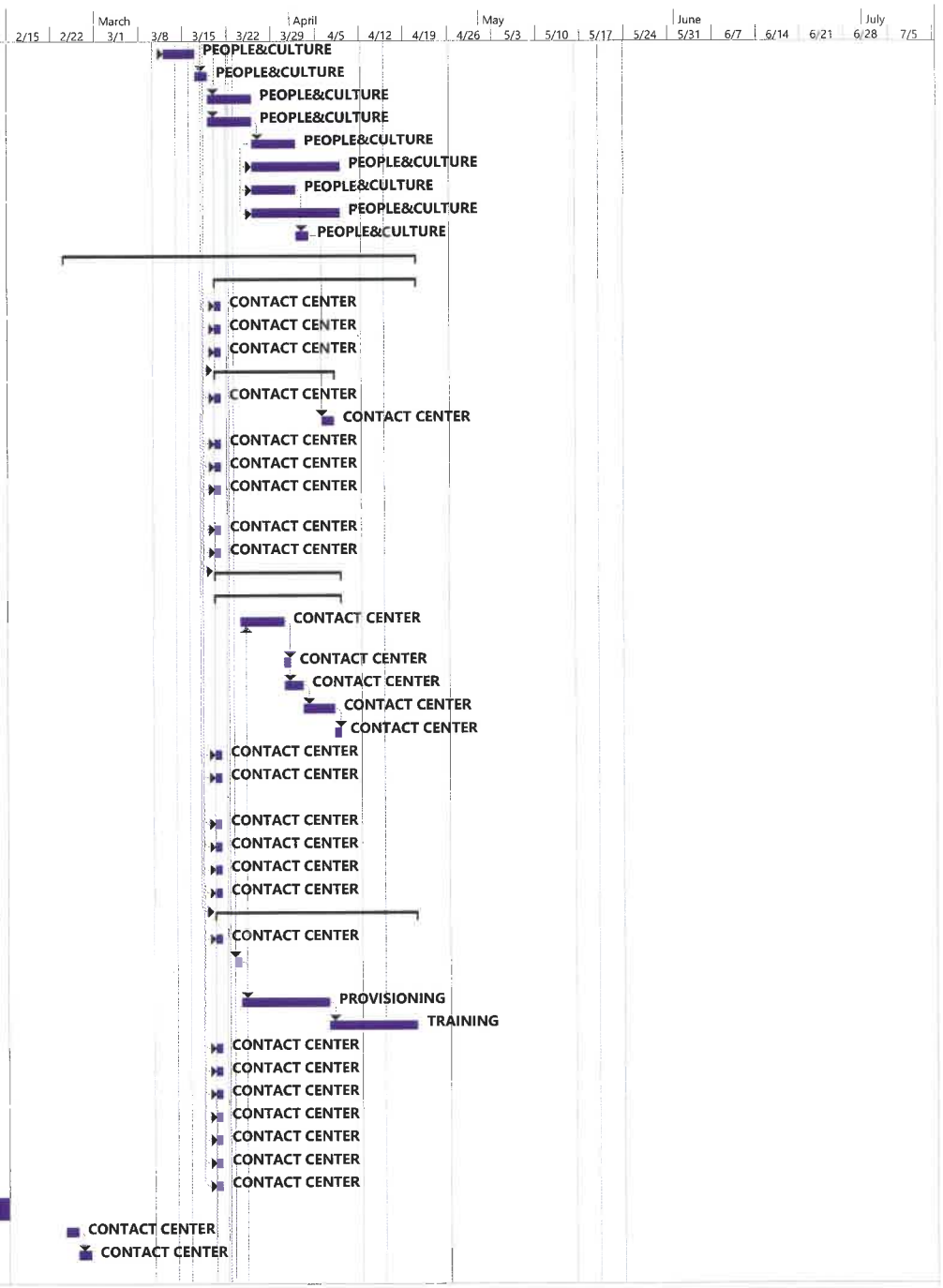
Attachments

Attachment A Implementation Work Plan
Attachment B Letters of Commitment from NEMT Providers
Attachment C Certificates
Attachment D NEMT Provider Contract and NEMT Provider Manual
Attachment E Job Descriptions
Attachment F Resumes and Certifications
Attachment G Organizational Charts
Attachment H Operations Procedure Manual
Attachment I Business Continuity and Disaster Recovery Plan
Attachment J Quality Assurance Plan
Attachment K Standard Reporting Package
Attachment L West Virginia Community Outreach Plan
Attachment M Call Script
Attachment N Financial Statement (Reserve)

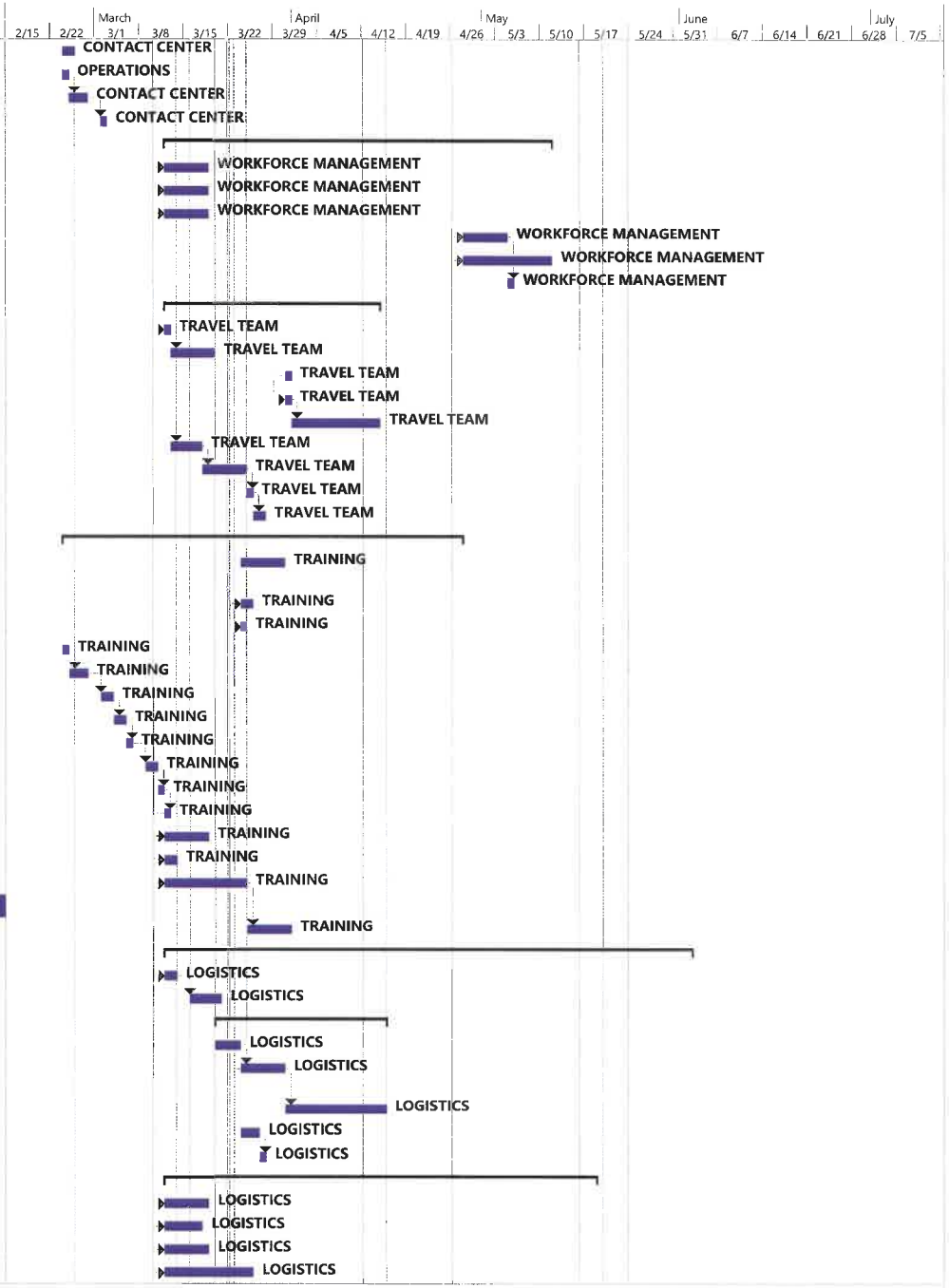
ID	Task Name	Start	Finish	Duration
1	**NEMT Client Implementation**	**Sun 2/22/26**	**Wed 7/8/26**	**98 days**
2	**Key Milestones**	**Tue 2/24/26**	**Fri 5/22/26**	**64 days**
3	**Execute Contract**	**Thu 3/12/26**	**Thu 3/12/26**	**0 days**
4	**Conduct External Kick Off Meeting**	**Thu 3/19/26**	**Thu 3/19/26**	**0 days**
5	**Establish Toll Free Number**	**Fri 3/20/26**	**Fri 3/20/26**	**0 days**
6	**Conduct Internal Kick Off Meeting**	**Mon 3/23/26**	**Mon 3/23/26**	**0 days**
7	**Finalize Protocols**	**Tue 2/24/26**	**Tue 2/24/26**	**0 days**
8	**Receive Approval on MTM Documents (Member/Medical Facility Facing and Protocols)**	**Tue 4/7/26**	**Tue 4/7/26**	**0 days**
9	**Receive Production Eligibility File**	**Tue 4/14/26**	**Tue 4/14/26**	**0 days**
10	**Receive Production Medical Provider File**	**Tue 4/14/26**	**Tue 4/14/26**	**0 days**
11	**Complete Internal Readiness Testing**	**Tue 4/28/26**	**Tue 4/28/26**	**0 days**
12	**Complete CCR Training**	**Tue 4/28/26**	**Tue 4/28/26**	**0 days**
13	**100% Transportation Providers Contracted to Goal**	**Mon 5/18/26**	**Mon 5/18/26**	**0 days**
14	**Complete Transportation Provider Training**	**Mon 5/18/26**	**Mon 5/18/26**	**0 days**
15	**Phone Go Live**	**Tue 5/5/26**	**Tue 5/5/26**	**0 days**
16	**Transportation Go Live**	**Fri 5/22/26**	**Fri 5/22/26**	**0 days**
17	**Contract Management**	**Sun 2/22/26**	**Thu 3/12/26**	**14 days**
18	Anticipated Award	Sun 2/22/26	Sun 2/22/26	1 day
19	Complete LOA/LOI/BAA	Mon 2/23/26	Thu 2/26/26	4 days
20	Discuss/Negotiate Contract	Fri 2/27/26	Thu 3/5/26	5 days
21	Complete Contract Draft	Fri 3/6/26	Tue 3/10/26	3 days
22	Review Contract Red Lines	Wed 3/11/26	Wed 3/11/26	1 day
23	**Execute Contract**	**Thu 3/12/26**	**Thu 3/12/26**	**1 day**
24	**Project Management**	**Tue 2/24/26**	**Mon 6/29/26**	**90 days**
25	Project Management Assignment	Fri 3/13/26	Fri 3/13/26	1 day
26	Create Project Management Plan, Schedule, RACI, Project Status Page, Meeting Agendas	Mon 3/16/26	Fri 3/20/26	5 days
27	Obtain Medicaid ID, if applicable by State Requirement	Fri 3/13/26	Mon 5/4/26	37 days
28	**Conduct External Kick Off Meeting**	**Thu 3/19/26**	**Thu 3/19/26**	**0 days**
29	Conduct Weekly Status Meetings	Fri 3/20/26	Thu 6/25/26	70 days
30	**Conduct Internal Kick Off Meeting**	**Mon 3/23/26**	**Mon 3/23/26**	**0 days**
31	Identify External Project Team	Mon 3/23/26	Mon 3/23/26	1 day
32	Identify Internal Project Team	Tue 3/24/26	Tue 3/24/26	1 day
33	Conduct Weekly Status Meetings	Tue 3/24/26	Mon 6/29/26	70 days
34	Submit SharePoint to create Plan Code	Fri 3/13/26	Fri 3/13/26	1 day
35	Confirm Submittal of Reporting Tickets by Acct Mgmt.	Fri 3/27/26	Fri 3/27/26	1 day
36	Submit Form in SharePoint for Protocol System Configuration (including Product Activation Checklist)	Tue 2/24/26	Wed 2/25/26	2 days
37	Submit MTM Documents (Member/Medical Facility Facing and Protocols) to Client	Fri 3/20/26	Mon 3/23/26	2 days
38	**Receive Approval on MTM Documents (Member/Medical Facility Facing and Protocols)**	**Tue 4/7/26**	**Tue 4/7/26**	**0 days**
39	Submit Request to Marketing for MTM Website (www.memberportal.net)	Tue 3/24/26	Tue 3/24/26	1 day
40	**Marketing**	**Tue 3/3/26**	**Mon 5/18/26**	**55 days**
41	Create Initial Member Mailing-brochure, letter, wallet card	Tue 3/24/26	Mon 4/6/26	10 days
42	Request Member Mail File-deduped by household	Tue 3/3/26	Tue 3/3/26	1 day
43	Send Member Mailing Materials and Mailing List to Printer	Tue 3/24/26	Tue 3/24/26	1 day
44	Mail Member Information Packet	Wed 3/25/26	Wed 3/25/26	1 day
45	Development Stakeholder Web Page	Tue 4/21/26	Mon 5/11/26	15 days
46	Development www.memberportal.net	Tue 5/12/26	Mon 5/18/26	5 days
47	**People & Culture**	**Thu 3/12/26**	**Wed 4/8/26**	**20 days**
48	Submit Staffing Plan to Client	Thu 3/12/26	Thu 3/12/26	1 day
49	Notify Benefit Team of the New Implementation, Locale of New Hires and/or Local Office	Thu 3/12/26	Thu 3/12/26	1 day



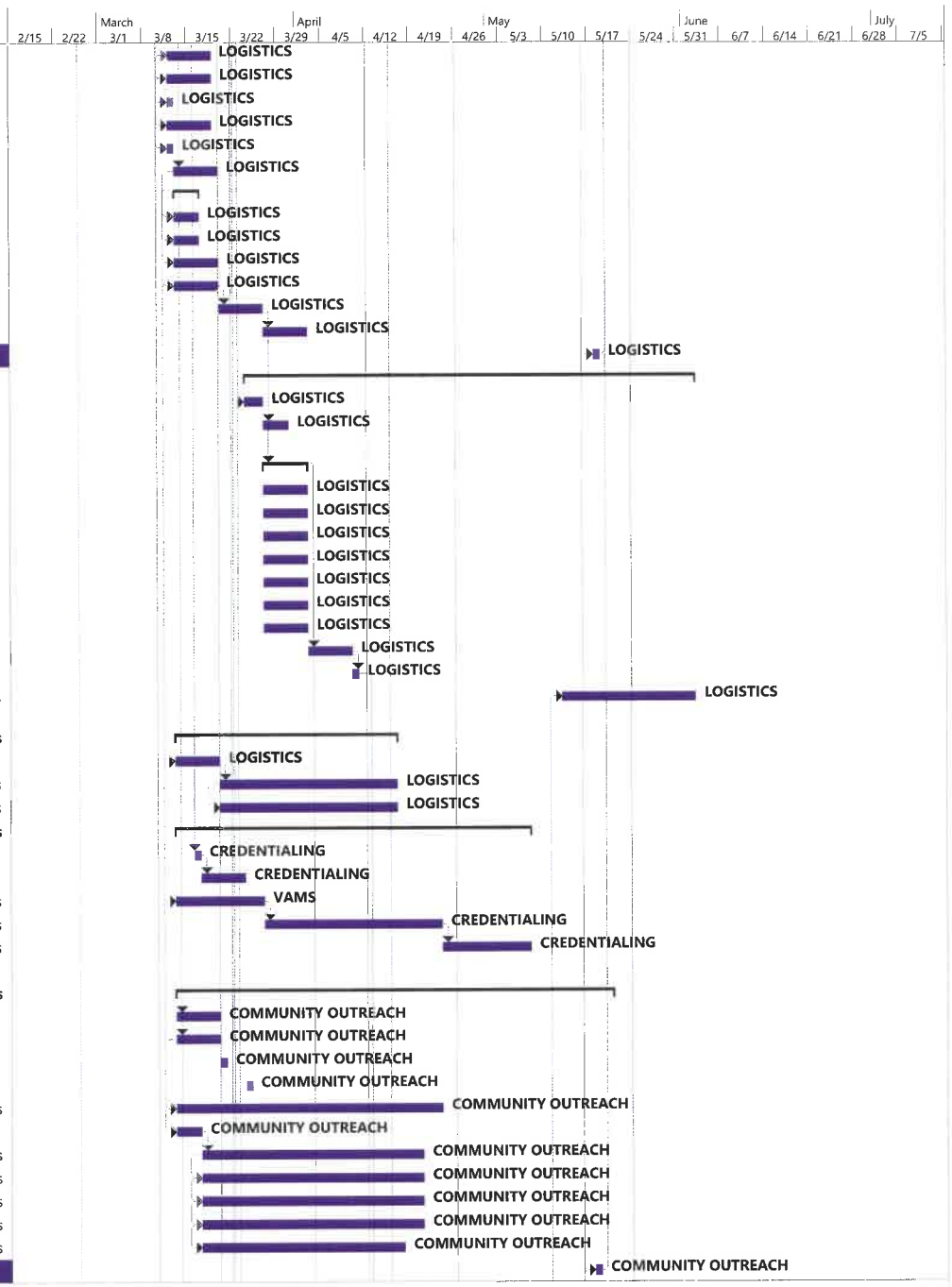
ID	Task Name	Start	Finish	Duration
50	Create Job Description	Thu 3/12/26	Mon 3/16/26	3 days
51	Place Employment Ads	Tue 3/17/26	Wed 3/18/26	2 days
52	Review Resumes	Thu 3/19/26	Wed 3/25/26	5 days
53	Determine Location to Conduct Interviews	Thu 3/19/26	Wed 3/25/26	5 days
54	Set Up & Conduct Interviews	Thu 3/26/26	Wed 4/1/26	5 days
55	Schedule CMA Assessment	Thu 3/26/26	Wed 4/8/26	10 days
56	Make Verbal Offer & Send Offer Letter	Thu 3/26/26	Wed 4/1/26	5 days
57	Conduct Background Check	Thu 3/26/26	Wed 4/8/26	10 days
58	Coordinate New Hire Orientation with Training	Thu 4/2/26	Fri 4/3/26	2 days
59	**Contact Center/Protocols**	**Tue 2/24/26**	**Mon 4/20/26**	**40 days**
60	**Draft Protocols**	**Fri 3/20/26**	**Mon 4/20/26**	**22 days**
61	Determine Hours of Operation for Routine & Urgent Scheduling	Fri 3/20/26	Fri 3/20/26	1 day
62	Submit IVA Scripting for MTM Prompts	Fri 3/20/26	Fri 3/20/26	1 day
63	Develop CC Greeting	Fri 3/20/26	Fri 3/20/26	1 day
64	**Determine Eligibility Check Process**	**Fri 3/20/26**	**Tue 4/7/26**	**13 days**
65	Register MTM as Administrative User on Client's Eligibility Portal	Fri 3/20/26	Fri 3/20/26	1 day
66	Receive Eligibility Checks Logins and Eligibility Portal Training	Mon 4/6/26	Tue 4/7/26	2 days
67	Determine Trip Limits	Fri 3/20/26	Fri 3/20/26	1 day
68	Determine Trip Limit Process	Fri 3/20/26	Fri 3/20/26	1 day
69	Determine if new trip reasons are required; if so, submit ticket and alert Product Provisioning	Fri 3/20/26	Fri 3/20/26	1 day
70	Determine Days' Notice for Appointments	Fri 3/20/26	Fri 3/20/26	1 day
71	Submit Urgency Guidelines	Fri 3/20/26	Fri 3/20/26	1 day
72	**Determine Approved Modes of Transportation & Process**	**Fri 3/20/26**	**Wed 4/8/26**	**14 days**
73	**Public Transportation**	**Fri 3/20/26**	**Wed 4/8/26**	**14 days**
74	Identify Public Transit Agencies and Available Routes/Obtain Google Transit Agency Codes	Tue 3/24/26	Mon 3/30/26	5 days
75	Provide Google Transit Agency Codes to Logistics for Configuration	Tue 3/31/26	Tue 3/31/26	1 day
76	Establish Bus Pass/MTM Wallet Administration Process	Tue 3/31/26	Thu 4/2/26	3 days
77	Purchase Bus Passes	Fri 4/3/26	Tue 4/7/26	3 days
78	Add Inventory to Inventory System	Wed 4/8/26	Wed 4/8/26	1 day
79	Submit Public Transit Materials-Bus Letter/MTM Wallet Card	Fri 3/20/26	Fri 3/20/26	1 day
80	Submit Standard Level of Need (LON) Form	Fri 3/20/26	Fri 3/20/26	1 day
81	Determine LON Requirements	Fri 3/20/26	Fri 3/20/26	0 days
82	Determine Service Area	Fri 3/20/26	Fri 3/20/26	1 day
83	Determine Mileage Restrictions	Fri 3/20/26	Fri 3/20/26	1 day
84	Determine Process for Out of Service Area/ Out of State Requests	Fri 3/20/26	Fri 3/20/26	1 day
85	Submit Prior Authorization/Distance Verification Form	Fri 3/20/26	Fri 3/20/26	1 day
86	**Determine Prior Authorization Process/Approval Manager**	**Fri 3/20/26**	**Mon 4/20/26**	**22 days**
87	Identify if client will have access to Approval Manager	Fri 3/20/26	Fri 3/20/26	1 day
88	Submit provisioning request to IT to provision users to Approval Manager (name, email address, user role)	Mon 3/23/26	Mon 3/23/26	1 day
89	Provision users to Approval Manager	Tue 3/24/26	Mon 4/6/26	10 days
90	Train users to Approval Manager	Tue 4/7/26	Mon 4/20/26	10 days
91	Determine Criteria for Transport of Minors	Fri 3/20/26	Fri 3/20/26	1 day
92	Submit Parental Consent Form/Cover Letter	Fri 3/20/26	Fri 3/20/26	1 day
93	Submit Parental Accompaniment Form	Fri 3/20/26	Fri 3/20/26	1 day
94	Submit Medically Necessary Attendant Form	Fri 3/20/26	Fri 3/20/26	1 day
95	Submit Medical Necessity Form	Fri 3/20/26	Fri 3/20/26	1 day
96	Determine if Member is Allowed Ride of Choice	Fri 3/20/26	Fri 3/20/26	1 day
97	Determine What Services are Covered or Not Covered	Fri 3/20/26	Fri 3/20/26	1 day
98	**Finalize Protocols**	**Tue 2/24/26**	**Tue 2/24/26**	**0 days**
99	Determine Development Needs for (www.memberportal.net)	Tue 2/24/26	Wed 2/25/26	2 days
100	Ensure CC Analyst has Benefit Group info, Plan Name, Plan Code and final Protocols for configuration	Thu 2/26/26	Fri 2/27/26	2 days



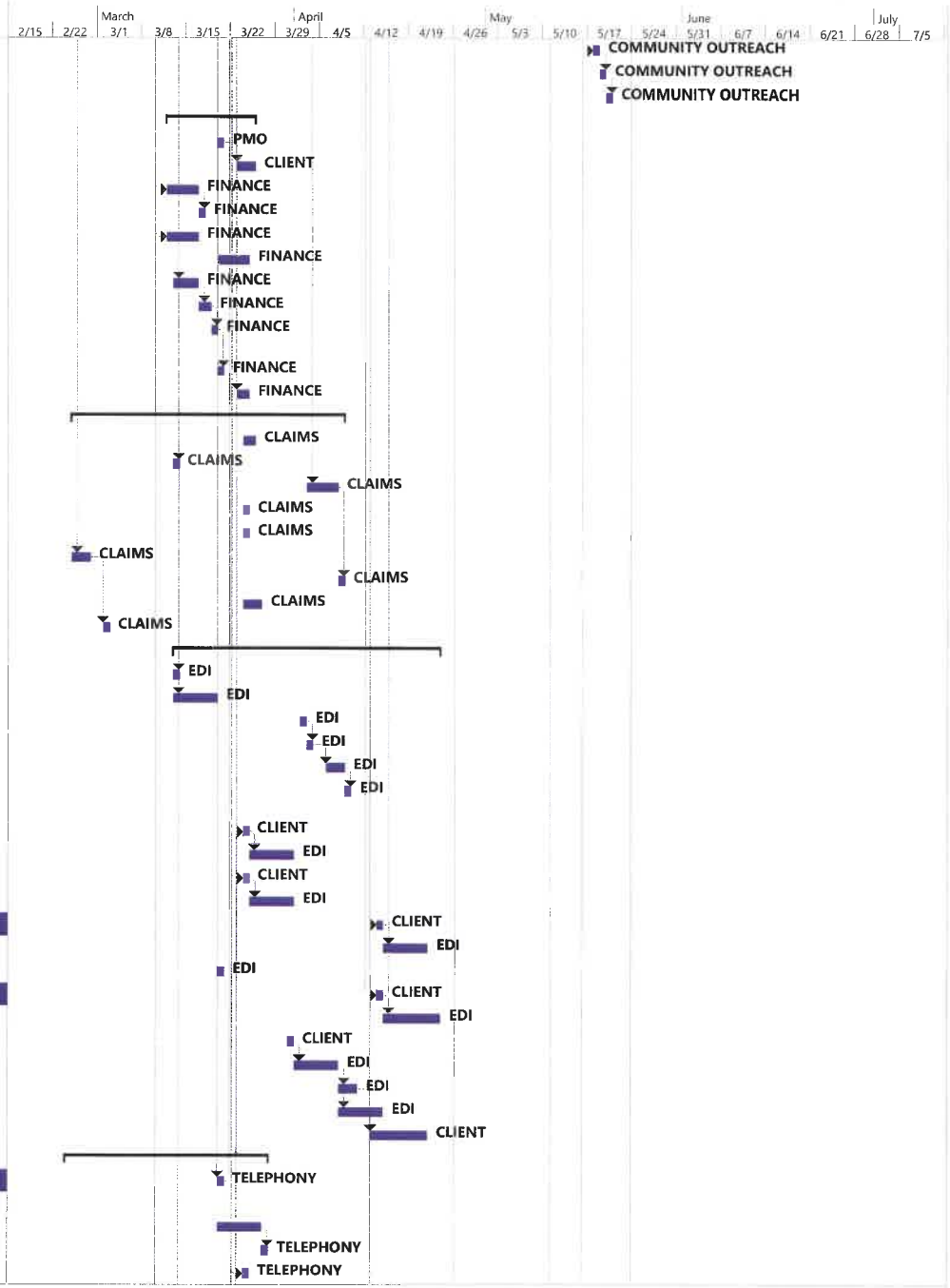
ID	Task Name	Start	Finish	Duration
101	Determine What Offline Work is Needed and What Office Will Own Duties	Tue 2/24/26	Wed 2/25/26	2 days
102	Submit Ticket to have Approved Documents Programmed	Tue 2/24/26	Tue 2/24/26	1 day
103	Configure System	Wed 2/25/26	Fri 2/27/26	3 days
104	Add Protocols to Admin Site	Mon 3/2/26	Mon 3/2/26	1 day
105	**Workforce Management (WFM)**	**Thu 3/12/26**	**Mon 5/11/26**	**43 days**
106	Confirm Service Level Expectations	Thu 3/12/26	Wed 3/18/26	5 days
107	Confirm Staffing Requirements	Thu 3/12/26	Wed 3/18/26	5 days
108	Identify Phone Go Live Date	Thu 3/12/26	Wed 3/18/26	5 days
109	Confirm/Develop Queue Mapping and Call Routing Strategy	Tue 4/28/26	Mon 5/4/26	5 days
110	Skill CCRs in Queue	Tue 4/28/26	Mon 5/11/26	10 days
111	Map Queue so Plan Call Stats show in Power BI	Tue 5/5/26	Tue 5/5/26	1 day
112	**Travel Team**	**Thu 3/12/26**	**Tue 4/14/26**	**24 days**
113	Determine Meals and Lodging Requirements including volume/usage	Thu 3/12/26	Thu 3/12/26	1 day
114	Obtain pertinent contact list from Client for Exceptions/Approvals/Denials	Fri 3/13/26	Thu 3/19/26	5 days
115	Submit Standard Meals and Lodging Procedure	Tue 3/31/26	Tue 3/31/26	1 day
116	Submit Ancillary Services Form	Tue 3/31/26	Tue 3/31/26	1 day
117	Finalize Meals and Lodging Procedure	Wed 4/1/26	Tue 4/14/26	10 days
118	Ensure meals, lodging and air vendor codes are in place	Fri 3/13/26	Tue 3/17/26	3 days
119	Identify Lodging Facilities (Hotels, Ronald McDonald House, etc.)	Wed 3/18/26	Tue 3/24/26	5 days
120	Use Accounting's Credit Application Information Sheet	Wed 3/25/26	Wed 3/25/26	1 day
121	Create Meals & Lodging Email Distribution List	Thu 3/26/26	Fri 3/27/26	2 days
122	**Training-Internal Staff/CCR**	**Tue 2/24/26**	**Tue 4/28/26**	**45 days**
123	Receive Contract Details from Implementation Team (award details, plan specifics, headcount requirements, positions)	Tue 3/24/26	Mon 3/30/26	5 days
124	Determine Training Needs (course objectives, format)	Tue 3/24/26	Wed 3/25/26	2 days
125	Identify Trainers for Go-Live Support	Tue 3/24/26	Tue 3/24/26	1 day
126	Receive Protocols from Project Management Team	Tue 2/24/26	Tue 2/24/26	1 day
127	Develop Training Plan	Wed 2/25/26	Fri 2/27/26	3 days
128	Develop Onboarding Plan (training schedules, start dates, locations)	Mon 3/2/26	Tue 3/3/26	2 days
129	Develop Training Materials (PPT, reference guides, on demand modules et	Wed 3/4/26	Thu 3/5/26	2 days
130	Panel Review Training Materials	Fri 3/6/26	Fri 3/6/26	1 day
131	Train the Trainer on Protocols	Mon 3/9/26	Tue 3/10/26	2 days
132	Submit MTM Training Syllabus	Wed 3/11/26	Wed 3/11/26	1 day
133	Submit MTM Training Schedule	Thu 3/12/26	Thu 3/12/26	1 day
134	Train Leaders	Thu 3/12/26	Wed 3/18/26	5 days
135	Workforce Schedules Training for Existing Employees	Thu 3/12/26	Fri 3/13/26	2 days
136	Train Employees	Thu 3/12/26	Tue 3/24/26	9 days
137	**CCR Training Complete**	**Tue 4/28/26**	**Tue 4/28/26**	**0 days**
138	Follow up on Training Updates	Wed 3/25/26	Tue 3/31/26	5 days
139	**Logistics**	**Thu 3/12/26**	**Tue 6/2/26**	**59 days**
140	Review Contract/RFP Requirements	Thu 3/12/26	Fri 3/13/26	2 days
141	Determine Network Adequacy by reviewing bid model projections	Mon 3/16/26	Fri 3/20/26	5 days
142	**Logistics Planning**	**Fri 3/20/26**	**Wed 4/15/26**	**19 days**
143	Verify Fleet Requirements based on Membership Count & Utilization	Fri 3/20/26	Mon 3/23/26	2 days
144	Develop Fleet by County Projection Report (Fleet Build by mode -Public Transit, Ambulatory, Paralift, Stretcher, Ambulance)	Tue 3/24/26	Mon 3/30/26	5 days
145	Provide Network Adequacy Report (Fleet Build) Weekly	Tue 3/31/26	Wed 4/15/26	12 days
146	Identify Regional Support	Tue 3/24/26	Thu 3/26/26	3 days
147	Ensure Transportation Provider 24/7 Coverage by Mode and Region	Fri 3/27/26	Fri 3/27/26	1 day
148	**Logistics Contracting**	**Thu 3/12/26**	**Mon 5/18/26**	**48 days**
149	Create/Modify TP Handbook - Appendix A	Thu 3/12/26	Wed 3/18/26	5 days
150	Create/Modify Credentials-Appendix B	Thu 3/12/26	Tue 3/17/26	4 days
151	Create/Modify TP Service Agreement, if not Included in Contract	Thu 3/12/26	Wed 3/18/26	5 days
152	Create/Modify Schedule B - Liquidated Damages	Thu 3/12/26	Wed 3/25/26	10 days



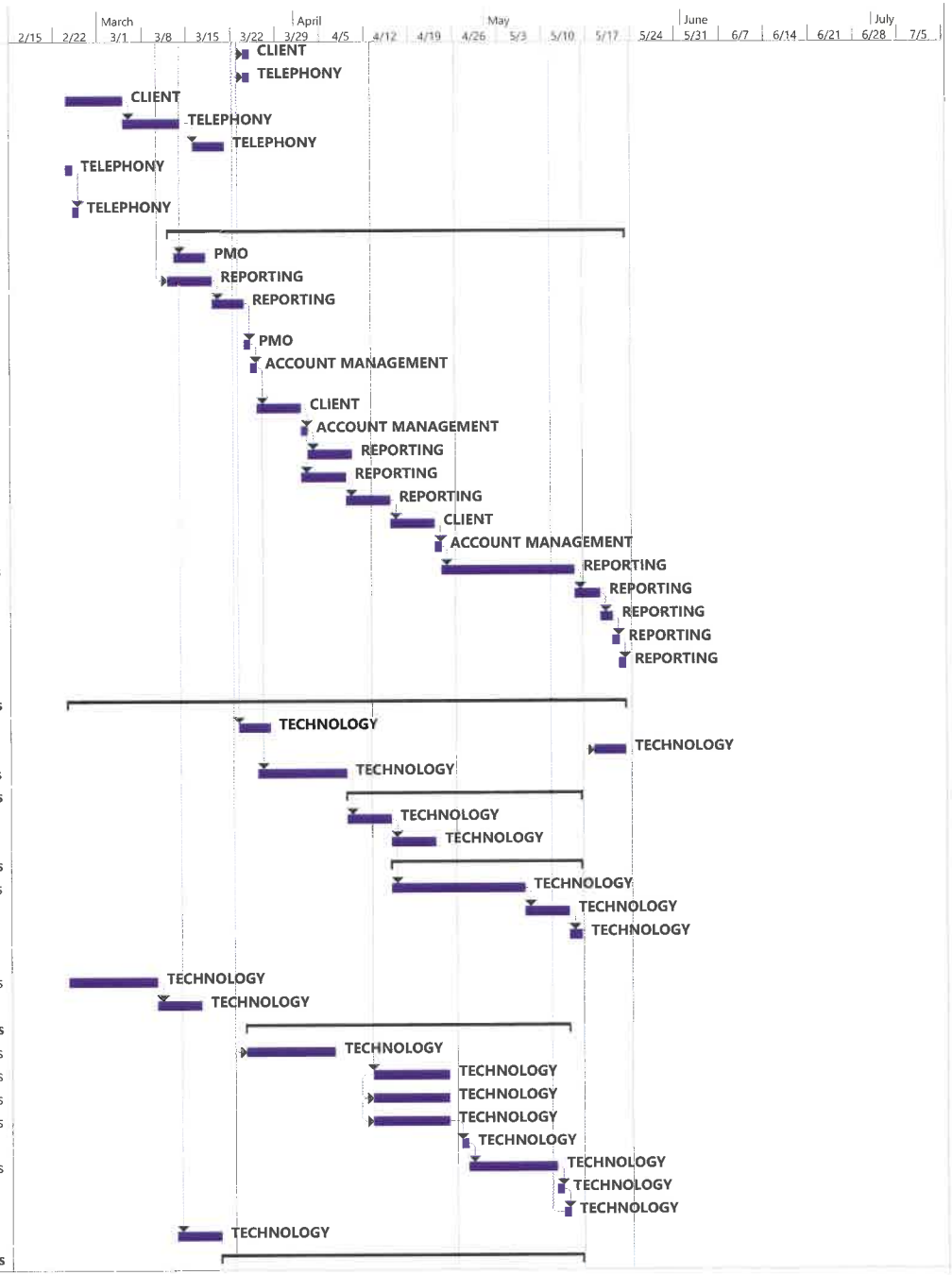
ID	Task Name	Start	Finish	Duration
153	Create Appendix C - Downstream Medicaid Addendum	Thu 3/12/26	Wed 3/18/26	5 days
154	Create/Modify Schedule A - Rates	Thu 3/12/26	Wed 3/18/26	5 days
155	Create/Modify Vehicle Inspection Form	Thu 3/12/26	Thu 3/12/26	1 day
156	Review/Approve Provider Rates for Schedule A	Thu 3/12/26	Wed 3/18/26	5 days
157	Submit Transportation Provider Materials, if applicable per contract	Thu 3/12/26	Thu 3/12/26	1 day
158	Send TP Contracts, Inclusive of Schedule A and Appendix B	Fri 3/13/26	Thu 3/19/26	5 days
159	**Send TP Driver/Vehicle Spreadsheet**	**Fri 3/13/26**	**Mon 3/16/26**	**2 days**
160	Identify RSD Company	Fri 3/13/26	Mon 3/16/26	2 days
161	Request API keys for Transportation Providers	Fri 3/13/26	Mon 3/16/26	2 days
162	Receive Contracts	Fri 3/13/26	Thu 3/19/26	5 days
163	Receive Driver/Vehicle Spreadsheet	Fri 3/13/26	Thu 3/19/26	5 days
164	Countersign Contracts	Fri 3/20/26	Thu 3/26/26	5 days
165	Upload Contracts in Credentialing System	Fri 3/27/26	Thu 4/2/26	5 days
166	**Contract 100% TPs (# Contracted to Goal Defined)**	**Mon 5/18/26**	**Mon 5/18/26**	**1 day**
167	**Logistics Transportation Provider Configuration**	**Tue 3/24/26**	**Tue 6/2/26**	**51 days**
168	Receive Public Transit Agencies and Available Routes	Tue 3/24/26	Thu 3/26/26	3 days
169	Configure Public Transit Vendors & Routes in NET system (Google Transit Agency Codes)	Fri 3/27/26	Mon 3/30/26	2 days
170	**Configure TPs in NET System**	**Fri 3/27/26**	**Thu 4/2/26**	**5 days**
171	Drivers	Fri 3/27/26	Thu 4/2/26	5 days
172	Vehicles	Fri 3/27/26	Thu 4/2/26	5 days
173	Service Areas	Fri 3/27/26	Thu 4/2/26	5 days
174	Rates	Fri 3/27/26	Thu 4/2/26	5 days
175	Manifests	Fri 3/27/26	Thu 4/2/26	5 days
176	Depots	Fri 3/27/26	Thu 4/2/26	5 days
177	RTP Templates	Fri 3/27/26	Thu 4/2/26	5 days
178	Validate MTM NET System Configurations	Fri 4/3/26	Thu 4/9/26	5 days
179	Request Provider Provisioning to MTM Link (Portal/API/APP)	Fri 4/10/26	Fri 4/10/26	1 day
180	Transportation Provider/Driver/Vehicles Provisioned to MTM Link (Portal/API/APP)	Wed 5/13/26	Tue 6/2/26	15 days
181	**Inspect/Audit Transportation Providers**	**Fri 3/13/26**	**Thu 4/16/26**	**25 days**
182	Coordinate Vehicle Inspections	Fri 3/13/26	Thu 3/19/26	5 days
183	Conduct Vehicle Inspections	Fri 3/20/26	Thu 4/16/26	20 days
184	Conduct TP Audits	Fri 3/20/26	Thu 4/16/26	20 days
185	**Transportation Provider Credentialing**	**Fri 3/13/26**	**Thu 5/7/26**	**40 days**
186	Confirm Provider Type	Mon 3/16/26	Mon 3/16/26	1 day
187	Master Credentials Configured in Credentialing System	Tue 3/17/26	Mon 3/23/26	5 days
188	Upload TP Credentials	Fri 3/13/26	Thu 3/26/26	10 days
189	Approve TP Credentials	Fri 3/27/26	Thu 4/23/26	20 days
190	Company & Driver Sanction Check	Fri 4/24/26	Thu 5/7/26	10 days
191	TP Fully Approved Credentialing Status	Thu 5/7/26	Thu 5/7/26	0 days
192	**Community Outreach-Transportation Provider Training**	**Fri 3/13/26**	**Wed 5/20/26**	**49 days**
193	Create Transportation Provider Outreach Plan	Fri 3/13/26	Thu 3/19/26	5 days
194	Develop Transportation Provider Training Materials	Fri 3/13/26	Thu 3/19/26	5 days
195	Submit Training Materials for Approval	Fri 3/20/26	Fri 3/20/26	1 day
196	Confirm RSD Solution	Tue 3/24/26	Tue 3/24/26	1 day
197	Schedule and Conduct Town Hall sessions (In Person/Virtual)	Fri 3/13/26	Thu 4/23/26	30 days
198	Build TP Access for On Demand Training in Appropriate Platform	Fri 3/13/26	Mon 3/16/26	2 days
199	Complete TP/Driver FWA/HIPAA Driver Training	Tue 3/17/26	Mon 4/20/26	25 days
200	Complete TP/Driver Credentialing Training	Tue 3/17/26	Mon 4/20/26	25 days
201	Complete TP/Driver MTM Link Training	Tue 3/17/26	Mon 4/20/26	25 days
202	Complete TP/Driver PTM/ETD Training	Tue 3/17/26	Mon 4/20/26	25 days
203	Complete TP/Driver Claims Training	Tue 3/17/26	Fri 4/17/26	24 days
204	Provide Report to Show TP Trainings Completed	Mon 5/18/26	Mon 5/18/26	1 day



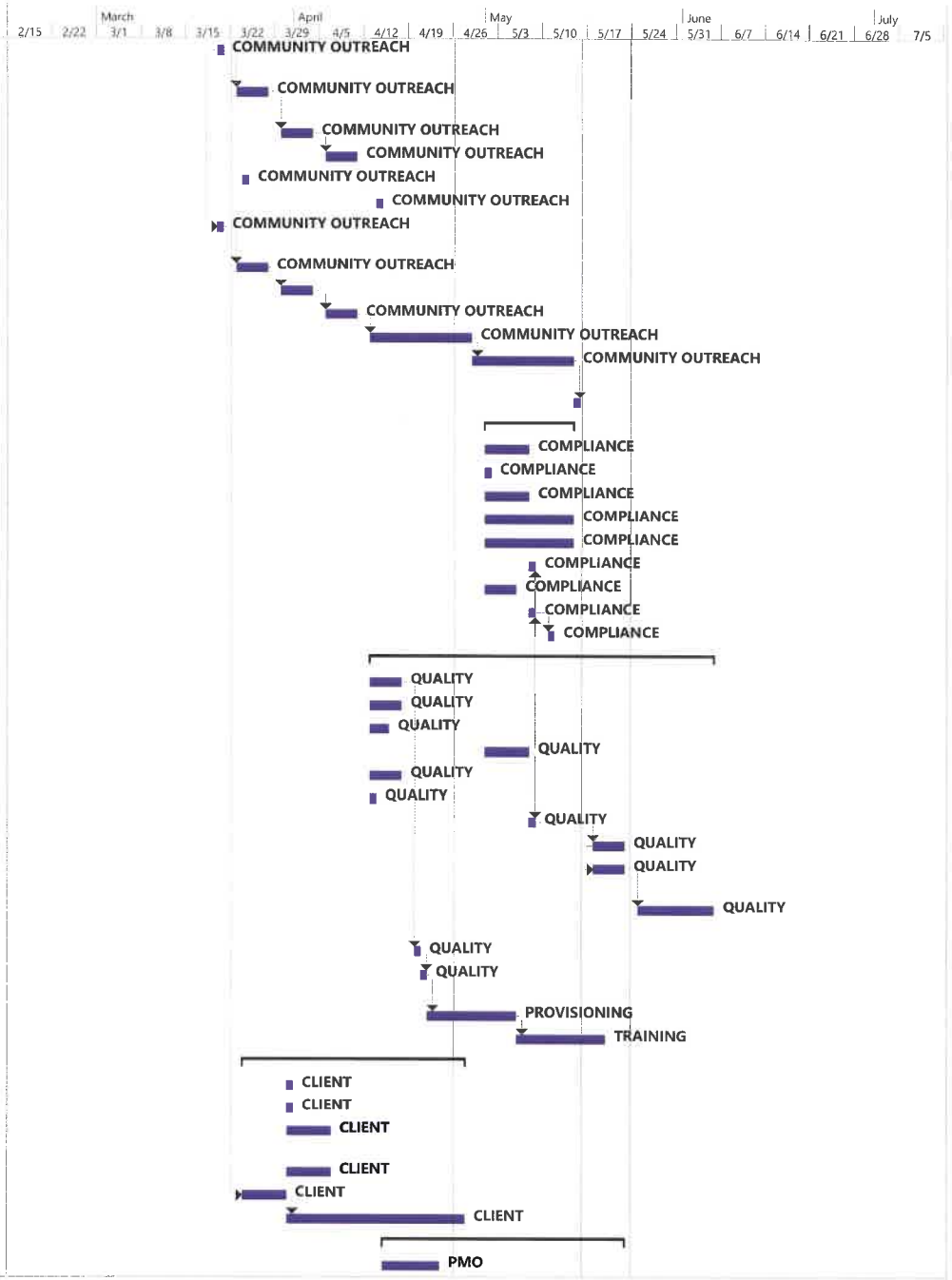
ID	Task Name	Start	Finish	Duration
205	Create Training Attestation Certificates Post Training	Mon 5/18/26	Mon 5/18/26	1 day
206	Submit Materials for Readiness Review	Tue 5/19/26	Tue 5/19/26	1 day
207	Present Action Items for Readiness Review	Wed 5/20/26	Wed 5/20/26	1 day
208	**Finance & Accounting**	**Thu 3/12/26**	**Wed 3/25/26**	**10 days**
209	Request 2 Contacts for Client Accounting	Fri 3/20/26	Fri 3/20/26	1 day
210	Receive Contact Info for 2 Client Accounting Persons	Mon 3/23/26	Wed 3/25/26	3 days
211	Read Contract, Submit Questions	Thu 3/12/26	Mon 3/16/26	3 days
212	Set up Plan in Workday	Tue 3/17/26	Tue 3/17/26	1 day
213	Determine Mode Mix & Member Count Estimations for Billing Expectation	Thu 3/12/26	Mon 3/16/26	3 days
214	Determine Breakdown of Populations via Eligibility File Format	Fri 3/20/26	Tue 3/24/26	3 days
215	Determine AR Payment Terms, Invoicing Terms, Type of Billing, LD Schedu	Fri 3/13/26	Mon 3/16/26	2 days
216	Set Up Customer Card & Cost Plus Report	Tue 3/17/26	Wed 3/18/26	2 days
217	Identify where Client will post monthly Capitation Remittance Files (current Member count and retro Member count if PMPM)	Thu 3/19/26	Thu 3/19/26	1 day
218	Initiate Sample Cost Plus Detail / Invoice File Approval from Client	Fri 3/20/26	Fri 3/20/26	1 day
219	Prepare Standard Financial Packet	Mon 3/23/26	Tue 3/24/26	2 days
220	**Claims**	**Wed 2/25/26**	**Wed 4/8/26**	**31 days**
221	Share Claims P&Ps	Tue 3/24/26	Wed 3/25/26	2 days
222	Determine GMR Rate	Fri 3/13/26	Fri 3/13/26	1 day
223	Set Up GMR Vendor Code	Fri 4/3/26	Tue 4/7/26	3 days
224	Submit GMR Trip Log and Member Facing Documents	Tue 3/24/26	Tue 3/24/26	1 day
225	Submit Re-loadable Debit Card Materials	Tue 3/24/26	Tue 3/24/26	1 day
226	Submit Plan Claims Configuration	Wed 2/25/26	Fri 2/27/26	3 days
227	Configure MTM Link for Meals and Lodging	Wed 4/8/26	Wed 4/8/26	1 day
228	Submit Ticket to Have Approved Documents Programmed	Tue 3/24/26	Thu 3/26/26	3 days
229	Set Claims to "Required - Deny" for Drivers/Vehicles	Mon 3/2/26	Mon 3/2/26	1 day
230	**EDI**	**Fri 3/13/26**	**Thu 4/23/26**	**30 days**
231	Share Encounter Data P&Ps	Fri 3/13/26	Fri 3/13/26	1 day
232	Share Encounter Data Analysis Workflow	Fri 3/13/26	Thu 3/19/26	5 days
233	Provide MTM's 834 Eligibility Member Enrollments Companion Guide	Thu 4/2/26	Thu 4/2/26	1 day
234	Discuss/Automate File Transmission Methods (SFTP)	Fri 4/3/26	Fri 4/3/26	1 day
235	Determine Member Eligibility File Layout (834 companion guide)	Mon 4/6/26	Wed 4/8/26	3 days
236	Ensure Plan Benefit Groups meet requirements for EDI, Reporting, Operations and Finance	Thu 4/9/26	Thu 4/9/26	1 day
237	Receive 820 Capitation File	Tue 3/24/26	Tue 3/24/26	1 day
238	Test 820 Capitation File	Wed 3/25/26	Tue 3/31/26	5 days
239	Receive Test Eligibility File	Tue 3/24/26	Tue 3/24/26	1 day
240	Process Test Eligibility File	Wed 3/25/26	Tue 3/31/26	5 days
241	**Receive Production Eligibility File**	**Tue 4/14/26**	**Tue 4/14/26**	**1 day**
242	Process Production Eligibility File	Wed 4/15/26	Tue 4/21/26	5 days
243	Deliver Medical Provider File Layout	Fri 3/20/26	Fri 3/20/26	1 day
244	**Receive Production Medical Provider File**	**Tue 4/14/26**	**Tue 4/14/26**	**1 day**
245	Process Production Medical Provider File	Wed 4/15/26	Thu 4/23/26	7 days
246	Receive Encounter Companion Guide (837 Companion guide)	Tue 3/31/26	Tue 3/31/26	1 day
247	Review File Layout and Requirements	Wed 4/1/26	Tue 4/7/26	5 days
248	Process Encounter Files	Wed 4/8/26	Fri 4/10/26	3 days
249	Develop MT88 file, if applicable	Wed 4/8/26	Tue 4/14/26	5 days
250	Receive Approval on Encounter Testing	Mon 4/13/26	Tue 4/21/26	7 days
251	**Telephony**	**Tue 2/24/26**	**Fri 3/27/26**	**24 days**
252	**Establish Toll Free Number**	**Fri 3/20/26**	**Fri 3/20/26**	**1 day**
253	Establish Facility Line, if applicable	Thu 3/19/26	Thu 3/19/26	0 days
254	Establish Toll Free Number Transition Plan	Fri 3/20/26	Thu 3/26/26	5 days
255	Establish Local Office Number/Fax	Fri 3/27/26	Fri 3/27/26	1 day
256	Submit ResPorg Form/Copy of Bill to Client for Previous Broker	Tue 3/24/26	Tue 3/24/26	1 day



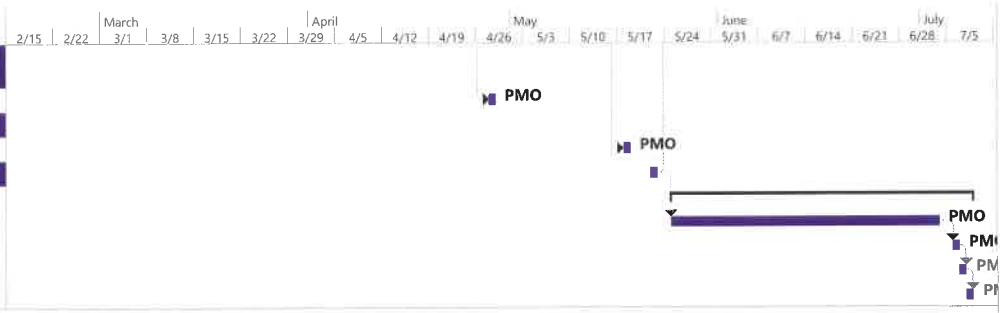
ID	Task Name	Start	Finish	Duration
257	Submit ResPorg Form to Carrier	Tue 3/24/26	Tue 3/24/26	1 day
258	Assign Temporary Phone Number	Tue 3/24/26	Tue 3/24/26	1 day
259	Receive Approval of Prompt Recording -IVA	Tue 2/24/26	Wed 3/4/26	7 days
260	Record Prompt & Configure with Five9	Thu 3/5/26	Fri 3/13/26	7 days
261	Record Back Up Prompt	Mon 3/16/26	Fri 3/20/26	5 days
262	Retrieve Finalized protocols so IVA, Text, WMR to Providers and Web Chat can be configured	Tue 2/24/26	Tue 2/24/26	1 day
263	Coordinate with CC and Marketing for Web Chat setup	Wed 2/25/26	Wed 2/25/26	1 day
264	**Reporting**	**Thu 3/12/26**	**Fri 5/22/26**	**52 days**
265	Ensure Bid Model Report is Available	Fri 3/13/26	Tue 3/17/26	3 days
266	Identify Required Reports & Crosswalk to existing reports	Thu 3/12/26	Wed 3/18/26	5 days
267	Determine Schedule for Reports and Delivery Process/Location, including SFTP site locations/log ins/etc.	Thu 3/19/26	Mon 3/23/26	3 days
268	Present MTM standard reports to Client	Tue 3/24/26	Tue 3/24/26	1 day
269	Submit ticket to IT to grant Client users access to Power BI Cloud reporting suite	Wed 3/25/26	Wed 3/25/26	1 day
270	Obtain Client approval to use existing report in place of a new custom rep	Thu 3/26/26	Wed 4/1/26	5 days
271	Submit JIRA ticket for reporting creation	Thu 4/2/26	Thu 4/2/26	1 day
272	Map Required Reports to Standard Cloud Package	Fri 4/3/26	Thu 4/9/26	5 days
273	Determine Requirements for Custom Reports by Meeting with Client	Thu 4/2/26	Wed 4/8/26	5 days
274	Develop Custom Report Templates for Client Approval	Thu 4/9/26	Wed 4/15/26	5 days
275	Receive Approval for Report Designs	Thu 4/16/26	Wed 4/22/26	5 days
276	Submit JIRA ticket for reporting creation	Thu 4/23/26	Thu 4/23/26	1 day
277	Develop Custom Reports	Fri 4/24/26	Thu 5/14/26	15 days
278	Develop Automation Processes to Deliver Reports Based on Selected Sche	Fri 5/15/26	Mon 5/18/26	2 days
279	Deploy Reports and Automation to Production	Tue 5/19/26	Wed 5/20/26	2 days
280	Update Report that feeds zip codes to memberportal.net	Thu 5/21/26	Thu 5/21/26	1 day
281	Collaborate with IT to Ensure File Gets to Marketing so Plan Info can be Populated on memberportal.net	Fri 5/22/26	Fri 5/22/26	1 day
282	**Technology & Infrastructure**	**Tue 2/24/26**	**Fri 5/22/26**	**64 days**
283	Create SFTP site	Mon 3/23/26	Fri 3/27/26	5 days
284	Provide Client Access to Power BI	Mon 5/18/26	Fri 5/22/26	5 days
285	Determine if Development Work is Needed for Reveal/MTM Link	Thu 3/26/26	Wed 4/8/26	10 days
286	**Development**	**Thu 4/9/26**	**Fri 5/15/26**	**27 days**
287	Requirements Complete	Thu 4/9/26	Wed 4/15/26	5 days
288	Stories Reviewed with Architects and Developers	Thu 4/16/26	Wed 4/22/26	5 days
289	**Sprint Begins**	**Thu 4/16/26**	**Fri 5/15/26**	**22 days**
290	Development	Thu 4/16/26	Wed 5/6/26	15 days
291	UAT	Thu 5/7/26	Wed 5/13/26	5 days
292	Business Review/Acceptance	Thu 5/14/26	Fri 5/15/26	2 days
293	Deployment	Fri 5/15/26	Fri 5/15/26	0 days
294	Update Web Portal Protocol Spreadsheets in Confluence	Tue 2/24/26	Mon 3/9/26	10 days
295	Load Protocol Info to Person Org	Tue 3/10/26	Mon 3/16/26	5 days
296	**Product Provisioning**	**Tue 3/24/26**	**Wed 5/13/26**	**37 days**
297	Add Zone Shape Fields to Reveal	Tue 3/24/26	Mon 4/6/26	10 days
298	Provision TPs to MTM Link Portal	Mon 4/13/26	Fri 4/24/26	10 days
299	Provision TPs to MTM Link APP	Mon 4/13/26	Fri 4/24/26	10 days
300	Develop RSD API Key	Mon 4/13/26	Fri 4/24/26	10 days
301	Deliver API Key to TP	Mon 4/27/26	Mon 4/27/26	1 day
302	TP's RSD Company creates web hook and sends back to MTM	Tue 4/28/26	Mon 5/11/26	10 days
303	Receive Web Hook and connect RSD and MTM API	Tue 5/12/26	Tue 5/12/26	1 day
304	Validate Real Time Data Connection	Wed 5/13/26	Wed 5/13/26	1 day
305	Determine Business Continuity and Disaster Recovery Requirements	Fri 3/13/26	Thu 3/19/26	5 days
306	**Community Outreach-Medical Facility**	**Fri 3/20/26**	**Fri 5/15/26**	**41 days**



ID	Task Name	Start	Finish	Duration
307	Request Facility List, Vulnerable Populations and Special Needs Members from Client	Fri 3/20/26	Fri 3/20/26	1 day
308	Identify Contact Information for Facilities (Dialysis, Hospitals, Adult Daycare Centers, etc.)	Mon 3/23/26	Fri 3/27/26	5 days
309	Create Medical Facility Outreach Plan	Mon 3/30/26	Fri 4/3/26	5 days
310	Create Training Plan for Facilities/Clients	Mon 4/6/26	Fri 4/10/26	5 days
311	Determine which online portal will be used	Tue 3/24/26	Tue 3/24/26	1 day
312	Create CO Email Distribution List	Tue 4/14/26	Tue 4/14/26	1 day
313	Submit Medical Facility Facing Materials for Approval (Facility Resource Guide, Intro Letter, MTM Overview, RTP Template)	Fri 3/20/26	Fri 3/20/26	1 day
314	Customize Medical Facility Outreach Documents	Mon 3/23/26	Fri 3/27/26	5 days
315	Distribute approved materials to appropriate medical facilities	Mon 3/30/26	Fri 4/3/26	5 days
316	Customize Online Portal Training	Mon 4/6/26	Fri 4/10/26	5 days
317	Attend Community Advocacy Meetings	Mon 4/13/26	Tue 4/28/26	12 days
318	Schedule and Conduct Outreach Training sessions (MTM Overview, Town Halls, online portal trainings)	Wed 4/29/26	Thu 5/14/26	12 days
319	Provide Report of Facility Training Completions	Fri 5/15/26	Fri 5/15/26	1 day
320	**Compliance& Audit**	**Fri 5/1/26**	**Thu 5/14/26**	**10 days**
321	Determine Appeals Process	Fri 5/1/26	Thu 5/7/26	5 days
322	Submit Appeals Letters for Approval	Fri 5/1/26	Fri 5/1/26	1 day
323	Submit ticket for Appeal Letter Configuration	Fri 5/1/26	Thu 5/7/26	5 days
324	Update QA - Fraud Waste & Abuse Reporting	Fri 5/1/26	Thu 5/14/26	10 days
325	Define LD process (Would be Assessed Timeframe, etc.)	Fri 5/1/26	Thu 5/14/26	10 days
326	Submit Grievance/Appeals/FWA Report Sample	Fri 5/8/26	Fri 5/8/26	1 day
327	Determine Member Satisfaction Surveys Requirements	Fri 5/1/26	Tue 5/5/26	3 days
328	Submit Member Satisfaction Surveys	Fri 5/8/26	Fri 5/8/26	1 day
329	Submit Ticket to Have Approved Documents Programmed	Mon 5/11/26	Mon 5/11/26	1 day
330	**Quality & Continuous Improvement**	**Mon 4/13/26**	**Fri 6/5/26**	**40 days**
331	Determine Delegation of Complaints	Mon 4/13/26	Fri 4/17/26	5 days
332	Determine Complaint Turn Around Time	Mon 4/13/26	Fri 4/17/26	5 days
333	Determine Frequency of Complaint Reporting	Mon 4/13/26	Wed 4/15/26	3 days
334	Determine Denial Letters Requirements	Fri 5/1/26	Thu 5/7/26	5 days
335	Define Incident/Accident Reporting	Mon 4/13/26	Fri 4/17/26	5 days
336	Submit Incident/Accident Form	Mon 4/13/26	Mon 4/13/26	1 day
337	Submit Denial Letters	Fri 5/8/26	Fri 5/8/26	1 day
338	Submit Reporting Request Tickets (Denial letters, appeal letters, etc.)	Mon 5/18/26	Fri 5/22/26	5 days
339	Upload Plan's SLA and Delegation Info into Quality Management System (QMS)/MTM Link	Mon 5/18/26	Fri 5/22/26	5 days
340	Update QA -- Quality Assurance Plan (Denials, NET Provider Complaint Resolution & Grievance Process)	Mon 5/25/26	Fri 6/5/26	10 days
341	Identify if client will have access to QMS system	Mon 4/20/26	Mon 4/20/26	1 day
342	Submit provisioning request to IT to provision users to QMS system (name, email address, user role)	Tue 4/21/26	Tue 4/21/26	1 day
343	Provision users to QMS	Wed 4/22/26	Tue 5/5/26	10 days
344	Train users to QMS System	Wed 5/6/26	Tue 5/19/26	10 days
345	**Trip Transition**	**Tue 3/24/26**	**Mon 4/27/26**	**25 days**
346	Receive Historical Trip Data	Tue 3/31/26	Tue 3/31/26	1 day
347	Receive List of Current TPs	Tue 3/31/26	Tue 3/31/26	1 day
348	Receive 12 Month History of Utilization/Current Membership by County and Projections by Population	Tue 3/31/26	Mon 4/6/26	5 days
349	Review Trip Data; Identify GMR and Bus Members	Tue 3/31/26	Mon 4/6/26	5 days
350	Receive RTPs, Single Trips, Meals/Lodging Members, Current PAs, ITP pacl	Tue 3/24/26	Mon 3/30/26	5 days
351	Enter RTPs, Single Trips, Meals/Lodging Trips/PAs in NET System	Tue 3/31/26	Mon 4/27/26	20 days
352	**Go Live Events**	**Wed 4/15/26**	**Fri 5/22/26**	**28 days**
353	Conduct Readiness Testing	Wed 4/15/26	Thu 4/23/26	7 days



ID	Task Name	Start	Finish	Duration
354	**Complete Internal Readiness for Go-Live: Send & Receive Readiness Testing Template/Attestations**	Tue 4/28/26	Tue 4/28/26	0 days
355	Send Out Phone Go Live Email to Project Team and OLT	Tue 4/28/26	Tue 4/28/26	1 day
356	**Open Phone Lines**	Tue 5/5/26	Tue 5/5/26	0 days
357	Send Out Transportation Go Live Email To Project Team and OLT	Mon 5/18/26	Mon 5/18/26	1 day
358	**Transportation Go Live**	Fri 5/22/26	Fri 5/22/26	1 day
359	**Project Management Monitoring**	Mon 5/25/26	Wed 7/8/26	33 days
360	Monitor Call & Transportation Statistics	Mon 5/25/26	Fri 7/3/26	30 days
361	Conduct Lessons Learned Meeting	Mon 7/6/26	Mon 7/6/26	1 day
362	Transition to Business Owner	Tue 7/7/26	Tue 7/7/26	1 day
363	Send Internal & External NPS Surveys	Wed 7/8/26	Wed 7/8/26	1 day



MTM Health

Letter of Intent & Questionnaire

MTM Health would like to include your transportation company in our statewide non-emergency medical transportation network. If you are interested in becoming a subcontracted transportation provider for MTM Health, please complete and submit this form.

Please print clearly or type.

Transportation Provider: Tri-State Transit Authority

The Transportation Provider above offers this questionnaire as a show of good faith to proceed in a timely manner with subcontracting requirements and participation in the MTM Health non-emergency medical transportation (NEMT) program, following a successful award of a NEMT brokerage contract in the Transportation Provider's service area. This is not a contract and does not limit similar agreements with other NEMT broker candidates.

Business Name:
Tri-State Transit Authority

Phone:
304-529-6094

Contact Name & Title:
Jennifer Woodall, Assistant General Manager

Fax:
304-529-7300

Contact Email Address:
jwoodall@tta-wv.com

Street Address:
1120 Virginia Ave. West -- P.O. Box 7365

City:
Huntington

State:
WV

Zip:
25779

Base County:
Cabell

Additional Counties of Service:
Portions of Wayne

Number of Ambulatory Vehicles:
13

Number of Wheelchair Vehicles:
13

Number of Stretcher Vehicles:
0

Business License Number:

Tax ID Number:
55-0530178

Medicaid ID Number/NPI:

Are you certified as a: ☐ **HUB** ☐ **MBE** ☐ **WBE** ☐ **DBE** ☐ **Disabled Veteran Business**

Signature:

Date:
09/24/25

Please submit documents by September 5, 2025

Attention: Logistics Recruiting

E-Mail: strategicrecruiting@mtm-inc.net

Please complete the following table regarding your rates for the services listed below, as they apply to your fleet. Please note that this is for informational purposes only and actual rates will be negotiated during the next stage of the recruitment process.

Please print clearly or type.

Ambulatory Vehicle Rate: TBD
Wheelchair Vehicle Rate: TBD
Stretcher Vehicle Rate:
Ambulance Vehicle Rate:
Bariatric Vehicle Rate:
Other (Please specify): TBD
Notes:

Signature: Jeff Woodall	**Date:** 09/24/25

Please submit documents by September 5, 2025

Attn: Logistics Recruiting |strategicrecruiting@mtm-inc.net | 16 Hawk Ridge Dr. Lake St. Louis, MO 63367

MTM | Health

Letter of Intent & Questionnaire

MTM Health would like to include your transportation company in our statewide non-emergency medical transportation network. If you are interested in becoming a subcontracted transportation provider for MTM Health, please complete and submit this form.

Please print clearly or type.

Transportation Provider: LYNX WEST VA, LLC dba LYNX EMS

The Transportation Provider above offers this questionnaire as a show of good faith to proceed in a timely manner with subcontracting requirements and participation in the MTM Health non-emergency medical transportation (NEMT) program, following a successful award of a NEMT brokerage contract in the Transportation Provider's service area. This is not a contract and does not limit similar agreements with other NEMT broker candidates.

Business Name: Lynx EMS	**Phone:** 304-717-8577
Contact Name & Title: Devorah Geft, Director of Managed Care and Contracting	**Fax:** 513-605-6865
Contact Email Address: dgeft@newvistahealth.com	
Street Address: 30 Mon General Drive Bldg 2	

City: Morgantown	**State:** WV	**Zip:** 26505-2853

Base County: Monongalia

Additional Counties of Service: Any county within 50 miles of Monongalia, Berkley, and Harrison

Number of Ambulatory Vehicles: 5	**Number of Wheelchair Vehicles:** 3	**Number of Stretcher Vehicles:**
Business License Number: 53138	**Tax ID Number:** 93-4368374	**Medicaid ID Number/NPI:** 1568296747

Are you certified as a: ☐ **HUB** ☐ **MBE** ☐ **WBE** ☐ **DBE** ☐ **Disabled Veteran Business**

Signature: D Geft	**Date:** 09/11/2025

Please submit documents by September 5, 2025

Attention: Logistics Recruiting

E-Mail: strategicrecruiting@mtm-inc.net

Please complete the following table regarding your rates for the services listed below, as they apply to your fleet. Please note that this is for informational purposes only and actual rates will be negotiated during the next stage of the recruitment process.

Please print clearly or type.

Ambulatory Vehicle Rate: $40.00 Mileage $2.00
Wheelchair Vehicle Rate: $75.00 Mileage $3.00
Stretcher Vehicle Rate: $300.00 Mileage $7.00
Ambulance Vehicle Rate: $500.00 Mileage $12.00
Bariatric Vehicle Rate: $1000.00 Mileage $12.00
Other (Please specify): Dead Head: $1.50/mile Wait Time: $150.00/hour
Notes:

Signature:	**Date:** 09/15/2025

Please submit documents by September 5, 2025

Attn: Logistics Recruiting |strategicrecruiting@mtm-inc.net | 16 Hawk Ridge Dr. Lake St. Louis, MO 63367

MTM Health

Letter of Intent & Questionnaire

MTM Health would like to include your transportation company in our statewide non-emergency medical transportation network. If you are interested in becoming a subcontracted transportation provider for MTM Health, please complete and submit this form.

Please print clearly or type.

Transportation Provider: _____

The Transportation Provider above offers this questionnaire as a show of good faith to proceed in a timely manner with subcontracting requirements and participation in the MTM Health non-emergency medical transportation (NEMT) program, following a successful award of a NEMT brokerage contract in the Transportation Provider's service area. This is not a contract and does not limit similar agreements with other NEMT broker candidates.

Business Name: DBA Valley Medical Transport
Valley Regional Enterprises

Phone: 540-536-0551

Contact Name & Title: Craig Barrett - Senior Director

Fax:

Contact Email Address: Cbarrett@ValleyHealthLink.com

Street Address: 190 Prosperity Drive Suite 4

City: Winchester

State: VA

Zip: 22602

Base County: Frederick

Additional Counties of Service: Mineral Co, WV; Hampshire Co, WV; Morgan Co, WV

Number of Ambulatory Vehicles: 38

Number of Wheelchair Vehicles: 5

Number of Stretcher Vehicles: 1

Business License Number: 1032-9228

Tax ID Number: 54-1456064

Medicaid ID Number/NPI: 144683000/1528054681

Are you certified as a: ☐ HUB ☐ MBE ☐ WBE ☐ DBE ☐ Disabled Veteran Business

Signature:

Date: 8/22/25

Please submit documents by September 5, 2025

Attention: Logistics Recruiting

E-Mail: strategicrecruiting@mtm-inc.net

Letter of Intent & Questionnaire

MTM Health would like to include your transportation company in our statewide non-emergency medical transportation network. If you are interested in becoming a subcontracted transportation provider for MTM Health, please complete and submit this form.

Please print clearly or type.

Transportation Provider: _____

The Transportation Provider above offers this questionnaire as a show of good faith to proceed in a timely manner with subcontracting requirements and participation in the MTM Health non-emergency medical transportation (NEMT) program, following a successful award of a NEMT brokerage contract in the Transportation Provider's service area. This is not a contract and does not limit similar agreements with other NEMT broker candidates.

Business Name: ALLIANCE TRANSPORTATION SERVICES LLC	**Phone:** 207-766-1414
Contact Name & Title: MOHAMED OMAR	**Fax:**
Contact Email Address: ALLIANCETRANSPORTATION@HOTMAIL.COM	
Street Address: 1506 BEECH STREET	

City: HUNTINGTON	**State:** WV	**Zip:** 25701
Base County: CABELL		
Additional Counties of Service: WAYNE, PUTNAM, LINCOLN, MASON		

Number of Ambulatory Vehicles: 5	**Number of Wheelchair Vehicles:** 1	**Number of Stretcher Vehicles:** 0
Business License Number:	**Tax ID Number:** 93-4329992	**Medicaid ID Number/NPI:**

Are you certified as a: ☐ **HUB** ☐ **MBE** ☐ **WBE** ☐ **DBE** ☐ **Disabled Veteran Business**

Signature:	**Date:** 8-31-2025

Please submit documents by September 5, 2025

Attention: Logistics Recruiting

E-Mail: strategicrecruiting@mtm-inc.net

Please complete the following table regarding your rates for the services listed below, as they apply to your fleet. Please note that this is for informational purposes only and actual rates will be negotiated during the next stage of the recruitment process.

Please print clearly or type.

Ambulatory Vehicle Rate: Depending on the county
Wheelchair Vehicle Rate: Depending on the county
Stretcher Vehicle Rate: n/a
Ambulance Vehicle Rate: n/a
Bariatric Vehicle Rate:
Other (Please specify):
Notes:

Signature:	**Date:** 8-31-2025

Please submit documents by September 5, 2025

Attn: Logistics Recruiting |strategicrecruiting@mtm-inc.net | 16 Hawk Ridge Dr. Lake St. Louis, MO 63367

MTM Health

Letter of Intent & Questionnaire

MTM Health would like to include your transportation company in our statewide non-emergency medical transportation network. If you are interested in becoming a subcontracted transportation provider for MTM Health, please complete and submit this form.

Please print clearly or type.

Transportation Provider: _____

The Transportation Provider above offers this questionnaire as a show of good faith to proceed in a timely manner with subcontracting requirements and participation in the MTM Health non-emergency medical transportation (NEMT) program, following a successful award of a NEMT brokerage contract in the Transportation Provider's service area. This is not a contract and does not limit similar agreements with other NEMT broker candidates.

Business Name: Blessed Transportation LLC

Phone: 304 397 4175

Contact Name & Title: Harold Davis Owner

Fax: 304 397 4243

Contact Email Address: blessedtransportationllc@yahoo.com

Street Address: 2006 Allison Rd

City: Chester

State: WV

Zip: 26034

Base County: Hancock

Additional Counties of Service: Brooke

Number of Ambulatory Vehicles: 1

Number of Wheelchair Vehicles: 8

Number of Stretcher Vehicles: 0

Business License Number:

Tax ID Number:

Medicaid ID Number/NPI:

Are you certified as a: ☐ **HUB** ☐ **MBE** ☐ **WBE** ☐ **DBE** ☐ **Disabled Veteran Business**

Signature: Harold J Davis

Date:

Please submit documents by September 5, 2025

Attention: Logistics Recruiting

E-Mail: strategicrecruiting@mtm-inc.net

Please complete the following table regarding your rates for the services listed below, as they apply to your fleet. Please note that this is for informational purposes only and actual rates will be negotiated during the next stage of the recruitment process.

Please print clearly or type.

Ambulatory Vehicle Rate:	$17.00 PU 1.85 a mile after 5 Miles
Wheelchair Vehicle Rate:	$37.50 PU 2.50 a mile after 5 Miles
Stretcher Vehicle Rate:	Ø
Ambulance Vehicle Rate:	Ø
Bariatric Vehicle Rate:	Ø
Other (Please specify):	Ø
Notes:	Wait time & Dead Head we can Negotiate
Signature: Howard J Davis	**Date:** 8-19-2025

Please submit documents by September 5, 2025

Attn: Logistics Recruiting |strategicrecruiting@mtm-inc.net | 16 Hawk Ridge Dr. Lake St. Louis, MO 63367

Letter of Intent & Questionnaire

MTM Health would like to include your transportation company in our statewide non-emergency medical transportation network. If you are interested in becoming a subcontracted transportation provider for MTM Health, please complete and submit this form.

Please print clearly or type.

Transportation Provider: I Care Medical Transportation Inc

The Transportation Provider above offers this questionnaire as a show of good faith to proceed in a timely manner with subcontracting requirements and participation in the MTM Health non-emergency medical transportation (NEMT) program, following a successful award of a NEMT brokerage contract in the Transportation Provider's service area. This is not a contract and does not limit similar agreements with other NEMT broker candidates.

Business Name:
I Care Medical Transportaion Inc

Phone:
681-446-2611/804-2776618

Contact Name & Title:
Babrak Mehraban, Owner

Fax:
8042776618

Contact Email Address:
icaretransportation81@gmail.com

Street Address:
912 Middleway Pike, Suite A, Inwood, WV 25428

City:
Inwood

State:
WV

Zip:
25428

Base County:
Berkeley, and Jefferson

Additional Counties of Service:

Number of Ambulatory Vehicles:
2

Number of Wheelchair Vehicles:
4

Number of Stretcher Vehicles:
1

Business License Number:
2466-9766

Tax ID Number:
99-3700670

Medicaid ID Number/NPI:
1033942263

Are you certified as a: ☐ HUB ☐ MBE ☐ WBE ☐ DBE ☐ Disabled Veteran Business

Signature:

Date: 09-11-2025

Please submit documents by September 5, 2025

Attention: Logistics Recruiting

E-Mail: strategicrecruiting@mtm-inc.net

Please complete the following table regarding your rates for the services listed below, as they apply to your fleet. Please note that this is for informational purposes only and actual rates will be negotiated during the next stage of the recruitment process.

Please print clearly or type.

Ambulatory Vehicle Rate: $30 base (5 miles included) & $2.50 per mile after the first 5
Wheelchair Vehicle Rate: $60 base (5 miles included) & $3:00 per mile after the first 5
Stretcher Vehicle Rate:
Ambulance Vehicle Rate:
Bariatric Vehicle Rate:
Other (Please specify):
Notes:

Signature:	**Date:**

Please submit documents by September 5, 2025

Attn: Logistics Recruiting |strategicrecruiting@mtm-inc.net | 16 Hawk Ridge Dr. Lake St. Louis, MO 63367

Letter of Intent & Questionnaire

MTM Health would like to include your transportation company in our statewide non-emergency medical transportation network. If you are interested in becoming a subcontracted transportation provider for MTM Health, please complete and submit this form.

Please print clearly or type.

Transportation Provider: _____

The Transportation Provider above offers this questionnaire as a show of good faith to proceed in a timely manner with subcontracting requirements and participation in the MTM Health non-emergency medical transportation (NEMT) program, following a successful award of a NEMT brokerage contract in the Transportation Provider's service area. This is not a contract and does not limit similar agreements with other NEMT broker candidates.

Business Name: C&H Company		**Phone:** 304-720-1796
Contact Name & Title: Jeb Corey - CEO		**Fax:**
Contact Email Address: jcorey@chtaxi.com		
Street Address: 312 21ST ST W		
City: Charleston	**State:** WV	**Zip:** 25387
Base County: Kanawha		
Additional Counties of Service: All counties in WV		
Number of Ambulatory Vehicles: 34	**Number of Wheelchair Vehicles:** 4	**Number of Stretcher Vehicles:** 1
Business License Number:	**Tax ID Number:** 55-0615430	**Medicaid ID Number/NPI:**

Are you certified as a: ☐ **HUB** ☐ **MBE** ☐ **WBE** ☐ **DBE** ☐ **Disabled Veteran Business**

Signature: Jeb Corey For C&H Company **Date:** 8/19/25

Please submit documents by September 5, 2025

Attention: Logistics Recruiting

E-Mail: strategicrecruiting@mtm-inc.net

Please complete the following table regarding your rates for the services listed below, as they apply to your fleet. Please note that this is for informational purposes only and actual rates will be negotiated during the next stage of the recruitment process.

Please print clearly or type.

Ambulatory Vehicle Rate: Depends on counties served	
Wheelchair Vehicle Rate: Depends on counties served	
Stretcher Vehicle Rate: Depends on counties served	
Ambulance Vehicle Rate: NA	
Bariatric Vehicle Rate: Depends on counties served	
Other (Please specify):	
Notes:	
Signature:	**Date:** 8/19/25

Please submit documents by September 5, 2025

Attn: Logistics Recruiting |strategicrecruiting@mtm-inc.net | 16 Hawk Ridge Dr. Lake St. Louis, MO 63367

MTM | Health

Letter of Intent & Questionnaire

MTM Health would like to include your transportation company in our statewide non-emergency medical transportation network. If you are interested in becoming a subcontracted transportation provider for MTM Health, please complete and submit this form.

Please print clearly or type.

Transportation Provider: _____

The Transportation Provider above offers this questionnaire as a show of good faith to proceed in a timely manner with subcontracting requirements and participation in the MTM Health non-emergency medical transportation (NEMT) program, following a successful award of a NEMT brokerage contract in the Transportation Provider's service area. This is not a contract and does not limit similar agreements with other NEMT broker candidates.

Business Name:	**Phone:**
Motown Taxi LLC dba Motown Taxi	304-319-0318
Contact Name & Title:	**Fax:**
Andrew Vecchio Owner	
Contact Email Address:	
motowntaxillc@gmail.com	
Street Address:	
235 Hartman Run Rd, Morgantown, WV 26505	

City:	**State:**	**Zip:**

Base County:
Monongalia/Harrision/Marion/Preston

Additional Counties of Service:
All counties in WV

Number of Ambulatory Vehicles:	**Number of Wheelchair Vehicles:**	**Number of Stretcher Vehicles:**
8	0	0

Business License Number:	**Tax ID Number:**	**Medicaid ID Number/NPI:**
	38-3953467	1396558797

Are you certified as a: ☐ **HUB** ☐ **MBE** ☐ **WBE** ☐ **DBE** ☐ **Disabled Veteran Business**

Signature:	**Date:**
Andrew Vecchio	8/27/25

Please submit documents by September 5, 2025

Attention: Logistics Recruiting

E-Mail: strategicrecruiting@mtm-inc.net

Please complete the following table regarding your rates for the services listed below, as they apply to your

fleet. Please note that this is for informational purposes only and actual rates will be negotiated during the next stage of the recruitment process.

Please print clearly or type.

Ambulatory Vehicle Rate: Depends on county orgination and is subject to change. $20 1-3 miles $25 4-7 miles $30 7-10 miles See below
Wheelchair Vehicle Rate:
Stretcher Vehicle Rate:
Ambulance Vehicle Rate:
Bariatric Vehicle Rate:
Other (Please specify): After 10 miles $2.50 per mile ion top of $30. Additional passengers is half rate added to trip rate. We typically do not wait but if asked to wait, wait time is an aditional $1 a min.
Notes: This LOI is contigent on if MTM is willing to negotiate insurance requirments. My company has state minimums and cannot go higher. Modivcare has made these concessions to sign me on. Feel free to call me to discuss 304-319-0318.

Signature: Andrew Vecchio	**Date:** 08-27-25

Please submit documents by September 5, 2025

Attn: Logistics Recruiting |strategicrecruiting@mtm-inc.net | 16 Hawk Ridge Dr. Lake St. Louis, MO 63367

Transportation Provider: JAMES CARRIER
The Transportation Provider above offers this questionnaire as a show of good faith to proceed in a timely manner with subcontracting requirements and participation in the MTM Health non-emergency medical transportation (NEMT) program, following a successful award of a NEMT brokerage contract in the Transportation Provider's service area. This is not a contract and does not limit similar agreements with other NEMT broker candidates.

Business Name: JAMES CARRIER

Contact Name & Title: JAMES CARRIER, VOLUNTEER, INDEPENDENT

Contact Email Address: jimcar45@gmail.com

Street Address: 803 DUPONT AV
City: NITRO
Base County: KANAWHA
Additional Counties of Service: ALL WEST VIRGINIA EXCEPT SOUTHERN COUNTIES

Number of Ambulatory Vehicles: ONE

State: WEST VIRGINIA

Phone: 304-545-3104

Fax: N/A

Zip: 25143

Business License Number: N/A, VOLUNTEER

Are you certified as a: HUB NO

Signature: JAMES CARRIER

MBE
Number of Wheelchair 0
Vehicles: 1
Number of Stretcher 0
Vehicles:
Tax ID Number: N/A
Medicaid ID N A
Number/NPI: N A

WBE DBE Disabled Veteran Business
Date:9/2/225
Please submit documents by September 5, 2025
Attention: Logistics Recruiting
E-Mail: strategicrecruiting@mtm-inc.net

James Carrier

Please complete the following table regarding your rates for the services listed below, as they apply to your fleet. Please note that this is for informational purposes only and actual rates will be negotiated during the next stage of the recruitment process.

Please print clearly or type.

Ambulatory Vehicle Rate: $.56/mile

Wheelchair Vehicle Rate: N/A

Stretcher Vehicle Rate: N/A

Ambulance Vehicle Rate: N/A

Bariatric Vehicle Rate: N/A

Other (Please specify):

Notes: Volunteer Driver - Independent

Please complete the following table regarding your rates for the services listed below, as they apply to your fleet. Please note that this is for informational purposes only and actual rates will be negotiated during the next stage of the recruitment process.

Please print clearly or type.

Ambulatory Vehicle Rate: Depends on counties served	~56/mile
Wheelchair Vehicle Rate: Depends on counties served	N/A
Stretcher Vehicle Rate: Depends on counties served	N/A
Ambulance Vehicle Rate: NA	N/A
Bariatric Vehicle Rate: Depends on counties served	N/A
Other (Please specify): Will not serve Southern West Virginia	
Notes:	
Signature:	**Date:** 8/19/25

Please submit documents by September 5, 2025

Attn: Logistics Recruiting | strategicrecruiting@mtm-inc.net | 16 Hawk Ridge Dr. Lake St. Louis, MO 63367

Acknowledgement

I have read and understand my position description and certify that I understand the requirements of the essential functions and duties of the position and will fulfill the stated expectations:

____without accommodations

____with the following accommodations:

Equal Opportunity Employer: MTM Health is an equal opportunity employer.
If you are in need of accommodations, please contact People & Culture at (636) 561-5686.

Employee Name (print): _____

Employee Signature: _____ Date: _____

Supervisor Name (print): _____

Supervisor Signature: _____

Title: _____ Date: _____

This job description in no way states or implies that these are the only duties to be performed by the employee occupying this job. Employees may be required to follow other job-related instructions and to perform other job-related duties as requested, subject to all applicable state and federal laws. Certain job functions described herein may be subject to possible modification in accordance with applicable state and federal laws.

Original: Human Resources
Cc: Employee's Supervisor
Employee

JOB TITLE:	Ombuds
CLASSIFICATION:	Exempt (Salaried)
ORGANIZATION:	MTM Health
LAST UPDATED:	2025

Position Summary

The **Ombuds** is MTM Health's designated member advocate responsible for investigating issues and working towards resolution for all members in the assigned region, in accordance with client requirements and MTM Health policies and procedures. The **Ombuds** partners with advocacy groups, other local and state Ombuds, and providers while acting as a resource to assist members whose issues may exceed MTM Health's contract requirements.

Essential Functions

- Identify and report systematic issues that lead to complaints, and work to develop a solution
- Know and drive processes, based on the contract requirements, partnering with market leadership
- Attend meetings with advocacy groups on behalf of MTM Health
- Identify special advocacy groups and tribal organizations, and provide company related education on the benefits of a partnership
- Handle specialized trips and member interactions and escalation
- Determine which groups will be best utilized within the organization based on assigned market needs
- Determine outreach plan that the assigned market needs
- Host and manage Member Advisory Committee (MAC) meetings
- Participate in Transportation Advisory Committee (TAC) meetings
- Create market specific resources and presentations based on the needs of the market
- Participate in ride-alongs with members to determine appropriate service was provided
- Investigate and document all reported issues, providing thorough and timely follow up
- Analyze data and present information to improve member experience
- Develop and implement processes to improve member experience in coordination with on site and corporate stakeholders
- Document escalations and action plans in the appropriate intake systems
- Maintain an impacted member list and provide follow ups to ensure the members got to and from their appointments safely and on time
- Educate and provide members with information on their rights
- Triage complaints submitted via fax, voicemail, or email
- Provide follow-up contact to recipients, per their request, in regard to complaint resolution
- Use complaint data to recommend education and process improvement
- Proofread any data submitted to the state for escalated issues
- Monitor and report on members access to MTM Health as it relates to those with disabilities, language barriers, and technology
- Assist Facility Coordinator and/or Project Manager with member and advocacy group issues
- Update Logistics Management in regard to non-compliance issues with transportation providers and advise of incident/accident issues

- Respond to client, Project Manager, or Account Manager inquiries
- Communicate with call center leadership regarding customer service complaints
- Produce and share member success stories
- Other duties as assigned

Knowledge, Skills, and Competencies

- Excellent communication skills, with an emphasis on grammar and spelling
- Working knowledge of contracts
- Ability to tactfully question and obtain information
- Excellent organizational and interpersonal skills
- Demonstrated ability to manage multiple priorities
- Ability to handle confidential information in a professional manner
- Ability to accomplish duties/tasks with little direct supervision
- Ability to prioritize tasks and deadlines
- Excellent presentation skills
- Ability to problem solve and troubleshoot
- Ability to communicate with all levels of employees as well as external customers
- Ability to build relationships
- Ability to use basic office equipment
- Proficient in Microsoft Office Suite

Required Education and Experience

- High School Diploma or G.E.D.
- Some college preferred
- 2+ years' experience in a role within quality management, healthcare, social work, or member advocacy
- 2 + years' experience in customer service
- Experience delivering presentations both in person and virtually
- Ombuds experience or certification, strongly preferred (CO-OP)

Working Conditions

- This job operates in a professional office environment
- May be subject to adverse weather conditions during times of travel

Physical Requirements

- May require sitting in front of, and operating, a computer for extended periods
- Requires close visual acuity when operating a computer
- Must be able to communicate with others and comprehend instructions
- Requires light lifting and carrying
- Routinely uses standard office equipment such as computers, phones, and photocopiers
- Must be able to move around an office environment

Travel

- May require local and overnight travel
- May be required to drive a company or rental vehicle (failure to pass an annual Motor Vehicle Record (MVR) background screen may result in termination of employment)

Supervision

- This position does not involve supervision of direct reports

Acknowledgement

I have read and understand my position description and certify that I understand the requirements of the essential functions and duties of the position and will fulfill the stated expectations:

____without accommodations

____with the following accommodations:

Equal Opportunity Employer: MTM Health is an equal opportunity employer.
If you are in need of accommodations, please contact People & Culture at (636) 561-5686.

Employee Name (print): _____

Employee Signature: _____ Date: _____

Supervisor Name (print): _____

Supervisor Signature: _____

Title: _____ Date: _____

This job description in no way states or implies that these are the only duties to be performed by the employee occupying this job. Employees may be required to follow other job-related instructions and to perform other job-related duties as requested, subject to all applicable state and federal laws. Certain job functions described herein may be subject to possible modification in accordance with applicable state and federal laws.

Original: Human Resources
Cc: Employee's Supervisor
Employee

JOB TITLE:	Member Travel Agent
CLASSIFICATION:	Non-Exempt (Hourly)
ORGANIZATION:	MTM Health
LAST UPDATED:	2025

Position Summary

The **Member Travel Agent** is responsible for sourcing, organizing, booking, tracking, and handling member travel requests. This role will ensure that all travel needs are met within the constraints of the plan/program and budget. The **Member Travel Agent** is required to have knowledge of commonly used concepts, software, practices, and procedures within the customer service and hospitality fields, and rely on instructions and pre-established plan and guidelines to perform the functions of the job.

Essential Functions

- Ensure 100% client and company compliance
- Verify appointments prior to trip setting per contract requirements
- Obtain all pertinent prior authorization forms from the client for approval/denial of request
- Ensure lodging and airfare purchases are made with MTM Health preferred partners or other reputable vendors that will provide the highest value and cost effectiveness
- Ensure procurement of travel services by company credit card follow PCI compliance guidelines
- Obtain, complete, and distribute credit card authorization as needed for lodging procurement
- Manage the storage and accessibility of invoices related to all travel procurement
- Negotiate discounts with new hotels, set up direct bills, and ensure incidentals are deactivated when applicable
- Complete all data entries in Link and Reveal as they relate to lodging, meals, GMR, and airfare booking requests
- Serve as the member's personal "Travel Agent," booking travel accommodations, relaying itineraries, changes, delays, and cancellations with member, case manager, or social worker
- Create transportation requests as needed for travel accommodations to and from airport/appointment/hotel
- Per contract requirements, compare cost effectiveness of charitable housing vs traditional lodging
- Ensure accuracy when entering data into the appropriate systems (Link, Reveal, etc.)
- Ensure all pertinent documentation is saved in the appropriate client folder(s)
- Regular attendance is required
- Other duties as assigned

Knowledge, Skills, and Competencies

- Ability to manage multiple projects simultaneously
- Outstanding interpersonal communication
- Negotiation skills
- Working knowledge of the travel industry
- Attention to detail
- Understanding of MTM Health's travel policies and regulations
- Sound judgment, problem solving skills, and has the ability to make decisions on their own

- Ability to be available for travel emergencies and urgent requests
- Ability to maintain and manage vendor relationships
- Travel booking software knowledge

Required Education and Experience

- High School Diploma or G.E.D. equivalent
- Minimum 6 months customer service experience

Working Conditions

- This job operates in a professional office environment
- May be subject to adverse weather conditions during times of travel

Physical Requirements

- May require sitting in front of, and operating, a computer for extended periods
- Requires close visual acuity when operating a computer
- Must be able to communicate with others and comprehend instructions
- Requires light lifting and carrying
- Routinely uses standard office equipment such as computers, phones, and photocopiers
- Must be able to move around an office environment

Travel

- May require local and overnight travel
- May be required to drive a company or rental vehicle (failure to pass an annual Motor Vehicle Record (MVR) background screen may result in termination of employment)

Supervision

- This position does not involve supervision of direct reports

Acknowledgement

I have read and understand my position description and certify that I understand the requirements of the essential functions and duties of the position and will fulfill the stated expectations:

____without accommodations

____with the following accommodations:

Equal Opportunity Employer: MTM Health is an equal opportunity employer.
If you are in need of accommodations, please contact People & Culture at (636) 561-5686.

Employee Name (print): _____

Employee Signature: _____ Date: _____

Supervisor Name (print): _____

Supervisor Signature: _____

Title: _____ Date: _____

This job description in no way states or implies that these are the only duties to be performed by the employee occupying this job. Employees may be required to follow other job-related instructions and to perform other job-related duties as requested, subject to all applicable state and federal laws. Certain job functions described herein may be subject to possible modification in accordance with applicable state and federal laws.

Original: Human Resources
Cc: Employee's Supervisor
Employee

MTM | Health

JOB TITLE:	Electronic Data Interchange (EDI) Analyst
CLASSIFICATION:	Exempt (Salaried)
ORGANIZATION:	MTM Health
LAST UPDATED:	2025

Position Summary

The **Electronic Data Interchange (EDI) Analyst** will be accountable for guiding the actions of EDI experts by working closely with business units to analyze processes and business needs, and to provide solutions. The **EDI Analyst** role will solicit, define, and manage EDI requirements for internally and externally developed projects and implementations in a team-oriented environment.

Essential Functions

- Identify, document, and educate MTM Health partners on client EDI requirements
- identify, analyze, and document business objectives and requirements by performing analysis and developing the necessary documentation to define, justify, launch, and execute projects
- Monitor, analyze, and ensure EDI compliance in the following subject areas: Member Eligibility, Encounter and Claims Data, Payment Remittance, Capitation, and Provider Data
- Manage and coordinate EDI deliverables to both internal and external stakeholders including but not limited to: EDI data files, accompanying reports, and required attestations
- Lead sessions for small to medium applications/projects or a few large applications/projects
- Validate EDI solutions meet both internal and external client needs
- Evaluate potential future client EDI requirements to support successful RFP and implementations processes
- Lead requirement gathering sessions, stakeholder interviews, group sessions, and user observations
- Act as a liaison between the business customer and the technology providers, both internally and externally
- Communicate feedback, level of effort, and return on investment to business users for project prioritization
- Responsible for making improvements of processes or workflows to enhance performance
- Partner with associated departments to ensure uniformity in data
- Remain informed on ever-changing information to ensure accuracy within business processes
- Partner with EDI developers to ensure solutions meet requirements

Knowledge, Skills, and Competencies

- Comprehensive understanding of the common healthcare EDI transactions: 834, 837, 835, 820, 270/271
- Knowledge of EDI subject areas and the ability to translate into EDI requirements
- Ability to create SQL queries to analyze and evaluate EDI data within a SQL database
- Accurately articulates technical specifications in a manner that normal business users can understand
- Ability to work effectively, demonstrate applications, and conduct presentations to all staff levels
- Demonstrates a positive attitude and flexibility in areas such as job duties and schedule in order to serve the business and operational goals
- Ability to translate business processes into workflows and system requirements
- Ability to manage multiple tasks and projects, and forge strong interpersonal relationships with both internal and external stakeholders

- Ability to solve problems by utilizing training, knowledge, tools, and analytical skills
- Ability to assimilate new and existing technologies
- Exemplary communication skills; must be able to address all levels of employees and customers
- Ability to be effective in a fast paced, dynamic environment with minimal supervision
- Excellent planning, documentation, organizational, analytical, and problem-solving abilities with a strong attention to detail

Required Education and Experience

- High School Graduate or G.E.D.
- Bachelor's degree in technical or business disciplines with outlined experience, or equivalent field experience in lieu of degree
- 3+ years of EDI technical or business work experience
- 3+ years of SQL experience
- 3+ years of working HIPAA X12 Standard Transactions
- 3+ years' experience in software development methodologies including agile and scrum processes
- 3+ years' experience in eliciting/documenting business requirements using interviews, group facilitation, data/workflow/system analysis, and business process documentation
- Previous experience collaborating with business users, programmers, and quality assurance testers in a corporate environment

Working Conditions

- This job operates in a professional office environment
- May be subject to adverse weather conditions during times of travel

Physical Requirements

- May require sitting in front of, and operating, a computer for extended periods
- Requires close visual acuity when operating a computer
- Must be able to communicate with others and comprehend instructions
- Requires light lifting and carrying
- Routinely uses standard office equipment such as computers, phones, and photocopiers
- Must be able to move around an office environment

Travel

- May require local and overnight travel
- May be required to drive a company or rental vehicle (failure to pass an annual Motor Vehicle Record (MVR) background screen may result in termination of employment)

Supervision

- This position does not involve supervision of direct reports

Acknowledgement

I have read and understand my position description and certify that I understand the requirements of the essential functions and duties of the position and will fulfill the stated expectations:

____without accommodations

____with the following accommodations:

Equal Opportunity Employer: MTM Health is an equal opportunity employer.
If you are in need of accommodations, please contact People & Culture at (636) 561-5686.

Employee Name (print): _____

Employee Signature: _____ Date: _____

Supervisor Name (print): _____

Supervisor Signature: _____

Title: _____ Date: _____

This job description in no way states or implies that these are the only duties to be performed by the employee occupying this job. Employees may be required to follow other job-related instructions and to perform other job-related duties as requested, subject to all applicable state and federal laws. Certain job functions described herein may be subject to possible modification in accordance with applicable state and federal laws.

Original: Human Resources
Cc: Employee's Supervisor
Employee

JOB TITLE:	Recruiter
CLASSIFICATION:	Exempt (Salaried)
ORGANIZATION:	MTM Health
LAST UPDATED:	2025

Position Summary

The **Recruiter** is responsible for effectively partnering with hiring managers to execute recruiting strategies in direct support of business objectives. The **Recruiter** will own the full life cycle recruitment process (posting, identifying, attracting, assessing, hiring, and onboarding talent) with strong knowledge of the business/culture and the available talent pool in their assigned territories. The **Recruiter** must be driven, innovative, and customer centric so they can engage top talent for a variety of roles within the organization and continue to improve the MTM Health's employment brand.

Essential Functions

- Proactively identify, engage, and attract top-tier talent through various channels, including job boards, social media, networking events, and specialized industry platforms
- Craft compelling outreach that gets responses and starts conversations to identify and attract top talent
- Build and maintain strong relationships with hiring managers, understanding their leadership hiring needs and delivering strategic talent solutions
- Identify and engage senior-level talent through proactive sourcing, referrals, market mapping, and networking
- Craft enticing job descriptions to attract top talent and maintain job postings on external sites
- Execute the full life cycle recruitment process from job posting through the candidate onboarding stage
- Provide a best-in-class candidate experience for each prospective employee at all stages in the hiring process
- Conduct recruiting strategy meetings with hiring managers to ensure an understanding of the recruiting needs and job requirements, and advise on most appropriate action to take
- Own the sourcing and management of candidate pools, which includes building and maintaining talent pipelines to fill positions in a timely manner, as well as identifying and approaching active and passive candidates through internal and external channels, including social media
- Communicate with hiring managers regularly regarding the status of the recruiting process, as well as facilitate ongoing professional communication with all stakeholders involved in the recruiting process
- Screen applications, create and conduct behavioral based interviews, and assess and select the most appropriate candidates to present to the hiring manager based on required skill sets, qualifications, and competency requirements
- Leverage sourcing tools (LinkedIn, Boolean search, niche platforms, etc.) to find and reach passive candidates
- Accurately enter all new hires and promotions into Workday and save all required documentation into personnel files
- Maintain knowledge of current labor market trends, competitors, and general recruiting trends and share with hiring managers as appropriate
- Build strong relationships with management/hiring teams and establish the Talent team as a trusted resource for finding top talent
- Responsible for achievement of targeted KPIs

- Act as a Brand Ambassador and represent MTM Health as an employer of choice by maintaining an in depth understanding of MTM Health's business and culture
- Adhere to all processes and procedures defined as part of the full life cycle recruitment process

Knowledge, Skills, and Competencies

- Must be a team player who thrives in a collaborative work environment
- Must demonstrate a high level of professionalism and customer service
- Must demonstrate an ongoing positive attitude and demeanor
- Act as a brand ambassador for the company
- Executes for results
- Exemplary organizational and time management skills
- Must demonstrate sound judgment and decision making skills
- Must have strong attention to detail and follow through
- Ability to understand what is most important to the hiring manager, and identify top talent that matches what the hiring manager is looking for to move forward in the process
- Ability to read the situation and evolve as necessary in the recruiting process
- Excellent communication skills
- Ability to adapt in a fast-paced environment and continuously take action
- Ability to maintain a high level of confidentiality
- Ability to provide coaching and guidance to hiring managers, including having difficult conversations when necessary to keep the recruiting process compliant and effective
- Intermediate level of proficiency or above with Microsoft Office applications, including Word, Excel, Outlook, and PowerPoint
- Ability to leverage social media recruiting tools such as LinkedIn and Indeed for sourcing and recruiting

Required Education and Experience

- High School Diploma or G.E.D.
- Bachelor's degree or an equivalent amount of relevant experience
- 3+ years experience in a recruiting role, in a corporate setting or agency/search firm
- 2+ years sourcing experience with focus on passive and active candidate generation
- Strong experience in leadership recruiting
- Previous experience with Workday is strongly preferred

Working Conditions

- This job operates in a professional office environment
- May be subject to adverse weather conditions during times of travel

Physical Requirements

- May require sitting in front of, and operating, a computer for extended periods
- Requires close visual acuity when operating a computer

- Must be able to communicate with others and comprehend instructions
- Requires light lifting and carrying
- Routinely uses standard office equipment such as computers, phones, and photocopiers
- Must be able to move around an office environment

Travel

- May require local and overnight travel
- May be required to drive a company or rental vehicle (failure to pass an annual Motor Vehicle Record (MVR) background screen may result in termination of employment)

Supervision

- This position does not involve supervision of direct reports

Acknowledgement

I have read and understand my position description and certify that I understand the requirements of the essential functions and duties of the position and will fulfill the stated expectations:

____without accommodations

____with the following accommodations:

Equal Opportunity Employer: MTM Health is an equal opportunity employer.
If you are in need of accommodations, please contact People & Culture at (636) 561-5686.

Employee Name (print): _____

Employee Signature: _____ Date: _____

Supervisor Name (print): _____

Supervisor Signature: _____

Title: _____ Date: _____

This job description in no way states or implies that these are the only duties to be performed by the employee occupying this job. Employees may be required to follow other job-related instructions and to perform other job-related duties as requested, subject to all applicable state and federal laws. Certain job functions described herein may be subject to possible modification in accordance with applicable state and federal laws.

Original: Human Resources
Cc: Employee's Supervisor
Employee

JOB TITLE:	HR Generalist
CLASSIFICATION:	Exempt (Salary)
ORGANIZATION:	MTM Health
LAST UPDATED:	2025

Position Summary

The **HR Generalist** will support MTM Health's vision and goals by assisting with coaching, training, guidance, and policy interpretation to employees and leadership. This role will assist in supporting People & Culture policies and programs and will ensure compliance with federal and state employment regulations. The **HR Generalist** will provide consultation, training, and constructive conflict resolution for and between the leadership and employees.

Essential Functions

- Develop and conduct trainings for MTM Health staff regarding compliance with company policies, trends, and other HR topics as needed
- Acquire and maintain a thorough knowledge of employee relations principles, practices, procedures, strategies, and trends
- Partner with leadership on all local employee relations activities
- Ensure compliance with all state, local, federal regulations
- Conduct workplace investigations
- Ongoing delivery of HR related information
- Manage the disciplinary action, performance improvement plan (PIP), and termination process
- Maintain up-to-date knowledge of MTM Health policies, employment law, and common HR practices
- Maintain a collaborative and positive working relationship throughout the organization
- Manage relationships with assigned employees and leadership, and conduct monthly communications with those leaders

Knowledge, Skills, and Competencies

- Ability to use sound judgment around issues that may have adverse effects on the business from an employee relations perspective
- Ability to handle a high level of sensitive and confidential matters tactfully and professionally
- Strong organizational skills and ability to manage multiple projects simultaneously
- Ability to work well under pressure and in stressful situations within a fast-paced environment
- Ability to work independently and also collaboratively with others to achieve defined goals, handle inquiries, and resolve issues within a timely and constructive manner
- Demonstrated experience and skill in conducting workplace investigations, analyzing information in relation to the relevant employment laws, collective bargaining agreements, trends, policies and procedures, and use sound judgment to draw valid conclusions and/or recommendations
- Knowledge of and ability to understand and apply federal and state employment and labor laws (e.g., EEO, OSHA, FMLA, FLSA)
- Consultative and customer service orientation with all levels of employees

- Strong focus on customers, accountability, teamwork, collaboration and decisiveness
- Experience recruiting at all levels
- Experience with negotiating, counseling, and conflict management
- Strong critical thinking, problem solving, and analytical skills
- Strong attention to detail
- Strong and effective communication skills
- Proficient in Microsoft Office Suite

Required Education and Experience

- High School Diploma or GED
- Bachelor's degree in Human Resources or related field, or equivalent work experience
- 5+ years' experience in HR/Employee Relations or similar role
- Strong knowledge of human resources policies and procedures as well as knowledge of local, state, and federal employment/labor laws
- SHRM certification preferred

Working Conditions

- May be subject to adverse weather conditions during times of travel

Physical Requirements

- May require sitting in front of, and operating, a computer for extended periods
- Requires close visual acuity when operating a computer
- Must be able to communicate with others and comprehend instructions
- Requires light lifting and carrying
- Routinely uses standard office equipment such as computers, phones, and photocopiers
- Must be able to move around an office environment

Travel

- May require local and overnight travel
- May be required to drive a company or rental vehicle (failure to pass an annual Motor Vehicle Record (MVR) background screen may result in termination of employment)

Supervision

- This position does not involve supervision of direct reports

Acknowledgement

I have read and understand my position description and certify that I understand the requirements of the essential functions and duties of the position and will fulfill the stated expectations:

____without accommodations

____with the following accommodations:

Equal Opportunity Employer: MTM Health is an equal opportunity employer.
If you are in need of accommodations, please contact People & Culture at (636) 561-5686.

Employee Name (print): _____

Employee Signature: _____ Date: _____

Supervisor Name (print): _____

Supervisor Signature: _____

Title: _____ Date: _____

This job description in no way states or implies that these are the only duties to be performed by the employee occupying this job. Employees may be required to follow other job-related instructions and to perform other job-related duties as requested, subject to all applicable state and federal laws. Certain job functions described herein may be subject to possible modification in accordance with applicable state and federal laws.

Original: Human Resources
Cc: Employee's Supervisor
Employee

MTM | Health

JOB TITLE:	Trainer
CLASSIFICATION:	Exempt (Salaried)
ORGANIZATION:	MTM Health
LAST UPDATED:	2025

Position Summary

The **Trainer** will prepare learners to accomplish desired results by developing and delivering training. In addition to engaging learners, the **Trainer** will be responsible for the transfer of knowledge or skills.

Essential Functions

- Identify areas of opportunities amongst learners and/or content; take action to correct
- Conduct training
- Provide ongoing support for learners
- Facilitate and participate in meetings, town halls, or other relevant information sharing events
- Generate a high learning transfer of knowledge or skills from the trainer to the learner
- Measure learner satisfaction
- Measure learner transfer of knowledge or skills
- May be required to develop training

Knowledge, Skills, and Competencies

- Ability to explain complex subjects in a clear and interesting way and emphasize the importance of content
- Ability to accomplish duties/tasks with little direct supervision
- Ability to prioritize tasks and deadlines
- Ability to coach employees
- Strong communication skills
- Ability to problem solve and troubleshoot
- Display professional behavior
- Ability to communicate with all levels of employees as well as external customers
- Ability to build relationships
- Global and cultural awareness
- Ability to handle confidential information
- Ability to use basic office equipment
- Proficient in Microsoft Office Suite

Required Education and Experience

- High School Diploma or G.E.D.
- Bachelor's degree preferred
- 2 + years' experience in customer service
- 1 + years' experience in training others

Working Conditions

- This job operates in a professional office environment
- May be subject to adverse weather conditions during times of travel

Physical Requirements

- May require sitting in front of, and operating, a computer for extended periods
- Requires close visual acuity when operating a computer
- Must be able to communicate with others and comprehend instructions
- Requires light lifting and carrying
- Routinely uses standard office equipment such as computers, phones, and photocopiers
- Must be able to move around an office environment

Travel

- May require local and overnight travel
- May be required to drive a company or rental vehicle (failure to pass an annual Motor Vehicle Record (MVR) background screen may result in termination of employment)

Supervision

- This position does not involve supervision of direct reports

Acknowledgement

I have read and understand my position description and certify that I understand the requirements of the essential functions and duties of the position and will fulfill the stated expectations:

____without accommodations

____with the following accommodations:

Equal Opportunity Employer: MTM Health is an equal opportunity employer.
If you are in need of accommodations, please contact People & Culture at (636) 561-5686.

Employee Name (print): _____

Employee Signature: _____ Date: _____

Supervisor Name (print): _____

Supervisor Signature: _____

Title: _____ Date: _____

This job description in no way states or implies that these are the only duties to be performed by the employee occupying this job. Employees may be required to follow other job-related instructions and to perform other job-related duties as requested, subject to all applicable state and federal laws. Certain job functions described herein may be subject to possible modification in accordance with applicable state and federal laws.

Original: Human Resources
Cc: Employee's Supervisor
Employee

Lorie Cox

Proposed Project Manager

Experience

MTM Health, Charleston, WV, 2018 to Present

Director, Dispatch, 2022 to Present

- Oversee and ensure that the center(s) are following standard MTM Dispatch Procedures in relation to hiring, coaching, disciplinary action, development of staff, as well as engagement and culture initiatives.
- Monitor and communicate, at least monthly, the overall performance metrics; ensuring metrics are being met and/or initiatives are taken to meet the metrics.
- Assure cost savings strategies are developed and managed effectively within Dispatch (provider options and trip rates agreed to and applied, quoting processes/procedures)
- Supply Logistics Departments with data and analysis, for operational improvement, provider rates and cost reduction initiatives

Senior Manager, Dispatch, 2019 to 2022

- Oversaw both NEMT and ADA dispatch operations while maintaining understanding of client RFP, contracts, protocols, etc.
- Partnered with all relevant departments and support teams to ensure Dispatch aligns with other operational teams.

Contact Center Manager, 2018 to 2019

- Oversaw day to day operations of 100+ seat inbound and back-office contact center.
- Created and executed on short and long term efficiency strategies to support member inbound interactions, offline eligibility work, internal gas mileage reimbursement internal help desk and newly formed dispatch team.
- Scope, staff and standup for new escalations group specifically to work "triage" requests from new plan implementations.
- Created sustainable and valuable partnerships with key business peers, including: Fleet and Logistics, Claims, Quality and Community Outreach.

Wytheville Wythe Bland Chamber of Commerce, Wytheville, VA, 2017 to 2018

Associate Director

- Oversaw membership recruitment, retention and return on investment of Chamber membership.
- Directly responsible for addition of 21 new members in addition to planning and implementing a Board of Director's Challenge that has resulting in an additional 8 new members.
- Planned and Executed Chamber events and served as the public-facing representative of the Chamber of Commerce.

Lorie Cox

Proposed Project Manager

Experience *(continued)*

Capital One, Wytheville, VA, 2012 to 2016

***Learning Manager,** 2016 to 2017*

- Spearheaded all aspects of training operations and facilitation excellence for domestic and offshore branded book card services.
- Part of core project team to complete total redesign of New Hire training for all lines of business, both domestic and offshore including adoption of asynchronous training model that enabled a future for self-paced, on demand agent training.
- Part of 4-person core leadership team to plan and execute organizational-wide front-line leadership development strategy using PBL (Principle Based Learning) across all of Capital One operations.

***Department Operations Manager,** 2012 to 2016*

- Owned operation excellence and effectiveness for portion of newly created Work@Home vertical for Capital One. Included 4 Principle Associates, 10 Senior Associates and 600+ agents.
- Initiated a sustained stand up of new line of business servicing our high limit customers, exceeding 6-month and 12-month quality targets, hitting proficiency at the 7-month mark. (94% CSAT, 88% adherence)
- Requested to lead all communication and employee engagement efforts and focus for the "at home" population (1100 agents, 90+ senior associates) resulting in top 5% Employee Satisfaction scoring in 2015 and 2016 for Capital One organization.

Teletech Holdings, Wytheville, VA, 2008 to 2012

Executive Director

- Responsible for oversight of all operations for Work@Home with emphasis on process improvement and new client acquisition and ramp.
- Developed strategic partnership with Human Resources team to create new onboarding program that resulted in a 22% drop in attrition within 90 days of launch.
- Pursued, negotiated, and closed acquisitions on four new clients including large electronics distributor, Fortune 100 financial institution, growing hospitality broker and European internet provider.

EchoStar (Dish Network), Wytheville, VA, 2000 to 2008

***National Director of Leadership Development,** 2006 to 2008*

***Director of Operations,** 2000 to 2006*

Dylan Kirby

Proposed Assistant Manager

Experience

MTM Health, Charleston, WV, 2015 to Present

Senior Dispatch Operations Manager, *2023 to Present*

- Oversees operations for 200+ employees, ensuring seamless service across virtual and physical facilities
- Boosted employee engagement by 17% through targeted initiatives, maintaining top engagement scores
- Led Transportation Network Companies (TNC) strategy, cutting manual trip assignments by 22% with ongoing process improvements
- Directs department mergers, ensuring smooth transitions and successful outcomes.
- Oversees and influences financial planning and execution across multiple budgets, surpassing $100 million annually, and optimizing cost management and operational performance

Dispatch Manager, *2019 to 2023*

- Directed daily dispatch operations, ensuring efficiency and SLA compliance
- Managed $24 million payroll, optimizing workforce planning and cost control
- Supervised dispatch system migration, ensuring seamless team transition
- Mentored leadership staff, enhancing team performance and growth
- Aligned operational strategies with corporate objectives collaboratively

Operations Supervisor, *2015 to 2019*

- Optimized processes to boost efficiency, achieving measurable productivity gains
- Implemented cost-saving measures, maintaining service quality amid budget reductions
- Mentored team members, enhancing professional growth and performance
- Developed operational strategies, resulting in significant productivity improvements
- Automated systems to streamline workflows, reducing errors and increasing accuracy

Sears Holding Corporation, Wytheville, VA, 2013 to 2015

Senior Dispatch Operations Manager, *2023 to Present*

- Led four locations with 200+ staff, enhancing team performance and cohesion
- Implemented data program, reducing inventory shrink by 6.7%
- Recruited and trained employees, ensuring effective store operations
- Monitored inventory and cash flow, optimizing sales performance

MTM | Health

Dylan Kirby

Proposed Assistant Manager

Education

Virginia Tech, Blacksburg, VA

Bachelor of Science – Business Management, Marketing

MTM Health

Kristin Gillam

Proposed Provider Relations Manager

Experience

MTM Health, Peterstown, WV, 2012 to Present

Senior Manager, Dispatch Process Improvement and Implementation, *2025 to Present*

- Manage all aspects of Dispatch Projects with a strong focus on implementation of new and acquired business.
- Collaborate with internal stakeholders to ensure communication, understanding, support, and compliance with company changes, projects and initiatives impacting Dispatch occur within a timely manor.
- Own Dispatch policies and procedures, communicating any changes.
- Partner with logistic scheduling and logistic provider support teams to ensure provider hurdles are addressed, along with any network adequacy concerns for immediate attention.
- Provide in person site visit evaluations or client support calls as needed.
- Monitor service levels and trip setting to ensure client and contract expectations are met.

Dispatch Manager, *2023 to 2025*

- Overseeing all aspects of Dispatch Operations.
- Responsible for developing and communicating effective dispatch processes and procedures while managing the overall productivity of all dispatch.
- Maintain strong understanding of client RFP, contracts, and protocols.
- Partner with all relevant departments and support teams to ensure Dispatch aligns with other operational teams.
- Ensure organizational and operational SLA's are in alignment with client and member needs.

Dispatch Supervisor, *2022 to 2023*

- Monitor and ensure Dispatchers provide a high level of service to Customers, Drivers, and third-party Transportation Vendors.
- Monitor all staff productivity and progress towards meeting defined performance indicators.
- Ensure all daily dispatch tasks are completed in a timely and accurate manner.
- Escalate issues with trip routing and scheduling to appropriate internal stakeholders including Logistics, Vendor Recruitment, and/or local Vendor Management teams.
- Ensure all staff are provided the training and resources necessary to effectively complete assigned tasks, and assist with the development and administering of staff training programs.
- Act as a resource to staff, answering questions and assisting with escalated issues as appropriate.
- Proactively coach staff members on areas of opportunity for performance improvement and development opportunities.
- Conduct monthly meetings with employees to evaluate employee performance.

MTM | Health

Kristin Gillam

Proposed Provider Relations Manager

Experience *(continued)*

***Vendor Recruitment Specialist,** 2022*

- Set expectations with potential vendors on contract requirements, and work with vendors to provide needed onboarding documentation.
- Obtain and file insurance, credentials and state-required certifications from providers.
- Communicate any credentialing issues with credentialing coordinators.
- Prepare contractual service agreement documents for Transportation providers and Program Managers to sign.
- Collaborate with the Legal Department for contract red-lining or addendum.
- Coordinate Schedule A rate negotiations with Transportation Managers and Fleet for justifications.

***Training Supervisor,** 2021 to 2022*

- Manage group of salary Trainers who conduct new hire education courses and operations training.
- Ability to explain complex subjects in a clear and interesting way as well as emphasize the importance of content.
- Coach and provide ongoing support for trainers, training designers, and learners.
- Conduct training for new trainers and up training for the existing team.
- Facilitate and participate in coaching sessions, training sessions, meetings, town halls or other relevant information sharing events.
- Ensure high learning transfer of knowledge or skills from the Trainer to the learner.
- Develop and maintain up-to-date training materials as needed.

***Trainer,** 2017 to 2021*

***Operational Resource Supervisor,** 2017 to 2021*

***Dispatcher,** 2012 to 2016*

***Customer Service Representative,** 2012*

Education

University of Virginia, Charlottesville, VA

Certificate – Burn and Would Therapies

University of Phoenix

Associate of Arts – Business Administration

MTM Health

SIX SIGMA ONLINE
An Educate 360 Brand

COUNCIL FOR SIX SIGMA CERTIFICATION · C.S.S.C. ·

Certification in

Lean Six Sigma Yellow Belt

Lean Six Sigma Yellow Belt

To Recognize

Kristin Gillam

Has successfully completed the requirements in alignment to the Council for Six Sigma and Six Sigma Online for a certification in Lean Six Sigma Yellow Belt.

Jason Cassidy, PMP®, PMI-ACP®
CEO of Educate 360

Certification Number: Y2EyNjE2ODItMTY3NDM2
Certification Date: 2025-08-19

Virginia Department of Health Professions
License Lookup

Current as of 10/13/2025 09:28

License Information

License Number	1401138089
Occupation	Nurse Aide
Name	Kristin E Curry
Address	Pulaski, VA 24301
Initial License Date	06/23/2010
Expire Date	06/30/2026
License Status	Current Active
Additional Public Information*	No

Back to License Lookup Result

This serves as primary source verification of the credential issued by the Commonwealth of Virginia and meets the requirements of the Joint Commission.

Justin Stowers

Proposed Outreach and Communications Manager

Experience

MTM Health, Charleston, WV, 2014 to Present

***Training Supervisor,** 2025 to Present*

- Coach and provide ongoing support for trainers, training designers and learners
- Facilitate and participate in coaching sessions, training sessions, meetings, and town halls information sharing events
- Ensure high learning transfer of knowledge or skills from the Trainer to the learner
- Measure learner satisfaction and transfer of knowledge or skills
- Develop training materials as needed

***Senior Trainer,** 2019 to 2025*

- Coach and provide ongoing support for trainers and learners and conduct trainings
- Facilitate and participate in coaching and training sessions
- Ensure high learning transfer of knowledge to the learner
- Develop training materials as needed with PowerPoint and/or Adobe Captivate
- Knowledge of Learning Management Systems

***Training Designer,** 2018 to 2019*

- Develop (PowerPoint and/or Captivate), audit and conduct trainings
- Facilitate and participate in meetings, town halls and sharing events
- Measure and evaluate learner satisfaction as well as transfer of knowledge or skills
- Measure, evaluate and track the success of training programs

***Vendor Account Manager,** 2014 to 2017*

- Research, recruit, and contract new vendors in geographic area to expand the network
- Conduct monthly vendor meetings to discuss performance metrics, address performance issues, and resolve questions and obstacles preventing them from managing trips
- Manage all aspects of vehicle inspections on schedule and in a timely manner
- Performed on site audits with transportation vendors on an annual basis to review required training and personnel documents that are required by contract
- Performed scheduled and random observations at facilities and sites to verify adherence to policies and procedures
- Review and analyze costs and trends of the transportation network on a regular basis
- Assure all vendor network adequacy is managed via mathematical differential reports
- Assure the mapping and service areas for transportation vendors are correct and updated, then cross reference those with differential reports

MTM Health

Justin Stowers

Proposed Outreach and Communications Manager

Experience *(continued)*

Rescare, Madison, WV, 2013 to 2014

Clinical Supervisor

- Demonstrated knowledge of contractual, legal and regulatory requirements
- Participated in regularly scheduled regional safety committee meetings
- Supervised delivery of service plans and personal future plans and training of staff
- Maintained fiscal spending within limits of approved budget; e.g. household expenses and repairs, vehicle expenses, personnel costs, consultant services, etc.
- Monitored budget variance reports to ensure accuracy
- Used leadership and communication skills to ensure goals were met

Staples, Charleston, WV, 2012 to 2013

Operations Manager

- Supervised, recruited, trained, developed, coached and communicated with all associates and managers as well as assess performance
- Performed weekly cycle counts of store inventory
- Conducted monthly audits of overall store operations, safety, and merchandise protection.
- Managed and reconciled store logistics
- Monitored and dictated the labor hours for the store on a daily basis

Lowes Home Improvement, Estero, FL, 2009 to 2011

Assistant Store Manager

Enterprise Rent-A-Car, Fort Myers, FL, 2004 to 2008

Branch Manager

Education

Marshall University, Huntington, WV

Bachelor of Science – Business Administration, Management, Information Systems

Marshall University

The Marshall University Board of Governors
upon the recommendation of the faculty of the

College of Business

has conferred upon

Justin C. Stowers

the degree of

Bachelor of Business Administration

Management

In Testimony Whereof, the signatures of the duly authorized officers of the Board of Governors and the Faculty of the University and the seal of the University have been affixed.

Given at Huntington, West Virginia, this eleventh day of May, 2002.

Marshall University Board of Governors

Chairman

President of the University

Provost and Senior Vice President for Academic Affairs

Dean

Marshall University

The Marshall University Board of Governors
upon the recommendation of the faculty of the

College of Business

has conferred upon

Justin C. Stowers

the degree of

Bachelor of Business Administration

Management Information Systems

In Testimony Whereof, the signatures of the duly authorized officers of the Board of Governors and the Faculty of the University and the seal of the University have been affixed.

Given at Huntington, West Virginia, this tenth day of May, 2003.

Marshall University Board of Governors

President of the University

Provost and Senior Vice President for Academic Affairs

Dean

Terence McBride

Proposed Call Center Manager

Experience

MTM Health, Charleston, WV, 2016 to Present *Contact*

Center Manager – Vendor Support, 2019 to Present

- Manage operations for 3rd Party Vendor Support, including 4 Contact Centers, over 300 agents.
- Create and execute short and long-term efficiency strategies to support member inbound and outbound interactions, to ensure performance standards are met consistently.
- Coach Leadership to meet/exceed KPI goals, including AHT, Quality, Surveys & Adherence.
- Run monthly client facing reporting to analyze if SLA obligations are being fulfilled.
- Manage special project initiatives to help in meeting health plan SLAs.
- Build internal and external relationships to leverage a broad range of skills and experience to help successfully resolve the client's issues, which in turn strengthens external relationships with clients.
- Subject matter expert in projects to help streamline cost reduction.
- Optimize communication with vendors to help drive operational excellence.

Contact Center Supervisor, 2016 to 2019

- Trained, coached, and managed 18-30 internal Customer Care Representatives.
- Coached to exceed KPI goals, including Quality, Adherence, Member Surveys, and AHT.
- Administrative duties included payroll, hiring, disciplinary actions and coaching sessions.
- Collaborated with Program Directors with resolving time sensitive issues and complaints.
- Participated in MTM's Bench Program, which focused on Leadership Development.

Dish Network, Christiansburg, VA, 2003 to 2016

Advance Technical Support/Outbound Call Center Supervisor

Education

Radford University, Radford, VA

Bachelor of Arts – Business Management

MTM Health

Danielle Mezera

Vice President of Operations

Experience

MTM Health, Madison, WI, 2016 to Present

***Vice President, Operations,** 2022 to Present*

- Responsible for managing annual budget for Eastern Markets, achieving established profit margin targets, and implementing transportation cost reduction strategies
- Establishes a clear direction for technology partners and innovative technology solutions to ensure the Operational team's technology needs are being met
- Ensures overall transparency of delivery performance through technology, clear processes, and understanding expectations
- Provides oversight and direction on contracting activities, including preparation, negotiation, and the maintenance of all transportation provider contracting processes
- Develops and monitors quality and adequacy of the transportation network to ensure the company is meeting the needs of its clients and carrying out MTM Health's vision

***Senior Director, Logistics Operations,** 2021 to 2022*

- Responsible for the oversight of Network Provider operations across all field locations, ensuring transportation provider compliance, adequacy, and performance
- Directly managed of MTM Health's transportation provider Recruiting team
- Monitored transportation expense to identify and execute opportunities to reduce cost
- Developed adequacy management strategy to improve efficiency of recruiting efforts and reduce missed trips
- Ensured transportation providers effectively use software to ensure real-time trip data is received, in support of the member experience

***General Manager,** 2016 to 2021*

- Maintained oversight of MTM's statewide Wisconsin NEMT operation and managed all program activities ensuring ongoing contractual and institutional compliance
- Promoted ongoing collaboration with internal and external partners to ensure effective processes are in place for efficient, cost-effective delivery of transportation services
- Managed over 1 million calls and 3.8 million trips annually for over 976,000 members
- Successfully expanded the network over previous vendor, reducing overall no-vehicle-available instances by 85% and unsuccessful trips and vendor no-shows by over 50%
- Served as internal liaison between MTM Health and the Wisconsin Department of Health Services (DHS) to ensure full contract compliance
- Grew bus utilization by more than 25%, saving an average of $10/trip leg, and collaborated with methadone clinics and providers to develop multi-loaded routes, reducing the average cost per drug rehabilitation trip by over $7.00

MTM | Health

Experience *(continued)*

Wisconsin Department of Health Services (DHS), Madison, WI, 2013 to 2016

***Section Chief, Systems and Vendor Management,** 2015 to 2016*

- Oversaw major system implementation projects for the DHS' Medicaid Management Information System (MMIS), a statewide Medicaid contract operating within an annual budget of over $75 million
- Managed eight staff employees as well as budgets relative to MMIS and operational improvement projects with the advanced planning document process, including requests for enhanced federal funding through CMS
- Directed the division call center, user acceptance testing, administration, and provided project management support for the Division of Health Care Access and Accountability
- Focused on the Division's Open Records process prior to position realignment with the Bureau's Contracts Section

***Fiscal Agent Contract Manager,** 2014 to 2015*

- Managed the Fiscal Agent and MMIS contract and oversaw the development of the Fiscal Agent's work plan, major Medicaid IT project implementations, and alignment with overall DHS priorities
- Served as liaison between DHS and vendor staff, facilitating a collaborative and cohesive work environment, and performed analysis and recommendation of contracted services and resource estimates, in conjunction with fiscal staff

***Contracts Specialist – Advanced,** 2013 to 2014*

- Implemented and managed the statewide NEMT vendor for the Wisconsin Medicaid program serving nearly one million members
- Led weekly operations meetings with senior transportation vendor management staff to formulate and initiate operating plans, procedures, and process improvements
- Reviewed all data for compliance, recommended areas of program improvement, and proposed solutions to increase overall efficiency and cost savings to the Medicaid program

Erdman Company, Madison, WI, 2011 to 2013

Legal Associate/Risk Management Specialist

- Negotiated and administered subcontracts, consulting services agreements, and general company contracts affecting healthcare providers
- Ensured compliance with federal, state, and local laws and regulations by performing legal research and providing summary analysis and recommendations to General Counsel
- Assisted in the management of corporate governance and corporate record keeping, leading a team of individuals across multiple disciplines
- Oversaw procurement of all casualty, property, and professional liability insurance policies and claims specializing in health care real estate and design-build services
- Managed corporate licensure status and compliance in architecture, engineering, and construction in 49 states

Danielle Mezera

Vice President of Operations

Education

University of Iowa College of Law, Iowa City, IA

Juris Doctor (J.D.), Conferred, with distinction

- Study abroad program in Arcachon, France, and Cairo, Egypt

Truman State University, Kirksville, MO

Bachelor of Art, Philosophy & Religion; Bachelor of Art, English

Additional Information

Non-Emergency Medical Transportation Accreditation Commission

- Advisory Board Member, Accreditation Board – Member since 2021

MTM's Collaborate to Innovate Core Value Award, *2018*

Foundations of Leadership Certificate granted by University of Wisconsin, *2015*

Member of Wisconsin State Bar

MTM | Health

Dana Wilkerson

Senior Vice President of Service Delivery

Experience

MTM Health, Lake St. Louis, MO, 2014 to Present

Senior Vice President of Service Delivery, *2025 to Present*

- Leads MTM Health's contract operations teams including Regional Vice Presidents, MCO Solutions, Business Operations, and Government Affairs
- Manages MTM Health's client facing operations, helping regional and local teams effectively meet service delivery standards for the contracts we serve
- Aids in providing internal recommendations for systematic internal controls and process changes to ensure preventative and ongoing compliance

Vice President of Finance and Data Intelligence, *2018 to 2025*

- Directed MTM Health's Finance team, including business intelligence analysis, financial planning and analysis, contract analysis, taxes, and internal audit
- Managed financial strategy, planning, forecasting, and annual budget
- Supervised and managed tax policies and filings, financial analytics, billing/encounter reconciliation by plan, and oversaw all financial audit processes, including developing financial control audits and managing client financial audits
- Oversaw ongoing development and operations of MTM Health's business intelligence architecture that enables fact-based decision making and ad hoc analysis and insight generation, as well as streamlining of processes regarding data flow and data quality to improve data accuracy, viability, and value

Senior Director, Finance, *2016 to 2018*

- Oversaw all financial audit processes, including developing financial control audits and managing client financial audits
- Worked closely with MTM Health's Contract Analysis team to review the financial performance for all contracts, complete contract reports, and assess risks

Director, Financial Planning and Analytics, *2014 to 2016*

- Analyzed monthly budget fluctuations and communicated with department owners to explain significant variances
- Prepared MTM Health's annual budget and periodic reforecasts by specific department and contract, working with managers, directors, and executive team members
- Managed monthly billing for all contracts to ensure complete and accurate invoicing

Dana Wilkerson

Senior Vice President of Service Delivery

Experience *(continued)*

KPMG, LLP, St. Louis, MO, 2004 to 2014

Senior Audit Manager, *2009 to 2014*

- Directed multiple teams, including foreign offices, valuation and tax specialists, and actuaries
- Coordinated audit efforts and led engagement team/client conferences
- Performed technical accounting analysis and advised clients on complex accounting and reporting matters, including routine and event-driven SEC filings and IFRS reporting

Senior Associate, *2004 to 2009*

- Provided audit, tax, and advisory services for both public and private companies in a broad variety of industries, including pharmaceutical, chemical, industrial, and consumer products

Education

University of Missouri, Columbia, MO

Master's Degree, *Accounting*

Bachelor of Science, *Accounting*

Additional Information

- Licensed Certified Public Accountant (CPA) in Missouri
- Member of the American Institute of Certified Public Accountants (AICPA)

Michele Lucas

Chief Marketing Officer

Experience

MTM Health, Lake St. Louis, MO, 2010 to Present

***Chief Marketing Officer,** 2015 to Present*

- Oversees MTM Health's Corporate Marketing and Request for Proposal (RFP) Response teams, as well as business development, account management, research, and product development efforts
- Focuses on MTM Health's overall account management strategy to ensure ongoing client satisfaction and retention
- Played an integral role in the implementation of numerous NEMT programs, including those in Idaho, Nevada, West Virginia, Texas, Mississippi, and Wisconsin, overseeing mailings to over 1,000,000 members and reviewing all policies, procedures, and documents prior to use
- Implements innovative sales strategies that have significant impact on revenue growth

***Vice President of Marketing,** 2010 to 2015*

- Oversaw production for all printed materials, including RFP responses and marketing materials, as well as the creation of comprehensive and appropriate corporate marketing materials, including MTM Health's website, brochures, case studies, conference booth materials, etc.
- Led overall project management of the proposal process including qualifications, coordinating various proposal teams, and assisting in the development of strategic messages
- Reviewed all RFP responses for clarity, competitive advantage, compliance, and corporate standards

Insituform Technologies, Inc., Chesterfield, MO, 1996 to 2010

***Product Manager,** 2003 to 2010*

- Responsible for strategy, pricing, promotion, and business plans for all Insituform Technologies sewer products worldwide
- Developed and implemented pricing models for dry tube sales, product roadmaps, and a business plan for UV technology for introduction in Europe market
- Coordinated efforts between operations, engineering, safety, quality, and manufacturing to lead product development process for two line extensions
- Supervised one direct report responsible for lead generation for the North American Rehabilitation business unit

Michele Lucas

Chief Marketing Officer

Experience *(continued)*

Marketing Communications Manager, *1996 to 2003*

- Led all internal and external communication for Insituform Technologies, including a revamp of company marketing literature and communication messaging and content
- Launched initial company website (and two subsequent redesigns), nine international sites, and sites for two subsidiaries
- Produced winning RFPs for multi-million dollar projects, while also supervising logistics, staffing, booth graphics, messaging, press relations, and customer events for over 100 trade shows per year
- Supervised a staff of four communications specialists and coordinated strategic planning initiatives in 2000 and 2004

Amana Refrigeration, Inc., 1987 to 1995

Territory Marketing Manager, *St. Louis, MO, 1992 to 1995*

- Revamped the dealer network by recruiting key retail dealers to carry Amana line
- Doubled sales volume in three years to over $3 million
- Named to Presidents Club 1993 and 1994 (top 5% of sales force)

Marketing Manager, *Chicago, IL, 1992 to 1995*

- Developed successful marketing promotions and supporting materials, which contributed to 20% annual sales growth
- Trained and supervised two sales representatives

Sales Representative, *Dallas, TX, 1988 to 1989*

- Motivated the retail sales force to sell the Amana product line by establishing a rapport and implementing sell-through techniques

Sales and Marketing Assistant, *Amana, IA, 1987 to 1988*

- Wrote copy for consumer brochures, press releases, and radio
- Analyzed sales records and produced summary reports for upper management

Education

Washington University, St. Louis, MO

Master of Business Administration

Iowa State University, Ames, IA

Bachelor of Business Administration; Minor in Marketing Journalism

Rick Holbrook

Chief Technology Officer

Experience

MTM Health, Lake St. Louis, MO, 2019 to Present

Chief Technology Officer

- Oversees all MTM Health systems, equipment, software, data, security, and privacy
- Creates a unified vision through internal collaboration to define technology strategies and implement the roadmaps necessary to achieve business goals; ensures strategy and roadmaps are positioned to enable growth across business units
- Enhances and further refines MTM Health's information technology (IT) policies and procedures to improve overall operations and effectiveness of corporation
- Ensures disaster recovery, reliability, scalability, and support for MTM Health's regional offices as well as the proper IT support model for all affiliated businesses
- Evaluates and implements emerging technologies to secure a seamless digital experience for all MTM Health stakeholders
- Maintains annual operating and capital budget for IT department
- Identifies, motivates, and develops high-performing team of direct reports who embrace servant leadership and manage cross-functionally to achieve IT goals
- Ensures technology team objectives and mindset are aligned with business goals and focus on technology's role as an enabler

ViiMed, Inc., Washington D.C., 2016 to 2019

Chief Executive Officer/Board of Directors

- Developed business strategy that provided a unique business model to attract and aid sales adoption in winning contracts with marquee clients
- Optimized corporate methodologies for consulting services, implementations, and support services to be client-led, repeatable, easy, and time and cost effective
- Led sales to build 3rd sales channel with 170+ "feet on the street" covering 23 states in nine months, resulting in nearly $2M year one bookings after three years of zero sales growth
- Positioned ViiMed within the U.S. Federal marketplace as the unique solution for the Defense Health Administration's Virtual Care/Telehealth 2019 RFP
- Demonstrated strong vender management skills that established corporate partnerships with Deloitte, General Dynamics, Parsons, Octo and Salesforce for USG sales
- Transformed ViiMed's existing enterprise-wide, cloud-based platform into a healthcare centric, state-of-the-art architecture that provides high performance in large scale, end-user capabilities and data warehousing

Experience *(continued)*

GetWellNetwork/Skylight Healthcare Systems, San Diego, CA, 2006 to 2016

Executive Vice President of Operations/Chief Technology Officer

- Built automated/integrated platform that engaged patients throughout the full continuum (pre-admission, inpatient, post discharge) and reduced re-admissions for a large health system (18+% to 6.9%) in the first 12 months of deployment
- Obtained industry's first MU-1 certification for Interactive Patient Engagement Systems
- Created industry's first integrated video conferencing system via the hospital's bedside televisions for patient communication with family, friends, and providers
- Built industry's first Level 4 interactive registry to engage patients throughout the full care continuum to obtain patient report outcomes for performance measurements and reporting to state/national registries (TKA/THA)
- Built first hospital automated interactive bedside meal ordering system via the in-room televisions to provide patients clinically correct meals
- Managed 24x7 call centers supporting over a 100 US-based client sites

RHG Consulting, Kansas City, MO, 2005 to 2006

Founder/Owner

- Consulting specializing in Healthcare Information Technology (HCIT) activities and responsibilities assisting physician offices, clinics and hospitals/health systems
- Engagements included interim CTO/COO/CIO roles building provider and consumer solutions; establishing 24x7 call center support models; and designing complex system integration, provider portals, nursing vital monitoring workstations, insurance fee schedules, and genomics results viewer
- Assignments required assessment, design, and build of a new solution architecture with teams ranging from four to twelve associates that often used offshore development

Cerner Corporation, Kansas City, MO, 1986 to 2005

Senior Vice President/Managing Director

- Oversaw 300+ associate organization focused on developing core application architecture infrastructure for 60 different application solutions
- Established an organization of 100+ local associates in a 15,000-square-foot facility in Bangalore, India within in seven months
- Created a service-oriented architectural (SOA) platform to allow clients and third-party organizations to build their solutions on top of the Cerner Millennium platform; grew this new business to annual sales of $10 million
- Experienced in building start-up sales teams and running business unit sales operations to create revenue that exceeded projections 90% of the time over a six-year period

Rick Holbrook

Chief Technology Officer

Education

University of Arkansas, Little Rock, Arkansas

Bachelor of Science, Computer Science

Bachelor of Science, Psychology; focus in Psychological Profiling

Bachelor of Arts, Business Management

MTM Health

Chad Nolan

Chief Data Analytics Officer

Experience

MTM Health, Lake St. Louis, MO, 2025 to Present

Chief Data Analytics Officer

- Leads development and execution of enterprise-wide data strategy, focusing on data governance, engineering, analytics, and AI applications, transforming data into a strategic asset to drive top-line growth, cost-saving efficiencies, and improved business outcomes
- Establishes and enforces robust data governance frameworks to ensure data accuracy, integrity, and security; ensures compliance with healthcare data regulations and encounter standards, including HIPAA, and promotes best practices in data stewardship
- Oversees design, integration, implementation, and optimization of data infrastructure, including data lake house and cloud-based solutions (e.g., AWS, Azure); ensures data platforms are scalable, secure, and support advanced analytics and AI initiatives
- Enhances reporting and business intelligence capabilities, ensuring data is accessible, relevant, and actionable for stakeholders across the organization
- Leads development and application of predictive analytics, machine learning, and AI to provide actionable insights that drive operational efficiency, top line growth, and cost reduction; utilizes advanced analytics to solve critical business challenges

Edward Jones, St. Louis, MO, 2014 to 2025

General Partner, Head of Data/Firm Analytics, *2020 to 2025*

- Led Edward Jones' Data organization, transforming it into a data driven company
- Created measurable value through analytics and data assets, enabling business outcomes and aligning care and usage of data with business, regulatory, legal, and ethical mandates
- Developed data strategy and implemented supporting enterprise operating model delivering a five- year, $175M data and analytics transformation roadmap
- Planned and executed data initiatives supporting business impact by delivering trusted data and information to enable 14 Digital product portfolios and 24 Analytic teams
  Enabled key analytics and AI initiatives driving reusability and consistency of data
- Directed data and analytics product portfolio (230 associates) focused on delivering extraordinary user-centered experiences enabling access, governance, and usage of data assets for analytics and AI
- Established and chaired enterprise data and knowledge governance committee which implemented data policies and standards ensuring alignment with regulatory, legal, and ethical mandates
- Implemented Enterprise Data Quality Platform with 500 initial rules, achieving a quality score of 97%

Chad Nolan

Chief Data Analytics Officer

Experience *(continued)*

Director, Firm Analytics, *2014 to 2020*

- Led first enterprise data/analytics transformation program to scale impact of Firm Analytics department and drive usage of data through analytics across all areas of business
- Implemented an enterprise business intelligence platform which scaled from 0 to over 2000 reports and dashboards enabling faster and higher value production and consumption of key business insights across all divisions
- Published first enterprise data policies and standards to establish how data assets are projected, secured, managed in compliance with regulations, and accessible for use
- Implemented enterprise data catalog platform to inventory data assets, enable data stewardship, and enable an enterprise data quality program
- Established enterprise data architecture and data modeling standards to drive governance across the enterprise

Deloitte & Touche LLP, Washington, DC/St. Louis, MO, 2004 to 2014

Audit & Enterprise Risk Services (ERS) – Finance, Operations and Technology Risk Transformation Manager and Senior Manager

- Grew total annual relationship revenue to $100M over six years with additional engagements and demonstrated continuous growth in responsibilities and client impact
- Directed engagement team which delivered a portfolio of client engagements to a government client with annual engagement revenue exceeding $23M
- Supported the development of a diverse team of 130 professionals across a wide range of professional advisory services
- Delivered engagements with annual revenue of $10M and a team of 50 professionals to establish an IT Compliance Management Office which successfully achieved and sustained SOX and PCI compliance

Education

Christian Brothers University, Memphis, TN

Bachelor of Arts: Mathematics; Minor: Finance

Certifications

- FINRA Series 7 (Active)
- Project Management Professional (PMP)
- Certified Fraud Examiner (CFE)
- Certified Information Systems Security Professional (CISSP)
- Certified Information Systems Auditor (CISA)

Jill Heneghan

Chief Financial Officer

Experience

MTM Health, Lake St. Louis, MO, 2014 to Present

Chief Financial Officer, *2018 to Present*

- Manages overall financial risks and opportunities of MTM Health and its affiliates
- Oversees the compilation and preparation of financial statements in accordance with generally accepted accounting principles (GAAP)
- Establishes and executes financial and tax strategy and develops strategies for internal growth, while effectively managing revenue and identifying operating efficiencies
- Works closely with CEO, Board of Directors, Executive Leadership team, and external advisors to create plans and opportunities for the maximum benefit of the organization
- Helped MTM Health increase revenue from $300M in 2014 to $1B pro forma in 2022
- Established insurance captive to appropriately manage risk and insurance costs

Vice President of Accounting, *2015 to 2018*

- Responsible for all general accounting functions including fixed assets, accounts payable, and payroll
- Performed month-end financial reviews to ensure all statements were in accordance with GAAP and presented results to the CEO and Executive Leadership team

Controller, *2014 to 2015*

- Maintained an adequate system of accounting records and a comprehensive set of controls and budgets designed to mitigate tasks
- Ensured bank accounts and general ledger accounts were reconciled timely and maintained the general ledger chart of accounts
- Reviewed and approved final audit results and acted upon any management recommendations presented

Charter Communications, St. Louis, MO, 2005 to 2014

Director of Finance – Capital Reporting, FP&A, *2012 to 2014*

- Responsible for the financial reporting and accounting of $2 billion of capital expenditures
- Prepared a variety of financial analyses used by the Board of Directors, CFO, and CEO
- Created a monthly management reporting package used by the Executive team and led monthly capital expenditures and operating metric reviews with the CFO and CAO
- Standardized, automated, and revised budget and forecast models related to workforce management and other capital expenditures

Jill Heneghan

Chief Financial Officer

Experience *(continued)*

Director of Corporate Finance, *2010 to 2012*

- Led all financial aspects of mergers and acquisitions from the initial evaluation through business integration, and presented recommendations regarding strategic acquisitions and divestitures to the Board of Directors, CEO, and CFO
- Assisted counsels on drafting and negotiation of purchase agreements
- Modeled and analyzed debt financing transactions, including their effects on leverage ratios, cost of debt, financial covenants, maturity profile, and liquidity
- Signed and closed two divestitures and three acquisitions in 15 months, exceeded value expectations for divestiture completed, and developed a financial model that fully captured all synergies/dis-synergies associated with acquisition transactions, including execution and integration costs
- Refinanced $4.5 billion of high-yield debt, including an associated waterfall tender

Director of Capital Accounting, *2007 to 2010*

- Restructured the Fixed Asset department to align with company goals, including revising capitalization accounting policies and various SOX polices; managing, designing, and completing 15 capital studies to support capitalization assumptions; and assuming responsibility for monthly close procedures, including the review of journal entries, depreciation, and capital reporting
- Served as a key stakeholder in the JDE upgrade and as the project team lead for fresh start accounting resulting from Chapter 11 filing
- Reduced external audit hours and fees in the Capital department by improving documentation and implementing additional procedures to ensure the reliance on management's work was maximized

Senior Financial Analyst, *2005 to 2007*

- Assisted in compilation and completion of the 10-K, 10-Qs, and other filings with the SEC
- Responsible for the accounting and development of estimates for five self-insured health plans

KPMG, LLP, St. Louis, MO, 2003 to 2005

Audit Associate

- Reviewed and evaluated management's process documentation in accordance with Sarbanes-Oxley 404 Compliance, identified control gaps, and performed and documented control testing and process walkthroughs
- Researched accounting pronouncements and presented results to KPMG partners

Jill Heneghan

Chief Financial Officer

Education

University of Missouri, Columbia, MO

Master of Accountancy; Bachelor of Science in Accountancy

- Magna Cum Laude

Washington University, Olin Business School, St. Louis, MO

Women's Leadership Forum Certificate Program

Additional Information

- Certified Public Accountant, 2004
- Titan CEO St. Louis Titan 100 Honoree, 2023

MTM | Health

Kerri Mileski

Chief People Officer

Experience

MTM Health, Lake St. Louis, MO, 2012 to Present

***Chief People Officer,** 2018 to Present*

- Develops and executes human resource strategy in support of MTM Health's overall business plan and strategic direction, specifically in the areas of succession planning, talent management, change management, organizational and performance management, training and development, benefits, wellness, and compensation
- Provides strategic and operational leadership by articulating human resource needs and plans to the Executive Leadership team and Advisory Board
- Shapes how MTM Health embraces employees to achieve business results through a dynamic talent allocation strategy, hiring and promoting for a more inclusive workplace, and developing a strong company culture to improve those results
- Developed procedures for monitoring and enhancing employee engagement and culture to leverage as a core recruiting and employee retention tool
- Implemented an end-to-end quarterly analytical feedback practice to make informed people decisions and improve business results
- Created and launched Future Leaders Program to develop a bench of employees trained and prepared to assume leadership positions throughout the organization

***Vice President of People and Culture,** 2015 to 2018*

- Reorganized and branded all human resource and training functions as People & Culture to further enhance our focus on our employee development activities
- Implemented Workday as new HRIS system to improve visibility into MTM Health's workforce, engage employees with performance tracking, and improve user experience
- Established staffing strategies and implemented plans and programs to identify talent, both inside and outside the company, for positions of responsibility
- Designed progressive and proactive compensation and benefits programs to provide motivation, incentives, and rewards for effective performance
- Launched multiple programs aligned with our culture: Diversity & Inclusion, LearnIt Employee Development, Internships, Mentoring, and Monthly Manager Meetings
- Used value stream mapping to optimize human resource functions and improve efficiency of hiring process of contact center agents
- Reduced no-show rate by 50% and reduced 90-day attrition by 37%
- Developed and launched award-winning training programs to support five critical areas: Leadership, Logistics, Contact Center, Systems & Technology, and Facilities

Kerri Mileski

Chief People Officer

Experience *(continued)*

Vice President of Administration, *2013 to 2015*

- Responsible for oversight and direction of human resources, quality management, and corporate training and development functions of the organization
- Continually assessed competitiveness of all programs and practices against the relevant comparable companies, industries, and markets
- Implemented a Compliance Hotline as a reporting mechanism to facilitate and track reporting of unethical/improper conduct and provide a confidential way for employees, providers, members, and clients to present issues and concerns to the organization
- Replaced traditional health benefit offerings with a wellness model to focus on preventive and ongoing health improvements to bring a renewed focus and energy to health initiatives (MTM Health's annual total cost per covered employee reduced to 40% below benchmark industry average)

Manager, Corporate Training, *2012 to 2013*

- Developed corporate training programs and policies to ensure staff maintained a thorough knowledge and understanding of company policies and operating procedures
- Implemented company-wide Learning Management System to supplement compliance, leadership, technology, and competency training for development
- Designed and implemented first company-wide contact center training program with dedicated internal training delivery partners

Career Education Corporation, St. Louis, MO, 2009 to 2012

Director of Education, Missouri College, *2011 to 2012*

- Ensured academic programs produced the expected learning outcomes by coordinating and executing policy implementation, updates, and maintenance; and developing and delivering training modules and in-service sessions
- Aided in setting ongoing goals and initiatives for staff development, including ensuring all timelines and deliverables were met through coaching and support

Director of Career Services, Le Cordon Bleu, *2009 to 2011*

- Developed and launched career placement program to provide training and resources for resume creation, job search best practices, interview and presentation skills, and professionalism
- Created and implemented a Career Services curriculum for multiple campus departments
- Achieved 98% or greater graduate placement rate throughout tenure

Kerri Mileski

Chief People Officer

Education

American Intercontinental University, Hoffman Estates, IL

Master of Education

University of Missouri, Columbia, MO

Bachelor of Science, Food Science and Human Nutrition

Washington University, St. Louis, MO

Women's Leadership Certificate
Advanced Management Certificate

Additional Information

- Presidents Council St. Louis, Leadership Council Member
- Missouri Interscholastic Cycling League, Board Member/Program Development Chair
- Author, On the Rise - Volume 2, St. Louis Business Journal Top 150 Leaders
- SHRM-SCP Certification, 2017
- Stevie Awards Silver Most Valuable HR Professional, 2020
- Stevie Awards Gold Most Valuable HR Team, 2020
- Stevie Awards Sales Training Program, 2019
- Training Top 125 Award Recipient #91, #82, #44, #33, 2016-2019
- Stevie Awards Customer Service Training Team of the Year Gold & Silver, 2016-2018
- Learning Elite Award Silver & Gold Recipient #51, #37, #14, 2017-2018
- Stevie Awards Best New Training Program Gold, 2017
- Top Innovators for Diversity & Inclusion, 2017

Tom Wiese

Chief Legal Officer

Experience

MTM Health, Lake St. Louis, MO, 2022 to Present

***Chief Legal Officer,** 2022 to Present*

- Ensures adherence to federal, state, and local laws as well as regulatory requirements in all operating areas of the company, and advises the Board of Directors and Executive team on legal matters, HIPAA privacy, and confidentiality issues
- Serves as MTM Health's chief advisor and representative on all legal matters and oversees execution of contracts with clients, vendors, and providers
- Instrumental in the successful completion of two major acquisitions, contributing more than $450 million in revenue within a short timeframe
- Cultivated highly skilled legal and risk management team, ensuring MTM Health's adherence to rigorous regulatory standards and effective management of legal matters
- Leads all revisions to the transportation provider service agreement, establishing required qualifications of independent transportation provider companies, drivers, and vehicles which serve clients' Medicaid and Medicare members

***Associate General Counsel,** 2022 to 2022*

- Provided legal support and services to MTM Health and affiliate companies, supporting compliance and corporate growth initiatives while supervising a team of cross-functional in-house counsel
- Managed broad range of transactions; served as primary support to Compliance department on healthcare regulatory, data privacy, and transportation regulatory matters
- Engaged in corporate mergers and acquisitions, as well as other growth-related initiatives

SSM Health, 2019 to 2022

Legal Counsel

- Negotiated high dollar contract language with vendors, physicians, medical groups, and real estate partners to accomplish business and legal needs for SSM Health, with 11,000 providers, nearly 39,000 employees, and over $8 billion in revenue
- Supported and directly advised business partners on acquisitions, joint ventures, and other strategic transactions, including all necessary due diligence and coordination concerning the divestiture of two large hospitals and accompanying practice groups
- Managed regulatory and internal governance frameworks
- Drafted proposals and fair market value opinions and consulted with executive leadership, management, and employees to draft legally compliant contracts
- Established a coordinated and disciplined approach regarding regulatory compliance and governance that enables executive leadership to manage all associated risks

Tom Wiese

Chief Legal Officer

Experience *(continued)*

Centene Corporation, 2014 to 2019

***Director, Enterprise Risk Management,** 2018 to 2019*
***Directory, Legal & Regulatory Compliance,** 2014 to 2018*

- Directed all corporate governance activities, including, HIPAA and anti-fraud, trainings, conflict of interest disclosures, privacy incidents, compliance program implementations, and regulatory filings
- Built team of professionals to assist domestic and international business clients in aligning with internal privacy policies, U.S. (state and federal) and international data privacy laws and regulations, with a focus on EU's GDPR, industry standards, and best practices
- Managed policies regarding ethics, code of conduct, risk analysis, and contract compliance, with responsibility for escalation to leadership of non-compliant activities to develop corrective actions
- Conducted investigations related to healthcare fraud, data and property theft, anti-kickback issues, human resource complaints, HIPAA, and other matters related to state and federal programs
- Provided risk management expertise and facilitation to identify, evaluate, mitigate, and monitor the regulatory, operational, and strategic risks of the division

Millsap & Singer, 2012 to 2014

Associate Attorney

- Served as legal counsel, representing multiple Fortune 50 multinational banking institutions, providing legal and compliance recommendations on a variety of federal, state, and local laws
- Advised clients on default servicing of complex mortgage-backed securities in light of heavily regulated and scrutinized settlements with the Department of Justice, Consumer Financial Protection Bureau, and a variety of individual, class action and state attorney general actions
- Responsible for development and implementation of policies in response to client requirements; conducted audits confirming policies/procedures were operationalized while maintaining ethical duties of attorney-client privilege and confidentiality
- Managed daily direction of staff, overseeing weekly department meetings and presenting company-wide educational lectures in response to statutory changes or client updates

Negotiated settlement agreements, coordinating competing interests of lenders, regulatory agencies, and lienholders on files ranging from traditional residential mortgages to complex mortgage-backed securities

Kruse, Reinker and Hamilton, 2009 to 2012

Associate Attorney

Tom Wiese

Chief Legal Officer

Education

Saint Louis University School of Law – Juris Doctor, St. Louis, MO

Dean's Scholar, Moot Court Board, Trial Advocacy, Civil Advocacy Clinic, Circuit Attorney's Office

Western Illinois University, Macomb, IL

Bachelor of Science

United States Coast Guard Reserve

Petty Officer Third Class – Maritime Enforcement Specialist

Additional Information

- Bar License in Missouri and Kansas *(inactive)*
- Certified in Healthcare Compliance (CHC)
- St. Louis Business Journal's Corporate Counsel Awards Honoree, 2024

MTM Health

Phil Stalboerger

Senior Vice President of Public Affairs

Experience

MTM Health, Saint Paul, MN, 2013 to Present

Senior Vice President of Public Affairs

- Manages MTM Health's government relations across the country and plays an important role in developing key relationships and strategies for new business prospects, growing MTM Health's operating areas, and identifying solutions for community access
- Educates lawmakers on the non-emergency medical transportation (NEMT) process for members and keeps lawmakers updated on areas of interest for their constituents
- Created a national coalition of NEMT brokers and stakeholders in the District of Columbia called Medical Transportation Access Coalition (MTAC) to help educate lawmakers and regulators on the NEMT benefit across the country

Faegre Baker Daniels, LLC, Minneapolis, MN, 2012 to 2013

Senior Government Relations Advisor

- Represented clients in legislative, regulatory, and business development efforts
- Served as an expert in government relations and public affairs representing corporations, trade associations, and non-profit organizations before the Minnesota Legislature, Minnesota state agencies, local governments, United State Congress, and federal agencies

Blue Cross and Blue Shield of Minnesota, Eagan, MN, 1999 to 2012

Vice President, Policy, Legislative and Public Affairs, *2008 to 2012*

- Directed all state and federal legislative activities and managed their lobbying contracts
- Identified policy changes for the company to accomplish policy and business objectives
- Restructured internal Policy and Legislative teams necessary to assess proactive and reactive policy positions, assuring they aligned with achieving corporate goals
- Established and cultivated key alliances with organizations, associations, business groups, agents, and others with proven track record for building successful coalitions that promoted policy objectives

Director, Legislative Affairs, *1999 to 2008*

- Led efforts to enact legislation that supported corporate objectives, various proactive changes in insurance laws, restructure of the financial regulation of the health insurance industry, and promoted public health initiatives
- Gave frequent presentations on home health care, insurance law, and other legislative matters relating to healthcare industry; served as industry expert on local tv and radio
- Drove public policy initiative that increased price of tobacco products (health impact fee) to improve public health and reduce the number of young smokers in Minnesota

MTM | Health

Phil Stalboerger

Senior Vice President of Public Affairs

Experience *(continued)*

Minnesota Department of Commerce, St. Paul, MN, 1999

Legislative Director

- Facilitated Department's legislative priorities with internal experts and served as contact for legislators, staff, and executive branch on legislative issues
- Spearheaded key budget and policy changes
- Built positive relationships with both House and Senate leadership and committee chairs under new Administration

Minnesota Senate, St. Paul, MN, 1994 to 1999

***Commerce Committee Administrator,** 1995 to 1999*

- Served as staff to Chair of Committee as expert on legislative process and policy matters related to banking insurance, real estate, liquor, and other regulated industries
- Managed office and constituent services staff, created tracking system for committee legislation, and worked with other committee staff to coordinate scheduled hearings
- Prioritized committee legislative efforts and often served as facilitator between interests

***Legislative Assistant,** 1994 to 1995*

- Researched policy and constituent matters, and managed legislation/political efforts of State Senators and important issues facing their districts as well as the state of Minnesota

Education

Hamlin University, St. Paul, Minnesota

Master of Arts, Public Administration

St. John's University, Collegeville, Minnesota

Bachelor of Arts, Government/Political Science

Additional Information

Minneapolis/St. Paul Business Journal's 40 under 40 in 2009

60 Communities (Formerly Community Action Council)

- Served as chair in 2010; member of Board of Directors 2004 to 2010

Eugene McCarthy School of Public Policy & Civic Engagement at St. John's University and College of St. Benedict

- Politics and Public Policy Alumni Board Member since 2007

Eugene Foundation

- Member, Board of Directors 2000 to 2004

MTM | Health

Alaina Maciá

President and Chief Executive Officer (CEO)

Experience

Alaina is a visionary leader in the healthcare and transit industries, and she is passionate about reducing barriers to community and healthcare services through efficient transportation program design. Alaina leverages MTM Health's privately held status to focus on long-term planning and results. She is aligned with client goals and serves as an executive liaison for all contractual and operational matters. Alaina is focused on delivering an enhanced rider experience by hiring the right people, ensuring reliable and efficient processes, and delivering accessible and efficient technology. She ensures MTM Health meets contract deliverables by reviewing company-wide key performance indicators that drive the desired contract outcomes and requirements. Alaina is keenly aware that good structure and processes deliver reliable and efficient services to all stakeholders, and she promotes this key tenet throughout MTM Health.

MTM Health, Lake St. Louis, MO, 2003 to Present

President and CEO

- Oversees all MTM Health operational, technological, and support departments
- Drives MTM Health to continually improve and generate significant savings, generally between 10-25% over previous costs
- Recruits high quality, industry-leading executives to work at MTM Health, bringing successful practices with them
- Leads efforts to analyze and streamline current operational processes to enhance efficiency and scalability of operations
- Identifies technology strategy to enhance user experience through mobile-ready applications and portals, driving more than 5% of interactions to the web, mobile application, or IVR application
- Oversaw MTM Health's growth from a $30 million company to an organization generating over $1 billion in revenue annually
- Restructured organization personnel and physical locations to create higher efficiency and increase productivity, reducing the administrative cost of handling transportation services by over 50%
- Administered the implementation of numerous large government contracts, including programs in Rhode Island, Idaho, West Virginia, Wisconsin, Missouri, Kansas, Minnesota, New York, South Carolina, Texas, Nevada, Mississippi, and the District of Columbia

Alaina Maciá

President and Chief Executive Officer (CEO)

Education

Olin School of Business, Washington University, St. Louis, MO

Master of Business Administration

- Emphasis in corporate strategy and finance
- Member of Delta Gamma Sigma (top 20% of class)

School of Engineering and Applied Science, Washington University, St. Louis, MO

Bachelor of Science in Biological Engineering, emphasis in Environmental Engineering

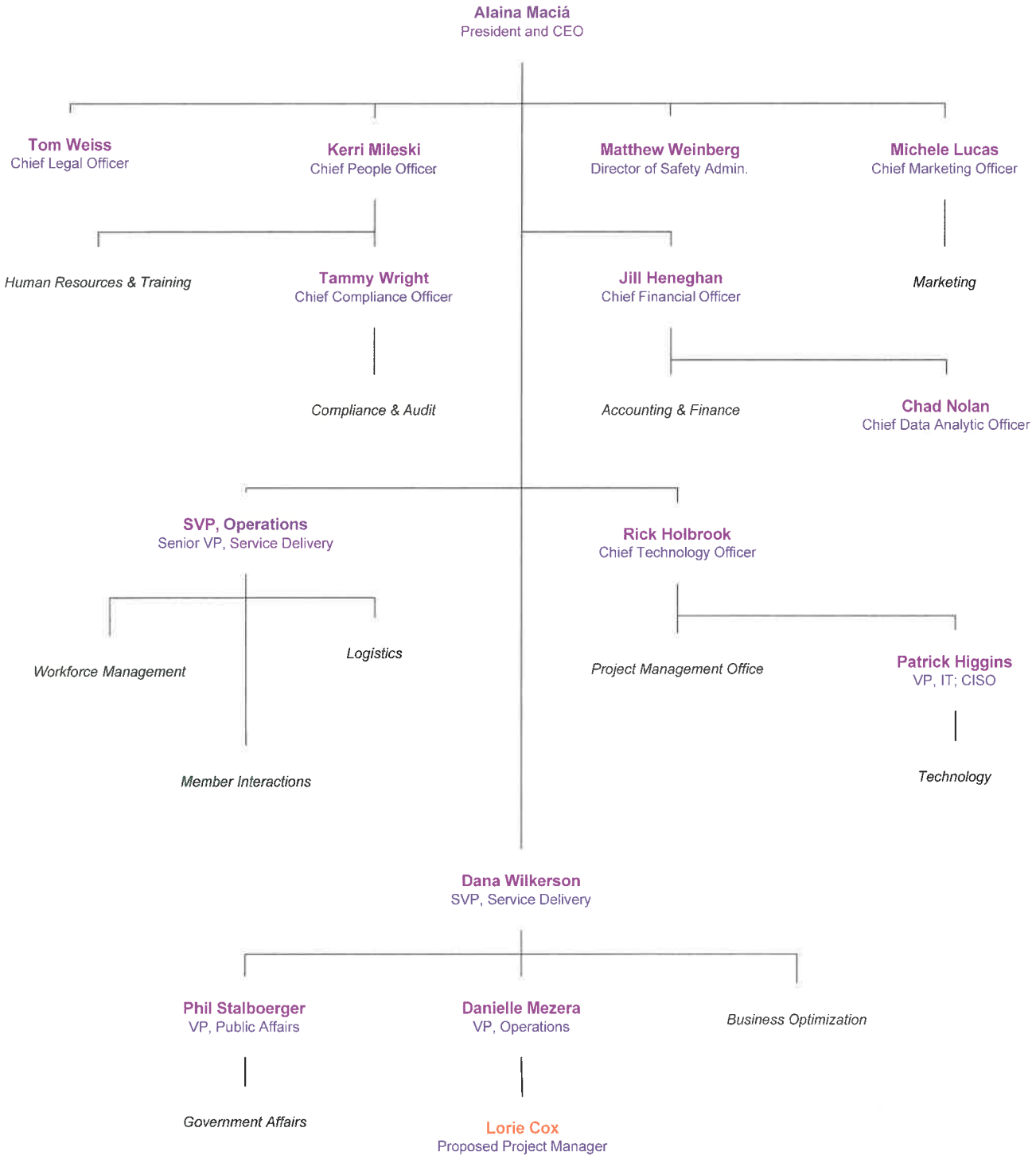
- Missouri Bright Flight and Academic Scholarship to Washington University

Additional Information

- Member of the Washington Institute for Public Health National Council
- Member of the Young Presidents' Organization (YPO), a network of the world's most influential and innovative business leaders
- Sits on the St. Louis Regional Business Council, Co-Chairs Workforce Development Committee
- St. Louis Business Journal 40 Under 40 Hall of Fame Award, 2020
- St. Louis Business Journal Technology Executives of the Year List, 2018
- Mass Transit Magazine 40 Under 40 Award, 2014
- Ernst & Young Entrepreneur of the Year Award, 2014
- St. Louis Business Journal 40 Most Influential Business Women List, 2012
- St. Louis Business Journal 40 Under 40 Award, 2011
- St. Louis Business Journal 30 Under 30 Award, 2004

MTM Health

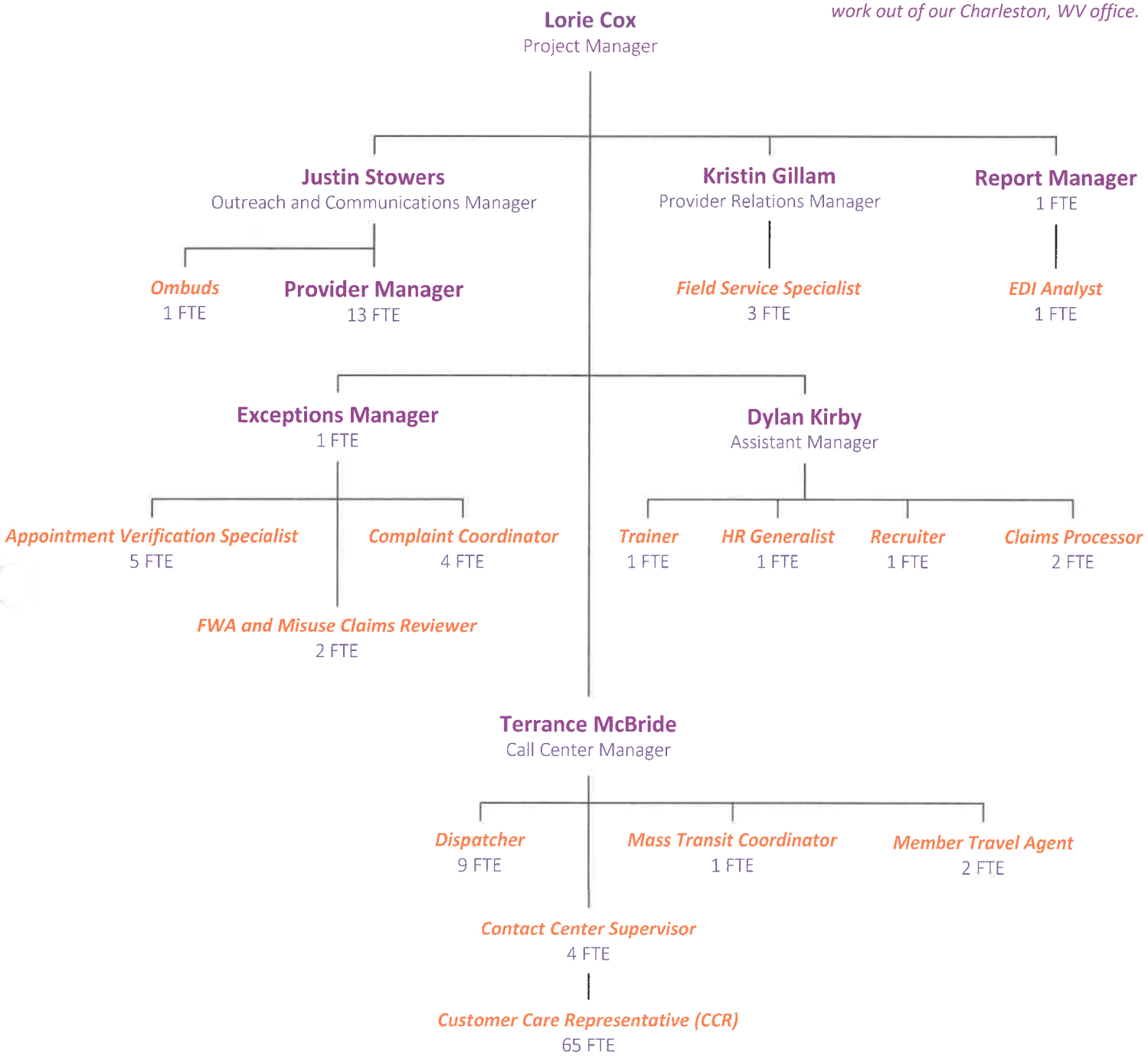
West Virginia Corporate Support Organizational Chart



MTM Health

West Virginia Program Organizational Chart

Note: *Each of these positions will be located in West Virginia; positions listed in Sections 4.1.2.3 and 4.2.2.1 of the RFP will work out of our Charleston, WV office.*



MTM | Health

Operations Manual

MTM® | Health

SAMPLE

Non-Emergency Medical Transportation (NEMT) Services

for

[Client]

MTM

Table of Contents

TABLE OF CONTENTS **2**

PURPOSE **4**

USE AND FORMAT **5**

MTM CONTACT INFORMATION **6**

MTM CONTRACTUAL RESPONSIBILITIES **7**

1.0 MEMBER RIGHTS AND RESPONSIBILITIES **8**

2.0 HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA) CONFIDENTIALITY **11**

3.0 MTM'S CULTURALLY AND LINGUISTICALLY APPROPRIATE SERVICES (CLAS) STANDARDS **12**

4.0 LOGISTICS OPERATIONS **13**

Overview 13
Logistics Operations Responsibilities 13
Recruiting Process *13*
Credentialing Process *14*
Contracting and Training NEMT Providers *15*
Monitoring the Network *15*

5.0 CONTACT CENTER **17**

Overview 17
CCR Responsibilities 17
Hours of Operations 18
Observed Holidays 18
CC Phone Lines 18
Customer Satisfaction Survey 18
Customer Service Audits and Evaluations 19
CCR Training 19
Elevate Program 19
Community Outreach 20
Member Outreach 20

6.0 MARKETING COMMUNICATION **22**

Overview 22

7.0 MEMBER QUALITY **23**

Overview 23
Quality Operations Program 23
Complaints Processes 23
Member Complaints *24*
Transportation Provider Complaints *24*
Recordkeeping and Reporting 25

SAMPLE

8.0 CORPORATE COMPLIANCE ..... ERROR! BOOKMARK NOT DEFINED.

OVERVIEW 26
MTM COMPLIANCE PROGRAM 26
MEMBER APPEALS STATE FAIR HEARING PROCESSES 26
TRANSPORTATION PROVIDER APPEALS 27
FRAUD, WASTE, AND ABUSE PROVISIONS 28
Fraud and Abuse Detection and Prevention Supported by MTM's System *28*
RECORDKEEPING AND REPORTING 29

9.0 CLAIMS **30**

OVERVIEW 30

10.0 INFORMATION TECHNOLOGY **32**

OVERVIEW 32
LEVERAGING NEW TECHNOLOGY 35
DATA REQUIREMENTS 36
SYSTEM SECURITY 36
SECURE WEB PORTALS FOR ONLINE FEATURES 38

APPENDICES **53**

Appendix A: Policies and Procedures *53*
Appendix B: Glossary of Terms *53*

APPENDIX A: POLICIES AND PROCEDURES **54**

APPENDIX B: GLOSSARY OF TERMS **54**

SAMPLE

Purpose

To provide a written tool that informs the Department of Health Care Finance (DHCF) "Client" staff, MTM staff, transportation providers, and medical facilities of the operations, expectations, and formal policies and procedures that govern each activity associated with the scheduling and delivery of non-emergency medical transportation (NEMT) services by MTM. All documentation included in this manual is MTM proprietary information and cannot be shared, distributed, etc. without MTM's express consent.

SAMPLE

Use and Format

- The Client shall maintain a copy of this Operations Manual, which will be updated by MTM annually and/or as needed.
- This manual will be used as a basic reference guide for new and existing MTM staff, transportation providers, medical facilities, and the Client.
- Transportation providers will receive a supplemental Transportation Provider Handbook with policies and procedures specific to their operations.
- Medical facilities will receive a supplemental Facility Packet outlining the rules and regulations of the transportation program that directly apply to facility activities.
- All staff in MTM's Contact Center (CC) will receive training specific to CC operations.
- Although updates may be made at any time, the entire Operations Manual will be reviewed annually. This annual review is the responsibility of MTM's Operations Department.
- The Client may address any questions regarding this Operations Manual with MTM's Program Director.
- The Client will be given the opportunity to review and approve the Operations Manual and any subsequent revisions.
- Subsequent updates will be distributed to the Client, transportation providers, and medical facilities when required.
- All policies included in this manual are generic corporate policies that are used across MTM's book of business. MTM procedures are then created to a corresponding policy if applicable. Procedures can be created to meet specific client needs and can be drafted upon request.

SAMPLE

MTM Contact Information

MTM Corporate Office:

Address: 16 Hawk Ridge Circle,
Lake Saint Louis, MO 63367
Phone Number: 636-561-5686
Toll-Free: 888-561-8747
Fax Number: 636-561-2962
Website: www.mtm-inc.net

MTM Local Office: or MTM Local Contact Information:

Address: 55 M Street SE, Suite 510,
Washington, DC 200003
Phone Number: 202-263-4640
Website: https://www.mtm-inc.net/washinton-dc/
Hours of Operation: 8:00 a.m. to 6:00 p.m., Monday through Friday

DHCF Toll-Free Transportation Number (to schedule transportation): 1-866-796-0601

DHCF Where's My Ride Toll-Free Number (if ride is late): 1-888-293-4687

Complaint Toll-Free Number (if stakeholder has complaint): 866-436-0457

SAMPLE

MTM Contractual Responsibilities

MTM is responsible for providing the following contractual services, with services commencing **July 1, 2007**:

1. **Prior Authorization:** Issue prior authorizations in a timely and accurate manner.
2. **Gate Keeping, Certification and Verification of Need, and Cost-Effectiveness:** Verify member eligibility; assess member need for NEMT services; determine the most appropriate and cost-effective transportation method to meet the member's need and level of care during the transport, including any special transport requirements for the medically fragile or physically/intellectually challenged; and provide education for members on the use of NEMT services.
3. **Reservations, Scheduling, and Trip Assignments:** Receive member requests for transportation and assign the trip to the most appropriate transportation provider. MTM may delegate dispatch activities to the transportation providers, but shall be responsible for the proper performance of dispatching activities.
4. **Quality Improvement:** Provide assurance that transportation providers meet health and safety standards for vehicle maintenance, operation, and inspection; driver qualifications and training; member problem and complaint resolution; and the delivery of courteous, safe, and timely transportation services.
5. **Administrative Oversight and Reporting:** Manage the day-to-day operations necessary for the delivery of NEMT services, the maintenance of appropriate records and systems to report to the member, and response to the terms of the contract.
6. **Broker Records:** Maintain detailed records evidencing administrative costs and expenses incurred pursuant to the contract, the provision of services under the contract, and complaints, for the purpose of audit and evaluation by the Client and other federal or state personnel.
7. **Broker/Transportation Provider Records:** Establish, maintain, and provide upon request the records and related information for all transportation providers with which MTM has entered into a service agreement.
8. **Orientation for Transportation Providers:** Provide an orientation program for all transportation providers with which MTM has entered into a service agreement.

SAMPLE

1.0 Member Rights and Responsibilities

MEMBERS RIGHTS:

- Transportation for a covered non-emergency medical service allowing the member to arrive at the destination on time.
- The appropriate notification of any denial of a covered service and the right to a Fair Hearing.
- Courteous trip reservations with respect to privacy, confidentiality, and cultural diversity.
- Non-discrimination relating to race, color, national origin, sex, age, or handicap.
- Instructions on how to use NEMT services offered by MTM and/or its subcontracted transportation providers/coordinators.
- Education on the complaint and appeals process.
- Education on how to report verbal or physical abuse, or sexual harassment of any kind.
- Free oral interpretation services for members with limited-English proficiency (LEP).
- Written informational material concerning NEMT services is available in English and other languages as required by the Client. Communications must be written at approximately a sixth grade reading level and must be reviewed and approved by the Client prior to distribution.
- Information in alternate formats for individuals with special needs (i.e. visually or hearing impaired).
- Safe, reliable transportation services in clean, undamaged, and appropriately equipped vehicles operated by trained, professional, and courteous drivers.

MEMBERS RESPONSIBILITIES:

When members call to schedule transportation to medical appointments, they must provide their:

- Medicaid ID Number
- Date of Birth
- Contact Number
- Date, Time, Place and Type of Appointment(s)
- Pick-up Address
- Health Care Provider's Name
- Medical Facility Name, Address, and Telephone Number to verify Appointment(s)

SAMPLE

Members must schedule transportation services for routine medical appointments with three business days' notice.

Urgent trips, follow-up appointments, and hospital discharges can be set up with less than the required amount of advance notice.

- If the member calls for urgent/same day trips, MTM is responsible for verifying the urgency of the appointment. MTM may call the medical provider to confirm urgency and will schedule transportation according to the Client's protocols and guidelines.

Members who live within ½ mile of a fixed bus route and whose appointment is within ½ mile of a bus stop are required to ride the bus. A member is excluded from public transit if they meet the Client's approved exclusions. Members will not be required to ride the bus if:

- They are unable to ride a bus or get to a bus stop due to a physical or mental health condition. MTM will verify with the member's healthcare provider if the member is medically unable to ride a bus.
- There are inclement weather conditions.
- The fixed bus route transportation schedule is not compatible with the member's appointment time.

Members will be assigned to the mode of transportation that is most appropriate to their needs in the following order:

- Public transportation, including fixed route, rail and buses
- Private Auto (Gas mileage reimbursement)
- Basic vehicle (ambulatory)
- Enhanced vehicle (paralift)
- Taxi cabs
- Stretcher/Ambulance

Members may use transportation services for approved services only.

Members should attempt to use the closest appropriate medical facility unless a healthcare provider has referred the member outside of the immediate community.

Return trips will only be provided from the point of drop-off where the member obtained authorized healthcare.

The transportation provider must pick up members within one hour from the time the member calls for the return ride or "will call" trip.

SAMPLE

Members must await pick-up in an area designated as a pre-arranged "look-out" position. This is not necessarily outside but rather an area that allows easy and speedy access to the vehicle. The transportation provider will not be required to wait more than 15 minutes after the scheduled pick up time. The transportation provider's approved methods for notifying the driver's arrival include, at minimum, honking, knocking on the door, inquiring at the reception desk, and calling dispatch to place a call to the member.

Except for services provided by providers in approved bordering counties, all non-emergency out-of-state services require prior authorization from the Client.

MTM is required to provide NEMT services to out-of-state, non-approved counties if prior authorization has been granted by the Client.

SAMPLE

2.0 Health Insurance Portability and Accountability Act (HIPAA) Confidentiality

MTM manages contracts with states, counties, health plans, and other healthcare providers as defined by HIPAA to provide NEMT, central intake and dispatch services, and utilization review reports and services for members. In connection with the provision of such services, MTM receives or obtains Personal Health Information (PHI) regarding the member. As a result, we are a Business Associate of each client with whom we contract. MTM requires our subcontracted transportation providers and other subcontracted entities to comply with the requirements of HIPAA applicable to Business Associates. MTM requires our workforce to adhere to the restrictions and conditions regarding PHI. MTM will not disclose PHI to any member of our workforce unless the individual is advised of his/her obligations under HIPAA and the consequences of a violation of these obligations, including disciplinary action should PHI be disclosed in violation of this Section.

SAMPLE

3.0 MTM's Culturally and Linguistically Appropriate Services (CLAS) Standards

To ensure MTM's client and its members receive equitable and effective treatment in a culturally and linguistically appropriate manner, MTM has adopted national CLAS standards issued by the U.S. Department of Health and Human Services Office of Minority Health in 2001. These standards are designed to address the needs of racially, ethnically, and linguistically diverse populations that experience unequal access to healthcare services. In an effort to provide the most adequate and fair treatment to all clients, members, and staff, MTM has adopted three types of standards of varying stringency: CLAS Mandate: Standards that are current Federal requirements for all members of Federal funds (Standards 4-7). These standards are based on Title VI of the Civil Right Act of 1964. CLAS Guidelines: Activities recommended for adoption as mandated by Federal, state, and national accrediting agencies (Standards 1–3 and 8–13). CLAS Recommendations: Services suggested for voluntary adoption (Standard 14).

SAMPLE

4.0 Logistics Operations

Overview

MTM's Logistics Operations Department is responsible for recruiting and negotiating contracts with transportation providers; monitoring provider performance to ensure compliance with MTM's Service Agreement; performing on-site observations and vehicle inspections; and completing general transportation provider relations. Logistics Operations staff also ensure all transportation providers adhere to federal, state, and local government, laws, rules, and regulations and the Client's policies.

MTM has developed a network of qualified, licensed transportation providers across the contracted area to ensure comprehensive services. This network includes independent transportation providers, volunteers, taxi cabs and sedans, paralift vehicles, stretcher/ambulance and public transit services.

Logistics Operations Responsibilities

Logistics Operations staff monitors transportation provider performance to ensure the provider complies with MTM's Service Agreement requirements. In doing so, Logistics Operations staff responsibilities include, but not be limited to:

- Recruiting and building a network of transportation providers
- Credentialing the network
- Contracting and training transportation providers
- Monitoring the transportation network

Recruiting Process

MTM begins recruiting and contracting efforts with existing transportation providers in the service area. Using capable transportation providers from an existing network facilitates a smooth transition. If the transportation provider is credentialed under MTM guidelines and knows the history of the program, the geographic area, and the existing members, then the implementation runs very smoothly and satisfaction of the members remains very high. We then turn to other existing local resources for addition to the network. Our staff made one-on-one contact with numerous transportation providers across the service area to our Request for

SAMPLE

Proposal (RFP) submission to introduce ourselves and begin obtaining Letters of Intent. MTM will work with the transportation provider community to address issues or concerns about rates.

We are diligent and creative in all aspects of our transportation provider pool development. We also determine strategies to maximize the use of the area's public transit systems and coordinate with other transportation resources, such as volunteer programs and faith-based organizations.

Credentialing Process

Logistics Operations staff work with each transportation provider to ensure they enter all information properly and that we receive all the required documentation, enabling them to pass MTM's stringent credentialing process. Logistics Operations staff also work with transportation providers to make sure they understand all aspects of the MTM Service Agreement. Transportation providers upload credentialing information into MTM's online provider web portal.

Credentialing information includes, but is not limited to:

- Business contact information
- Any and all licenses required by the state and the Client
- Standard operating hours and holidays
- List of current drivers, including copies of licenses
- Driver and escort background checks
- Initial hire and random drug screening for drivers and escorts
- Copies of certificates of insurance
- Detailed vehicle information
- Other additional information required by the Client

As part of the credentialing process, the Provider Management Representative visits the transportation provider's operation. The Provider Management Representative conducts an on-site inspection of the provider's facilities and vehicles to ensure transportation providers entering our network have safe and qualified vehicles. The Provider Management Representative also works closely with the transportation provider to make certain that s/he understands all contract requirements such as documentation, registration, insurance requirements, driver conduct, and training. The Provider Management Representative will determine if the provider has the necessary technology, hardware, and software capabilities to

SAMPLE

provide and maintain accurate and timely records, as required by MTM. The Provider Management Representative will conduct scheduled and random site visits to verify contract compliance and conduct re-training of contract requirements as needed.

MTM will offer a paper-based process for any providers who might not have or use a computer.

Contracting and Training NEMT Providers

After we receive all required documentation, MTM's Credentialing Department conducts a detailed review of the transportation provider for inclusion into the network. Following a review of the transportation provider's file, the credentialing department will either approve or deny the provider's inclusion to the network.

MTM provides orientation and ongoing education to transportation providers to ensure high quality, timely service is provided.

Monitoring the Network

As well as continually monitoring the transportation network to maintain sufficient capacity to meet the needs of all members, Logistics Operations staff conducts routine monitoring, including annual monitoring at the transportation provider's base location. MTM also reserves the right to conduct special on-site reviews to address complaints and provide supplemental education. Education is provided via written letters, phone conversations, emails, and faxes from Logistics Operations staff, as well as notifications and information provided on MTM's credentialing website. We employ several monitoring activities to determine if performance thresholds are being met. These activities include:

- **Semi-annual scheduled and random on-site visits.** In addition to the initial credentialing site visit, the Provider Management Representative performs regularly scheduled and unscheduled on-site visits to ensure the transportation provider remains compliant with all contract requirements, including MTM's Transportation Provider Service Agreement, and applicable state, Federal, and municipal laws and regulations.
- **Initial and semi-annual vehicle inspections.** To ensure all vehicles within a provider's fleet meet our safety standards, our local staff will inspect each vehicle prior to the start the contract. Through these inspections, MTM will validate that the vehicle is safe and mechanically roadworthy, and determine that it meets or exceeds all the Client's, MTM, state, Federal, and manufacturer standards. If the vehicle is unsafe or unsatisfactory to

SAMPLE

the requirements, the vehicle will not be allowed to transport members. MTM will keep records of all vehicle inspections at our local office, where the Client will have access as needed.

- **Field monitoring.** MTM's locally based Provider Management Representative conducts on-street observations of drivers to ensure MTM requirements are adhered to, including the maintenance of vehicles, driver adherence to traffic laws, proper mobility device securement, neat appearance, display of proper identification, customer service to the member, use of seatbelts, etc. The Provider Management Representative conducts the on-street observations, fills out the required MTM form, and presents the outcomes to the transportation provider with corrective actions if necessary. If the Provider Management Representative witnesses any egregious behavior, they take immediate necessary actions which may include vehicle removal, driver suspension, or termination.
- **Performance Report cards.** We keep transportation providers informed of their performance level by generating report cards that come to the provider via their MTM transportation provider web portal. These report cards allow transportation providers to benchmark their performance against the average for the transportation provider network. Data points reported include on-time performance, no-shows, complaints, and trip turn-backs
- **Comprehensive complaints processing.** If a member or their medical provider wishes to express dissatisfaction with the service they receive from MTM or a transportation provider, he/she may express their concern verbally or in writing. MTM's complaints process encompasses receipt, research, communication, and education to achieve satisfactory resolution.
- **Corrective action plans.** In the event an inspection or a complaint investigation reveals a deficiency, MTM's Quality Operations and Compliance and Logistics Operations departments coordinate educational calls to the transportation provider. Logistics Operations also places the provider on a Corrective Action Plan (CAP). Logistics staff will follow up with the provider in 30, 60, and 90 days intervals to make sure the provider achieves compliance with all guidelines. If the non-compliance issue is severe enough, MTM will suspend the driver, the company, or as a last resort, permanently remove the transportation provider from the network.
- **Imposing liquidated damages.** MTM uses liquidated damages to ensure compliance with contract requirements on a routine, predictive basis. MTM clearly educates transportation providers on expectations and gives the opportunity to appeal any adverse decisions.

SAMPLE

5.0 Contact Center

Overview

MTM's professional and courteous Contact Center (CC) provides prompt and efficient eligibility verification in accordance with client specifications. This includes taking requests for transportation services from members or their representatives, medical providers, and facilities.

During the intake process, Customer Care Representatives (CCRs) gather pertinent member information including the member's ID number, pick-up address, destination address, appointment date and time, and special needs, then enters this information into MTM's NEMT Management System.

CCR Responsibilities

The CCR's main functions include:

- Answering calls promptly and professionally while respecting the caller's right to privacy, confidentiality, and sensitivity to cultural diversity.
- Educating members on the program they belong to, including explaining member responsibilities for scheduling transportation and coordinating pick-up and delivery.
- Gathering and entering required information into MTM's NEMT Management System to verify eligibility and adequately analyze the member's transportation needs for trip assignment. Trips should be assigned to the least costly transportation provider that adequately meets the member's needs.
- Escalating trip requests for higher modes of service than believed necessary to the appropriate department.
- If a request is denied, denying the request, entering the reason(s) for the denial in the system, and notifying the member the same day.
- If a complaint call is received, following the procedures for documenting and resolving member complaints.
- Escalating special requests to the appropriate department.
- Following MTM and the Client's protocols, policies and procedures.

SAMPLE

Hours of Operations

The hours of operation for scheduling urgent, non-urgent trips and logging complaints are Monday through Friday from X:XX a.m. to X:XX p.m [TIME ZONE]. The MTM observed holidays are listed below. After-hours call center services will be available 24/7/365 through our corporate contact center and work from home representatives for urgent and hospital discharge trips, as well as filing complaints.

Observed Holidays

MTM's [STATE] CC will be closed on the following holidays:

- New Year's Day *(January 1)*
- Memorial Day (Last Monday in May)
- Independence Day *(July 4)*
- Labor Day (First Monday in September)
- Thanksgiving Day (Fourth Thursday in November)
- Christmas Day *(December 25)*

CC Phone Lines

A toll-free telephone number has been installed so members can schedule transportation. They will never be charged for calls to this toll-free number. ***The toll-free number is 1-XXX-XXX-XXXX.***

Customer Satisfaction Survey

MTM initiates an automated survey at the completion of every call to rate the caller experience. FInding of the survey will be reported to the Client per contract.

SAMPLE

Customer Service Audits and Evaluations

To ensure professional call intake activities, MTM performs continuous call monitoring for each CCR. This allows MTM to constantly improve the level of service provided to members and provides an opportunity to coach and mentor CCRs on identified challenges regarding quality control and training purposes. MTM leverages voice analytics and a custom automated scorecard to analyze calls, at minimum, 80% of recorded calls for each CCR per month. CCRs are expected to achieve an evaluation score of 95%. Auditing scores and evaluations will be submitted to the Client on a monthly basis by the 15th day of the following month. CCRs become eligible for evaluations on the date that they begin taking client calls.

CCR Training

MTM's CC staff, including CCRs, receive thorough training on MTM's policies and requirements to ensure appropriate and timely service. CCRs will give first-time callers an orientation on the program, member responsibilities, and the importance of adhering to guidelines.

Elevate Program

MTM's Contact Center and elevate program works to appropriately address "special" transportation needs by:

- Working with healthcare personnel including physicians, nurses, case managers, and social workers to coordinate and verify recurring trips for treatments such as dialysis, day treatment, mental health, and children's programs, while keeping in mind each member's special needs and the ways of controlling transportation costs.
- Coordinating of all requests that require prior authorization or Level of Need (LON) documentation.
- Arranging ancillary services such as meals and lodging (Travel Team).
- Collaborating with travel training staff for the on-site functional assessment process.

SAMPLE

Community Outreach

MTM works directly with the local community to provide outreach and education to medical facilities and advocacy groups regarding the NEMT program. Proper education is often the key to increasing satisfaction and reducing complaints. MTM will meet with local stakeholders before start-up and then as needed or requested to ensure service satisfaction among these groups.

Member Outreach

Throughout the life of this contract, our Marketing Department will develop and print brochures, informational packets, instructional materials, and other written items for dissemination to NEMT members, long-term care facilities, local human service agencies, transportation providers and medical providers in the service area. The education plan shall emphasize the availability of NEMT services, eligibility for these services, standing orders, medical documentation of need and how to request and use NEMT services. All materials will be culturally sensitive, easy-to-read, and at a sixth-grade level as verified by the Flesch-Kincaid ease of readability index.

Prior to distribution, we will submit all written material to the Client for review before mailing. MTM will also send notices to affected parties of any rules and/or regulation changes as soon as possible and within 30 days of the effective date. Member notices include:

- A detailed explanation of available benefits, including amount, duration, and scope
- How to arrange transportation, including the number to call
- What is required to obtain approval, days' notice, and an explanation of urgency
- The hours of operation

User Friendly Stakeholder Website

NEMT stakeholders can access a user-friendly website that will include initial and ongoing notices to members and medical providers regarding the availability of transportation assistance and instructions on how to access it, including a prominent notice that such

SAMPLE

assistance is available free of charge. The site address is http://www.mtm-inc.net/[STATE]/ and includes:

- Member Education
- Glossary of Terms
- Responsibilities and Conduct
- Resources for members
- Gas Mileage Reimbursement Trip Log
- Parental Consent Form - English
- Level of Need (LON) Form
- Important Links

The website also features a Frequently Asked Questions (FAQ) page for quick reference. The site feeds from our corporate website, www.mtm-inc.net.

SAMPLE

6.0 Marketing Communication

Overview

MTM's Marketing Department ensures effective communication among stakeholder populations by developing member educational materials, website content, newsletters, and community outreach materials. This includes ensuring all documents are culturally sensitive, easy-to-read as verified by the Flesch-Kincaid ease of readability index, and meet the needs of all populations, including those with visual impairments and foreign language needs. The Marketing Department provides consistent communication to notify stakeholders of program changes and updates to service parameters.

SAMPLE

7.0 Member Quality

Overview

The Member Quality Department includes several components that monitor and improve MTM service delivery. MTM strives to provide an individualized focus for every relevant area of quality improvement and management. These departments document, investigate, and resolve complaints and incidents and accidents. MTM follows the Utilization Review Accreditation Committee (URAC) for monitoring of all facets of our operations.

Quality Operations Program

MTM's Quality Operations Program monitors reported issues for evaluation and detects any trending key areas. Quality improvement activities focus on customer satisfaction, procedure improvement, and continuous monitoring of services provided by MTM and its contracted transportation providers. Quality indicators are continuously monitored for compliance with performance standards. Trends that fall outside of MTM's expected performance threshold are evaluated, and Performance Improvement Plans (PIPs) are implemented when necessary. Member Quality Operations also develops new initiatives, policies, and procedures to improve the outcome of the service(s). Accessibility, safety of transportation services, and customer satisfaction are the expected outcomes of Quality Operations efforts.

Supporting the program is MTM's Quality Operations and Compliance Committee (QCC). The QCC is the team of executives and senior managers tasked with evaluating service trends, developing PIPs, recommending policy changes, creating policies and procedures, and recommending sanctions.

Complaints Processes

To ensure all stakeholders have a path of recourse, MTM has an equitable, fair process for complaints and appeals. MTM will meet all requirements of the complaint and appeals process, including State Fair Hearings. The Client's stakeholders have a Resolution Specialist dedicated solely to this contract. This individual handles all complaints, monitors any trends, and builds relationships with program stakeholders. All NEMT stakeholders may file formal complaints verbally or in writing about any covered service received under this program. MTM maintains

SAMPLE

accurate records of complaints and understands The Client may publicly disclose a summary of the complaint and disposition.

MTM offers reasonable assistance to stakeholders to file a complaint or reconsideration. These stakeholders include:

- Members
- Transportation Providers
- Medical Providers
- Community Agencies
- Social Workers
- Advocates
- Case Manager

We will provide the complaint process and dispositions verbally and in written form upon request or as required by contract.

Member Complaints

MTM trains and monitors transportation providers and our staff on acceptable conduct. In the event that a member perceives the service they received does not meet their expectation, members can use an equitable complaint, reconsideration, and State Fair Hearing process.

If a member or their medical provider wishes to express dissatisfaction with the service they receive from MTM or a transportation provider, he/she may express their concern verbally through the We Care Line, through the online complaint web page, through their respective health plan, or in writing by mailing their complaint to MTM. MTM's complaints process encompasses receipt, research, communication, and education to achieve a satisfactory resolution. The QCC reviews these processes annually to ensure MTM remains current with emerging trends and/or changes in Medicaid/Medicare.

In the event that a member is not satisfied with the results of the complaint resolution, s/he will have the opportunity to express their concern as an escalated complaint to MTM in writing by mail, or verbally by calling the We Care Line to request an escalation.

Transportation Provider Complaints

SAMPLE

MTM has established procedures for the transportation provider complaint and appeal process that guarantee the right for a review of any action taken by MTM. Transportation providers will be trained on the procedures of complaint and appeals process. MTM has an equitable complaints and reconsideration process for transportation providers for all claims-related issues or any other area of dissatisfaction.

Transportation Provider Inquiries

Transportation providers have access to a dedicated Logistics Operations team. This team is dedicated to the specified service area and to the local transportation providers to ensure program satisfaction. A Provider Management Representative meets with the transportation provider at least annually but is also available for on-site meetings as requested. The transportation providers have access to various means of assistance by using MTM's provider support contacts.

Transportation Provider Complaints

Transportation providers may file a complaint within one year of the incident or as stated in the client contract. Once resolution has been completed, the complainant is made aware of the resolution and their ongoing appeal rights if they deem the resolution unsatisfactory.

Recordkeeping and Reporting

The Client will receive a monthly summary report of complaints. This monthly report will include the number of complaints received, how complaints were received (by phone, written communication, or through approved electronic transmission), dates received, date of resolution, and a description of the resolution.

MTM documents and tracks complaints in the NET Management System in accordance with the Client's requirements. The system records all information pertaining to complaints including member name, date(s), and any corrective action required. It also records all supporting trip information if applicable to the submitted complaint or incident/accident.

SAMPLE

8.0 Corporate Compliance

Overview

The Corporate Compliance Department includes several components that monitor and work to improve MTM service delivery. The Corporate Compliance Department documents, investigates, and resolves member and certain provider appeals, identifies and remediates risk issues, manages fraud and abuse, and performs audits including those pertaining to transportation providers.. MTM follows the Utilization Review Accreditation Committee (URAC) for monitoring of all facets of our operations.

MTM Compliance Program

MTM's Compliance Program monitors reported issues for evaluation and detects any trending key areas and continuous monitoring of services provided by MTM and its contracted transportation providers. Trends that fall outside of MTM's expected performance threshold are evaluated, and Performance Improvement Plans (PIPs) are implemented when necessary. Corporate Compliance also develops new initiatives, policies, and procedures to improve the outcome of the service(s). Accessibility and safety of transportation services, and compliance with contractual and regulatory requirements are the expected outcomes of these compliance efforts.

Supporting the Corporate Compliance program is MTM's Corporate Compliance Committee. This Committee is comprised of MTM Executives and Directors who are tasked with evaluating compliance trends, review and approval of Corporate policies and procedures and program documents, and oversight of the FWA and all other aspects of MTM's Compliance and Ethics Program.

Member Appeals State Fair Hearing Processes

To ensure all stakeholders have a path of recourse, MTM has an equitable, fair process for member appeals. NEMT stakeholders may file formal appeals regarding denials of any covered service received under this program. MTM will meet all requirements of the appeals process, including State Fair Hearings in accordance with contractual requirements. MTM maintains accurate records of appeals and understands the Client may publicly disclose a summary of the appeal and disposition.

SAMPLE

MTM offers reasonable assistance to stakeholders to file an appeal. These stakeholders include:

- Members
- Transportation Providers
- Medical Providers
- Community Agencies
- Social Workers
- Advocates
- Case Manager

MTM Corporate Compliance will provide the appeal and State Fair Hearing process and dispositions verbally and in written form upon request or as required by contract. MTM's policies identify the individuals with oversight of the State Fair Hearing process; these individuals have the authority to require corrective action. Please see the Compliance policies and procedures.

Transportation Provider Appeals

MTM has established an equitable appeal process that guarantee the right of a transportation provider to request a review of any action taken by MTM or other area of dissatisfaction. Transportation providers will be trained on the procedures of the appeals process.

In the event that a transportation provider is not satisfied with the results of the complaint resolution issued by MTM, and if the client contract allows, the transportation provider will have the opportunity to express their concern as an appeal. An appeal can be a written request for further review of a complaint for which the complainant remains unsatisfied after completion of the complaint process. The transportation provider must submit their appeal within 15 days of the complaint resolution. MTM will acknowledge the receipt of the appeal in writing within 10 business days of receiving the appeal. MTM will make every attempt to resolve the issue to the satisfaction of the provider within 30 days of filing. The Corporate Compliance department is responsible for review and resolution of provider appeals related to liquidated damage assessments, credentialing decisions, and other non-claim related issues.

SAMPLE

Fraud, Waste, and Abuse Provisions

MTM is fully dedicated to reducing fraud, waste, and abuse of the NEMT benefit. We take all accusations and suspicions of fraud, waste, and abuse seriously, and conduct thorough investigations of each occurrence. By reducing fraud and abuse of the system, MTM can effectively lower overall transportation costs for the Client. Our automated system and 100% trip reconciliation process help us proactively identify suspected cases of fraud. One of the main ways we reduce fraud, waste, and abuse of NEMT is through comprehensive, informative training.

MTM trains our CCRs and other staff to report suspicious behavior and information to our Compliance Team, which then investigates the issue thoroughly. Should MTM suspect concerns of potential fraud the trip is flagged and a fraud alert is initiated. A member of the Compliance Team conducts an investigation and takes the appropriate action depending on the outcome of the investigation.

MTM also trains our network of transportation providers on MTM's fraud, waste, and abuse prevention policies. They are informed that fraud, waste, and abuse will not be tolerated under any circumstance and that their activities will be monitored on an ongoing basis. Transportation providers are given guidelines on trip and billing requirements to help us reduce the likelihood of transportation providers committing fraud or submitting errors with trip and billing documentation.

Any case of suspected fraud on the part of a member, transportation provider, or medical provider will immediately be brought to the attention of the Client and reported according to contract. Outside of the aforementioned training, MTM has established several prevention and identification methodologies to combat member, transportation provider, and even medical facility fraud. These methodologies include, but are not limited to, attendance verification, focus audits and fraud, waste and abuse reports.

Fraud and Abuse Detection and Prevention Supported by MTM's System

MTM's NEMT Management System for administering transportation services is designed to identify potential fraud early and raise a fraud alert. The system confirms the member's eligibility and then only allows scheduling to covered services and with approved modes. The system also has an automated reconciliation process that matches the electronic claims files sent by the provider with trips scheduled within the system. This generates exception reports

SAMPLE

for review by the Claims Auditor. In the event that MTM identifies a member as demonstrating suspicious activity, the member is placed on our fraud watch list. The next time they call to schedule a trip, the system will alert the CCR to verify that a scheduled appointment exists prior to arranging transportation, and to review other member information for potential fraud.

Preventing Fraud and Abuse of Transportation Provider Billing

MTM's NEMT Management System calculates trip mileage for each trip during scheduling to ensure MTM pays the appropriate amount per trip. The system also prevents the occurrence of double billing, billing for a round trip instead of one-way, billing for non-covered services, and billing for individuals who are not covered members.

Recordkeeping and Reporting

The Client will receive monthly summary reports of FWA investigations, appeals, and State Fair Hearings in accordance with contractual requirements. This monthly report will include the number of appeals received, how appeals were received (by phone, written communication, or through approved electronic transmission), dates received, date of resolution, and a description of the resolution.

MTM documents and tracks these activities in our Quality Management System (QMS) in accordance with the Client requirements. The system records all information pertaining to appeals including member name, date(s), and any corrective action required. It also records all supporting trip information including detailed notes entered by CCRs.

SAMPLE

9.0 Claims

Overview

We have developed a user-friendly claims process supported by automated systems, tested with a focus group of transportation providers, and proven successful in real-life claims submission. The following narrative describes the claims process, which is accessible by every transportation provider across our book of business.

1. Online Trip Information Entry: Using the secure online portal, the transportation provider will electronically upload pick-up and drop-off information, vehicle identification number, and driver's license number. The online tool allows the provider to make corrections at his/her convenience. The status of each claim and all associated data will be available online, searchable, and accessible on a trip-by-trip basis. The weekly rosters identifying assigned trips also will be available online. For transportation providers with routing and scheduling software, MTM supports batch file processing of the required information to eliminate data entry, resulting in a higher level of efficiency for all parties.
    a. Non-Online Transportation Claims Processing: Transportation providers that cannot upload their claims online due to lack of internet access or other limitations will be given the option of sending their trip logs and other documentation into the main office via certified mail, email, or fax.
2. Validation of Signatures and Information: Our Trip Reconciliation staff will review all documentation for completeness and compliance.
    a. Claim Approved: Upon the receipt of a clean claim and following successful review of all supporting documentation, the trip claim moves to step three of this process.
    b. Claim Denied: Reasons for denial may include lack of supporting documentation, discrepancy between information in our system vs. provider claim, or usage of a non-credentialed driver/vehicle.
        i. Transportation Provider Notified: The online tool keeps the provider informed of the status of each claim throughout the claims process.
        ii. Transportation Provider Appeals: If the provider does not agree with the automatic adjudication, then s/he may request an appeal online. We strive to resolve all disputes within two weeks. Because most of the information is supplied directly by the transportation provider, appeals should be limited in nature and quantity. Our claims staff will address the appeal and work with the provider to resolve the issue. The transportation provider must follow a structured online process identifying the grounds for the appeal and supply supporting evidence, if applicable. If the transportation provider does not

SAMPLE

make an appeal by the appeal deadline, the trip will close out and no appeals will be allowed after that date.

- Appeal Review Approved: The Claims Department will review supplementary information. Following evaluation, this department will annotate the trip as approved and the trip claim will move to step three. This will occur within two weeks of receiving additional information. As needed, we will request additional information.
- Appeal Review Rejected: The review does not justify making payment for a trip. Our online tool will update the provider on the status of the trip claim.

3. Payment Authorized: Upon the successful completion of the above process, the transportation provider will receive payment for approved trips via check or an Automated Clearing House (ACH) transaction. In accordance with the Client's specifications, we will pay network providers, members, and volunteers according to client contract specifications.

SAMPLE

10.0 Information Technology

Overview

To bring about the effective management of large-scale contracts with complicated NEMT requirements, MTM developed our custom NET Management System. Built specifically for MTM's successful NEMT management model and combined with commercially available software, this system is an integrated suite of the most comprehensive, reliable software available in the industry. With this suite, MTM is able to seamlessly blend unique NEMT requirements with standard technological software to create a best-in-class system that automates virtually every aspect of transportation management. In short, it allows MTM to successfully manage the day-to-day operations of NEMT programs for the delivery of cost-efficient, appropriate services.

Our more than 20 years of experience managing NEMT services informed our system's programming, and continues to dictate changes made to the software. The configurable system automates the call intake and scheduling processes, provides secure information exchange of member eligibility files, and virtually eliminates the possibility of authorizing services to a non-covered service or medical provider. Our system is customized to meet [CLIENT ABV]'s requirements, and we work with local stakeholders to continually update it based on the evolving needs of the program. Specifically, the NEMT Management System accommodates the services and functions outlined in the below table.

NET Management System Capabilities:

Function	Description
Provides Web Portals	The Client, local transportation providers, medical providers, caregivers, and members have access to web portal(s) that provide a complete range of services and data based on the user's access rights
Provides Mobile Applications	Provides Driver Direct smartphone application for drivers via Android and iOS systems that includes manifest information, navigation with live traffic updates, and signature capture capabilities. Consumers can also access the MTM | Link app for Android or iOS to view scheduled trips, check driver locations and estimated times of arrival, and cancel trips

SAMPLE

Accommodates Call Intake Processes	Facilitates call intake, including automatically loading member information when the CCR enters the member's name or ID number
Manages the Level of Need (LON) Assessment	Initiates the LON assessment for new members, analyzes the data returned, determines the most appropriate mode of transportation, and manages renewals prior to the expiration date
Manages NET Requests	Provides a complete management solution for trip scheduling, including applying eligibility rules, determining the most appropriate and cost-effective mode of transportation, and ensuring the trip is to a covered service with an approved provider
Selects a NET Provider	Determines the most appropriate transportation provider using an algorithm based upon the trip details and cost, as well as the provider's availability and location
Routes, Schedules, and Dispatches Trips to Provider	Intuitively routes and dispatches trips to the provider based on location, capacity, level of service, and cost to realize maximum productivity within set parameters for on-time performance, travel time, multi-loading, etc. Projects late trips and creates actionable alerts for dispatchers to proactively correct. When integrated with transportation providers, can automatically push trips to providers, without the need to download manifests on a separate site
Provides GPS Tracking, Imminent Arrival Alerts, and Time Stamping	Medical facility staff, consumers, and the Client can view driver location, history, and real-time ETAs via the mobile application or online portal. Mobile technology captures GPS data and time stamps for each pick-up and drop-off, which may be viewed in real time, or as historical data. Can use GPS data to trigger an automated call or text to consumers when the vehicle nears the pick-up location
Reimburse Members	Verifies that the member meets the Client's criteria for mileage reimbursement and determines the amount that should be applied to their debit card
Detects Fraud and Abuse	Applies data mining algorithms to detect fraud and abuse

SAMPLE

Creates Reports and Supplies Dashboards	Develops reports and provides dashboards for easy data viewing. Able to trend data for network adequacy, on-time performance, etc. Captures and retains data to develop required reporting packages, ad hoc data, and other files requested by the Client
Develops/Transfers Encounter Information	Captures, stores, and creates the Client-compliant encounter files; electronically transmits the files in accordance with the Client's regulations; and ensures the encounters reflect actual services within
Facilitates Member Communication	Creates letters for members for authorized/denied services or educational purposes. Based upon member indicated preferences and the Client's allowed methods, MTM Link sends reminder calls, texts, and/or push notifications via the mobile app regarding upcoming trips, provider arrivals, etc.
Store Member and Trip Information	Serves as a repository for information linked to specific members and trips, including special needs, approved modes of transportation, and other special instructions
Interfaces with the Client	Exchanges information and data files with the Client in secure electronic format
Receives and Stores Member Extract Files	Interfaces with the Client to receive weekly eligibility files via secure, encrypted data connection, submits eligibility verification requests to the Client's Medicaid Management Information System (MMIS), allows MTM representatives to manually enter eligibility data as needed, and reconciles manually entered data against member extract files
Captures NEMT Data	Captures and retains data, including complaints and issues, to develop required reporting packages, ad hoc data, and other files requested by the Client
Pays NEMT Providers	Reconciles trip data, authorizes reimbursement, and develops an appropriate check

MTM's software is designed to be portable and scalable. Portability means that each application is platform independent and, unlike other systems, is not constrained to the technology that was in place when it was originally developed. Accordingly, MTM can take advantage of emerging technology with minimal impact to the existing system, benefiting from

SAMPLE

the opportunities, cost savings, and efficiencies that are continually presented to the industry. Scalability means that additional capacity may be added as required with minimal, if any, impact to infrastructure.

The combination of portability and scalability provides unlimited potential to increase volume and add new functionality and technology while maintaining system response times. This, combined with web-based access, means that an infinite number of users may access the system simultaneously with no degradation in performance. Thus, [CLIENT ABV] will always be in a position to deliver innovative services to NEMT members without the restrictions and constraints associated with systems that are not web-based, platform independent, and scalable.

Leveraging New Technology

VeyoRide became part of MTM's NEMT approach in 2022 when we acquired Veyo. Since then, it has redefined the NEMT landscape as the industry's only healthcare-credentialed rideshare fleet. Through our VeyoRide model, MTM is more adaptable and responsive to the evolving needs of our clients and their Medicaid and Medicare membership. Independent contracted VeyoRide drivers work alongside our traditional transportation provider network to form the most responsive and reliable system in the NEMT industry today, all tracked in real time.

The VeyoRide Difference

VeyoRide isn't just another rideshare service. It is a strategic tool that MTM uses to ensure high quality transportation while allowing us to be more flexible in our transportation model. Here's what sets MTM's VeyoRide model apart not just from other NEMT brokers, but also other rideshare services:

VeyoRide Drivers are Healthcare-Credentialed

MTM's network of independent VeyoRide drivers is the only rideshare solution in the NEMT space capable of meeting all state and federal requirements, as well as our clients' stringent criteria. Compliance isn't just a checkbox; it's a commitment to delivering the highest quality NEMT services. When drivers onboard with VeyoRide, they undergo rigorous training and credentialing to ensure they meet all state, federal, and client requirements. From first aid and CPR to HIPAA, ADA, patient sensitivity, and hand-to-hand service, VeyoRide drivers are equipped with the knowledge and skills to provide the highest quality service during every trip.

SAMPLE

This healthcare-credentialed approach is unparalleled in the rideshare industry, setting a new standard for safety and quality.

VeyoRide is Flexible, Scalable, and Reliable

VeyoRide combines the flexibility of rideshare companies with the credentialing and training required of traditional transportation providers. Whether it's scaling the network to meet demand, accommodating short-notice trips, or assisting with recovery and hospital discharges, VeyoRide drivers are there to provide coverage and ensure a seamless NEMT experience. For example, short-notice trip recovery is a common challenge in NEMT. MTM leverages rideshare services, specifically VeyoRide, to address this issue. By doing so, we've seen a 60% improvement in our success rate with these trips. This means fewer disruptions and more consistent service for our clients.

VeyoRide Offers Real-Time Flexibility

When service runs late or requires rescheduling, MTM's VeyoRide model shines. We can broadcast the need for additional drivers in specific areas in real-time and provide incentives to encourage drivers to log on during peak demand. This real-time flexibility ensures optimal network performance, regardless of demand fluctuations, and allows us to proactively address late pick-ups before they occur.

Data Requirements

As required by the Client, MTM will upload the Member Extract File into our NEMT Management System. The NEMT Management System also has the capability to also accept manually entered eligibility data.

System Security

MTM takes member and program confidentiality seriously, and abides by [CLIENT ABV]'s policies regarding data security and integrity. We facilitate security through highly intuitive physical and logical security layers. Our system is hosted in a secure environment and was architected in accordance with a layered security model. Online access to the services and data

SAMPLE

provisioned by our system is provided via secure web portals. Within the secure environment of our NEMT Management System, MTM supports both package encryption and transmission encryption to perform electronic data exchange on a preset schedule. MTM supports any designated secure protocol, including but not limited to PGP encryption and SFTP.

Confidentiality of PHI is achieved by adherence to the privacy and security requirements of HIPAA. Security is achieved by ensuring that electronic data transfers are via SFTP or TLS - with128-bit encryption. Further, to ensure access to data is limited to the information required to perform the task at hand, only those individuals authenticated as authorized users are allowed access. Within each application, access to information is further limited via rule-based security. Industry-standard security practices are applied to ensure logon credentials are secure.

Data is protected on several levels. Data is electronically secured using the industry standard layered security model described below.

Sophos provides anti-ransomware, anti-virus, anti-malware, anti-spyware firewall, Network Admission Control (NAC), and Data Loss Protection (DLP) capabilities on workstations and Windows Servers.

Cloud hosting services provided by AWS provide MTM with the compute environment it needs for providing services to employees and partners. All data exchange is completed using TLS encryption, with disk and database encryption. MTM utilizes best practice application and network design with WAF and load balancers to protect content and firewalls to isolate traffic. Within each layer Sophos Endpoint Security and Data Protection provide anti-virus, anti-malware, anti-spyware firewall, Network Admission Control (NAC), and Data Loss Protection (DLP).

Employee Data Center Access

AWS provides physical data center access only to approved employees. All employees who need data center access must first apply for access and provide a valid business justification. These requests are granted based on the principle of least privilege, where requests must specify to which layer of the data center the individual needs access and are time-bound. Requests are reviewed and approved by authorized personnel, and access is revoked after the requested time expires. Once granted admittance, individuals are restricted to areas specified in their permissions.

Third-Party Data Center Access

SAMPLE

Third-party access is requested by approved AWS employees, who must apply for third-party access and provide a valid business justification. These requests are granted based on the principle of least privilege, where requests must specify to which layer of the data center the individual needs access, and are time-bound. These requests are approved by authorized personnel, and access is revoked after request time expires. Once granted admittance, individuals are restricted to areas specified in their permissions. Anyone granted visitor badge access must present identification when arriving on site and are signed in and escorted by authorized staff.

AWS GovCloud Data Center Access

Physical access to data centers in AWS GovCloud (US) is restricted to employees who have been validated as being US citizens.

All work areas are located in secure areas not accessible to the public, and work-related documents are returned to locked storage at the end of use. All employees are required to attend security training and sign confidentiality statements. Internal users are fully trained in HIPAA use and disclosure regulations, and external users are required to sign a Business Associate agreement confirming compliance.

Secure Web Portals for Online Features

The MTM | Link web portal deliver access to a complete range of NEMT services and data. Each user experience is intuitive and designed to meet the specific needs of the major stakeholders: [CLIENT ABV], local NET providers, local medical providers, and members. MTM ensures that our web portal system conforms to all of [CLIENT ABV]'s security requirements.

Client Portal

The Client portal provides the online ability to:

- Review transportation arrangements for [Client ABV] members
- Real Time view of trips that are in process
- View NET provider data

The Client can review and research NEMT arrangements for all current members and those previously submitted to MTM on the member file. Scheduling and changes are subject to eligibility on the date of transport and the requirement to use the most appropriate, cost

SAMPLE

effective mode consistent with the member's needs. An intuitive interface guides staff through these processes, explaining situations that may result in transportation being denied, or authorized transportation differing from that requested. Figure 1 illustrates how the system will present detailed NET arrangements to the Client.

Figure 1: Client Web Portal Screenshot. The sample screenshot above is what the Client sees when reviewing a specific trip.

In summary, the Client portal provides full transparency of our NEMT operations, facilitating independent remote access for auditing and monitoring purposes.

Transportation Provider Portal

The transportation provider portal gives providers the online ability to:

- Electronically download assigned trips and view driver manifests.
- Manage trips assigned to drivers.
- Manifest and user management.
- Update, accept, and decline trips.
- Manage credentials.
- Enter pick-up and drop-off information, vehicle/driver details and submit claims

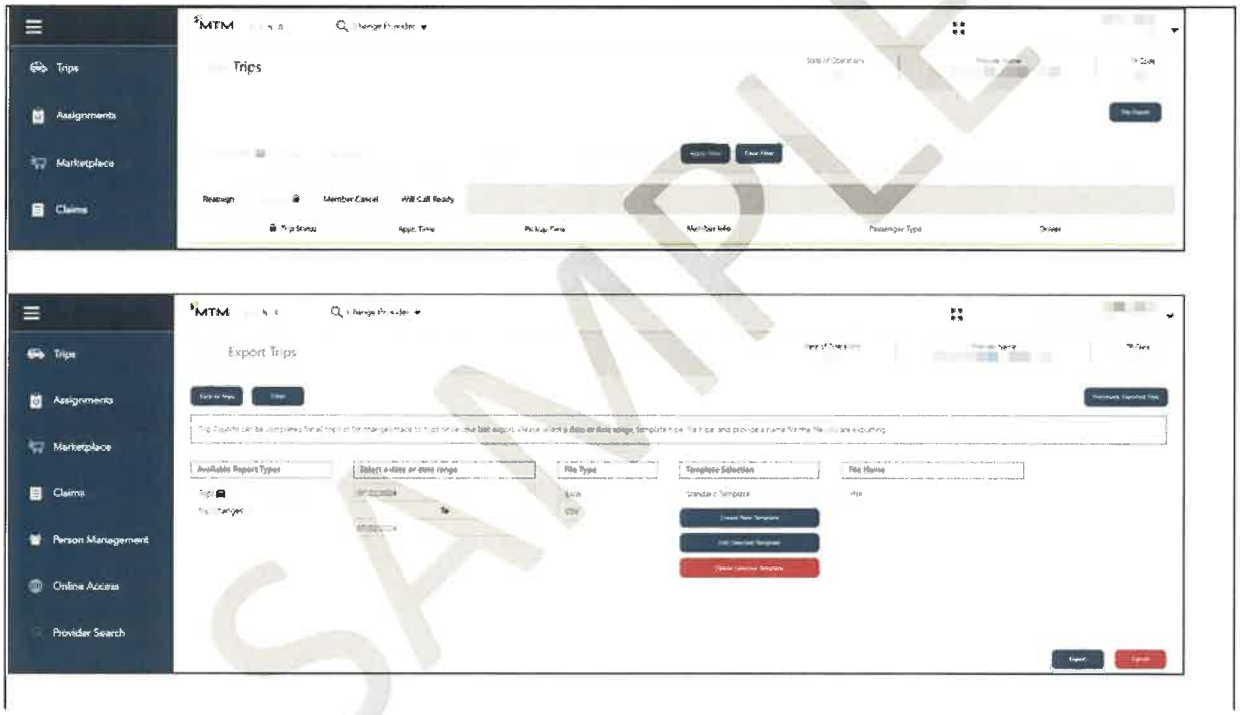
Electronic Trip Download (ETD)

Transportation providers can download assigned trips in Microsoft Excel format. This format is supported by the import feature of all commercially available demand response scheduling and

SAMPLE

dispatch systems, including, but not limited to, products developed by RouteMatch, Trapeze, and StrataGen. It can also be used to manually manage trip information. In the event that a transportation provider uses a proprietary system, it is likely that this format will be acceptable as is. If not, it can easily be converted into the format of choice.

In accordance with HIPAA regulations, the data available to transportation providers will be restricted to that required to perform the services assigned to that transportation provider. Transportation providers also claim trips online. Pick-up and drop-off times, vehicle identification numbers, and driver license data may be uploaded in Microsoft Excel format, and/or manually entered via screens custom designed for efficient and accurate data entry. In both cases, immediate feedback on the validity of the information is provided.



SAMPLE

Figures 2-4: Electronic Trip Download Update Feature.

Trip Management:

Transportation providers are given access to trip details, have the ability to not accept trips they cannot accommodate, and to manage the trips to specific drivers/vehicles.

Figure 5: Provider Trip Management of the trips by day

SAMPLE

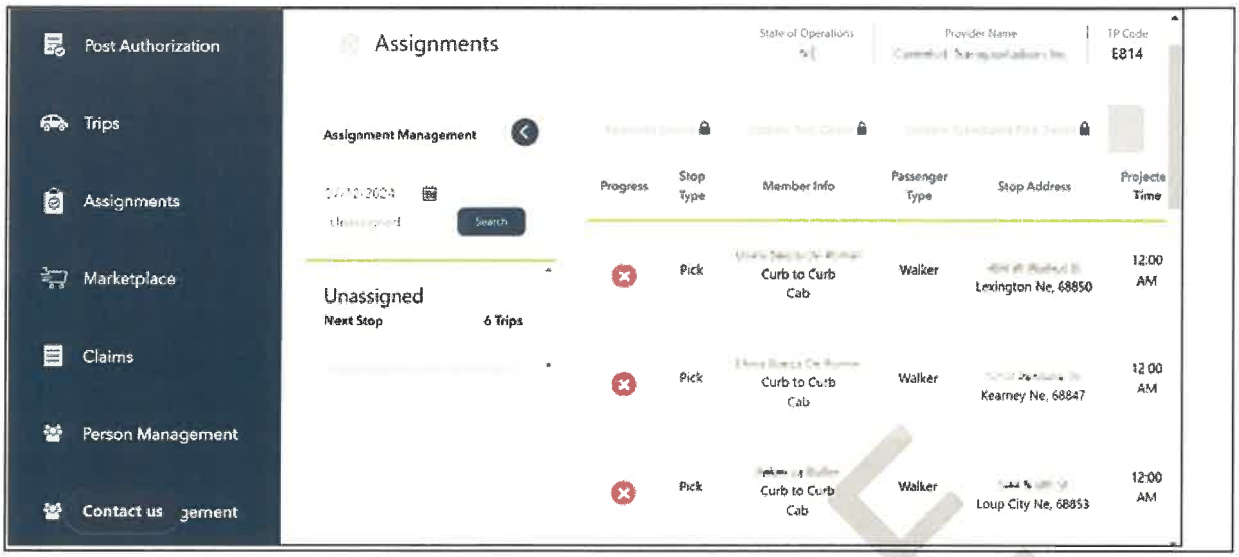


Figure 6: Trips assigned to a provider's manifest/driver/vehicle

Credentialing

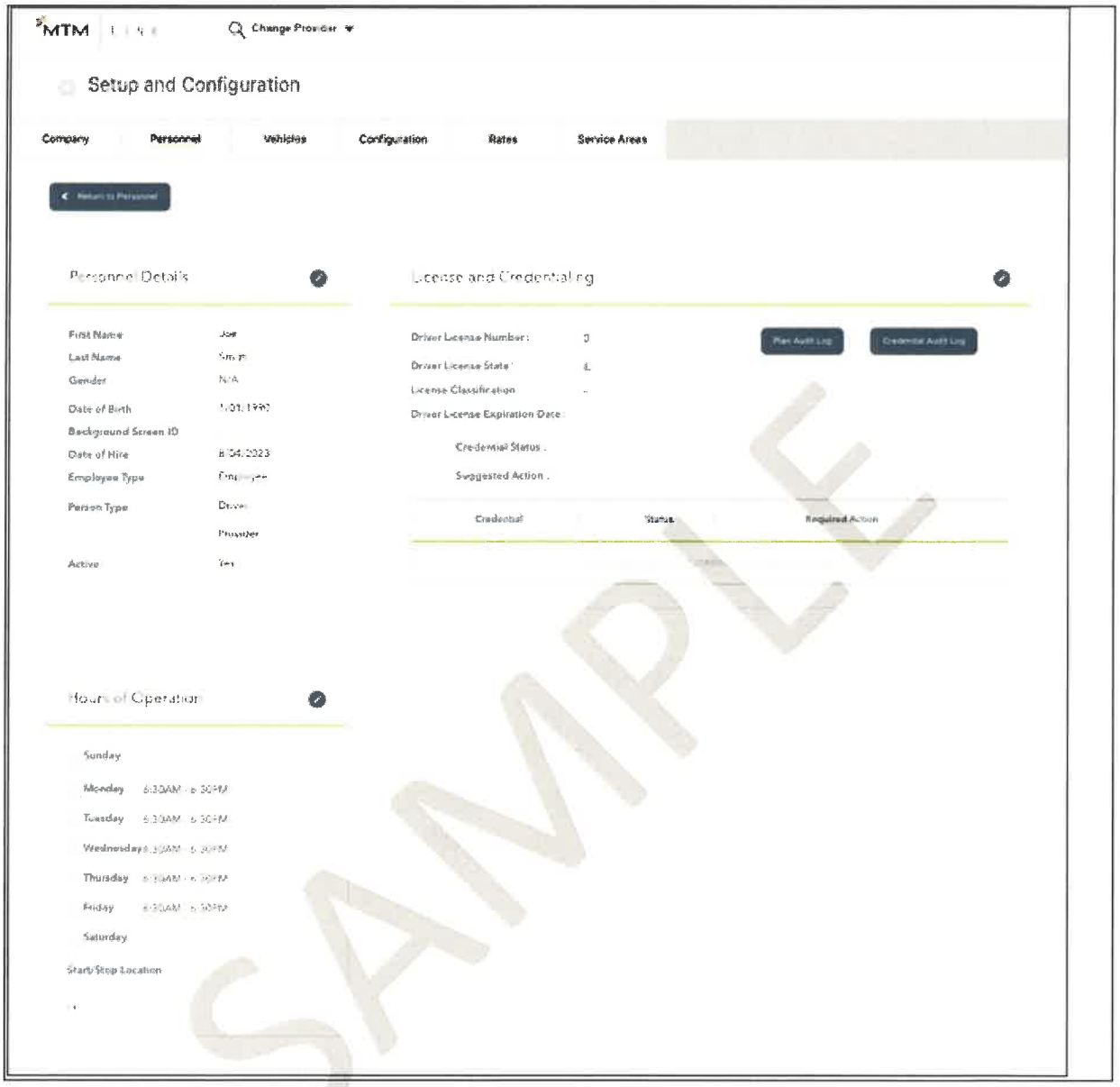
Additionally, credentialing information is submitted, reviewed, and stored electronically. All interaction between the transportation provider and MTM is online and/or via e-mail. Transportation providers start the process by entering credentialing data online and uploading digital images of the associated documentation. The portal supports industry standard file and image formats including, but not limited to, Microsoft Word, Microsoft Excel, Adobe PDF, JPEG, and GIF formats. Immediately after a credential is submitted, MTM staff is notified by e-mail of the need to review the credential. As soon as the credential has completed the review process, the results are available online to providers. If a credential is not approved, detailed information and instruction on the next steps are provided online to assist the transportation provider in completing the process. When all credentials are in order, the driver or vehicle is approved for use.

Transportation providers receive advance notice of any credential that is set to expire. The portal provides multiple notices of increasing severity, and if a credential is allowed to expire, the driver, vehicle, or company will be automatically removed as an approved entity. Each time the transportation provider accesses the online system they are notified of all outstanding actions with due dates for completion. Detailed information on all credentials, drivers, attendants, and vehicles is available in formats that allow the transportation provider to easily search and sort information. Figure 7-10 illustrates how transportation providers are presented with detailed information for their company.

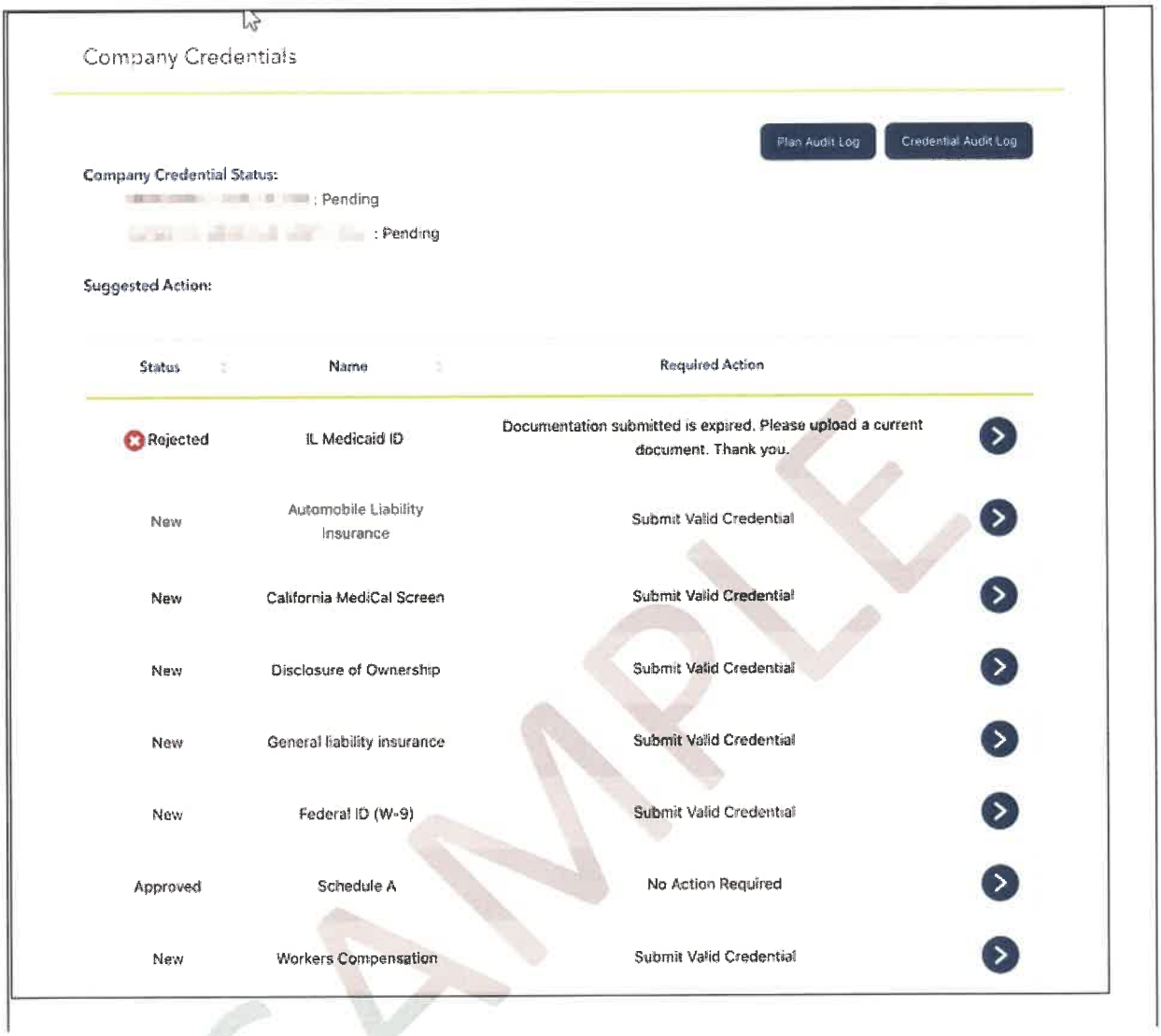
SAMPLE

MTM
Change Provider
Trips
Assignments
Marketplace
Claims
Person Management
Online Access
Provider Search
Setup and Credentialing
Training
Contact us
Setup and Configuration
State of Operations
MO
Provider Name
Test
TP Code
A009
Company
Personnel
Vehicles
Configuration
Rates
Service Areas
Status
Personnel Name
Date of Birth
License Number
Person Type
Joe Smith
01/01/1930
Driver Provider
Robert Driver
04/22/1946
Driver Provider
test testtt
05/03/2023
Driver
testone testtwo
05/01/1988
Driver
testt anetwo
07/07/1987
Driver

SAMPLE



Figures 7-8: Driver Credential Detail Screen. The Client can view driver and transportation provider credentials in a read-only format to monitor compliance.



Company Credentials

Plan Audit Log | Credential Audit Log

Company Credential Status:

[redacted] : Pending

[redacted] : Pending

Suggested Action:

Status	Name	Required Action
Rejected	IL Medicaid ID	Documentation submitted is expired. Please upload a current document. Thank you.
New	Automobile Liability Insurance	Submit Valid Credential
New	California MediCal Screen	Submit Valid Credential
New	Disclosure of Ownership	Submit Valid Credential
New	General liability insurance	Submit Valid Credential
New	Federal ID (W-9)	Submit Valid Credential
Approved	Schedule A	No Action Required
New	Workers Compensation	Submit Valid Credential

SAMPLE

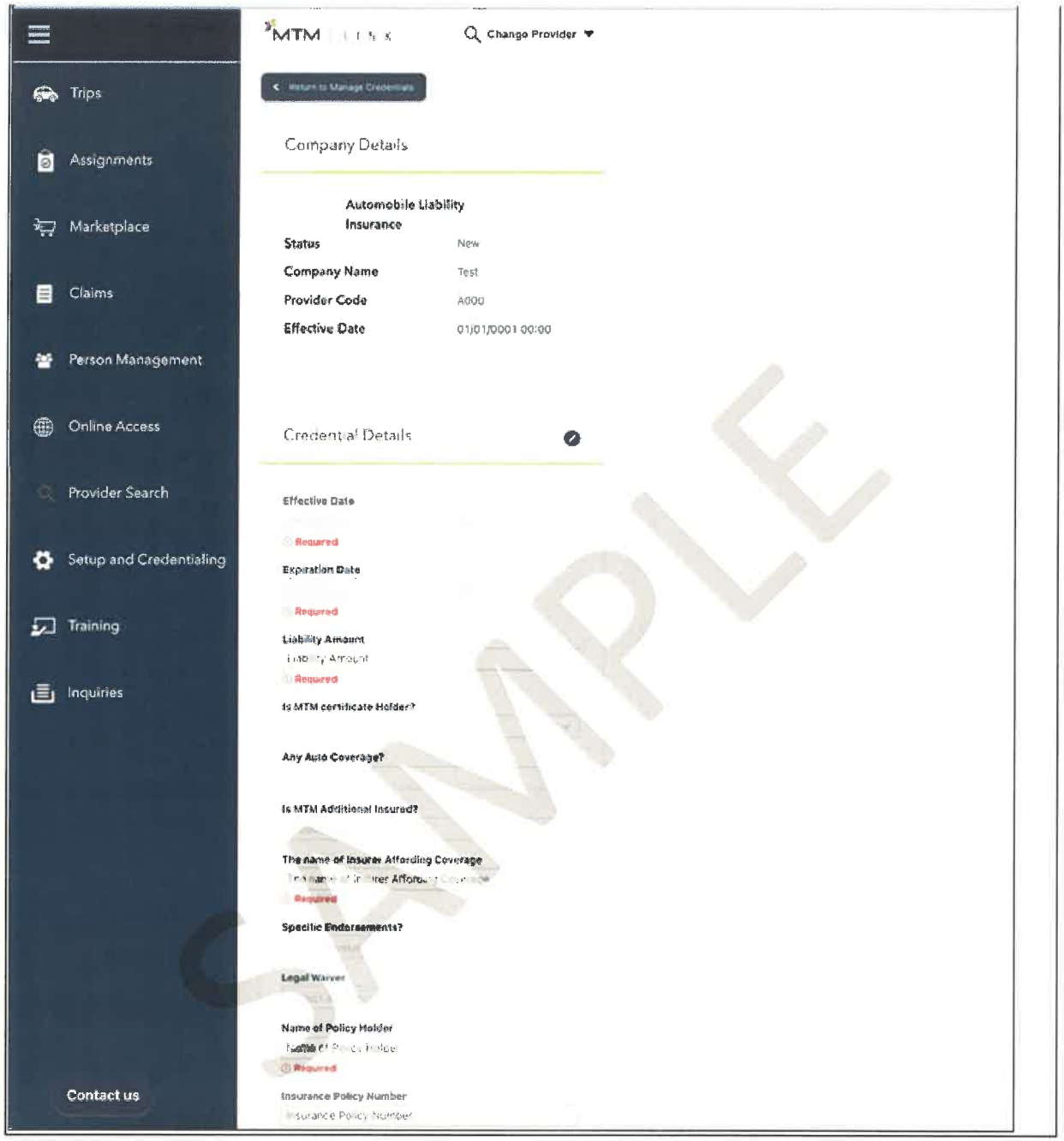


Figure 9-10: Credentialing Screen. Transportation providers can easily view the credentialing information of their drivers, update information, and identify any areas that are non-compliant.

Transportation providers also have the online ability to update their service parameters (hours of operation, service areas, and available vehicles, etc.) and business information (contact information, disadvantaged business certifications, etc.) online.

Claims Submission:

Transportation provider users are given access to the claims module in MTM | Link. Providers can easily identify records missing required data points for claims submission, to reduce claim denials and increase time to payment. Providers using the MTM Driver Direct app will automatically capture required trip data to further streamline claims submission and reduce administration costs.

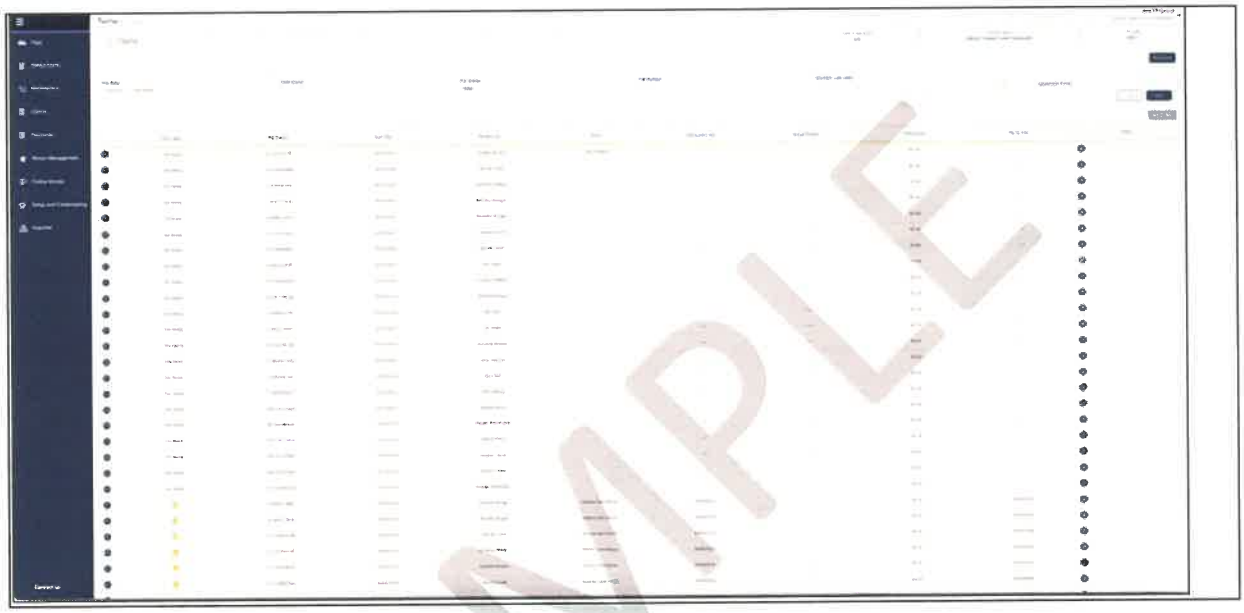
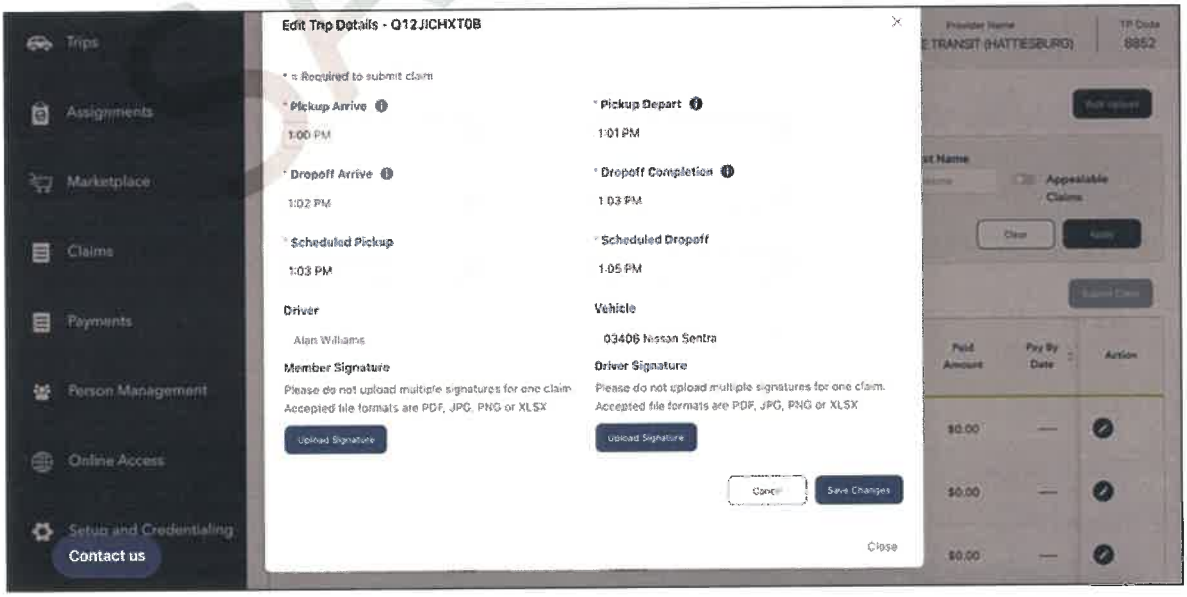


Figure 11: Claims Dashboard



SAMPLE

Figure 12: Details of Trip Data Points Required for Submission.

In summary, this portal provides transportation providers the ability to go paperless and seamlessly integrate the business applications of their choice with the NEMT Management System. The transportation provider also benefits from streamlined processes provisioning rapid credentialing of drivers and vehicles, automated management of expiration dates, and cost savings associated with maintaining credentialing data online. Transportation providers appreciate the benefit of being able to expedite the billing process by submitting data online and viewing the status of payments in real time. This means the Client is assured of having a compliant network of credentialed drivers and vehicles.

Medical Provider Portal

The medical provider portal provides the online ability to:

- Schedule, review, and change transportation arrangements.
- Review standing order reservations
- Review daily views of all trips to and from their facility
- Realtime view of trips that are in process
- Pre/Post Trip Verification online in lieu of phone calls

In accordance with HIPAA regulations, medical providers are able to review and research the transportation arrangements that are associated with attendance at their facilities only.

Figures 13-14 are a samples of the screens that medical facilities (and members) use to schedule transportation arrangements.

SAMPLE

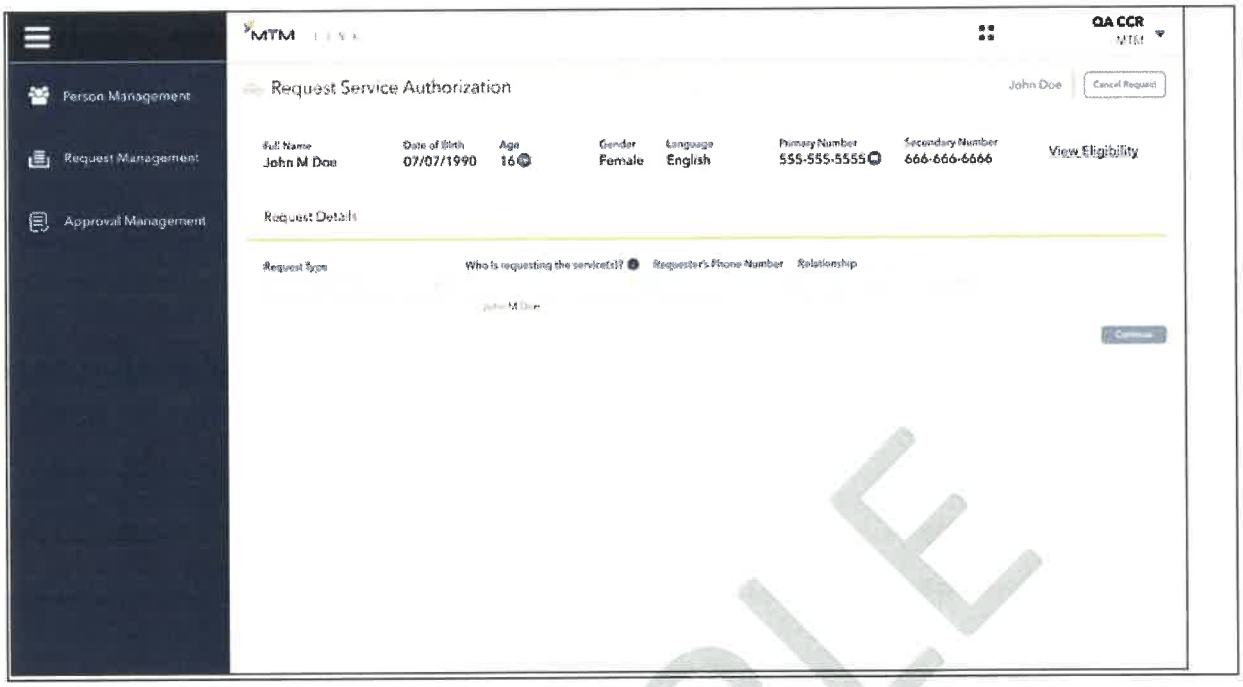


Figure 13: Customer data capture for trip intake

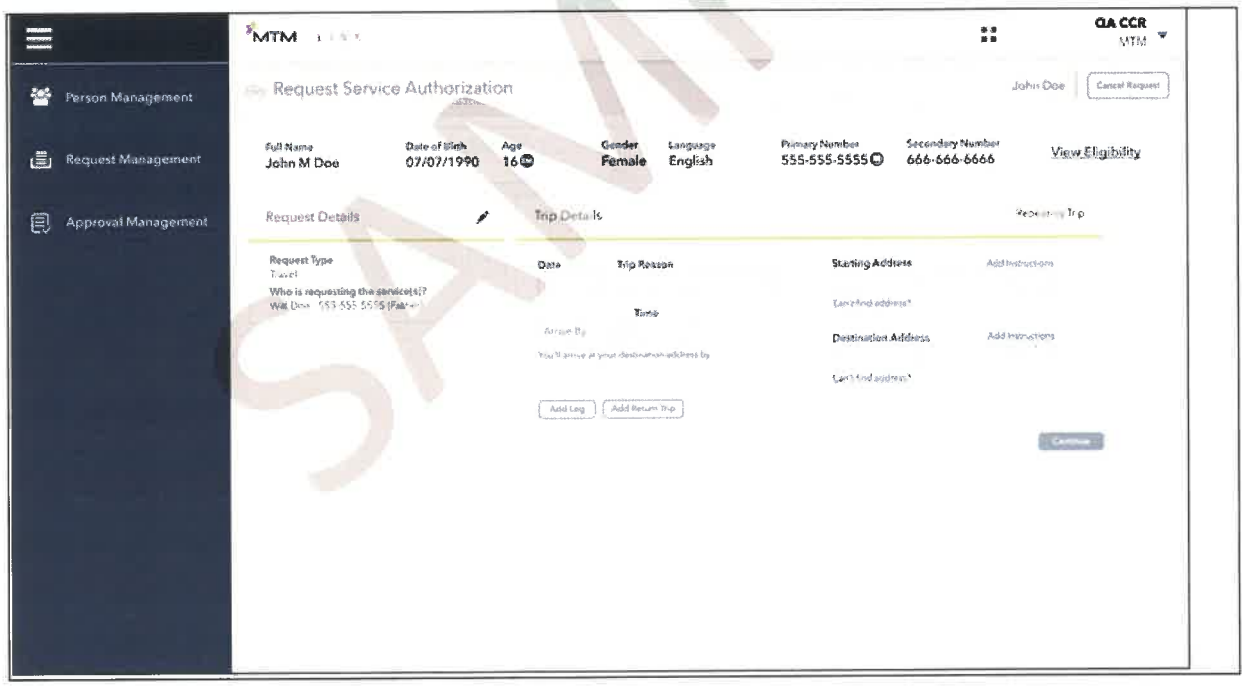


Figure 14: Online Trip Scheduling Screen. Medical providers can schedule trips conveniently online, facilitated by easy-to-use dropdown boxes and selections.

SAMPLE

In summary, this portal provides medical providers with the assurance that appropriate transportation arrangements are in place, thus ensuring that the member has appropriate access to the care required and eliminating the inefficiencies caused by missed appointments.

MTM Direct - Driver Mobile App

The Direct app allows drivers see their daily trip assignments, view trips on a map, capture arrival/departure event data as well as report member no shows and cancellations.

Figure 15: Driver Mobile App

MTM | Link - Member Mobile App/Portal

Link's mobile application for consumers allows consumers to check the status of their trip, manage their trips, and cancel scheduled trips from their smartphone. Consumers can also opt-in to text messages to alert them when the vehicle is approaching their pick-up point. The app is simple to load on any Android or iOS smartphone for consumers' convenience, as shown in Figure 16.

SAMPLE

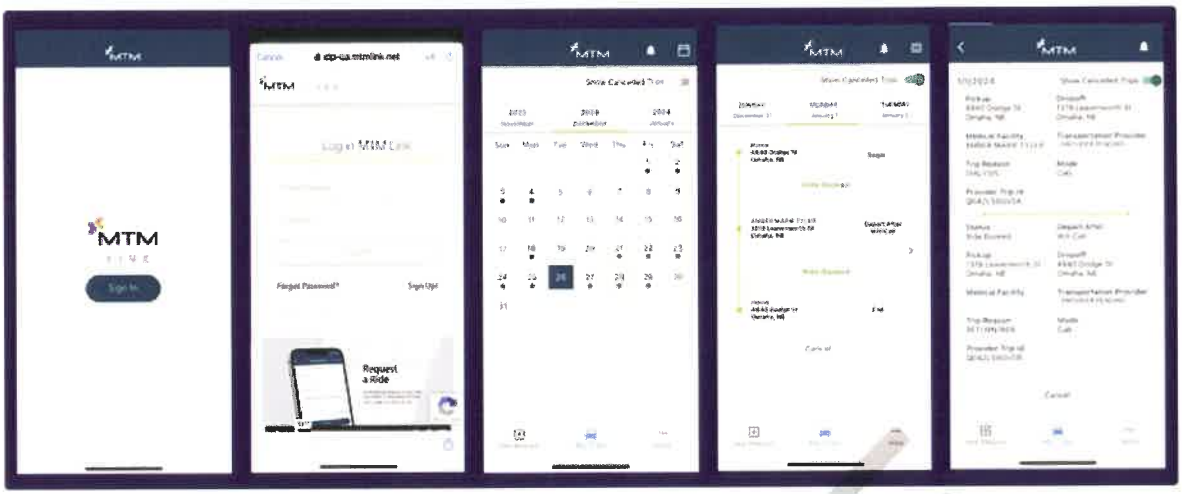


Figure 16: MTM | Link - Member App. Consumers can check the status of their trip on the app.

Each user will need to register a login and password and verify their identity as prompted. The user will then have the opportunity to set preferences, such as the method of notification they prefer for trip confirmations (i.e. phone call, email, or text message).

These tools give users the option of completing transportation arrangements conveniently online at any time of the day, in lieu of calling MTM. In addition to setting trips, consumers can also review upcoming trips and cancel trips online. If they participate in the gas reimbursement program, they can enter their request for gas reimbursement through this system. After the consumer submits the trip, MTM schedules it, and the app sends confirmation of trip details in the manner requested during account creation.

The member portal provides the online ability to:

- Schedule, review, and change transportation arrangements.
- Review standing order reservations
- Realtime view of trips that are in process
- Update contact preferences
- Add/edit payees/caregivers
- Submit Gas Mileage Trips for reimbursement

Open APIs

MTM has created secure, open APIs for developers to integrate with MTM's systems. Providers receive authentication tokens to only have access to trips assigned to their organization. This allows providers using routing software to seamlessly import trips, provide trip events and real

SAMPLE

time location updates. Based on webhook technology, MTM will push assign trips, updates, cancellations to assigned providers.

SAMPLE

Appendices

Appendix A: Policies and Procedures

Appendix B: Glossary of Terms

SAMPLE

Appendix A: Policies and Procedures

Appendix B: Glossary of Terms

Term	Description
Abuse	Practices that are inconsistent with sound fiscal or business practices and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that were not performed.
Accelerated Payment Program	A program that offers additional compensation options to transportation providers. Accelerated payment providers will receive payment within 15 days of clean claim submission. Only transportation providers who service plans with payment terms exceeding 15 days are eligible to enroll in this program. (Note: Tthe Missouri State contract has 10-day payment terms, and as we don't have a way to differentiate when providers take trips for other Missouri plans we can't use the 15-day payment terms.)
Access	The ability or the means necessary to read, write, modify, or communicate data/information or otherwise use any system resource. Access should be limited to the minimum necessary and based upon an individual's functional roles within MTM.
Accident	Any mishap involving a subcontracted transportation provider's vehicle and a member. This includes, but not limited to, a fender bender, blown tire, etc.
Action	The denial or limited authorization of a requested service, including the type or level of service; the reduction, suspension, or termination of a previously authorized service; the denial in whole or in part of payment for a service; or the failure of the member to act within established time requirements for service accessibility.

SAMPLE

Term	Description
Additional Member	An eligible member beyond the first member transported by a transportation provider during the same trip to healthcare appointments.
Additional Stop	An additional stop (pick-up or drop-off point) other than the initial pick-up and drop-off points. Additional stops occur when multiple members are transported during a single trip or MTM approves an additional trip, i.e. pharmacy stop after a healthcare appointment.
Administrative Safeguards	Administrative actions, and policies and procedures, to manage the selection, development, implementation, and maintenance of security measures to protect electronic protected health information, and to manage the conduct of MTM's workforce in relation to the protection of that information.
AI bias	The tendency of algorithms to reflect human biases. AI bias is caused by bias in data sets, people designing AI models and those interpreting its results.
Alternative Method of Transportation	If the most appropriate type of transportation for a member is not available, a different form may be used, i.e. mileage reimbursement in place of a transportation provider.
Ambulance	A vehicle for transporting the sick and injured that is equipped and staffed to provide medical care during transit.
Ambulatory	A person who can walk without the assistance of another person. The person may be using a device such as cane or walker. Ambulatory also includes a person who uses a wheelchair and is able to transfer from the chair to a vehicle.
Ancillary Services	Additional services provided such as parking, meals and lodging, also known as Prior Authorization services.
Appeal	Any written or oral communication by a member or his/her representative to MTM expressing dissatisfaction with the provision of transportation or any other transportation related service provided for under this contract.
Appropriate Method of Transportation	The least expensive mode of transportation that best meets the physical, medical, or behavioral circumstances of a member requiring transportation to a healthcare service.

SAMPLE

Term	Description
Artificial intelligence (AI)	Any intelligence demonstrated by machines, in contrast to the natural intelligence displayed by humans and other animals. In computer science, AI research is defined as the study of "intelligent agents": any device that perceives its environment and takes actions that maximize its chance of successfully achieving its goals. Colloquially, the term "artificial intelligence" is applied when a machine mimics "cognitive" functions that humans associate with other human minds, such as "learning" and "problem solving".
Assistance	The acts required to physically help a member from, within, or into a building or from, within, or into the medical provider's site. Without this assistance, it would be unsafe or impossible for the member to reach the vehicle or the medical provider's site. An employee of the transportation provider, the driver, or an additional person provides this assistance, which is beyond a door-to-door service.
Attendants	People required by the member's primary care or referring physician to aid during transport. They are also known as aides, helpers, or attendants.
Authentication	The corroboration that a person is the one claimed. Passwords, or confidential authentication information composed of a string of characters, are the normal way in which MTM's employees authenticate themselves to a networked computer or workstation [an electronic computing device such as a laptop, desktop computer, or any other device that performs similar functions, and electronic media stored in its immediate environment.]
Auto Adjudication	The process of approving or denying claims systematically, without deciding on each claim manually

SAMPLE

Term	Description
Availability	The property that data or information is accessible and usable upon demand by an authorized person. As it relates to security, systems [that normally include hardware, software, information, data, applications, communications, and people] must be maintained and protected in such a fashion that individuals need to be able to access these systems when required. Denial of service type attacks or malicious software [i.e. a virus designed to damage or disrupt a system] may target the availability of the information system [or an interconnected set of information resources under the same direct management control that shares common functionality], causing the system to crash or to be unavailable for the users [persons or entities with authorized access]. This loss of service can cause some financial hardship in cases where the loss of revenue due to system down time occurs or reputational harm when systems are not available to allow the users to service MTM's clients in a timely manner.
Available Transportation	A public transportation system, transportation provider, organization, agency, or individual offering appropriate transportation services to a member who requires transportation.
Beneficiary	The population served by MTM Clients. Often referred to as participants, members, clients, recipients, and other terms; for MTM purposes, beneficiary is being used as a standard meaning for the client's covered population.

SAMPLE

Term	Description
Breach	An unauthorized acquisition, access, use, or disclosure of unsecured PHI which compromises the security or privacy of such information and poses a significant risk of financial, reputational, or other harm to the individual. To determine if a breach has occurred, a risk assessment is performed to determine if the security or privacy of the PHI has been compromised. Limited data sets (except those that exclude patient zip code and date of birth) are subject to the breach notification reporting requirements. The term 'breach' does not include: A. Any unintentional acquisition, access, or use of PHI by MTM staff or an individual acting under the authority of a covered entity (e.g., client) or MTM if: * Such acquisition, access, or use was made in good faith and within the course and scope of authority. * Such information is not further used or disclosed in a manner not permitted. B. Any inadvertent disclosure by an individual who is authorized to access PHI at MTM, the same covered entity, or organized healthcare arrangement in which MTM or the covered entity participates; however, the information that was received as a result of such disclosure is not further used or disclosed in a manner not permitted; or C. A disclosure of PHI where MTM and/or the applicable covered entity has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain such information.
Broker	An entity that recruits and contracts with transportation providers; performs payment administration, gate keeping, and verification of need; makes reservations and trip assignments; performs quality assurance and service improvement activities; provides administrative oversight; and reports on NEMT program activities.
Business Sensitive	Information that pertains to the internal operations of MTM or that is owned, licensed, or possessed by MTM and must be protected. This information is not made publicly available and may include but is not limited to: intellectual property (such as custom templates, stored procedures, training materials, etc.), client lists, workforce member information, pricing sheets, internal e-mails, trade secrets, information on business relationships, or other information that may not be classified as protected health information, and is sensitive in nature to MTM's operations.

SAMPLE

Term	Description
Business Sensitive	Information that pertains to the internal operations of MTM or that is owned, licensed, or possessed by MTM that must be protected. This information is not made publicly available and may include but is not limited to intellectual property (such as custom templates, stored procedures, training materials, etc.), MTM lists, workforce member information, pricing sheets, internal e-mails, trade secrets, information on business relationships, or other information that may not be classified as protected health information, and is sensitive in nature to MTM's operations.
CCR	Customer Care Representative
Chatbot	A chatbot is an AI-driven computer program that simulates and processes human conversation (either written or spoken), allowing humans to interact with digital devices as if they were communicating with a real person.
Claim Deadline	The date on which the claim with all necessary supporting documentation is due to MTM from the transportation provider. The due date may be different for each client or transportation provider but will typically be 90 calendar days after the date of the trip.
Claims Web Application	The Claims Web Application is an online tool utilized by transportation providers and MTM to facilitate timely and accurate payment of services rendered.
Claims Website	Online Access and/or MTM Link - a web portal used by transportation providers to submit claims
Clean Claim	A claim for which all necessary supporting documentation has been provided to MTM resulting in an Approved claim.
Client	The customer contracted with MTM to handle the transportation benefit offered to their covered population; Any business entity for which MTM has agreed to provide transportation services.
Code Generation	AI tools which seek to assist application developers with speed, efficiency and precision when creating or updating software and database code or structures. (e.g., GitHub Copilot, CodeWhisperer, Tabnine, AI2sql, AI Query, db sensei, etc.)

SAMPLE

Term	Description
Company-owned	Any devices owned by MTM. Workforce members being assigned a company owned device do not have the right, nor should an employee have the expectation, of privacy while using company-owned equipment or services.
Complaint	Any written or verbal expression of dissatisfaction about services, procedures, or functions of MTM which causes an intervention by MTM for the member and/or the caller (if different).
Confidential Information	Information that would be considered personally identifiable information, but not necessarily protected health information. This information may consist of human resources related information such as dates of birth, social security numbers, phone numbers, and addresses. Although this information may be considered direct identifiers, it would not be associated with health records.
Confidentiality	The property that data or information is not made available or disclosed to unauthorized persons or processes. If an unauthorized individual gains access to a person's electronic protected health information, the confidentiality of this information has been breached.
Confidentiality Statement	The documents accompanying this transmission may contain sensitive or protected health information that is privileged and confidential. This information is intended only for the use of the individuals or entities listed above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately to arrange for the return or destruction of these documents
Curb-to-Curb	The transportation provider picks up and drops off the member at the curb or outside of the building of the destination.
Disability	With respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment.

SAMPLE

Term	Description
Disclosure	The release of information outside of MTM that maintains the information. Also, the transfer of, provision of, access to, and divulging in any other manner of that information.
Door-through-Door	The transportation provider accompanies the member from inside their place of residence into the office of the service provider because of a specified physical or mental impairment.
Door-to-Door	The transportation provider accompanies the member from the door of the pick-up point to the door of the destination.
Driver Trip Log	A form filled out by drivers that records required information for each trip.
E-mail	Messages sent and received via electronic media, either through an internal network or over an external network (e.g., the Internet), including any file attachments.
Emergency	A situation or medical condition (including labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could result in seriously jeopardizing the member's health, impair bodily functions, or cause dysfunction of any bodily organ or part. Emergency transportation is not included in this contract.
Employees	All employees, independent contractors, consultants, contract employees, temporary workers, volunteers, trainees, individuals under direct control of MTM whether paid or not, and other persons or entities using the Technology Resources, wherever located or however deployed.
Encryption	The use of an algorithmic process to transform data into a form in which there is a low probability of assigning meaning without the use of a confidential process or key.
Escort	Someone who must accompany a member to and from a medical appointment, i.e. family member or aide.
Facility	The physical premises and the interior and exterior of a building(s).

SAMPLE

Term	Description
Federal Rules of Civil Procedure (FRCP)	• Rule 16(b) - Alerting the court/litigants early in the litigation process to the possible need to address the handling of discovery of electronically stored information (ESI). • Rule 26(a)(1) - Clarifies a party's duty to include electronically stored information in its initial disclosures. Reads in part: "A copy of, or a description by category and location of, all documents, electronically stored information, and tangible things that are in the possession, custody, or control of the party and that the disclosing party may use to support its claims or defenses, unless solely for impeachment." • Rule 26(b)(2) - Clarifies the obligations of a responding party to provide discovery of electronically stored information that isn't reasonably accessible (i.e. deleted information, information kept on some backup tape systems, and legacy data from systems no longer in use.) • Rule 26(b)(5) - Provides a procedure for asserting privilege after production. • Rule 26(f) - Requires pre-trial conference to include discussion on any issues related to e-discovery. • Rule 34 - Electronically stored information is considered a category of discoverable data. Data should be produced in "a form or forms in which it is ordinarily maintained or in a form or forms that are reasonably usable." • Rule 37(f) - Trans-Atlantic Data Privacy Framework (replacing Safe Harbor and Privacy Shield) establishes a mechanism for certified businesses to conduct trans-Atlantic data transfers between the US and EU.
Federated Learning	A type of machine learning that allows for training on multiple devices with decentralized data, thus helping preserve the privacy of individual users and their data.
FFS	Fee for Service – pass through transportation plus a contracted dollar value per trip to cover admin costs.

SAMPLE

Term	Description
Firewall	The hardware and/or software system placed between the Technology Resources and the Internet to limit unauthorized access to and use of the Technology Resources.
Follow-Up Treatment	Repeat visits for healthcare services, i.e. further tests based on an appointment.
Fraud	An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law.
Grievance	An expression of dissatisfaction about any matter. Possible subjects for complaints include, but are not limited to, aspects of interpersonal relationships such as rudeness of a transportation provider or MTM employee, or failure to respect the member's rights.
Implementation Specification	Detailed instructions to implement a specific standard.
Incident	Any non-vehicular mishap involving a member while in the care of a MTM transportation provider. This includes, but not limited to the passenger falls while trying to enter the vehicle, wheelchair tip or securement issue resulting in harm to the passenger, passenger becoming ill in the vehicle, etc.
Individual Transportation Provider	An individual who is approved to transport members using a personal vehicle.
Information Assets	All information, data, and communications created, received, or stored on or passed through the Technology Resources, including all user files and e-mail.

SAMPLE

Term	Description
Information Systems	MTM's entire computer and telecommunications network, including, but not limited to, the following: fax machines, host computers, file servers, application servers, communication servers, mail servers, scanners, fax servers, Web servers, workstations, stand-alone computers, laptops, Personal Digital Assistants (PDAs), portable/handheld telecommunications devices (e.g., cellular telephones, and radios), cameras (both digital and analog), software, applications, data files, Removable Media, and all internal and external computer and communications networks (e.g., intranets, extranets, Internet, commercial online services, value added networks, e-mail systems) accessed directly or indirectly from MTM's computer network.
Integrity	Deals with the alteration or modification of data.
Interaction	Refers to various forms of communication including but not limited to phone call, web chat, online portal, text or email.
Internal Alert	Any reported accident/incident which requires immediate response and direction from MTM's Executive and Legal teams, including but not limited to serious cases of abuse, neglect, sexual misconduct or injury, missing person or death.
Involuntary Termination	When a workforce member leaves employment at the request of MTM due to the failure of the workforce member to meet certain job duties or requirements, criminal or disciplinary actions, reduction in work concentrations, involuntary transfers, or termination with or without cause.
Large Language Models	AI models that often use deep learning, aimed at understanding and generating humanlike text.
Level-of-Need (LON) Assessment	Medical assessment completed by the member's physician and an MTM Care Manager that determines the most appropriate, least costly mode of transportation for each member.

SAMPLE

Term	Description
Liquidated Damages	MTM will channel all appeals received within the specified timeframe through the Corporate Compliance Department for documentation, investigation, follow-up, and resolution. Appeals are given immediate and appropriate attention. MTM will decide the final outcome for all appeals and MTM will provide a documented account of the final outcome, to the transportation provider.
Media Sanitization	A general term referring to the actions taken to render data written on media unrecoverable by both ordinary and extraordinary means.
Medical Provider	Any business entity or individual providing one or more medical services to a member.
Member	The population served by MTM Clients. Often referred to as participants, beneficiaries, clients, recipients, and other terms; for MTM purposes, member is being used as a standard meaning for the Client's covered population.
Members' Rights	1. Members shall have the right to file a grievance about any matter related to their services, without concern of reprisal from MTM, its employees, or providers. 2. MTM will provide all members with written notice of the grievance procedures upon denial of services, member request for a grievance, or at the member's request. 3. A written grievance request shall be mailed directly to MTM's Quality Operations Department at the following address: Medical Transportation Management, Inc. 16 Hawk Ridge Circle Lake St Louis, MO 63367 Attn: Grievance and Appeals
Mileage Reimbursement	The monetary reimbursement issued to beneficiaries that qualify for transportation but can provide it on his or her own behalf. There are several restrictions and requirements.

SAMPLE

Term	Description
Minimum Necessary	MTM's employees will only be provided the least amount of an individual's information that is necessary for them to perform their jobs. The goal of access control is to allow only authorized employees, or other authorized individuals, access, and restrict those employees, or other individuals who should not have access to use/disclose electronic protected health information, nor access to the devices that store/process this information.
MTM	Medical Transportation Management, Inc. and all Subsidiaries and Affiliates.
Multi-Passenger Vehicle	A sedan or van type vehicle capable of carrying multiple passengers that is used to transport ambulatory patients who may require assistance.
Natural language generation (NLG)	A software process that transforms structured data into plain-English content. It can be used to produce long-form content for organizations to automate custom reports, as well as produce custom content for a web or mobile application. It can also be used to generate short blurbs of text in interactive conversations (a chatbot) which might even be read out loud by a text-to-speech system.
NEMT (Non-Emergency Medical Transportation)	A program that offers non-emergency transportation services for members who have no other means of transportation, but need to secure necessary healthcare services with the nearest healthcare provider.
NEMT Trip	A one-way transportation service from the member's home to a place where a covered healthcare service will be provided to that member, a return trip home, or a trip from one covered medical service to another.
Network Providers	Transportation providers under contract with MTM.
No Show	A member who fails to meet the vehicle as scheduled, declines the trip, or is unable for any reason to take the trip when the vehicle operator has arrived and waited for the member in accordance with the Contract standards and procedures.
Non-Ambulatory	A member who cannot walk without assistance and may be in a wheelchair or needs personal assistance.

SAMPLE

Term	Description
Non-Contracted Invoice Providers	Refers to the transportation provider that is not contracted with MTM to handle the transportation benefit offered to their covered population.
Non-Emergency Ambulance Trip	A pre-arranged ambulance trip that is not responding to an emergency injury or illness. These services may be needed because a member requires medical care during transit, which an ambulance is equipped and staffed to provide. Ambulance service is not included in this contract.
No-Show	When a member fails to use an approved transportation service that is not cancelled, or when a transportation provider has not cancelled a scheduled trip but fails to complete the scheduled trip.
Off-Shore	Any geographic location that is not within the fifty United States or one of the United States territories. Examples of countries that meet the definition of "off-shore" include Mexico, Canada, India, Germany, and Japan.
OIG	Office of Inspector General, The Office of Inspector General for the United States Department of Health and Human Services is responsible for oversight of the United States Department of Health and Human Service. MTM works with government and state OIGs.
Online Forums	Online discussion groups, news groups, bulletin boards, chat rooms, blogs (a form of online diary in which individuals may post descriptions of their activities), and other similar forums on the Internet and other public networks.
Out-of-Network Ambulance Provider	An ambulance provider that is not currently contracted with MTM to perform transportation services. Out-of-network ambulance providers are not part of MTM's network of ambulance providers; therefore they are not automatically assigned trips but may be contracted on an individual trip basis when a contracted ambulance provider is not a viable option for the individual trip.

SAMPLE

Term	Description
Owner, Service Animal	Owner means the passenger who is an individual with a disability and who requires assistance with one or more daily activities from a service animal. The owner must be in control of the service animal at all times. Service animals must sit or lie at the owner's feet or may be held in the owner's lap.
Passenger	The member who receives the transportation service.
Performance Improvement Plan	A specific plan of action which speaks to the specific infractions of the current contract and/or provider guidelines and which identifies action taken, responsible party, timeline for initiation of the performance improvement process, timeline for completion and increments of follow-up and associated compliance therein.
Personally-owned	Any device that is owned by a MTM workforce member, or receives a stipend based on the workforce member's job roles. MTM will respect the privacy of a workforce member's personally owned device and will only request access to the device by IT support to implement security controls as outlined in this policy/procedure, or to respond to legitimate discovery requests arising out of administrative, civil, or criminal proceedings (applicable where user downloads e-mail/attachments/documents to a workforce member's personal device). While access to the personally owned device itself is restricted, MTM's policies/procedures regarding the use/access of its information systems and information assets, such as e-mail and other services, remain in effect.
Physical safeguards	Physical measures, policies, and procedures to protect a covered entity's electronic information systems and related buildings and equipment, from natural and environmental hazards to unauthorized intrusion. Physical safeguards are the first layers of defense, or protection, against unauthorized access to information or the systems housing this information.
PMPM	Refers to per member per month.
Policy	This Acceptable Use Policy/Access Agreement, including all attachments.

SAMPLE

Term	Description
Portable Electronic Devices	The electronic devices that are portable or mobile in nature. By way of example only, portable electronic devices include laptops, Personal Digital Assistants (PDAs), portable/handheld telecommunications devices (e.g., cellular telephones, pagers, and radios), cameras (both digital and analog), and other similar devices.
Post-Authorization	Transportation requests that are sent to MTM after the transport has occurred.
Prior-Authorization	Transportation requests that are requested by the recipient or facility, allowing MTM to assess level of need and proper mode of transportation, then assign an appropriate provider. A prior-authorization transport does not require a Certificate of Medical Necessity from the transportation provider as MTM obtains this directly from the facility / physician at the time the trip is scheduled; therefore, a Certificate of Medical Necessity will not be required from the transportation provider in an audit scenario.
Private Transportation	Transportation in a vehicle owned by a member or a friend, relative, acquaintance, or other individual, provided the vehicle is not licensed for commercial carriage. Individual does not mean communities, companies, corporations, societies, or associations.

SAMPLE

Protected Health Information or Electronic Protected Health Information	Individually identifiable health information transmitted by electronic media, maintained in electronic media, or transmitted or maintained in any other form or medium, whether electronic, paper, or oral. Individually identifiable health information is information that can identify, or reasonably be used to identify, an individual and is created or received by a healthcare provider, health plan, employer, healthcare clearinghouse, or business associate. This information can relate to past, present, or future physical or mental conditions, or payment of healthcare to an individual. The following eighteen (18) direct identifiers relate to individually identifiable health information: 1. Names 2. All geographic subdivisions smaller than a State, including street address, city, county, precinct, zip code, and their equivalent geo-codes, except for the initial three (3) digits of a zip code if, according to the current publicly available data from the Bureau of the Census: a. The geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people b. The initial three (3) digits of a zip code for all such geographic units containing 20,000 or fewer people are changed to '000' 3. All elements of dates (except year) for dates directly related to an individual, including birth date, admission date, discharge date, date of death; and all ages over eighty-nine (89) and all elements of dates (including year) indicative of such age, except that such ages and elements may be aggregated into a single category of age ninety (90) or older 4. Telephone numbers 5. Fax numbers 6. Electronic mail addresses 7. Social security numbers; 8. Medical record numbers

SAMPLE

Term	Description
	9. Health plan beneficiary numbers 10. Account numbers 11. Certificate/license numbers 12. Vehicle identifiers and serial numbers, including license plate numbers 13. Device identifiers and serial numbers 14. Web Universal Resource Locators (URLs) 15. Internet Protocol (IP) address numbers 16. Biometric identifiers, including finger and voice prints 17. Full face photographic images and any comparable images 18. Any other unique identifying number, characteristic, or code Note: Genetic Information is also considered protected health information.
Public Information	Information that is available to the public. Examples of public information include marketing and advertising information that may be available on MTM's website.
Quality Improvement/Assurance Program	The monitoring and evaluation program(s) established by MTM, based on MTM policies, federal and state laws, and NCQA standards to ensure ongoing delivery of quality services and maintain compliance.
Removable Media	Portable or removable hard disks, floppy disks, USB memory drives, zip disks, optical disks, CDs, DVDs, digital film, memory cards (e.g., Secure Digital (SD), Memory Sticks (MS), CompactFlash (CF), SmartMedia (SM), MultiMediaCard (MMC), and xD-Picture Card (xD)), magnetic tape, and all other removable data storage media.
Repetitive Transport	Three (3) or more round trip transports that are furnished during a 10-day period, or at least once per week for at least 3 weeks from same origin and destination for same treatment.

SAMPLE

Term	Description
Requests	A valid request for records from a law firm or record retrieval company, and court-ordered subpoenas for records.
Risk	The impact that a certain event may cause on MTM based on the probability or likelihood that this event will take place. Risk is analyzed based upon the probability that a threat will be exploited for a specific vulnerability and determine the impact that occurs.
Risk Analysis	A process that will be used to identify possible threats and vulnerabilities, along with identifying possible ways to reduce risks to an acceptable level. Risks may be evaluated based on the likelihood and magnitude of harm from an unauthorized use or disclosure of protected health information. The evaluation of risk may also be based on the confidentiality, integrity, availability, financial, regulatory, operational, or reputational losses of protected health information.
Risk Management	Includes policies and procedures in place for security. MTM will identify security measures or safeguards that are already in place to secure information systems and information assets. These safeguards are implemented to protect against any reasonably anticipated threat or hazard to the unauthorized use or disclosure of MTM's information assets.
Round Trip	The dispatching of a vehicle to the member's pick-up point, transporting the member to a medical provider, and transporting the member back to the pick-up point.
Securement Area or Station	A designated location for riders using wheelchairs, equipped with a securement system.
Securement Device, Equipment or System	Equipment used for securing wheelchairs against uncontrolled movement during transport.
Security	Encompasses all of the administrative, physical, and technical safeguards in an information system.
Security Incident	The attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system.

SAMPLE

Term	Description
Serious Accident/Incidents	Any report of death, allegation of abuse, neglect, serious physical injury, improper use of restraints, suicide attempt or threat and missing person.
Serious Complaint	Involves complaints such as, but not limited to those of sexual harassment, discrimination, threatening conversation/behavior or safe driving issues, etc.
Server	A computer running administrative software that controls access to a network and its resources, such as printers and disk drives, and provides resources to computers functioning as workstations connected to the network, and code that provides a service on the network.
Service Animal	An animal that is trained to perform tasks for and aid an individual with a disability. The tasks performed by the animal must be directly related to the member's disability, including, but not limited to, guiding individuals with impaired vision, alerting individuals with impaired hearing to intruders or sounds, providing minimal protection or rescue work, pulling a wheelchair, or fetching dropped items. Animals whose sole function is to provide comfort or emotional support do not qualify as service animals under the ADA. A service animal is not required to wear a tag, be registered, or display proof that it is a service animal.
Shared Ride/Multiload	A form of transportation in which the provider transports several members who have similar or close delivery destinations at the same time.
Social Engineering	A technique that could be employed as a vector of attack that relies on human interaction or tricking an individual into doing something that they normally wouldn't do to violate a security practice. There is a lot of information available on the Internet that can be utilized by a malicious individual to target a company. This information may seem general, at first, but, in conjunction with other information, could potentially cause harm to a company.

SAMPLE

Term	Description
Social Networking Sites	An online community of people with a common interest who use a web site or other technologies to communicate with each other and share information, resources, etc. Examples of social networking sites include, but are not limited to, Facebook, Twitter, and LinkedIn. The following is a representative list of tools that could be utilized to obtain information: Google, Maltego, FriendFinder, Bing, Twitter, PiPl, Bing Images, PicasaWeb, Whois, Wget, Vimeo, Tineye, Wayback Machine, LinkedIn, Spokeo, Misc, YouTube, Foursquare, Friendster, MetCraft, Wikipedia, Faceboook, Plaxo, Google Maps, Wordpress, Shodan, Monster, GlassDoor, Yelp, Craigslist, Jigsaw, MySpace, Google Images, Blogspot, and Telnet.
Special Populations	Includes dialysis, disabled or impaired individuals, the medically fragile members of Adult Day Healthcare, and certain other persons and must take into particular account the physical or medical condition of the rider following certain treatment or activity.
Substantial Complaint	A request for review of the denial or limited authorization of a requested transport; the reduction, suspension, or termination of a previously authorized transport; the denial, in whole or in part, of payment for a transport; the failure to provide transportation services in a timely manner; or the failure to act within the timeframes provided in the contract.
Substantiated Complaint	An internal or external complaint in which, after full investigation is completed, the reported issue was found to be a result of not following the standards within MTM's Transportation Provider Handbook or internal policies and procedures.
Systems	includes hardware, software, information, data, applications, communications, and people.
Technical Safeguards	The technology and the policy and procedures for its use that protect electronic protected heath information and control access to it. Although technical safeguards are important, most of the time, these safeguards are only as good as the people that are using them.

SAMPLE

Term	Description
Threat	The potential for a person or thing to exercise (accidentally trigger or intentionally exploit) a specific vulnerability. Five broad categories of threat are: human, environmental, software/hardware, regulatory, and future.
Training Data	The labeled data used to teach AI models or machine learning algorithms to make proper decisions.
Transportation Provider Appeal	The formal mechanism which allows a transportation provider the right to submit any written expression of dissatisfaction after the assessment of Liquidated Damages.
Transportation Provider Profile	A set of data describing each transportation provider's unique service abilities such as hours of operation, types of vehicles and related transportation services, and pricing structure.
Transportation Provider Service Agreement	The signed written contractual agreement between MTM and the provider of transportation services.
Unsecured PHI	Protected health information that is not encrypted and/or rendered unusable, unreadable, or indecipherable to unauthorized individuals using a technology or methodology specified by the Secretary of the Department of Health and Human Services (HHS).
Unsubstantiated Complaint	An internal or external complaint in which, after full investigation is completed, the reported issue was found to be in compliance with MTM's Transportation Provider Handbook or internal policies and procedures.
Use	The sharing, employment, application, utilization, examination, or analysis of information within MTM that maintains such information.
Virus/Malware/Trojan	Means a program that infects computer files and systems, often with destructive results (e.g., loss of data, unreliable operation of infected software and systems).
Voluntary Termination	When a workforce member leaves employment on their own behalf due to a change in employment, retirement, family situations, etc.

SAMPLE

Term	Description
Vulnerability	A flaw or weakness in system security procedures, design, implementation, or internal controls that could be exercised (accidentally triggered or intentionally exploited) and result in a security breach or a violation of the system's security policy.
Warm Transfer	A process where MTM is not delegated by the Client to handle complaints and/or grievances or for a specific process where the member needs additional assistance. In a Warm Transfer, the member will be transferred as directed by the Client to a location (phone number) other than MTM.
Waste	The over-utilization of services or other practices that result in unnecessary costs. Waste is generally not considered to be caused by criminally negligent actions but rather the misuse of resources
Wheelchair	A mobility aid belonging to any class of three- or more-wheeled devices, usable indoors, designed or modified for and used by individuals with mobility impairments, whether operated manually or powered.
Wheelchair (Paralift)	A vehicle used exclusively for the transportation of non-ambulatory patients. Paralift transports individuals who require transport while sitting in a wheel chair.
Wheelchair Vans	A vehicle that has been designed with a drop floor, extended roof, and ramp or lift to transport disabled members who are in wheelchairs.
Workforce Member	Any employee, volunteer, trainee, or individual under direct control of MTM whether paid or not.
Workstation	The individual computers assigned to one or more employees.

SAMPLE

Business Continuity & Disaster Recovery Plan (BCDRP)

2024/2025

MTM

Table of Contents

Table of Contents **1**

1. Purpose **3**

2. Business Impact Analysis (BIA) **4**

3. Management of the BCDRP **5**

Key Contact Information **6**

Access to Plan in Case of Emergency 7
Periodic Review and Testing of the Plan 7
Review Process 8

4. Contingency Planning **9**

Disaster Recovery Summary Overview 9
Business Disruption Plan 10
Initiation of Disaster Management Process 10
Critical Risks/Threats, Priority, Impact, and Mitigation Plan 11

5. Critical Business Functions **17**

Contact Centers 17
Quality Operations 19
Client Communications 19
Eligibility 20
Transportation Provider Communications 21
Finance 22
Encounters 24
Reporting 24

6. Physical Security and Access Control **25**

Security Overview 25
Security Protocols 25
Emergency Evacuation Procedures for MTM Sites 26
Video Surveillance 27
Intrusion Detection 27
Access Control 27
Fire Monitoring 27
Remote Access Services: Multi-Factor VPN Authentication 28

Perimeter Security 28
Password Security and Management 28
Health Insurance Portability and Accountability Act of 1996 (HIPAA)/ Health Information Technology for Economic and Clinical Health(HITECH) and Data Breach Notification Laws 30
HIPAA Business Associates 31
Cloud 31

7. System and Infrastructure Overview 34

MTM Link 34
Infrastructure Servers and Data Backup Procedures 34

8. Appendices 38

Appendix 1: Accreditations 38
Appendix 2: Revision History 40
Appendix 3: Hot Line and Calling Tree 41
Appendix 4: HIRTUST Controls 43
Appendix 5: Definitions 46

1. Purpose

To provide a Business Continuity and Disaster Recovery Plan (BCDRP) to minimize impact of any service disruption on MTM's clients. Established alternative plans of action for service continuity, including but not limited to re-routing calls, manual documentation, backup emergency equipment, and replacement of primary systems and/or servers with standby replicas. in many cases This document identifies the applicable risk/threat scenarios, the critical business functions they impact, and their dependencies, and the plan of action to be executed if a disaster scenario occurs. Additionally, the BCDRP includes a Business Impact Analysis and addresses the identified information security requirements, including:

- Conditions and process for activating the plans (e.g., how to assess the situation, who is to be involved)
- Emergency procedures detailing the actions to be taken following an incident that jeopardizes business operations
- Fallback procedures describing the actions to be taken to move essential business activities or support services to alternative temporary locations, and to bring business processes back into operation in the required time-scales
- Resumption procedures describing the actions to be taken to return to normal business operations
- A maintenance schedule specifying how and when the plan will be tested and the process for maintaining the plan

Training and education will be used to create awareness and understanding of the business continuity processes, critical assets, and resources needed to perform the emergency, fallback, and resumption procedures.

2. Business Impact Analysis (BIA)

In the event of an outage, the following will be utilized to identify associated risks and intended risk remediations.

A business impact analysis (BIA) is an MTM process used to identify risks and threats to their impact on key issues like business operations, financial performance, reputation, employees, and supply chains.

The discovery process relies on questionnaires to gather relevant information. The team performing the BIA works to identify business attributes such as critical business processes, interdependencies among business units, supply chain dependencies, minimum acceptable configurations and supplies, minimum time needed to recover operations, as well as minimum staffing required to provide business as usual. The BIA poses questions for key members such as: a) Information Technology (IT) teams providing internally facing client-facing infrastructure b) operating units within the company c) relevant third parties providing support servers, etc.

Sensitivity of tracked items is also one factor to be completed during the BIA process.

This document is attached to the end of this document under section: Attachments.

3. Management of the BCDRP

Maintenance of the MTM BCDRP is the joint responsibility of the BCDRP Coordinator and the Operations, IT, and Corporate Compliance departments, and is approved by the Chief Executive Officer (CEO). MTM Executives review the BCDRP annually, at a minimum, to ensure the information contained herein is accurate. Any subsequent changes and remedies applied based on the results and findings are updated to the BCDRP and submitted to clients upon request or when contractually required.

Additionally, if a disaster scenario occurs, the BCDRP Coordinator or delegate will review the plan with subject matter experts to identify areas of opportunity and update them accordingly. The plan will be effective immediately after final review and approval of the Chief Executive Officer (CEO).

Key Contact Information

Title	Name	Responsibility	Phone	Email
CEO	Alaina Macia	Initiation of BCDRP and business oversight.	314-495-4953	amacia@mtm-inc.net
COO Transit	Brian Balogh	Transit organization management; initiates DR alerts with affected clients and staff.	312-560-6084	BBalogh@mtm-inc.net
COO MTM	Dawn Kotva	Enterprise-wide CSC management initiates DR alert with Workforce Management.	314-322-9942	dkotva@mtm-inc.net
CFO	Jill Heneghan	Payment processing: operating, transportation provider, and member (GMR) payments.	314-583-2531	jheneghan@mtm-inc.net
CPO	Kerri Mileski	Corporate Compliance; BCDRP coordinator.	314-402-1253	kmileski@mtm-inc.net
CMO	Michele Lucas	Client/provider/member notifications comm. planning.	636-541-2978	mlucas@mtminc.com
CTO	Rick Holbrook	Overall leadership for the Technology structure at MTM	858-703-7412	rholbrook@mtm-inc.net
CLO	Tom Wise	Chief Legal Officer	314-585-7220	twiese@mtm-inc.net
VP, Finance	Dana Wilkerson	Claims processing: transportation provider and member (GMR) payments.	314-520-9428	dwilkerson@mtm-inc.net
VP, East Operations	Danielle Mezera	East Operations	816-739-8457	dmezera@mtm-inc.net
Senior Director, Workforce & Analytics	Doug Kappauf	Forecasting/Scheduling	706-980-4631	dkappauff@mtm-inc.net
VP, West Operations	Duane Williams	West Operations	314-288-7714	Dwilliams@mtm-inc.net
VP, Information Technology & CISO	Patrick Higgins	VP and CISO covering Information Security and Network systems.	858-602-9310	PHiggins@mtm-inc.net
Sr. Director, Corporate Compliance (Chief Compliance Officer, HIPAA Privacy & Security Officer)	Tammy Wright	Periodically review adequacy and appropriateness of plan. Coordinate changes and communicate impact to departments. Keep updated with departmental changes. Corporate Compliance. HIPAA Coverage.	636-695-5525	twright@mtm-inc.net

Title	Name	Responsibility	Phone	Email
Supervisor, Office	Sheri Corcoran	Facilitate Facility Safety Procedures	314-623-3567	scorcoran@mtm-inc.net

Access to Plan in Case of Emergency

MTM maintains this document within the Policy & Procedure OnSpring Library, named "Business Continuity and Disaster Recovery Plan." The current version is always available on MTM'S Corporate OnSpring site and any revisions will be communicated to the appropriate departments, locations, and individuals involved with required BCDRP planning strategies.

Additionally, copies of the current BCDRP and other BCDRP related documents are maintained on a secure FTP site dedicated to BCDRP processes. The BCDRP Coordinator as well as key personnel listed above have access to the established FTP.

Periodic Review and Testing of the Plan

In addition to the annual review, MTM performs periodic testing as part of the operational maintenance of systems, tools, and processes, including any operational procedures and processes described in this BCDRP. This testing allows MTM to continuously review and update the BCDRP and update clients upon request, other than the annual update.

The table is a sample which lists the schedule and activities of periodic testing and maintenance testing.

Timeline	System Tested	Activities Performed
Annual and Periodic	AWS Blue/Green Pipeline deployment	Multi AZ Failure test
	AWS EC2 Backup/Restore	Backup, AMI creation, restore
	CIFS File services	File/folder restore completed
	Mail Retrieval from Zix Vault	Retrieve mail, and download
	MS SQL Services	SQL DBs manually restored
	MTM Link	High availability system tested with user application testing on AWS
	Five9	Failover testing to alternate data center
	Site Generators	A weekly generator power on/run test is performed

Review Process

Apart from the updates made based on areas of opportunity from a real disaster scenario and operational maintenance, periodic testing results, findings, and recommendations undergo a review by the Corporate Compliance Department and are approved by the Executives identified earlier in the BCDRP. Any actions or remedies required are planned and addressed, and the BCDRP is updated and published accordingly.

The BCDRP Coordinator is responsible for maintaining the most current electronic BCDRP. The BCDRP Coordinator, along with the Corporate Compliance Department, is responsible for documenting, reviewing, and approving the most current electronic version of the BCDRP. Management staff are responsible for developing and maintaining operational policies and procedures that impact on the BCDRP for their functional areas. On at least an annual basis, departmental policies and procedures related to the BCDRP are reviewed and revised as necessary, and all policies are approved in compliance with MTM's policy review and approval process. The BCDRP Coordinator is responsible for advising Management staff and their teams regarding the updated BCDRP.

4. Contingency Planning

Disaster Recovery Summary Overview

In the event of any disaster, MTM's executive team, in conjunction with Operations and Technology, reviews the potential impact to determine course of action. They evaluate impact based on the size and scope, considering impacted systems, impact to member, or impact to drivers. Initial communication of the event will occur to all impacted clients. Additional communication with clients will occur as action plans are developed or if redundancy fails.

MTM's phone systems are designed with redundant structure concepts in mind to reduce risks and improve resiliency for our most critical systems and increase the likelihood they remain up with minimal or no impact in the event of a disaster. This specifically includes, but is not limited to, our telephony system / network, as well as trip intake and management system. Five 9 maintains a fully active redundant backup system that will route calls to CCR's in unaffected locations including work from home CCR's. Calls may be routed to any available trained Customer Care Representative (CCR) via the Call Center Platform. Additionally, MTM will attempt to maintain Self Service capabilities (scheduling via the app, facility portal, member and medical facility facing methods of scheduling transportation) to ensure MTM can continue to operate with any site down. Self Service capabilities are not dependent on any site due to our redundant systems and call routing strategy.

For the MTM HITRUST certified systems, the architecture includes redundancy and failover at a cloud region considered to help minimize risks. For geographical failure, all resources would be re-deployed to a new cloud region to reduce the impact an outage might have on systems . Current backups would be restored to build replacement systems and Domaine Name System (DNS) entries re-directed to the new cloud region.

MTM Link features a variety of high availability features such as regular backups, multiple instances, and rapid restoration capabilities. In the event of failure at primary server, MTM may transition to backup server within four hours of failure. During that time trip information is captured electronically or on paper, if necessary, until MTM Link is restored.

Business Disruption Plan

The Business Disruption Plan outlines MTM's process in the event of an inclement weather situation, in compliance with MTM's corporate policy (Ops_CC_106_ Inclement Weather and Traffic Situations), and to ensure safety is always the first consideration when determining whether MTM should perform services during times of inclement weather or natural disaster. To ensure appropriate protocols, procedures and approvals are completed in alignment with state agencies and our clients.

A copy of the Business Disruption Plan is available via Onspring and a copy has been saved to the DRBC FTP for access during an outage or natural disaster limiting MTM's connectivity or access to the online published version.

Initiation of Disaster Management Process

The COOs, CTO, CPO, and CEO will jointly assess each disaster scenario, initiate the appropriate plan of action, and manage the disaster until normal service resumes. The CMO and VP of Operations, Regional Vice Presidents, or delegates, will report the outage to all impacted clients. Each client will be informed of the nature of the disaster, the impact on operations, the plan to manage operations, and the anticipated timeline to resolve the issue and restore normal operations.

The COOs, or delegates, will contact the head of each operational department to ensure all departments immediately initiate the plan of action described in this document.

Activation of Disaster Recovery

- Any disaster scenario will be escalated to MTM's Workforce Management (WFM) Command Center: This may include, but not limited to, site down, network down, system down, pandemic, or any other natural disaster.
- WFM will immediately notify IT leadership of potential disaster impact to begin evaluation of impacted systems and restoration if possible.
- WFM will identify and measure potential impact on operations.
- If a disaster scenario impacts clients or members, MTM will notify the client of initial impact and provide subsequent communication with action response as soon as possible.
- If a disaster impacts our ability to maintain normal business and restoration does not or cannot occur within 30 minutes of initial impact, WFM will initiate a Disaster Recovery for the Executive team, Operations team, and IT team.

- The Executive team, in coordination with Operations and IT, will evaluate the size and scope of the disaster impact. An action plan will follow the guidelines outlined in this document. Follow up communication regarding impact and action plan will be provided to clients directly following activation of disaster recovery process.
    - Impact will be evaluated based on MTM's ability to receive incoming calls from members/drivers/facilities, MTM's ability to track and assign transportation appointments, or MTM's ability to provide transportation to members.

Critical Risks/Threats, Priority, Impact, and Mitigation Plan

MTM reviewed various business scenarios against potential risks and threats to identify and prioritize the following four scenarios as critical risks/threats, with business impact and summary actions to mitigate the risk/threat. This process is reviewed using the Business Impact Analysis mentioned previously, section *2. Business Impact Analysis (BIA)*. Our teams would implement these scenarios during situations including, but not limited to, cyber threats, system failures, natural disasters, pandemics, national health emergencies or crisis situations, and/or extreme weather.

Priority 1: Telephone voice and fax services impacted at corporate and/or regional call center locations

Business Impact

Inbound/outbound calls dropped; staff and agents are unable to receive inbound calls or make outbound calls at corporate and/or remote sites.

Critical Business Functions

Contact Centers
Quality Operations
Client Communications
Eligibility
Transportation Provider Communications
Encounters
Reporting

Mitigation Actions

MTM always has a primary and secondary Five9 server in production to continue routing calls to available CCRs, in the event one server fails. MTM routes all failover calls to CCRs in a different physical location(s) that are unaffected by the outage.

Operations and Technology will maintain an open work order with the telecommunications provider until the issue is resolved completely and services have been restored.

The VP of Operations or their delegate will notify clients of system failures and provide appropriate phone numbers for emergencies. Logistics Vendor Account Managers will notify transportation providers of the outage and provide necessary instruction for contacting MTM throughout the duration of the outage.

Priority 2: Loss of Internet connectivity

Business Impact

Loss of data connectivity; all internet-based functions at site impacted.

Critical Business Functions

Contact Centers
Quality Operations
Client Communications
Transportation Provider Communication

Mitigation Actions

Corporate Loses Internet Connectivity

- IT Security will call our telecommunications provider.
- Network traffic will automatically reroute to a secondary internet circuit, where the site features internet redundancy.
- If impacted internet services affect inbound toll-free numbers, then inbound toll-free numbers and outbound calls will be rerouted by the Technical Services Telephony Team to designated backup location phone lines and/or cell phones.

Remote Site Loses Internet Connectivity

- IT Security will call our telecommunications provider.
- The Five9 agent desktop routes calls to backup agents in other locations that are unaffected by internet connectivity.
- CCRs taking incoming calls that are secondary and tertiary to their geographical location are held to the same client standards as a primary call and can manage calls seamlessly.

Priority 3: MTM Link Outage

Business Impact

Manual trip requests, provider contact for return trips, no confirmation of member eligibility, Complaint/incident/accident processing documented on paper, operating, member, and provider payments may be delayed.

Critical Business Functions

Contact Centers
Quality Operations
Eligibility
Transportation Provider Communication
Reporting

Mitigation Actions

The IT team immediately investigates the reason for the outage and reports to the Executive team when the NET Management System will be restored. The VP of Operations or delegate will report the outage to all impacted clients.

Trip Intake, New Trips: MTM's operational departments will transition to manual operations, including but not limited to documenting trip intake on the MTM Electronic Trip Form document downloaded from internal intranet site to the desktop of the CCR computer. Trip requests recorded using the Electronic Trip Form are entered into the NET Management System immediately once the system is back online by designated teams of CCR's assigned by Work Force Management where bandwidth is available.

Trips in progress: Trips previously scheduled, prior to the outage, will continue as normal. MTM will support members or transportation providers, as needed. Adjustments or changes will be verbally communicated to Transportation Providers while systems are down.

IT will diagnose, assess, and determine the prognosis of the NET Management System and begin recovery procedures.

Priority 4: Power outage at corporate and/or regional sites

Business Impact

Calls rerouted from impacted site to those with power. As mentioned previously in Priority 1 & 2, the process of fail over process for calls remains the same.

Critical Business Functions

Contact Centers

Reporting

Mitigation Actions

MTM will reroute calls from the affected site to our WFH CCR's in the event of a power outage as these individuals will not be impacted. MTM's call center is largely supported by work from home employees, allowing for more redundancy to our overall operations and call center functionality.

Additionally, MTM's corporate office is equipped with a facility generator which provides alerts utilizing an M2M cellular remote monitoring and control device provided by OmniMetrix.

Weekly power tests are performed and scheduled every Monday. Weekly results are sent via email to MTM's procurement team for review and retention. These weekly reports include a summary of all generator actions (on/off tests) and are provided to IT for review and logging upon request. OmniMetrix generators also complete annual test loads.

Generators are supported and maintained by CK Power, and MTM maintains a biannual maintenance service plan for each generator. Each generator is located outside the facility in a locked metal encasement enclosure.

Generator Specifications:

Stationary Generator | 130kW | Gaseous | 9.0L

Base Model #: SGMG130_ | Variant #: SG130

FUEL CONSUMPTION RATES*

Natural Gas – ft³/hr (m³/hr)

Percent Load	Standby
25%	378 (10.7)
50%	791.2 (22.4)
75%	1,144.5 (32.4)
100%	1,496.0 (42.4)

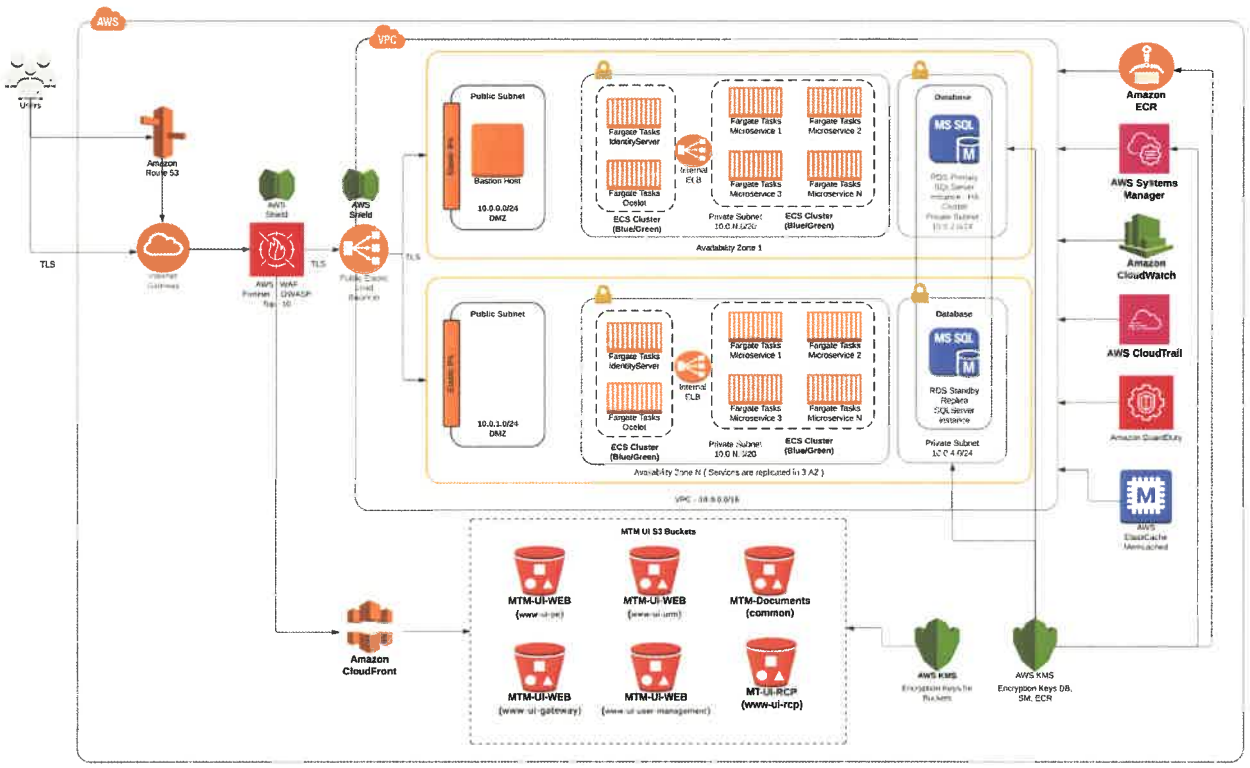
Generator support will be available as long as fuel is added, and systems are maintained during operation.

Disaster Results in Corporate or Remote Site Unavailability

MTM has Operation Centers located across the nation as well as a network of work from home (WFH) staff. MTM's Operation Center capabilities are fully redundant and not reliant on any single office. MTM has moved to a regionalized approach which supports continued performance of operational processes. A process performed in the corporate office can be performed from a remote location, such as WFH and/or by staff relocation to another existing site.

MTM manages all contact center data with Amazon Web Services (AWS). Three availability zones set up within AWS support failover/transfer to other availability zones as a best architecture practice. MTM uses a high availability cluster spread across two availability zones and in the event of failure the secondary zone will take over in real time utilizing multi – subnet failovers without any data loss. In the event of a complete system cluster failure (Disaster Recovery Scenario) MTM can restore snapshots, and transition logs up to point in time within 60 minutes of data loss.

MTM Serverless Microservices Architecture



Customer Interaction Impact

In the event of any potential disaster impact, the Workforce Management (WFM) department is responsible for re-routing customer interactions to any CCR with ability to interact with members and can be located at many geographical locations throughout the US along with any interactions at any physical MTM's existing sites. Through Five9 this process is instantaneous and is automatic. In the event of loss at either a regional office or the corporate Operation Center, WFM will coordinate with the Executive team and Operation Center management to reroute interactions as required. WFM team monitors all interactions real time and can dynamically route calls through any of MTM's Operation Centers or any geographical location affected by outage or coverage loss.

Loss of Single Facility/Multiple Sites

- MTM uses a WFH model with agents established across the nation.
- WFM monitors service levels and call volume in real time and can instantly modify call routing paths across all sites to minimize service impact until the center is restored.
    - WFM will update call paths as necessary through phone system administration.
    - WFM will add necessary skills to agents at other sites if needed.
- Health Plan Protocol handling guides are available to all CCRs; CCRs may use the guides to properly manage rerouted calls according to client protocols and standards. As mentioned previously, MTM trains all CCRs to take calls from multiple contracts to facilitate seamless rerouting.

5. Critical Business Functions

Contact Centers

- **Impact:** Schedule member trips, return trips (Where's My Ride), and urgent trips/life sustaining trips (under three-day notice/same day and next day); make changes to scheduled trips; and determine transportation provider capacity. The impact is also dependent on each client's contract.
- **Dependencies:** Toll-free telephone lines, Microsoft Teams telephony services, MTM Link and Reveal services intake system, internet services, and Five9.
- **Systems/Tools/Processes:** WFM initiates communication process with an email template that details the outage and CCRs are given a script with the details and steps for backup process, Five9, and phone trunks.
- **Resource Dependencies:** Phone carriers, intake systems, internet services availability.
- **Maximum Allowable Downtime:** Every client has a primary and secondary call routing scheme. Utilization of both in center CCRs as well as WFH CCRs used to nullify down time. However, no more than two hours of down time is allowed.
- **Recovery Time Objective:** < 2 hours
- **Recovery Point Objective:** 1 day
- **Resources Needed to Recover:** WFM, IT, CC Local Management, Client Services, Executive team, CC Staff, Corporate Directory File Server, PC, telephone, etc.

Actions to be Taken in the Event of Impact

Trip Requests

CCRs will take all incoming calls during a system outage and manually schedule trips on an Electronic Trip Form (ETF) with details of the trip. Trips prioritized as urgent trips, life sustaining trips, same day, or next day trips are scheduled immediately. The CCR will reference the county-by-county transportation provider listing located in the Corporate Shared Directory at time of system outage. For same-day trips, the CCR contacts a transportation provider, confirms their availability, and provides all trip information verbally to the transportation provider and member. Next day or future scheduled trips go to Dispatch to set once information from the Electronic Trip Forms has been uploaded upon system recovery.

If MTM's trip intake system is impacted, a "point in time" report will be extracted from MTM's database to allow some visibility into same and next day trips. This would be a manual pull facilitated by MTM's reporting/data teams and distributed to call center personnel as needed. A copy will be saved to the BCDRP FTP allowing BCDRP personnel to access and distribute as needed.

Where's My Ride Calls and Return Trips

If a member is calling to check on their ride or ask for a return ride, the CCR may need to ask the member for the name of their transportation provider, once confirmed the CCR will contact the transportation provider to confirm the return trip.

In the event the member is unable to confirm the transportation provider's name or the CCR is unable to systematically confirm the transportation provider, MTM will initiate another means of transportation for the member. Contacting transportation providers using the county-by-county list, scheduling with Uber/Lyft or an Independent Driver Provider (IDP).

Non-Urgent Trips

If the trip is non-urgent (a minimum of two to three days out or more), CCR takes the trip request using an Electronic Trip Form. Once the system is back up the WFM assigns CCRs to enter information from the Electronic Trip Forms into the system for scheduling by Dispatch. If a member requests more than one trip or a multi-leg trip, the CCR must document each trip separately.

Eligibility Issues

During an outage, we will not be able to see a member's eligibility status. CCR should collect HIPAA information to verify member eligibility later and trip intake should be done without question for all plans.

Changes to Trips

If a trip was set prior to the system outage and the member is calling to make a change or cancellation to the trip scheduled for same day/next day appointments, the CCR contacts the transportation provider and communicates the revised trip information. The CCR uses the electronic trip form to record the trip changes/cancellation. The CCR calls the transportation provider and provides them with the changes or cancellation to the trip verbally.

Entering Trips Post Outage

Following an outage, WFM will schedule available CCRs to enter all manually set trips from Electronic Trip Forms saved to the corporate shared directory during the outage. Normal trip verification and authorization steps commence after normal operations are restored.

Quality Operations

- **Impact:** Ability to document complaints, incidents, and accidents from inbound calls on the We Care Line, receive by email, investigate complaints, and respond to client within timeline required by contract.
- **Dependencies:** MLPS, toll-free telephone lines, telephone server, and NET Management System.
- **Systems/Tools/Processes:** Quality Management System (QMS)
- **Resource Dependencies:** CenturyLink, Five9, Verint, etc.
- **Maximum Allowable Downtime:** 1 day
- **Recovery Time Objective:** < 1 day
- **Recovery Point Objective:** 1 day
- **Resources Needed to Recover:** IT and Reporting, Corporate Directory File Server, PC, telephone, etc.

Actions to be Taken in the Event of Impact

Quality, Operations, and WeCare (if delegated) takes complaints, incidents, and accidents over the phone and documented via the Complaint Forms, dependent on the system outage. These are then transferred to the Quality Management System (QMS) once service is restored. Complaints, incidents, and accidents are documented and resolved to the extent possible without the information in the NET Management System. Compliance with turnaround times (TATs) is still required. If QMS outage is delayed for several days, teams must manually document resolutions within the forms.

Client Communications

- **Impact:** Program Directors and Client Executives for state and MCO clients; Marketing for website updates for members; Logistics for transportation providers; and IT for phone messaging for members.
- **Dependencies:** Email, internet access, web updates (third party), and outgoing phone messages (IVR messaging).
- **Systems/Tools/Processes:** WordPress and email.
- **Resource Dependencies:** Bluehost, Five9, Salesforce, Office 365 Exchange email.
- **Maximum Allowable Downtime:** five business days.
- **Recovery Time Objectives:** < 5 business days.
- **Recovery Point Objective:** 1 day
- **Resources Needed to Recover:** Marketing, IT, and Program Director.

Actions to be Taken in the Event of Impact

The CMO and COO, or delegates, will communicate with the respective clients all downtime details with information of next steps and estimate recovery times.
A list of recovery time requirements and outage notification expectations, by client, is maintained by Corporate Compliance and saved to the DRBC FTP site. This list is updated quarterly to ensure a current copy is available during any DRBC event.

Eligibility

- **Impact:** Electronic member population update (eligibility update).
- **Dependencies:** NET Management System, SFTP sites, EDI systems, AWS, and internet access.
- **Systems/Tools/Processes:** MTM/Link, Reveal, MS SQL Server, Boomi
- **Resource Dependencies:** AWS, Maytech, and CenturyLink.
- **Maximum Allowable Downtime:** 1 day
- **Recovery Time Objective:** < 1 day
- **Recovery Point Objective:** 1 day
- **Resources Needed to Recover:** IT and Client Services.

Actions to be Taken in the Event of Impact

During an outage trip intake will follow the manual process outlined above, member eligibility, if impacted, will not deter MTM from scheduling transportation or taking trip details from the member. Post outage, the trip details taken offline will be entered into the system, at that time member eligibility will be confirmed and if needed follow up communication will go out to the members.

Once systems are restored, MTM's eligibility import will reinitiate itself. Once the import job is reinitiated and MTM's system will update to reflect all current eligibility files, including any changes that would have been made during the time of the outage. If needed, MTM's EDI team will communicate to clients to have eligibility files resent to make sure any changes during the outage are captured during the restoration period.

Transportation Provider Communications

- **Impact**: Ability to exchange trip information with transportation providers to ensure continuity of transportation support for members.
- **Dependencies**: Phone systems, provider portals and driver apps.
- **Systems/Tools/Processes**: Transportation providers receive trip information and provide trip information via on-line systems. Therefore, if systems are down communication may occur in real time. Transportation providers can reach out to their regional/state TP Manager/Vender Account Manager (VAM).
- **Resource Dependencies:** MTM/Link, Reveal, API Connectors (if applicable), email, powerBI
- **Maximum Allowable Downtime**: < 1 day
- **Recovery Time Objective**: < 1 day
- **Recovery Point Objective:** 1 day
- **Resources Needed to Recover:** IT, WFM, Logistics, and Dispatch, Corporate Directory File Server, PC, telephone, etc.

Actions to be Taken in the Event of Impact

In the event of an outage, Logistics managers are responsible for engaging with Transportation Providers and communicating throughout the impact event and duration of the outage. MTM will initiate the pulling of a "point in time" report from PowerBI allowing MTM insight into same and next day trips and the assigned provider. If a provider is unable to access their assigned trips, MTM will provide an "offline" copy of the providers trips via email, using the report mentioned above. All Transportation Provider communication and support during an outage is manually completed by MTM's logistics team via phone and email (if available).

Impact on providers vary by type:

1. Least impact – Providers with API connectors, these providers have insight into trips assigned as much as 14 days out.
2. Greatest impact – Providers without API connectors and IDPs, these provider types typically only have visibility into one- or two-days' worth of trips, depending on their individual batching/routing processes within their offices. These providers will depend on MTM to feed or communicate next day trips manually.

All providers will be impacted by any changes or trip adjustments, please refer to the call intake section above that includes MTM's process for accommodating trip changes.

Backup systems include MTM email and manual outreaches via local Vendor Account Manager (Logistics).

After the NET Management System is up and running, manual notations are immediately entered into the NET Management System. Dispatch will follow up with the provider to communicate the outcome of requests or gather additional information if needed and contact the member if required.

Finance

- **Impact:** Operations, member, and transportation provider payments, including claims processing.
- **Dependencies**: MTMLink, Workday, internal reporting (SQL/SSRS), JPMorgan Access website (GMR payments and in-house check prints only), JPMorgan/Wells Fargo host to host (integration from Workday to bank), MTMSTLSQLPRD3 SQL Server (integration database for claims to Workday), MTMSTLSSISPRD2 SSIS Server (runs the claims integration processes), MASs API (connectivity to Workday), MTM SFTP (files for Workday to Claims and data validation), and internet access.
- **Systems/Tools/Processes:** Webprod01, MTMLink, Online Access, Workday and JPMorgan/Wells Fargo banking tokens. Commerce Bank.
- **Resource Dependencies:** AWS, Workday, JPMorgan, and CenturyLink.
- **Maximum Allowable Downtime:** Operating payments and transportation payments may be delayed depending on the day of the week and time the facility becomes unavailable. However, no more than one day of downtime allowed.
- **Recovery Time Objective:** < 1 day.
- **Recovery Point Objective:** 1 day
- **Resources Needed to Recover:** IT, Logistics, Client Services, JPMorgan IT support services, Corporate Directory File Server, PC, telephone, etc.

Actions to be Taken in the Event of Impact

Claims Management

As soon as management is notified that the building or NET Management System is not available, Claims staff will be notified via the call tree contact list. Claims staff will work from any computer with internet access, specifically from home. Accessing the claims application for transportation provider signatures does not require VPN connection, nor access to MTM e-mail. All other claim's function including gas mileage reimbursement (GMR), ambulance claims processing, meals and lodging and VEYO Ride claims are processed in MTM Link/Online Access

and require VPN access. Most claims staff work from home on a permanent basis using thin clients and access network drives through Citrix access. MTM Link/Online Access can be accessed via web portal.

Working from an offsite computer, the Claims team can maintain their deadlines and workload, which include:

- Claim verifications (signatures)
- Appeals
- Escalated appeals

The Claims team works out an inventory of claims as they are received and prioritizes claims based upon contractual payment terms. In the event of impact, processing of claims would be reprioritized based upon payment terms.

Payment Processing

Workday is a cloud-based system that supports MTM's financial function and only requires internet access. Accounting team does not require VPN connection nor access to MTM e-mail to access Workday and process payments. As soon as Accounting is notified that the building or internet is not available, Accounting will work from any computer with internet access, specifically from home:

- **Payments:** Operating payments and transportation payments may be delayed depending on the day of the week and time the facility becomes unavailable.
    - Accounting begins processing payments to transportation providers daily depending on the payment schedule. If a disruption were to occur on one of those days, it is possible that payments would be delayed by one day. MTM outsources check printing to our banking partner JP Morgan, in the event of an interruption, checks would be mailed a day later.
    - In the event of a delay, communication would be made to Logistics as well as Account Management/Client Services.
    - Logistics would communicate any payment delays to our transportation providers with Account Management/Client Services communicating the delay to our clients.

Encounters

- **Impact:** Electronic reporting of member utilization.
- **Dependencies:** NET Management System, SFTP sites, EDI systems, AWS, and internet access.
- **Systems/Tools/Processes:** MTM Link, Reveal, MS SQL Server, Boomi, Salesforce.
- **Resource Dependencies:** Berlin Wheeler, Maytech, and CenturyLink.
- **Maximum Allowable Downtime:** 3 days.
- **Recovery Time Objective:** < 3 days.
- **Recovery Point Objective:** 1 day.
- **Resources Needed to Recover:** IT and Account Management/Client Services.

Actions to be Taken in the Event of Impact

Manually run reports against production databases; restore servers and databases from backups if needed; redirect processes to restored servers and databases. Communicate with clients if any changes are needed on their end to redirect processes to restored servers or systems.

Reporting

- **Impact:** Monthly reporting required by client contracts.
- **Dependencies:** MTM Link, Reveal, Five9, MTM Unified Platform, Salesforce, Workday, Verint, AWS, and internet access.
- **Systems/Tools/Processes:** SSRS, PowerBI, MS SQL Server, Data Warehouse, Data Lakehouse.
- **Resource Dependencies:** Berlin Wheeler, AireSpring, Microsoft, and Maytech.
- **Maximum Allowable Downtime:** 1 day
- **Recovery Time Objective:** < 1 day
- **Recovery Point Objective:** 1 day
- **Resources Needed to Recover:** IT

Actions to be Taken in the Event of Impact

During an outage, any standard daily, weekly, monthly reporting is placed on hold. If needed MTM can initiate a "point in time" report based on back up data available from the last most recent back up time (6am the previous day). MTM's Program Directors and Account Executives will be in contact with impacted clients, communicating impact to report delivery and working with clients to ensure MTM accommodates any changes to report delivery post outage and once systems are restored.

6. Physical Security and Access Control

Security Overview

MTM has dedicated teams that oversee both physical and enterprise security assurance managing the security of facilities and information data assets. This includes following a written security plan, policy, and procedures that implement industry-best practices based on a combination of using NIST, ISO, and ISO/IEC 27001/27002 guidelines.

Threat and risk management services include recurring security assessments. These services include web applications, network vulnerability, penetration testing, and email phishing assessments. MTM provides security awareness training during new hire orientations and throughout the year through our P&C, Training, and Security teams.

Policies and procedures govern our security program which we review as part of our certification under the HITRUST CSF program. All systems continue to be governed by corporate policies, procedures, and security controls in the face of adverse conditions.

Security Protocols

MTM always demands the use of secure connections to all required hosts for business. MTM will use and follow industry's best practices as set forth and provided by the National Institute of Standards and Technology (NIST). MTM will deploy and implement secure solutions that include Web Portals/Services; digital certificates installed and trusted by a certificate authority (CA); email communications deployed offering MFA and secure (encrypted) communication and transactions with a TLS (Transport Layer Security) connection. File transfer services include SFTP (Secure File Transfer Protocol) (File Transfer Protocol with TLS) solutions that meet FIPS 140-2 L1 validated compliance. Virtual Private Networks (VPN) solutions will also include TLS security. MTM's workforce VPN authentication process is backed by a Multifactor authentication process which requires an additional form of authentication in addition to a standard username and password combination.

MTM provides multiple layers of securing our infrastructure. Physical security protocols are in place for each physical location, with all equipment and terminals in use. MTM provides a safe and secure place of employment at all principal and backup office locations for both employees and data storage as all data is stored on the cloud. These office location services include video surveillance, intrusion detection, access control, and burglar/fire monitoring services. These services provide 24-hour protection at all office/geographical locations. Infrastructure systems

are logged, monitored, and indexed for user activity and processes for both reporting and security incident prevention.

Emergency Evacuation Procedures for MTM Sites

Employee Accountability

Each MTM site supervisor is responsible for accounting for all assigned employees following an emergency evacuation. Each location must have a designated Emergency Response Coordinator to lead emergency evacuations according to the procedures established on their site evacuation plans, which encompass the following:

1. Reassembly locations have been established for all evacuation/shelter routes and procedures for all MTM locations. These locations are designated on each posted work area evacuation/shelter route map.
2. All work area supervisors and employees must report to their designated reassembly locations immediately after an evacuation or move to a sheltered location.
3. Each employee is responsible for reporting to his or her supervisor so the supervisor can make an accurate head count. Supervisors will check off the names of all those reporting and will report those not checked off as missing to the assigned Emergency Response Coordinator.
4. The Emergency Response Coordinator will have a designated backup person for covering that lead evacuation position when the primary person is not available.
5. The Emergency Response Coordinator will determine the method to locate missing personnel.

Practice fire drills are conducted twice a year to ensure the site evacuation procedures are followed. When new requirements are identified, any existing emergency procedures (e.g., evacuation plans or fallback arrangements) are amended as appropriate.

Assistance to Emergency Responders

It may be necessary to assist emergency responders in entering and searching facilities with physical locations in the event of a disaster. All employees assigned to perform such duties have been equipped with generalized training and will be guided by professional emergency responders to follow all safety protocols as it relates to the disaster, instruction from professionals, and immediate threat of personnel.

All personnel performing emergency rescue and medical duties will be provided with a company official escort and our company contact information.

Video Surveillance

Most locations are equipped with a video surveillance system, including at minimum an eight-channel high definition (HD) digital video recorder system capable of providing 24-hour motion recording services. Facility Control Systems fulfil our video surveillance and access control needs. Video surveillance includes all entry and exit doors as well as the call center operations. Any local data center room at each office also includes video surveillance.

In the event of system malfunctions, Facility Control Systems may be called in for an immediate service call and most camera system failures are not considered a business-critical function unless they pertain to recording a call center operations area. All video security systems are managed by Facility Control Systems. Video retention is stored for up to 30 days of facility operations before previous recorded video is overwritten.

Intrusion Detection

Most locations have an alarm system to help protect against unauthorized entry with 24-hour protection. Our system includes silent alarm services that can be activated by location management staff to notify the police of immediate problems.

Access Control

Most locations require card access readers (badges) for all location entry doors. All offsite data center rooms are also equipped with card access control. Card access activity is logged for each event triggered and all history archived and saved weekly.

In the event of system malfunctions, Facility Control Systems may be called in for an immediate service call. Most door failures are not considered a business-critical function unless it pertains to outside facility access directly into our call center operations area. All card access security systems are managed by MTM and are located behind a secure door on premises. User access logs are archived weekly for retention and stored indefinitely.

Fire Monitoring

Where applicable, we provide fire alert services. Each location is equipped with Underwriters Laboratories (UL) approved equipment including smoke detectors. The corporate data center room is equipped with an HFC-125 Clean Agent fire suppression system.

All servers that host data will include system event and incident management (SIEM) services. MTM applies industry best practices to safeguard data. This includes a centralized data store in our data center, management of logs and events, and tracking all user activity.

MTM also provides a standardized patch management process to keep systems properly patched. Our quarterly and annual security risk assessments identify gaps and provide analysis of security trends. MTM has a corporate policy to remediate all critical vulnerabilities within 30 days of the security team's vulnerability assessments.

Remote Access Services: Multi-Factor VPN Authentication

MTM requires all users accessing network resources to use Multi-Factor Authentication with Remote access VPN that includes advanced endpoint security to protect users from account takeovers and data breaches. Users are protected from man-in-the-middle attacks during login session and from stealing password and data.

MTM requires all users to register a mobile device, email address, or phone number with our system during the enrollment process. This device must be present during the authentication process (typically a smartphone or a personal computer). Multi-Factor Authentication Security does not use shared secrets to generate token numbers, which stop attacks and theft of usernames and passwords. This solution is implemented for access through services hosted by multi-factor services providers.

Perimeter Security

MTM uses several product lines to support perimeter security. The three most predominant products include three: (1) Palo Alto Networks Firewalls used in both office and cloud scenarios (2) Web Application firewalls used in cloud scenarios, and (3) Sophos used on all MTM laptop and server devices.

Password Security and Management

At MTM we understand the importance of implementing and auditing against users, admins, and service accounts for password security best practices. Password security and management are the front line of protection for all user and system accounts. We enforce password best practices for all users and applications, including those outlined below.

Administrator, System-Level, and Service Account Passwords

Critical passwords to support infrastructure services and applications are in most cases known by more than one administrator. Because of this requirement, system-level and service account passwords require greater controls:

- System-level and service account passwords are always changed from default manufacturer passwords.
- Where system network management protocol (SNMP) is used, the community strings will be disabled or changed from manufacturer default settings of public, private, and system.
- System-level and service account passwords will never be used in any electronic form of communications.
- All system-level, service accounts, and administrator passwords will also include the minimum requirements of user passwords.

User Passwords

This is the default policy MTM uses for most accounts and application profiles; some rare exceptions may exist.

- Passwords must be at minimum eight characters in length.
- Passwords changed every 90 days (exceptions exist for system-level critical application passwords).
- Passwords history length set to six passwords.
- Passwords account lockout set to five attempts.
- Passwords account lockout period is set to five minutes.
- Password complexity enabled (three out of five categories must be used):
    - Uppercase characters of European languages (A through Z).
    - Lowercase characters of European languages (a through z).
    - Base 10 digits (0 through 9).
    - Non-alphanumeric characters (~ ! @ # $ % ^ & * _ - + = ` | \ ( ) { } [ ] : ; " ' < > , . ? /).
    - Any Unicode character that is categorized as an alphabetic character but is not upper or lowercase.
- Username and passwords should never be sent in electronic communications together.
- Encrypted emails from staff for sensitive information require the use of identifiers on the subject line: '#reg#' or '#encrypt#.'
- Passwords are not to be shared, no exceptions.

Password Management

MTM requires staff to use KeePass for storing shared passwords at both the user and administrator levels. Critical components of this product and use include:

- Passwords should never be written down and left unsecure (i.e., stored on paper, left under keyboards, sticky notes).
- KeePass supports Advanced Encryption Standard (AES, Rijndael) and the twofish algorithm to encrypt its password databases. KeePass by default encrypts the whole KeePass database, not just password fields (i.e., usernames, passwords, notes).
- KeePass uses SHA-256, a 256-bit cryptographically secure one-way hash. The master password set to login to a KeePass database is hashed using this algorithm and its output is used as key for the encryption algorithms.
- KeePass is protected In-Memory Streams and from key-loggers.
- Password databases are required to be stored in a secured MTM network folder.

Health Insurance Portability and Accountability Act of 1996 (HIPAA)/ Health Information Technology for Economic and Clinical Health(HITECH) and Data Breach Notification Laws

Legal, Corporate Compliance, and Enterprise Security teams manage and enforce security incidents and investigations. Policy, procedures, and plans are in place to provide incident management and procedures for violations and data breaches investigations. MTM requires all suppliers and vendors per the Business Associate Agreement (BAA) to immediately report any data breaches.

Investigations may include People & Culture (P&C) and Legal for documentation and oversight. The Corporate Compliance and Enterprise Security teams perform assessment services and mitigation. All incidents would be logged and stored according to the MTM Record Retention Policy.

MTM has established company policies and procedures for:

- General Counsel Oversight-Compliance (Legal_Contract_105)
- Breach Notification of Unsecured PHI, HIPAA, HITECH (P&C_Compliance_118)
- Regulatory Compliance Policy (Legal_ Contract 103)

In the event of a potential breach of HIPAA/PHI, MTM has established policies and procedures to ensure appropriate handling and reporting notifications to clients, in accordance with contract requirement. MTM supports and follows all regulations for breach notifications as stated on HHS' website: http://www.hhs.gov/hipaa/for-professionals/breach-notification/breach-reporting/index.html.

HIPAA Business Associates

MTM enforces strict HIPAA regulations as a Business Associate to our clients. As part of federal regulations, MTM requires all vendors and suppliers that perform certain functions or activities that involve the use or disclosure of PHI on behalf of, or provides services to a Business Associate or covered entity to execute a Business Associate Agreement (BAA).

Business Associate functions that pertain to most vendors or suppliers include, but are not limited to, claims processing or administration; data analysis, processing, or administration; utilization review; quality assurance; billing; benefit management; practice management; and re-pricing. Business Associate services are legal; actuarial; accounting; consulting; data aggregation; management; administrative; accreditation; and financial. The HIPAA Business Associate is listed under federal law 45 CFR 160.103, defined at: https://www.gpo.gov/fdsys/pkg/CFR-2007-title45-vol1/pdf/CFR-2007-title45-vol1-sec160-103.pdf.

MTM's Legal and Security teams manage and audit BAAs that pertain to any vendor or supplier requiring access to member health data.

Cloud

According to the National Institute for Standards and Technology (NIST) Special Publication 800-145, MTM applies the definition of cloud computing to application and data storage. Under this definition, MTM uses the services of several different cloud service providers for different applications and data storage uses.

The NIST Definition of Cloud Computing

Cloud computing is a model for enabling ubiquitous, convenient, on-demand network access to a shared pool of configurable computing resources (e.g., networks, servers, storage, applications, and services) that can be rapidly provisioned and released with minimal management effort or service provider interaction. This cloud model is composed of five essential characteristics, three service models, and four deployment models.

Essential Characteristics:

- **On-demand self-service.** A consumer can unilaterally provide computing capabilities, such as server time and network storage, as needed automatically without requiring human interaction with each service provider.
- **Broad network access.** Capabilities are available over the network and accessed through standard mechanisms that promote use by heterogeneous thin or thick client platforms (e.g., mobile phones, tablets, laptops, and workstations).
- **Resource pooling.** The provider's computing resources are pooled to serve multiple consumers using a multi-tenant model, with different physical and virtual resources dynamically assigned and reassigned according to consumer demand. There is a sense of location independence in that the customer has no control or knowledge over the exact location of the resources provided but may be able to specify location at a higher level of abstraction (e.g., country, state, or datacenter). Examples of resources include storage, processing, memory, and network bandwidth.
- **Rapid elasticity.** Capabilities can be elastically provisioned and released, in some cases automatically, to scale rapidly outward and inward commensurate with demand. To the consumer, the capabilities available for provisioning often appear to be unlimited and can be appropriated in any quantity at any time.
- **Measured service.** Cloud systems automatically control and optimize resource use by leveraging a metering capability1 at some level of abstraction appropriate to the type of service (e.g., storage, processing, bandwidth, and active user accounts). Resource usage can be monitored, controlled, and reported, providing transparency for both the provider and consumer of the service.

Deployment Models:

- **Private cloud.** The cloud infrastructure is provisioned for exclusive use by a single organization comprising multiple consumers (e.g., business units). It may be owned, managed, and operated by the organization, a third party, or some combination of them, and it may exist on or off premises.
- **Community cloud.** The cloud infrastructure is provisioned for exclusive use by a specific community of consumers from organizations that have shared concerns (e.g., mission, security requirements, policy, and compliance considerations). It may be owned, managed, and operated by one or more of the organizations in the community, a third party, or some combination of them, and it may exist on or off premises.
- **Public cloud.** The cloud infrastructure is provisioned for open use by the public. It may be owned, managed, and operated by a business, academic, or government organization, or some combination of them. It exists on the premises of the cloud provider.

- **Hybrid cloud.** The cloud infrastructure is a composition of two or more distinct cloud infrastructures (private, community, or public) that remain unique entities, but are bound together by standardized or proprietary technology that enables data and application portability (e.g., cloud bursting for load balancing between clouds).

Application Service Provider

MTM uses the services of an Application Service Provider (ASP) to host a computing environment and application wholly owned by the service provider. The ASP determines and maintains backup, recovery, continuity, asset management, and maintenance activities related to this environment.

On-Premises

MTM owns computing hardware and uses these assets to serve other critical business applications. The hardware is maintained in either MTM owned data centers in MTM office locations or in MTM leased space within co-location data centers. MTM owned data centers are managed by MTM staff for facility maintenance, access control, power, and cooling.

MTM partners with both data center based and cloud-computing platforms to deliver world-class business functions in highly secure data center operations.

7. System and Infrastructure Overview

MTM Link

MTM Link is built on AWS multi-Availability Zone (AZ) cloud architecture with 99.99% availability. MTM Link is deployed to three AWS AZ groups, so in a disaster scenario, if one zone fails it moves automatically to another zone. If a failure occurs on the primary system, it is repaired quickly if possible. If the system cannot be repaired quickly, new servers are quickly created, and a data restore of the most recent full/incremental backup is restored. MTM uses AWS CloudWatch, Ops Manager, and SolarWinds DPA to proactively monitor, diagnosis and alert technology staff regarding application and server performance.

Infrastructure Servers and Data Backup Procedures

The following are the general backup operational procedures managed and controlled by our Infrastructure Server Operations team. In the event we require additional assistance, we have a contact list of appropriate specialists at all locations. MTM ensures a current, retrievable copy of covered information is available before movement of servers.

General Backup Practices *(apply to MTM internal and external services)*

- Backup jobs may only be created, modified, or cancelled by members of the appointed IT teams. Security is provided through Active Directory integration of authorized user accounts into the account management infrastructure. All appointed IT team members have administrative permissions in the backup system.
- MTM relies on Cloud based services hosted by Amazon Web Services (AWS). Within AWS, MTM uses Veeam Appliances as centralized backup and restore of applications storing data in S3 alone or alongside other AWS services for database, storage, and compute. Veeam backup automatically organizes backups across different AWS services and third-party applications in one centralized, encrypted location known as a backup vault. In S3, MTM IT team appointees may create backups and restore application data stored in S3 and restore the backups to a point-in-time. Moreover, the AWS S3 services redundantly store objects on multiple devices across a minimum of three Availability Zones in an AWS Region. These services are designed to handle concurrent device failures by quickly detecting and repairing any lost redundancy, regularly verifying the integrity of data using checksums, and doing so with 99.99% availability.

- Also, as a complement to Veeam backup services, MTM developed high availability configurations for many of its client-facing services and which include services mirroring capabilities. In practice, this allows client-facing services to continue operations in the event of redundant service impact. This approach, also referred to as mirroring, has the desired effect of supplementing backup/recovery strategies by allowing for Recovery Point Objective (RPO)/Recovery Time Objective (RTO) to be quite short in many real-world cases.
- All backup jobs run nightly during approved MTM backup windows.
- Requests for changes or additions to backup jobs must be initiated as a change control form in the ticketing system and approved by the MTM Change Management Board, beforehand.
- MTM currently has a Veeam backup appliance in place at the Lake St Louis location and within AWS. This appliance is online and accessible but only used to retrieve historical data from backups performed prior to MTM's migration of its on-premises data center to AWS. These historical backups are stored in an AWS S-3 bucket.

Database Backup Practices (In conjunction with General Backup Practices)

- All Production SQL Server Databases are configured in high-availability mode in which primary is always replicating to secondary for real-time failover without any data loss.
- Database (SQL) servers have additional backups performed at the database level.
- Database log files are backed up at 15-minute intervals to local disk, and then to S3 nightly.
- Full database backups are performed nightly to S3.
- Databases which are hosted within AWS RDS are backed up using RDS Snapshots automatically and can be restored to point in time for past 35 days.
- Production databases are spread are two availability zones in case of zone failure, we can switch to secondary in near real-time.

Active Directory Backup Practices (addition to General Backup Practices)

- Active Directory scheme and objects are backed up nightly utilizing system state backups.
- Active Directory is replicated to multiple physical locations (greater than 10) to ensure resilience; this approach is the Active Directory equivalent of mirroring.

Email Backup Practices (addition to General Backup Practices)

- Use of Microsoft 365 reduces risks associated with on-prem Exchange email infrastructure. MTM uses the features within Microsoft 365 email system to maximize availability and integrity.
- ReFS is a file system designed to be more resilient against data corruption thereby maximizing data availability and integrity. Specifically, ReFS brings improvements in the way that metadata is updated which offers better protection for data and reduces data corruption cases. It also uses checksums to verify the integrity of file data and metadata ensuring that data corruption is easily found and repaired.
- Every mailbox database in Microsoft 365 is hosted in a database availability group (DAG) and replicated to geographically separate datacenters within the same region.
- All email is archived and available for recovery through the Zix/AppRiver system which contains email backup for the time duration specified within the MTM Record Retention and Destruction Policy.

General Restore Practices (applies to all servers)

- Files on any server can be individually restored using file recovery from Veeam backup.

Database Restore Practices (in addition to the General Restore Procedures)

- Database (SQL) server databases can be restored using backup from Veeam or native backups for managed solutions.
- Database log files can be restored using the backup from Veeam or native backups for managed solutions.
- SQL Server Databases hosted within AWS can be restored to point-in-time using AWS RDS Snapshots.
- SQL Server databases hosted within AWS also have real-time failover capabilities where for any reason if primary server fails, secondary server in high availability cluster can take over.
- SQL Server databases not hosted with RDS also have near real-time capabilities for failover in same fashion using high availability cluster.

Active Directory Restore Practices (addition to General Restore Procedures)

- Active Directory objects and schema can be restored using daily system state backups.
- Additionally, Active Directory objects are located on the Active Directory Domain Controller(s) which are the Active Directly equivalent of mirroring.

Email Backup Practices (addition to General Restore Procedures)

- MTM email uses a multi-stage process including Zix Email cloud and Microsoft 365 cloud solutions.
- The Zix Email repository holds email for the duration of its active life in high availability data centers. This function is typically referred to as email vaulting.
- Microsoft 365 at a minimum, holds active email. Additionally, mailbox databases in Microsoft 365 are hosted in a database availability group (DAG) and replicated to geographically separate datacenters within the same region.

The combination of Zix and Microsoft 365 cloud services reduces risks associated with the possible loss of availability of email services, and additionally eliminates the need for manual email recovery efforts typically required in use of legacy on-prem email servers.

8. Appendices

Appendix 1: Accreditations

URAC

MTM has earned Utilization Review Accreditation Commission (URAC) certification for promoting healthcare quality. This certification outlines a framework showing best practices, operational policies, and procedures necessary for an effective compliance program. URAC standards address the American Reinvestment and Recovery Act (ARRA) breach processing and notification requirements. The URAC Health Insurance Portability and Accountability Act (HIPAA) security standards align with the ARRA provisions, where business associates must comply with the full complement of security standards and address civil and criminal penalties outlined in ARRA. By achieving this certification for our organization, MTM strengthens our clients' trust and heightens the importance of understanding the need to protect data files that include both personally sensitive/identifiable information (PSI/PII) and protected health information (PHI).

In our most recent URAC certification, Health Care Management, 2.0 effective April 1, 2022, to April 1, 2025, MTM received a score of 100% against required operational controls. This included organizational policy and procedure maintenance, review, and approval, regulatory compliance, client business associate agreements, information management, business continuity, information confidentiality and security, confidentiality of individually identifiable health information, quality management, staff qualifications and training, financials, consumer complaint process, consumer rights and responsibilities, and health literacy.

HITRUST CSF® Certification

MTM's technology infrastructure has earned Certified status for information security by the Health Information Trust (HITRUST) Alliance. HITRUST CSF Certified status demonstrates that MTM's technology infrastructure meets key regulations and industry-defined requirements and appropriately manages risk. This achievement places MTM in an elite group of organizations worldwide. By including federal and state regulations, standards, and frameworks, and incorporating a risk-based approach, the HITRUST CSF helps organizations address these challenges through a comprehensive and flexible framework of prescriptive and scalable security controls. HITRUST CSF Certification applies specifically to the following:

HITRUST Scope/Systems

System Name	Components	Service Offering
MTM Link	▶ Windows Server SQL Server ▶ RDS ▶ Ubuntu Linux ▶ Splunk ▶ Guard Duty ▶ AWS Fargate	▶ Member, Provider, Facility Portal, Mobility Direct, and Credentialing ▶ Person Org DB ▶ Member and Driver Mobile Applications ▶ Online Access ▶ Quality Management ▶ User Management
Reveal	▶ Windows Server ▶ Windows Server SQL Server ▶ Ubuntu Linux ▶ Splunk ▶ Guard Duty	▶ Person Org DB ▶ Reveal Desktop

Appendix 2: Revision History

06/08/21	Tammy Wright	9.5	Contact information updates
6/24/2021	Patrick Higgins	9.6	Business Impact Analysis (BIA) update
9/29/2021	Doug Kappauff	9.7	five9 update, removed closed offices
1/31/2021	Ryan Kaspar	9.8	Reviewed for DOM compliance
2/7/2022	Elizabeth Stumfoll	10.00	General content updates, title changes, etc.
09/30/2022	Elizabeth Stumfoll	10.00	Annual review
10/26/2022	Patrick Higgins	10.1	Updates to reflect current infrastructure and security information
1/12/2023	Lance Palm	10.2	Per review and validation with Patrick Higgins have removed the following verbiage that is no longer applicable. "If it is determined that the system is non-operational at all sites and service cannot be restored within four hours, Technology initiates procedures to bring up the NET Management System on the mirrored backup server at the geo-distinct location, located in northeast Topeka, Kansas, approximately ten miles from the primary system."
2/22/2023	Elizabeth Stumfoll	10.3	Contact information and personnel updates
09/13/2023	Patrick Higgins	11.0	1) Removed obsolete St. Louis Colo references and content including items in the appendix 2) Updated contact information 3) Revised with assistance of SMEs, the backup and restoration section 4) Updated items in the BCP DR test section to include relevant ones. 5) Updated page numbering and applied grammatical suggestions, throughout.
9/18/2023	Elizabeth Stumfoll	12.00	General updates requested by Dawn Kotva, Chief Operations Officer. Updates made to regional contacts, names, titles, phone numbers, etc.
11/20/2024	Elizabeth Strumfoll	13.00	General updates requested by Dawn Kotva, Chief Operations Officer. Complete review/validate of process and procedures.

Appendix 3: Hot Line and Calling Tree

MTM is currently structured to operate our services throughout the United States regardless of the geographical location of an outage. However, in the event of a disaster the following is direction on how communication will flow during the event that calls are needed: The VP of Operations or Director of Workforce Management will contact each regional Program Director to direct a call with affected Contact Center Managers and instruct them to call the conference bridge number in the event of a disaster scenario. The recovery planning call is followed by the initiation of the calling tree to inform Contact Center Representatives (CCRs) of further direction/action as needed.

Calling Tree

East Contact Centers	Program Director (WI)	Adam Thomas	adthomas@mtm-inc.net	(920) 371-4400 (Mobile)
	Program Director (CT)	Paul Hynes	phynes@mtm-inc.net	617-429-7707
	Program Director (PA/NH/MI/OH	Brian Arnold	barnold@mtm-inc.net	276-920-4999 (Mobile)
	Program Director (LA/NC)	Crys Cooper	CCooper@mtm-inc.net	(718) 298-4808 (Landline)
	Program Director (DC/MD)	Michelle Moses	mmoses@mtm-inc.net	202-263-4644 (Mobile)
	Contact Center Manager (CT)	Myra Rodriques	myrodriguez@mtm-inc.net	636-323-3878 (Mobile)
	Program Director (RI)	Sara Harrison	SaHarrison@mtm-inc.net	401-649-0704 (Mobile)
	Contact Center Manager (RI)	Sarah Nordblom	snordblom@mtm-inc.net	508-463-8145 (Mobile)
	Program Director (FL/MS)	Stan Alford	stalford@mtm-inc.net	(636) 238-7918 (Office)
	Contact Center Manager (DC)	Terrence Vaughn Kessler	tvaughn@mtm-inc.net	202-823-1641 (Mobile)
West Contact Centers	Program Director (CA/OR/TX/HI)	Cheryl Looney	clooney@mtm-inc.net	636-695-5617 (Office)
	Contact Center (NV)	Doreen Orlando	DOrlando@mtm-inc.net	702-271-8157 (Mobile)

	Contact Center (AZ)	Lizeth Sanchez	lisanchez@mtm-inc.net	602-722-3533 (Mobile)
	Program Director (AZ)	Matt Classen	mclassen@mtm-inc.net	215-360-5387 (Mobile)
	Program Director (ID)	Ron Dunbar	RDunbar@mtm-inc.net	208-995-6891 (Mobile)
	Program Director (NV)	Sandra Stanko	sstanko@mtm-inc.net	702-323-7708 (Mobile)
	Program Director (IL/NE)	Shawn Pawula	spawula@mtm-inc.net	636-241-7522 (Mobile)
	Program Director (IA/MO/MN)	Tom Gilpin	TGilpin@mtm-inc.net	636-323-3809 (Mobile)
Central Contact Centers	Contact Center (WI)	Erik Schroader	ESchroeder@mtm-inc.net	608-213-6722 (Mobile)
	Contact Center (MO)	Stacy Whittington	swhittington@mtm-inc.net	636-399-7804 (Mobile)

Appendix 4: HIRTUST Controls

Updated 11/25/2024

HITRUST Unique Baseline ID	HITRUST Baseline Requirement
1601.12c2Organizational.7	The business continuity planning process includes the following: recovery and restoration of business operations and establishing an availability of information in a time frame specified by the organization; particular attention is given to the assessment of internal and external business dependencies and the contracts in place; documentation of agreed procedures and processes; and testing and updating of at least a section of the plans. The planning process focuses on the required business objectives (e.g., restoring of specific communication services to customers in an acceptable amount of time). The procedures for obtaining necessary electronic covered and/or confidential information during an emergency are defined. The services and resources facilitating this are identified, including staffing, non-information processing resources, as well as fallback arrangements for information processing facilities. Such fallback arrangements may include arrangements with third parties in the form of reciprocal agreements, or commercial subscription services. Following an interruption to business operations, full information system restoration without deterioration of the security measures originally planned and implemented can be achieved.
1632.12a1Organizational.1	The organization: identifies all the assets involved in critical business processes; considers the purchase of suitable insurance which may form part of the overall business continuity process, as well as being part of operational risk management; ensures the safety of personnel and the protection of information assets and organizational property; and formulates and documents business continuity plans addressing information security requirements in line with the agreed business continuity strategy.

HITRUST Unique Baseline ID	HITRUST Baseline Requirement
1638.12b2Organizational.345	Business continuity risk assessments: consider all business processes and are not limited to the information assets, but include the results specific to information security, as it is important to link the different risk aspects together, to obtain a complete picture of the business continuity requirements of the organization; are carried out annually; are carried out with full involvement from owners of business resources and processes; identify risks against key business objectives and criteria relevant to the organization; quantify risks against key business objectives and criteria relevant to the organization; prioritize risks against key business objectives and criteria relevant to the organization; include risks to critical resources; include impacts of disruptions; include allowable outage times; and include recovery priorities.
1666.12d1Organizational.1235	The organization creates, at a minimum, one business continuity plan. The organization ensures each plan: has an owner; describes the approach for continuity, ensuring at a minimum the approach to maintain information or information asset availability and security; specifies the escalation plan; specifies the conditions for the escalation plan's activation; and specifies the individuals responsible for executing each component of the plan.
1668.12d2Organizational.5	The organization ensures emergency procedures, manual "fallback" procedures, and resumption plans are within the responsibility of the owner of the business resources or processes involved. Fallback arrangements for alternative technical services, such as information processing and communications facilities, are usually the responsibility of the service providers.
1669.12d2Organizational.6	The business continuity planning framework addresses: the conditions for activating the plans which describe the process to be followed (e.g., how to assess the situation, who is to be involved) before each plan is activated; emergency procedures which describe the actions to be taken following an incident that jeopardizes business operations; fallback procedures which describe the actions to be taken to move essential business activities or support services to alternative temporary locations, and to bring business processes back into operation in the required time-scales; resumption procedures which describe the actions to be taken to return to normal business operations; a maintenance schedule which specifies how and when the plan will be tested, and the process for maintaining the plan; awareness, education, and training activities which are designed to create understanding of the business

HITRUST Unique Baseline ID	HITRUST Baseline Requirement
	continuity processes and ensure that the processes continue to be effective; and the critical assets and resources needed to be able to perform the emergency, fallback and resumption procedures.
1680.12e2Organizational.2	Table-top testing of various scenarios (discussing the business recovery arrangements using example interruptions) are used in order to provide assurance that the business continuity plan(s) will operate in real life. Simulations (particularly for training people in their post-incident/crisis management roles) are used in order to provide assurance that the business continuity plan(s) will operate in real life. Testing of the business continuity plans includes: setting system parameters to secure values; reinstalling security critical patches; resetting security configuration settings; making sure that system documentation and operating procedures are readily available; reinstalling application system software and configuring it with secure settings; and loading information from the most recent secure back-up(s). Testing recovery at an alternate site (running business processes in parallel with recovery operations away from the main site) is used in order to provide assurance that the business continuity plan(s) will operate in real life. Tests of supplier facilities and services (ensuring externally provided services and products will meet the contracted commitment) are used in order to provide assurance that the business continuity plan(s) will operate in real life. Complete rehearsals (testing that the organization, personnel, equipment, facilities, and processes can cope with interruptions) are used in order to provide assurance that the business continuity plan(s) will operate in real life.
1681.12e2Organizational.345	The organization: assigns responsibility for regular reviews of each business continuity plan; updates the plans when changes in business arrangements are identified; reviews the business continuity plan test results and initiates corrective actions to ensure the continued effectiveness of the business continuity plan.

Appendix 5: Definitions

Systems

Five 9 – Telephonic Management System

MTM Link -Intake Management System

Acronyms

- American Reinvestment and Recovery Act (ARRA)
- Health Insurance Portability and Accountability Act (HIPAA)
- Contact Center Representatives (CCRs)
- Protected health information (PHI)
- Patient Safety Indicators (PSI)
- Personable Identifiable Information (PII)
- RTO - Maximum amount of time that system, application or Network can be down after a disaster or failure.
- RPO - the maximum amount of data loss that an organization can tolerate after a disruptive event.
- Amazon Web Services (AWS)

Quality Assurance Program

MTM | Health

2025

Revised 03/13/2025

Table of Contents

TABLE OF CONTENTS 1

DEFINITIONS AND STANDARDIZED LANGUAGE 2

I. PURPOSE 3

URAC Certification of Health Care Management 3

II. SCOPE 4

III. MTM HEALTH'S ORGANIZATIONAL TENETS 5

IV. MTM HEALTH'S QUALITY STRATEGY GOALS 6

V. QUALITY STRATEGY GOALS PERFORMANCE METHODOLOGY 7

1. Promote Safety to Achieve Zero Preventable Harm 8
2. Embed Quality into the Care Journey 10
3. Promote Seamless and Coordinated Care 11
4. Continuous Review of NEMT Operations 13
5. Advance Health Equity 14
6. Cultivate Engagement to Drive Quality and Confidence 15
7. Strengthen Resiliency in the Healthcare System 18
8. Technology Advancements 19

VI. PROCESS FOR QAP AND POLICY APPROVAL 20

VII. MTM COMMITTEE STRUCTURE 22

Corporate Compliance Committee 22
Transportation Provider Advisory Committee Meetings 23

VIII. INDICATORS OF CARE AND SERVICE 24

Client Reporting 24
Internal Reporting 24

IX. EVALUATION AND ACCOUNTABILITY TO GOVERNING BOARD 25

Testing and Evaluation of the Plan 25
Testing Strategy for Software and Hardware Deployments 26

SUMMARY 26

Definitions and Standardized Language

Language varies from contract to contract. To ensure clarity in this Quality Assurance Program (QAP) document, please note the following defined terms.

- **Client**: An entity contracted with MTM Health to provide services based on designated contract stipulations.
- **Member**: The population served by MTM Health clients. Members are often also referred to as participants, beneficiaries, clients, and recipients, among other terms. For the purposes of this document, "member" will be used as a standard definition for MTM Health's clients' populations.
- **Stakeholder:** Those serviced by MTM Health, clients, members, medical providers, and subcontracted entities.

I. Purpose

The purpose of the QAP is to provide an organized schedule of objective and systematic monitoring, measurement, reporting, and evaluation of MTM Health's services. Based on results from this monitoring and evaluation, new processes are implemented, and improvements are made using findings from the previous year. The goal is to support MTM Health's mission of developing best practices in providing access to non-emergency medical care, medical program management, information management, and new product development.

URAC Certification of Health Care Management

MTM Health first became accredited by URAC in March 2010, and has continued to maintain URAC accreditation and certification. Currently, MTM Health holds the Certification of Health Care Management 2.0, and is URAC certified through April 2025. MTM is undergoing re-certification for Health Care Management 4.0 in Q2 2025.

MTM Health's accreditation and certification enable us to participate in a wide range of quality benchmarking programs and services to keep pace with the rapid changes in the healthcare delivery system. URAC certification represents a symbol of excellence demonstrating that MTM Health has validated its commitment to quality and accountability.

To ensure continuing compliance with URAC standards, the focus of this QAP centers on addressing opportunities for continued process improvements. This program is reviewed and updated by the Corporate Compliance Committee and approved by the Chief Executive Officer on an annual basis.

II. Scope

The annual review and renewal of the QAP builds upon the existing QAP. Program activities are reported to the Corporate Compliance Committee for analysis and direction on an annual basis. The following departments and their related functions, as well as many functions that have cross-functional ownership, are reviewed by the Corporate Compliance Committee:

- Logistics: Transportation provider communication and compliance
- Customer Contact Center (CCC): Call quality scores and contract compliance
- Care Management: Member utilization management as a function of the CCC
- Claims/Finance: Accuracy, compliance, and timeliness of payments
- Complaint, grievance, and member appeal management
- Fraud, waste, and abuse prevention, detection, and investigation
- Incident and accident management
- Satisfaction survey management
- HITRUST security compliance measures
- Annual Compliance Plan review to include enterprise risk assessment, audit plan, and communications plan

While this QAP may also stand as an independent document, it is a part of and complements both MTM Health's Compliance Program and Plan and Fraud, Waste, and Abuse (FWA) Integrity Plan and is reviewed annually alongside those underlying programs.

III. MTM Health's Organizational Tenets

MTM Health has been a transportation industry leader for more than 30 years and has an impressive track record of working with state and county governments, Medicaid and Medicare managed care organizations, transit agencies, third-party administrators, and healthcare providers to manage non-emergency medical transportation (NEMT). With a passion for providing high-quality service and building relationships, MTM Health's dedication to our stakeholders remains at the core of our business despite increasing changes in healthcare delivery.

Mission Statement

MTM Health's mission is to partner with our clients in developing innovative solutions for accessing healthcare, increasing independence, and connecting to community resources in the most cost-effective manner. To achieve this, we leverage our core competencies in managing customer service operations and building provider networks.

Vision Statement

Communities without barriers.

Core Values

Across our book of business, MTM Health has five Core Values that we hold our employees accountable to:

IV. MTM Health's Quality Strategy Goals

MTM Health is firmly committed to our ongoing compliance not only with contractual provisions, but with the rules promulgated under Medicare and Medicaid that further safety and efficiency in the services we provide. MTM Health has modeled our Quality Strategy Goals after those of the Centers for Medicare and Medicaid Services (CMS) and have closely aligned our operations to the CMS goals.

Quality Strategy Goal		Quality Strategy Goal Description
Promote Safety to Achieve Zero Preventable Harm (Safety)	1	Ensure that the safety and security of the members transported through the MTM Health network of providers is top priority.
Embed Quality into the Care Journey (Outcomes)	2	Utilize feedback from complaints and grievances, member appeals, satisfaction surveys, and quality reviews to develop and implement methods by which to better engage the populations we serve.
Promote Seamless and Coordinated Care (Alignment)	3	Ensure access to customer contact centers staffed with fully trained Customer Care Representatives (CCRs) to schedule trips using the most appropriate mode for member needs. Establishment of regional staff with market and plan expertise to ensure excellent service delivery and enhanced stakeholder satisfaction.
Continuous Review of NEMT Operations*	4	Continuous review of MTM Health NEMT Operation and Programs to ensure safe, efficient, and appropriate transportation for health care treatment and prevention of chronic disease.
Advance Health Equity (Equity)	5	Ensure members and passengers have access to appropriate and quality transportation services to support and advance equitable health services.
Cultivate Engagement to Drive Quality and Confidence (Engagement)	6	Pursue methods with our stakeholders to continuously gauge the quality of service provided and instill a sense of trust and confidence with its customers and members.
Strengthen Resiliency in the Health Care System (Resiliency)	7	MTM Health's role in strengthening healthcare resiliency lies in our ability to optimize transportation logistics, foster collaboration, embrace technological advancements, respond to needs in the marketplace, and continuously improve services based on data-driven insights.
Technology Advancements (Technology & Scientific Advancement)	8	Continue to utilize available technology and data practices to improve MTM Health's operations and efficiency by enabling automation, protocol adherence, error reduction, and enhance self-service opportunities.

** This goal is not a specific CMS goal but is a priority for MTM Health and is aligned with the CMS Safety, Equity, and Outcomes Quality Strategies.*

V. Quality Strategy Goals Performance Methodology

MTM Health's Quality Strategies integrates our Core Values with CMS's eight focused and interrelated goals:

MTM Health's Core Values

CMS's Goals

1	**Outcomes:** Improve Quality and Health Outcomes Across the Care Journey
2	**Alignment:** Align and Coordinate Across Programs and Care Settings
3	**Equity:** Advance Health Equity and Whole-Person Care
4	**Engagement:** Engage Individuals and Communities to Become Partners in Their Care
5	**Safety:** Achieve Zero Preventable Harm
6	**Resiliency:** Enable a Responsive and Resilient Health Care System to Improve Quality
7	**Interoperability:** Accelerate and Support the Transition to a Digital and Data-Deiven Health Care System
8	**Scientific Advancement:** Transform Health Care using Science, Analytics, and Technology

1. Promote Safety to Achieve Zero Preventable Harm

Ensure that the safety and security of the members transported through the MTM Health network of providers is top priority.

Incident/Accident Reports

Incident/accident processes are in place to ensure all information is documented and addressed appropriately within contractually required timeframes. Pursuant to the requirements of the client in connection with its NEMT program, MTM Health's Quality Operations Department manages all incident/accident reports to ensure action, closure, and communications to pertinent stakeholders. MTM Health's reporting system includes documentation of all incidents/accidents including, but not limited to, abuse by member, abuse by transportation provider, harassment, assault, injuries, and motor vehicle accidents.

Transportation providers are advised and contractually bound to notify MTM Health of any incident/accident, preferably immediately, but in accordance with contract requirements. MTM Health staff members are educated to forward all calls reporting an incident/accident to the Quality Operations Department. Stakeholders can alternately use the MTM Health website to report an incident/accident. MTM Health's Quality Operations department escalates reports to designated MTM Health management staff for review, recommendation, and resolution. Incidents/accidents an Internal Alert are escalated to MTM Health's General Counsel and designated executive staff. Full investigation and information related to investigative closure is provided to MTM Health's client within 30 days of the reported incident/accident or in accordance with contractual requirements.

Terms related to incidents/accidents include:

- **Accident:** Any mishap involving a subcontracted transportation provider's vehicle while transporting a member.
- **Incident:** Any non-vehicular mishap involving a member while in the care of an MTM Health transportation provider.
- **Internal Alert:** Any reported accident/incident which requires immediate response and direction from MTM Health's Executive and Legal teams, including but not limited to serious cases of abuse, neglect, sexual misconduct or injury, missing person or death.

Transportation Provider Monitoring

Pursuant to the requirements of the client in connection with its NEMT program, as MTM Health monitors the overall performance of transportation providers, MTM Health may place a transportation provider on a Performance Improvement Plan (PIP) to achieve compliance or improve performance. A PIP may be initiated for any of the following reasons, although this list is not exhaustive:

- Excessive complaints
- Cancelations
- Vendor no-shows
- General performance issues
- Potential credentialing or other compliance issues
- Potential fraud, waste, or abuse

Failure to improve or achieve compliance by the conclusion of a PIP may result in the assessment of liquidated damages, suspension, or termination of participation in an MTM network. *Note that MTM Health's PIP process serves the same purpose as a similar corrective action plan (CAP), and for the purposes of ensuring transportation provider compliance, the terms are interchangeable to meet specific contract requirements.*

Transportation Provider Credentialing and Re-Credentialing

The credentialing process ensures suitable and complete information is collected and verified for all contracted transportation providers. The decision to include a transportation provider and/or an individual driver or attendant in the MTM Health network is based on a thorough review and evaluation of the approved credentials. Items examined may include any of the following, in addition to other credentials as required by client contracts:

- State and federal exclusions and debarment lists that set out the names of individuals who have been excluded or debarred from conducting business with government agencies, including, but not limited to:
    - Office of the Inspector General (OIG)
    - System for Award Management (SAM)
- Criminal background check
- Department of motor vehicle records
- Driver's license status
- Proof of insurance
- Any other relevant evidence that may confirm a driver's ability to provide high quality, safe transportation services

MTM Health utilizes an online web-based portal to obtain and store credentialing documentation. The portal is a real-time resource available to transportation providers 24 hours per day, seven days per week. MTM Health's credentialing team reviews and approves or denies each element of the documentation submitted by the transportation provider to ensure credentialing is current and accurate. All credentials are reviewed and approved in accordance with individual client contracts.

2. Embed Quality into the Care Journey

Utilize feedback from complaints and grievances, member appeals, and quality reviews to develop and implement methods by which to better engage the populations we serve.

Complaints and Grievances Management

Complaints and grievances are managed by MTM Health's Quality Operations department pursuant to client contract requirements. The purpose of the complaint and grievance process is to establish a mechanism and reporting system allowing MTM Health to address key issues and problems to improve quality of care and services. The process includes documentation, investigation, resolution, and reporting. Complaints and grievances are tracked and trended to identify potential issues of concern.

MTM Health offers a toll-free number through which any stakeholder may file a complaint or grievance. Complaints and grievances may also be filed in writing via mail, fax, email, or the MTM Health website, and will vary depending on individual client requirements. If the complaint is received in the MTM Health Contact Center after normal business hours or during holidays for the We Care Line, the Contact Center Representative will attempt to resolve the issue and, if unable to resolve and a complaint needs to be filed, will advise the member to call back during business hours for the complaint to be documented.

All complaints and grievances are tracked from initial intake through resolution in an electronic grievance database, and reporting is undertaken based on client requirements.

Member Appeals

Member appeals are managed by MTM Health's Corporate Compliance Department based on client requirements, which can vary from contract to contract. Specific timeframes set out for the collection and review of documentation, investigation, follow-up, and resolution are observed. MTM Health works closely with clients to ensure information is provided as needed. MTM Health's staff understands the unique reporting requirements of individual clients and develops client-specific appeals processes to meet those needs.

State Fair Hearings

Both members and transportation providers may have the ability to request a state fair hearing based on the client contract. This is a right granted to members and transportation providers their state of residence and benefit coverage. Members and transportation providers alike are given the appropriate contact information by MTM Health to request a state fair hearing. MTM Health may participate in such hearings if requested or required. The state of record retains the right of final decision in any case of a state fair hearing.

3. Promote Seamless and Coordinated Care

Ensure access to customer contact centers staffed with fully trained Customer Care Representatives (CCRs) to schedule trips using the most appropriate mode for member needs. Establishment of a regional staff model with market and plan expertise to ensure excellent service delivery and enhanced stakeholder satisfaction.

Training

With the ever-changing world of training requirements, MTM Health has continued to evolve its training materials for employees and downstream and related entities. MTM Health utilizes a centralized training source for all staff trainings. Annually, each staff member completes standard assignments including CMS-required compliance training related to fraud, waste, and abuse, as well as privacy and security requirements and standards. MTM Health continues to enhance training to ensure ongoing compliance with client requirements, HIPAA, and HITRUST best practices and CMS regulations and initiatives. Initial training takes place during new hire orientation and annual refresher training is delivered thereafter. MTM Health makes training materials available to downstream and related entities (transportation providers) via our website.

MTM Health provides appropriate training to ensure all staff members are able to appropriately and effectively address a diverse population with varying cultural, linguistic, and complex health needs. The goal is to provide all people contacting MTM Health, regardless of culture, race, ethnic background, religion, or disability, with a positive and professional experience. MTM Health's staff strives to make every client and member feel valued and respected.

Customer Care Representative Oversight

MTM Health's Quality Assurance Analysts have developed a quality program with specific criteria designed to work with our Interactive Intelligence Voice Analytics System. The Customer Contact Center Call Quality Scoring Guidelines are reviewed annually and are developed to include, at a minimum:

- Proper verification of a minimum of three pieces of Protected Health Information (PHI) from the caller before entering a conversation related to the member and the services they may be requesting.
- The tone, manner, and efficiency of the CCR during trip intake, including documentation of any special needs that should be accommodated for the member.

Quality Assurance Analysts complete the number of call observations as set forth in MTM Health's policy and adjust for individual client requirements. The observation scores are used as an indicator of the overall performance of the CCR quality. The Interactive Intelligence Voice Analytics System calculates the scores as evaluated by the Quality Assurance Analysts on all components of the call intake process, including both hard and soft skills, and compiles the CCR's overall score.

MTM Health has significantly upgraded its monitoring capabilities with the roll out of a voice data analytics software platform that allows us to monitor seventy percent of CCR calls in a shorter timeframe. This permits more opportunities to improve or correct CCR call behavior.

Quality Assurance Analysts are responsible for sharing individual and overall results with Customer Contact Center leadership for useful feedback, training, coaching, and performance improvement purposes. Additionally, Quality Assurance Analyst and Customer Contact Center leadership meet on a quarterly basis to review quality monitoring results, discuss trending, identify opportunities for improvement and areas of focus, and provide oversight and recommendations for any quality-related issues. Call Center Quality metrics are reported to MTM Health clients as contractually required.

Dedicated Market and Regional Staff

MTM Health has appointed a fully dedicated and accountable Program Director for all NEMT business within key states or markets. These directors are responsible for the client relationship, including satisfaction and improved outcomes. The Program Directors are supported by Analysts to assist with reporting tasks and quality reviews, along with MTM Health Transportation Managers and Vendor Account Managers for continued network support.

MTM Health has also introduced the Regional Care Coordination Model and Regional Care Coordinators. The Regional Care Coordinators work with the local Logistics team to ensure continued excellent service delivery and manage challenging trips for successful outcomes. These market-specific teams are familiar with the plans, clients, and members they service to ensure stakeholder satisfaction and issue resolution.

4. Continuous Review of NEMT Operations

Continuous review of MTM Health NEMT operations and programs to ensure safe, efficient, and appropriate transportation services for member health care treatment and prevention of chronic disease.

Every aspect of MTM Health's process is designed to support the safe transportation of the populations we serve. Provider credentialing, field audits, and on-street observations, as well as the importance we place on the processes surrounding complaints and grievances and other review processes, are all backed by technology and work cohesively to provide a foundation on which the requirements necessary for safe transportation are built. MTM Health's entire NEMT model has at its core safe transportation for members.

Organizational Key Performance Indicators

MTM Health establishes performance goals or Key Performance Indicators (KPIs) for its NEMT Operations on an annual basis. Examples of KPIs may include missed trips, on-time performance, complaints, accidents/incidents, etc. and can vary from year to year. Measurements used to determine KPI metrics vary by market due to contractual requirements and definitions and available technology. MTM Health reviews identified KPI metrics with MTM leadership on a regular basis.

Internal Audit

MTM Health's Internal Audit process is designed to support our objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of our corporate programs and departments. Internal Audits are identified and scheduled based on the following criteria:

- Findings or recommendations from client or external audits
- Findings or recommendations from internal audits
- Findings uncovered internally during the normal course of business
- Requests received from MTM Health operational departments and prioritized based on the following factors:
    - Contractual compliance
    - Potential risk to MTM
    - Overall impact to MTM
    - Potential cost savings
    - Return on effort versus the benefit to quality or efficiency

Internal audit findings are reviewed by MTM Health's Corporate Compliance Committee on a regular basis.

Compliance Validation Audits

The Compliance Validation audit team has short-term focus on potentially high-risk processes identified during an audit or corrective action plan, by a client, or MTM Health leadership and may be conducted at regular intervals or on an ad-hoc basis.

Note: Due to the nature and purpose of KPIs, internal audits, and Compliance Validation audits, findings and recommendations are considered proprietary and confidential.

5. Advance Health Equity

Ensure members and passengers have access to appropriate and quality transportation services to support and advance equitable health services.

Cultural Diversity and Acceptance Program

In addition to ongoing training, MTM Health takes steps to ensure that we are in tune with the needs of culturally diverse populations. MTM Health maintains a CLAS program which outlines MTM Health's efforts in providing services that promote health equities. Some of these efforts include:

- Language assistance in a wide array of languages, provided by either MTM Health bilingual staff or via the use of a language line for languages where bilingual staff are not available.
- Assistance for hearing impaired individuals by use of teletype terminal (TTY) services.
- Information such as pamphlets, mailings, and other printed communications translated in multiple languages based on demographics and individual client requirements.
- Internal training and supplemental training as required to downstream and related entities so that they have the appropriate knowledge base to provide the safest, highest quality services to a diverse membership base.

Reports related to adherence to the Cultural Diversity and Acceptance Program are reviewed by MTM Health leadership on a regular basis.

6. Cultivate Engagement to Drive Quality and Confidence

Pursue methods with our stakeholders to continuously gauge the quality of service provided and instill a sense of trust and confidence with its customers and members.

Satisfaction Surveys

MTM Health utilizes surveys for the purpose of identifying areas where there may be opportunities for improvement to increase the quality of care and services provided to members and clients.

Member Satisfaction Surveys

To ensure members receive the highest quality of service, a statistically valid random sample of all members is selected for a telephone follow-up survey. The survey includes evaluation of the intake process, driver and vehicle performance, and timeliness of service. Member satisfaction surveys are reported via monthly Client Summary Reports for those clients who wish to receive them.

Client Satisfaction Surveys

Client satisfaction surveys are conducted as a method of maintaining excellence in the delivery of services. The survey also serves as a tool to monitor MTM Health's response to client needs and concerns, and to identify areas that offer opportunity for improvement.

Medical Facility Satisfaction Surveys

Medical facility satisfaction surveys provide supplementary insight into the integral role MTM Health plays in helping members access healthcare services. MTM Health not only strives to partner with transportation providers, clients, and members, but also understands how vital facility cooperation is to our overall mission. MTM Health's Community Outreach Training teams are in regular contact with facilities to gauge the timeliness of transportation providers and the effectiveness of MTM Health's processes to reduce unnecessary burdens on members. The medical facility satisfaction survey is an additional tool to monitor MTM Health's ability to provide effective delivery of transportation services and to accommodate the special needs of members receiving services from the facility.

Provider Satisfaction Surveys

MTM Health is committed to fostering positive and collaborative relationships with its Transportation Provider Network. MTM Health measures provider satisfaction with quarterly and supplemental surveys. These surveys are designed to better understand the network needs and continually improving the transportation provider experience with MTM Health.

Transportation Provider Audits

The purpose of the transportation provider audit is to ensure transportation provider compliance with contractual obligations to MTM Health. Our Logistics team completes transportation provider audits for contracted providers in MTM Health's network based on contractual guidelines.

Monitoring for Potential Fraud, Waste and Abuse

MTM Health utilizes the most appropriate and cost-effective mode of transportation for each member and trip and employs an aggressive approach to prevention and detection of fraud, waste, and abuse. The following reviews and types of audits support MTM Health's ongoing monitoring for the detection of potential fraud, waste, or abuse:

Audits for Transportation Providers

Periodic audits of transportation providers are undertaken to determine if appropriate conduct and practices are being followed. Focus audits of transportation providers may be indicated for the following reasons, including, but not limited to:

- Suspicion of fraud, waste, or abuse
- Request from a client
- Request from MTM Health staff, including Legal Department staff
- Requests from local, state, or federal authorities
- Referrals from MTM Health's Compliance Hotline

Focus audits may result in one or more of the following actions:

- Performance Improvement Plan (PIP)
- Ongoing audits
- Assessment of liquidated damages
- Suspension from the provision of services or termination

Attendance Verification/Validation Checks

Attendance verification is conducted to detect activity potentially related to fraud, waste, or abuse. Pre- and post-attendance verification may be completed through various methods for the following types of trips:

- Recurring trip requests (dialysis, chemotherapy, and other ongoing therapy appointments)
- Urgent trip requests
- Trips not meeting client protocol or requiring client authorization to be verified or authorized by the client
- Appointments for members displaying behaviors related to fraud, waste, or abuse

Potential Member Fraud Alert Audits and Investigations

Corporate Compliance staff investigate all reported potential instances of fraud. On receipt of a potential fraud alert, an investigation begins with all pertinent documentation being acquired. Call recordings, trip notes, follow-up calls, and claims information may be used to determine the legitimacy of each potential fraud alert. Corporate Compliance staff will attempt to substantiate the potential fraud alert and will determine the alert to be valid or invalid. Potential fraud, waste, and abuse reports are provided to MTM Health clients in accordance with contractual requirements. MTM Health's Chief Legal Counsel may be consulted where warranted during investigation and for input and recommendations for appropriate actions.

7. Strengthen Resiliency in the Healthcare System

MTM Health's role in strengthening healthcare resiliency lies in our ability to optimize transportation logistics, foster collaboration between stakeholders, embrace technological advancements, respond to needs in the marketplace, and continuously improve services based on data-driven insights.

Some of the ways MTM Health aims to strengthen resiliency in the healthcare system include:

- **Preparing for the Unpredictable:** MTM Health is continually prepared for emergency events with thorough contingency plans. These plans allow us to establish protocols for transporting members during emergencies, ensure backup transportation options, and maintain communication channels to adapt quickly to changing circumstances. One example of this was our response to the COVID-19 pandemic. We worked closely with our clients to minimize service disruption and ensure members made it safely to their critical healthcare appointments even during the height of the pandemic. While some NEMT brokers limited transportation to just critical life-sustaining appointments, MTM Health continued to accept all trip requests. We also transported COVID-positive and high-risk patients using our network of providers who indicated they were willing to transport, choosing to educate our providers on proper precautions and equip drivers with personal protective equipment (PPE) like masks and gloves instead of pushing trips onto expensive ambulance service.
- **Maintaining a Flexible Network:** MTM Health maintains a flexible network of transportation providers that allows us to fill gaps beyond just transportation. We can help our clients fulfill other needs as well, including delivering prescriptions, meals, and groceries to vulnerable populations and establishing transportation resources for vaccination clinics. Our network is scalable, allowing us to optimize the allocation of transportation resources and reduce inefficiencies. MTM Health's diverse network of transportation providers also ensures we can provide prompt and appropriate transportation for members, even during high-demand periods or in underserved areas.
- **Providing Real-Time Tracking and Communication:** Our MTM Link NEMT management system allows for real-time tracking of vehicles and effective communication between MTM Health, medical facilities, members, and transportation providers, significantly enhancing healthcare resiliency and transparency. We provide healthcare facilities and members with portal and mobile app access to these systems, enabling them to monitor

transportation progress, handle any unforeseen circumstances promptly, and communicate updates to all relevant parties.

- **Offering Data Analysis and Insights:** MTM Health collects and analyzes data related to transportation utilization, member demographics, and service quality. This information can help our health plan clients identify trends, optimize their operations, and make informed decisions to enhance healthcare resiliency.
- **Ensuring Continuous Improvement:** By actively seeking feedback from medical facilities, members, and transportation partners, MTM Health can quickly identify areas for improvement and implement necessary changes. This iterative process ensures that transportation services meet the continually evolving needs of the healthcare system.

8. Technology Advancements

Continue to utilize available technology and data practices to improve MTM Health's operations and efficiency by enabling automation, protocol adherence, error reduction, and enhance self-service opportunities.

Proprietary, customized software drives MTM Health. Through MTM Link—our proprietary scheduling platform—we give our stakeholders real-time visibility and transparency into NEMT performance, as well as access to trip scheduling. From MTM Link to our call mining platform, to stakeholder apps, portals, and IVA systems, we support our vision of zero missed trips.

Our MTM Link technology suite automates the routing and scheduling process; provides optimum dispatching through real-time GPS information; and offers benefits for every NEMT stakeholder, ultimately helping members access healthcare services that improve health outcomes:

- Transportation providers and drivers have access to an easy-to-use mobile app that facilitates trip manifest distribution, automatic vehicle location (AVL) tracking, short notice trip assignment, signature capture, and claims data transmission
- Members can use a web portal or mobile app to view trip information, confirm or cancel scheduled trips, or view vehicle locations in real-time for enhanced Where's My Ride data; members who do not have a smartphone with app access can receive text message alerts for trip confirmation, cancellation, and imminent arrival
- Medical facilities can utilize a dedicated portal to manage their patients' transportation

MTM Health and our clients can view live and historic on-time performance and GPS data to proactively monitor service quality and resolve complaints.

VI. Process for QAP and Policy Approval

MTM Health is mindful of the Office of the Inspector General's (OIG) Seven Elements of an Effective Compliance Program and understands that policies and procedures are necessary to:

- Document business practices
- Assign personnel responsibilities
- Describe departmental operations
- Promote uniformity in executing and recording metrics

Corporate Compliance maintains the most current electronic directory of policies and procedures and has implemented an automated annual review and approval system. Management staff is responsible for developing and maintaining operational policies and procedures applicable to their functional areas. On an annual basis, or more frequently as needed, departmental policies are evaluated and approved by the Policy Approval Committee made up of executive leadership. The President and CEO, executive management, and managing staff sign approved policies. Management is responsible for advising their staff regarding new policies and procedures, as well as overseeing changes and updates to existing policies and procedures.

MTM Health adheres to the following practices for policies and procedures:

- Maintain accurate, complete, and current policies and procedures
- Review and approval all policies and procedures at least annually, and revise or update as otherwise indicated
- Communicate significant changes to all affected personnel immediately to ensure they are aware of any revisions to their daily duties and responsibilities; in the event there are changes in personnel, documented policies and procedures will facilitate training and provide guidelines for the respective positions
- Comply with applicable HIPAA, HITRUST, URAC, and other applicable standards
- Post all policies on the electronic directory to facilitate employee access

Review and Approval

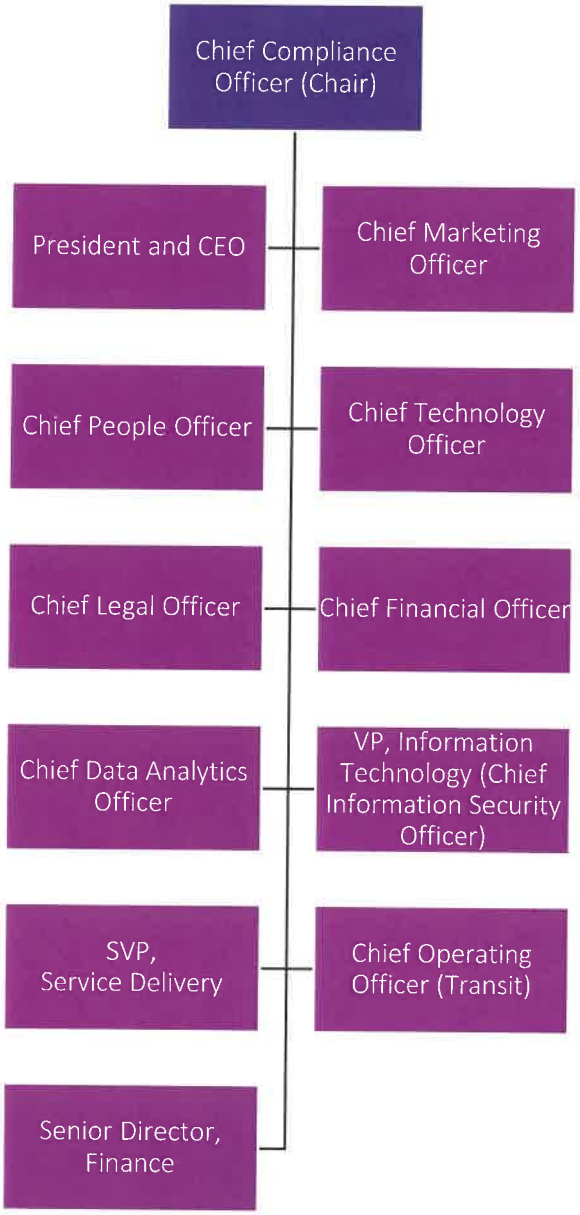
Several situations may create the need for a new policy or procedure. Once a need has been identified and the policy or procedure created by the operational owner, it undergoes another level of review and approval performed by the appropriate department head, which includes the following:

- Documentation to verify a review and approval were completed
- Electronic approval available to enable rapid documentation of approvals
- Assurance that approval alerts and escalations are within the process workflow
- Approval documented in a centralized repository to ensure compliance with internal and external audits

VII. MTM Committee Structure

Corporate Compliance Committee

The Corporate Compliance Committee is a committee granted authority by MTM Health's Board of Directors, President and CEO, and executive management staff. The Committee oversees MTM Health's Quality Assurance Plan and also has oversight of MTM Health's company-wide compliance, regulatory, and quality activities. The committee is comprised of the following membership:



The Corporate Compliance Committee ("Committee"), as part of the Compliance Program, ensures that MTM Health incorporates the seven critical elements into our routine operations. Those seven components include:

1. Written Standards of Conduct, Policies, and Procedures
2. Compliance Officer, Compliance Oversight Committee, and High-Level Oversight
3. Education and Training
4. Effective Lines of Communication
5. Well Publicized Disciplinary Standards
6. Effective System for Routine Monitoring, Auditing, and Identification of Compliance Risks
7. Procedures and Systems for Prompt Response to Compliance Issues

Transportation Provider Advisory Committee Meetings

Based on client requirements, MTM Health developed a Transportation Provider Advisory Committee (PAC) meeting structure (also known as stakeholder meetings) in certain markets. Meetings are structured with participants as called for by contractual terms and provisions, or as needed. All transportation providers are polled during the initial provider meetings for interest in participating in the committee. MTM Health ensures inclusion of providers of all sizes and from pertinent regions within a state or geographic area to ensure fair and accurate representation. The purpose of these meetings is to increase communication with transportation providers in all of MTM Health's service areas and for MTM Health to function as a liaison among the transportation providers to encourage the sharing of ideas concerns and suggestions. It additionally provides MTM Health with a forum to introduce new processes and strategies. An agenda and formal notes are kept for each meeting for tracking purposes.

** MTM Health members of the Advisory Committee include, at a minimum, these individuals.*

VIII. Indicators of Care and Service

MTM Health tracks and monitors success and opportunities for improvement on a routine basis and provides reporting packages to our customers in accordance with contractual requirements.

Client Reporting

Monthly Client Summary Reports are made available and provide an in-depth review of each client's membership and various data points relating to the transportation benefit administered by MTM Health. Monthly summary reports have been developed pursuant to client contracts and include metrics pertaining to the following:

- Member utilization
- Customer Contact Center phone statistics
- Complaint management
- Modes of transportation
- Trip reasons
- Member satisfaction survey and call quality results (if required by the contract)

Internal Reporting

Internal reports are provided to members of the executive team and other operational departments to view pertinent KPIs identified by MTM Health. As these reports encompass data and statistics across multiple plans, reports remain proprietary and confidential and are utilized to identify potential areas for opportunity and improvement across the entire organization.

IX. Evaluation and Accountability to Governing Board

The Corporate Compliance Committee is accountable to the governing body of MTM Health, which is comprised of both the Executive Management team and the Board of Directors. Achievements of the Committee are reflected in results of audits and overall improvement of MTM Health's services and culture. Several parameters indicate the success of the Committee's efforts in improving quality of the care taken in the provision of services, including, but not limited to the following:

- Significant reduction in costs
- Increase in member and client satisfaction
- Development of sustainable quality in the provision of services
- Increases in MTM Health's books of business
- Increased collaboration and commitment to MTM Health's mission by staff at all levels across the organization

Testing and Evaluation of the Plan

The Quality Assurance Plan (QAP) works in concert with and support of other overarching organizational plans for MTM Health. The QAP is evaluated and tested on an annual basis by the Internal Audit department as part of our internal auditing plan. The following components are evaluated in the audit process:

- Incident/Accident Reporting
- Transportation Provider Monitoring
- Transportation Provider Credentialing
- Satisfaction Surveys
- Complaints Management
- Member Appeals
- Monitoring for Potential Fraud, Waste and Abuse
- Community Outreach

The final audit report is published and presented to the Executive Management team. Any adjustments and/or recommendations to the plan are also presented to the Executive Management team for review and approval.

Note: Due to the nature and purpose of internal audits, findings and recommendations are considered proprietary and confidential.

Testing Strategy for Software and Hardware Deployments

At MTM Health, our goal is to release quality technology to our users. To ensure we are successful, MTM Health utilizes the following Testing Strategy:

- **Separate Testing Environments (Dev, QA, and UAT):** This ensures the quality of our deployments across all environments and allows for successful deployments based on current sprint schedules.
- **Dedicated Quality Assurance Testing Team:** Employees testing the system understand the business processes and user perspective to ensure the developed product meets the expected quality for our user's needs.
- **Continuous Feedback from Stakeholders:** Understanding of what is needed and why to ensure the development effort meets stakeholder needs.
- **User Acceptance Testing and Signoff:** This allows our business line to review what is deployed and confirm it meets their requirements.

Summary

MTM Health's QAP is built on the monitoring and evaluation process. The foundations included within the QAP include the following, among others:

- Placing emphasis on leadership's role in improving quality
- Expanding the scope of assessment and improvement activities
- Utilizing other sources for feedback, such as community and client survey responses
- Organizing assessment and improvement activities around services, with specific attention to how the member, client, and transportation provider relationships can be improved
- Emphasizing continuous improvement in addition to resolving identified problems
- Maintaining quality improvement over time

Note: MTM Health reserves the right to adjust the QAP to best meet the needs of its clients, members, transportation providers, and overall operations.

Monthly Client Summary Report

Sample Plan

MTM | Health

2025

SAMPLE

NOTE: These are sample reports; actual reporting packages are customized by client. Online reporting dashboards are also available for self-service reporting.

Report Terms- Definitions

# of Total Requested Trip Legs	Number of total requested trip legs
# of Cancelled Trip Legs	Number of cancelled trip legs
# of Denied Trip Legs	Number of trips that were denied for reasons such as eligibility, service not covered, inappropriate facility, etc.
# of Member No-Shows	Number of trip legs where member either was not available for the pickup or cancelled the trip to the driver at the time of pickup
# of Eligible Members	Number of members for whom payment was received or average daily member count
Utilization Rate	Unique members utilizing transportation divided by Authorized trips
# of Unique Members Utilizing Transportation	Number of unique members utilizing transport
# of Calls Presented	Number of calls presented
Average Speed of Answer	Difference in time from a call entering a queue to the time of live response
Abandoned Percent	Percentage of calls abandoned prior to live response; number of abandoned calls divided by number or calls offered
# of Calls Answered	Number of calls resulting in live response
# of Provider No-Shows	Number of trip legs where provider does not arrive for scheduled service
# of Authorized Trip Legs	Number of trip legs that did not result in member no-show, provider no-show, cancelled or denied trip
# of Trip Legs by Mode	Number of authorized trip legs by transport mode
# of Trip Legs	Number of authorized trip legs by trip reason code
% of Trip Legs by Mode	Percent authorized trip Legs by transport mode
# of Complaints	Number of complaints lodged for noted period
Complaint Percentage	Total number of trip legs with complaints lodged, divided by the total number of requested trip legs
Complaint-Free Percentage	Total number of trip legs without complaints lodged, divided by the total number of requested trip legs
% of Provider No-Shows	Provider no-shows as a percentage of total requested trip legs
% of Member No-Shows	Number of reservations that the member did not show for divided by the total number of reservations requested
Total Miles	Trip miles by trip reason
Average Miles per Leg	Per trip reason, total miles divided by number of trip legs
% of Total Authorized	Percentage of trip legs by trip reason per total authorized trip legs
# Total Requested Reservations	Number of requested reservations; round trips count as 1 reservation
# Authorized Reservations	Number of trips that did not result in member no-show, provider no-show, cancelled or trip denial; round trips count as 1 reservation
% of Calls Answered In 30 Seconds	Cumulative percent of calls handled in 30 Seconds

SAMPLE

Client Summary

	Q3-2024	Q4-2024	Q1-2025	Q2-2025	Apr 2025	2025 YTD
# Authorized Reservations	288,832	281,613	282,136	98,591	98,591	380,727
# of Eligible Members	935,130	936,376	943,067	314,538	314,538	1,257,605
Unique Members Utilizing Transportation	23,846	23,669	23,914	8,081	8,081	31,995
Total Requested Trip Legs	411,624	408,750	391,917	137,292	137,292	529,209
Competed Trip Legs	288,832	281,613	282,136	98,591	98,591	380,727
Member No-Shows	3,229	2,963	2,655	1,072	1,072	3,727
# of Provider No-Shows	127	100	88	28	28	116
% of Provider No-Shows	0.01%	0.01%	0.01%	0.01%	0.01%	0.01%
Cancelled Trip Legs	113,235	117,678	101,608	35,834	35,834	137,442
Denied Trip Legs	3,076	3,591	3,232	1,063	1,063	4,295
Utilization Rate	8.26%	8.40%	8.48%	8.20%	8.20%	8.40%

Phone Statistics

	Q3-2024	Q4-2024	Q1-2025	Q2-2025	Apr 2025	2025 YTD
# of Calls Presented	63,461	61,440	59,378	21,253	21,253	80,631
# of Calls Handled	60,284	59,098	57,399	20,576	20,576	77,975
Abandoned Percent	2.11%	2.66%	1.55%	1.34%	1.34%	1.49%
Average Speed of Answer	16.29	13.66	10.45	11.32	11.32	10.69

Complaint Summary

	Q3-2024	Q4-2024	Q1-2025	Q2-2025	Apr 2025	2025 YTD
# of Complaints	105	118	138	59	59	197
Complaint Percentage	0.03%	0.03%	0.04%	0.04%	0.04%	0.04%
Complaint-Free Percentage	99.97%	99.97%	99.96%	99.96%	99.96%	99.96%

SAMPLE

Satisfaction Survey Results

Call Center Satisfaction Benchmark: 95%

Transportation Provider Service Benchmark: 92%

Current Month Participation: 499 completed; 106 refused

	Q3-2024	Q4-2024	Q1-2025	Q2-2025	Apr 2025	2025 YTD
Call Center Services						
Were you able to speak to a representative before the call progressed?	93.71%	97.02%	94.33%	94.97%	94.97%	95.14%
Did the representative treat you with dignity and respect?	98.70%	98.74%	97.78%	98.34%	98.34%	98.41%
Did the representative identify themselves by name?	97.62%	97.44%	96.96%	97.79%	97.79%	97.37%
Did the representative complete your requests during the call?	96.23%	96.10%	97.35%	97.25%	97.25%	96.60%
Was the representative able to fully answer all of your questions?	97.23%	97.24%	97.48%	98.35%	98.35%	97.39%
Call Center Total	**96.68%**	**97.31%**	**96.78%**	**97.35%**	**97.35%**	**96.98%**
Transportation Provider Services						
Did you arrive to your appointment on time?	97.82%	97.59%	97.91%	98.28%	98.28%	97.81%
Did the driver treat you with dignity and respect?	99.00%	98.92%	98.76%	99.26%	99.26%	98.92%
Was the driver wearing a visible, easily readable ID badge?	84.28%	82.95%	86.56%	83.73%	83.73%	84.55%
Did the driver operate the vehicle safely?	99.03%	99.44%	99.28%	99.50%	99.50%	99.29%
Was the interior of the vehicle in good condition?	98.70%	99.02%	99.41%	98.99%	98.99%	99.07%
Transportation Provider Total	**96.27%**	**96.32%**	**96.57%**	**96.51%**	**96.51%**	**96.40%**

SAMPLE

Trip Mode Summary

	Q3-2024	Q4-2024	Q1-2025	Q2-2025	Apr 2025	2025 YTD
Ambulance	0	0	0	0	0	0
Bus	311	331	242	114	114	356
Cab	227,579	221,040	224,704	77,946	77,946	302,650
Gas Reimbursement	42,291	42,010	39,045	14,024	14,024	53,069
Secured Transport	0	0	0	0	0	0

Authorized Trip Legs by Reason (Current Month)

	# of Trip Legs	% of Total Trip Legs	Total Miles by Mode	Average Miles per Leg
RETURN RIDE	47,291	47.98%	934,819	19.77
DAY TREATMENT PROGRAM	20,515	20.82%	227,382	11.08
COUNSELOR,PSYCHOLOGIST, SOCIAL WORKER	6,592	6.69%	113,888	17.28
BEHAVIORAL HEALTH	4,955	5.03%	95,420	19.26
SPECIALIST	3,849	3.91%	186,700	48.51
DIALYSIS	2,652	2.69%	53,522	20.18
PHYSICAL THERAPY	2,602	2.64%	39,538	15.20
DRUG REHABILITATION	2,228	2.26%	66,426	29.81
OCCUPATIONAL THERAPY	1,442	1.46%	21,325	14.79
PRIMARY CARE PHYSICIAN	1,304	1.32%	29,366	22.52
SPEECH THERAPY	1,267	1.29%	19,901	15.71
DENTAL SERVICES	595	0.60%	21,661	36.41
PSYCHIATRIST	341	0.35%	8,794	25.79
PAIN MANAGEMENT	314	0.32%	10,661	33.95
HOSPITAL - DISCHARGE	307	0.31%	21,150	68.89
RADIOLOGY SERVICES	219	0.22%	8,511	38.86
OUTPATIENT SERVICES	213	0.22%	8,421	39.54
OPHTHALMOLOGIST	182	0.18%	8,161	44.84
LABORATORY SERVICES	158	0.16%	3,639	23.03
PODIATRY	122	0.12%	3,418	28.01
OB/GYN SERVICES	117	0.12%	3,145	26.88
OPTICAL	114	0.12%	4,488	39.37
PHARMACY	112	0.11%	1,759	15.71
REHABILITATIVE SERVICES	111	0.11%	2,294	20.67
ALCOHOL REHABILITATION	107	0.11%	1,858	17.36
CHEMOTHERAPY	100	0.10%	3,599	35.99
EMERGENCY ROOM-FROM	86	0.09%	997	11.59
CARDIAC REHABILITATION	73	0.07%	2,329	31.90
CHIROPRACTOR	61	0.06%	1,583	25.94
MEDICAL	59	0.06%	1,067	18.08
RADIATION TREATMENTS	51	0.05%	5,775	113.24
PEDIATRIC SERVICES	48	0.05%	1,149	23.94
TRANSPORTATION TO AN URGENT CARE FACILITY	39	0.04%	829	21.26

SAMPLE

	# of Trip Legs	% of Total Trip Legs	Total Miles by Mode	Average Miles per Leg
HOSPITAL - INPATIENT SERVICES/ADMISSION	37	0.04%	3,477	93.96
COMMUNITY PSYCH REHAB	35	0.04%	879	25.11
MAMMOGRAM	33	0.03%	749	22.70
PROSTHETIC	32	0.03%	1,595	49.86
VISION/HEARING SCREENINGS	29	0.03%	599	20.67
DIABETIC SUPPLIES AND EDUCATION	26	0.03%	744	28.61
DURABLE MEDICAL EQUIPMENT	22	0.02%	833	37.88
NUTRITIONAL	14	0.01%	294	21.00
TRANSPORTATION FROM AN URGENT CARE FACILITY	13	0.01%	140	10.76
ORTHODONTIC SERVICES	13	0.01%	495	38.11
PHYSICAL EXAM	12	0.01%	120	9.99
HEARING AIDS	11	0.01%	297	27.02
ORTHOTIC SHOES	11	0.01%	386	35.10
HOSPITAL TO HOSPITAL	10	0.01%	1,583	158.27
COURT ORDERED EXAMS OR APPTS	8	0.01%	218	27.28
EQUINE THERAPY	8	0.01%	171	21.32
PRENATAL SERVICES	4	0.00%	95	23.70
DRUG ABUSE EVALUATION TO ENTER TREATMENT	4	0.00%	532	133.12
NURSING HOME DISCHARGE OR INITIAL ADMITTANCE	3	0.00%	45	15.02
TRANSPLANT SERVICES	2	0.00%	0	0.00
NURSING HOME TO NURSING HOME	1	0.00%	16	16.26
ALCOHOL ABUSE EVALUATION TO ENTER TREATMENT	1	0.00%	16	16.01
ART THERAPY	1	0.00%	928	928.24
HOSPITAL VISITATION	0	0.00%	482	0.00
IMMUNIZATIONS	0	0.00%	22	0.00
SSI DETERMINATION/PMD APPTS	0	0.00%	4	0.00
NON MEDICAL TRIP	0	0.00%	88	0.00
SOCIAL/COMMUNITY	0	0.00%	8	0.00
ADULT DAY CARE	0	0.00%	6	0.00
VACCINE CLINIC	0	0.00%	18	0.00
EMERGENCY ROOM-TO	0	0.00%	315	0.00
TOTAL	**98,556**	**100%**	**1,928,730**	**19.57**

SAMPLE

Complaint Report Excerpt (Sample)

NOTE: Full report provided in Microsoft Excel which includes all requested fields and individual complaint level detail.

Complaint Summary Report

COMPLAINTS	Current Month	YTD Total
Total Complaints	356	356
Unsubstantiated Complaints	178	178
Actual Complaints	178	178
Total Requested Trips	117,986	117,986
Complaint Percentage	0.15%	0.15%
Avg. By 1000 Requested Trip Legs	1.51	1.51
Complaint Free Percentage	99.56%	99.56%

PROVIDER COMPLAINTS	Current Month	YTD Total	YTD%
DRIVER - BEHAVIOR	3	3	14.29%
DRIVER - SERVICE/DELIVERY	1	1	4.76%
PROVIDER - EARLY PICK UP	1	1	4.76%
PROVIDER - LATE PICK UP	7	7	33.33%
PROVIDER - LATE RETURN	1	1	4.76%
PROVIDER - NO SHOW PICK UP	6	6	28.57%
PROVIDER - SERVICE/BEHAVIOR	1	1	4.76%
VEHICLE - QUALITY/SAFETY	1	1	4.76%
Total	**21**	**21**	**100%**

INTERNAL COMPLAINTS	Current Month
INTERNAL COMPLAINT - CLIENT PROTOCOLS	2
INTERNAL COMPLAINT - CUSTOMER SERVICE	58
INTERNAL COMPLAINT - MTM PROCESSES	76
INTERNAL COMPLAINT - TRIP ACCURACY	21
Total	**157**

RESULTION TIMEFRAME	Current Month	YTD Total
Average Resolution Days	5	5

SAMPLE

PROVIDER BREAKDOWN	Current Month	YTD Total	Monthly Complaint Ratio	% of Top Provider Complaints
TRANSPORTATION PROVIDER NAME	5	5	0.24%	23.81%
TRANSPORTATION PROVIDER NAME	4	4	0.29%	19.05%
TRANSPORTATION PROVIDER NAME	3	3	0.28%	14.29%
TRANSPORTATION PROVIDER NAME	2	2	0.26%	9.52%
TRANSPORTATION PROVIDER NAME	1	1	0.09%	4.76%
TRANSPORTATION PROVIDER NAME	1	1	2.86%	4.76%
TRANSPORTATION PROVIDER NAME	1	1	0.21%	4.76%
TRANSPORTATION PROVIDER NAME	1	1	0.40%	4.76%
TRANSPORTATION PROVIDER NAME	1	1	0.19%	4.76%
TRANSPORTATION PROVIDER NAME	1	1	0.71%	4.76%

COMPLAINTS BY CODE		January	YTD Total
IC	INTERNAL COMPLAINT - CLIENT PROTOCOLS	2	2
	INTERNAL COMPLAINT - CUSTOMER SERVICE	58	58
	INTERNAL COMPLAINT - MTM PROCESSES	76	76
	INTERNAL COMPLAINT - TRIP ACCURACY	21	21
UC	INTERNAL COMPLAINT - CLIENT PROTOCOLS	5	5
	INTERNAL COMPLAINT - CUSTOMER SERVICE	32	32
	INTERNAL COMPLAINT - MTM PROCESSES	71	71
	INTERNAL COMPLAINT - TRIP ACCURACY	63	63
	PROVIDER - LATE PICK UP	1	1
	PROVIDER - NO SHOW PICK UP	3	3
	PROVIDER - NO SHOW RETURN	1	1
	PROVIDER - SERVICE/BEHAVIOR	2	2
VB	DRIVER - BEHAVIOR	3	3
	DRIVER - SERVICE/DELIVERY	1	1
	PROVIDER - SERVICE/BEHAVIOR	1	1
VN	PROVIDER - NO SHOW PICK UP	6	6
VO	PROVIDER - EARLY PICK UP	1	1
	PROVIDER - LATE PICK UP	7	7
	PROVIDER - LATE RETURN	1	1
VQ	VEHICLE - QUALITY/SAFETY	1	1
Total		**356**	**356**

SAMPLE

COMPLAINTS BY TRANSPORTATION PROVIDER		January	YTD Total
NAME OF TRANSPORTATION PROVIDER	Total	7	7
	DRIVER - BEHAVIOR	1	1
	PROVIDER - LATE PICK UP	1	1
	PROVIDER - NO SHOW PICK UP	3	3
	PROVIDER - NO SHOW RETURN	1	1
	PROVIDER - SERVICE/BEHAVIOR	1	1
NAME OF TRANSPORTATION PROVIDER	Total	5	5
	DRIVER - BEHAVIOR	1	1
	DRIVER - SERVICE/DELIVERY	1	1
	PROVIDER - LATE PICK UP	1	1
	PROVIDER - LATE RETURN	1	1
	PROVIDER - SERVICE/BEHAVIOR	1	1
NAME OF TRANSPORTATION PROVIDER	Total	3	3
	PROVIDER - LATE PICK UP	2	2
	PROVIDER - NO SHOW PICK UP	1	1
NAME OF TRANSPORTATION PROVIDER	Total	3	3
	DRIVER - BEHAVIOR	1	1
	PROVIDER - LATE PICK UP	1	1
	PROVIDER - NO SHOW PICK UP	1	1
NAME OF TRANSPORTATION PROVIDER	Total	2	2
	PROVIDER - EARLY PICK UP	1	1
	VEHICLE - QUALITY/SAFETY	1	1
NAME OF TRANSPORTATION PROVIDER	Total	1	1
	PROVIDER - LATE PICK UP	1	1
NAME OF TRANSPORTATION PROVIDER	Total	1	1
	PROVIDER - NO SHOW PICK UP	1	1
Total		**20**	**20**

SAMPLE

COMPLAINTS BY COUNTY		January	YTD Total
VO	Total	9	9
	BARBOUR	1	1
	WYOMING	1	1
	BERKELEY	1	1
	MARSHALL	1	1
	RANDOLPH	1	1
	FAYETTE	2	2
	WOOD	1	1
	UPSHUR	1	1
UC	Total	7	7
	WOOD	1	1
	MONONGALIA	2	2
	MCDOWELL	1	1
	MERCER	2	2
	TYLER	1	1
VN	Total	6	6
	RALEIGH	2	2
	BERKELEY	1	1
	MARION	1	1
	KANAWHA	2	2
VB	Total	5	5
	RANDOLPH	1	1
	MCDOWELL	1	1
	BERKELEY	1	1
	HARRISON	1	1
	UPSHUR	1	1
VQ	Total	1	1
	BARBOUR	1	1
Total		**28**	**28**

SAMPLE

Accidents/Incidents

NOTE: Full report provided in Microsoft Excel which includes all requested fields and individual incident/accident level detail.

INCIDENTS/ACCIDENTS	Current Month	YTD Total
Incidents	0	0
Accidents	0	0
Total	**0**	**0**

Sample Accident Detail

Complaint Information	
Trip	Trip #
First Name	Member Name
Last Name	Member Name
Plan ABRV	Plan
Appt Date	Appt Date
Appt Time	Appt Time
Mmedc	Med ID
Alpha Code	IN/AX
Source Code	Reporting Party
Incident Accident Reported	Reported IN/AX
Member Response	Response from Member, where applicable
Transportation Response	Response from Transportation Provider, where applicable
Facility Response	Response from Facility, where applicable
Witness Contact Information	Witness information, where applicable
Resolution	Resolution to reported IN/AX - Action taken
Wheelchair Training	Date Training Received
Passenger Security Training	Date Training Received
Defensive Driver Training	Date Training Received
General Training	Date Training Received
Sexual Harassment Training	Date Training Received
Customer Service Training	Date Training Received
Initial Notification sent Date	Date notification of IN/AX sent to client
Closure Approved	Date closure sent to client

SAMPLE

Trip Timeliness

NOTE: Full report provided in Microsoft Excel which includes all requested fields and individual trip level detail.

Term	Definition
Pick-Up	A trip where the Member is picked up and taken to a medical Appointment
Drop-off	A trip where the Member is picked up from a medical appointment and returned home
Pick-Up timeliness	Calculated based on the Scheduled pick-up time vs the actual pick-up time.
Drop-off timeliness	Calculated based on the Appointment time vs the actual Drop off time
DOS	Date Of Service
Timeliness	A calculation of whether the member was picked up or dropped off in a timely manner based on the agreed upon terms.

	Total Legs	# Late	% Late	% On Time
A Leg	5,825	120	2%	98%
B Leg	4,321	35	1%	99%
Discharges	256	8	3%	97%
Will-Calls	400	27	7%	93%
Total	**10,802**	**190**	**2%**	**98%**

Vehicle Roster

NOTE: Full report provided in Microsoft Excel which includes all requested fields and individual vehicle level detail.

PROVIDER NAME	PROVIDER ID	COUNTY SERVED	ACTIVE STATUS	TAX ID	NPI	ID	LANGUAGE	DRIVER COUNT	VEHICLE COUNT
123 Taxi	FA5E	JOHNSON	ACTIVE				English	4	4
Yellow Car	G470	JOHNSON	ACTIVE				English, Spanish	10	6
Purple Cab	E731	JOHNSON	ACTIVE				English	28	27
321 Taxi	AT94	JOHNSON	ACTIVE				English, Spanish	4	2
Total								**46**	**39**

SAMPLE

Community Outreach Program Activities

One of MTM's core management techniques that truly separates us from our competitors is our level of Community Outreach with key stakeholder groups. We ensure all parties are fully educated on the programs we operate. We find having knowledgeable users reduces frustration, questions, complaints, and inappropriate use of the system. We have dedicated departments for all stakeholders and hold training sessions in person with medical providers, social workers, and transportation providers.

We also utilize WebEx regularly for process enhancements and rolling out new web-based technology. We find it is convenient for our transportation providers, as well as medical facility staff, with their busy work schedules to log-in from their office as opposed to traveling to a meeting location.

The beginning of a contract with a new broker requires communicating proactively and effectively with eligible Members, the transportation provider community, medical facilities, advocacy groups, and the community at large in a cost efficient manner. During the implementation period and throughout the life of the contract, our Regional Community Outreach Coordinator will conduct various outreach efforts in compliance with specific health plans, to educate and inform stakeholders on the shift in transportation service operation. The methods involved in our Community Outreach Program include U.S. mailings, internet postings, contacting stakeholders via phone, hosting web-based seminars, and conducting face-to-face meetings depending on the audience. For example, we will provide written details such as a description of available services, including, eligibility, the service authorization process, and how to access and use transportation services properly to Members, County Assistance Offices (CAOs) and enrolled medical providers. This information will be made available to other parties upon request.

We initially designed our Community Outreach Program to address the issue of effective communication with NEMT stakeholders in new markets. MTM has always been a company that works from the ground up, building relationships with stakeholders and local resources, to design a program that makes sense for the service area. When we enter a region, we first learn about the community and the current efforts being made to meet the needs of NEMT Members and other stakeholders. Upon contract award MTM will familiarize ourselves with plan specific needs and tailor our Community Outreach Program to meet the needs of each individual program.

Members

MTM will begin the education process for Members by developing written materials that are easy to understand and adhere to reading level requirements as determined by the Flesch-Kincaid scale. Upon contract award, MTM will develop brochures, informational packets, instructional materials, and other written materials for dissemination to Members. Prior to distribution, we will submit all written material to the client for advance approval. Once approved, we will print and distribute the materials to all Member users of transportation services prior to the commencement of services. Other than mailing notices directly to Members, we also distribute materials to medical facilities, Managed Care Organizations, advocacy groups, and other venues and post the information on program-specific web pages. In addition, we will ensure all Members have copies of necessary policies and procedures in writing. Upon making a change to any policy, or at the request of the client, we will conduct additional mailing to announce changes at least 30 days prior to the effective date. We will also facilitate the distribution of mandatory written materials developed by the client.

The written Member notices that MTM develops will include:

- A detailed explanation of available benefits, including amount, duration, and scope
- How to arrange transportation, including the number to call
- What is required to arrange transportation
- Hours of operation
- Explanation of what to do in case of an emergency
- The toll-free number for our "Where's My Ride?" line

Communicating with Special Needs Populations

Throughout the life of this contract, we will develop easy-to-read educational materials for all Members, including those that specifically meet the needs of special needs populations, such as individuals with Limited English Proficiency (LEP). Our on-staff graphic designer is fluent in Spanish, and often facilitates MTM in developing bi-lingual educational materials. We have successfully developed educational materials in languages other than English in several of our service areas with broad ethnic populations, such as our Minneapolis/St. Paul operations. In this area, we developed effective Community Outreach materials in Spanish, Hmong, Filipino, and a variety of other languages to meet the needs of Members. In addition, we can develop materials in Braille and large-print to meet the needs of blind and elderly Members.

Special Interest Groups, Community Agencies and Programs

MTM makes every effort to reach out to special interest groups, community agencies and programs to educate them on NEMT and help them to understand the needs of their Members. Throughout the life of the program, we will meet with and partner with local agencies and organizations.

To initiate our partnership the Regional Community Outreach Coordinator will meet with as many local agencies and organizations as possible, during the implementation phase to educate on MTM services and provide a line of communication and contact. MTM will work very closely with these agencies to coordinate transportation services for their Members, and avoid duplicate efforts and fragmentation of services. We will work to integrate NEMT services with transportation programs funded by the Department of Aging and Department of Transportation. Representatives from community agencies are invited to participate on the Regional Advisory Committee, as well.

Representatives from our Network Management department will work to develop strong working relationships with Americans with Disabilities Act (ADA) public entities within the service area. We will partner with public entities and public transit providers to achieve the most appropriate and most cost effective means of transport.

Medical/Day Facilities

MTM is dedicated to quality healthcare outcomes. As such, we will work closely and in cooperation with the medical facilities to develop a consistent, successful approach for medical practitioners to order transportation services for Members attending an appointment at their facility. Our overall approach to medical facility Community Outreach activity will begin immediately upon the start of the implementation process; MTM will mail an introductory letter and invite facilities to contact us for an in-service meeting. This ensures contact with all program-covered medical providers. We supplement this by contacting all dialysis centers, day programs, and hospitals and scheduling a date for an in-service training session.

During the in-service session, MTM will distribute a facility packet consisting of an informational flyer containing vital contact information. In addition the packet will contain necessary forms and information allowing facilities to arrange transportation for their patients. We will direct facilities to our website, customized specifically for each program, which contains the most current education and resource materials. If medical providers are unable to attend our in-service training sessions, we can accommodate them through a WebEx virtual conference.

Better Approach

Central to our customer service approach is our Care Management department, which provides oversight and review of standing orders such as dialysis as well as our meals and lodging and the Level of Need process

The Regional Community Outreach Coordinator and Care Management Coordinators will be responsible for assisting with MTM's Service Management Portal (SMP) training and troubleshooting. SMP is an innovative way for medical professionals to arrange transportation for their patients/facility. This process will allow a staff member to set a trip and receive confirmation of that trip on line with no phone call to MTM. The trip simultaneously shows up in MTM's system and is available for review by MTM staff.

MTM's Care Management approach to transportation management is a very successful business model. Our unique approach combines a comprehensive needs analysis of Members, with an in-depth understanding of contractual requirements. The results have been remarkable. In every area where we compete head-to-head with other brokers, medical providers praise our management of non-emergency transportation services. The Care Management staff has consistently transformed the most frustrated care managers and medical facilities into pleased allies.

Transportation Providers

Once the transportation provider has completed the credentialing process, the Area Liaison conducts a training and orientation meeting with the transportation provider. In this meeting, the Area Liaison thoroughly explains MTM's Transportation Provider Service Agreement and Guidelines which clearly outline the performance standards to which MTM will hold the provider. Next, the Liaison walks the provider through the Provider Manual and explains:

- MTM's operations
- The provider's key contacts
- Operational aspects
    - How MTM's trip award process works
    - How to read a trip manifest
    - How to properly record pick-up and drop-off information
    - How to register a complaint
    - How to bill MTM
    - The payment schedule
    - Recipient rights

This introductory meeting is important in establishing a good working relationship between MTM and the transportation provider. Also at this meeting, we will inform the provider that they are invited to become part of our Provider Advisory Committee, see the *Advisory Committees* section that appears later in this document.

In addition to the introductory meeting, we require that drivers undergo a series of important training sessions that guide the process of transporting Members. This training includes:

- Customer service skills
- Handling emergency situations
- Diffusing tense situations
- Handling special needs Members
- Basic first aid
- Defensive driving
- Working with MTM and our processes

After the transportation provider and their drivers complete all required training sessions, they submit proof of completion to MTM via the online Transportation Provider Portal. Network Representatives, Area Liaisons, Program Directors and Regional Community Outreach Coordinators will continue conducting education, training and outreach activities throughout the life of the contract. These activities may include important updates to processes, program changes, new technology roll-outs, and specialized driver training sessions.

Clients

To ensure optimal management and coordination of NEMT services between all involved parties, MTM will provide training to the client's staff. During contract implementation, our Regional Community Outreach Coordinator will perform in-service training sessions at a location convenient to staff personnel. In addition, if in-service training is not feasible for staff, we can coordinate online training via WebEx sessions. We anticipate the initial training session to last approximately four (4) hours.

During these training sessions, our Regional Community Outreach Coordinator, along with our Program Director if possible, will review with attendees the MTM Operations Manual. The MTM Operations Manual will be the main training material used, and covers all aspects of working with MTM, the responsibilities each party must take on, how to contact MTM, and more. Other topics will include the various policies and procedures that will govern the program, including our policies on inclement weather and emergencies, as well as HIPAA standards and recipient confidentiality, and information about how to use the client web portal (limited to appropriate personnel only). In addition to the MTM Operations Manual, we will use copies of policies and other educational materials developed by our Marketing Department as training tools. Each individual who attends the training session will receive copies of these training materials to keep following the session. For those utilizing WebEx training services, we will ensure the proper materials are delivered to personnel prior to the session.

In addition to this initial training session, MTM will also provide ongoing training services to ensure all parties are kept up-to-date on program changes and improvements, as well as changes to CMS rules and regulations and the NEMT industry in general. Like with the initial training session, our Community Outreach Coordinator and/or Program Director will meet with staff at a convenient location, or online WebEx training may be arranged. These ongoing training sessions will provide updated details about the NEMT program on a quarterly or as-needed basis, meeting the needs of the ever-evolving NEMT industry.

Through this proposed initial and ongoing training, MTM will begin to build quality, lasting relationships with client personnel. By working together and staying in tune with the program, we can achieve and maintain the highest quality program possible and continue to meet the needs of all Members.

Advisory Committees

During implementation, MTM establishes Advisory Committees and Subcommittees composed of medical providers, transportation providers, advocacy groups, health plan representatives, and Members. These committees will facilitate best practice development and coordination opportunities. Advisory Committees help us ensure that we receive pertinent information from all stakeholders, including valuable input that will help to enhance the program and services delivered. MTM encourages client attendance at all quarterly committee meetings.

MTM has had great success with these committees in the past. Stakeholders are excited to volunteer their time and input for improving transportation services. These Advisory Committees will become active during implementation, prior to the "go-live" date, and continue throughout the life of the contract.

Advisory Committees		
Committee	**Members**	**Role of Committee**
Provider Advisory Committee	Transportation providers	Advise MTM on issues that affect transportation providers Review transportation provider polices and policy changes which affect them Discuss transportation concerns
Regional Advisory Committee	Members, healthcare providers, human services agency representatives, transportation providers, advocacy organization representatives	Assist MTM in addressing concerns from each group of individual stakeholders Identify areas of potential services issues and gaps Guide changes and improvements to implementation activities and Readiness Review

Figure 1: Advisory Committees. MTM implements Advisory Committees for stakeholders to deliver valuable input on NEMT.

The committees will be made up of all program stakeholders and include the:

1. *Provider Advisory Committee:* This group is comprised of representatives from the transportation provider community who advise us on issues that affect transportation providers. This committee will also review transportation provider policies and changes to policies which affect them. In addition, providers and drivers can treat this committee as a platform to discuss any concerns with us. MTM values transportation provider input under any new or existing contract.
2. *Regional Advisory Committee:* MTM will also form a Regional Advisory Committee comprised of stakeholders such as healthcare providers, human services agency representatives, transportation providers, Members, and advocacy organization representatives. Through this committee, representatives will assist us in addressing concerns from each group of individual stakeholders and identifying areas of potential service issues and gaps. MTM will work with the client and medical facilities to identify Members who may be interested in attending committee meetings. In addition, we will transport Members to the quarterly meetings to ensure their input will be heard. As needed, we will establish subcommittees for individual recipient groups such as children, dialysis patients, mental health patients, intellectually and developmentally delayed individuals, and other groups.

MTM is dedicated to providing focused Community Outreach activities with stakeholders in the community during implementation and throughout the life of this contract. We will collaborate with clients, Members, medical facilities, transportation providers, and community and advocacy groups to enhance NEMT delivery. Together, we can be an example of how a NEMT program should be properly run and the outcomes that can be achieved.

How do I file a complaint or concern about MTM's services?

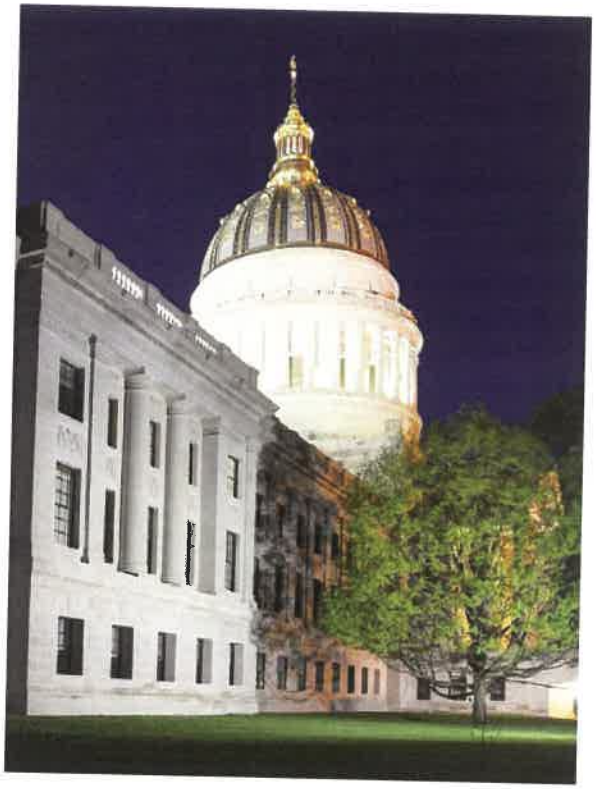
We want to always provide excellent service. Call MTM's "WeCare" line at **1-866-436-0457** if you have a complaint about your service. We will follow up on all complaints.

Remember:

- To schedule a ride call **1-844-549-8353**
- You can schedule a ride Monday through Friday from 7 a.m. to 6 p.m.
- You must call at least five business days before your appointment
- Have your trip information ready
- To file a complaint call **1-866-436-0457**
- If your ride is late call **1-844-549-8354**

CL-MTM-023-2014-1.0

To schedule a ride, call:
1-844-549-8353
7 a.m.- 6 p.m., Monday through Friday



2 Hale Street
Charleston, WV 25301

MTM

MTM

WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES

How to Use West Virginia Non-Emergency Medical Transportation (NEMT) Services

Do you need a ride to your Medicaid health care provider?

We are MTM, West Virginia's NEMT manager. We provide rides for eligible Medicaid Members. Call us to set up a ride to your medical appointments if you have no other way to get there.

How do I schedule a ride?

Call us at **1-844-549-8353.** Make sure you call at least five business days before your appointment with a Medicaid provider. If you call with less notice and the trip is not urgent, you may need to reschedule. We schedule routine trips Monday through Friday from 7 a.m. to 6 p.m.

Please have the following information when you call:

- Member name, home address, and phone number
- Member Medicaid ID number
- The street address and the phone number where you want to be picked up
- The name, phone number, address, and ZIP code of the health care provider you are seeing
- The date and start time of your appointment
- The end time of your appointment, if you know it
- Any special needs, including if you need someone to ride with you
- General reason for the appointment (check-up, eye appointment, etc.)

You may also schedule your trip online at **www.mtm-inc.net/west-virginia.**

What do I do once my ride is set up?

- Your driver will call to remind you of your pick-up time.
- Be ready for your ride at least 15 minutes prior to the scheduled pick-up time.
- If you scheduled a ride back, your driver should pick you up less than 15 minutes after your visit is over. Call MTM if you have waited longer.
- If your visit is over and you did not schedule a ride back, call our "Where's My Ride" line at **1-844-549-8354.** The driver should arrive in less than one hour. Call MTM back if you have waited longer.
- Call our "Where's My Ride" line at **1-844-549-8354** if your driver is late or does not pick you up.

How do I cancel or reschedule my ride?

Call MTM at **1-844-549-8353** if you need to cancel your trip or make any changes.

How does MTM decide what kind of ride I need?

MTM will ask questions about your health and how you handle basic tasks. We may also consult your health care provider. Based on your needs, we will offer you:

- Mileage reimbursement
- Fixed route bus tickets
- Basic ambulatory vehicle services, including sedan, van, and taxi
- Enhanced vehicle services equipped to transport wheelchairs and stretchers

What do I do if my ride is late?

Call MTM's "Where's My Ride" line at **1-844-549-8354** if you have waited:

- More than 15 minutes after the pick-up time scheduled during the original ride request
- More than one hour after calling MTM's "Where's My Ride" line to schedule a return ride, if a return ride was not scheduled during the original request

MTM

WEST VIRGINIA Department of Health & Human Resources
BUREAU FOR MEDICAL SERVICES

How to Use West Virginia Non-Emergency Medical Transportation (NEMT) Services

Do you need a ride to your Medicaid health care provider?

MTM is West Virginia's NEMT manager. We provide rides for eligible Medicaid Members. Call us to set up a ride to your medical appointment if you have no other way to get there.

To schedule a ride:

Call MTM at 1-844-549-8353. You can schedule a ride Monday through Friday from 7 a.m. to 6 p.m. Call at least five business days before your appointment. Have the following information ready when you call:

- Member name, Medicaid ID number, home address, and phone number
- The street address and the phone number where you want to be picked up
- The name, phone number, and address of the health care provider you are seeing
- The date, start time, and end time of your appointment
- General reason for the appointment (check-up, eye appointment, etc.)
- Any special needs, including if you need someone to ride with you

You may also schedule your trip online at www.mtm-inc.net/west-virginia.

To request gas mileage reimbursement:

Call MTM at 1-844-549-8353. We will determine if you qualify. Following your appointment, you will submit trip logs to MTM to receive reimbursement on your reloadable ComData MasterCard.

To cancel or reschedule a ride:

Call MTM at 1-844-549-8353. Please call as soon as possible if you need to cancel your trip or make any changes.

If your ride is late:

Call MTM's "Where's My Ride" line at 1-844-549-8354 if you have waited more than 15 minutes after the pick-up time, or if you have waited more than one hour after calling to schedule a return ride.

To file a complaint:

Call MTM's "WeCare" line at 1-866-436-0457. We follow up on all complaints.

MTM Currency:
Gas Mileage Reimbursement

Do you want freedom in your travel? If a friend or a family member can drive you to your approved appointments, you may qualify for MTM Currency. MTM Currency is a program that provides gas mileage reimbursement through a Focus Card™. This is a reloadable debit card issued by U.S. Bank.

Who can drive me?

A friend or family member can drive you. You cannot receive reimbursement for driving yourself. Additionally, you cannot be the owner of the vehicle driven. Your friend or family member must drive you in their vehicle.

Why use MTM Currency?

There are many benefits to MTM Currency. Most importantly, you keep independence and control of your health. Other benefits include:

- Freedom and flexibility in your travel plans
- The opportunity to plan your appointments at the time that is easiest for you
- No waiting for a transportation provider to pick you up

How does my friend or family member get reimbursed?

Trips must be called in and approved prior to your appointment. You will use a trip log to track your travel. You must also provide a copy of your friend or family member's driver's license, proof of vehicle insurance, and proof of registration. Reimbursement is provided at 30 cents per mile.

How do I submit a trip log?

Have your medical provider sign the trip log for each appointment. There is no need to track mileage. Our system will do it for you. You may use the trip log for one or more trips. Mail, email, or fax the completed log to MTM within 60 days of the oldest trip on the log. Once you submit your log, MTM will verify the information. Funds will be loaded to your payee's Focus Card after your trip is verified.

Mail Your Log

MTM
Attention: Trip Logs
16 Hawk Ridge Drive
Lake St. Louis, MO 63367

Fax Your Log

1-888-513-1610

Email Your Log

payme@mtm-inc.net

How do I file a complaint or concern about MTM's services?

We want to always provide excellent service. Call MTM's We Care Line at **1-866-436-0457** if you have a complaint about your service. We will follow up on all complaints. You can also make suggestions about how we can serve you better.

Remember:

- To schedule a ride call **1-844-879-7341** or use the MTM Link Member Portal or mobile app
- You can schedule a ride Monday through Saturday from 7 a.m. to 6 p.m.
- You are encouraged to schedule your ride at least three business days before your appointment
- Have your trip information ready
- To file a complaint call **1-866-436-0457**
- If your ride is late call **1-844-879-7341**

CL-MTM-004-2015-1.0

For more information, visit **memberportal.net.** Enter your zip code to access information about the NEMT program.

Book your rides without calling MTM

Use the MTM Link Member Portal and mobile app. Visit **mtm.mtmlink.net** to get started.

750 Pilot Road, Suites G&H
Las Vegas, Nevada 89119
www.mtm-inc.net/nevada

MTM

How to Use Nevada Non-Emergency Medical Transportation (NEMT) Services

SAMPLE

Do you need a ride to your Medicaid health care provider?

We are MTM, Nevada's NEMT broker. We provide rides for eligible Medicaid recipients. Call us to set up a ride to your medical appointments if you have no other way to get there.

How do I schedule a ride?

Call us at **1-844-879-7341.** We encourage you to call at least three business days before your appointment. We schedule routine trips Monday through Saturday from 7 a.m. to 6 p.m. You can schedule urgent trips 24 hours a day, seven days a week.

Please have the following information when you call:

- Your name and Medicaid ID number
- Your home address and phone number
- Your doctor's name, phone number, and address
- The date and time of your appointment
- Any special needs, including if you need someone to ride with you

You can also use our MTM Link Member Portal and mobile app to book your rides without calling MTM. This convenient option lets you book your rides quickly and easily, without waiting on hold to speak to a representative. Visit **mtm.mtmlink.net** to get started. Please note, paratransit rides must be booked by calling MTM.

How do I cancel or reschedule my ride?

Call MTM as soon as possible at **1-844-879-7341** if you need to cancel your trip or make any changes. You can also use the MTM Link Member Portal and mobile app to cancel or modify your rides through your mobile device or computer.

What do I do once my ride is set up?

- Be ready for your ride at least 15 minutes prior to the scheduled pick-up time.
- If you scheduled a ride back, your driver should pick you up less than 15 minutes after your visit is over. Call MTM at **1-844-879-7341** if your driver is late or does not pick you up.
- If your visit is over and you did not schedule a ride back, call MTM at **1-844-879-7341.** The driver should arrive in less than one hour. Call MTM back if you have waited longer.

What do I do if my ride is late?

Call MTM at **1-844-879-7341** if you have waited:

- More than 15 minutes after the pick-up time scheduled during the original ride request
- More than one hour after calling MTM to schedule a return ride, if a return ride was not scheduled during the original request

How does MTM decide what kind of ride I need?

You will receive the level of transportation that is most appropriate for your medical condition. We may consult your health care provider. Based on your needs, we will offer you:

- Mileage reimbursement if you, a friend, or family member can drive to the appointment
- Fixed route bus tickets or paratransit services
- Sedan, van, taxi, or ridesharing services, which may include Uber or Lyft
- Vehicle services equipped to transport wheelchairs and stretchers

What if I have a car and can drive myself?

We may be able to reimburse you, a friend, or a family member to drive you to your appointments. Ask us about this program when you call to schedule your trip.

SAMPLE

MTM

Nevada Medicaid Non-Emergency Medical Transportation (NEMT)

We are MTM, Inc. We are Nevada's NEMT broker. We have arranged high quality rides for Nevada Medicaid recipients since 2016.

Important NEMT Reminders:

- To schedule a ride, call 1-844-879-7341
- If your ride is late, call 1-844-879-7341
- To file a complaint, call 1-866-436-0457
- All rides must be for a Medicaid-covered medical service
- Have your trip information ready when you call
- Be ready at least 15 minutes before your ride is scheduled to arrive

For more information, visit **mtm-inc.net/nevada**

SAMPLE

Program enhancements and updates effective July 1, 2021:

- New self-service technology allows you to schedule and manage your rides without calling MTM:
  - The MTM Link Member Portal allows you to manage your rides through a web browser
  - The MTM Link Member App allows you to manage your rides through a mobile app on any Apple or Android device
  - You can also quickly confirm and cancel your rides through automated prompts when you call our call center, instead of waiting to speak to a representative
- You may now schedule rides through our call center Monday through Saturday from 7 a.m. to 6 p.m.
- Rides must now be requested with at least three days advance notice
- We are adding more flexible transportation options for you, such as ridesharing services

If you, or someone you're helping, have questions about MTM, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 888-561-8747.

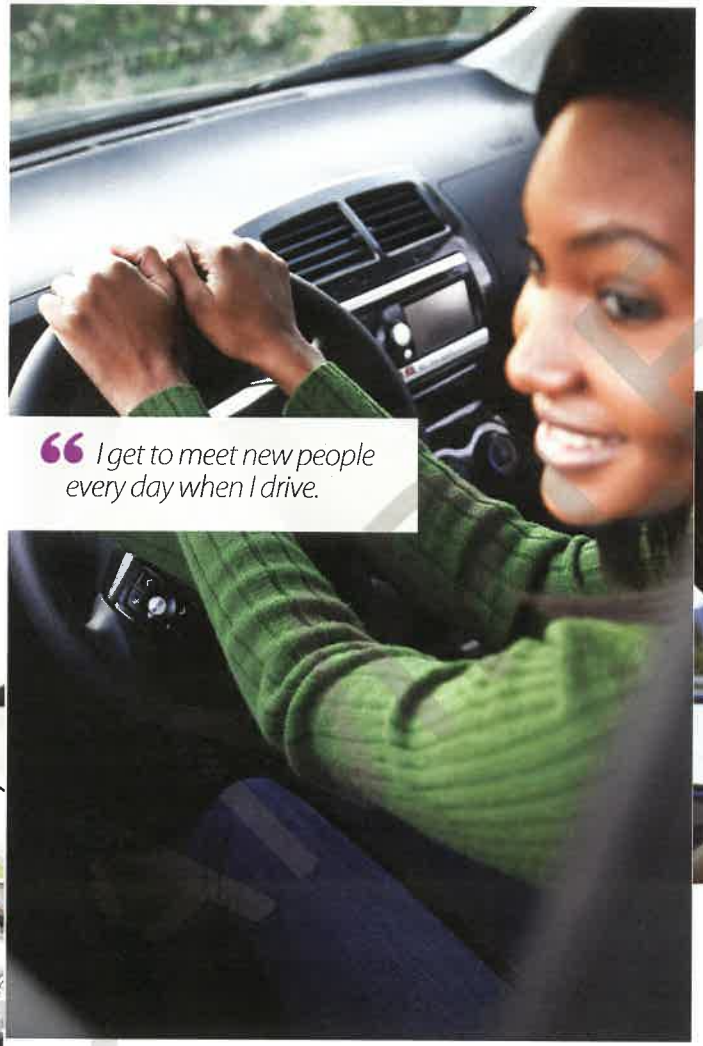
Si usted, o alguien a quien usted esté ayudando, tiene preguntas acerca de MTM, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 888-561-8747.

SAMPLE

Non-discrimination. The client has a right to receive services in compliance with Title VI of the Civil Rights Act of 1964, 42 U.S.C.A., 2000d, et q; 504 of the Rehabilitation Act of 1973, 29 U.S.C.A. 794; the Americans with Disabilities Act of 1990, 42 U.S.C.A. 12101, et seq; and all amendments to each, and all requirements imposed by the regulations issued pursuant to these Acts, in particular 45 C.F.R. Part 80 (relating to race, color, national origin), 45 C.F.R. Part 84 (relating to handicap), 45 C.F.R. Part 86 (relating to sex), and 45 C.F.R. Part 91 (relating to age).

Who Do I Contact for More Information?

If you're interested in pursuing the rewarding task of volunteering with MTM, and if you own a four-door vehicle, visit **www.mtm-inc.net/community-driven** to fill out an informational form. An MTM recruiter will contact you to discuss opportunities in your community. You could be taking trips in as **little** as two weeks!



MTM

16 Hawk Ridge Drive | Lake St. Louis, MO 63367
Phone 888.561.5747 | Fax 636.561.2962
www.mtm-inc.net

Communities Without Barriers

MTM

COMMUNITY DRIVEN

Want to give back to your community?

www.mtm-inc.net/community-driven

CL-MTM-047-2014-1.0

Volunteer Your Time

Do you have your own car? Can you spare a few hours a week to help members of your community safely travel to their healthcare services and live happier, healthier lives?

Every day, MTM, Inc. transports thousands of passengers who have no other way to get to their medical appointments. Certified community drivers are an important component of our operations, helping us achieve our mission of reducing community barriers and increasing access to healthcare. Through our Community Driven Program, MTM is currently seeking certified community drivers to assist passengers in getting around their communities.

MTM

www.mtm-inc.net/community-driven

Why Should I Become a Certified Community Driver?

Volunteering with MTM is an excellent way to give back to your community while setting your own hours. Join MTM's Community Driven Program to achieve personal growth and satisfaction while enjoying:

- The chance to help passengers retain independent living, dignity, and freedom
- Training opportunities
- Mileage reimbursement for your services
- The ability to set your own schedule

How Will I be Paid?

As a certified community driver, you will receive reimbursement based upon the mileage of each trip you take. As you pick up and drop off passengers, you will complete a trip log that will be submitted to MTM each week. Using the information on your log, payment will be determined based on the number of trip legs you complete and the distance of those trip legs.

How Do I Sign Up for the Community Driven Program?

Signing up to be a certified community driver is easy! MTM will guide you every step of the way to make sure you submit the right information and receive appropriate training. Before taking trips as a certified community driver, you must meet the following requirements:

General Requirements

- Have a current valid driver's license
- Be at least 21 years of age
- Maintain adequate car insurance
- Complete a drug test and background check
- Have a professional, courteous demeanor at all times
- Maintain good hygiene

Equipment Requirements

- Have your own four-door vehicle that is safe, clean, and well maintained (must pass an initial and annual vehicle inspection)
- Have a cellular phone
- Maintain access to an email address and the internet

Training and Skills Requirements

- Ability to work with all kinds of people
- Ability to read, write, and communicate effectively in English
- Excellent customer service skills
- Complete an MTM, Inc. sponsored driver training course

SAMPLE

MTM

Non-Emergency Transportation (NET) for Nevada Medicaid Appointments

To set up a ride, call MTM at 1-844-879-7341
Monday through Friday from 7 a.m. to 5 p.m.
If you have an emergency, please call 911.

Be ready to tell us:

- Your name and Medicaid ID number
- Your home address and phone number
- Your doctor's name, phone number, and address
- The date and time of your appointment
- Any special needs, including if you need someone to ride with you

Need to cancel or change a ride you already set up? Call 1-844-879-7341.

Have a complaint about your ride or other service? Please call MTM at 1-866-436-0457

Think your ride is late? Call MTM at 1-844-879-7341

Visit memberportal.net and enter your zip code to access to more important NET information!

CL-MTM-005-2015-1.0

MTM

Transporte No de Emergencia (NET) para citas de Medicaid en Nevada

Para programar un viaje, llame a MTM al 1-844-879-7341
Lunes a viernes, de 7 a.m. a 5 p.m.
Si tiene una emergencia, llame al 911.

Esté dispuesto a decirnos:

- Su nombre y su número de identificación de Medicaid
- Su domicilio y número de teléfono
- El nombre, número de teléfono y dirección de su médico
- La fecha y la hora de su cita
- Cualquier necesidad especial, incluso si necesita que alguien viaje con usted

¿Necesita cancelar o cambiar un viaje que ya ha programado? Llame 1-844-879-7341.

¿Tiene una queja acerca de su viaje u otro servicio? Llame al 1-866-436-0457.

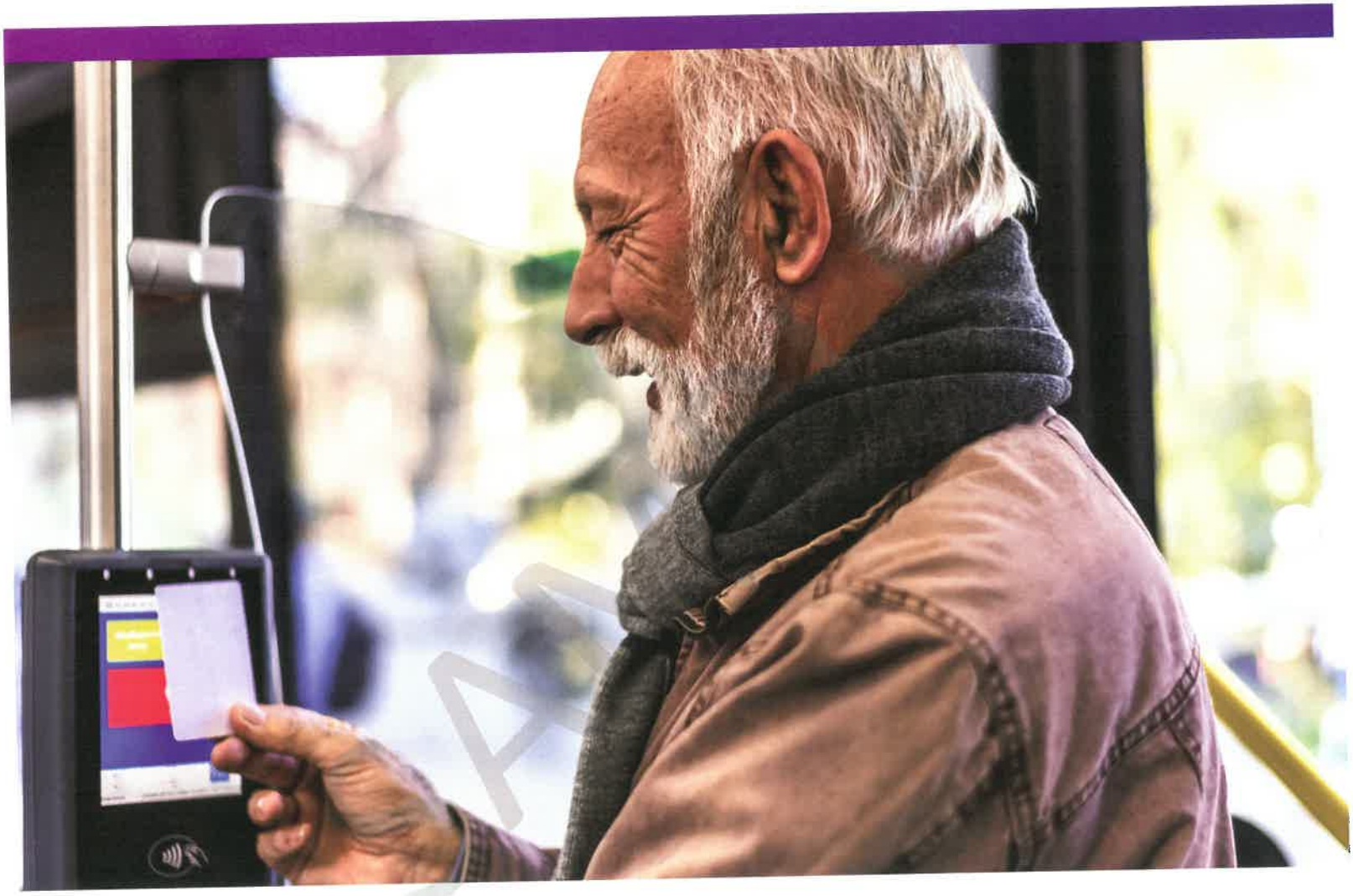
¿Piensa que su conductor se retrasa? Llame al 1-844-879-7341.

¡Visite memberportal.net e ingrese su código postal para el acceso a más información importante sobre NET!

CL-MTM-005-2015-1.0

Member Wallet

A More Efficient and Convenient Process for Public Transit Fare Distribution



Challenge

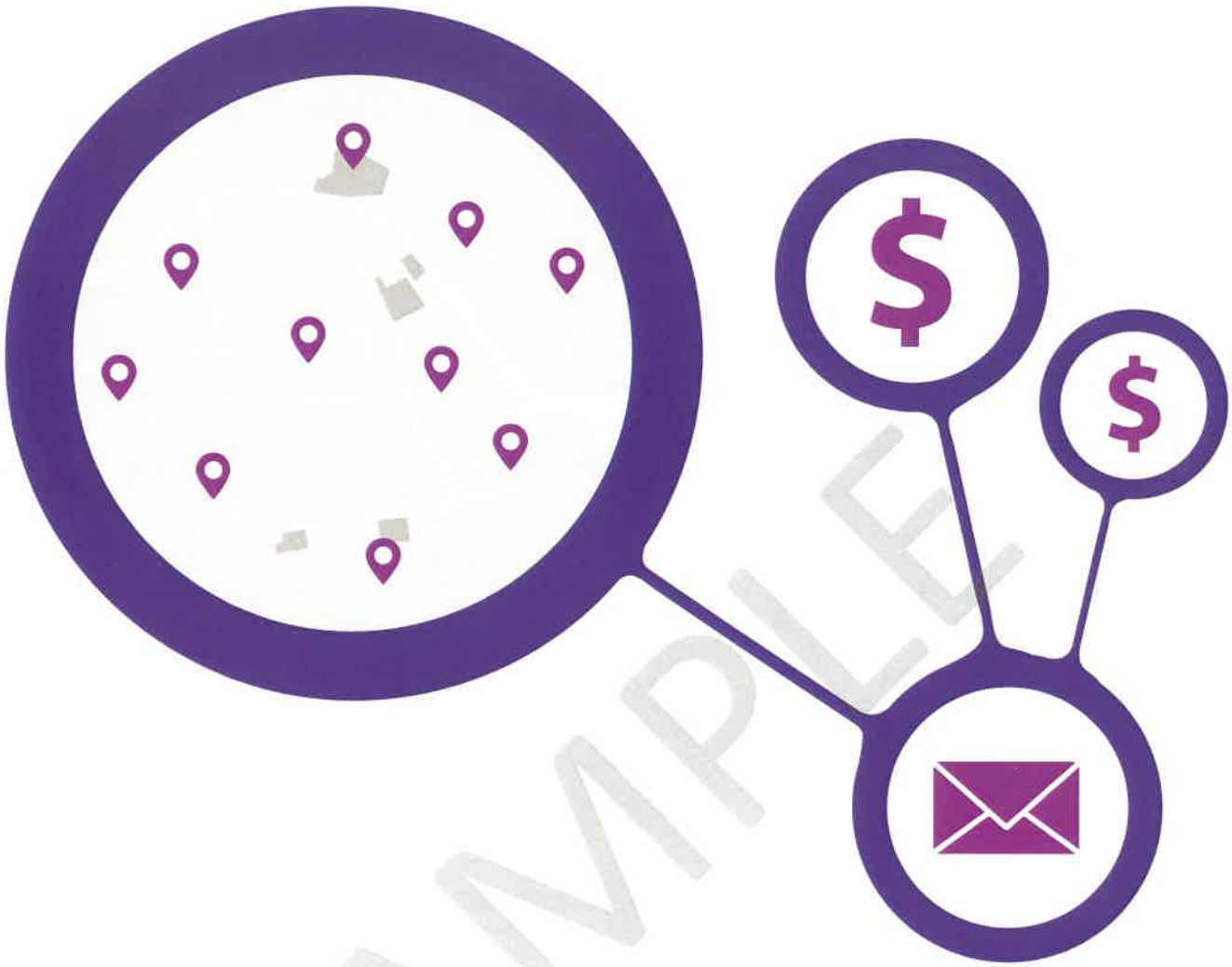
An antiquated, expensive, and time consuming process for distributing bus passes and tickets to Medicaid and Medicare members via mail was becoming increasingly inefficient.

Solution

MTM introduced the Member Wallet program, which automates the public transit process and disburses funds to members to purchase transit fare via a pre-paid, reloadable debit card instead of mailing individual passes and tickets.

Results

97% reduction in public transit trip processing time, giving members more timely access to their transit fare while allowing MTM to decrease administrative costs and reduce fraud, waste, and abuse of transit tickets and passes.



Challenge

As a non-emergency medical transportation (NEMT) broker for health plans, managed care organizations, and state and county governments, MTM is committed to being a responsible steward of our clients' funding sources. We are always searching for innovative ways to encourage members to utilize the most cost-efficient mode of transportation that best suits their physical, mental, and developmental needs, which means public transit is our first mode of choice when appropriate for the member.

Historically, MTM and other NEMT brokers have distributed physical public transit fare like individual paper tickets and weekly/monthly passes to members via mail after they call to schedule their trips. In fact, in 2020, 88% of public transit trips processed by MTM required mailing physical passes to the member. This process is cumbersome, time consuming, and costly, especially when delivery service has to be expedited to reach the member in time for their trip. This is frustrating for members who sometimes wait up to 10 business days for their fare to arrive in the mail, requires MTM to assign a higher mode of transportation when fare will not arrive to the member in time, and leaves little opportunity for MTM to verify that mailed fare is actually used to take approved trips.

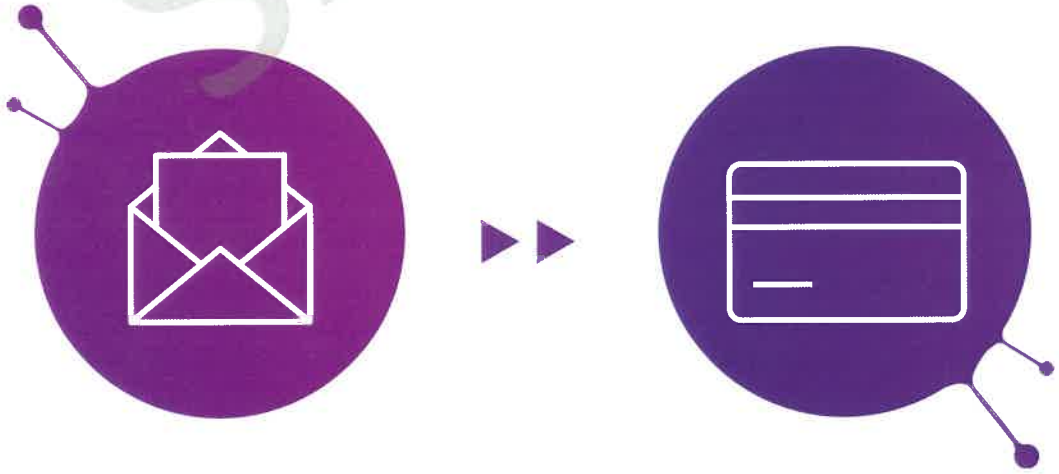
SAMPLE

Solution

In late 2020, MTM launched a rebranded and streamlined public transit process called Member Wallet, which makes taking public transit more convenient and efficient for members. Through Member Wallet, MTM distributes funds for public transit tickets and passes to members via a pre-paid, reloadable debit card. Instead of MTM mailing members physical tickets and passes, members can purchase their own fare before their trip using their MTM-issued debit card.

Here's how Member Wallet works:

Use of the card is controlled by specific Merchant Category Codes (MCCs), allowing MTM to restrict where members can utilize the card and its funds. Specifically, MTM reduced allowable MCCs from more than 300 to just one. With this coding, members can only use their card to make public transit purchases, ensuring funds are used solely for their intended purpose.



SAMPLE

Results

In partnership with a managed care client, MTM launched Member Wallet among the health plan's Pennsylvania membership in December 2020. The plan's member population in this area are high utilizers of public transit. Approximately 4,900 members utilize Member Wallet for their public transit trips, leading to increased efficiencies, higher member satisfaction and willingness to take public transit, and reduced fraud, waste, and abuse.

"I'm very happy with my experience with Member Wallet. I'm able to purchase my passes quickly!" – Yvette S.

SAMPLE

	Member Wallet	Traditional Fare Distribution
Faster Delivery Time	Funds to purchase transit fare are loaded to the member's debit card the next day.	Mailed passes and tickets can take up to 10 business days to reach the member.
Reduced Processing Time	Total processing time to load fare to the member's card is less than two minutes, a 97% reduction in processing time vs. the previous process.	For every 21 pieces of transit fare mailed to members, MTM staff spend approximately 72 minutes printing and sorting letters, stuffing envelopes, and documenting the trip.
Elimination Of Fare Inventory	No fare inventory necessary.	MTM has to purchase and keep adequate amounts of transit fare on hand for multiple transit systems, which may never actually be used.
Reduction In Fraud, Waste, And Abuse	Because spending is restricted to specific MCCs, members can only use the loaded funds to purchase public transit fare; additionally, members can't use the card at ATMs or to request cash back. As an added layer of protection, MTM has full visibility into transaction history to ensure funds were used to purchase transit fare. Additionally, if agreed upon by the client, MTM can remove unused funds or deactivate cards at the client's discretion.	MTM is unable to verify if the member ever actually utilized the mailed public transit fare to take their MTM-approved trip.
Better Reporting	MTM receives thorough reporting that assists with identifying and rectifying potential misuse.	No visibility into fare usage.

SAMPLE

SAMPLE

MTM®

16 Hawk Ridge Drive | Lake Saint Louis, MO 63367 | phone. 888.561.8747 | fax. 631.561.2962 | www.mtm-inc.net

MTM Call Intake Script for Reservation Line

Greeting and HIPAA Verification:

Callers will be prompted to enter various HIPAA information through the phone system (IVR) before reaching an MTM agent.

When you answer your phone, the script greeting for each plan will pop up on your computer screen. Begin the call using the verbiage in that greeting box.

The information that will come to the agent will be:

1. The number that the caller is calling from
2. The Member's phone number they entered into the IVR
3. Their Member's date of birth
4. The Member's Zip Code

<u>If the Caller Provided Information is a match</u> to our files the agent will be presented with the Member Information. The agent will use the below script to identify the caller.

1. *"May I have your name?"*
2. *"Thank you, is this trip for you or someone else?"*
3. If not the member calling: *"May I have your relationship to the member and good contact phone number for you?"*
4. *Thank you for verifying the member's information. Is the member's name and address still _____?*

If the member: *Thank you for verifying your information. Is your address still _____?*

<u>If the Caller Provided Information is not a match</u> to our files use this script below to verify HIPAA. Compare the information that comes over in the pop with the information in AS400 to ensure it matches.

5. "May I have your name?"
6. "Thank you, is this trip for you or someone else?"
7. If not the member calling: "May I have your relationship to the member and good contact phone number for you?"
8. Thank you for verifying the member's phone number and date of birth. Is the member's name and address still _____?
9. If the member: Thank you for verifying your phone number and date of birth. Is your address still _____?

<u>If the member does not enter information</u> into the IVR use the below script.

SAMPLE

10. *"May I have your name?"*
11. *"Thank you, is this trip for you or someone else?"*
12. If not the member calling: *"May I have your relationship to the member and good contact phone number for you?"*
13. If the member: *May I have your (the member's) name and date of birth?*
14. *Thank you. Is your (the member's) home address and phone number still _____?*
15. *If the member is not in the system or is shown as ineligible, the CSR will inform the member:* If eligibility can be handled by CSCOT, place the caller on hold and call the appropriate CSCOT team which handles eligibility.

Inform the caller, **"Mr. /Ms. _____, I will need to contact our Customer Service Escalation Team for further assistance regarding your eligibility. This specialized team will be able to review your eligibility status and make any changes that are necessary. I will then be able to assist you with your transportation request. Can you please hold while I contact our customer service escalation team?"**

Verify Member Contact Information

16. *May I have your (the member's) email address?*
17. *What are your preferred methods of contact? Call, email or text?*
18. *Would you like to receive automated notifications regarding upcoming trips?*

Scheduling New Appointment:

19. **"Are we scheduling just one appointment or multiple appointments today? "What is the date and time of your appointment(s), please?"** If the date falls outside of days' notice requirements, CSR will use Urgency Guidelines to either deny transportation or continue with request. *CSR should strongly encourage Member to utilize GMR if plan offers this option. Scheduling transportation outside of days' notice will be more difficult to secure and guarantee.* If CSR knows that the trip is to be denied, s/he will continue with the transportation request process so that the member receives proper notification of denial.

Mileage Reimbursement:

20. **All other plans that offer GMR as a Transportation Mode** - "Mr. /Ms. _____, for your convenience, are we paying you, a friend or family member to drive you to this/these appointment(s) in their own/private vehicle?"

    ***If yes*, "Great, I will set this trip up as Gas Mileage Reimbursement."** *Proceed to #23*

    If no *go to 21.*

21. **All other plans that offer GMR as a Transportation Mode - "Did you know, we will pay (if over .30 state amount) per mile if you drive yourself or have a friend or family member**

SAMPLE

drive you to your appointment(s). This option gives you the freedom to make additional stops including pharmacy trips, and ensures you arrive on time to your appointment. "Who would you like the payment sent to?"

If no *proceed to #22*

22. "Would you be willing to give this option a try?"

If yes**, "Great, I will set this trip up as Gas Mileage Reimbursement."** *Proceed to #23*

If no**, "Alright Mr. /Mrs. _____. I understand. Feel free to use this option anytime even up to the day before the appointment."** *Proceed to #33.*

23. *Ask caller,* "Is this a round trip or one way?"

24. **"Thank you, can you please provide me with a telephone number of the doctor or facility you will be going to?"** *If CSR can't locate by phone number, request the facility name, Dr. Name, or address of the health care provider.*

25. **"May I please have the name of the physician you are seeing?"**

If member does not have the physician's name, the CSR will state: **"I apologize but I am unable to proceed with the trip request at this time without specific physician information. Please call the medical provider to obtain the physician's name and call us back when you have the specific information. Thank you."**

CSR will place trip in W1 status and document the information that is lacking in the F4 notes for reference when the member calls back. (Go to Confirmation/Closing #44)

Exceptions can be made for trips involving standard procedures such as dialysis and chemotherapy.

26. "May I please verify the facility address where you are traveling to?"

If the member does not have the health care provider information, the CSR will state: **"I apologize but I am unable to proceed with the trip request at this time without specific facility information. Please call the medical provider to obtain the facility address and call us back when you have the specific information. Thank you."** *CSR will place trip in W1 status and document the information that is lacking in the F4 notes for reference when the member calls back. (Go to Confirmation/Closing #44)*

SAMPLE

27. **"What type of doctor are you seeing?"**

If the member is going to a non-covered service, the CSR will educate the member: **"I apologize, but I am showing that your appointment is not covered under your plan, therefore we will not be able to schedule a trip for this appointment. I would recommend that you contact your health plan."** *(Go to Confirmation/Closing #44)*

If member advises trip is for hospital discharge and call originates from AmeriHealth DC Medicaid caller, **CSR must ask, "Will you (the member) need to schedule a trip to the pharmacy?"**

If member declined GMR – Go to Bus or Transportation Provider Section

28. **All other plans that offer GMR as a Transportation Mode –** "Who is going to be the payee for this trip?"

29. **"Mr./Mrs. _____, I will be mailing you a trip log to keep track of your trip confirmation numbers for payment."**

30. **"Your confirmation number for this trip to record on your log is_____." (If applicable based on plan).**

31. **Recap Trip Information:**
    - **"After your first appointment, you have ___ days to send in your trip log."** *(Refer to Mileage Plan Identification Sheet.)*
    - **"Please complete the entire trip log. You can use one log for multiple trips, you will just need to contact us to obtain a trip number. Please sign and have your healthcare provider sign the log."**
    - **"If at any time you don't have a trip log handy, you can make a photo copy, obtain a trip log from our website (www.mtm-inc.net) or call in to have one mailed to you. If you don't have a log at the time of your appointment, please have the facility verify the appointment on their letter head and sign. You can turn that in with the log."**
    - **"We will work the trips logs in the date received order. For us to process the log and schedule the payment, please allow at least 10 – 15 business days after we have received the log. You will receive a:**
        - **MasterCard in the mail. Your payment will be loaded on the same card every Wednesday.**
          OR
        - **"You will receive a check in the mail. These checks are mailed on the ___ and ___ of every month."**

Go to Closing #44.

SAMPLE

Bus or Transportation Provider (Cab/Sedan):

32. "Is this a round trip or one way?"

33. **After the appointment, what time can we schedule your pick-up?**

- *If caller doesn't know the pickup time state,* **I do need to provide transportation with a scheduled return time so they can effectively plan their routes."**
- *If the caller doesn't know what time they need to be picked up we will continue to negotiate a return time with them. This will be entered and will be the assumed return time unless otherwise advised of a change. Advise the member,* **If you are not going to be ready at this time please call MTM or the Transportation Provider to avoid missed rides or a potential No Call No Show. If you are finished early you may call to request an earlier pickup, but please understand that you may need to wait until the noted time if the driver cannot accommodate.**
- *If caller can't provide the pickup time or refuses to give a return time state,* **I have left your pick-up time open. When ready for pick up please call the Where's My Ride Line. Drivers can arrive up to one hour after your will call trip is scheduled.**

34. *Ask caller,* **"Do you use a wheelchair?"**

If yes*, ask caller* **"Is the wheelchair manual or electric?"** *Document this information in the special needs field. Proceed to #35.*

If no *proceed to #38.*

35. "Do you need a wheelchair lift van or can you transfer into a car?"

If a wheelchair lift is needed ask, **"Is this a standard sized wheelchair?"**

If not a standard size wheelchair ask, **"What is the member's approximate weight including the wheelchair and what is the width of the wheelchair from wheel to wheel?"**

Document this information in the special needs field. If member is using a "Bariatric Wheelchair" this must also be noted. If there is insufficient space on the "Special Needs" line, CSR can document information on the "Instructions/Directions" line.

36. "Are there steps outside of the home and if so how many?"

Document this information in the special needs field.

Document all information in #37-39 above in "Special Needs" section on screen.

37. Ask caller, "Is it medically necessary for someone to ride with you (the member)?"

SAMPLE

38. Ask caller, **"Is someone traveling with you (the member) to the appointment?"**
Bus: *If system shows that bus is the most appropriate mode of transportation state,* **"I am showing that public transportation is the most appropriate way for you to get to your health care appointment. You will be able to ride the bus with (name of public transit system). "**
If less than 5 days-notice from the date of the appointment:

39. Ask caller, **"Since you have called with less than 5 days' notice, we cannot guarantee on-time delivery. Is bus pass replacement an option for you? You would purchase tickets at the time of your appointment. When our tickets come in the mail, you can use them however and whenever you wish."**
If yes *state,* **"What address would you like your bus replacement tickets mailed to?**
(Place this address in the alternate mailing screen) **"You should receive your bus pass replacement tickets within 5-7 days."**
If this BPR is not an option for the member state, **"We will get your passes mailed to you as quickly as possible. What address would you like your passes mailed to?"**
(Place this address in the alternate mailing screen) ***Note –For the DC market funds will be loaded to the Smart Trip Card for that trip request.***

Go to "Closing" Section of Script #44.
Cab or Sedan: If system shows Cab as most appropriate mode: **"I have your transportation set up with (name of transportation provider). Their phone number is _____."**

Confirmation and Closing:

40. CAB or SEDAN: "Mr. /Ms. _____. I have scheduled your transportation as a (trip type, i.e. one way, round trip) being picked up at (member's pick-up address) going to (facility address) on (date) at (time) with (Transportation Company)."

42. All other plans that offer GMR as a Transportation Mode - "Mr. /Ms. _____, remember if you want us to pay you or a friend or relative for your next appointment, just let us know when you call in next time."
Note: Mileage reimbursement is not a covered benefit for all plans. Mileage reimbursement portions of the script should only be used for applicable plans.

43."Is there anything else I can help you with today?"

44."Thank you for calling, have a great day"

SAMPLE

Mode of Transportation

1. If system shows that bus is the most appropriate mode: **"I am showing that public transportation is the most appropriate way for you to get to your health care appointment. You will be able to ride the bus with (name of public transit system). We will be sending out the bus passes to (Confirm the address being sent to). You will be receiving your bus ticket within (time frame)."**
   If this appointment is for next day (or two day appointment) and there is not enough time for member to receive tickets via mail or courier, the CCR will ask: **"We like to ask if you are able to cover the cost of bus fare and we will send you bus pass replacements to use at your own discretion or do you need those by overnight delivery?"**
   a. If the member states they are unable to take the bus, the CCR will describe the LON process including sending out the LON form to their health care provider, the temporary certification process, and the escalation to the requested mode of transportation.
   b. CCR will ask: **"Do you require additional information on how to use the bus like what route to take or where to get on the bus?"**
      i. If member says yes, the CCR will offer to transfer the member to a Public Transportation Specialist who will help provide them specific information regarding using the bus.
2. If system shows sedan populates as most appropriate mode: "I have your transportation set up with (name of transportation provider). Their phone number is _____."
   a. If the member previously stated that they do not have a phone number where they can be reached, CCR will state: **"Since you do not have a phone number where the transportation provider can contact you to confirm the time of pick up, please be available for pick up one hour prior to your scheduled appointment time. If you have questions, you may contact the transportation provider or MTM directly."**

Confirming Request

1. **"I have scheduled your transportation as a round trip being picked up at (member's pick-up address) going to (facility address) for (type of doctor) on (date) at (time). The one way mileage is XX and you are scheduled to ride with (transportation provider name). We ask that you be available for pick up one hour prior to your scheduled appointment time; however, you will receive a confirmation call from the transportation provider the day before your appointment to notify you of a more specific time to be ready. If not, please contact the transportation provider at the number you were given or call MTM at 866-907-1493. You have indicated you have/do**

SAMPLE

not have special ride accommodations and (no/#of passengers) additional passengers. Have I stated everything correctly?

Closing

1. **"Is there anything else I can help you with today?"**

2. **"I want to thank you for calling today Mr./Ms. _____. If you need to make any changes, have any questions, or you need to cancel your transportation request please call us no later than twenty four hours before your scheduled appointment time."**

SAMPLE

Audited Financial Statements

The following financial statements for Medical Transportation Management, Inc. (dba MTM Health) are consolidated with affiliate MTM Transit. MTM Health is taxed as an S Corporation, therefore there is no provision for income taxes within the financial statements. Distributions are made to the shareholders to pay the tax directly.

Please note, on August 1, 2022, MTM Health acquired 100% of the equity interests in Veyo, LLC; on July 1, 2023, MTM Health acquired 100% of the equity interest in NEBCO Associates, Inc. and AAA Cab Service, Inc; and on October 1, 2024, MTM Health acquired 100% of the equity interests in Access 2 Care, LLC. MTM Health financed these acquisitions with a combination of cash on hand and bank financing. The goodwill associated with these acquisitions is $173.6 million and has been amortized over ten years. The amortization of goodwill is a non-cash expense and will continue to impact net income; however, MTM Health, MTM Transit, and its subsidiaries continue to generate positive earnings before interest, taxes, depreciation, and amortization (EBITDA).

MTM Health and MTM Transit have strong banking relationships with our current credit facility participants and continue to meet the requited debt covenants. The credit facility is led by Wells Fargo Bank with participation from Regions Bank, US Bank, Fifth Third Bank, Commerce Bank, and Old National.

CONFIDENTIAL

MEDICAL TRANSPORTATION MANAGEMENT, INC. AND SUBSIDIARIES
UNAUDITED RECONCILIATION OF EBITDA
FOR THE YEARS ENDED DECEMBER 31, 2024 AND 2023
(dollars in thousands)

A reconciliation of EBITDA to net income (loss) attributable to Medical Transportation Management, Inc. is as follows:

		2024	2023
Net Income (Loss) Attributable to Medical Transportation Management, Inc.	$	(15,521)	(2,163)
Plus: Net Income attributable to Non-Controlling Interests		5,875	4,341
Amortization of goodwill and intangibles		23,820	19,882
Depreciation		15,112	11,396
Interest expense		20,870	15,429
Interest income		(533)	(436)
Acquisition related expenses		9,525	2,069
Remeasurement of earnout liability		3,913	-
Bargain purchase gain		(4,751)	-
Income tax expense (benefit)		(266)	79
EBITDA	**$**	**58,044**	**50,597**

Use of EBITDA

We use certain measures that are not defined by U.S. generally accepted accounting principles ("GAAP") to evaluate various aspects of our business. EBITDA is a non-GAAP financial measure and should be considered in addition to net income attributable to MTM shareholders reported in accordance with GAAP. EBITDA, as defined by us, may not be comparable to similarly titled measures used by other companies.

We define EBITDA as net income (loss) before: (1) interest expense, (2) interest income, (3) provision for income taxes, (4) depreciation, (5) amortization, (6) income attributable to non-controlling interests, (7) acquisition related expenses, and (8) non-recurring, non-cash expenses or benefits.

EBITDA eliminates the significant non-cash amortization expense from intangibles and goodwill resulting from recent acquisitions and depreciation expense primarily resulting from our continued investment in technology.

MTM's management and Board of Directors use EBITDA to assess our performance and our ability to service our debt and fund operations. In addition, EBITDA generally correlates to the leverage ratio calculation under our credit agreements.

CONFIDENTIAL

MEDICAL TRANSPORTATION MANAGEMENT, INC. AND SUBSIDIARIES

Consolidated Financial Statements
And Supplementary Information

For the years ended December 31, 2024 and 2023

CONFIDENTIAL

Table of contents

	Page
Independent Auditor's Report	1–2
Consolidated Financial Statements:	
Consolidated Balance Sheet	3
Consolidated Statements of Operations	4
Consolidated Statements of Comprehensive Income (Loss)	5
Consolidated Statements of Stockholders' Equity	6
Consolidated Statements of Cash Flows	7
Notes to the Consolidated Financial Statements	8
Consolidating Schedules:	
Consolidating Schedule – Balance Sheet	29
Consolidating Schedule – Statement of Operations	30
Consolidating Schedule – Statement of Comprehensive Income (Loss)	31

CONFIDENTIAL

KPMG LLP
Suite 900
10 South Broadway
St. Louis, MO 63102-1761

Independent Auditors' Report

Audit Committee
Medical Transportation Management, Inc.:

Opinion

We have audited the consolidated financial statements of Medical Transportation Management, Inc. and its subsidiaries (the Company), which comprise the consolidated balance sheets as of December 31, 2024 and 2023, and the related consolidated statements of operations, comprehensive income (loss), stockholders' equity, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the accompanying consolidated financial statements present fairly, in all material respects, the financial position of the Company as of December 31, 2024 and 2023, and the results of its operations and its cash flows for the years then ended in accordance with U.S. generally accepted accounting principles.

Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Consolidated Financial Statements section of our report. We are required to be independent of the Company and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Consolidated Financial Statements

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

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern for one year after the date that the consolidated financial statements are available to be issued.

Auditors' Responsibilities for the Audit of the Consolidated Financial Statements

Our objectives are to obtain reasonable assurance about whether the consolidated financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with GAAS will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the consolidated financial statements.

KPMG LLP, a Delaware limited liability partnership and a member firm of the KPMG global organization of independent member firms affiliated with KPMG International Limited, a private English company limited by guarantee.

KPMG

In performing an audit in accordance with GAAS, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Company's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control related matters that we identified during the audit.

Other Information Included in the Annual Report

Management is responsible for the other information included in the annual report. The other information comprises the information included in the annual report but does not include the consolidated financial statements and our auditors' report thereon. Our opinion on the consolidated financial statements does not cover the other information, and we do not express an opinion or any form of assurance thereon.

In connection with our audit of the consolidated financial statements, our responsibility is to read the other information and consider whether a material inconsistency exists between the other information and the consolidated financial statements, or the other information otherwise appears to be materially misstated. If, based on the work performed, we conclude that an uncorrected material misstatement of the other information exists, we are required to describe it in our report.

KPMG LLP

St. Louis, Missouri
April 23, 2025

CONFIDENTIAL

MEDICAL TRANSPORTATION MANAGEMENT, INC. AND SUBSIDIARIES

Consolidated Balance Sheets

December 31, 2024 and 2023

(dollars in thousands, except share data or where indicated)

Assets		2024	2023
Current assets:			
Cash and cash equivalents	$	41	345
Accounts receivable, net		217,889	134,187
Prepaid expenses and other		14,065	9,862
Investments in marketable securities		—	3,377
Total current assets		231,995	147,771
Property and equipment, net		33,298	32,238
Other assets:			
Goodwill, net		141,469	159,920
Intangibles, net		3,621	8,844
Right of use assets		23,150	25,414
Derivative instruments		1,600	488
Other		12,812	13,272
Total other assets		182,652	207,938
Total assets	$	447,945	387,947
Liabilities and Stockholders' Equity			
Current liabilities:			
Current maturities of finance lease obligations	$	1,857	1,197
Current maturities of long-term debt		11,040	8,750
Current portions of operating lease liabilities		6,840	6,544
Accounts payable		49,721	23,587
Accrued transportation costs		38,005	37,680
Other accrued expenses and current liabilities		71,232	84,253
Total current liabilities		178,695	162,011
Long-term liabilities:			
Line-of-credit		34,703	6,945
Long-term finance lease obligations		3,529	2,323
Long-term debt, net of current portion and debt issuance costs		205,182	171,607
Operating lease liabilities, net of current portion		18,363	20,762
Other long-term liabilities		12,165	14,917
Total long-term liabilities		273,942	216,554
Stockholders' Equity:			
Common stock; Class A voting; $1 par value; authorized and issued – 5,000 shares; outstanding – 1,000 shares		5	5
Common stock; Class B non-voting; $1 par value; authorized and issued 45,000 shares; outstanding – 2024: 27,274 shares		45	45
Additional paid-in capital		4,687	4,687
Accumulated earnings		8,926	27,338
Accumulated other comprehensive income		1,600	45
Treasury stock, at cost, 2024 – 4,000 Class A shares; 17,726 Class B shares		(31,859)	(31,859)
Total stockholders' (deficit) equity		(16,596)	261
Non-controlling interests		11,904	9,121
Total stockholders' (deficit) equity		(4,692)	9,382
Total liabilities and stockholders' equity	$	447,945	387,947

The accompanying notes are an integral part of these consolidated financial statements.

CONFIDENTIAL

MEDICAL TRANSPORTATION MANAGEMENT, INC. AND SUBSIDIARIES

Consolidated Statements of Operations

For the years ended December 31, 2024 and 2023

(dollars in thousands, except where indicated)

	2024	2023
Net revenue	$ 1,398,734	1,207,647
Operating expenses:		
Operating expenses	1,380,364	1,188,784
Remeasurement of earnout liability	3,913	—
Acquisition related expenses	9,525	2,069
Total operating expenses	1,393,802	1,190,853
Operating income	4,932	16,794
Other income (expense):		
Interest income	533	436
Interest expense	(20,870)	(15,429)
Bargain purchase gain	4,751	—
Miscellaneous income	1,008	377
Total other income (expense)	(14,578)	(14,616)
Consolidated net income (loss)	(9,646)	2,178
Less: net income attributable to non-controlling interests	(5,875)	(4,341)
Net loss attributable to Medical Transportation Management, Inc.	$ (15,521)	(2,163)

The accompanying notes are an integral part of these consolidated financial statements.

CONFIDENTIAL

the consideration to which the Company expects to be entitled in exchange for these services. The Company enters into fee for service contracts, per member per month contracts, fixed fee contracts and a hybrid of these types of contracts. For per member per month contracts ("PMPM"), control is transferred during the month as the stand-ready membership service is provided over a month regardless of usage and the customer is receiving and consuming the benefits as the stand-ready service is provided. For fee for service contracts, the control is transferred over time; however, since the trips are typically performed within a day, it can be administratively treated as a point in time.

The Company has right to consideration from their customers in the amount that directly corresponds with the value of the Company's performance to date. For fee for service contracts that have yet to be invoiced at period-end, an accrual is made on the estimated amount of revenue expected to be recognized. At December 31, 2024 and 2023, $132,513 and $60,973, respectively, of the unbilled receivables is included within contract assets in the table below.

The following table provides information about accounts receivable, net as of December 31:

	2024	2023
Accounts receivables	$ 72,557	$ 64,116
Contract assets	142,683	68,750
Other receivables	4,232	2,556
Allowance for credit losses	(1,583)	(1,235)
Accounts receivable, net	**$ 217,889**	**$ 134,187**

The Company generally expects the period of time from when it transfers a promised service to a customer and when the customer pays for the service to be one year or less, and thus the Company does not have a significant financing component within its contracts with customers.

Under capitated PMPM contracts, payors pay a fixed amount per eligible member per month. Capitation rates are generally based on expected costs and volume of service. The company assumes the responsibility of meeting the covered healthcare related transportation requirements based on PMPM fees for the number of eligible members in the payor's program. Revenue is recognized based on the population served during the period. Certain capitated contracts have provisions for reconciliations, risk corridors or profit rebates. For contracts with reconciliation provisions, capitation payments are received as a prepayment during the month service is provided. These prepayments are reconciled based on actual cost and/or trip volume and may result in refunds to the payor, or additional payments due from the payor. Contracts with risk corridor or profit rebate provisions allow for profit within a certain corridor and once the Company reaches profit levels or maximums, the Company discontinues recognizing revenue and instead records a liability within the accrued customer rebate account. The liability may be reduced through future increases in trip volume or periodic settlements with the payor. While a profit rebate provision could only result in a liability from this profit threshold, a risk corridor provision could potentially result in receivables if the Company does not reach certain profit minimums. Risk corridor or profit rebates are considered variable consideration. Management estimates the amounts of the variable consideration earned and recognizes a corresponding contract liability or receivable. Contract liabilities from rebates are recorded within other accrued expenses and

(Continued)

(k) Long-Lived Asset Impairment

The Company evaluates the recoverability of the carrying value of long-lived assets, such as property and equipment and intangibles, whenever events or circumstances indicate the carrying amount may not be recoverable. If a long-lived asset is tested for recoverability and the undiscounted estimated future cash flows expected to result from the use and eventual disposition of the asset is less than the carrying amount of the asset, the asset cost is adjusted to fair value, and an impairment loss is recognized as the amount by which the carrying amount of a long-lived asset exceeds its fair value. The Company determined no triggering events have occurred, and no impairment existed at December 31, 2024 and 2023.

(l) Debt Issuance Costs

Debt issuance costs include amounts incurred in connection with the issuance of the long-term debt and the line of credit. Debt issuance costs associated with the long-term debt are recorded as a direct deduction from the face amount of long-term debt and debt issuance costs associated with the line of credit are recorded in other assets. Amortization of debt issuance costs is recognized using the effective interest method over the respective debt term and charged to interest expense. If debt is retired early, the related unamortized debt issuance costs are written off in the period the debt is retired.

(m) Comprehensive Income

Certain changes in assets and liabilities, such as unrealized gains and losses on investments in marketable securities classified as available-for-sale securities or unrealized gains and losses on derivative instruments, are reported as a separate component of stockholders' equity of the consolidated balance sheet, such items, along with net income, are components of comprehensive income.

(n) Other Accrued Expenses and Current Liabilities

Other accrued expenses and current liabilities consisted of the following as of December 31, 2024 and 2023:

	2024	2023
Accrued customer rebates	$ 9,636	$ 33,919
Accrued payroll and related liabilities	19,727	16,268
Deferred revenue	8,800	8,794
Accrued professional fees	6,177	5,771
Accured operating expenses	17,711	7,946
Current portion of earnout consideration	—	5,637
Other current liabilities	9,181	5,918
Other accrued expenses and current liabilities	**$ 71,232**	**$ 84,253**

(o) Revenue Recognition

The Company recognizes revenue as it transfers control of promised services to its customers and generates all of its revenue from contracts with customers. The amount of revenue recognized reflects

with cloud computing arrangements ("CCA") that are service contracts. The CCA includes services which are used to support certain internal corporate functions as well as technology associated with revenue-generating activities. The capitalized costs are amortized using a straight-line method over the term of the related CCA. Software maintenance and training costs are expensed as incurred.

(i) Goodwill, Net

Goodwill reflected on the consolidated balance sheets represents the excess of the purchase price of the acquired entities over the values and amounts assigned to assets acquired and liabilities assumed (see Note 2). The Company has elected the accounting alternative for goodwill in FASB ASC Topic 350, Intangibles – Goodwill and Other. In accordance with the accounting alternative for goodwill under FASB ASC 350, the Company has elected to amortize goodwill on a straight-line basis over 10 years and to test goodwill for impairment at the Company level. Goodwill is tested for impairment if an event occurs, or circumstances change that would indicate that the fair value of the Company may be below its carrying amount (e.g. a triggering event). If the carrying amount of the Company exceeds the fair value of the Company, an impairment loss shall be recognized in an amount equal to the excess and not to exceed the carrying amount of goodwill. The Company has determined that no triggering events have occurred, and no impairment existed at December 31, 2024 and 2023.

(j) Intangibles, Net

Intangible assets acquired in an acquisition transaction are originally recorded at their estimated fair values. Intangible assets include trade names, patented and unpatented technology, and customer relationships. The fair value of these intangible assets are determined primarily using the income approach. Intangibles are amortized over their estimated useful lives ranging from 3 to 10 years.

The Company evaluates the estimated useful lives of its definite-lived intangibles each reporting period to determine whether events and circumstances warrant a revision to the remaining period of amortization. If the estimate of useful lives is changed, the remaining carrying amount of the assets is amortized prospectively over the revised remaining useful lives. The definite-lived intangibles are also reviewed for impairment whenever events or changes in circumstances indicate that the asset's carrying amount may not be recoverable.

The Company measures the carrying amount of the asset against the estimated undiscounted future cash flows associated with it. Should the sum of the expected future net cash flows be less than the carrying value of the asset being evaluated, an impairment loss could be recognized. The impairment loss would be calculated as the amount by which the carrying value of the asset exceeds the fair value. The evaluation of asset impairment requires the Company to make assumptions about future cash flows over the life of the assets being evaluated. These assumptions required significant judgment and actual results may differ from assumed and estimated amounts. During the years ended December 31, 2024 and 2023, the Company did not record impairment loss related to its definite-lived intangible assets.

(Continued)

(e) Cash and Cash Equivalents

The Company considers all liquid investments with original maturities of three months or less to be cash equivalents. Cash equivalents consisted of an overnight sweep account and a money market account.

At various times throughout the years ended December 31, 2024 and 2023, the Company may have had balances in excess of the federally insured limit. The Company has not experienced any losses from maintaining balances in excess of such limits.

(f) Accounts Receivable, Net

Accounts receivables are stated at the amounts billed to customers plus any accrued and unpaid interest. Accounts receivable also includes revenue earned, but not yet billed to customers. The Company maintains an allowance for credit losses at an amount it estimates to be sufficient to cover the risk that an account will not be collected due to credit risk. The Company reviews outstanding receivables, historical collection information, and existing and forecasted economic conditions to establish the estimated allowance amount. Certain situations require the Company to record a specific allowance amount for an individual customer. The Company determined that an allowance for credit losses was necessary in the amount of $1,583 and $1,235 as of December 31, 2024 and 2023, respectively. As the Company primarily contracts with government payees, there is not a significant credit risk in the collection of accounts receivable.

(g) Investments in Marketable Securities

Investments in marketable securities, classified as available-for-sale, with readily determinable fair values are stated at fair market value. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Company's gains and losses on investments bought and sold as well as held during the year. Unrealized gains and losses on investments in marketable securities are based on the difference between the cost and fair value of each security. The unrealized gains and losses are recorded in other comprehensive income (loss) in the consolidated statements of comprehensive income, whereas realized gains and losses are recognized in the Company's net income (loss).

(h) Property and Equipment, Net

Property and equipment acquisitions are stated at cost less accumulated depreciation, or at fair value if the assets were initially recorded as a result of a business combination. Depreciation is primarily computed using the straight-line method over the estimated useful life of each asset. Upon sale or retirement, the cost and related accumulated depreciation are eliminated from the respective accounts and the resulting gain or loss included in operating expenses. Repair and maintenance charges that do not increase the useful lives of the assets are charged to expense as incurred.

The Company develops and implements software for internal use to enhance the performance and capabilities of the technology infrastructure. The costs incurred for the development of the internal-use software are capitalized when they meet the internal-use software capitalization criteria outlined in ASC 350-40. The capitalized costs are amortized using the straight-line method over the estimated useful life of the software. In addition to acquired software, the Company capitalizes costs associated

(1) Summary of Significant Accounting Policies

(a) Nature of Operations

Medical Transportation Management, Inc. and Subsidiaries (collectively referred to as "MTM" or the "Company") is a technology-enabled healthcare service company that provides a suite of integrated supportive care solutions. MTM is a provider of non-emergency medical transportation ("NEMT") that primarily services state and county governments and Medicaid and Medicare insurers. Revenue is earned from providing and brokering transportation services throughout the United States. MTM also operates paratransit and fixed route transit contracts and provides transit solutions through ADA eligibility assessments, travel training and education, and a taxi business.

(b) Principles of Consolidation

These consolidated financial statements have been prepared in conformity with accounting principles generally accepted in the United States ("U.S. GAAP"). The consolidated financial statements include the accounts of MTM and all entities in which MTM has a controlling interest. The non-controlling interest on the Company's balance sheets represents the 43% interest in MTM Transit, LLC not owned by MTM. All significant inter-company accounts and transactions have been eliminated in consolidation.

(c) Business Combination Accounting

Acquisitions are accounted for by applying framework pursuant to the Financial Accounting Standards Board ("FASB") Accounting Standard Codification ("ASC") Topic 805, Business Combinations. Under this framework, the purchase price is allocated to the assets acquired and liabilities assumed as of the acquisition date based on their estimated fair value. Any purchase price residual after allocating to the identifiable net assets is assigned to goodwill.

In addition, the Company has adopted FASB Accounting Standards Update ASU No. 2014-18, Accounting for Identifiable Intangible Assets in a Business Combination, which provides a nonpublic entity an alternative to not recognize separately from goodwill all identifiable intangible assets described under FASB ASC Topic 805. ASU 2014-18 allows the following identifiable intangible assets to be precluded from separate financial statements recognition from goodwill: customer-related intangible assets, unless they are capable of being sold or licensed independently from other business assets, and noncompetition agreements.

(d) Use of Estimates

U.S. GAAP requires management to make estimates and assumptions that affect certain reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the consolidated financial statements and the reported amounts of revenue and expenses during the reporting period. Actual results could differ from those estimates. The significant estimates underlying the Company's consolidated financial statements include accrued transportation costs; intangible assets and goodwill; and accounting for business combinations, including amounts assigned to definite lived intangibles and contingent consideration.

(Continued)

MEDICAL TRANSPORTATION MANAGEMENT, INC. AND SUBSIDIARIES

Consolidated Statements of Cash Flows

For the years ended December 31, 2024 and 2023

(dollars in thousands, except where indicated)

	2024	2023
Cash flows from operating activities:		
Net income (loss)	$ (9,646)	2,178
Adjustments to reconcile net income (loss) to net cash provided by operating activities:		
Depreciation	15,112	11,348
Amortization of goodwill and intangibles	23,820	19,882
Amortization of deferred financing fees	1,186	945
PIK Interest	3,046	802
Accrued stock appreciation rights	385	863
Remeasurement of earnout liability	3,913	—
Bargain purchase gain	(4,751)	—
Other, net	367	164
Changes in:		
Accounts receivable, net	(438)	(16,500)
Prepaid expenses and other assets	(4,077)	(3,118)
Accounts payable, accrued expenses and other long-term liabilities	(16,394)	21,406
Net cash provided by operating activities	12,523	37,970
Investing activities:		
Acquisition, less cash acquired (Note 2)	(42,500)	(62,267)
Advances to other receivables - related parties	(257)	(2,195)
Investments	—	(1,000)
Purchase of property and equipment	(15,418)	(14,781)
Proceeds from disposal of property and equipment	250	151
Sale of investments in marketable securities	3,404	602
Net cash used in investing activities	(54,521)	(79,490)
Financing activities:		
Proceeds from issuance of long-term debt	30,000	60,500
Payments on long-term debt	(12,557)	(6,000)
Proceeds from issuance on line-of-credit	68,332	128,869
Payments on line-of-credit	(40,574)	(133,340)
Payment of debt issuance costs	(759)	(1,114)
Tax distributions to stockholders	(5,983)	(9,219)
Payments on finance lease obligations	(1,434)	(1,215)
Proceeds on finance lease obligations	3,133	—
Checks issued in excess of bank balance	1,536	3,382
Net cash provided by financing activities	41,694	41,863
(Decrease) Increase in cash and cash equivalents	(304)	343
Cash and cash equivalents, beginning of year	345	2
Cash and cash equivalents, end of year	$ 41	345
Supplemental disclosure of cash flow information:		
Interest paid	$ 18,584	14,882
Property and equipment acquired through finance lease obligations	229	2,677
Right of use assets acquired through operating lease obligations	2,263	9,793
Earnout consideration associated with acquisition (Note 2)	—	10,908

The accompanying notes are an integral part of these consolidated financial statements.

CONFIDENTIAL

MEDICAL TRANSPORTATION MANAGEMENT, INC. AND SUBSIDIARIES

Consolidated Statements of Stockholders' Equity

For the years ended December 31, 2024 and 2023

(dollars in thousands, except where indicated)

	Common stock	Treasury stock	Additional paid-in capital	Accumulated earning	Accumulated other comprehensive income	Non-controlling interest	Total
Balance, December 31, 2022	50	(31,859)	4,687	37,496	1,059	6,004	17,437
Tax distributions to stockholders	—	—	—	(7,995)	—	(1,224)	(9,219)
Other comprehensive income (loss)	—	—	—	—	(1,014)	—	(1,014)
Net income (loss)	—	—	—	(2,163)	—	4,341	2,178
Balance, December 31, 2023	50	(31,859)	4,687	27,338	45	9,121	9,382
Tax distributions to stockholders	—	—	—	(2,891)	—	(3,092)	(5,983)
Other comprehensive income (loss)	—	—	—	—	1,555	—	1,555
Net income (loss)	—	—	—	(15,521)	—	5,875	(9,646)
Balance, December 31, 2024	50	(31,859)	4,687	8,926	1,600	11,904	(4,692)

The accompanying notes are an integral part of these consolidated financial statements.

CONFIDENTIAL

MEDICAL TRANSPORTATION MANAGEMENT, INC. AND SUBSIDIARIES

Consolidated Statements of Comprehensive Income (Loss)

For the years ended December 31, 2024 and 2023

(dollars in thousands, except where indicated)

		2024	2023
Consolidated net income (loss)	$	(9,646)	2,178
Other comprehensive income (loss):			
Unrealized gain on investment in marketable securities		—	558
Reclassification adjustment for gains included in net income		443	—
Unrealized gain (loss) on derivative instrument		1,112	(1,572)
Total other comprehensive income (loss)		1,555	(1,014)
Comprehensive income (loss)		(8,091)	1,164
Less comprehensive income attributable to non-controlling interests		(5,875)	(4,341)
Comprehensive loss attributable to Medical Transportation Management, Inc.	$	(13,966)	(3,177)

The accompanying notes are an integral part of these consolidated financial statements.

CONFIDENTIAL

current liabilities and customer rebate receivables are recorded within accounts receivable, net on the consolidated balance sheets.

At December 31, 2024 and 2023, $10,170 and $7,777, respectively, of receivables associated with contract rebates were included within contract assets in the table above.

The Company also has certain PMPM contracts that are prepaid from customers and recorded as deferred revenue within other accrued expenses and current liabilities on the consolidated balance sheets.

The following table provides information about the prepaid amounts from PMPM contracts and the contract liability associated with customer rebates as of December 31:

	2024	2023
Deferred revenue - PMPM	$ 8,800	$ 8,794
Accrued customer rebates	$ 9,636	$ 33,919

Of the deferred balance as of December 31, 2023, $3,813 was recognized as revenue during the year ended December 31, 2024.

The following tables provide the summary activity of total accrued customer rebates and contract receivables as reported within the consolidated balance sheet:

	December 31, 2023	Additional Amounts Recorded	Amounts Paid or Settled	December 31, 2024
Profit rebate/corridor contract payables	$ 32,419	6,297	(31,132)	7,584
Overpayments and other cash items	1,500	552	—	2,052
Total accrued customer rebates	$ 33,919	6,849	(31,132)	9,636
Corridor contract receivables	$ 7,777	5,508	(3,115)	10,170
Total contract receivables	$ 7,777	5,508	(3,115)	10,170

(p) Insurance

Under the Company's insurance programs, coverage is obtained for catastrophic exposures as well as those risks required to be insured by law or contract. The Company is self-insured and retains a significant portion of certain expected losses related to health benefits. Provisions for losses expected under these self-insurance programs are recorded based upon the Company's estimates of the aggregate liability for claims incurred.

Pro Assure Insurance, LLC ("Pro Assure") is a captive insurance company under the captive insurance laws of the state of Missouri. Pro Assure is an affiliate related through common ownership and management. Pro Assure provides MTM and MTM Transit with a deductible reimbursement policy for workers compensation, general liability, and automobile claims liability. The limit for workers

(Continued)

compensation is $500 thousand and limits for several automobile policies range from $1 million to $2 million.

(q) Income Taxes

MTM, with the consent of its stockholders, has elected under the Internal Revenue Code to be taxed as an S-Corporation. In lieu of corporate income taxes, the stockholders of an S-Corporation are taxed on their proportionate share of the Company's taxable income. Accordingly, no federal provision or liability for income taxes has been included in the consolidated financial statements. The Company has elected to pay income tax at the entity level in several states and has recorded a provision for state income taxes accordingly.

The Company files U.S. and various state tax returns. The statute of limitations is generally three years for the U.S. and between three and four years for the various states in which the Company operates. The tax years that remain open for examination by the U.S. and states principally include the years 2020 to 2023.

(r) Treasury Stock

Common stock shares repurchased are recorded at cost. Cost of shares retired or reissued are determined using the first-in, first-out method.

(s) Leases

Right of use lease assets and lease liabilities are initially recorded based on the present value of future lease payments over the expected lease term. See additional details in Note 8.

(t) Derivative Instruments and Hedging Activities

The Company records all derivatives on the consolidated balance sheets at fair value. For derivatives designated and that qualify as cash flow hedges of interest rate risk, the gain or loss on the derivative is recorded in accumulated other comprehensive income and subsequently reclassified into interest expense in the same period(s) during which the hedged transaction affects earnings. See additional details in Note 14. The Company has elected to measure the credit risk of its derivative financial instruments that is subject to master netting agreements on a net basis by counterparty portfolio.

(u) Accrued Transportation Costs

The Company generally contracts with third-party providers to provide transportation. The cost of transportation is recorded in the month the services are rendered, based upon contractual rates and mileage estimates. Transportation providers provide invoices once the trip is completed. Any trips that have not been invoiced require an accrual, based upon the expected cost as well as an estimate for cancellations, as the Company is generally only obligated to pay the transportation provider for completed trips. These estimates are based upon the historical trend associated with each contract's population and the transportation provider network servicing the program. There may be differences between actual invoiced amounts and estimated costs, and any resulting adjustments are included in expense.

(v) New Accounting Pronouncements

In June 2016, the FASB issued ASU 2016-13, Financial Instruments-Credit Losses. The standard requires a financial asset (including trade receivables) measured at amortized cost basis to be presented at the net amount expected to be collected. Thus, the income statement will reflect the measurement of credit losses for newly recognized financial assets as well as the expected increases or decreases of expected credit losses that have taken place during the period. The Company adopted ASU 2016-13 on January 1, 2023. This standard did not have a material impact on the consolidated financial statements or disclosures, nor is it expected to have a material impact in the future.

(2) Business Combinations

Access2Care, LLC.

On October 1, 2024, the Company acquired all of the issued and outstanding equity interests in Access2Care, LLC ("A2C"), for a total purchase price of $48,911. For tax purposes this was treated as an asset acquisition. The Company incurred acquisition related expenses of $9,525 related to the A2C acquisition during the year ended December 31, 2024. The purchase of the assets, less liabilities assumed, was funded primarily through the issuance of new debt (see Note 7).

The following summarizes the fair value of consideration paid for A2C and the amounts of the assets acquired, and liabilities assumed recognized at the acquisition date:

Accounts receivable	$	80,274
Prepaid expenses and other assets		1,975
Property, plant and equipment		636
AP and accrued expenses		(29,223)
Bargain purchase gain		(4,751)
	$	48,911

The acquisition of A2C resulted in a bargain purchase gain of $4,751 recorded in other income for the year ended December 31, 2024. The purchase price allocation is not yet finalized given the ongoing review of various working capital items.

The fair value of the consideration transferred is as follows:

Amount paid at closing	$	42,500
Amount due upon finalization of closing statement		5,000
Working capital adjustment		1,411
	$	48,911

Nebco Associates Inc. and AAA Cab Service Inc.

On June 30, 2023, the Company acquired 100% of the equity interests in Nebco Associates Inc. ("MTBA") and AAA Cab Service Inc. ("AAA") (collectively referred to as "Taxi"), for a total purchase price of $75,782. For tax purposes this was treated as an asset acquisition. The Company incurred acquisition related expenses of $1,148 related to the acquisition during the year ended December 31, 2023. The purchase of

(Continued)

the assets, less liabilities assumed, was funded primarily through the issuance of new debt (see Note 7). The Agreement also included earnout payments of $7,500 in each of the two years following the acquisition based on the financial performance of MTBA and AAA, resulting in a maximum earnout of $15,000.

The following summarizes the fair value of consideration paid to Taxi and the amounts of the assets acquired, and liabilities assumed recognized at the acquisition date:

Cash	$	2,607
Accounts receivable		3,999
Prepaid expenses and other assets		209
Property, plant & equipment		1,065
Intangibles		1,670
Goodwill		71,444
AP and accrued expenses		(5,212)
	$	75,782

The fair value of the consideration transferred is as follows:

Amount paid at closing, including escrow	$	65,837
Working capital adjustment		(963)
Earnout consideration		10,908
	$	75,782

The earnout consideration liability was initially recorded at fair value at the date of the acquisition and was revalued at December 31, 2023 to $11,087, of which $5,631 was recorded in other accrued expense and current liabilities and $5,450 was recorded in other long-term liabilities. In July 2024, the Stock Purchase Agreement was amended to replace the contingent earnout obligations with Subordinated Promissory Notes totaling $15,000 (See Note 7). During 2024, the Company recognized the remeasurement of the earnout liability, of which $3,913 is recorded in the consolidated statement of operations.

(3) Fair Value Measurements

Accounting guidance establishes a three-level hierarchy for disclosure of fair value measurements, based on the transparency of inputs to the valuation of an asset or liability as of the measurement date, as follows:

- *Level I* – Quoted prices (unadjusted) in active markets for identical assets or liabilities that the Company has the ability to access at the measurement date.
- *Level II* – Inputs other than quoted prices included within Level I that are observable for the asset or liability, either directly or indirectly. Level II inputs include quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instrument
- *Level III* – Unobservable inputs for the asset or liability for which there is little, if any, market activity for the asset or liability at the measurement date.

CONFIDENTIAL

The Company estimates the fair value of its financial instruments using available market information or other appropriate valuation methodologies. Considerable judgment, however, is required in interpreting market data to develop the estimates of fair value. Accordingly, the estimates presented in the accompanying consolidated financial statements are not necessarily indicative of the amounts the Company would realize in a current market exchange.

The Company values money market funds at cost plus accrued interest which approximates fair value. Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Company are openend mutual funds that are registered with the Securities and Exchange Commission and are deemed to be actively traded.

Fair values of assets measured on a recurring basis at December 31, is as follows:

	2024			
	Fair value	Level I	Level II	Level III
Money market funds	$ —	—	—	—
Mutual funds	—	—	—	—
Interest rate swap agreements	1,600	—	1,600	—
Total Investments	$ **1,600**	**—**	**1,600**	**—**

	2023			
	Fair value	Level I	Level II	Level III
Money market funds	$ 14	14	—	—
Mutual funds	3,363	3,363	—	—
Interest rate swap agreements	488	—	488	—
Total Investments	$ **3,865**	**3,377**	**488**	**—**

(4) Property and Equipment Net

At December 31, 2024 and 2023, property and equipment consisted of:

	Estimated useful lives	2024	2023
Furniture and equipment	3-10 years	$ 6,183	$ 5,877
Leasehold improvements	2-10 years	7,739	6,784
Software	3 years	47,054	37,523
Vehicles	1-5 years	16,533	14,359
Improvements in progress		12,424	12,055
		89,933	76,598
Less accumulated depreciation		(56,635)	(44,360)
Property and equipment, net		**$ 33,298**	**$ 32,238**

(Continued)

Depreciation included in operating expenses was computed using the methods previously described and aggregated to $15,112 and $11,348 for the years ended December 31, 2024 and 2023, respectively.

(5) Goodwill

Activity related to Goodwill consisted of the following in 2024 and 2023:

Net Goodwill as of December 31, 2022	$	101,983
Purchase price allocation for acquisition		71,298
Measurement period adjustments from prior period acquisition		1,573
Amortization expense		(14,934)
Net Goodwill as of December 31, 2023		159,920
Measurement period adjustments from prior period acquisition		145
Amortization expense		(18,596)
Net Goodwill as of December 31, 2024	**$**	**141,469**

Amortization expense is included in operating expenses on the statement of income.

Future estimated annual amortization expense is as follows:

2025	$	18,584
2026		18,584
2027		17,980
2028		17,376
2029		17,376
Thereafter		51,569
Total	**$**	**141,469**

(6) Intangibles

At December 31, 2024 and 2023, the gross carrying amount and accumulated amortization of intangibles is as follows:

		2024		
		Gross carrying amount	Accumulated amortization	Net carrying amount
Tradenames	$	6,120	(4,405)	1,715
Technology		9,640	(7,766)	1,874
Customer relationships		330	(298)	32
Total intangibles, net	$	16,090	(12,469)	3,621

(Continued)

	2023		
	Gross carrying amount	Accumulated amortization	Net carrying amount
Tradenames	$ 6,120	(2,428)	3,692
Technology	9,640	(4,552)	5,088
Customer relationships	330	(266)	64
Total intangibles, net	$ 16,090	(7,246)	8,844

Amortization included in operating expenses was $5,223 and $4,948 for the years ended December 31, 2024 and 2023, respectively.

Future estimated annual amortization expense is as follows:

2025	$ 3,302
2026	305
2027	14
Total	**$ 3,621**

CONFIDENTIAL

(Continued)

(7) Line-of-Credit and Long-Term Debt

Line-Of-Credit and Long-term debt at December 31, 2024 and 2023 consists of the following:

	2024	2023
Line-of-credit:		
Revolving line-of-credit, Wells Fargo as primary lead lender; collateralized by substantially all Company assets; due August 2027 with interest payable quarterly (9.5% and 10.5% as of December 31, 2024 and 2023, respectively); interest elected as a base rate plus applicable margin, or the adjusted term Secured Overnight Financing Rate ("SOFR") plus applicable margin as defined in the First Lien Credit Agreement.	$ 34,703	6,945
Long-term debt:		
First Lien Credit Agreement term loan, Wells Fargo as primary lead lender; collateralized by substantially all Company's assets; loan payable in quarterly installments of $1,750,000 through June 2024, $2,759,931 through June 2026, $3,791,181 through June 2027; remaining outstanding principal amount due August 2027; interest payable quarterly (8.50% as of December 31, 2024); interest elected as base rate plus applicable margin or adjusted term SOFR plus applicable margin, with certain defined restrictions.	$ 145,193	132,750
Second Lien Credit Agreement term loan, Wells Fargo Strategic Capital as primary lead lender; collateralized by substantially all Company's assets; principal amount due February 2028 with optional prepayments at any time and from time to time, without premium or penalty except as defined within the Second Lien Credit Agreement; interest payable quarterly (15.75% as of December 31, 2024); interest elected as base rate plus applicable margin or adjusted term SOFR plus applicable margin, with certain defined restrictions.	40,306	40,000
Note payable by MTM with various Shareholders of MTM; principal of $10.5M plus accrued interest of 15% per annum; commencing on June 30, 2023, with a maturity date of September 1, 2028.	13,095	11,302
Note payable by MTM with various related parties of MTM; principal of $15M plus accrued interest of 12% per annum; commencing on July 19, 2024, with a maturity date of February 1, 2029.	15,759	—
Note payable by MTM with various Shareholders of MTM; principal of $5M plus accrued interest of 15% per annum; commencing on September 30, 2024, with a maturity date of September 1, 2028.	5,188	—
	219,541	184,052
Less current portion	(11,040)	(8,750)
Less unamortized debt issuance costs	(3,319)	(3,695)
	$ 205,182	171,607

On August 1, 2022, the Company executed the First and Second Lien Credit Agreements (collectively the "Credit Agreements"). On June 30, 2023, the Credit Agreements were amended to increase borrowing capacity to effectuate the acquisition of MTBA and AAA Cab Service Inc. (see Note 2). On October 1, 2024, the Credit Agreements were further amended to increase borrowing capacity and acquire Access 2 Care, LLC (see Note 2).

The First Lien Credit Agreement provides the Company with a senior secured revolving credit facility (the "Credit Facility") in an aggregate principal amount not to exceed $62.5 million. The amended Credit Facility includes sublimits for swingline loans and letters of credit in the amounts of $10 million and $20 million, respectively for December 31, 2024 and $10 million and $15 million, respectively for December 31, 2023. Available capacity as of December 31, 2024 and 2023 was approximately $10.4 million and $30.2 million, respectively. As of December 31, 2024 and 2023, the Company had $17.4 million and $12.9 million, respectively, of outstanding letters of credit that reduced the Credit Facility capacity.

Interest on the amount of loans under the Credit Facility accrues, at Company's election, at a per annum rate equal of either the base rate as defined in the credit agreement plus the applicable margin or adjusted term SOFR plus the applicable margin. The First Lien Credit Agreement applicable margin ranged from 1.75% to 3.00% in the case of SOFR loans and .75% and 2.00% in the case of base rate loans. The Second Lien Credit Agreement applicable margin is 11.25% in the case of SOFR loans and 10.25% in the case of base rate loans. The letter of credit fee ranged from 1.75% to 3.00%. In each case, based on the Company's consolidated leverage ratio as defined in the credit agreements. The Credit Facility has a 0.40% fee for any unused capacity.

As of December 31, 2024 and 2023, the net carrying amount of deferred financing costs recorded as a reduction to long-term debt were $3,319 and $3,695, and the net carrying amount of deferred financing costs recorded in other assets was $857 and $908, respectively. Amortization included in interest expense totaled $1,186 and $945 for the years ended December 31, 2024 and 2023, respectively.

The Credit Agreements contain covenants pertaining primarily to minimum fixed charge coverage and maximum cash flow leverage. As of December 31, 2024 and 2023, the Company was in compliance with all covenants.

In addition to principal and interest payments on the Credit Agreements, the Company is required to pay annually the amount equal to the percentage of the excess cash flow payment amount if the consolidated total leverage ratio exceeds a certain threshold, as defined in the credit agreements, for such fiscal year for the long-term debt. The additional payments are to be made within five days of issuance of these audited financial statements. A $4,032 payment was required for the year ended December 31, 2023, and no payment was required for the year ended December 31, 2024.

Aggregate maturities of long-term debt at December 31, 2024, are as follows:

2025	$	11,040
2026		13,102
2027		121,051
2028		58,589
2029		15,759
Total	$	219,541

(8) Leases

The Company has non-cancelable operating leases primarily associated with office space and other facilities. The leases expire in various years and generally provide for renewal options. In the normal

(Continued)

course of business, management expects that these leases will be renewed or replaced by leases on other properties.

Several operating leases provide for increases in future minimum annual rental payments based on defined increases within the respective lease agreement. The total amount of rental payments due over the lease term is recorded as rent expense on a straight-line basis over the term of the lease.

To determine whether a contract contains a lease, the Company evaluates its lease agreements and verifies that there is an identified asset and that the Company, or the tenant, has the right to obtain substantially all of the economic benefits from the use of the asset throughout the contract term and has the right to direct the use of the identified asset. If a contract is determined to contain a lease and the Company is a lessee, the lease is evaluated to determine whether it is an operating or a financing lease. As for most leases, the implicit rate is not readily determinable, therefore the Company has elected to use a risk-free rate as the discount rate in determining the present value.

A summary of lease classifications in the consolidated balance sheets as of December 31, 2024 and 2023 are as follows:

Leases	Classification		2024	2023
Assets:				
Operating	Right of use assets	$	23,150	25,414
Finance	Property and equipment, net		2,020	3,014
Total lease assets		$	**25,170**	**28,428**
Liabilities:				
Current:				
Operating	Current portion operating lease obligations	$	6,840	6,544
Financing	Current portion of long-term obligations		1,857	1,197
Long-term:				
Operating	Operating lease liabilities, less current portion		18,363	20,762
Financing	Finance lease liabilities, less current portion		3,529	2,323
Total lease liabilities		$	**30,589**	**30,826**

(Continued)

Maturities of operating lease liabilities as of December 31, 2024, are as follows:

	Related party leases	Unrelated leases	Total
2025	$ 1,694	$ 6,191	$ 7,885
2026	1,276	4,656	5,932
2027	845	2,629	3,474
2028	860	1,235	2,095
2029	875	330	1,205
Thereafter	7,853	—	7,853
	13,403	15,041	28,444
Less interest and accretion	(1,684)	(1,557)	(3,241)
Total lease liabilities	11,719	13,484	25,203
Less current portion	(1,455)	(5,385)	(6,840)
	$ 10,264	**$ 8,099**	**$ 18,363**

Maturities of finance lease liabilities as of December 31, 2024, are as follows:

	Finance leases
2025	$ 2,218
2026	2,054
2027	1,709
2028	270
2029	14
	6,265
Less interest and accretion	(879)
Total lease liabilities	5,386
Less current portion	(1,857)
	$ 3,529

Lease terms and discount rates are as follows for the years ended December 31, 2024 and 2023:

	2024	2023
Weighted-average remaining lease term (years):		
Operating leases	7.44	8.04
Finance leases	1.55	3.31
Weighted-average discount rate:		
Operating leases	2.66 %	2.52 %
Finance leases	11.95 %	7.27 %

(Continued)

CONFIDENTIAL

For the years ended December 31, 2024 and 2023, total lease costs were $7,017 and $6,393, respectively, and are included in operating expenses on the consolidated statement of income. A summary of other lease information is as follows for the years ended December 31, 2024 and 2023:

	2024	2023
Financing cash flows from financing leases	$ 1,434	1,215
Operating cash flows from operating leases	$ 3,946	6,252

(9) Disaggregation of Revenue

The following table summarizes disaggregated revenue from contracts with customers for each of the years ended December 31, 2024 and 2023, by contract type:

	2024	2023
Government contracts	$ 623,702	$ 621,459
Managed care contracts	768,205	581,795
Other contracts	6,827	4,393
Revenue, net	**$ 1,398,734**	**$ 1,207,647**

The following table summarizes capitated contracts for which revenues are recognized over time and non-capitated contracts for which revenues are administratively recognized at a point in time for each of the years ended December 31, 2024 and 2023:

	2024	2023
Capitated	$ 535,034	$ 718,770
Non-capitated contracts	863,700	488,877
Revenue, net	**$ 1,398,734**	**$ 1,207,647**

(10) Employee Retirement Plans

The Company has a 401(k) profit-sharing plan covering employees meeting certain eligibility requirements. The Company's contributions to the plan are determined annually by the board of directors. The Company matches 100% of contributions up to the first 3% of employee earnings and 50% up to the next 2% of employee earnings. The Company contributed $4,270 and $3,594 in 2024 and 2023, respectively.

The Company has a nonqualified deferred compensation plan with certain management personnel. Under the term of this plan, payments will be made in ten annual installments following the participant's separation from the Company or becoming disabled while employed with the Company. A lump sum payment will be made if control in the Company changes from the current ownership structure or in the event of a participant's death while actively employed with the Company. The plan does allow a participant the right to request a payment of all or a portion of their vested account balance due to an unforeseeable emergency. A participant becomes 100% vested upon the earlier of their death, disability while employed, attainment of age 65, ten years of service, or the Company's change in control. For participants eligible to participate in the plan prior to January 1, 2017, any amounts contributed to the plan prior to January 1, 2017 are 100% vested.

CONFIDENTIAL

The expected future benefits are accrued over the period of service required in exchange for the benefits. At the end of the period of service, the aggregate amount accrued shall equal the present value of the benefits expected to be provided. Such cumulative amounts are recorded in the consolidated balance sheets as other long-term liabilities totaling $10,660 and $8,288 as of December 31, 2024 and 2023, respectively. The expense recognized under the plan was $1,205 and $891 during the years ended December 31, 2024 and 2023, respectively.

The Company has life insurance policies for some of the employees in this plan. The cash surrender value of these policies was $8,446 and $6,990 as of December 31, 2024 and 2023, respectively, and is recorded in the consolidated balance sheets within other long-term assets.

(11) Related Party Transactions

The Company leases office space from LPG Properties, LLC and ADM Real Estate Holdings, LLC, affiliates that are related through certain common ownership and management, under agreements that expire in 2039. The Company also leases office space from H&M Enterprises, Inc., that are related through management, under agreements that expire in 2026. See Note 8, *Leases*.

The Company insured automotive, general liability, and worker's compensation coverage through an affiliate that is related through certain common ownership and management during 2024 and 2023. The Company incurred $13,983 and $6,542 in expenses for the years ended December 31, 2024 and 2023, respectively. $4,289 and $0 were included in other accrued expense and current liabilities as of December 31, 2024 and 2023, respectively. Included in prepaid expenses and other current assets is $309 and $51 due from the related party at December 31, 2024 and 2023, respectively. Included in accounts receivables is $2,808 and $483 of prepaid claims paid by MTM to be reimbursed from the related affiliates for the years ended December 31, 2024 and 2023, respectively.

The Company receives and provides certain services to and from other affiliates that are related through common ownership and management. Historically, revenue recognized, and expenses incurred for such services are not significant in relation to the Company's overall operations. Related receivables of $25 and $26 for the years ended December 31, 2024 and 2023, respectively are reflected in prepaid expenses and other current assets.

The Company also had advances to stockholders at December 31, 2024 and 2023 totaling $2,498 and $2,896, respectively. These notes to stockholders are unsecured and interest bearing. $2,498 matures in 2025 is recorded in prepaid expenses and other current assets.

Certain long-term debt agreements are with related parties as discussed in Note 7.

(12) Executive Incentive Compensation Plans

The Company has adopted the Stock Appreciation Rights Plan (the "SARs Plan") with the intent to allow executives, vice presidents, and senior directors of the Company to be compensated under the Plan based on growth in the Company's equity value. The initial grant under the SARs Plan took place in November 2022 and has a cliff vest on December 31, 2025. All Grantees will automatically exercise their shares on this date. Subject to a Grantee's continuous employment with MTM, eligible payments under the Plan will be paid in cash over a three-year period following the date of exercise. Because of this feature, the Plan is not considered a "stock rights" plan under IRS Code Section 409A. Rather, the Plan is intended

(Continued)

to qualify for the "short-term deferral" exemption from Code Section 409A due to payments always being made in the same tax year that a Grantee's right to receive such payment is no longer subject to substantial risk of forfeiture.

SARs are measured at fair value on the grant date and remeasured at each reporting period until the award vests. The Company uses its enterprise value, calculated using an Income Approach method, and a Binomial Option Pricing Model to calculate the SARs fair value. The assumptions used to calculate the fair value as of December 31, 2024 and 2023, included the risk-free interest rate of 4.2% and 3.8% and expected volatility of 48.0% and 44.2%, respectively.

The Company recorded expense related to the SARs Plan of $385 and $863 for the years ended December 31, 2024 and 2023, respectively.

Changes in SARs outstanding for the years December 31, 2024 and 2023, were as follows:

	Number of SARs
Balance at December 31, 2022	$ 2,443
Granted	128
Exercised	—
Forfeited	(72)
Balance at December 31, 2023	2,499
Granted	154
Exercised	—
Forfeited	(98)
Balance at December 31, 2024	$ 2,555

As of December 31, 2024 and 2023, the average remaining contractual term for SARs outstanding was 1 year and 2 years, respectively, and the fair value per SAR was $0.86 and $1.22 for a total estimated fair value of $2,200 and $3,041, respectively. The liability recorded as of December 31, 2024 and 2023 was $1,505 and $1,120. No SARs were vested as of December 31, 2023 or December 31, 2024.

(13) Concentrations and Commitments

(a) Revenue from Customers

For the year ended December 31, 2024, one customer accounted for approximately 10% of total consolidated receivables and consolidated revenue. No other customers accounted for 10% or more of consolidated revenue and consolidated accounts receivable. For the year ended December 31, 2023, one customer accounted for approximately 14% of consolidated revenue. No other customers accounted for 10% or more of consolidated revenue and consolidated accounts receivable.

(Continued)

(b) General Litigation

The Company is subject to claims and lawsuits that arise primarily in the ordinary course of business. Management has made an estimated accrual included in other accrued expenses and current liabilities for the estimated contingent liability. It is the opinion of management that the disposition or ultimate resolution of such claims and lawsuits will not have a material adverse effect, in excess of the amount accrued, on the consolidated financial position, results of operations and cash flows of the Company.

(c) Performance Bonds

During the ordinary course of business, certain customers require the Company to post performance bonds as security on contractual arrangements. As of December 31, 2024 and 2023, the Company had $76,708 and $66,113, respectively, of performance bonds outstanding.

(14) Derivatives and Hedging Activities

(a) Risk Management Objective of Using Derivatives

The Company is exposed to certain risk arising from both its business operations and economic conditions. The Company principally manages its exposures to a wide variety of business and operational risks through management of its core business activities. The Company manages economic risks, including interest rate, liquidity, and credit risk primarily by managing the amount, sources, and duration of its assets and liabilities and the use of derivative financial instruments. Specifically, the Company enters into derivative financial instruments to manage exposures that arise from business activities that result in the receipt or payment of future known and uncertain cash amounts, the value of which are determined by interest rates. The Company's derivative financial instruments are used to manage differences in the amount, timing, and duration of the Company's known or expected cash receipts and its known or expected cash payments principally related to the Company's investments and borrowings.

(b) Cash Flow Hedges of Interest Rate Risk

The Company's risk management objective and strategy with respect to this interest rate swap is to protect the Company against adverse fluctuations in interest rates by reducing its exposure to variability in cash flows on a portion of the Company's floating-rate debt term loan under its credit agreement dated August 2022 and subsequently amended in June 2023 with Wells Fargo Bank, National Association, as administrative agent (referred to as the "Borrowings" or "Debt" hereafter). The Company is meeting its objective by hedging the risk of changes in its cash flows (interest payments) attributable to changes in a contractually specified interest rate, initially expected to be the USD-SOFR CME Term swap rate, on an amount of Borrowings equal to the then-outstanding swap notional. Such derivatives were used to hedge the variable cash flows associated with existing variable-rate debt.

For derivatives designated and that qualify as cash flow hedges of interest rate risk, the gain or loss on the derivative is recorded in accumulated other comprehensive income and subsequently reclassified into interest expense in the same period(s) during which the hedged transaction affects earnings. As of December 31, 2024 and 2023, the Company reported $1,600 and $488, respectively, in accumulated other comprehensive income related to derivatives and will be reclassified to interest expense as interest payments are made on the Company's variable-rate debt. During 2024, the Company estimates that an additional $774 will be reclassified as a reduction to interest expense.

(Continued)

As of December 31, 2024, the Company had three outstanding interest rate derivatives that were designated as a cash flow hedges of interest rate risk with the following terms:

- Notional: USD 40,000
- Fixed Rate: 2.661%
- Index: 3 mo. USD-SOFR CME Term plus 0.15%
- Effective Date: August 1, 2022
- Maturity Date: July 30, 2027
- Notional: USD 50,000
- Fixed Rate: 4.360%
- Index: 3 mo. USD-SOFR CME Term plus 0.15%
- Effective Date: June 30, 2023
- Maturity Date: July 30, 2027

- Notional: USD 25,000
- Fixed Rate: 3.570
- Index: 3 mo. USD-SOFR CME Term
- Effective Date: October 1, 2024
- Maturity Date: July 30, 2027

(c) Non-designated Hedges

The Company does not use derivatives for trading or speculative purposes and currently does not have any derivatives that are not designated as hedges.

(15) Subsequent Events

Subsequent events have been evaluated through the date of the Independent Auditor's Report, which is the date the consolidated financial statements were available to be issued.

CONFIDENTIAL

MEDICAL TRANSPORTATION MANAGEMENT, INC. AND SUBSIDIARIES

Consolidating Schedule – Balance Sheet

December 31, 2024

	Medical Transportation Management, Inc.	MTM Transit, LLC	AAA	Eliminations	Consolidated
Assets					
Current assets:					
Cash and cash equivalents	$ 13	21	7	—	41
Accounts receivable, net	188,382	29,442	2,092	(2,027)	217,889
Prepaid expenses and other	24,860	6,551	830	(18,176)	14,065
Investments in marketable securities	—	—	—	—	—
Total current assets	213,255	36,014	2,929	(20,203)	231,995
Property and equipment, net	27,971	3,534	1,793	—	33,298
Other assets:					
Goodwill, net	141,469	—	—	—	141,469
Intangibles, net	3,226	—	395	—	3,621
Right of use assets	17,385	5,396	369	—	23,150
Derivative instruments	1,600	—	—	—	1,600
Investment in subsidiary	10,846	—	(121)	(10,725)	—
Other	12,147	644	21	—	12,812
Total other assets	186,673	6,040	664	(10,725)	182,652
Total assets	$ 427,899	45,588	5,386	(30,928)	447,945
Liabilities and Stockholders' Equity					
Current liabilities:					
Current maturities of finance lease obligations	$ 1,045	812	—	—	1,857
Current maturities of long-term debt	11,040	—	—	—	11,040
Current portions of operating lease liabilities	4,771	1,822	247	—	6,840
Accounts payable	48,711	671	339	—	49,721
Accrued transportation costs	39,826	179	27	(2,027)	38,005
Other accrued expenses and current liabilities	55,134	13,599	2,499	—	71,232
Other payables - related parties	4,838	—	13,339	(18,177)	—
Total current liabilities	165,365	17,083	16,451	(20,204)	178,695
Long-term liabilities:					
Line-of-credit	34,703	—	—	—	34,703
Long-term finance lease obligations	2,036	1,493	—	—	3,529
Long-term debt, net of current portion and debt issuance costs	205,182	—	—	—	205,182
Operating lease liabilities, net of current portion	14,498	3,736	129	—	18,363
Other long-term liabilities	11,559	606	—	—	12,165
Total long-term liabilities	267,978	5,835	129	—	273,942
Stockholders' (Deficit) Equity:					
Common stock	50	5	—	(5)	50
Additional paid-in capital	4,687	8,568	—	(8,568)	4,687
Accumulated equity	20,078	15,108	(11,194)	(15,066)	8,926
Accumulated other comprehensive income	1,600	—	—	—	1,600
Treasury stock	(31,859)	(1,011)	—	1,011	(31,859)
Total stockholders' (deficit) equity	(5,444)	22,670	(11,194)	(22,628)	(16,596)
Non-controlling interests	—	—	—	11,904	11,904
Total stockholders' (deficit) equity	(5,444)	22,670	(11,194)	(10,724)	(4,692)
Total liabilities and stockholders' (deficit) equity	$ 427,899	45,588	5,386	(30,928)	447,945

CONFIDENTIAL

MEDICAL TRANSPORTATION MANAGEMENT, INC. AND SUBSIDIARIES

Consolidating Schedule – Statement of Operations

For the year ended December 31, 2024

	Medical Transportation Management, Inc.	MTM Transit, LLC	AAA	Eliminations	Consolidated
Net revenue	$ 1,209,437	182,479	28,296	(21,478)	1,398,734
Operating expenses:					
Operating expenses	1,193,729	168,074	40,044	(21,483)	1,380,364
Remeasurement of earnout liability	6,130	—	(2,217)	—	3,913
Acquisition related expenses	9,020	505	—	—	9,525
Total operating expenses	1,208,879	168,579	37,827	(21,483)	1,393,802
Operating income	558	13,900	(9,531)	5	4,932
Other income (expense):					
Interest income	624	23	—	(114)	533
Interest expense	(20,609)	(348)	(27)	114	(20,870)
Equity earnings in subsidiary	7,743	—	—	(7,743)	—
Bargain purchase gain	4,751	—	—	—	4,751
Miscellaneous income	858	86	72	(8)	1,008
Total other income (expense)	(6,633)	(239)	45	(7,751)	(14,578)
Consolidated net income (loss)	(6,075)	13,661	(9,486)	(7,746)	(9,646)
Less net income attributable to the non-controlling interests	—	(5,875)	—	—	(5,875)
Net income (loss) Attributable to Medical Transportation Management, Inc.	$ (6,075)	7,786	(9,486)	(7,746)	(15,521)

CONFIDENTIAL

MEDICAL TRANSPORTATION MANAGEMENT, INC. AND SUBSIDIARIES

Consolidating Schedule – Statement of Comprehensive Income (Loss)

For the year ended December 31, 2024

	Medical Transportation Management, Inc.	MTM Transit, LLC	AAA	Eliminations	Consolidated
Consolidated net income	$ (6,075)	13,661	(9,486)	(7,746)	(9,646)
Other comprehensive income (loss):					
Reclassification adjustment for gains included in net income	443	—	—	—	443
Unrealized gain on derivative instrument	1,112	—	—	—	1,112
	1,555	—	—	—	1,555
Comprehensive income	(4,520)	13,661	(9,486)	(7,746)	(8,091)
Comprehensive income attributable to the Non-controlling interests	—	(5,875)	—	—	(5,875)
Comprehensive income (loss) attributable to Medical Transportation Management, Inc.	$ (4,520)	7,786	(9,486)	(7,746)	(13,966)

CONFIDENTIAL