

WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES
BUREAU FOR MEDICAL SERVICES

RFP# CRFP BMS1800000001

**NON EMERGENCY MEDICAL
TRANSPORTATION SERVICES**

LogistiCare

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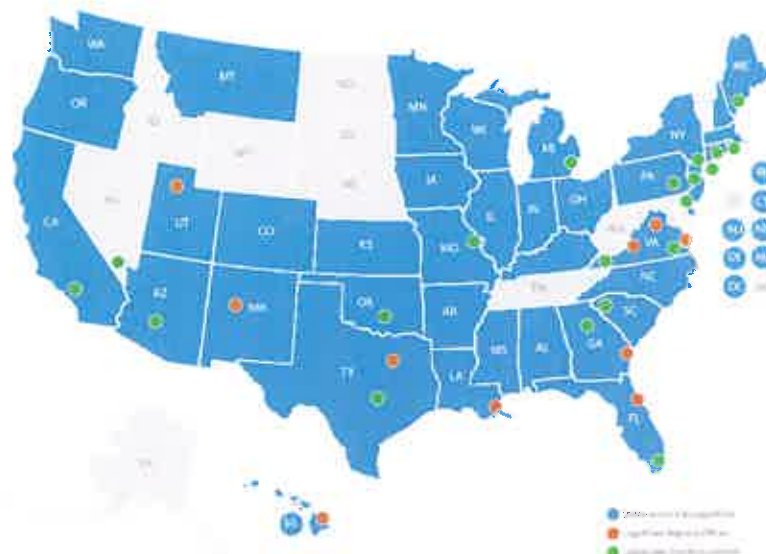
EXECUTIVE SUMMARY

LogistiCare Solutions LLC (LogistiCare) is pleased to submit this proposal in response to the State of West Virginia’s Department of Health and Human Resources, Bureau for Medical Services’ (the Bureau) request for Non-Emergency Medical Transportation (NEMT) brokerage services. Our focus is to provide members with a safe, high quality transportation experience that aligns with our belief that every member and every trip matters. At LogistiCare, our mission is to empower passionate people to provide quality access to human and health care services through technology, innovation, and community partnerships while meeting commitments to our stakeholders. This mission is the guiding force behind every NEMT program we manage. We consistently monitor our performance and ensure our approach furthers our goal to enhance members’ experience throughout the NEMT process – from initial reservation through trip completion.

Within this proposal, we leverage our experience managing statewide NEMT services to provide unprecedented levels of access to a wide range of Medicaid members. And, while the rural nature of West Virginia may present challenges in transportation, we will address these challenges using capacity planning and management tools, innovative solutions to expand the network, and our adoption of automated technology that increases routing efficiency. We will use our experience managing diverse Medicaid populations, expertise in cultivating relationships with providers in urban and rural areas, and program knowledge to help the Bureau stay ahead of NEMT variances brought on by changes in policy and utilization.

LogistiCare’s NEMT History

Our experience in the transportation industry dates back to 1986 when we began developing data and technology solutions for ambulance vehicles. Seeing the challenges clients faced in controlling program costs as well as coordinating and monitoring transportation, in 1991 we broadened our scope to include NEMT consulting and by 1996, NEMT became our primary focus. Since first working in Georgia and Connecticut more than 20 years ago, we have grown our business significantly - managing more than 250 NEMT programs in 39 states and the District of Columbia. This experience affords us leaders with the knowledge and skill in program delivery that supports our focus on quality interactions with Medicaid members. The map below depicts our national presence.



LogistiCare's Approach to NEMT in West Virginia

In developing this proposal, we considered the geography of West Virginia, the location and demographics of the Medicaid population, and the current transportation provider network. West Virginia is a leader among all other states in the usage of gas reimbursement for NEMT, which is a program that we will continue to encourage under the new contract. The state is also experiencing a shift in substance abuse policy due to increased fatalities resulting from opioid addiction. In our experience, high utilization of substance abuse members warrants strategies to better manage NEMT that is more efficient for the member, benefits the provider network, and is more cost effective for the State.

“On October 10th, Governor Jim Justice reported that West Virginia has the most overdose deaths of any other state in the country and enacted a waiver to expand substance use treatment and services for Medicaid members.”

LogistiCare has significant experience servicing this population, as we are the NEMT broker for state agencies and managed care organizations (MCOs) in 39 states, including Virginia, Ohio, Pennsylvania, South Carolina, and Georgia. The chart (right) details the number of substance abuse trips we managed in 2016 for 12 states similar in size and geography. Through targeted initiatives aimed at increasing reliable access to frequently recurring, and sometimes urgent transportation, we have supported these high-utilization members in maintaining their treatment regimen.

State	Substance Abuse Treatment
PA	2,739,027
CT	2,509,613
RI	909,550
DE	822,717
ME	395,882
MI	155,995
NM	119,129
VA	93,323
GA	54,562
OH	42,725
SC	32,865
IL	13,966

A Seamless Transition for West Virginia's Medicaid Members

LogistiCare understands the impact NEMT has in fundamentally improving lives. A missed appointment for drug treatment or a late pickup for an individual battling cancer or renal disease can have significant, if not fatal, consequences. Our experience working in Virginia and other states with similar geographic and treatment considerations, such as those found in West Virginia, enhances our understanding of the service approach, cost concerns, and accountability we must incorporate into the program to deliver the scope of services required by this RFP. Using the model depicted by the following graphic, we will transition the State's program according to schedule and within budget.



The graphic highlights the steps LogistiCare takes when operating NEMT programs

Transitioning a program of this size and complexity without any disruption to services requires an NEMT broker that understands how to navigate the pitfalls that other, less experienced brokers may not recognize. As the current NEMT broker for 16 state programs, LogistiCare has unmatched expertise on transitioning state-based NEMT programs and have the people, processes, and tools needed to successfully meet the requirements of this RFP.

LogistiCare's expert and dedicated team has the domain knowledge to implement a centralized, transparent program that reduces costs, diminish opportunities for fraud, waste, and abuse, and cultivates meaningful relationships with facilities and providers. Our proposed team has more than 100 years of combined experience and access to thousands of employees that offer the resources needed to establish a new operation and effectively respond to program changes and opportunities. Leveraging the expertise of our implementation and corporate teams, we will bring experienced and new staff together in a constructive way to ensure the Bureau's program is functional within 90 days.

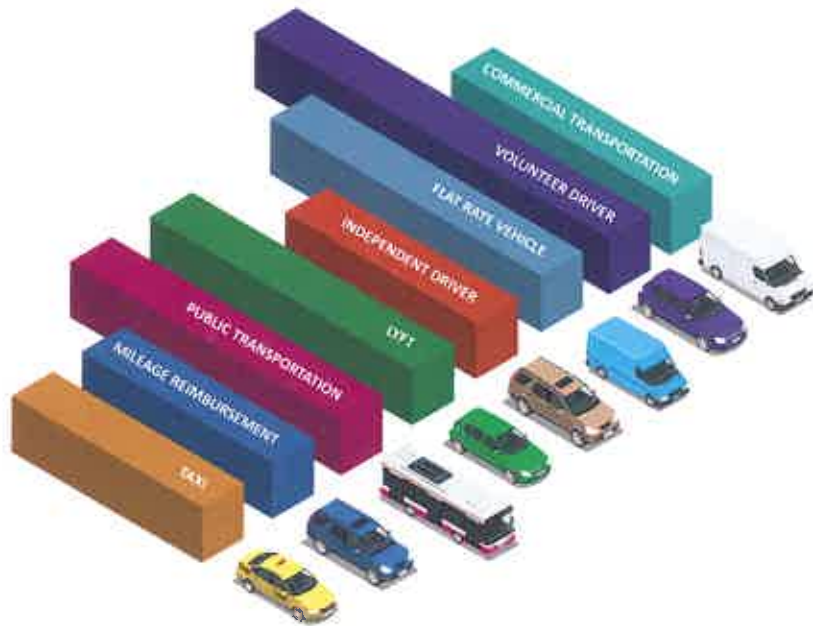
Transition Leaders. LogistiCare's staffing plan includes hiring local residents to carry out all functions of the program's operational phase— from the Project Manager to all customer service personnel. Due to our experience in other states, we know this requires extensive training and support from industry experts with years of experience. Our implementation team has expert-level knowledge transitioning similar programs, training leaders, and teaching best practices to ensure operations run smoothly.

Standing ready to serve West Virginia is LogistiCare's Senior Vice President of Operations, Chris Echols. Chris has over ten years of NEMT program leadership and experience working with markets similar to West Virginia, such as Virginia and South Carolina. Chris will work directly with the Bureau to ensure that LogistiCare's objectives are aligned with those of the State and will identify and develop quality managers to oversee the state's transition and ongoing operations. Chris will work directly with our proposed Project Manager for this program, Jarrod Sargent. Chris and Jarrod will also have direct access to additional executive leadership and support, including Chief Executive Officer, Jeff Felton, who possesses 30 years of experience in the healthcare industry. Additional information about our Executive Team is provided in Section 3.1. Working with our executive group, the implementation and operations teams will seamlessly implement a nimble and scalable program that can evolve as stakeholders' needs change. **Resumes of our Implementation Team and Proposed Call Center Managers are provided in Exhibit 1.**

National Support. We will staff the local West Virginia operations center with trained West Virginians who will have the support of our entire national infrastructure. This includes access to thousands of NEMT professionals possessing specialized skills to assist with the initial program transition, development and implementation of new program initiatives, and operational activities such as support during disaster recovery situations. When multiple hurricanes and tropical storms recently struck in Florida, Georgia, and Texas, we demonstrated the benefit of having a large national presence. Our telecommunications system and Workforce Management software immediately transferred callers from these areas to CSRs across the nation. Our robust workforce was able to respond to callers within four seconds and address their needs for transportation.

LogistiCare's Network

LogistiCare will use our proven network development approach and broad base of resources to address the challenges presented by West Virginia's urban and rural environment. Given our history managing similar programs throughout the nation, we have extensive experience in both types of geographies. From our experiences successfully managing programs in urban environments, such as



LogistiCare recruits diverse providers that are able to fulfill routine and urgent requests in a range of geographies.

Philadelphia, to largely rural areas, such as Virginia, Oklahoma, and South Carolina, we have gained great insight into the nuances associated with supply and demand. Using our network and capacity management process and tools, and a wide assortment of transportation methods and programs, we are prepared to develop and maintain a stable and robust network in West Virginia.

LogistiCare has a history of building and maintaining stable transportation provider networks. We consistently deploy a robust, sustainable, and efficient transportation provider network in all markets we serve. Our networks consist of several types of providers that enables us to provide NEMT service across all types of geographies and member groups. Based on the individual needs and environment of each client, LogistiCare will reach into its vast transportation network and customize a solution designed to increase member satisfaction at the lowest cost to the client.

Network Capacity and Management. The foundation of a healthy network starts with recruiting and credentialing a sufficient supply of high quality transportation providers to meet or exceed demand. LogistiCare uses network health tools and capacity management processes that have evolved the way we plan and build sustainable networks to meet performance standards while increasing access to care and the overall member experience. Using our network tools, we:

- Track capacity for every hour of the day and every day of the week by geography and level of service
- Predict gaps in network capacity and right-size coverage to ensure members have continual access to the appropriate levels of transportation
- Pinpoint where to focus network development efforts
- Reduce the costs of transport by having the right vehicles in place to meet member utilization needs
- Improve the quality of our transportation services and reduce complaints related to tardiness

Trip Monitoring. As an NEMT broker, one of our key roles is to monitor transportation provider performance. We set performance expectations with transportation providers during the contracting phase and hold them accountable with performance scorecards, random on-site visits, in-person inspections, and on-street observations. Additionally, we require all drivers to use our Automated Vehicle Locator (AVL)/GPS software to track their vehicle location, in real time, and monitor their timeliness in member transports. While most brokers use similar software, our software integrates with third party systems. This third party integration capability, unlike other brokers, allows for transportation providers to integrate into our system without having to purchase or use another system. **More information about the GPS/AVL system is provided in Section 4.**

Technology Engineered to Improve the Member Experience

LogistiCare uses technologies that are flexible, scalable, and tailored to the specific needs of each state agency. By continually investing in innovations, tools, and technology-focused professionals, we continuously improve the service provided to members, facilities, and providers. Our investments focus on increasing CSR productivity, reducing costs, and enhancing the member experience.

LogistiCare has designed a customizable, cloud-based transportation management system, LogistiCAD (LCAD) NextGen, which can quickly adapt to changes in program policies or procedures. LCAD NextGen includes a Business Rules Engine (BRE) that will store West Virginia's program policies and uses business logic to streamline and automate the gatekeeping process. Whenever a request for transportation is received, LCAD NextGen will ensure we are 100% compliant in following the sequence of operations, including checking the member's eligibility for NEMT, verifying the services are covered, and confirming the trip is unable to be paid by another payor.

Program Oversight

Our implementation and operational approach is designed with continuity and readiness in mind, and with the goal of providing a seamless transition for your member population. Throughout our proposal, we describe the extensive processes and procedures that are integrated into all of our NEMT programs which ensure consistent compliance with your business rules while increasing quality and program transparency. For example, we will provide the following as part of our service:

- **Complaint Ombudsman.** LogistiCare will hire an impartial ombudsman to act as the central point of contact for complaint management and oversight. This individual will be responsible for monitoring complaint calls, identifying systemic issues, and holding LogistiCare accountable for timely resolution of all complaints received by stakeholders. Not only will this process provide another level of independence and integrity over our complaints program, it will also significantly increase program transparency and minimize any concerns related to complaint management.
- **Dedicated Office Space.** LogistiCare will provide dedicated office space at our Charleston location for the Bureau's representatives to work side-by-side with our operations team. This will allow faster response for member escalation issues with the Bureau being able to address these interactively with LogistiCare operations personnel. Also, it offers the Bureau an opportunity to monitor calls in person, hear interactions with members, and gain an overall understanding of the processes and procedures used in the call center.
- **"Business Intelligence."** While LogistiCare provides reports in compliance with this RFP, we are offering an additional layer of transparency for your program. As part of our service, we will provide the Bureau with access to real-time data through our self-service business intelligence

tool, Qlik Sense. Users can securely access our data repository 24/7/365 to create ad-hoc reports from the identical data LogistiCare uses to manage our operations and network each day and from which we generate standardized reports.

- **Member Experience Team (MET).** Every member matters at LogistiCare, which is why we continually focus on ways we can enhance their experience. When issues arise, we take action to address all expressions of dissatisfaction and improve because no member should ever miss a healthcare appointment or experience less than exceptional service.

Our MET identifies member trends and tracks complaints to institute program and process enhancements that drive quality and performance improvements. Throughout the country, the MET has positively impacted stakeholder satisfaction while significantly decreasing complaints. From our proposed office in Charleston, this team of individuals will work directly with all departments to investigate complaints, uncover root causes, identify targeted or high-risk lists, and provide retrospective monitoring to improve the member experience. The MET exemplifies the best practices that LogistiCare will bring to enhance the overall NEMT program and provide the highest level of member care.

Conclusion. This proposal details how LogistiCare will use its expertise and knowledge in network development and experience overseeing similar state programs to provide the State of West Virginia with a stable, reliable, and transparent NEMT program. Our approach is based on best practices and years of lessons-learned, which translates into an NEMT program with predictable and positive results. Because of this, state agencies that choose LogistiCare as their NEMT broker, have chosen to continue choosing us as their broker. With our capacity planning and management, innovative technology, and focus on efficiency and convenience for all stakeholders, we are confident this NEMT program will be the start of a longstanding partnership with the Bureau and its Medicaid members.



ATTACHMENT A: VENDOR RESPONSE SHEET

3.1 The Vendor should propose a staffing plan that includes staff that can address the unique needs of members while assuring that services are 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.

To meet the needs of this Medicaid NEMT program, for the entirety of the contract, LogistiCare has determined that the following staff, backed by our corporate and implementation teams, will be needed. With the experience of our structure, the West Virginia operations staff can navigate potential challenges in program deployment and maintenance that can result in excess expenses and costly mistakes.

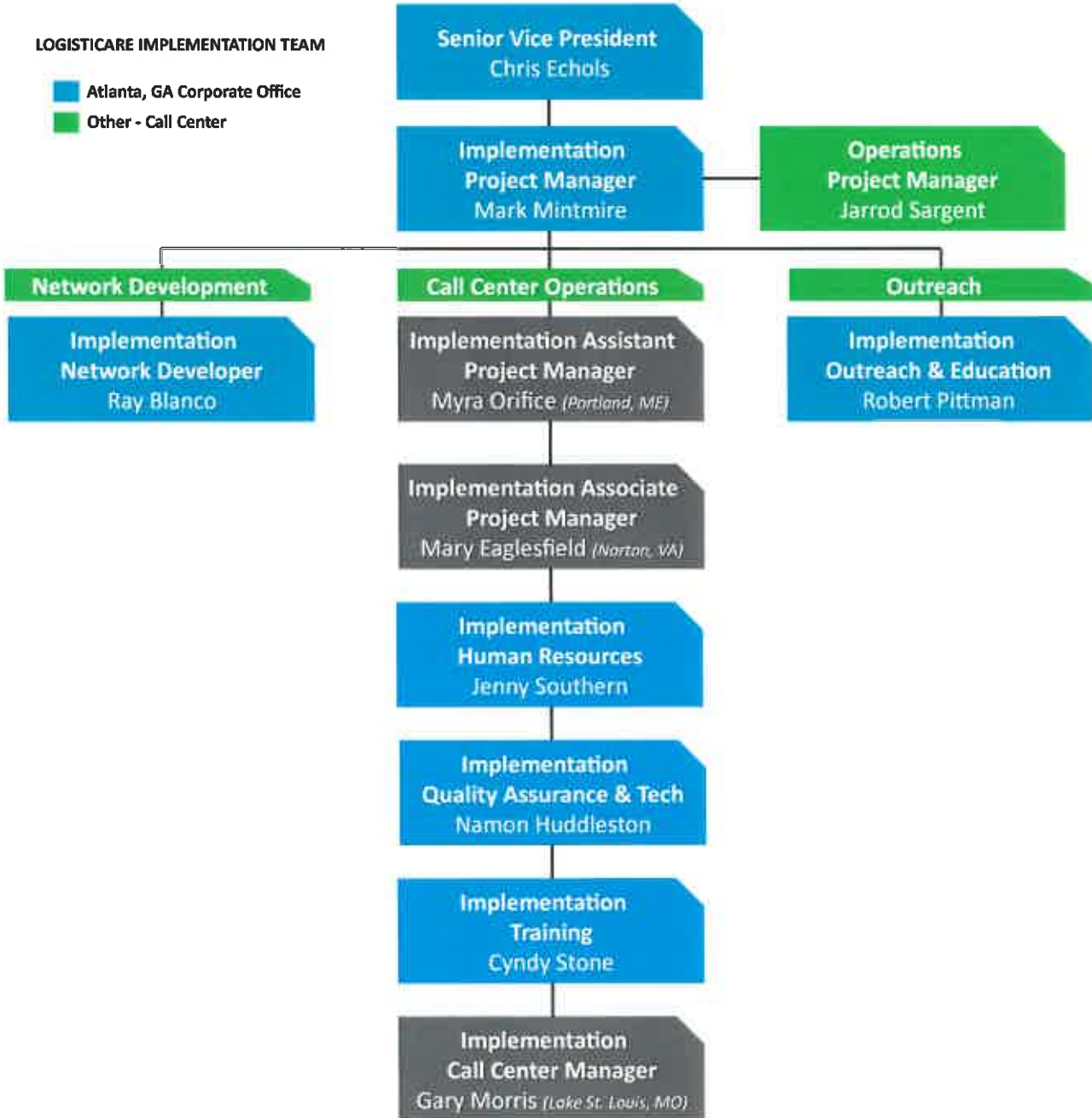
RFP Specified Role	# FTE	Location
Project Manager	1	Charleston, WV
Assistant Manager	1	Charleston, WV
Administrative Assistant	1	Charleston, WV
Call Center Manager	1	Charleston, WV
Call Center Supervisor	2	Charleston, WV
Call Center Lead	4	Charleston, WV
Customer Service Representative	24	Charleston, WV
Ride Assist Representative	16	Charleston, WV
Claims Lead	1	Charleston, WV
Claims Processor	2	Charleston, WV
Compliance Specialist	1	Charleston, WV
Outreach and Communications Manager	1	Charleston, WV
Appointment Verification Specialists	3	Charleston, WV
Field Monitor	2	Charleston, WV
Public Transit Representative	1	Charleston, WV
Ombudsman	1	Charleston, WV
Care Manager	2	Charleston, WV
Quality Assurance Manager	1	Charleston, WV
Quality Services Coordinator	3	Charleston, WV
Provider Relations Manager	1	Charleston, WV
Business/Data Analyst	1	Charleston, WV
Transportation Manager	1	Charleston, WV
Transportation Coordinator (Router)	3	Charleston, WV
Utilization Review Specialist	1	Charleston, WV
TOTAL	75	

3.1.1 Organizational chart(s) showing the number and geographic location of all staff that will perform duties under the Contract, including 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 chart. The Vendor should provide a chart showing the Vendor's entire 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 30 calendar days, at any time during the Contract period that a change is made in the organizational structure.

On the following pages, LogistiCare provides organizational charts to denote the staff that will be devoted to overseeing the project's implementation and operations, as well as our organizational structure that will be available to support our proposed team, or the Bureau at any time. If any changes are made to our organizational structure, a revised chart will be provided within 30 calendar days.

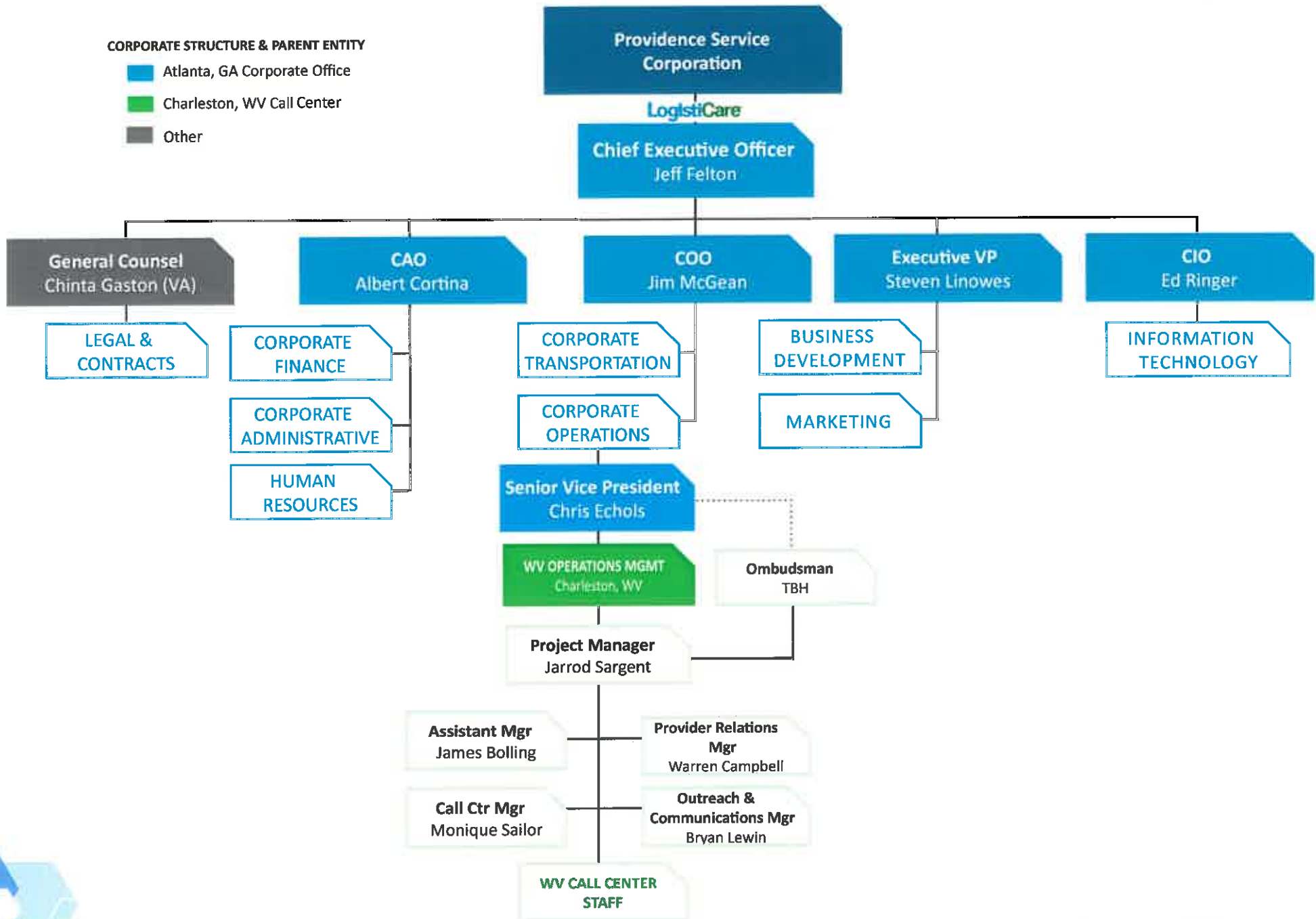
LOGISTICARE IMPLEMENTATION TEAM

- Atlanta, GA Corporate Office
- Other - Call Center



CORPORATE STRUCTURE & PARENT ENTITY

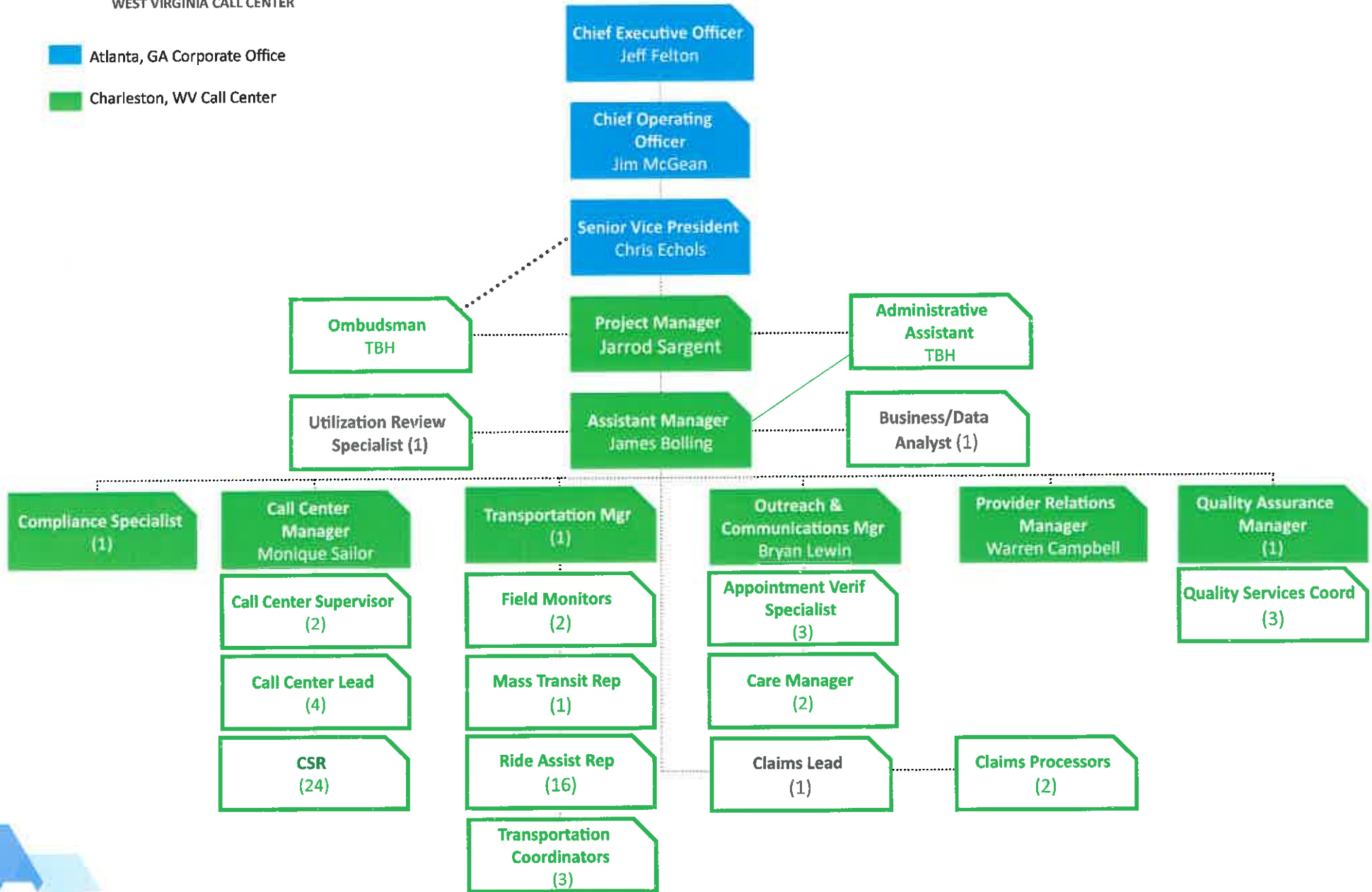
- Atlanta, GA Corporate Office
- Charleston, WV Call Center
- Other



WEST VIRGINIA CALL CENTER

Atlanta, GA Corporate Office

Charleston, WV Call Center



3.1.2 Description of the roles, responsibilities and skills associated with each position on the organization chart(s).

Roles, Responsibilities, and Skills

West Virginia Contact Center Staff

Staff for West Virginia’s NEMT program will include a combination of customer service representatives, claims processors, project manager, departmental managers, and supervisors. Each role requires a unique skillset supported by a specific level of education, years of related experience, and, in some cases, professional credentials. In the job descriptions provided in Exhibit 1, we provide a brief summary of the requirements for all members of LogistiCare’s staff and management team.

Corporate Management Staff

The West Virginia Contact Center will be further supported by our corporate leadership staff. These individuals are thought leaders with more than 130 years of combined management and NEMT experience. Throughout the contract’s lifecycle, each will apply their expertise in program development and management to ensure West Virginia’s program is successful and compliant. Below we define each of our corporate leader’s roles as well as their associated responsibilities.

LOGISTICARE’S EXECUTIVE LEADERSHIP	
Name and Experience	Role and Responsibilities
<p>Jeff Felton</p> <ul style="list-style-type: none"> Senior executive with over 20 years of experience as a leader serving large healthcare companies Based in LogistiCare’s Atlanta, GA corporate office 	<p>Chief Executive Officer</p> <ul style="list-style-type: none"> Oversees performance on all LogistiCare contracts to guide overall project success Ensures all programmatic components are operating as planned and contracted Develops key client relationships with NET/NEMT stakeholders, including Medicaid Directors, Health Secretaries/Commissioners, and Governors
<p>Albert Cortina</p> <ul style="list-style-type: none"> Financial and operational leader with more than 25 years of experience in logistics, healthcare, and transportation management Based in LogistiCare’s Atlanta, GA corporate office 	<p>Chief Administrative Officer</p> <ul style="list-style-type: none"> Directly manages key financial and operational aspects of all of LogistiCare’s transportation management projects Oversees encounter information and all performance and financial compliance audits Negotiates, authorizes, and verifies contract compliance
<p>M. Chinta Gaston</p> <ul style="list-style-type: none"> Executive Counsel with more than 25 years of experience in the public and private sectors, including compliance, contracting, and litigation. Based in Charlottesville, VA 	<p>General Counsel</p> <ul style="list-style-type: none"> Oversees all legal matters, including contractual and regulatory compliance Responsible for Company’s Code of Conduct and Compliance and Ethics Program and Training

<p>Ed Ringer</p> <ul style="list-style-type: none"> • Thirty years of experience leading technology architecture for large companies and introducing innovations to increase productivity and compliance. • Based in LogistiCare's Atlanta, GA corporate office 	<p>Chief Information Officer</p> <ul style="list-style-type: none"> • Oversees both technology and telephony systems • Established a data architecture to provide easy, secure data access • Launched massive effort overseeing teams of programmers to review and write key software applications • Implemented change control and process documentation for all aspects of the business
<p>Jim McGean</p> <ul style="list-style-type: none"> • Strategic and operational business leader with over 25 years of experience • Based in LogistiCare's Atlanta, GA corporate office 	<p>Chief Operating Officer</p> <ul style="list-style-type: none"> • Delivers financial/operating results via building the most talented team in the industry and delivering operating efficiencies, controls and processes. • Direct accountability for delivering excellence across the company's vast nationwide transportation, all customer service operations, and other support functions which focus on exceeding the expectations of LogistiCare stakeholders: clients, members, healthcare facilities, and NEMT providers.
<p>Steven Linowes</p> <ul style="list-style-type: none"> • Adept strategic professional with over 25 years of successful leadership in both Fortune 500 and entrepreneurial companies • Based in LogistiCare's Atlanta, GA corporate office 	<p>Executive Vice President</p> <ul style="list-style-type: none"> • Oversees all sales, marketing, and new business development functions and the operations teams responsible for managed-care organizations. • Provides strategic direction to the company's marketing, branding, and media relations activities as LogistiCare expands into new markets.
<p>Jenny Southern</p> <ul style="list-style-type: none"> • Twenty years of experience managing all aspects of human resources management and developing policy, directing HR activities, and advising management on HR best practices • Implemented all LogistiCare state-wide contracts since 2002 • Based in LogistiCare's Atlanta, GA corporate office 	<p>Corporate VP, Human Resources</p> <ul style="list-style-type: none"> • Directs and coordinates with the local office on human resources activities such as hiring, employment, compensation, employee and labor relations, benefits training, and employee services • Develops policy and advises on HR policies, regulations, and standards
<p>Chris Echols</p> <ul style="list-style-type: none"> • Senior leaders with over 20 years of management experience and oversight for the company's Atlantic Region. Participated in 27 program transitions for state and MCO clients. • Based in LogistiCare's Atlanta, GA corporate office 	<p>Senior Vice President of Operations, Atlantic</p> <ul style="list-style-type: none"> • Fosters successful operations for full NEMT programs • Confirms NEMT operation has all necessary resources required • Works with executives, administrators, legislators, and transit and healthcare associations • Supports Project Manager in maintaining a scalable, quality program that ensures client satisfaction

Implementation Team Roles and Responsibilities

Senior Vice President of Operations, Chris Echols will oversee the Implementation Team, comprised of corporate and operations leaders with decades of NEMT experience and practical knowledge. Together, these individuals will support the Bureau, its members, facilities, and NEMT Providers. They will be there to guide operations staff in Charleston to ensure the NEMT program is successfully transitioned and the required technology, contract model, program practices, and leadership for operations are in place. The Team will include the following roles and responsibilities:

Mark Mintmire	Atlanta, GA
Implementation Project Manager	The Implementation Project Manager leads communication between LogistiCare and the Bureau and ensures the program's implementation meets timeline and budget requirements. He coordinates with all departments and prioritizes project tasks, manages timelines, maintains project plans, and communicates the transition status to corporate leadership and the Bureau, as needed. He participates in all offsite and on-site client meetings; oversees development of deliverables and policy manuals; and, submits deliverables to the Bureau.
Myra Orifice	Portland, ME
Implementation Assistant Project Manager	The Implementation Assistant Project Manager assists with the program establishment and instills quality requirements into the program while ensuring compliance with all contract metrics, standards, and financial goals. She will develop relationships with locally hired managers and use her advanced understanding of the contract terms to set processes and behaviors that meet or exceed program expectations. Besides training and mentoring Charleston's managers, she works with the Implementation Project Manager to create high quality deliverables.
Mary Eaglesfield	Norton, VA
Implementation Associate Project Manager	The Implementation Associate Project Manager coordinates with the Implementation Project Manager and Implementation Assistant Project Manager to ensure the successful deployment of the Bureau's statewide contract. She will establish relationships with members, facilities, and Providers while setting performance standards. She will monitor transportation performance; and, provide training to help control transportation costs.
Gary Morris	Lake St. Louis, MO
Implementation Call Center Manager	The Implementation Call Center Manager will train the Operational Phase Call Center Manager to meet operational and contractual goals and methods to retain and monitor each employee's performance. He will ensure proper recruitment, training, staffing, and technology to handle call volume and contractual requirements and will monitor training to ensure proper CSR education occurs. He will recommend call center processes and policies to ensure the Operations Center will excel in its contractual performance.

Cyndy Stone	Atlanta, GA
Implementation Training	Implementation Training individual will develop and train the team of Managers, Supervisors, Leads, Customer Service Representatives, and all other staff to meet operational and contractual goals while maximizing the potential of each employee supervised. She will monitor performance to ensure proper education occurs and will recommend and/or initiate processes and policies to ensure West Virginia's staff excel.
Ray Blanco	Atlanta, GA
Implementation Network Developer	Analyzes utilization and level of service data to identify areas to recruit transportation providers. In addition to recruiting a robust provider network, conducts rate negotiations or re-negotiations. Oversees training and orientation. Will regularly interact with Transportation and Provider Relations Departments to ensure transportation providers are compliant and capacity is adequate for NEMT demand.
Jenny Southern	Atlanta, GA
Implementation Human Resources	Oversees candidate sourcing, hiring, and orientation into LogistiCare's culture. Ensures all new staff are screened and properly vetted, and that clear expectations regarding employment, performance, and behavior are established. Facilitates human resource training that complies with all State, Federal, and internal regulations.
Namon Huddleston	Atlanta, GA
Implementation Quality Assurance & Technology	Uses RFP, contract, and other Bureau-provided requirements to develop clear and accurate policies and procedures that are in turn used for training employees and customizing the program's business rules engine and other advanced technology. Works closely with all departments to ensure all program requirements are documented and approved. Oversees IT Phase processes.
Robert Pittman	Atlanta, GA
Implementation Outreach & Education	Educates facilities about LogistiCare, NEMT and disseminates contact information including the appropriate telephone numbers. Provides information about available features such as gas reimbursement, bus passes and methods to complete various paperwork and reports either manually or online. Solves specific beneficiary issues with facility case managers (initiate schedule changes, routing suggestions, provider changes, etc.). Prompts the facility social worker to coordinate with beneficiaries to get complete updated lists of patient addresses to accurately update LogistiCare's database in advance of go-live.

3.1.3 Job descriptions and requirements for Call Center staff demonstrating a high school diploma or equivalent certification and all management staff demonstrating a bachelor degree and at least two (2) years qualifying experience for this project.

We require all of our call center staff members to have at least a high school diploma or its equivalent; and, members of management must have a minimum of a bachelor’s degree (or the equivalent experience per Section 3.1.4) and two years of qualifying experience. Please see job descriptions for our Call Center staff and managers in Exhibit 1.

3.1.4 Key staff positions, such as 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 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.

3.1.5 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 it pertains to this project. Resumes should be limited to three (3) single-sided pages per individual.

Resumes

During the proposal process, our Senior Vice President of Operations, Chris Echols, identified qualified candidates with the expertise to lead West Virginia’s transition and develop a sustainable program that is able to grow and evolve as the needs of the Bureau and its members change. In Exhibit 1, we provide resumes for LogistiCare’s corporate executives, the program’s implementation staff as well as proposed local operational leaders, including the Project Manager, Assistant Manager, Provider Relations Manager, Outreach and Communications Manager, and Call Center Manager. Each candidate has the knowledge and experience mandated by Section 3.1.4 of this RFP.

If awarded, we will recruit qualified West Virginians to fill all remaining call center management and staff roles. By hiring local, we can invest in West Virginia’s local economy and build teams that have knowledge of the local culture and community as well as an innate commitment to serving their fellow Mountain State residents. In each of our markets, we invest in the local community by offering high quality jobs and career paths to residents. Through this practice, we not only help individuals develop their talent, but we also create substantial economic opportunities.

3.1.6 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.

Using technology and sound processes, we monitor the quality and timeliness of the work performed by our contracted NEMT Providers and any personnel that performs work off-site.

NEMT Providers

To measure the quality and timeliness of Providers:

- All Providers will be required to use our Automated Vehicle Locator (AVL)/GPS application or integrate our software with their own GPS system. With GPS/AVL, we can monitor Providers in real time and identify those that are meeting their on-time performance requirements.
- Field Monitors perform random on-site observations and interagency blitzes to assess the quality of Providers. Providers are ‘graded’ based on their service to the member, courtesy, compliance, and timeliness. If Field Monitors identify any issues at the time of the observation, we take corrective action and follow up to ensure concerns do not recur.
- Post-trip and satisfaction surveys help us identify issues with Provider quality from the member’s

perspective. We also log all dissatisfactions expressed (not just those expressed as a complaint) to determine the quality of our Providers. Survey results and complaints are appended to the Providers record and considered when assigning trips and determining scores for the Provider Performance Report Card.

- When assigning trips to Providers, we not only consider their cost and proximity to the rider, but we also factor in the quality of their service based on member complaints and survey results, acceptance of trips, and timeliness.

Field Monitors. Unlike other brokers, our Field Monitors perform live vehicle inspections and random Provider observations, which require work off-site. Mobile tablets that directly interface with our program management platform, LCAD NextGen, allow Monitors to capture vehicle photos, inspection locations, and times in real time. While this process helps with the Provider monitoring process, it also assures that Monitors are compliant and efficient when performing their duties.

All other roles that perform a portion of their duties outside of the Charleston Call Center will be monitored using an approved Quality Assurance Plan by the local management team and required to record their activities.

3.1.7 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 cost associated with referenced programs.

Staff Retention

At LogistiCare, we recognize that high turnover not only affects the level of service members receive, but can also be expensive and drive down productivity. We use proactive strategies to retain our employees and offer professional development strategies to help those that demonstrate our core values and work ethic advance in their career.

All costs associated with these programs are assumed by LogistiCare.

Professional Development: Training and professional growth are central to LogistiCare’s culture. We identify talent, help cultivate skills, and develop leaders who manage efficient NEMT brokerage programs. We have a longstanding history of promoting from within our organization and mentoring our employees to grow from entry-level staff to senior leaders. Our staff leaders hold Talent Development and Succession Planning meetings multiple times each year to discuss Individualized Development Plans with our operations teams. We also establish performance and career goals, and help employees define and achieve realistic developmental milestones to support their advancement.

Our talent management software serves as a performance appraisal process and workflow solution that helps manage, develop, and retain employees. Managers and employees use the software to develop clear expectations and to define career goals and competencies. The software has efficient, automated features that allow individuals to track their progress to achievement, at any time, and create targeted development plans. Through the platform, we can also discern whether employees are at-risk and determine the best strategies for retention and skill

PROFESSIONAL DEVELOPMENT 

Our proposed Implementation Assistant Project Manager, Myra Orifice, is a prime example of the interest we take in our employees’ professional development. Myra began as a Transportation Coordinator Supervisor in the Atlanta, Georgia Operations Center in 1997. She learned all aspects of LogistiCare’s operations, including outreach, call center management, and transportation coordination, before progressing into a position of senior leadership. Today, she manages more than 100 full-time employees in her role as General Manager for the MaineCare NEMT program.

development.

Performance Incentives: We use performance incentive programs to retain and motivate our CSRs to exceed their expectations. Each incentive program is designed to encourage the use of best practices and require CSRs to meet their performance standards, at a minimum, to receive incremental increases in pay, bonuses, and/or promotion(s). Since establishing the performance programs, we have witnessed:

- Reduced error rates and minimized “re-works”
- Improved call quality and productivity
- Increased job satisfaction and decreased turnover

More importantly, the programs have stimulated our CSRs to use critical thinking and problem solving to provide service excellence and to continually strive for positive interactions on every call.

In our Nevada and Georgia contact centers, we use a tiered progression program that correlates hourly pay to skill level, performance, and time with the company. For instance, a customer service representative that has been with LogistiCare for 90 or more days and meets or exceeds all performance expectations is able to take a skill assessment to demonstrate their familiarity with the program’s processes, policies, and procedures. If they achieve a score of 85% or higher and have no corrective actions for behavior or attendance, they are eligible for a promotion to a Level 1 CSR as well as an incremental increase in pay.

Workplace Culture: Just like every member matters, so do each of our employees. We want our employees to enjoy their workplace and to be effective, productive members of the LogistiCare team. When hiring, we choose individuals that embody our core values and that are able to uphold our culture of care. We support open communication, two-way feedback, and recognize those that go above and beyond their assigned duties. In addition, we encourage staff to exercise their social responsibility and to participate in programs that benefit local families and members.

Communication: We foster a team dynamic and keep employees engaged by sharing best practices that keep the company moving forward. We maintain regular communication with staff through quarterly newsletters, social media, and our internal streaming publication – ‘Look @ LogistiCare’. Using wall boards that broadcast up to date information, we recognize local employees for their successes, anniversaries and other important milestones.

Solicit Feedback: We give our employees a voice and use their feedback to create a better workplace. Each year we ask all full time staff to participate in our annual employee survey to identify things we are doing well and ways we can improve. We also maintain an open door policy to encourage information sharing between our senior leaders, managers, and employees.

Outreach: Volunteering is a key driver of LogistiCare’s workplace culture that positively influences our local communities and motivates employees to engage with one another. In 2016, each of our operations centers worked together (and challenged one another) to donate the highest corporate contribution to the National Kidney Foundation. Our corporate staff battled the Georgia Operations Center in a round of basketball to raise donations and awareness about kidney disease, which affects many of our members.

Recognize Excellence: Each of our call centers uses different tactics to create a fun and rewarding atmosphere that stimulates productivity. In our Arizona Operations Center, our management team

initiated a 'kudos' program to recognize individuals that consistently provide an excellent member experience. The Nevada Operations Center utilizes an internal newsletter, "The Monthly Spotlight," to identify one employee each month that has exceeded their expectations.

Benefits: We employ a diverse group of individuals and recognize that the perks of working for a company should extend beyond salary and internal factors. Our compensation package includes a number of benefit options to help employees safeguard their personal well-being and financial future. This includes the following, among others:

- Health Insurance
- Accident Insurance
- Health Savings Accounts (HSA)
- Education Assistance
- Accrued Sick and Vacation Time
- 401k
- Life Insurance
- Commuter Benefits
- Employee Discounts
- Employee Assistance

Some benefits are paid entirely by LogistiCare while others require contributions from our staff.

Staff Training

Because we expect all employees to perform with excellence when interacting with members and other program stakeholders, we provide continual support and training to offer the tools, knowledge, and competency necessary to meet our expectations.

Standard Training for All Employees: Upon hire, all staff participates in interactive "Customer Service Experience" training, which defines best practices that should be used when working with the Medicaid service population. The following modules comprise the training and require satisfactory completion:

- Customer Service
- Effective Communication Skills
- Sensitivity Training
- Overcoming Communication Barriers
- Communicating with Aging Members
- Appropriate Handling of Difficult Customers

All employees participate in several policy and procedural trainings which require annual re-certification:

- LogistiCare's annual Compliance Training entails HIPAA Privacy and Security; Harassment and Discrimination; Information Security; Health Safety and Welfare Education; Ethics; CMS, Medicare/Medicaid Compliance and Fraud, Waste and Abuse; Information Security; Americans with Disabilities Act; and, URAC courses.
- Multiple Disability Awareness courses are facilitated through the online Learning Management System (LMS). These include, but are not limited to, Americans with Disabilities and Sensitivity modules that teach the importance of valuing diversity; methods to recognize 'hidden' disabilities,

such as mental illnesses; and, effective ways to demonstrate care, inclusion, and patience with all disabled members and employees.

- LogistiCare is guided by an arsenal of inclusive leadership practices and keen self-awareness. All staff, including leadership personnel, participates in diversity training that focuses on celebrating diversity in culture, ethnicity, language, religion, sexuality, race, gender, etc. The training teaches methods to engage others and respect differences with the goal of increased inclusion, and fosters improved communication through sensitive, conscious dialogue.

A written, comprehensive training plan for all service personnel will be shared with the Bureau prior to the start of operations.

CSR Training: In addition to standard employee training, CSRs attend a three-week training program designed for adult learners. The program has proven valuable in helping CSRs gain the confidence and knowledge needed to speak with members and to maneuver LogistiCare’s systems with ease. Training is divided into two segments:

Classroom Training

First, trainees attend two weeks of classroom training where they learn about LogistiCare’s customer service policies and procedures, the call-taking process (program-approved greetings, call scripts, system and processes, translation and TTY/TDD relay services, etc.), and compliance with program, state, and federal regulations. Besides shadowing, role-playing, lectures, and online learning and assessments, this portion of training may include visits from the Bureau’s members, and inclusion in the Mystery Rider program. In our experience, the first-hand knowledge gained through interactions with program members and NEMT Providers helps indoctrinate CSRs into LogistiCare’s culture of care and fosters compassion for members and their needs.

On-the-Job Training

After completing classroom training, CSRs transition to a coaching environment where they participate in one week of formal one-on-one training with mentors and on-the-job shadowing.

CSRs that successfully complete the entire training program are assigned a team to begin taking live calls. Call Center Supervisors and team leads remain on hand to offer continual support and guidance.

Training Resources

Outside of the training classroom, LogistiCare provides employees a wide selection of online and hands-on training materials and resources that help broaden their knowledge of best practices and processes that should be used to guide their workplace behaviors and production.

Call Script: The call script is one of the most valuable tools available to support CSR training and performance. It guides the call flow, from greeting to closing, and supports compliance and accuracy in information sharing. During the Implementation Phase, LogistiCare will submit a proposed call script to the Bureau for approval.

Job Aids: We integrate job aids and resources into our systems that CSRs can easily access and use at any time during a reservation call or exception investigation. After review and approval by the Bureau, we will make the following available to strengthen CSR learning and compliant behaviors:

- Covered and Non-Covered Services
- Levels of Service
- Mileage Reimbursement Forms
- Medical Necessity Forms, if applicable
- Statement of Work
- Program Policies and Procedures

Ongoing and Online Training: To help CSRs continuously hone their skills and enhance performance, productivity, and compliance, we facilitate training throughout their employment and also offer access to advanced learning through the 24/7 online Learning Management System (LMS). Besides completing the annual compliance training, program staff will be required to participate in refresher trainings that focus on program policies, customer service expectations, internal processes, and program changes/updates. The Bureau is welcome to attend training sessions or to provide a curriculum to supplement any training conducted by LogistiCare.

Management Training

We believe leaders are best equipped to improve team performance after sharpening their own management and team development skills. As such, we require all management to complete the following training modules in addition to those required by CSRs and staff:

- Comprehensive on-the-job training for managing an NEMT operations center
- Program-specific training and contract requirements
- CSR and Transportation Coordinator curricula
- Human Resource Basics
- Employee performance management
- Annual reviews
- ADA & FMLA
- Management Reporting

Additional courses that strengthen awareness of non-emergency transportation, member support, and LogistiCare’s culture are also facilitated through the online LMS.

Managerial Mentoring: To ensure that new managers gain a comprehensive understanding of their responsibilities and the daily nuances of their job, they will receive a portion of their training in LogistiCare’s Virginia Contact Center where they will be immersed in a culture of customer centered care, diversity, and compassion. While in this long standing and well-established center, they will not only be exposed to every aspect of operational functions, but will also learn how to deliver results through collaboration and partnership with program stakeholders. For the duration of this training phase, new managers will partner with senior mentors in the same roles they will oversee in West Virginia to ensure they bring our culture and success home to their new operation.



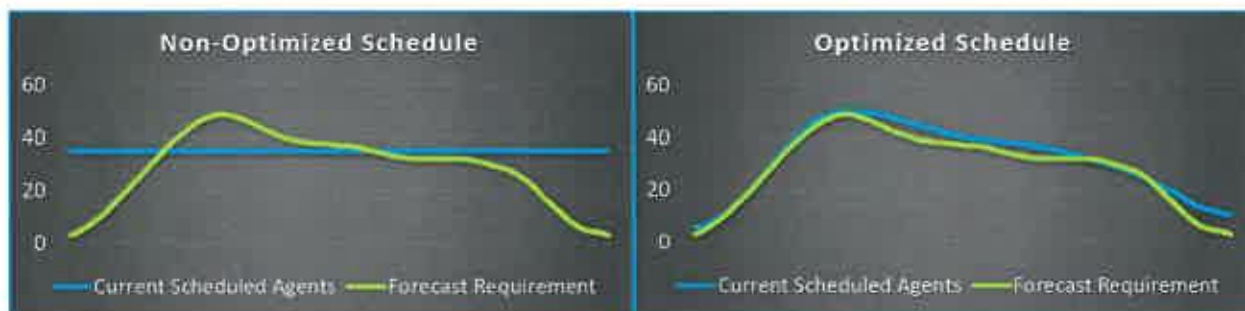
LOGISTICARE UNIVERSITY

Employees have access to the LogistiCare University knowledgebase in the LMS where they can develop new career skills or brush up on NEMT-related info. A few courses available include:

- Sensitivity Training
- Management Best Practices
- MS Office

As well as dozens of other courses and modules.

3.1.8 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 cost associated with referenced programs.



WFM schedule optimization not only ensures representatives are always available for calls, but also results in cost-efficiency.

Personnel Management

A number of management strategies and technologies are used within LogistiCare’s call centers to ensure there is adequate coverage of program needs and requirements. Our approach begins with sourcing and hiring an ample number of qualified personnel to manage the anticipated call volume, and further includes using workforce management tools to plan our resources and optimize staffing. In the following section, we detail our programs and strategies, for which we assume all associated costs.

Staffing for Adequate Coverage

A sustainable and available call center is central to supporting NEMT programs. We have 20 URAC-accredited call centers geographically dispersed across the country, which offers assurance that members will have access to live agents at all times, including times of disaster. Relying on historical data provided by the Bureau, our experience with similar programs with comparable call volume, and program trends, we will finalize a staffing plan for West Virginia’s operations. As the program advances and stabilizes, we will adjust staffing, if needed, to ensure our resources remain sufficient for the program’s day-to-day activities.

It should be noted that sufficient resources for our call centers extends beyond adequacy, it also includes hiring a diverse staff that can accommodate callers with limited English proficiency. When sourcing talent for the Charleston-area center, we will recruit individuals with fluency in other languages that are dominant in the State and strategically staff bilingual CSRs for maximum availability.

Workforce Management (WFM). Our WFM software balances our operational efficiency and ensures we have appropriate coverage, at all times. The software collects historical and real time data from LogistiCare’s Avaya Automatic Call Distribution (ACD) system to predict the future workload and determines the staff needed to comply with contract standards. It considers employee factors, like shift breaks and attrition, and forecasts call trends to automatically optimize scheduling for CSRs. From the dashboard, call center leaders can manage call center performance including the number of calls per queue, handling times, logged-in CSRs, speed of answer and service levels, and compare actual metrics to our client standards.

In Virginia, the WFM software aids Norton’s Call Center in meeting, and often exceeding, call center performance standards month after month. Managers and Supervisors run daily reports to identify where improvements are needed in CSR activity and provide one-on-one coaching on a weekly basis to address those areas.

In the event that unexpected changes or potential risks arise, WFM alerts managers and responds with real-time solutions, such as recommendations to transfer calls to a different queue to reduce hold times

or scheduling changes that prevent staff overages.

Contingency Staffing Plan. Through our people, processes, and technology, a live agent will always be available to assist members during non-business hours, disastrous events, or unexpected spikes in call volume. Our Interactive Voice Response (IVR) and Avaya Call Distribution (ACD) systems seamlessly transfer call services without data loss or disruption to callers. At any time, we can transfer one or more queues to our backup center located in Norton, Virginia, where agents are available 24 hours a day, seven days a week, or to any of our other contact centers. And, with LCAD NextGen's Business Rules Engine (BRE), we can make certain that any agent responding to a call has access to the same Bureau-approved protocol and script, member information, and program rules followed by CSRs in the West Virginia's center.

When disaster recently struck in Texas and Florida, our people and systems pulled together to ensure a live voice was available to respond to callers. More than 1,000 of our employees and their families in Texas, Louisiana, Georgia, Florida, and South Carolina were impacted by inclement weather and power outages. The WFM identified which centers had idle CSRs, in real-time, and directly transferred calls to our centers in Virginia, Nevada, Arizona, Georgia, and Maine. Staff in Connecticut, Oklahoma, Kansas, Iowa, and Michigan also performed overtime to assist with after-hours calls in support of our Georgia team. This level of backing demonstrates our understanding that while staffing gaps are not always predictable, LogistiCare alone has the resources to maintain critical operations when our clients and stakeholders need it most.

3.1.9 Approach and methodology to continuing education for staff to include specific vendor specific continued education as well as direct payment and/or reimbursement programs for staff whom receive further education/training from sources outside of the vendor (i.e. Certifications, training programs, formal education programs at a University or Community/technical College). The Vendor is to assume all cost associated with referenced programs.

Continuing Education Program

Employees who wish to continue their education while maintaining their full-time jobs show a commitment to improving themselves and their positions within the company. To encourage and reward these employees, LogistiCare offers an Education Assistance Benefit. The objective of this program is to assist employees in furthering their education to enhance current skills and improve their potential for advancement within the company. Details of our flexible Continuing Education Program, for which LogistiCare assumes all associated costs, are provided below.

Educational Assistance Benefit

LogistiCare may reimburse full-time, regular employees who have completed at least one full year of employment at LogistiCare for education costs for courses approved by LogistiCare. The approval for reimbursement depends on the courses and their relevance to the employee's current or potential position within LogistiCare. To receive the Educational Assistance Benefit, employees must obtain approval from their direct manager, operation's Project Manager or appropriate Corporate Director, and the Human Resources Department prior to commencement of each course, per semester. Approved tuition reimbursement is processed via LogistiCare's electronic expense reimbursement system. Employees may pursue a degree or take individual courses at an approved and accredited educational institution under this program. The following are components of LogistiCare's Educational Assistance Benefit:

- All courses taken to earn a bachelor's or associate's degree can be considered for reimbursement, provided that a degree has not been received in the field. This applies to all company personnel, regardless of position.
- LogistiCare may reimburse employees for courses taken to obtain a second degree only if it is an

advanced degree in a field of study applicable to their current or impending position.

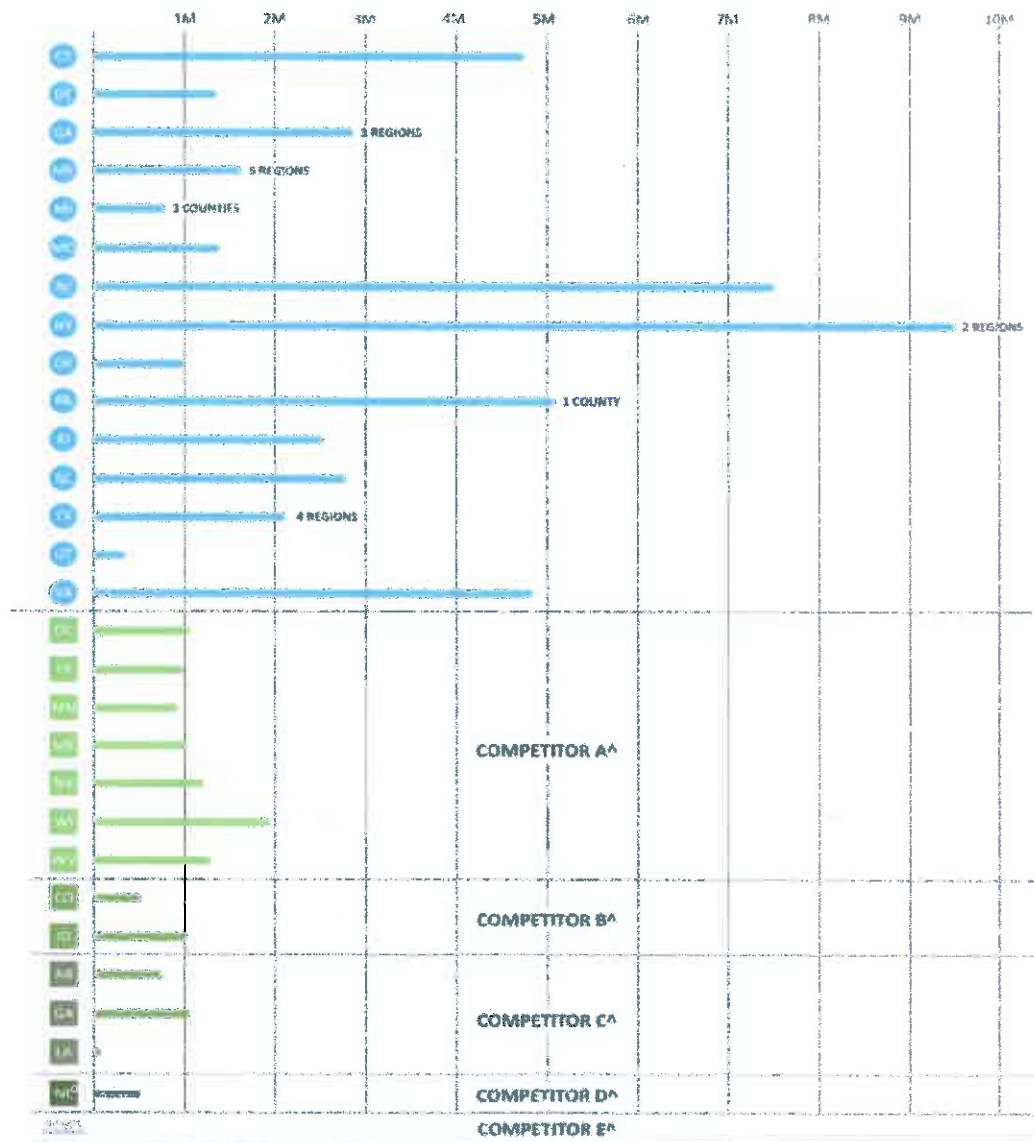
- The amount reimbursed for an approved course will be based on the final grade received, as follows: A=70%, B=60%, C=50%, and < C=0%.
- The Educational Assistance Benefit is typically limited to \$3,000.00 per calendar year. Employees are encouraged to carefully consider the number of courses taken each semester, in light of the requirement of maintaining full-time employment status.
- The Educational Assistance Benefit includes reimbursement for tuition, registration fees, and textbooks required to satisfactorily complete each course. Other ancillary expenses, such as parking, supplies, social dues, and athletic fees, are not reimbursable.
- If a course's expenses are subsidized by another source (e.g., veterans' educational payments, scholarships, or grants-in-aid), the Company's reimbursement is limited to costs not covered by the other funding source(s).
- Once a course has been completed, an official transcript must be submitted reflecting the grade as well as itemized receipts documenting all of the approved expenses in the form of an expense report.

If employment with LogistiCare terminates for any reason within one year of completing course(s) for which the Educational Assistance Benefit was received, we require 100% repayment of the expenses reimbursed.

3.2 The Vendor should provide credible, 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 a Managed Care Organization (MCO) is acceptable when accompanied with a letter from that state's Medicaid agency explaining the relationship and size of the population served.

Operating in full compliance with the Centers for Medicare & Medicaid Services (CMS), we have partnered with multiple government agencies and Managed Care Organizations (MCOs) to administer full brokerage programs for smaller to large-scale contracts. In 2016, we provided over 69 million trips for more than 27 million individuals covered by a Medicaid/Medicare plan. Our current portfolio features 16 state government contracts – some of which are the largest programs in the nation.

Completed Trips State NEMT Programs 2016



^ Competitor program data found in recent RFP submissions
 * Recently awarded program has not been implemented yet

LogistiCare provides more trips for the Medicaid population than any other broker. Clients trust us to establish quality networks that are able to transport members with varying needs.

Given the risks associated with transitioning a program of this size and complexity, it is imperative that the state select a vendor with proven and demonstrated transition expertise. As the graphic above illustrates, LogistiCare is the only broker with this level of experience. In fact, in numerous markets, such as Texas and Maine, LogistiCare assumed responsibility for another broker who failed to fulfill their obligations to the State. All of the markets listed in the table below have chosen to either continue or expand their relationship with LogistiCare under new procurements, which serves as a testament of our understanding

and ability to implement and maintain sustainable NEMT programs. The following five references can attest to LogistiCare’s experience and capabilities in providing NEMT services for a full brokerage program. We are confident in the reliability of our references and the insights each can provide.

OKLAHOMA	Client Information
Name	Gertrude Hurd
Title	SoonerRide Program Manager
Agency	Oklahoma Healthcare Authority
Address	PO Box 18497
City/State	Oklahoma City, OK 73154
Phone	(405) 522-7642 / (405) 530-7175 - fax
Email	Gertrude.Hurd@okhca.org
Description	<p>LogistiCare provides NEMT services for the State’s Medicaid population. In 2016, we managed transportation for nearly 740,000 members, provided more than 950,000 trips, and responded to over 340,000 calls. Our service to the Oklahoma Healthcare Authority (OHCA) began in 2003 when we were awarded the statewide contract for the SoonerRide Medicaid NEMT Program. We initially provided services to nearly 250,000 Medicaid recipients. After demonstrating high-quality services, the state entrusted an additional 190,000 lives to our care. In 2008, OHCA re-awarded LogistiCare a multi-year renewal contract. Since entering the State, we have instilled cost-containment initiatives and continually elevated the level of service members receive. By increasing gas reimbursement and mass transit utilization, we deliver cost savings of \$8.5 million, annually. Total Annual Value: \$26 Million</p> <p>Contract Period: 2003 - Present</p>

TEXAS	Client Information
Name	Cecile Young
Title	Chief Deputy Commissioner
Agency	Texas Health and Human Services Commission
Address	4405 North Lamar Boulevard
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Phone	(512) 424-6502
Email	Cecile.Young@hhsc.state.tx.us
Description	<p>LogistiCare serves more than 1.6 Million Medicaid recipients in four of the Lone Star State's geographic regions. In 2016, we connected with 1.1 Million callers and managed over 2.3 Million trips. LogistiCare initiated operations in the Texas SDA 1 region in April 2012, and by January 2014 we had already exceeded HHSC's expectations for the program. We demonstrated our ability to go above and beyond and remain flexible to fit the scope of operations in Texas. As a result, HHSC asked LogistiCare to undertake management of NEMT services in three (3) additional counties after our first ninety (90) days in the state. Although most implementations typically require no less than 60 days, we absorbed the operations for these three (3) additional counties within two (2) weeks. New NEMT processes and programs were initiated that led to significant cost savings – to the tune of a \$7 million rebate to the State of Texas in the first 18 months of operations. Through an additional statewide RFP procurement, we were awarded two additional regions in Texas, tripling the size of LogistiCare's footprint in the area. As an added testament to our experience and capabilities, in March 2015, we were selected to assume operational responsibility in Region 8 because another broker was unable to meet HHSC's contractual performance metrics. The Texas Health and Human Services Commission has since exercised the contract options in all four regions with LogistiCare through August 31, 2018. Total Annual Value: \$68 Million</p> <p>Contract Period: FRB SDA1 (Dallas Metro Area) - 2012 to 2018 (renewals); MTO Region 7 - 2014 to 2018 (renewals); MTO Region 8 - 2015 to 2018 (renewals); MTO Region 11 - 2014 to 2018 (renewals)</p>

MISSOURI	Client Information
Name	Glenda Kremer
Title	Assistant Deputy Division Director of Missouri HealthNet
Agency	Missouri Department of Social Services
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City/State	Jefferson City, MO 65102
Phone	(573) 751-6962
Email	Glenda.A.Kremer@dss.mo.gov
Description	<p>LogistiCare began delivering NEMT services in Missouri in 2005 under emergency conditions. The transportation broker chosen to perform the services was unable to meet its obligations. Within thirty (30) days, LogistiCare performed all of the following implementation tasks: assembled a viable NEMT network; equipped, staffed, and trained a call center; and commenced provision of statewide NEMT services. We helped the State save more than \$10 million during the first year of our NEMT contract—owing mainly to implementation of thorough transportation provider management and gatekeeping protocols. LogistiCare retained its statewide NEMT contract in Missouri until October of 2010. At that point, implementation of severe Medicaid budget constraints forced the state to re-bid the NEMT program contract. Though the State of Missouri assigned the highest score to LogistiCare’s technical proposal, it chose not to partner with us for the October 2010 contract term for pricing reasons. Within eleven (11) months of implementation, the new transportation broker—which had submitted an inexplicably low priced proposal and had previously failed to provide acceptable NEMT services in 2005—acknowledged it could not sustain performance of the services for which it had been retained at the price it had quoted. At that point, the State of Missouri asked LogistiCare to resume management of the program. LogistiCare quickly resumed operations following a less than thirty (30) day transition period for the second time in approximately six (6) years. We have also consistently achieved a complaint-free ratio of 99.9% in the state. In July 2016, the State of Missouri re-awarded the statewide NEMT program contract to LogistiCare for five more years. Total Annual Value: \$38 Million</p> <p>Contract Period: Original contract: 2005 – 2010; Emergency contract: 2011 -2013; 2nd contract: 2013 – 2016; Current contract 2016- 2020</p>

NEW JERSEY	Client Information
Name	Richard Hurd
Title	Administrator Contract Compliance
Agency	New Jersey Division of Medical Assistance and Health Services
Address	Quakerbridge Plaza Building, 52nd Floor
City/State	Hamilton, NJ
Phone	(609) 588-2550
Email	Richard.H.Hurd@dhs.state.nj.us
Description	<p>LogistiCare has provided NEMT services to the New Jersey Division of Medical Assistance and Health Services (DMAHS) since 2009. DMAHS made the switch to a brokered NEMT program in an effort to control costs, reduce billing fraud, increase the use of transit services, and improve overall service quality, and expand access to medically necessary appointments. New Jersey entered into an NEMT services contract for specific levels of transportation service with LogistiCare in July 2009 covering approximately 500,000 Medicaid beneficiaries. LogistiCare initially provided livery (ambulatory) services in Hudson, Atlantic, and Essex counties exclusively. Because of LogistiCare's successful launch of operations and effective program management, the State ultimately expanded our responsibility and LogistiCare became the first statewide NEMT transportation broker in New Jersey history in 2010. Shortly afterwards, the State expanded LogistiCare's contract to provide all levels of service needs across the entire state. Today, the New Jersey operation serves over 1.6 million eligible beneficiaries and is the largest single full risk, capitated transportation broker-managed NEMT program in the country. In July 2017, the State of New Jersey re-awarded the statewide NEMT program contract to LogistiCare for five more years.</p> <p>Total Annual Value: \$167Million</p>

MAINE	Client Information
Name	Roger Bondeson
Title	Director of Operations
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Phone	(207) 287-5735
Email	Roger.Bondeson@maine.gov
Description	<p>Beginning in July of 2013, LogistiCare undertook the design, implementation, and operation of an NEMT program on behalf of the Maine Department of Health and Human Services (DHHS), Office of MaineCare Services (OMS) in what the state refers to as Region 8. We initially served a population of 30,000 NEMT eligible beneficiaries. In February 2014, MaineCare Medicaid beneficiaries who had participated in an independent customer service satisfaction survey gave LogistiCare a 95.8% satisfaction rating—a score we achieved less than seven (7) months after introduction of the new NEMT program. Later in 2014, OMS decided to take action when another transportation broker in the state failed to deliver adequate services to beneficiaries in MaineCare Regions 1, 2, 4, 6, and 7. On the heels of the subsequent RFP process, OMS continued its dramatic re-engineering of the capitated, full-risk NEMT model; and, MaineCare awarded four (4) additional NEMT contracts to LogistiCare in Regions 1, 2, 6 and 7. We undertook implementation of each of the additional regions in July 2014 while under significant media scrutiny and the specter of a highly contested governor’s race. The NEMT transition never became an issue in the press or the political arena—a testament to the seamless nature of LogistiCare’s takeover. Total Annual Value: \$35 Million</p>

3.3 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 with the following:

3.3.1 State Medicaid and/or other governmental NEMT programs

3.3.2 Providing NEMT or other transportation services

3.3.3 Brokering NEMT or other transportation services

3.3.4 Recruiting NEMT Providers

3.3.5 Operating an Automatic Call Distribution (ACD) system

3.3.6 Staffing a NEMT or other transportation services customer service call center; and

3.3.7 Developing and managing a transportation database, including reporting and transportation utilization analysis activities.

LogistiCare manages NEMT services for each of the 16 state-based contracts listed below. Our responsibilities as the broker for these programs are similar to those required by the State of West Virginia and we have demonstrated our proficiency in providing quality transportation management services time and time again. Since implementing our first NEMT program in 1996, we have earned our position as the largest broker in the industry and partnered with more states than any of our competitors to efficiently and dependably perform the following tasks:

- Recruiting and maintaining a network of NEMT Providers
- Operating an automatic call distribution (ACD) system
- Staffing an NEMT customer service call center
- Developing and managing a transportation and member database for accurate reporting and utilization analysis

When others have failed to comply with their contractual obligations, we have been there to pick up the pieces and quickly recover for those who matter most – the members. In the following tables, we summarize the states that have entrusted us to manage their programs, the years of partnership, and the duties we perform as part of our contracts. We also provide statistics to demonstrate our experience building robust networks and responding to Medicaid members across the nation.

State	2016 Membership	2016 Gross Trips	2016 Calls
Connecticut	770,085 Members	4,879,934 Trips	901,841 Calls
<p>Original contract start: 2002 Current contract: 2012 - 2017 Population Service: Medicaid Type of Services Performed: Complete responsibility for NEMT service statewide. Geographic Area: Statewide Specific Duties: Determining eligibility and level of service; reservations and trip assignments; quality assurance; reporting; developing, managing, and monitoring a network of transportation providers, and provider claims adjudication (payment made by HP).</p>			
Delaware	199,023 Members	1,565,427 Trips	207,073 Calls
<p>Original contract start: 2002 Current contract: 2011 - 2019 Population Service: Medicaid Type of Services Performed: Complete responsibility for NEMT service statewide. Geographic Area Served: Statewide Specific Duties, Strategic Objectives: Determining eligibility and level of service; provider payment administration; reservations and trip assignments; quality assurance; reporting; developing, managing, and monitoring a network of transportation providers.</p>			
Florida	46,885 Members	324,000 Trips	104,832 Calls
<p>Original contract start: 2015 Current Contract: 2016 - 2019 (renewal) Population Service: Medicaid Type of Services Performed: Complete responsibility for NEMT service. Geographic Area Served: Following Florida Counties: Indian River, Okeechobee, St. Lucie, Martin, Palm Beach, Broward, Miami-Dade, Monroe, Escambia, Santa Rosa, Okaloosa, Walton, Holmes, Washington, Jackson, Bay, Calhoun, Gulf, Liberty, Gadsden, Franklin, Wakulla, Leon, Jefferson, Madison, and Taylor Specific Duties, Strategic Objectives: Determining eligibility and level of service; provider payment administration; reservations and trip assignments; quality assurance; reporting; developing, managing, and monitoring a network of transportation providers.</p>			
Georgia (3 Regions)	813,947 Members	2,804,828 Trips	841,115 Calls
<p>Original contract start: 1997 Current Contract: 2012 - 2018 (renewals) Population Service: Medicaid Type of Services Performed: Complete responsibility for NEMT service statewide. Geographic Area Served: Eastern, Central & Southwest Regions Specific Duties, Strategic Objectives: Determining eligibility and level of service; provider payment administration; reservations and trip assignments; quality assurance; reporting; developing, managing, and monitoring a network of transportation providers.</p>			

<p>Original Contract Start: Region 8: 2013 - 2018 Expanded: Regions 1, 2, 6 & 7 - 2014 - 2018 Population Service: Medicaid Type of Services Performed: Complete responsibility for NEMT service. Geographic Area Served: 5 of 8 Regions Specific Duties, Strategic Objectives: Determining eligibility and level of service; provider payment administration; reservations and trip assignments; quality assurance; reporting; developing, managing, and monitoring a network of transportation providers.</p>	<p>Maine (5 Regions)</p>	<p>145,077 Members</p>	<p>2,193,270 Trips</p>	<p>277,556 Calls</p>
<p>Original Contract Start: 2010 Current Contract: 2013 - 2017 (renewals) Population Service: Medicaid Type of Services Performed: Complete responsibility for NEMT service Geographic Area Served: Detroit Metropolitan Area including Wayne, Oakland, and Macomb counties Specific Duties, Strategic Objectives: Determining eligibility and level of service; provider payment administration; reservations and trip assignments; quality assurance; reporting; developing, managing, and monitoring a network of transportation providers.</p>	<p>Michigan (3 Counties)</p>	<p>940,447 Members</p>	<p>832,541 Trips</p>	<p>310,801 Calls</p>
<p>Original Contract Start: 2005 Emergency contract: 2011 - 2013 2nd contract: 2013 – 2016 Current Contract: 2016- 2020 Population Service: Medicaid Type of Services Performed: Complete responsibility for NEMT service Geographic Area Served: Statewide Specific Duties, Strategic Objectives: Determining eligibility and level of service; provider payment administration; reservations and trip assignments; quality assurance; reporting; developing, managing, and monitoring a network of transportation providers</p>	<p>Missouri</p>	<p>542,368 Members</p>	<p>1,693,425 Trips</p>	<p>696,811 Calls</p>
<p>Original contract start: 2009 Current Contract: 2017 - 2022 Population Service: Medicaid Type of Services Performed: Complete responsibility for NEMT service. Geographic Area Served: Statewide Specific Duties, Strategic Objectives: Determining eligibility and level of service; provider payment administration; reservations and trip assignments; quality assurance; reporting; developing, managing, and monitoring a network of transportation providers.</p>	<p>New Jersey</p>	<p>1,671,802 Members</p>	<p>7,503,822 Trips</p>	<p>2,380,399 Calls</p>

New York (1 Regions)	560,368 Members	2,094,532 Trips	467,099 Calls
<p>Original contract start: 2015 - 2018 (renewals) Population Service: Medicaid Type of Services Performed: Complete responsibility for NEMT service. Geographic Area Served: Long Island Specific Duties, Strategic Objectives: Determining eligibility and level of service; reservations and trip assignments; quality assurance; reporting; developing, managing, and monitoring a network of transportation providers.</p>			
Oklahoma	741,503 Members	1,731,595 Trips	385,664 Calls
<p>Original contract start: 2003 Current Contract: 2013 - 2018 Population Service: Medicaid Type of Services Performed: Complete responsibility for NEMT service. Geographic Area Served: Statewide Specific Duties, Strategic Objectives: Determining eligibility and level of service; provider payment administration; reservations and trip assignments; quality assurance; reporting; developing, managing, and monitoring a network of transportation providers.</p>			
Pennsylvania (1 County)	614,871 Members	4,949,403 Trips	695,279 Calls
<p>Original contract start: 2006 Current contract: 2017 - 2018 Population Service: Medicaid Type of Services Performed: Complete responsibility for NEMT service. Geographic Area Served: Philadelphia County Specific Duties, Strategic Objectives: Determining eligibility and level of service; provider payment administration; reservations and trip assignments; quality assurance; reporting; developing, managing, and monitoring a network of transportation providers.</p>			
Rhode Island	292,980 Members	2,265,884 Trips	306,843 Calls
<p>Original contract start: 2014 -2018 (renewals available) Population Service: Medicaid Type of Services Performed: Complete responsibility for NEMT service. Geographic Area Served: Statewide Specific Duties, Strategic Objectives: Determining eligibility and level of service; provider payment administration; reservations and trip assignments; quality assurance; reporting; developing, managing, and monitoring a network of transportation providers.</p>			
South Carolina	1,549,475 Members	2,842,969 Trips	1,027,053 Calls
<p>Original Contract Start: 2007 Current Contract: Regions 1, 2 & 3 - 5/26/2016 – evergreen (emergency contract) Population Service: Medicaid Type of Services Performed: Complete responsibility for NEMT service. Geographic Area Served: Statewide Specific Duties, Strategic Objectives: Determining eligibility and level of service; provider payment administration; reservations and trip assignments; quality assurance; reporting; developing, managing, and monitoring a network of transportation providers.</p>			

Texas (4 Regions)	2,112,372 Members	2,321,657 Trips	1,101,032 Calls
<p>Contract Dates: FRB SDA1 (Dallas Metro Area): 2012 - 2018 (renewals) MTO Region 7: 2014 - 2018 (renewals) MTO Region 8: 2015 - 2018 (renewals) MTO Region 11: 2014 - 2018 (renewals) <i>*Regions 1 and 10: Newly Awarded due to dissolution of acting vendor</i> Population Service: Medicaid Type of Services Performed: Complete responsibility for NEMT service. Geographic Area Served: Regions 1, 7, 8, and 11, multiple counties including Dallas Specific Duties, Strategic Objectives: Determining eligibility and level of service; provider payment administration; reservations and trip assignments; quality assurance; reporting; developing, managing, and monitoring a network of transportation providers.</p>			
Utah	239,596 Members	87,203 Trips	42,514 Calls
<p>Original Contract Start: 2014 Current Contract: 2017 - 2022 Population Service: Medicaid Type of Services Performed: Complete responsibility for NEMT service. Geographic Area Served: Statewide Specific Duties, Strategic Objectives: Determining eligibility and level of service; provider payment administration; reservations and trip assignments; quality assurance; reporting; developing, managing, and monitoring a network of transportation providers.</p>			
Virginia	286,959 Members	4,171,116 Trips	531,647 Calls
<p>Original contract start: 2001 Current contract: 2011 - 2018 Population Service: Medicaid Type of Services Performed: Complete responsibility for NEMT service. Geographic Area Served: Statewide Specific Duties, Strategic Objectives: Determining eligibility and level of service; provider payment administration; reservations and trip assignments; quality assurance; reporting; developing, managing, and monitoring a network of transportation providers</p>			

4. PROJECT AND GOALS:

4.1 Vendor should describe their approach to the West Virginia NEMT program utilizing a full-risk capitation brokerage model that demonstrates a clear understanding of the overall engagement and services to be provided, including a timeline showing how they propose to meet project deliverables. The Vendor's approach should address the following:

4.1.1 Appendix 1, Operational Specifications, including all deliverables and proposal components described therein.

4.1.2 Appendix 2, Implementation Specifications, including all deliverables and proposal components described therein.

Due to our experience serving clients with needs much like the State of West Virginia's, we understand the scope of this request and the approach that must be used to engage local stakeholders. After contract award, we will work hand-in-hand with the Bureau to finalize a 90-day transition plan and perform the following duties with full-risk:

- Establish, credential, and oversee a network of qualified NEMT Providers
- Authorize, schedule, and manage NEMT service requests
- Reimburse NEMT Providers and oversee the Volunteer, Mass Transit, and Mileage Reimbursement programs
- Provide written and electronic informational materials to facilities, members, and Providers
- Develop an advisory committee and facilitate meetings
- Meet with the Bureau's representatives according to an agreed communication plan
- Deliver standard and ad hoc reports to the Bureau in the agreed format
- Provide NEMT services to eligible members without discrimination
- Document, investigate, and provide a resolution for all complaints

Please see our responses in Appendix 1, Operational Specifications, and Appendix 2, Implementation Specifications, for a detailed look at how we will manage all deliverables and proposal components.

90-Day Transition. To meet our standard 90-day implementation period and adhere to the Bureau's timeline for project deliverables, we have already initiated many of the tasks required for a smooth transition. Ray Blanco, our Implementation Network Developer, has visited with local NEMT Providers to determine their level of interest and gain their perspective on program improvements. Senior Vice President of Operations, Chris Echols, worked with local agencies to identify solutions for staffing and qualified managers. And, our corporate team has already found a location that will accommodate our personnel and resources.

The following table provides a condensed overview of the process and timeline that LogistiCare will use to meet the Bureau's timeline for project deliverables. **Please see the complete Implementation Plan in Appendix 2: Implementation Specifications.**

Task Name	Start	Finish	Resource Names
90 Day Implementation	Mon 1/1/18	Mon 4/2/18	LGTC Implementation
Contract Award	Mon 1/1/18	Mon 1/1/18	LGTC Executive Team
Draft Deliverables	Wed 1/10/18	Wed 3/14/18	LGTC Implementation
IMPLEMENTATION PLAN: 4/1/18	Mon 1/1/18	Mon 4/2/18	Implementation Team
LGTC/Client Project Kickoff	Tue 1/2/18	Mon 1/8/18	LGTC Implementation
Charleston Area Call Center	Mon 1/1/18	Fri 2/9/18	LGTC Implementation
IT Phase	Tue 1/9/18	Mon 3/12/18	Namon H
Technology & Telephony	Mon 1/22/18	Tue 2/20/18	Namon H
Staff Hiring & Screening	Mon 1/15/18	Fri 2/23/18	Jenny Southern
Staff Training	Mon 2/26/18	Fri 3/16/18	Cyndy Stone
Provider Outreach	Mon 1/1/18	Fri 3/9/18	Ray Blanco
Member and Facilities Outreach	Mon 1/1/18	Wed 5/9/18	Robert Pittman
Readiness Review with Client	Wed 3/14/18	Wed 3/14/18	LGTC Implementation
Soft Go Live – Call Services	Wed 3/14/18	Fri 3/30/18	LGTC Implementation
Official Go Live - Call Center / Transportation	Mon 4/2/18	Mon 4/2/18	Logistcare

4.2 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:

- 4.2.1 List the subcontractor’s name, address, contact person and phone number.
- 4.2.2 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.
- 4.2.3 Detail the time period, scope of work, and quality of performance for any past work performed by the subcontractor in conjunction with the Vendor.
- 4.2.4 Identify the policies and procedures for handling subcontractors when they fail to meet company, State and/or Federal regulations.
- 4.2.5 Provide three (3) references for the subcontractor.
- 4.2.6 Provide a draft of the proposed subcontract.

Subcontractors will not be used to deliver any portion of the contracted services. Our model for implementing and managing full-risk capitation brokerage-based NEMT programs is to retain responsibility for all aspects of the program—including management, billing, and call center operations—using locally based and hired employees.

4.3 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.

Our customizable proprietary program management platform, LCAD NextGen, is tailored to fit the standards of each program we oversee. With the system’s flexibility, we can easily adapt it to the changing needs of our clients and integrate it with any web-based system for real-time data exchange. Besides using it to submit data via batch mode, perform statistical analysis, and develop detailed reports (as defined in Appendix 3), we will use it to maintain information about all of West Virginia’s members and NEMT Providers.

Develop and Manage an Up to Date Database

Technology adoption is one of the primary phases of our standard implementation process. During the “IT Phase,” Namon Huddleston, will lead in the development of the LCAD NextGen database. LCAD NextGen will store information about members served by the State’s Medicaid plan as well as NEMT Providers contracted to our network. As updates are received, the necessary adjustments will be made so that our records reflect the most up to date information.

At a minimum each member profile will include the following:

- Member’s legal name, date of birth, sex, and Medicaid ID
- Current address, telephone number, and email
- Medicaid and/or Medicare Plans and eligibility status
- Special requirements (i.e. equipment and medical condition)
- Preferred providers (if any)
- Mode of transportation
- Level of service, including approval for an attendant and/or escort
- Common or frequent trip destinations
- Notes (e.g., abusive behavior, complaint history, no-show)
- Past and Upcoming reservation requests
- Receipt of NEMT services, lodging, meals, advanced funds, and denials and appeals
- Prior Authorizations and Medical Necessity Forms
- Member Connections (Individuals connected to the member, such as the parent of a minor, caregivers, medical providers/facilities)
- Treatment type(s) and recurring trips
- Complaints

If information is not received about a member via the Bureau’s eligibility files or a facility, our CSRs will have the ability to manually create a profile. The member profile will be initially developed based on information we receive from the Bureau and/or facilities, and CSRs will have access to a dashboard with easy-to-manuever fields to make updates as necessary. We determined that drop down boxes and radio buttons increase the speed that CSRs can make changes while on a call and leaves less room for errors in data capture. Eligibility data will be consistently revised based on plan information received directly from the Bureau.

Transportation Provider Database. Within LCAD NextGen, we store all records pertaining to our contracted Transportation Provider network, including all credentialing documentation, vehicle inspections, negotiated rates, performance data, training certifications, levels and areas of service, and all other relevant information. Using data contained in the system, we:

LogistiCare Beneficiary: [dropdown] [Search] [Menu] [Help] [User: John B]

Profile [View Dashboard](#)

Beneficiary Data

Name: Emily Cass Birthdate: 09/28/1996
 Weight: 170lbs Height: 5'11"
 Primary Language: English Deceased: No

Special Requirements

Wheelchair

Type: Manual Transfer: Yes Ramp: Yes
 Weight: 5'4" Weight: 220lbs

Address & Contact Information

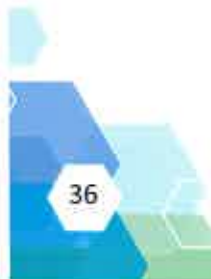
Address Type: Residence
 Address: 11655 NW 82nd Way, Apt. 817, Sunnyvale, FL 33089
 Additional Geographic Details:
 Apartment complex is located three buildings down from the corner of 82nd drive and 102nd St

E-Mail Type: Personal E-Mail: johndoevw@email.com Receive Notifications: Yes
 Phone Number Type: Home Phone Number: (408) 966-2156 Receive Notifications: No

Connections

Name	Phone	Connection Type	Active Until
George Hamilton	12/31/2016	12/31/2016	12/31/2016
	12/31/2016	12/31/2016	12/31/2016

The Profile screen stores details about the member, including their contact information, mobility, special requirements (i.e. wheelchair), as well as their active plans.



The screenshot shows the LogistiCare dashboard for user Emily Cass. The profile section includes contact information and a 'View Profile' button. The 'Plans' section shows a Medicaid plan. The 'Special Requirements' section is highlighted with a red box and lists a wheelchair with details: Type: Manual, Transfer: Yes, Ramp: Yes, Height: 5'4", Weight: 220lbs. The 'Forms' section is highlighted with an orange box and lists various forms such as 'Consent for transport of Child without Escort' and 'Physician Transportation Restriction (PTR)'. The 'Scheduled Reservations' section is highlighted with a purple box and lists upcoming trips like 'Dialysis' and 'Physical Therapy'. The 'Reservation History' section is highlighted with a blue box and lists past trips like 'Dialysis'. A sidebar on the right contains buttons for 'Contact Information', 'Insurance Plan', 'Forms', 'Special Requirements', and 'Reservations'.

From the Dashboard screen, CSRs can make changes to the Profile, make a reservation, view past or upcoming trips, and forms that impact their Level of Service, etc.

- Track driver and vehicle compliance with credentialing requirements
- Monitor performance in relation to contracted expectations
- Produce reports
- Assign routine or standing order trips to the best performing Provider with the lowest cost
- Monitor credentialing information to ensure all dates are current and compliant

Submitting Data via Batch Mode

LogistiCare has extensive experience with electronic data interchange (EDI) and developing interfaces with State Medicaid Information Systems (e.g. eligibility files, encounter files). We have the flexibility to integrate our system platform with the Bureau's or to establish a secure file transfer protocol (SFTP) to transmit eligibility and encounter files. To make certain there are no compatibility issues or complications at the start of operations, we will test the exchange procedure during the "IT Phase" of implementation.

File Import/Export. Upon contracting, we will work directly with the Bureau to establish a secure file transfer protocol (SFTP) to receive eligibility files and export encounter files. Currently, files can be

accepted in several formats, including CSV, fixed-length text, HIPAA-approved transaction sets (837, etc.), and XML. Communication between these real-time services is protected using Secure Sockets Layer (SSL) security.

Web-Based Integration. Our team can enable a real-time interface between our internal LCAD NextGen system and those of our client or client-designee, using web services. During the Implementation Phase, LogistiCare's Integration Services group will meet with the State to determine the best method for data mapping and tracking. If the state has a web service, we will discuss using a query-based or subscription process that will directly interface with the State's portal. If this methodology is utilized, our systems can relay a member's unique Medicaid number to the State's web service portal to receive an immediate response with the member's current eligibility status. The interface will be set up and tested by LogistiCare prior to the start of operations to ensure readiness.

With every exchange, a summary report with the records processed, new records activated, records inactivated, and total active members will be returned to the Bureau after processing. If there are any questions or concerns after summary review, our IT team will work with the Bureau for resolution.

Statistical Analysis and Reports

To identify trends and make accurate projections, we will analyze program activity and historical data, including utilization, membership, and trip costs, housed within LCAD NextGen. After validating the information, we will create summarized reports that to pinpoint program deficiencies and successes and to determine ways we can enhance the member experience, increase cost savings, and improve efficiency. In compliance with this RFP, we will further use this information to develop detailed, standard reports (as specified in Appendix 3) as well as any ad hoc reports required by the Bureau.

The Bureau will also receive access to near real-time operational data through our web-based, business intelligence tool, Qlik Sense. Qlik Sense allows users to log in and view data at any time from any device with web capabilities. Data is filtered directly from LCAD NextGen which means the Bureau will have access to the same information we use to create reports and manage our daily activities. **Please see Section 4.4 for more information about Qlik Sense.**

4.4 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.

Reporting is the key to offering clients a solid understanding of our operational status and performance. West Virginia's Business/Data Analyst will create and run queries in LCAD NextGen to collect data from various segments of the program, including the call center, network, and claims, to develop standardized reports. Each report will be thoroughly reviewed by our internal staff to ensure accuracy and data integrity, and then formatted in the Bureau's approved templates. As a safeguard, during the Implementation Phase, we will make certain our methods for data collection, retention, and distribution comply with all Federal, State, and local laws, regulations, and requirements.

Ad Hoc Reporting. In addition to standardized reports, the Bureau will have access to our self-service business intelligence tool, Qlik Sense® to review program data or create graphics, charts, and ad hoc reports. The graphics that follow are examples of reports Clients can view in Qlik Sense:

NEMT Provider Capacity by County

The Provider Capacity by County report breaks down the coverage for a county or city in comparison to utilization demand by day or by hour. Counties where capacity meets LogistiCare's goal of 115% are highlighted in green; those that do not meet the capacity goals are shown in yellow (Capacity is greater than 100%, but less than 115%) or red (capacity is less than 100%).

County	Mon		Tue		Wed		Thu		Fri	
	Capacity	Demand	Capacity	Demand	Capacity	Demand	Capacity	Demand	Capacity	Demand
SUSSEX	128.4	58.8	137.7	54.8	138.2	53.8	127.7	68.8	142.7	68.8
LANCASTER	126.4	28.7	155.4	28.8	157.2	37.5	158.9	26.3	158.2	32.8
WESTMORELAND	121.4	17.4	128.7	17.0	148.7	19.8	188.7	16.4	177.8	17.9
YORK	104.3	22.9	144.9	21.4	162.8	27.8	113.7	24.8	154.7	25.3
GRAYSON	101.3	14.2	171.4	18.3	177.2	15.7	142.2	18.7	152.8	18.8
GOOCHLAND	100.4	24.8	158.3	19.3	174.7	26.8	123.7	18.1	158.8	25.7
MONTGOMERY	100.4	65.9	167.4	58.6	178.2	67.9	148.2	81.4	149.7	88.4
GREENSVILLE	100.3	6.4	184.2	4.8	175.4	5.8	188.9	4.8	147.8	8.8
WYTHE	100.3	54.8	188.4	54.8	182.2	62.3	147.7	88.1	188.4	58.1
MANASSAS CITY	100.2	144.2	188.8	138.1	147.2	181.1	177.2	144.5	147.2	145.1
ACCOMACK	100.1	184.7	183.8	164.4	144.2	88.3	147.2	112.8	187.2	188.8
HAMPTON CITY	100.1	418.8	177.4	388.8	148.2	443.4	148.7	188.4	177.8	418.2
EMPORIA CITY	100.1	58.4	184.2	45.8	128.2	68.8	148.2	42.8	188.8	51.8
NORTON CITY	100.0	27.8	188.2	32.3	178.2	29.8	148.2	33.8	188.2	22.3
PRINCE GEORGES	100.0	2.1	188.2	3.1	148.2	2.2	147.7	2.1	188.8	1.8
KING GEORGES	100.0	28.8	178.2	23.8	171.4	27.8	188.2	21.8	147.7	15.1
AUGUSTA	100.0	82.1	188.4	78.8	177.4	73.8	144.2	78.1	148.2	68.4
COLONIAL HEIGHTS CITY	100.0	124.3	144.2	122.8	188.2	134.1	148.2	128.8	188.2	123.4
CHARLOTTE	100.0	78.3	148.2	82.3	188.7	83.8	188.2	84.3	188.8	78.8
CAROLINE	100.0	44.8	144.2	38.3	168.7	45.8	177.2	37.8	188.2	48.8
STAUNTON CITY	100.0	91.8	188.4	81.8	144.2	115.1	188.2	78.1	147.7	98.4
CHARLES CITY	100.0	11.5	177.4	11.8	171.4	11.1	88.0	11.4	188.4	12.8
NEWPORT NEWS CITY	100.0	486.7	188.8	381.3	144.2	436.5	157.7	484.8	188.2	485.1
SURRY	100.0	7.4	188.4	5.1	188.4	7.8	188.4	8.3	188.8	8.8

On Thursday, the Capacity in Charles City is projected to be below 100%. This alerts the transportation team to augment the network in that specific area for the day.

Program Data by Month

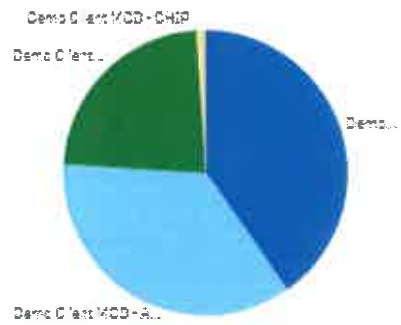
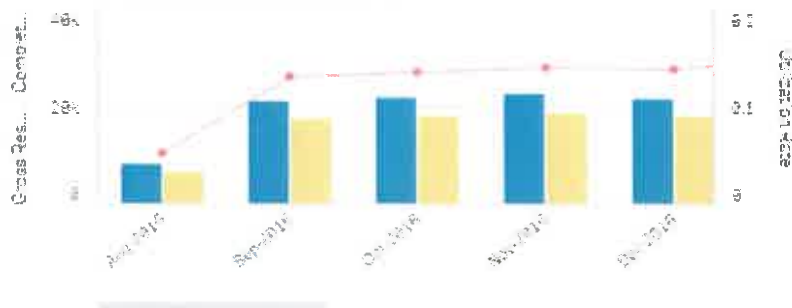
At any time, the Bureau can view a snapshot of the NEMT program, including member, reservation, utilization, trip mode, and complaint data. The information can be segmented by day, week, month, year, or customized period.

Measures	Month Year ▼		
	Aug-2016	Sep-2016	Oct-2016
Members			
Enrollment	132,227	135,638	136,168
Members Served	1,505	2,413	2,557
Advance Notice			
Same Day Trips	331	938	1,040
Standing Orders	2,080	6,169	6,138
Excessive Mileage			
Trips Over 50 Miles	794	1,861	1,974
Utilization			
Gross Reservations	7,987	20,948	21,656
Cancellations	1,450	3,559	3,633
Completed Trips	6,537	17,389	18,023
Utilization Rate	4.9%	12.8%	13.2%
Refusals	0	0	0
Trip Mode			
Ambulatory	5,956	15,943	16,517
Wheelchair	539	1,342	1,391
Advanced Life Support	0	1	3
Stretcher	1	4	10
Basic Life Support	1	3	4
Commercial Air	0	0	0
Lodging	25	63	77
Meals	0	0	0
Mass Transit	0	0	0
Mileage Reimbursement	1,127	2,929	3,216
Complaints	59	238	234
Complaints Percentage	0.74%	1.14%	1.08%

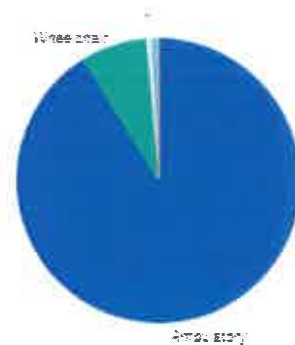
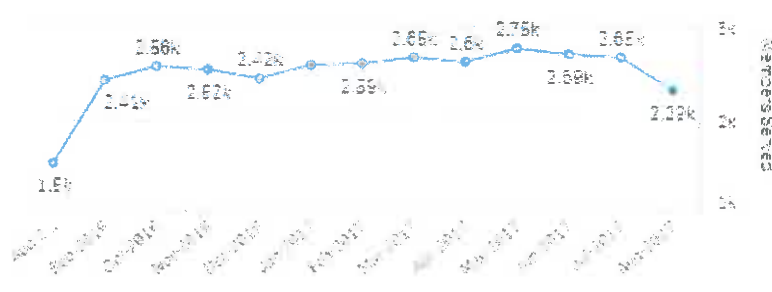
Program Dashboard

Operations data, such as the gross reservations and members served, can be converted to charts and graphs from the Program Dashboard.

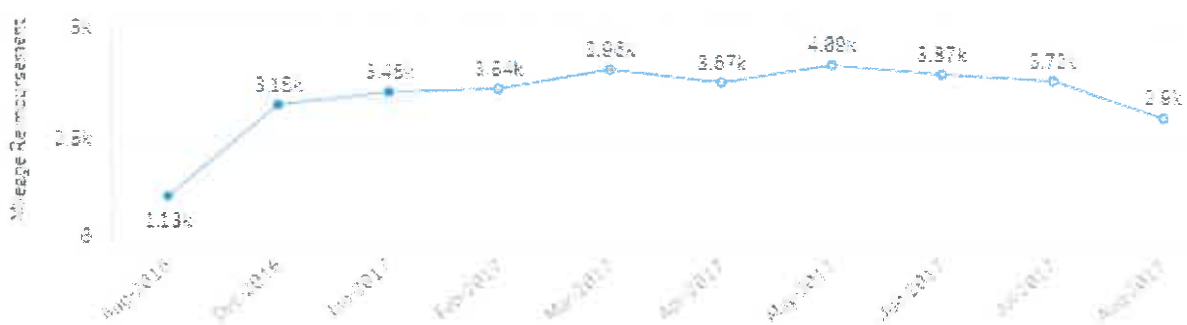
Gross Reservations vs Completed Trips

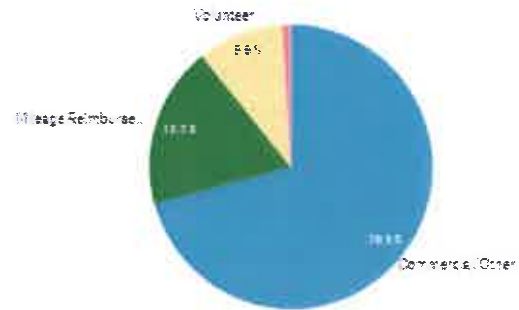
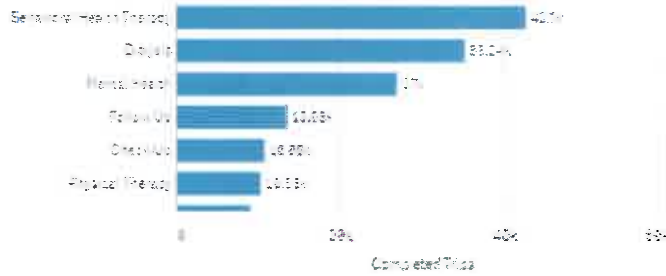


Members Served



Mileage Reimbursement by Month

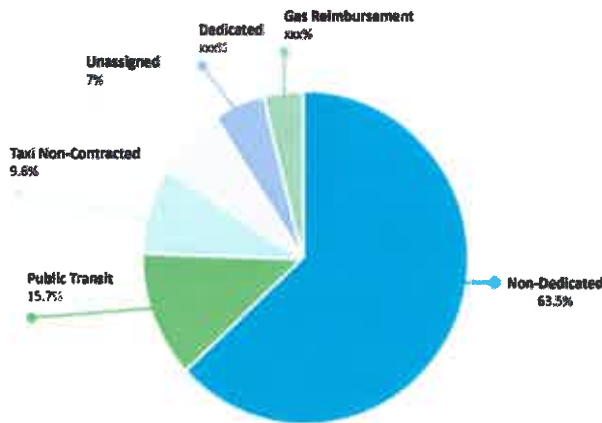




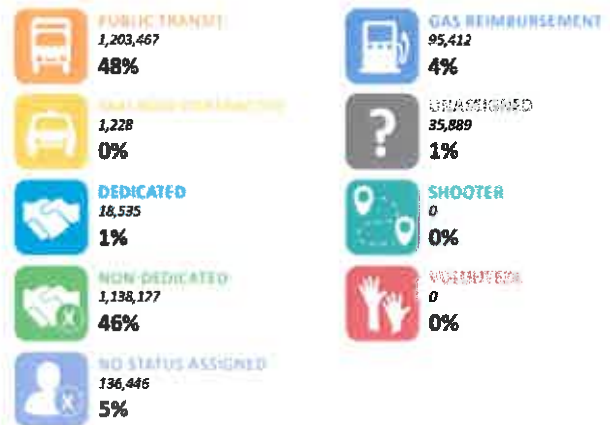
Trips by Provider Type

With Trip by Provider Type reports, the Bureau can view changes in trip mode assignments, especially increases in the use of public transit and gas reimbursement.

TRIP PERCENTAGE BY PROVIDER TYPE



TRIP PERCENTAGE BY PROVIDER TYPE



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

Appendix 3: Reporting Requirements

LCAD NextGen houses information about all aspects of our operations, from call center performance to members’ trip distances. Using the data stored in the system, we will develop the standard and ad hoc reports required by the Bureau, and submit each within the desired frequency. At the implementation kickoff meeting, we will work with the Bureau’s representatives to define the methods we should use to submit all deliverables, including the preferred file format(s) and mode of delivery for each report type. Deliverables, including report samples, are typically submitted to clients within 30 business days of the implementation kickoff meeting to allow adequate time for review, changes, and endorsement of the final draft before operations begin.

After operations begin, our staff will analyze and verify data at the end of each reporting term before placing it in the approved template and sending it to the Bureau. All underlying data will be provided in an electronic file on or before the date shown:

REPORT NAME	FREQUENCY / DELIVERY
Broker Monthly Report Card	Monthly, no later than the 15 th day after the report month
Provider Monthly Report Card	Monthly, no later than the 15th day after the report month
Monthly County Level Detail Report	Monthly, no later than the 15th day after the report month
Monthly Call Center Report	Monthly, no later than the 15th day after the report month
Monthly Staffing Report	Monthly, no later than the 15th day after the report month
Monthly CSR Monitoring Report	Monthly, no later than the 15th day after the report month
Reservation Summary Report	Monthly, no later than the 15th day after the report month
Unduplicated Riders by Level of Service Report	Monthly, no later than the 15th day after the report month
Monthly Complaint Summary Report	Monthly, no later than the 15th day after the report month
Monthly Complaint Detail Report	Monthly, no later than the 15th day after the report month
Monthly Denial Summary Report	Monthly, no later than the 15th day after the report month
Monthly Denial Detail Report	Monthly, no later than the 15th day after the report month
Monthly Network Report	Monthly, no later than the 15th day after the report month
NEMT Services Scheduled Trip Requests Report	Within 2 calendar days of The Bureau’s request
Provider Training Schedule	Monthly, at least 5 days before the month of training
Accident and Incident Report	Within 24 hours with injuries / 72 hours without injuries.

Biannual Member Satisfaction Survey Report	Bi-annually, no later than the 30 th day after the 6 month
Quarterly Suspected FWA Summary Report	Quarterly, no later than 30 days after the end of the quarter
Annual Report	Annually
Records of Vehicle Inspection	Monthly, no later than the 15 th day after the report month
Monthly NEMT Provider Monitoring Report	Monthly, no later than the 15 th day after the report month
Excessive Distance Report	Monthly, no later than the 15 th day after the report month
Monthly Encounter Data Reconciliation Report	Monthly, no later than the 20 th day after the report month
Monthly Multi-passenger Trip Report	Monthly, no later than the 20 th day after the report month
Monthly Behavioral Health Transportation Report	Monthly, no later than the 20 th day after the report month

Appendix 4: Service Level Agreements (SLAs)

When setting the standards for performance for West Virginia’s NEMT program, LogistiCare’s implementation team will incorporate the service level agreements defined in this RFP, as well as the policies outlined in the contract, operational procedures manual, and any other materials provided by the Bureau into our Provider and Employee Manuals and our technology, including LCAD NextGen’s Business Rules Engine, Workforce Management software, and telecommunications systems. On a daily basis, we will evaluate our performance in comparison to these service metrics and use regularly scheduled one-on-one consultations, corrective action and performance improvement plans which include additional training, and other solutions to improve performance.

NEMT Service	
On Time Arrival	No more than 5% late or missed per day
Travel Time on Board	No more than 45 minutes more than the average travel time
Average Wait Time	Does not exceed 15 minutes for appointment, 1 hour for discharge
Authorization and Scheduling Timeliness	98% of all scheduled within 3 business days
Authorization and Scheduling Timeliness	100% of all scheduled within 10 business days
Transportation Validation Checks	
Pre Transportation Validation Checks	3%
Post Transportation Validation Checks	2%
Utilization Reporting Submission	Report submitted on the day of the week specified
Suspected Fraud, Abuse and Misuse Reporting	Report FWA or misuse within 3 calendar days
Deliverables Submission	30 days after notice to cure a late; each 15 day period after, damages will be assessed
NEMT Provider Reimbursement	
NEMT Provider Reimbursement	Pay all clean claims within 30 days
Call Center performance	
Speed of Answer	3 rings
Average Wait Time	5 minutes of IVR
Call Abandonment Rate	No more than 5%
Training Outreach and Education	
Provider Training and Education	Conduct NEMT Provider and Provider training in at least 5 locations, manual updated annually
Member Outreach, Education and Satisfaction Surveys	Transition service administration from county BCF to LogistiCare; conduct a survey every 6 months regarding availability, appropriateness, and timeliness, and manner of interaction with staff
Driver and Vehicle Validation Checks	
Provider Driver Requirement Validation Checks	Must check all driver requirements, including age, license, criminal background, impairment and smoking, member assistance and safety policies, and driver daily trip log policies
Vehicle and Vehicle Inspection	Performed every 6 months after initial
Program Changes	
Unauthorized changes	Any changes must receive the Bureau’s approval

NEMT Services

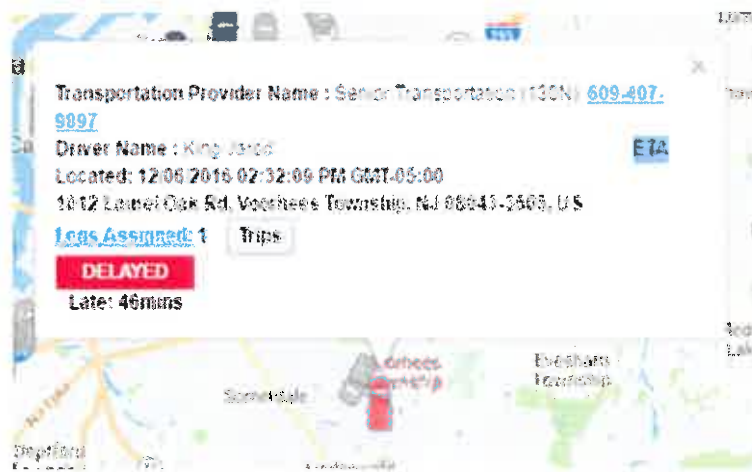
LogistiCare holds Providers to the strictest standards to ensure members are transported in a safe and timely manner. The importance of arriving on time for pickups is discussed with each driver beginning in the recruitment phase and our provisions for liquidated damages are defined verbally and in writing (see the Provider Manual). Using quality trip assignments and smart routing, we help Providers determine the most efficient ways to get members to their appointments on time, such as multi-loading when members are traveling to the same facility, without excessive travel time. To reinforce our commitment to quality, we reiterate our expectations during Provider orientation, and in all training and consultation sessions.

GPS/AVL Real Time Vehicle Monitoring. Drivers can download LogistiCare’s GPS/AVL mobile app, free of charge from their iOS or Android app store; or, integrate the AVL software with their current GPS tool. Using the application, we will remotely monitor drivers and ensure that the standards for on-time arrival, travel time on board, average wait time, and accurate claims reporting are consistently met.

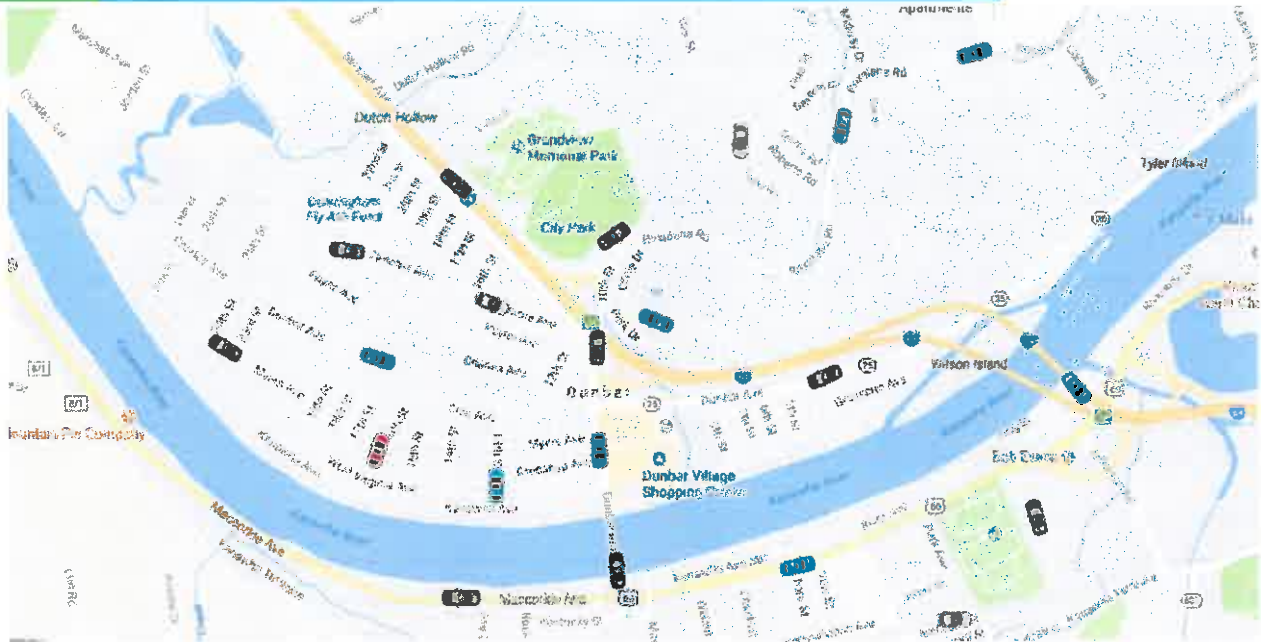
In addition to showing the driver’s real-time and historical map position, the app offers robust features, such as:

- Digital dispatching and electronic trip logs
- Route optimization
- Digital signature captures
- Latitude and longitude coordinates for all trip events
- On time, delayed, and ETA trip statuses

Through the application’s portal, both LogistiCare and Providers will be able to track drivers to determine if they are on-time and en route to their scheduled pickups, and determine how far behind schedule they may be. Color coded cars alert us of those running behind schedule, and allow Transportation Coordinators to take action to find nearby vehicles that are available to assist.



An alert is provided when trips are delayed, advising the router of the time it will take for the driver to arrive.



The AVL Portal uses color coding to denote vehicles that are on-time (black), behind schedule (red), or available for recovery services (blue).

Our proposed Project Manager will facilitate weekly meetings with the local leadership team to review performance and to identify any metrics that are not meeting the Bureau’s standard(s). Together, the team will develop a plan correct program deficiencies and prevent future recurrences.

Transportation Validation Checks

LogistiCare pays NEMT Providers only for services properly rendered. Through specific pre- and post-validation procedures, we reduce opportunities for fraud, waste, and abuse and ensure each trip submitted for billing meets the required criteria. Through our standard processes, we verify member’s attendance before and after the appointment time for standing orders, urgent trips, and other trips that are flagged by our Utilization Review Specialist. Per the requirements of the Bureau’s RFP, we will propose a supplemental plan to conduct validation checks (3% Pre-Transportation and 2% Post-Transportation) for West Virginia. See our response to **Sections VII (A) and (B)**.

Call Center Performance

To meet the Bureau’s requirements, LogistiCare’s programmable IVR system can be modified to answer calls within three (3) rings and welcome callers with an approved automated greeting. After a proactive attempt to identify the caller and provide individualized service in the IVR, the system asks questions that will be determined during the Implementation Phase, that require a response by telephone key entry. This can include language preferences, reason for the call (i.e., schedule, modify, or cancel a reservation), and whether assistance from a live agent is required. Members that enter a numeric Medicaid number or Trip ID receive a personalized greeting when connected to CSRs, or have the flexibility to confirm, cancel, or modify a trip without assistance. To accommodate callers that are unwilling or unable to respond by keypad entry, the system will automatically route calls to a CSR after a period of silence or non-responsiveness.

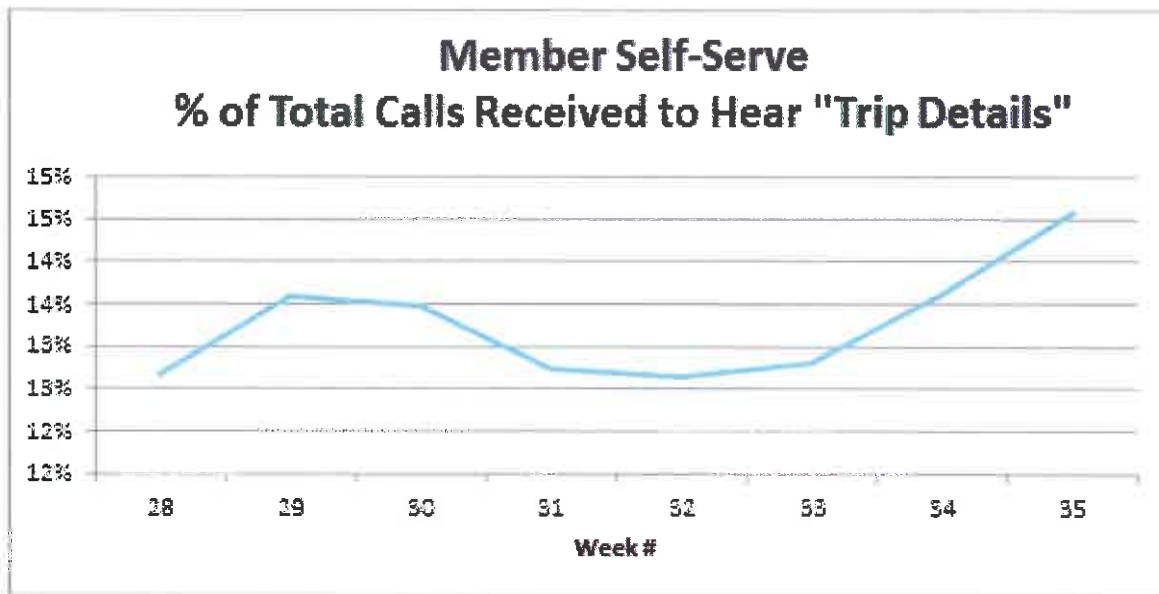
Using responses received through the IVR, calls merge into a queue, which our ACD system will distribute to an available CSR with the appropriate skills. Because call lines are always staffed with live representatives, we are able to accept calls at any time, on any day. If call volume ever becomes disproportionate, callers

can be transferred to agents in another queue or to one of our 20 call centers.

The Avaya ACD system captures all call-traffic data, including the number of incoming calls, hold times, and abandonment rate, and aggregates it into daily, weekly, and monthly data sets for reporting. If any of our metrics are not being met, we will adjust our staffing or explore performance alternatives, such as additional training, to quickly address areas that require improvement.

Sufficient Workforce for Call Handling. Our workforce management software will monitor call metrics, such as the average speed of answer, wait time, and call-abandonment rate in real time. If a metric has the potential to be unmet, we will immediately augment staffing or enlist support from CSRs at one of our 20 operations centers. The same technology is used within each of our centers and all CSRs are trained to be responsive, courteous, and compliant when a call is received. With this level of support, we can confidently transfer services, when needed, without downtime or disruption to quality.

Further, with Qlik Sense, the Bureau will be able to review call data information online at any time.



To provide callers greater ease and unlimited access to services, LogistiCare introduced an enhanced IVR system. Today, more than 15% of all national callers prefer using the system's self-serve feature to confirm or cancel a trip request.

4.6 The Vendor should describe their approach to supply all written material, including (but not limited to): reports, letters, training materials, Medicaid recipient education materials, Provider manuals and operations manuals to the Bureau for approval in advance of distribution.

After contract award, LogistiCare will develop samples and templates of all written materials that stakeholders will receive along with the proposed content. The Implementation Project Managers will review the samples to ensure they align with the standards of the RFP, SOW, and contract before submitting each to the Bureau for final approval. Samples will include but will not be limited to reports, letters, training materials, educational materials, Provider manuals, website pages, and operations manuals. Updates and/or changes to materials will be sent to the Bureau for approval before distribution.

Materials	Description	Date Submitted to the Bureau for Approval
Training and Education Materials	Facility, member, and NEMT Provider educational materials along with a final training and education plan.	Within 30 days of contract award
Provider Manual	Policies and Procedures for NEMT Providers, including performance expectations, and program standards.	At least 30 days before the start of operations; and, at a minimum, annually thereafter. Modifications requested by the Bureau will be made within 10 business days.
Reports	Templates for all Bureau required standard and ad hoc reports defined in Appendix 3	Within 30 days of contract signing
Operations Manual	Policies and procedures for the program contract based on the RFP, Contract, and SOW.	At least 30 days before the start of operations.

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

Proactive network management strategies help us recognize poor performance and resolve concerns upfront. Our Provider Relations Managers serve as intermediaries and help resolve concerns that arise due to poor performance quality or unmet requirements. In many instances, these Managers are able to intercede and discuss plausible solutions that swiftly turnaround Provider behaviors. If an NEMT Provider does not meet the standards for quality or performance (defined in Appendix 1), after consultations with the Manager, we will enforce corrective actions, which may include additional training, at no additional cost to the Bureau. Performance violations, such as improper wheelchair securement, are issues that require immediate re-training. Our CTAA certified Field Monitors are able to conduct one-on-one training and audits with drivers or offer a referral to an approved trainer.

Provider Meetings. Each quarter, LogistiCare’s Provider Relations Managers will conduct face-to-face and phone meetings with NEMT Providers to review the Provider Performance Score Card and discuss performance in relation to contracted expectations. During these sessions, Managers will provide consultations and one-on-one trainings to improve service and driver issues. During these session, we commonly review the following topics:

- On-Time Performance/Daily Trip Count/Manifest Validation
- Complaint and Incident Reporting
- Billing and proper completion of trip logs
- Will call, same day and urgent trips

LogistiCare’s Managers will increase the frequency of these meetings with Providers that are not meeting their contracted standards and devise an action plan to resolve issues within a prescribed timeframe. The action plan will include the consequences for continued under-performance. In our experience, poor performance typically improves within the first 30 days of an action plan.

4.8 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.

LogistiCare recognizes that true collaboration and open communication are essential to implementing change during any phase of a project. As part of our formal change control process, we will partner with

the Bureau to discuss program modifications as well as the impact on the program's cost, utilization, and performance. With greater awareness of these factors, we can develop effective solutions and processes for management and monitoring.

If an amendment is made to a Contract, including the SOW, the information will first be disbursed to members of our Legal, Operations, and Underwriting departments for review and approval. Following final approval by LogistiCare's Chief Administrative Officer, Albert Cortina, major tasks and subtasks will be assigned, if needed, and the critical components will be incorporated into a work plan with a timeline for starting and completing all correlating activities. We will allocate adequate time and resources to ensure each objective is achieved by the required date.

The Project Manager will be required to authorize advancement to subsequent phases when all subtasks, or activities associated with a task, have been reviewed and approved. Performance will be measured and updated in contrast to the original forecasts and the plan will be updated based on this information. Both the Project Manager and representatives of the Bureau will be required to authorize any updates and/or changes to the plan. As each major task or milestone of the plan is achieved, we will submit evidence of completion or a required deliverable to the Bureau, if required. Following confirmation from the Bureau, the task will receive a formal sign-off by the Project Manager before it is considered complete and ready.

If a change is warranted due to new or amended State or Federal regulations, we will determine the best method to implement the change in an efficient, cost-effective manner and seek the Bureau's approval before enactment.

Change Simplified with Business Rules Engine (BRE)

Whenever a change is required to protocol or a procedure, the information is also updated within the Business Rules Engine of LCAD NextGen. Our BRE allows us to add or modify business logic at any time to ensure staff assigned to West Virginia's NEMT program remains compliant with the Bureau's policies and procedures during all interactions. We are able to adapt the system to meet any approved changes within minutes, hours, or days, depending on the extent of changes.

4.9 The Vendor should describe their communication plan that addresses communication with all stakeholders, including the Bureau, which could include face to face, video conference, internet conference or teleconference meetings to discuss and resolve administrative and operational issues.

For each program, we develop a communication plan that focuses on our objectives and determines the frequency, efficiency, and simplicity of transmitting important information. We understand there is not just one way to connect with program stakeholders and take advantage of all methods of communication to ensure the flow of critical information, such as administrative and operational issues, reaches all program stakeholders in the most efficient and effective way possible. In West Virginia, our communication plan will include conveying information through face-to-face meetings, webinars, video and web conference calls, electronic notifications, and distributing written communication online or by mail.

Working with the Bureau: After contracting, we will determine a plan with clear objectives and activities that will foster open and frequent communication with the Bureau. In other markets, our Project Managers and Assistant Managers hold monthly or quarterly face-to-face meetings with agency representatives to provide updates and training (if needed), discuss areas of opportunity or improvement to any of our services, and celebrate program successes. We have found this strategy helps our clients keep a finger on the pulse of their program and allows us to collectively identify solutions to any obstacles that we have encountered. As an additional way to support increased communication, we will provide office space(s) in our call center for the Bureau's representatives to visit at any time and monitor the program, firsthand,

or meet with call center leaders.

As with all of our programs, during the Implementation Phase, we will conduct weekly face-to-face meetings or conference calls with the Bureau to discuss the progress of the transition, including challenges and achievements. After operations begin and the program has stabilized, communication will continue but at a reduced frequency.

Facility Outreach: Using a comprehensive outreach and education program, we will target high volume and high acuity facilities to help their staff understand the availability and accessibility of NEMT services. In the “Outreach Phase” of implementation, our teams will frequently visit West Virginia’s facilities to conduct systems training, discuss program policies and procedures, and provide a plentiful stock of educational materials. These visits also provide us an opportunity to evaluate the level of satisfaction stakeholders have with our services and help our team identify problems that need correction before they evolve into trends or systemic problems. In the world of transportation, we know it is not if a problem will occur, but rather when and how quickly we respond to the issues that matters most.

In addition to on-site visits and written materials, we will hold toll free, standing webinars to review LogistiCare’s program policies and processes, provide training, and introduce technology to new or existing staff at medical facilities. Webinars typically run for 30 minutes, with an additional 15 minutes reserved for question and answers. Recorded webinars will be posted to the state website for viewing at any time.

Regional Advisory Committees: To identify program shortcomings and pinpoint strategies for improvement, it is important to attain direct feedback from the people impacted by our services. Each quarter, we will facilitate Regional Advisory Committee (RAC) meetings with NEMT Providers, medical facility staff, members, the Bureau’s representatives, and local advocates to foster open dialogue. We can gain firsthand insight and collaborate with stakeholders to develop culturally responsive solutions.

In markets like West Virginia’s we have found that the RAC meetings are the ideal time to hear stakeholder concerns and strategize to move programs in a positive direction. We use a “town hall” approach to encourage attendees to openly share ideas, concerns, and experiences. In Virginia, our Regional Advisory Committee meetings served as the ideal platform for stakeholders to discuss populations transitioning from the fee-for-service plan to managed care and allowed members and Providers to weigh in with their concerns about changing brokers during the critical time. Using this feedback LogistiCare and DMAS worked together to develop a plan to smoothly transition services and ensure there were no disruptions to transportation.

Quarterly NEMT Provider Review Meetings: To support our commitment to quality transportation services, LogistiCare’s managers meet quarterly with NEMT Providers to evaluate performance. See our response to Section 4.7 for more details regarding these meetings.

4.10 The Vendor should describe their grievance process to ensure compliance with the Bureau’s policy and procedures outlined BMS Chapter 800 (A) (<http://www.dhhr.wv.gov/bms/Pages/Manuals.aspx>) of the West Virginia State Medicaid Manual for Provider requirements process for Medicaid recipients and allow providers a review process.

LogistiCare has comprehensive written policies and procedures for handling complaints regardless of the source or subject matter. We have proactively trained our CSRs to not only be efficient at resolving grievances, leveraging proven resolution methodology, but also to convey compassion and empathy over the phone. It is LogistiCare’s goal that all members leave their phone-call with resolution. As such, we are extremely diligent in our attempts and application of proven complaint resolution methodology. Our methodology includes recording complaints in our LCAD NextGen system, using reporting tools to track and analyze complaints, documenting resolution and closing of complaints, and maintaining a permanent

log of complaints including factual information collected during investigation, corrective actions taken and the resolution. Lessons learned from complaints and grievances are incorporated into our quality improvement plans. **See Section XIV for a more detailed explanation of our grievance/complaints process.**

4.11 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.

LogistiCare's first priority is to ensure members have continual access to safe and reliable transportation. We build strong networks to demonstrate our commitment to getting members the right care at the right time, and use our expertise in rate negotiation and program right-sizing to deliver cost savings to state agencies and managed care organizations year-after-year. The following describes our plan for contracting with qualified NEMT Providers in West Virginia.

Recruiting NEMT Providers

We pride ourselves on recruiting and maintaining quality networks of credentialed Providers. Besides partnering with commercial providers, public transit agencies, and volunteers, we work with facilities and members that have access to vehicles to promote cost-effective transportation solutions. In an effort to be proactive, we have already identified the resources and types of Providers needed to meet West Virginia's utilization demand. If awarded the contract with the Bureau, we will immediately begin recruiting using programs that have delivered positive results in similar markets:

Contract Current Providers. After verifying that Providers are compliant, we will partner with those that currently fulfill trip requests for the Bureau's members and are generally available to the public. This allows us to place members with Providers they know and prefer. During this proposal process, we have contacted several of the existing NEMT Providers and gathered letters of commitment from those interested in partnering with LogistiCare.

Town Hall Meetings. Our implementation team will host multiple public forums ("Town Hall" meetings) in each region of the State to engage with and recruit the services of local Providers. When hosting these sessions, we will review our network requirements, answer questions, and establish due dates for our credentialing materials. Providers will be urged to complete our Provider Questionnaire to help us learn more about their experience and qualifications. We will also invite Providers needing further assistance to schedule an appointment with our team to begin the process.

Provider Referrals. We have found that the best advertisement is word of mouth, and many Providers know others that are interested in delivering services to members. We will encourage Providers and volunteers to refer others that want to get involved and help their fellow neighbors by providing quality care and transportation.

Before partnering, our Network Development Department negotiates competitive but fair rates and explains the contractual quality standards to which Providers must adhere. We also confirm drivers have the required permits and licenses for NEMT operation.

Network Composition

When building our network, we seek an excess number of NEMT Providers with the flexibility to meet varying levels of service and geographical demands, as well as those able to complete trips with little to no advance notice. Daily monitoring allows us to ensure our capacity remains sufficient for utilization demand. The following are some of the modes we will offer members in West Virginia for their NEMT eligible trips:

Gas Reimbursement: In West Virginia, gas reimbursement is a popular alternative for members who have access to a vehicle. This includes personal vehicles, or vehicles belonging to a friend or family member. We have found that gas reimbursement offers the greatest flexibility and is often the lowest cost transportation mode. LogistiCare's CSRs can offer this option first, supporting it with the amount of reimbursement the Member receives, based on their actual trip mileage.

Independent Volunteer Network: We will encourage qualified individuals with the proper types of vehicles that meet our credentialing standards, including friends and family of members, to provide transportation to and from eligible appointments using their private vehicles. In similar programs, our Volunteer Drivers are a valuable supplement to the commercial provider network and are often the preferred type of Provider for long distance trips for ambulatory or wheelchair levels of care in all geographies. Although these drivers can be qualified to handle any level of service in any geography, they are primarily assigned trips in rural, less populated areas, as a more flexible and cost effective option.

Public Transit Agencies: Public transit agencies perform a large portion of our trips in each market. When developing the network, we will partner with small and large agencies throughout the state and input routing and scheduling information into our systems. As requests are received, we will promote public transit as the first mode for eligible, ambulatory members located near a fixed route pickup and drop-off point. After assessing the member's ability to use public transit, our CSRs will offer information about the route, pickup and drop-off times, and distance. We recognize public transit can be intimidating to individuals that have never used it. If concerns are expressed, we will refer the member to use travel training facilitated by their local agency to ease their apprehensions and help them learn how to travel safely and independently.

Commercial NEMT Providers: Dedicated and non-dedicated commercial NEMT Providers will be recruited to support all levels of service in all geographies.

Taxis: Taxi services will be used for urgent trips and recovery transports, such as hospital discharges, for ambulatory members in urban and suburban geographies.

Flat Rate Vehicles: Flat rate vehicles will be reserved on standby for designated time periods at specific locations to handle will-call trips, trip recovery, and any other difficult-to-place trips. With the shortage of network coverage in rural areas, we are confident that flat rate vehicles will be an excellent way to improve access. These local NEMT Providers will dedicate or rent a select number of vehicles and make them available for recovery trips based on a pre-determined flat rate. In other markets, flat rate vehicles have supported short distance, after-hours, holiday, and mental health transports, and served as a backup for commercial NEMT Providers who have experienced a high Member no-show rate. We will monitor the network and add Flat Rate vehicles, as needed; in any areas they are deemed beneficial to the program.

Lyft: With the Bureau's approval, we will use the services of our national partner, Lyft, to assist with recovery or discharge trips for ambulatory members. Lyft is currently available in Charleston, Huntington, Martinsburg, Morgantown, Parkersburg, and Vienna. While the pickup point must be in an area that drivers are available, drivers can transport members outside of the coverage area as long as the ride does not exceed 100 miles total. The company performs their own screening process, which includes, but is not limited to, a DMV check, plus a national and county background check, as well as a 19-point vehicle inspection.

Provider Credentialing

Prior to placing members in the care of a Provider, all drivers and attendants employed by NEMT Providers will be vetted and credentialed, according to federal, state, and local requirements. At a minimum, we will require demonstrated proof of the following:

- Local, state and federal background screening
- OIG's List of Excluded Individuals / Entities (run initially and monthly by LogistiCare)
- West Virginia Sex Offender Registry check
- 10-Panel Drug Screen
- Successful completion of Initial and ongoing training (NEMT Orientation; CTAA PASS; Customer Service, Courtesy, and Sensitivity Awareness; Driver Conduct; Vehicle Orientation and Pre-Trip Inspection; National Safety Council Defensive Driving; Recordkeeping; Proper Handling and Securing of Mobility Aids; Use of Spill Kit and Removal of Biohazards; National Safety Council First Aid/AED/CPR; Member Information Confidentiality and HIPAA Compliance; and, etc.)

Drivers must also submit:

- Current licensure and/or certification
- Three-year Motor Vehicle Record check
- Sufficient commercial and/or liability insurance

NEMT Providers can scan and upload clear images of their documents to expedite the credentialing process. This practice enables us to immediately capture information in LCAD NextGen and reduce opportunities for errors.

Before we extend an invitation to partner with LogistiCare, all credentialing documents will be verified by our corporate staff. Providers that fail to meet all credentialing requirements will not be included in LogistiCare's network. Electronic versions of credentialing files will be stored in LCAD NextGen, where expiration or renewal dates for time-sensitive documents, such as insurance certification, driver's license, and background checks, will be automatically tracked.

Vehicle Inspections

We will perform a live inspection of all vehicles proposed for transport to make certain they are safe, reliable, and free from risky defects. Our trained Field Monitors will confirm that all vehicles are registered, insured, and licensed; and, also inspect the vehicles condition and equipment to confirm it meets LogistiCare's and Bureau's standards for member transport.

To expedite the process, our staff uses tablets with electronic forms and capture images as well as the inspection date, time, and geo-location in real-time. All information collected will be automatically uploaded into LCAD NextGen. NEMT Providers will receive a PDF and electronic copy of the vehicle inspection reports and a sticker will be affixed to the driver's vehicle.

- Vehicles that pass the inspection receive a green sticker.
- Vehicles that fail the inspection process due to a health, safety, or serious comfort issue receive a red sticker and are restricted from providing services until deficiencies are corrected and verified by LogistiCare.

All credentialing and inspection paperwork certifying the safety, reliability, and compliance of NEMT Provider vehicles can be shared with the Bureau, upon request.

Network Maintenance: Capacity Planning and Management

Because utilization regularly fluctuates, we frequently monitor network capacity and demand. Our goal is to maintain 115% capacity at all times, in all areas, so we can quickly respond to increased demand. The Transportation Department will utilize our innovative Capacity Planning and Management tools and processes to conduct analyses that:

- Increases our understanding of the current capacity and enable us to identify gaps in coverage
- Support accountability, sustainability, and network monitoring

Capacity Management Tool: The Capacity Planning Tool, enabled through Qlik Sense®, is an easy-to-use tool that supports data analysis, standardization, and transparency. It uses a combination of historical data and projections to help local operations assess the health of the network from a capacity perspective. With it, we can quickly determine operational needs at an actionable level of detail and use data to make decisions about our network health. The key steps of our process include:

Capacity Analysis: We review the current state of capacity for each county and identify capacity issues with the existing network. This information is reviewed at an actionable level of detail that includes level of service (LOS), day of week (DOW), and time of day. Within the capacity model view, we can rank counties, from lowest to highest. This view supports the required activities to close capacity gaps by obtaining additional supply from existing NEMT Providers and/or finding new Providers. We also perform multiple analyses and review trip data reports, daily, to gain insight about Provider complaints, performance, and reroutes.

Ongoing Collaboration: Operational meetings in support of proactive management of capacity and performance are conducted on a regular basis. Operational leaders and NEMT Providers take part in these meetings to review capacity deficiencies, performance metrics, etc. Together, the group identifies management strategies and practical solutions to address issues before taking action.

Action Plan Execution: Using the solutions developed during our collaborative meetings, we develop executable action plans to improve capacity where/when needed. When implementing plans, we document, strategize, and execute specific activities to develop the network in counties where capacity deficiencies exist.

Performance Management: Our performance management process entails continuous monitoring and management of the Capacity Management Process. This information is used to monitor progress internally (Transportation, Regional Management, Market as a whole) and externally (NEMT Providers).

The graphic below summarizes LogistiCare’s capacity planning and management process, which entails analyzing the network, developing actionable solutions to right-size gaps in coverage, and monitoring Provider’s performance to ensure members receive the highest quality in care:

	CAPACITY ANALYSIS	CAPACITY MANAGEMENT	ACTION PLAN EXECUTION	ONGOING COLLABORATION	PERFORMANCE MANAGEMENT
OBJECTIVES	<ul style="list-style-type: none"> Identify capacity issues given the existing Transportation Provider (TP) Network 	<ul style="list-style-type: none"> Determine where specific issues in network capacity exist at an actionable level of detail (County, LOS, DOW, Time Range) and the magnitude of those gaps Run “what-if” scenarios based on projected impacts to demand and/or supply 	<ul style="list-style-type: none"> Develop specific, executable action plans that support reducing/eliminating capacity gaps in the network Execute tasks with the main goal of filling the network gaps 	<ul style="list-style-type: none"> Conduct internal operational meetings to ensure proactive short-term management of network capacity gaps Execute tasks with the main goal of filling the gaps in the network 	<ul style="list-style-type: none"> Measure, monitor, report, and take action-based on KPI’s Utilize KPI output to support business reviews with TP
INPUTS	<ul style="list-style-type: none"> Capacity planning model Provider supply detail knowledge 	<ul style="list-style-type: none"> Capacity planning model Number of trips/hours required to achieve capacity goal Planned/potential increases/decreases to demand/supply 	<ul style="list-style-type: none"> Confirmed gaps in network capacity Known provider performance issues Action planning and execution log 	<ul style="list-style-type: none"> Market action plans Router meeting agenda RM/Operational leadership meeting agenda TP business review agenda 	<ul style="list-style-type: none"> Operational and provider scorecards Action plans
ACTIVITIES	<ul style="list-style-type: none"> Access capacity planning model Review capacity exception report 	<ul style="list-style-type: none"> Analyze and confirm capacity gaps Confirm requirements based on exception detail Confirm provider max trips by LOS Understand need to achieve requirements 	<ul style="list-style-type: none"> Document specific actions required to close capacity gaps Confirm ownership, accountability, and timing Execute on action plan tasks 	<ul style="list-style-type: none"> Conduct daily routing team huddles Conduct operational leadership updates Conduct periodic TP business reviews Document actions, status, and outcomes 	<ul style="list-style-type: none"> Set up quarterly performance review meetings Conduct TP performance review Share scorecards
OUTPUTS	<ul style="list-style-type: none"> Operational understanding of current capacity for all counties 	<ul style="list-style-type: none"> Identified, updated capacity issues Impacts based on “what-if” analysis 	<ul style="list-style-type: none"> Updated action plans with confirmed status 	<ul style="list-style-type: none"> Updated action plans with confirmed status Updated TP max trip legs by LOS 	<ul style="list-style-type: none"> Operational and TP performance details Updated scorecard and trends

We measure the success of the Capacity Management Process and monitor performance and closure of performance related issues using the following metrics on a monthly basis:

		State Scorecards - Level of Service				
		Capacity Mgmt. /Network Dev.	Quantity/%	Jan	Feb	Mar
Market	County Capacity Performance	Total Counties				
		Counties with >115% Capacity				
		Counties with <115% Capacity				
		% of counties with <115% Capacity				
	Trip Capacity Performance	Total Trips Demanded				
		Total Supply Needed to Get All Counties to 115%				
		% of Demand Needed to Get All Counties to 115%				
		Total Supply Needed to Get All Counties to 100%				
	Overrides	% of Demand Needed to Get All Counties to 100%				
		Override Trips				
		Override Dollars				
		% of COGS				

If we identify changes in utilization or performance that require us to augment our network, we will quickly recruit new Providers, or work with existing Providers to grow their fleet capacities.

- Partnered Growth:** Unlike other brokers we prefer NOT to bring in our own vehicles; instead, we help local businesses grow. We will collaborate with the best performing NEMT Providers in West Virginia to add vehicles and to hire additional drivers. This not only helps us meet growing demand, but it ensures our interests are 100% aligned with the Client and allows us to support economic development in the State.

Performance Score Cards. NEMT Providers receive a Performance Score Card that benchmarks their performance compared to other Providers and factors in tracked complaints, on-time performance, post-trip surveys, credentialing compliance, cancellations, re-routes, no-shows, and the number of trips provided. NEMT Providers who consistently meet their prescribed performance metrics over a year’s time are rewarded for their exceptional performance through monetary incentives.

Corrective Action. NEMT Providers that do not maintain high quality scores or fail to comply with credentialing standards, per their contracted metrics with LogistiCare, will participate in meetings with our transportation team to discuss areas where their performance falls below quality standards. During the meetings, LogistiCare and Providers will agree on an action plan to resolve issues in a prescribed timeframe, and consequences for continued under-performance.

Our formal corrective action plan process, specified in our NEMT Provider manuals, varies based on the identified area of need, and can range from driver re-training to vehicle re-inspection. In instances that improvements are not made in the prescribed timeframe, the Provider may be removed from LogistiCare’s network and trips will be re-assigned to other Providers.

Termination from the Network. NEMT Providers that violate our policies for fraud, do not meet the standards for credentialing (i.e. OIG report, lapsed insurance, or criminal convictions that can impair a member’s well-being), fail to improve performance after corrective action, or that receive a high level of complaints will be immediately terminated from the network.

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

Safeguarding the well-being of members and their personal information is a top priority with LogistiCare. We conduct thorough screenings on all candidates prior to their employment and follow a strict credentialing process before contracting with NEMT Providers. For the State of West Virginia, this will include performing a fingerprint-based background check on all staff and drivers to identify information about the individual's criminal history, including sexual offenses.

Employee Screening:

We obtain and use relevant consumer reports through a consumer reporting agency, including investigative reports, to determine suitability for employment with LogistiCare. These reports may include, but are not limited to, multi-state and county criminal background checks, motor vehicle record checks, sex offender registry checks, and Medicaid or Medicare mandatory exclusion list checks. In addition, we reserve the right to require applicants and employees to undergo subsequent background checks at any time to comply with state, federal, and local laws and as may be required by the company's contracts.

If a hiring manager receives any result indicating that a record has been found or is incomplete, he or she must contact Human Resources immediately. No applicant will be allowed to start employment until all pre-employment screens are complete and a review process is completed. In addition, employees, temporary staff, contractors, and consultants are screened monthly against the exclusions lists of the Office of the Inspector General (OIG) of U.S. Department of Health and Human Services (HHS) and System for Award Management (SAM). This search compares name and date of birth to the OIG and SAM exclusion databases in order to identify individuals listed on the exclusion databases. Any matches found on the database will be researched, evaluated, and reviewed with the Legal Department. Human Resources will notify the appropriate member of management for further action.

Any person confirmed to be on the OIG or SAM exclusion lists are subject to termination from employment with LogistiCare.

NEMT Providers. Prior to placing members in the care of a Provider, all drivers and attendants employed by Providers will be properly vetted and credentialed, according to federal, state, and local requirements. At a minimum, we will require demonstrated proof of the following:

- Local, state and federal background screening, including fingerprinting
- OIG's List of Excluded Individuals / Entities (run initially and monthly by LogistiCare)
- West Virginia Sex Offender Registry check
- Three to Five Year DMV Report
- 10-Panel Drug Screen
- Successful completion of Initial and ongoing training (NET Orientation; CTAA PASS; Customer Service, Courtesy, and Sensitivity Awareness; Driver Conduct; Vehicle Orientation and Pre-Trip Inspection; National Safety Council Defensive Driving; Recordkeeping; Proper Handling and Securing of Mobility Aids; Use of Spill Kit and Removal of Biohazards; National Safety Council First Aid/AED/CPR; Member Information Confidentiality and HIPAA Compliance; and, etc.)

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

We take advantage of every opportunity to educate stakeholders about the NEMT program and the associated rules and expectations. If members display behaviors that are aggressive or hostile, we will contact the member and provide education about program requirements and discuss the importance of demonstrating compliant behaviors. If behaviors persist, we will contact the member's case manager, or other representative to discuss alternative options prior to denying services. In other markets we have requested that a friend, family member or escort accompany individuals with behavior issues during their transport; and, in some instances, contacted the treatment facility to request assistance with counseling.

4.14 The Vendor should describe their plan to work collaboratively with the Bureau's programs, the Bureau's Utilization Management Vendor or the State's MCOs to assure that the most appropriate Level of Service is utilized for the member's transportation needs.

LogistiCare will receive updated information through an integration with the UM/MCO's database or contact the UM/MCO, directly, to identify the most appropriate level of service and to determine if a member has been issued a prior authorization for any level of service that exceeds public transportation.

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

LogistiCare will attain the list of all services that require prior authorization from West Virginia's UM/MCO. Our team is able to integrate LCAD NextGen with the UM/MCO's database for real time exchange of information; or, we can contact the UM/MCO to determine if member services meet the requirements for prior authorization before scheduling and paying for transportation.

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

LogistiCare diligently monitors ongoing compliance with credentialing requirements, such as training and insurance dates. We generate reports from our system that validate multiple aspects of compliance and communicate impending deadlines to Providers at least 60 days in advance. For example, LogistiCare's managers will run the 'Expired Driver License Report' to identify drivers with upcoming license expirations. As a courtesy, we will send reminder letters to NEMT Providers who have drivers at risk of lapsing. In addition, LCAD NextGen will alert Providers of any pending expirations at every login into the TripCare web portal.

When new documents are received, they are immediately uploaded into the system and the expiration dates are updated. If updated credentialing materials are not received by the due date, we place the driver and/or vehicle in an inactive status in LCAD NextGen which restricts payments and trip assignments. Drivers that are able to produce compliant documents at a later time may be reconsidered for re-entry into LogistiCare's network.

4.17 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 Bureau's Utilization Management Vendor, Fiscal Agent, and/or MCO.

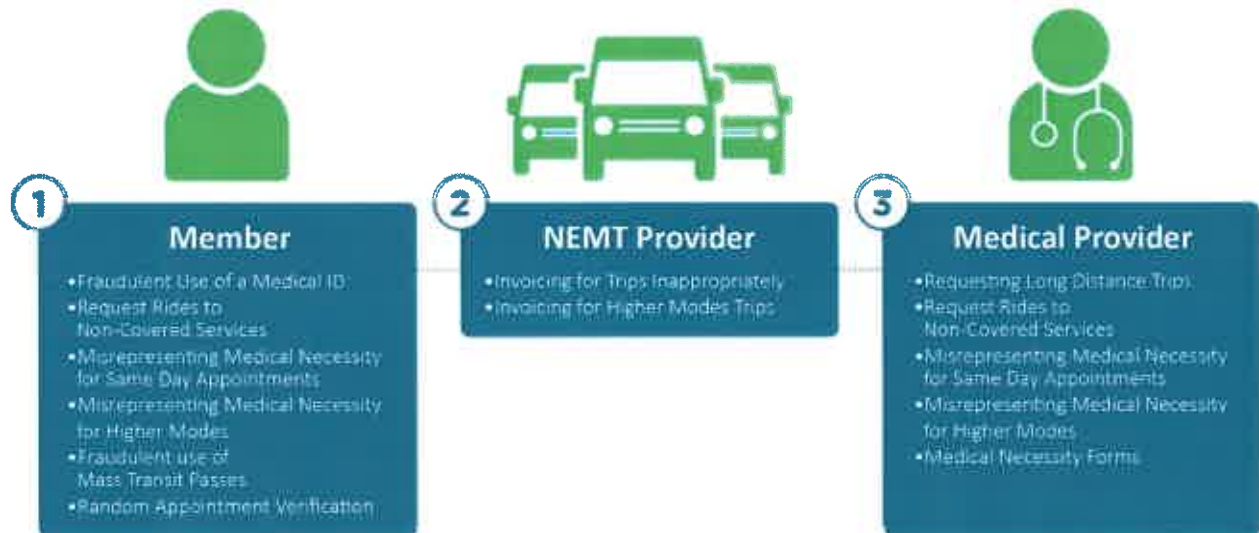
Health related treatments sometimes require members to receive health care out of state or outside of their local network. When these situations occur, we rely on Google's geo-coding to automatically calculate trip mileage in LCAD NextGen based on the latitude and longitude of the member's pickup and drop-off locations. Before approving reservations that are more than 125 miles from the member's home

in state or over 30 miles outside of the State’s border, our Utilization Review Team will access the UM/MCO’s database or contact the UM/MCO’s representative to verify that a prior authorization is on file, or that the member has relocated within the past 90 days.

If a member is eligible for NEMT services, but does not require exceptional travel, our Utilization Review team will support the member in finding a local medical provider with new patient availability.

4.18 The Vendor should describe their plan/process for identifying possible fraud, waste and/or abuse of the NEMT payments including, but not limited to: pick-up location verification, medical provider verification and repayments.

Our approach to fraud, waste, and abuse (FWA) includes extensive training, front-end processes, and technology with internal safeguards. Tailored solutions, including protocols for gas reimbursement and mass transit ticket distribution, will be developed specifically for West Virginia’s population in compliance with the Bureau’s policies and guidelines. In the graphic below, we list some of the ways members, NEMT Providers, and medical Providers commit fraudulent or abusive activities, and steps we take to mitigate these actions.



Preventive FWA measures are part of our standard gatekeeping process. At the time of trip reservation, we verify the member is eligible to receive NEMT services, and that the service requested is covered by the health care plan. Trips are only assigned after confirming this information. When a trip is assigned, we provide a trip number that must be used for claims as well as the pickup and drop off address, which Providers are not allowed to change. If the member is using a private vehicle for the trip, CSRs provide an estimation of the reimbursement amount and send the member a reimbursement log that must be signed by a medical provider at the time of their appointment.

Processes to make certain Providers are only paid for legitimate transportation continue on the backend. Our Utilization Review Specialist performs a deep analysis of data to identify outliers that require us to modify procedures on the front end. For instance, mileage for all trips is calculated at the time of scheduling. In cases that excessive mileage is claimed by a Provider, including a volunteer or member using gas reimbursement, we reject the claim and require an adjustment. We also train (and continue training) our employees on the latest FWA procedures based on industry and internal best practices. After a trip is completed, NEMT Providers must submit a claim to receive payment. Any quality reviews that generate suspicion will be cause for pending a trip or payment.

Within our operation center, the Utilization Review Department is focused daily on trips, Providers, and members that may raise certain “red flags.” These could include:

- Random trips with excessive miles for routine covered services
- Additional level of review of higher level of service trips
- High frequency of trips by specific members and for routine treatment types (lab work, etc.) requiring review
- Low cancellation rates by specific NEMT Providers when compared to the average cancellation by the Provider network
- Medical facilities that provide non-life sustaining treatment with very high levels of trip completion

Appointment Verification Safeguards. As another means of fraud prevention, our Utilization Review Department will contact medical providers to verify the member has a covered medical appointment. Medical providers must submit attendance verification information either by fax to LogistiCare or through the TripCare Portal. By examining comparative data, and conducting random phone audits and field visits, LogistiCare has developed highly effective safeguards against fraud.

In a process called the Monthly Trip Verification Reporting Audit, our Utilization Review Department completes a monthly audit of standing order trips by confirming member appointment attendance with medical facilities. Based on facility feedback (attendance verification), we cross-reference trips assigned to NEMT Providers with the reported attendance. By comparing these reports, we can identify any entity that attempts to submit a claim for a trip that did not occur or members who attempt to use NEMT services but do not attend their scheduled Medicaid-covered service.

In cases where a medical provider states a member was not in attendance, but a NEMT Provider claimed the trip, LogistiCare will investigate the issue and re-educate the Provider on claims policies; we will also notify the Bureau of any suspicions for investigation.

Urgent Trip Request Verification. We verify that members who request urgent NEMT services are in actual need of immediate medical care due to a medical necessity. Our CSRs and Utilization Review team contact the member’s medical provider to verify the need for expedited treatment.

Gas Reimbursement Validation. Members that choose to use gas reimbursement are required to call in to schedule their transportation. A trip number is provided and a log that must be certified by the member’s medical provider before processing. Trip logs and the corresponding information (including the member’s Medicaid ID number) are verified prior to authorization. Because gas reimbursement is commonly used by volunteers, a log will be required. In addition, volunteers are required to undergo the same credentialing as commercial providers as an extra safeguard.

Safeguards in Report Analysis. To help detect and prevent fraud, LogistiCare has created specific reports that track travel trends by member, NEMT Provider, type of service, destination facility, and other factors, such as no-show rates. By analyzing fraud management reports, we can identify exceptions or trends that may suggest abuse, and conduct sufficient inquiries or investigations to rule out or confirm fraud or abuse.

In managing NEMT programs, we have learned that the following are common ways fraud is exercised by members. Our staff is trained to recognize these behaviors and to report any instances that are suspicious:

Fraudulent Use of a Medicaid Number. Attempts by a non-eligible person to use an eligible member’s identification (ID) to book a trip by phone constitutes identity fraud. This is a rare, particularly unlikely occurrence with respect to urgent trip reservations because verbal appointment confirmation with the

medical practitioner is always required. When cases such as these are suspected, we will advise the Bureau of our findings for investigation.

Misrepresenting Medical Necessity. Some members may misrepresent their medical condition or the medical necessity of going to a particular medical practitioner. The authorization process itself resolves many of these issues. Higher levels of service, standing orders, and demand transports may require written authorization from a medical provider to ensure a higher level of service is required. Additionally, our verification process for urgent, same-day, and next-day appointments is designed to help prevent abuse. Our practice of contacting medical practitioners to confirm these types of trips and a subsequent Utilization Review eliminate medical necessity misrepresentation.

Our Provider fraud awareness initiatives are continually enhanced because of our extensive experience in multiple markets. We develop processes and refine our software applications to prevent, detect, and mitigate fraud, right-sizing utilization and reducing costs. We continuously review reports for trends, exceptions, or indicators of potential fraud. In addition, our staff is trained to report any instances of Fraud, Waste, or Abuse immediately to remain in compliance. If an instance is not reported, corrective action will be taken, up to and including termination.

In addition to LCAD NextGen, which enables proactive identification of potential fraud, waste, and abuse through eligibility screening and confirmation of covered services, we utilize the following technology to support FWA prevention:

GPS/AVL Software. With our GPS/ AVL software system integrated into the claims process, we are able to immediately and accurately verify member pickup and drop-off times, mileage, and attendance with electronically captured signatures. The software:

- Matches coordinates assigned and dispatched to a NEMT Provider against the actual member pickup/drop-off locations.
- Creates a mileage buffer which develops an exemption list that can then be used to pend claims and investigate with the medical provider the actual appointment and attendance.
- Verifies member attendance with an electronically captured rider signature.
- Collects all of the necessary information needed by drivers to bill completed trips with no manual entry needed.

NEMT Payment Process. Our claims process was developed to mitigate risks in the Provider billing. NEMT Providers will be required to support trip information with data provided by the GPS/AVL software, this will allow claims personnel to validate that the trip occurred. Required information includes:

- Date of Service
- Job Number
- Member’s Name and Signature
- Driver and Driver’s Signature with VIN
- Actual pick-up and drop-off times
- VIN
- Billed Amount

Trips are preliminarily auto-adjudicated in LCAD NextGen. The system reviews the information submitted and also calculates the lesser of the billed amount and the contracted rate. Once auto-adjudication is completed, an invoice is created in LCAD NextGen and we use a checks and balance system before payment is made. This includes a review of all trip log images, trip wait times and use of attendants.

Invoice payments are denied if any information is inconsistent or missing, such as a member signature. In addition to auditing 20% of our approved claims from auto-adjudication, we also review all denied trips for accuracy.

4.19 The Vendor should describe their plan to establish an advisory committee comprised of NEMT stakeholders as approved by BMS, to include, but not limited to: members, healthcare providers, NEMT providers, and at large community members for the purpose of maintaining relationships and identifying program improvements and shortcomings.

LogistiCare will establish Regional Advisory Committees (RACs), with approval from BMS, comprised of members, healthcare providers, NEMT providers, and other community stakeholders. We will invite CSRs and other LogistiCare staff to join these meetings to strengthen our working relationships and increase awareness.

Quarterly meetings with RACs provide the platform to collaborate and openly communicate about culturally responsive services. We have experienced success using advisory committee meetings in other markets to open the pathways for communication and to keep our programs moving in a positive direction. We use a “town hall” format to encourage attendees to freely express their ideas, concerns, or advocate for an issue. These meetings have helped us recognize pain points in our service delivery and enhanced our partnerships with members, Providers, facilities, and community organizations through our shared mission to develop better practices and resolutions.

ATTACHMENT B: MANDATORY SPECIFICATION CHECKLIST

The following mandatory requirements must be met by the Vendor as a part of the submitted proposal. Failure on the part of the Vendor to meet any of the mandatory specifications will result in the disqualification of the proposal. The terms “must”, “will”, “shall”, “minimum”, “maximum”, or “is/are required” identify a mandatory item or factor. Decisions regarding compliance with any mandatory requirements shall be at the sole discretion of the State’s Purchasing Division.

5.1 The Vendor must at all times observe and comply with federal and State of West Virginia laws, local laws, ordinances, orders, and regulations existing at the time of, or enacted subsequent to, the execution of a resulting contract which in any manner affect 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 Bureau’s exclusions.

LogistiCare will, at all times, observe and comply with federal and State of West Virginia laws, local laws, ordinances, orders, and regulations existing at the time or, or enacted subsequent to, the execution of a resulting contract which in any manner affect the completion of work. LogistiCare will also comply with Chapter 524 of 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 Bureau’s exclusions.

5.2 The Vendor must agree to provide increased staffing levels if requirements, timelines, quality or other standards are not being met, based solely on the discretion of and without additional cost to the Bureau. In making this determination, the Bureau will evaluate whether the Vendor is meeting deliverable dates, producing quality materials, consistently maintaining high quality and production rates and meeting contract standards without significant rework 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 BMS approval.

LogistiCare agrees to provide increased staffing levels if requirements, timelines, quality or other standards are not being met, based solely on the discretion of and without additional cost to the Bureau. Beginning thirty (30) calendar days prior to the Operations start date and commencing through the end of the Contract, LogistiCare will not reduce staffing without BMS approval.

5.3 The Vendor must agree to locate and operate the NEMT Call Center within 15 miles proximity of the West Virginia State Medicaid agency located at 350 Capitol Street, Charleston, WV in order for the Bureau to easily perform on-site monitoring duties. In conjunction with call center staff, staff to be housed at this location are to include at a minimum: Project Manager, Assistant Manager, Provider Relations Manager, Outreach and Communications Manager, Call Center management staff, two (2) care managers, two (2) complaint coordinators, two (2) claims processors, two (2) appointment verification staff, one (1) Business/data analyst. The Vendor will never route calls outside of the continental United States of America or its territories. The Vendor will not delegate screening, authorization or scheduling duties to NEMT providers and/or subcontractors without prior approval from the Bureau. The Vendor may delegate dispatch activities to the NEMT Provider but the Vendor will retain responsibility for the proper performance of dispatch activities.

LogistiCare agrees to locate and operate the NEMT Call Center within 15 miles proximity of the West Virginia State Medicaid agency located at 350 Capitol Street, Charleston, WV in order for the Bureau to easily perform on-site monitoring duties. We have already identified potential locations that meet the Bureau’s requirements and are able to house our staff and resources. An example of the type of space we would lease is 2403 Fairlawn Ave, Dunbar, WV 25064. The site has adequate parking and space for call center operations and conforms to all ADA accessibility standards.

Staff housed at this location will include the following, among others: Project Manager, Assistant Manager, Provider Relations Manager, Outreach and Communications Manager, Call Center management staff, two (2) care managers, two (2) complaint coordinators (Quality Services Coordinators), two (2) claims processors, two (2) Appointment Verification Staff, and one (1) Business/Data Analyst. Calls will never

be routed outside of the continental United States of America or its territories and LogistiCare will not delegate screening, authorization or scheduling duties to NEMT Providers and/or subcontractors without prior approval from the Bureau.

5.4 The Vendor must agree to provide NEMT services described in the RFP from the operations start date until service delivery is turned over to a successor Vendor at the end of the contract, including any optional additional periods or extensions. All activities related to implementation must be completed prior to operational start date. Any and all program changes to include, but not limited to, processes, protocols, flowcharts or any other program administration guideline changes/modifications must receive approval from BMS prior to changes/modifications being implemented by vendor.

LogistiCare agrees to provide NEMT services described in this RFP from the operations start date until service delivery is turned over to a successor Vendor at the end of the contract, including any optional additional periods or extensions. All activities related to implementation will be completed prior to the operational start date. All program changes including, but not limited to, processes, protocols, flowcharts or any other program administration guideline changes/modifications will be submitted to the Bureau for approval before the changes/modifications are implemented.

5.5 The Vendor will be responsible for reimbursing NEMT Providers. The Vendor will not be required to reimburse for 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 a West Virginia Medicaid provider and receive payment for services through the State's Medicaid claim system, Medicaid Management Information System (MMIS).

LogistiCare will reimburse NEMT Providers for authorized NEMT services. NEMT Providers with which no contract has been executed will not be used. An appropriate reserve equivalent to ten percent (10%) of the annual contract cost bid for NEMT services during the contract period will be maintained and LogistiCare will enroll as a West Virginia Medicaid provider and receive payment for services through the State's Medicaid claim system, Medicaid Management Information System (MMIS).

5.6 At the conclusion of each state fiscal year, the vendor will report pre-tax net income to The Bureau and any amount over 7.5% profit will be returned to the state within 120 days of the start of the new fiscal year. This ensures that the vendor is not overpaid for services, and serves as cost containment ensuring the successful continuity of the program. For the purposes of computing the rebate, losses, if any, in one year will be carried forward to subsequent fiscal years.

At the conclusion of each state fiscal year, LogistiCare will report pre-tax net income to the Bureau and any amount over 7.5% profit will be returned to the state within 120 days of the start of the new fiscal year.

5.7 Vendor must complete all start-up activities within three (3) months of contract award date.

LogistiCare will comply with the State's three month implementation timeline. A full implementation schedule is provided in Appendix 2, Section 1.

APPENDIX 1: OPERATIONAL SPECIFICATIONS

The following operational specifications have been developed by the West Virginia Bureau for Medical Services here and after referred to as “The Agency” or “The Bureau” to describe expectations for the provision of Non-Emergency Medical Transportation (NEMT) Services by the vendor. The Bureau is to consider responses to this RFP that propose modifications to the following specifications. Modifications should be clearly stated in the vendor’s proposal.

I. NEMT Service Request Processing






A. Screening

Based on an authorization of previous NEMT Services, the vendor should consider Medicaid Recipients’ permanent and temporary special needs, appropriate modes of transportation, any special instructions regarding the nearest appropriate provider, and any additional information necessary to ensure that appropriate transportation is authorized and provided. This information should be easily accessible by all vendor staff. NEMT request screening should adhere to the following specifications:

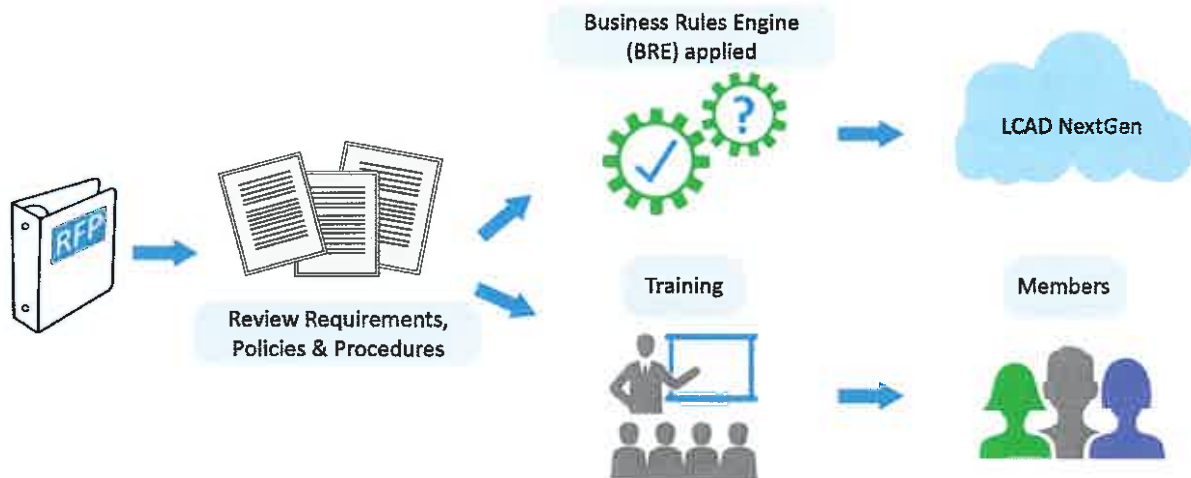
1. Requests for NEMT Services may be made by Medicaid Recipients, their families, guardians or representatives, and by medical or NEMT provider. 2. The vendor should screen all NEMT requests to determine each of the following items:

a. The Medicaid recipient’s eligibility for NEMT Services at the time of service. b. The Medicaid recipient’s medical need which requires NEMT Services. c. The Medicaid recipient’s lack of access to appropriate/available transportation. The vendor should require the member to verbally certify this. d. The Medicaid recipient’s service, for which the NEMT Service is requested, meets one or more of the following criteria: • Shall to be provided by an in-network/in-state provider (a provider enrolled with WV Medicaid and/or one of the states Managed Care Organizations (MCO) located within the state or within thirty (30) miles of its border) • The Medicaid recipient received prior authorization from the Utilization Management Contractor (UMC) or from an authorized Agency representative to receive medical services from an out-of-network/out-of-state provider, (a provider not enrolled in WV Medicaid located out of state beyond the 30-mile border). That the medical service for which the NEMT Service is requested is a medical service covered by WV Medicaid and if it requires prior authorization that it has been granted by the appropriate entity. • If a Medicaid recipient is dually eligible for Medicaid and another type of coverage, Medicaid is always billed last. If a medical service is covered in full by another coverage type, such as Medicare, that trip is ineligible for NEMT service(s). However, if a trip is paid in part by WV Medicaid, then that trip is eligible for NEMT service(s). e. The most economical mode of transportation appropriate to meet the medical needs of the member, based on the member’s mobility status and personal capabilities on the date of service. Reasons for approval of mode of transportation that is not the most economical should be documented in detail. f. The nearest appropriate provider to the member. If the medical provider is an excessive distance from the member’s residence (as described in Section IV (Part A) of this Appendix); and g. Necessity of attendant or assistance request. The vendor may require a medical certification statement from the member’s medical provider in order to approve door-to-door service or hand-to-hand service. 3. The vendor shall not be responsible for arranging the transportation of the remains of a member who expires while receiving medical treatment. If a member expires while in transit, the vendor’s NEMT provider should contact the nearest law enforcement agency for instructions. The vendor should notify The Bureau of the occurrence within one (1) business day.

Stakeholders have different preferences when requesting NEMT trips - while some favor traditional methods, such as the telephone, others prefer to make their reservations autonomously online. To make trip scheduling simple and convenient for all, we designed a number of options that integrate with our program management platform, LCAD NextGen. No matter how a trip request is made, our process is streamlined and LCAD NextGen’s Business Rules Engine ensures only covered services (based on the program’s contract and SOW) are authorized for eligible members. The table below summarizes the ways transportation can be scheduled through LogistiCare, including the naviHealth Discharge Software integration and the Trip Care mobile phone application:

<p>Telephone</p> 	<p>Customer Service Representatives (CSRs) in West Virginia will accept reservations Monday through Friday from 7:00 a.m. to 6:00 p.m., Eastern Time, using a toll-free number. Calls made after hours will be answered by CSRs in our 24/7/365 call center in Norton, Virginia.</p> <p>After the member's Medicaid ID, name, or other unique identifier is entered, eligibility information will auto-populate in LCAD NextGen based on data received directly from the Bureau.</p> <p>Speech/Hearing Impaired: Members with a speech or hearing impairment will be able to contact LogistiCare using our TTY/TTD lines or via the Federal Communications Commission's Telecommunications Relay Service (TRS) or 711.</p> <p><i>Emergency Calls: All emergency calls will be soft transferred to the appropriate 911 agency. Staff is trained to conduct emergency calls for Members that may require assistance.</i></p>
<p>Website (TripCare Portal)</p> 	<p>TripCare - Members: Members can reserve, modify, or cancel an advanced trip request online using our secure, HIPAA compliant, and user-friendly TripCare portal. Eligibility will be automatically determined using data provided from the Bureau. The trip determination (approval or denial), pickup time, and other pertinent details will be viewable online.</p> <p>TripCare - Facilities: A secure facilities web portal will also be provided to allow Medical Providers, case managers, or approved designees to submit a transportation request on behalf of a member. Facilities can submit single-trip and multiple-trip/standing order requests at their convenience. The portal also supports the submission and review of medical necessity forms and attendance verification for standing order trips. Upon receipt of a request, LogistiCare will review data and promptly inform the facility of the authorization determination.</p> <p>Discharge Integration: Hospitals will also have the option to secure NEMT services for patient release. To increase efficiency for hospital staff, LogistiCare's systems will integrate with naviHealth hospital discharge software, allowing hospital staff to request transportation services without logging in to a separate account.</p>
<p>Mobile App</p> 	<p>LogistiCare Trip Manager™ is a free iOS and Android mobile app available for smartphones and tablets. Using the app, a member will be able to request, modify, or cancel a trip request; request a return trip; check on the status of a ride.</p> <p>Eligibility will be automatically determined when a request is made through the LogistiCare Trip Manager™ app. Trip determination (approval or denial), pickup time, and other pertinent details will be viewable on the app.</p>
<p>Fax</p> 	<p>A well-monitored, dedicated fax line will be available to receive requests for NEMT services or exchange documentation. The requesting entity simply completes a trip request form and faxes it to our operations center. LogistiCare uses RightFax enterprise Faxserver appliances in a high-availability configuration to provide electronic desktop faxing for all employees.</p> <p><i>Using electronic Faxservers increases employee productivity, reduces wasted paper, and helps to maintain the privacy and security of a member's personal health information (PHI). The Faxservers also provide optical character recognition functionality to allow us to store documents within our enterprise document management system for easy retrieval and search functionality.</i></p>
<p>E-mail</p> 	<p>Encrypted e-mail provides a secure and efficient way to communicate with facilities, agencies or individuals when scheduling routine or specialized trips.</p>

IMPLEMENTATION



The above diagram denotes how LogistiCare sets business rules for each program that guide our interactions with members. Establishing these rules increase compliance by our people and allow us offer extra safeguards in our systems.

Through LCAD NextGen, we automate the gatekeeping process, streamline scheduling, and increase productivity. With quality standards and safeguards instilled at every point of the intake process, we are able to protect against ineligible NEMT usage and determine whether a request is covered by the Medicaid plan. When a request is made by a Medicaid recipient, their family, guardian, representative, or NEMT provider, the following steps will be performed:

1. LCAD NextGen refers to the most current eligibility information to confirm the member's eligibility for NEMT Services.
2. The BRE verifies the service and destination requested are covered by the Medicaid plan, based on the Scope of Work.
3. CSRs or the web-based system ask a series of questions to determine the most appropriate, economical mode of transport, including those about:
 - Availability of a vehicle
 - Mobility limitations
 - Distance and accessibility to public transit
 - Age, condition(s), and/or treatments that will impact the use of public transit
 - Requirements for wheelchair or stretcher services
 - Special care needs that require coordination with another party (especially for minors, elderly, disabled, or frail enrollees)
 - Preferred NEMT Providers

Responses are captured in LCAD NextGen and automatically evaluated.

Plans

Organization	Plan Description	Eligibility Dates	ID Number
 Beneficiary ID: 123456789 Alt ID: 12345678 Region Description: SE Region: Florida County Description: SE County: Orange County Sub Plan: <Sub Plan Placeholder text>	Medicaid	07/01/2016 - 07/31/2016	1234567890

[Add a plan](#)

First, CSRs will receive a notification of the member's eligibility status and the number of active plans they may qualify for NEMT services. After selecting the active plans, CSRs can view the plan description, member details, and any other pertinent information transmitted by the Bureau.

LogistiCare Profile

Beneficiary Data

Name: Emily Cain Birthdate: 09/24/1996
 Weight: 135lbs Height: 5'11"
 Primary Language: English Disabled: No

Special Requirements

Wheelchair

Type: Manual Is Foldable: No Ramp: No
 Height: 3'0" Weight: 120lbs

Address & Contact Information

Address Type: Residence
 Address: 11400 NW 22nd Way, Apt. 611, Sunnyvale, NC 28884
 Additional Geographic Details: Apartment complex is located three buildings down from the corner of 82nd Street and PCB Rd.

Email Type: Personal Email: grahamemil@emil.com Receive Notifications: Yes
 Phone Number Type: Home Phone Number: (427) 706-2154 Receive Notifications: No

Pick Up Location

Residence - 360 W 55th St., Orlando, FL 32819

Residence - 360 W 55th St., Orlando, FL 32819
 (407) 489 9649

[View Contact Information](#)

Drop Off Location

Lab Corp - 2414 Euston Rd, Winter Park, FL 32789

Lab Corp - 2414 Euston Rd, Winter Park, FL 32789
 (407) 848 5476

[View Contact Information](#)

Additional Passengers

Yes No

The pickup location and special requirements are entered into the system. Frequent locations can be simply selected.

Reservation Date When do you need to be there?

02/16/2016 9:30 PM

3 Days/night Total Remaining

Special Requirements 1 of 1

No Special Requirements

Pick Up Location

Locations

- Residence - 360 W 55th St., Orlando, FL 32819
- CentraCare - 501 E Rollins St., Orlando, FL 32803
- Lab Corp - 2414 Euston Rd, Winter Park, FL 32789
- Dr. John Smith - 1515 Harmon Ave., Winter Park, FL 32789
- Florida Hospital - 280 N Lakemont Ave, Winter Park, FL 32792

[+ Add A Location](#)

Select

Preferred Transportation Providers (Optional)

If additional passengers are commuting with the member, the CSR is able to notate this, as well as the drop-off location.

mode of transportation

Mass Transit

Use Mass Transit

Yes No

Reason for Declining

From: Residence
360 W 55th St, Orlando, FL 32816

Option 1
[Route 102]
[Street] at [Cross Street]
[Time]

Option 2
[Route 102]
[Street] at [Cross Street]
[Time]

Preferred Transportation Providers (Optional)

Pickup Time

07:25

The member's mode of transportation is decided based on their answers to questions. CSRs are given a snapshot to review the reservation before disconnecting the call.

LogistiCare

Make A Reservation

Early Call

From: 1100 W 10th St, Orlando, FL 32817
To: LogiCare - 2414 Susan Rd, Winter Park, FL 32789 (1.754 mi)
Special Needs: Wheelchair
New Reservation: 11/16/2016 07:25:00 AM - 07:25:00 AM

Reservation Details

Leg 1: November 16, 2016 - Pickup @ 07:25 AM

From: Residence - 360 W 55th St, Orlando, FL 32816
To: LogiCare - 2414 Susan Rd, Winter Park, FL 32789 (1.754 mi)
Mode of Transportation: Ambulatory
Special Requirements: None

Leg 2: November 16, 2016 - Wd Call

From: LogiCare - 2414 Susan Rd, Winter Park, FL 32789
To: Residence - 360 W 55th St, Orlando, FL 32816
Mode of Transportation: Ambulatory
Special Requirements: None

Scheduled Reservations

11/16/2016 07:25 AM
11/16/2016 08:00 AM
11/16/2016 08:00 AM
11/16/2016 11:00 AM

Exceptions

If LCAD NextGen determines there is a reservation exception, such as the member has no active plan or the request is for a non-covered service, the member's information will be placed in an exception queue for further investigation by a trained CSR.

Plans

Organization	Plan Description	Eligibility Dates	ID Number
UnitedHealthcare	Medicaid	07/01/2016 - 07/31/2016	1234567890
Beneficiary ID: 123456789		Alt ID: 12345678	Alt ID 2: 98765432
Region Description: SE		Region: Florida	
County Description: SE		County: Orange County	
Sub Plan: <Sub Plan Placeholder text>			

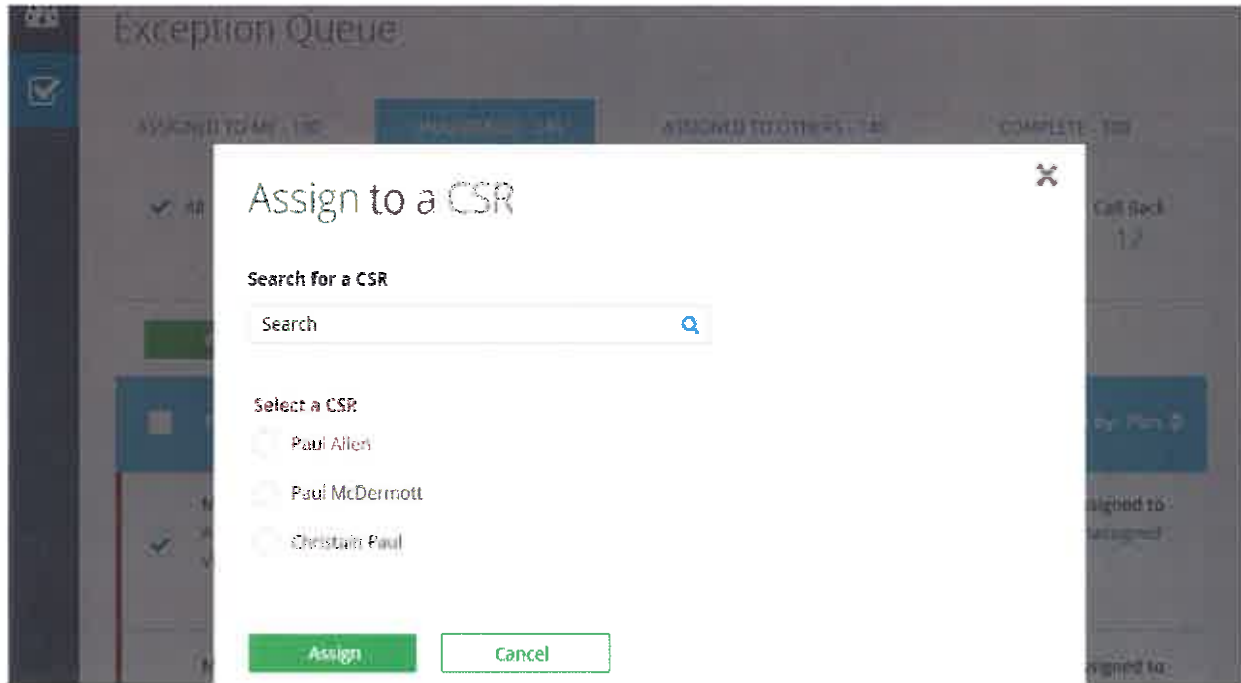
[+ Add a plan](#)

After selecting the active plans, CSRs can view the plan description, member details, and any other pertinent information transmitted by the Bureau.

The screenshot shows the LogistiCare Exception Queue interface. At the top, there are navigation icons and the user's name, Christina S. The main heading is "Exception Queue". Below this, there are four status filters: "ASSIGNED TO ME - 100", "UNASSIGNED - 241", "ASSIGNED TO OTHERS - 140", and "COMPLETE - 108". A row of filters includes "All", "Exceptions (32)", "Eligibility Review (41)", "Failure Tasks (10)", "Reminders/Follow Ups (11)", and "Call Back (6)". Below the filters is a search bar and a "Filter by" section with options for Keyword, Date, Plan, Priority, and Item Type. The "Sort by" is set to Plan. The main table displays the following information:

Member	Plan Description	Date of Trip	Item Type	Assigned to
Alejandro Villanueva	UnitedHealthcare - CO Healthcare Options Plan Medicaid	12/25/2018	<Item text placeholder>	C. Sampson Incomplete

If an alert is received to seek additional information through an eligibility review or other exception, the member's info is immediately placed in an exception queue.



After placement in the exception queue, the member is assigned to the proper CSR for follow up.

Multiple Coverage Plans

Per this RFP, if a Medicaid recipient is dually eligible for Medicaid and another type of coverage, Medicaid will always be billed last. Medical services that are covered in full by another coverage type, such as Medicare, will be deemed ineligible for NEMT service(s); however, if the trip is paid in part by West Virginia’s Medicaid, the trip will be considered eligible for NEMT service(s).

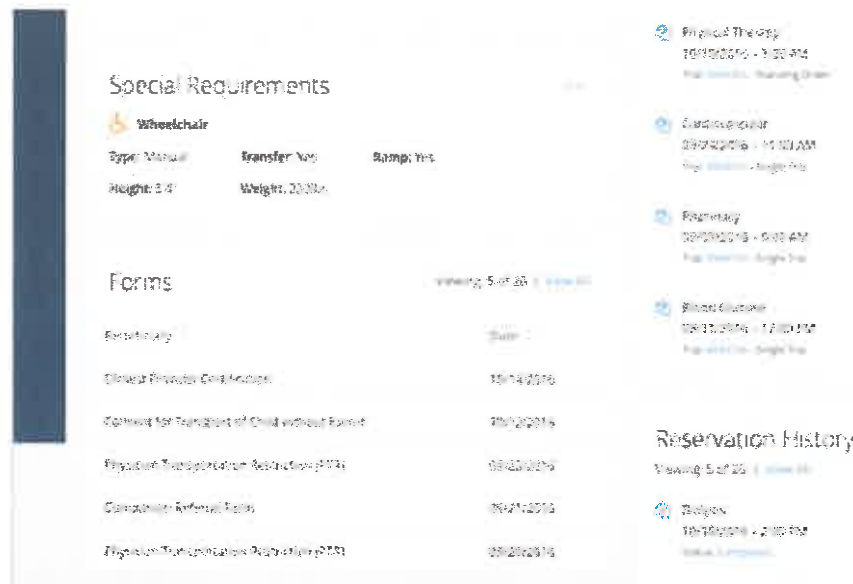
Determining the Mode/Level of Service

We ask callers a series of questions to learn about the member’s temporary or permanent condition, special needs, and access to free modes of transportation, as Medicaid is always the payer of last resort. CSRs are guided by on-screen prompts that direct the conversation and ensure all relevant information is captured for automatic evaluation. This includes questions about:

- Availability of a vehicle (members will be required to verbally certify their lack of access to available transportation)
- Mobility limitations
- Distance and accessibility to public transit
- Age, condition(s), and/or treatments that impact the use of public transit
- Requirements for wheelchair or stretcher services
- Special care needs that require coordination with another party (especially for minors, elderly, disabled, or frail Members)
- Preferred NEMT Provider

Based on the responses, the most appropriate, economical mode of transportation will be assigned and any special needs requests and preferred Providers will be stored in the member's profile to streamline future reservations.

If a member is either unwilling or unable to use the mode assigned, LogistiCare will document the reason in the member's profile and require a Medical Necessity Form with a physician's signature and a valid medical reason to approve the advanced mode of transportation. Approved forms and reason will be documented in LCAD NextGen (see below) and the decision will stand for the designated timeframe (3, 6, 9, or 12 months or as determined by the medical professional).



The screenshot displays a user interface for a member's profile. It is divided into several sections:

- Special Requirements:** A section with a 'Wheelchair' icon. It lists details: 'Type: Manual', 'Transfer: Yes', 'Ramp: Yes', 'Height: 5'0"', and 'Weight: 200lb'.
- Forms:** A table listing various forms and their dates:

Form Name	Date
Best Interest	10/14/2016
Direct Provider Certification	10/14/2016
Consent for Transport of Child without Parent	10/14/2016
Physician Transportation Restriction (PTR)	09/20/2016
Companion Referral Form	09/21/2016
Physician Transportation Restriction (PTR)	09/20/2016
- Physical Therapy:** 10/15/2016 - 11/30/2016
- Cardiovascular:** 09/20/2016 - 11/30/2016
- Pharmacy:** 09/20/2016 - 09/30/2016
- Blind Guide:** 10/15/2016 - 11/30/2016
- Reservation History:** A section showing a reservation for 'Beigon' on 10/18/2016 from 1:00 PM to 2:00 PM.

Trip Assignment

Once a mode is assigned, our trip optimization application uses efficient routing to assign the best in-network/in-state NEMT Provider based on the member's level of service and assigned mode of transportation.

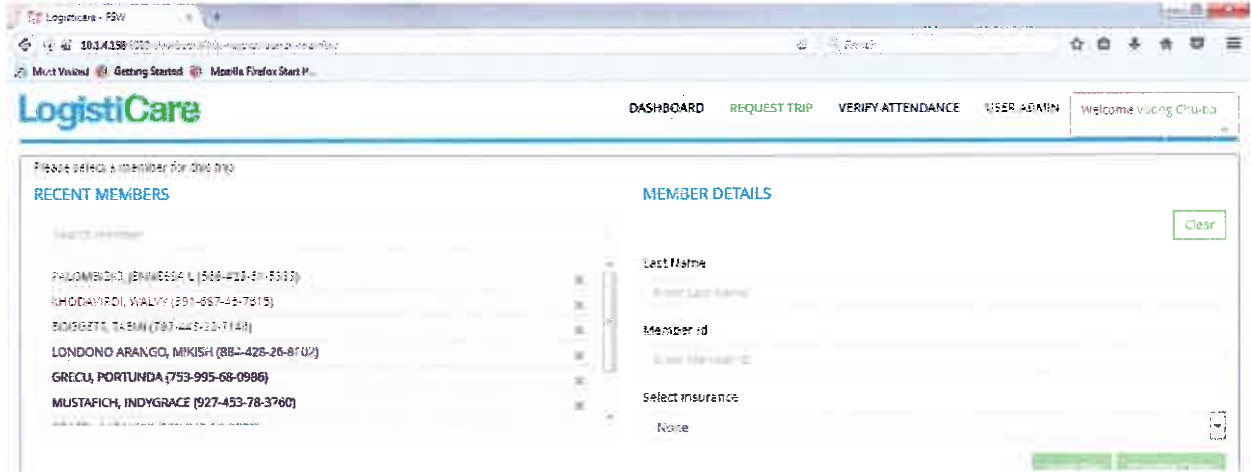
Facility Reservations

Like members and their representatives, medical providers will also have access to multiple options to schedule routine, discharge, or standing order trip reservations, including phone, TripCare web portal, fax or encrypted email, or through naviHealth's Discharge Software. When a request is made, we will ensure the request is covered and verify the member is eligible for services on the date of transport.

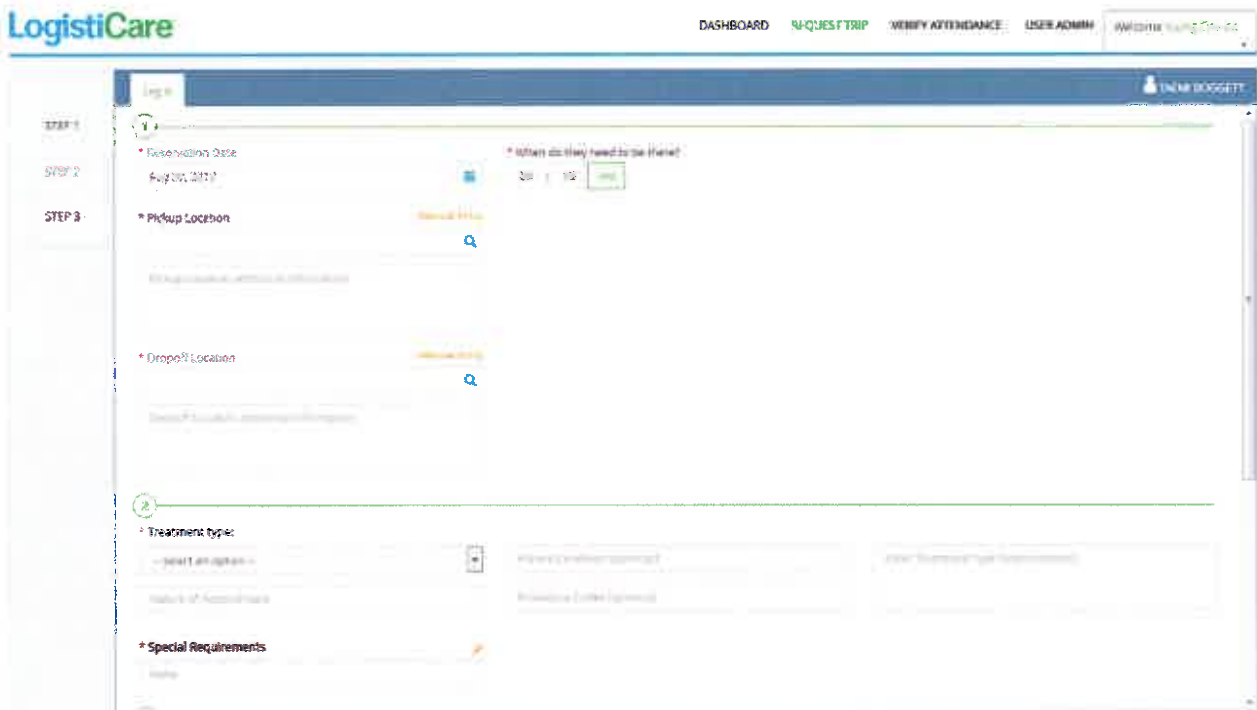
Standing orders. To prevent waste of NEMT services, we will only accept recurring or "standing order" trip requests from facilities. We recognize these requests apply most often to high-acuity members that may need NEMT transportation several times a week and attempt to make the process as simple as possible. When the initial request is made, we will determine the member's eligibility and the most appropriate, economical mode assignment. Eligibility will be re-verified before each trip through the daily run Ineligible Rider Report.

On a monthly basis, we will require facilities to confirm that members with standing orders attended all of their scheduled appointments using the online verification report. In addition, a Quarterly Recertification Report will be distributed to facilities to capture any changes in future scheduling.

TripCare Portal for Facilities. With the Bureau’s approval, medical facilities will be able to use our user-friendly secure portal which directly interfaces with LCAD NextGen. In addition to allowing staff to arrange transportation, the system will also support the verification process. The following images demonstrate the system’s ease of use and the various tasks that can be performed with convenience and efficiency.



Medical Staff have multiple search options and can also quickly select a recent member:



The portal uses searches, lists, drop down features, etc. to make data collection simple and minimize opportunities for errors.

LogistiCare - 75W

10.1.4.158.6377/dashboards/req-request/new-trip

Most Visited Getting Started Mozilla Firefox Start P...

LogistiCare DASHBOARD REQUEST TRIP VERIFY ATTENDANCE USER ADMIN Welcome Vuong Chu-ba

Log

STEP 1

STEP 2

STEP 3

Special Requirements

Mode of transportation: Wheelchair

Is the wheelchair oversized? Yes No

If manual, can the member transfer without assistance? Yes No

If manual, how many steps? 1

Can member sign the driver's log? Yes No

Additional Passengers Yes

What do you want to do next?

ROUND TRIP NEW LEG COMPLETE Trip Request CANCEL Trip CANCEL Request

Users can enter special requirements and modes of transportation before proceeding to schedule a round trip or a new leg, if needed.

LogistiCare - 75W

10.1.4.158.6377/dashboards/req-request/new-trip

Most Visited Getting Started Mozilla Firefox Start P...

LogistiCare DASHBOARD REQUEST TRIP VERIFY ATTENDANCE USER ADMIN Welcome Vuong Chu-ba

Log

STEP 1

STEP 2

STEP 3

Treatment types

Special Requirements

Mode of transportation: Wheelchair

How many blocks are you from the nearest transit stop? 1

Can member sign the driver's log? Yes No

Additional Passengers Yes

What do you want to do next?

ROUND TRIP NEW LEG COMPLETE Trip Request CANCEL Trip CANCEL Request

Facilities can also schedule public transit for members.

Medical Necessity Forms

To authorize requests for a higher level of service, excessive travel, attendant services, or any other matters that require a physician’s approval, with the Bureau’s approval, we will use Medical Necessity Forms. If a Medical Necessity Form is needed, our Utilization Review (UR) Specialist will liaise between members, medical providers, and the Bureau’s designated entity to obtain an approval or denial in a timely manner.

Nearest Provider. We understand that some medical conditions require members to receive treatment outside of their local area or, in some cases, out of state. Before scheduling transportation for these requests, we will require prior-authorization or a Closest Provider Certification (CPC) form (shown on the right) with a physician’s certification of medical necessity. If a CPC form is not approved because treatment is a a closer Medical Provider, we will research Medicaid medical providers in the local area with new patient availability.

Attendant or Vehicle Assistance. Through our gatekeeping process we can identify members that require special care, such as attendant services or vehicle assistance. CSRs are trained to actively listen and act with sensitivity and astuteness, especially when working with high-acuity, disabled, elderly, or frail members.

Before approving attendant services or door-to-door/hand-to-hand assistance, we will require a signed certification statement from the member’s physician. All forms will be verified and stored in the member’s profile. The use of an attendant or special care services will remain in effect for the appropriate time, as specified.

Expired Member

In the unfortunate event that a member expires while receiving medical treatment, we understand we are not responsible for transporting the remains. However, if a member expires during transport, drivers will be trained to immediately contact the nearest law enforcement agency for instruction, and to also contact LogistiCare. LogistiCare will notify the Bureau of the occurrence within one business day.

B. Advance Reservations

The vendor will educate WV Medicaid recipients how to request NEMT services including that requests for services will be made at least five (5) business days before the service is needed. The vendor will develop processes to handle urgent requests including those that are (but not limited to) last minute, evening or falling upon weekends and/or holidays. The vendor will additionally develop processes to adjust for scheduling changes, NEMT providers failing to arrive for scheduled pick-ups, and inclement weather situations.

In the Implementation Phase and throughout the contract lifecycle, we will educate stakeholders of the Bureau's approved program rules and the methods to request NEMT services. We will further support our message by distributing written materials, developing a state-specific program website, and inform callers on every phone call of the process to make a reservation process. Through advanced mailings, verbal instruction, and educational handouts, LogistiCare informs members and stakeholders of our policies and procedures. In these materials, we will emphasize:

- The availability of NEMT Services
- Eligibility for these services
- Five day advance notice requirement
- Medical Necessity Forms
- How to request and use NET Services

A draft of our plan to educate members and distribute information will be submitted to the Bureau prior to the operational phase of the contract.

Urgent Requests

The Bureau's policies and procedures will define the distinction between emergencies and urgent trip request. LogistiCare will work diligently to ensure we accommodate urgent trip requests such as dialysis, post-operative complications, hospital discharges, or severe illness in a timely and compliant manner. When a stakeholder requests urgent, same-day, or next-day service, we will require the medical provider to verify the medical necessity of the appointment before manually assigning the trip to an available Provider. CSRs will verbally confirm the details of the trip with the member and/or facility as well as the NEMT Provider.

If CSRs are unable to contact the member's Medical Provider, a courtesy trip will be provided at LogistiCare's expense.

Discharge Requests: Hospital discharge requests will be accepted by phone, fax, or through our integration with the naviHealth hospital discharge software and members will be picked up within one hour. Discharge staff will have the ability to request NEMT services through their system without placing a call or having to log into a separate system. LogistiCare currently uses this hospital discharge software integration in other markets, including Virginia, with much success. We manually schedule discharge trips with Providers to ensure members do not experience excessive wait times. In other markets, Lyft has helped decrease the time between a request and pickup.

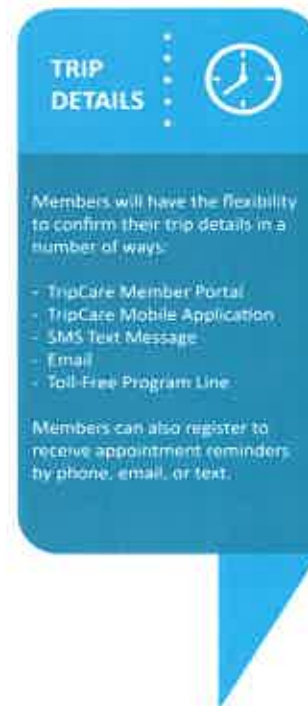
Flexible Network for Urgent Requests. West Virginia's network will include volunteers and Flat Rate Providers that are able to quickly respond to urgent or same day requests, scheduling changes, and NEMT Providers that fail to arrive on. In addition, with the Bureau's approval, we will use our national partner, Lyft, to take on trips with little to no advanced notice (i.e. discharge or urgent trips).

C. Notification of Arrangements

Vendor should inform the Medicaid recipient or the recipient's representative(s) of the transportation arrangements during the phone call in which the NEMT service is requested. Otherwise, the vendor should inform the member or the member's representative in a timely manner by later phone call, by facsimile, or by letter. If the vendor sends a letter, the letter should be mailed in time to be received by the member at least two (2) calendar days prior to the date of NEMT Services.

Customer service excellence is a priority at LogistiCare. When a call is received to reserve transportation, our CSRs will complete the Bureau-approved reservation process before informing the caller of the trip arrangements. On-screen prompts will remind CSR to repeat all trip arrangements, including the member's pickup time and location, special needs requests, drop off location, and contact numbers, once again before concluding the call. If, for any reason, the final arrangements are not able to be completed at the time of the call, CSRs will provide a verbal notification of the arrangements at least two (2) calendar days before their scheduled trip.

Auto-generated Appointment Reminders: As a benefit to all members, our telephone system allows us to send automated appointment reminders (excluding public transit trips). Members can register through the phone reservation process or online to receive a reminder of trip details 24 hours in advance of their scheduled pickup time. The alert also includes a method to cancel or reschedule NEMT services if they cannot attend their appointment. The deployment of appointment reminders has proven successful in decreasing no-shows in other markets and we look forward to offering this service to the State of West Virginia.



D. Scheduling and Dispatching Trips

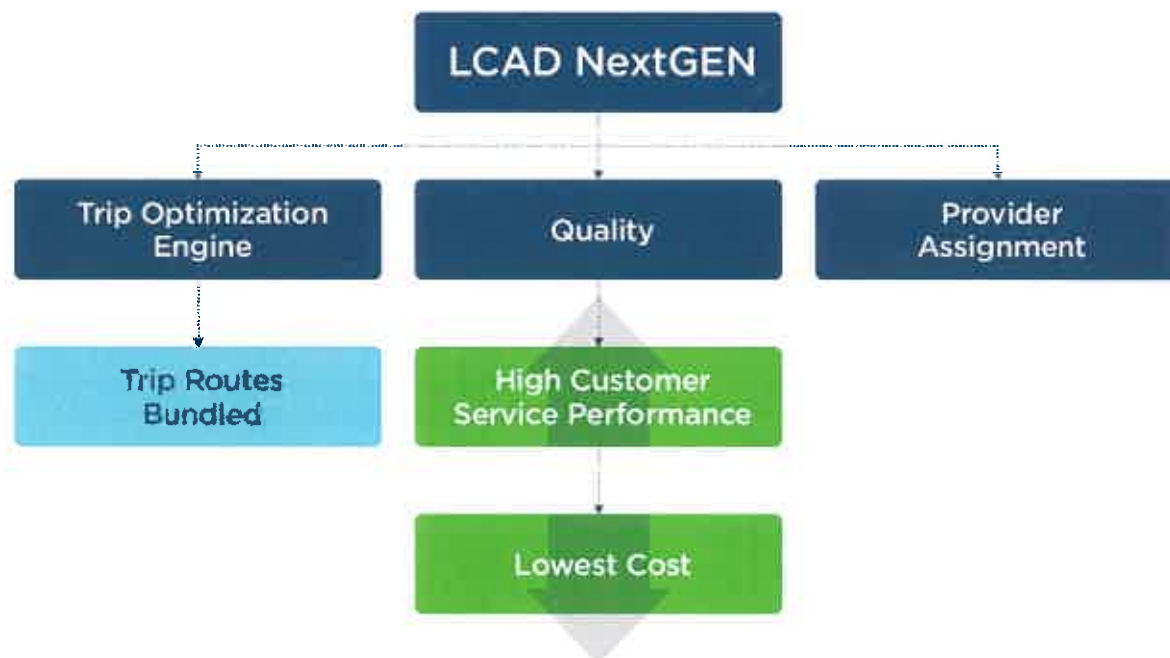
The vendor should schedule and assign authorized trips to an appropriate NEMT provider. The following standards are to be maintained:

- 1. The vendor should ensure that the average waiting time for a pickup does not exceed fifteen (15) minutes. The vendor may propose a method to ensure that Medicaid Recipients arrive at pre-arranged times for appointments and are picked up at prearranged times for the return trip if the covered medical service follows a reliable schedule. The pre-arranged times may not be changed by the NEMT provider or driver without prior permission from the vendor.*
- 2. The vendor should indicate the process for rescheduling NEMT providers which is to be followed in situations where the NEMT provider is or may be late for a previously scheduled pick-up due to traffic, road closure, vehicle failure, inclement weather or any other unforeseen circumstance(s).*
- 3. The vendor and NEMT provider may group Medicaid recipients and trips to promote efficiency and cost effectiveness. The vendor may contact providers in this process.*
- 4. Medicaid recipients receiving behavioral health services covered by WV Medicaid for the scheduled trip should have transportation services scheduled with a licensed behavioral health center or licensed behavioral health provider as available/appropriate.*
- 5. Medicaid recipients scheduling NEMT services should not be allowed absolute freedom to choose transportation by particular NEMT provider. However, the vendor should strive to build and maintain relationships between NEMT providers and Medicaid Recipients. Additionally, the vendor should try to accommodate a recipient's request for specific NEMT provider enrolled with The Bureau.*
- 6. The vendor should notify the NEMT provider of the assignment at least two (2) business days prior to the trip, if possible, and should timely assign the trip to another NEMT provider if necessary.*
- 7. The vendor should contact an appropriate NEMT provider so that pick-up occurs within one (1) hour after notification of a hospital discharge.*
- 8. Specific scheduling and dispatching standards unique to specific trip types are defined as follows: a) Single Trips Requests: The vendor should require that requests for NEMT Services to a single appointment be made via a toll-free telephone number. Other methods of single trip requests may be allowed with The Bureau approval. b) Standing Order Trip Requests: The vendor should establish procedures to handle trip requests so that Medicaid Recipients are not required to continually make arrangement for repetitive appointments. The vendor should include in its procedure to recertify the need of a Standing Order with the medical provider at least every ninety (90) calendar days. c) Return Trip After Emergency Transports: In limited situations, a member may be transported by emergency medical air ambulance (fixed-wing or helicopter) or emergency medical ground ambulance to a*

medical facility. Upon discharge, if the member can be transported home via private auto, basic vehicle, wheelchair vehicle, or commercial air, the vendor should make the appropriate arrangements for the one-way transport for the member and up to one (1) attendant d) Commercial Air Travel: In limited situations, the medical care required for a member cannot be provided within the State of West Virginia. WV Medicaid has enrolled specialty hospitals located elsewhere in the United States of America for which medical services have been prior authorized by WV Medicaid's UMC. The vendor should receive, schedule, and arrange air transports as requested by the UMC. The vendor should determine if the medical services have been prior authorized and that the medical certification of the need for commercial air travel is obtained from the medical provider. The vendor should be responsible for making the appropriate arrangements, purchasing the tickets, and distributing them to the member. The vendor should be responsible for purchasing tickets for the member receiving medical services and up to one (1) attendant only. The vendor should use the most cost efficient arrangements possible with reasonable allowances for choosing a flight that would reduce the number of transfers and/or reduce travel time, and/or choosing an appropriate departure/arrival time based on the medical needs of the member. All tickets purchased for commercial air travel are to be coach seating. 9. In certain situations, meals and lodging may be provided for a member and up to one (1) attendant for extended treatment out-of-state which requires at least one (1) overnight stay. All requests for out-of-state meals and lodging are to be evaluated and pre-approved by the vendor. The vendor may propose a method to use discounted lodging and meal services that might be offered through the medical provider or charitable organizations, such as Ronald McDonald House. 10. The vendor should evaluate and arrange the most appropriate transport method based on the member's medical condition, the reason for the transport, the urgency of the transport and the destination of the transport. Appropriate air transport may be a commercial flight with or without a medical escort or private charter flight (non-air ambulance). a) The vendor may propose a method to prior authorize all fixed wing air transportation flights. The vendor should make provisions for retroactive reviews of authorization requests for air transports that occur after business hours, on weekends, and on holidays. Appropriate air transportation includes commercial air and private charter flights. 11. The vendor may transport family member(s) and/or caregivers if space and conditions allow. However, there should not be a reimbursement for transport of persons other than the member.

Quality Based Routing

Using Quality Based Routing enabled through LCAD NextGen, we are able to efficiently schedule, assign, and dispatch trips. Member trips will be routed using cost and quality metrics to best match the member to the level of care needed. The following diagram illustrates the process through which this is accomplished.



On a nightly basis, member reservation data flows from LCAD NextGen into a trip optimization engine that optimizes efficient route assignments by geography and level of service. During this process, NEMT Providers' quality metrics (such as on-time performance ratings) are calculated to assign the highest quality Provider with the lowest cost. Once this is accomplished, the routes are fed back into LCAD NextGen,

which assigns the routes to NEMT Providers. Typically, more than 90% of trips are assigned using this automated process.

Any trips that are re-routed flow back into the trip optimization engine (if greater than 48 hours from trip date), and are automatically routed to the trip assignment dashboard for immediate attention and action. The following screenshot is an example of the optimized routing of trips for a specific NEMT Provider's daily manifest of trips.

The trip optimization engine routes trips by a specific geography and level of service to optimize the efficiency of NEMT Providers and the service delivery chain of all Providers within geographies. Daily trips are grouped and packaged as a "route" for distribution using the Smart Trip Assignment Dashboard. It displays unassigned trips in a specific geography with green colored trips greater than 48 hours and red is less than 24 hours before pick up time. Transportation Coordinators use the same logic as our automated system based on quality Provider metrics against lowest cost to determine the most appropriate NEMT Provider.

Waiting Times for Pickup. We are aware that arriving on schedule for required treatments is critical to the health of Medicaid members, especially those with chronic health condition. By using our system for routing as well as our NEMT Provider tools, we are able to minimize opportunities for late arrivals (more than 15 minutes after the prearranged time) and quickly determine alternative plans to ensure members are picked up on time. With the GPS/AVL tool, we can monitor drivers in real time and view those at risk of arriving behind schedule. This allows our Transportation Coordinators to take proactive steps to reschedule routes or determine if a nearby, available vehicle is able to get to the member first.

While transporting members in a timely manner is our first priority, correcting Provider on-time performance issues will be addressed and additional training or corrective actions will be exercised to help drivers improve their compliance with their contracted standards. Providers that continue to experience poor performance will be assessed liquidated damages and/or removed from our network.

NEMT Providers and drivers will not have the authority to change the member's assigned pickup time without permission from LogistiCare.

Rescheduling Providers

Our Flat Rate Drivers and Lyft offer a safety net for trips that cannot be satisfied by the assigned NEMT Provider. Services from these Providers allow us to maintain on-time performance standards and ensure members arrive for their scheduled appointments. If a driver is behind schedule, our Transportation Coordinators will manually reschedule the member's transport with one of these recovery Providers and provide a verbal notification to the member and Provider of the new trip arrangements.



WellRyde GPS/AVL Software. With our WellRyde software (graphic above), we are able to monitor our network in real-time and view vehicles that are running behind schedule (shown in red) as well as those available for recovery services (displayed in blue). This proactive approach ensures we provide better on-time performance and minimizes the occurrence of Provider no-shows.

Multi-Loading. Expansion of substance abuse services is scheduled to take place in 2018. At this time, the impact these new services will have on utilization is unknown. However, based on our experience working with members attending substance abuse treatment, methadone clinics are generally walk in facilities in mostly urban areas of the state. "Appointments" typically take 15 - 20 minutes. Members access clinics daily and they are open for example every day between 5 am and 1 pm, or between 4 pm and 7 pm, Monday through Saturday; although this differs by clinic

To accommodate the hours, frequency, and fluidity of these services, LogistiCare will seek to increase opportunities for multi-loading wherever possible using strategies that have been successfully deployed in similar programs. A few examples that may be utilized should utilization and volume warrant are as follows:

- Route and multi-load substance abuse members for transit to methadone clinics, and require drivers to wait for members (15-20 minutes) versus scheduling a will call for return trips. This process benefits members by not having to wait up to an additional hour (or more). Transportation providers equally benefit from this arrangement as it provides predictable daily routes.
- Set up methadone clinic shuttles that drop off and pick up members at scheduled times (every ½ hour / every hour). Members attending treatment can schedule return trips via shuttle. Members of our facilities department will distribute shuttle schedules to clinics and case managers. This not only benefits the member by having scheduled pick up times, but transportation providers also benefit from predictable daily routes.

Behavioral Health Services

When establishing our network of Providers, we will encourage behavioral health agencies with access to their own vehicles to provide transportation for eligible Medicaid members. We will further ensure that transportation requested to these centers is scheduled and appropriate.

Preferred Providers

To provide a continuity of care and increase comfort during transport, especially for standing order trips or nursing home transports, we will allow members to designate a preferred Provider. This information will be stored in the member's profile and used during future reservations to streamline the intake process. If assignment to the preferred Provider is not possible at the time of reservation, LogistiCare will assign the trip to the best performing, economical Provider.

NEMT Provider Assignment (2 Day notice)

Providers will be required to confirm their acceptance of a trip assignment at least 48 hours before the trip date. If, for any reason, a trip is rejected, the trip will be re-routed back to LCAD NextGen for manual re-assignment. Our Transportation Coordinators will verbally confirm trips that are re-routed 48 hours or less before a scheduled trip and also contact the member with their trip confirmation details.

Hospital Discharge Wait Times

We require medical Provider to verify a member's need for pickup after discharge. After entering the member's request in LCAD NextGen with all pertinent information relating to the ride, our CSRs will flag the request and route it to a Transportation Coordinator on the Ride Assist team for priority scheduling. The Coordinator will manually assign the trip to a Provider and verbally confirm the details of the trip with both the member and the Provider. Transportation will be completed within one (1) hour of the original request.

LogistiCare's system integration with naviHealth Hospital Discharge Software allows hospital staff to request discharge NEMT services through their system without placing a call to LogistiCare. Discharge planners can utilize a streamlined process (the check of a box) to electronically notify LogistiCare of impending discharges. With approval, we will collaborate with the Bureau and hospitals in West Virginia to institute use of this transportation feature in their naviHealth software.

Assigning and Dispatching

Our scheduling and dispatching software has proven effective across all markets. The system stores all the information gathered during the reservation process and meets all requirements defined by the Bureau for single and standing order reservations, urgent trips, and distance calculations.

Single Trip Requests: Members will have the flexibility to make single trip reservations through LogistiCare's toll free line, or, with the Bureau's approval, via email, fax, TripCare portal, or Trip Manager mobile application.

Standing Order Trips: Members with advanced medical needs, such as those undergoing dialysis or cancer treatment, sometimes require round-trip transportation several times a week. To address the needs of these members, we will allow facilities to make "standing order" trip requests over the phone, fax, or through the TripCare portal. Perpetual standing order requests, such as those for dialysis treatment, remain in the system with no end date, and are re-confirmed every three months. Standing orders for temporary conditions, such as wound care, are given an end date based on the member's care plan and re-confirmed every three months.

Member eligibility for standing orders will be verified when the request is received and re-verified every day thereafter for the duration of the order through the Ineligible Rider Report.

Return Trip after Emergency Transports: If a member is transported by emergency medical air or ground ambulance to a medical facility but is able to be transported to his/her residence by an NEMT Provider upon discharge, we will manually assign a Provider to make the appropriate arrangements for the one-way transport for the member and up to one attendant.

Commercial Air Travel: Upon receiving a request for air transportation for services in another state, LogistiCare's Utilization Review Department will contact the member's local Medical Provider to make certain the appointment is covered and services cannot be performed within West Virginia. Our Utilization Review Department will also contact the Medical Provider in the treatment state to verify the appointment time and ensure the medical service is covered.

Using best practices, we will schedule commercial air transportation and make the process as convenient and stress free for members as possible. When researching flights, we will consider layover times, commuting distances between gates, and the member's appointment time. The ticket cost will be prepaid and we will communicate any special accommodations to the airline at the time of scheduling (i.e., wheelchair, mobility device, obese, etc.). In addition, LogistiCare will purchase a coach class ticket for one adult attendant, if medically necessary.

Transportation to and from the airport will be arranged after securing the airline reservation. We will coordinate with all parties to secure the arrangements and will communicate the information to the member and their representative before distributing the ticket. Medically necessary air transportation will be billed to the Bureau and documentation for air transport will be maintained and presented to the Bureau to support the amounts billed.

Out-of-State Meals and Lodging

LogistiCare understands circumstances may arise that require an overnight or extended stay. In developing our process for out-of-state travel, we considered the needs and resources of members. Recognizing that many members live on fixed incomes, we prepay for all travel, meal, and lodging expenses, as appropriate.

After securing transportation, our Utilization Review team will research reasonable options for lodging including free alternatives (i.e. Ronald McDonald house), and arrange meals for the member and one (1) medically necessary attendant. Although we make a point to prepay for all services whenever possible, if a member must pay for an expense, we will provide prompt reimbursement using our reloadable debit card. Members will be provided written language which will detail the process to submit claims for reimbursement as well as the state's allowance for meals and lodging. At all times our meals and lodging policy will align with the Bureau's travel policies and procedures.

Reloadable Debit Card. LogistiCare's debit card program not only reduces use of paper, it also ensures Members receive reimbursement funds in a timely and cost-efficient manner. After the Member's reimbursement claim is approved, funds are securely transferred to the card during the subsequent claims payment cycle. The debit card allows Members to access funds at over 80,000 surcharge free locations. Members can check their balance, access transaction history, and find an ATM by phone, web, or via a free mobile app. In addition, they can sign up to receive balance alerts via text message. Support for the program is available 24/7/365 for debit card related questions.

Air Transport

When arranging transport, we will consider the member's medical condition, reason for travel, urgency and the destination. If travel via is required commercial air, private charter flight, or non-air ambulance, we will gain prior authorization and retain quotes to determine the most cost-effective Provider. If a

medical escort is needed, we will make the necessary accommodations and advise all parties of the travel arrangements.

Our typical process for prior authorization includes the use of a Medical Necessity Form with a certification by the member's medical Provider. If the request is received outside of normal business hours, we will provide the travel and conduct a post-trip authorization. Documentation for all charges will be reported to the Bureau and provided for reimbursement.

Family/Caregiver Transport

LogistiCare understands that family member(s) and/or caregivers can be transported if space and conditions allow. However, reimbursement will not be provided for transport of persons other than the member.

II. NEMT PROVIDERS

A. Network of NEMT Providers

The vendor should establish a network of NEMT providers and negotiate reimbursement with interested, willing and qualified transportation entities; including licensed behavioral health centers that meet the NEMT Provider requirements. The vendor is encouraged to develop innovative and creative strategies to reduce per-trip costs such as providing reimbursement for gasoline and making greater use of fixed-route public transportation. The vendor should establish and maintain a good working relationship with NEMT providers, medical providers and professional associations with which it is required to be in contact in the performance of the Contract. The vendor should submit with its Proposal Letters of Commitment from proposed NEMT providers with whom the vendor intends to negotiate a contract for NEMT Services. Each letter of Commitment should include the number of vehicles by type that the proposed NEMT provider operates and the geographic areas in which the proposed NEMT provider is to operate. The vendor will notify The Bureau of service level changes to the approved providers' fleets and/or operational areas. The vendor should also include in its Proposal the proposed number of vehicles by type operated by all proposed NEMT providers as of the anticipated operations start date of the NEMT Broker Program. The vendor should include contingency plans for the unexpected; peak transportation demands, weather and other related natural disasters. Additionally, the vendor will detail back up plans for instances when a NEMT provider's vehicle is excessively late or is otherwise unavailable for service. The vendor should identify NEMT providers for bariatric transportation by geographic areas of coverage. If the vendor recruits existing NEMT providers, the vendor should ensure that drivers may continue to provide NEMT Services under the current state administered program until coverage under the NEMT Brokerage Program starts. The vendor should include in its Proposal a plan ensuring that there is NO delegation of service(s).

LogistiCare realizes the importance of developing progressive partnerships with NEMT Providers that are capable of safely transporting members with varying needs. To ensure we have the right resources in place before the start of operations, we have taken steps to gauge the interest of West Virginia's NEMT Providers and to determine the number of vehicles required for adequate statewide coverage. This includes vehicles capable of transporting members that rely on bariatric support, medical care, or equipment. Based on the information gathered and our experience serving similar markets, the following vehicle types and Providers will be needed to support the Bureau's on-time performance requirements and the levels of service required by members.

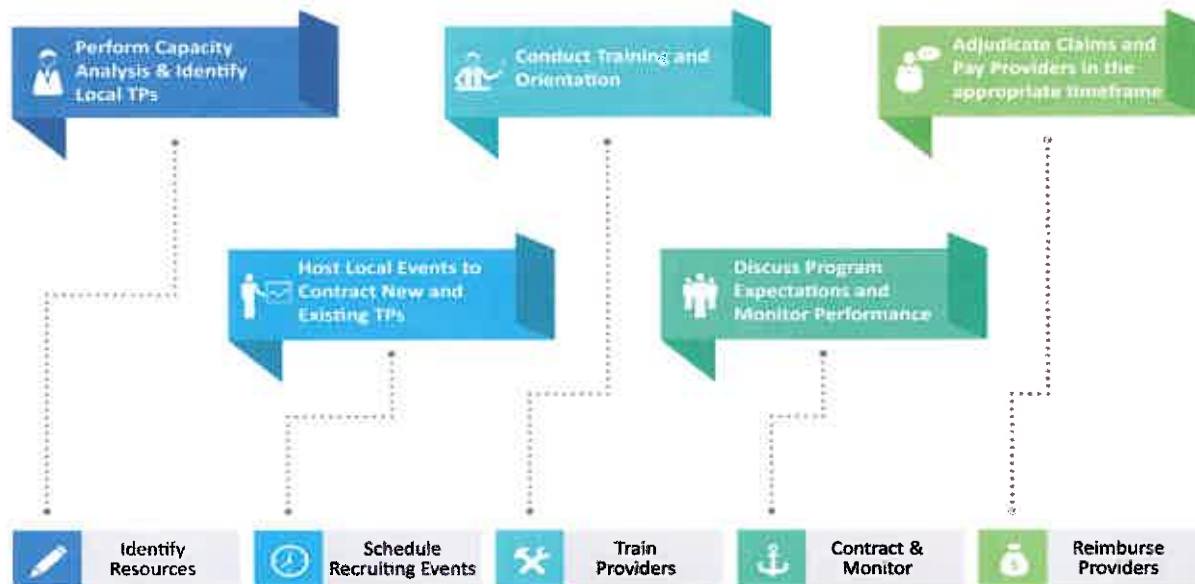
Total Vehicles	Ambulatory Vehicles	Wheelchair Vehicles
270	243	27

If, at any time, service level changes are needed to the approved Providers' fleets and/or operational areas, LogistiCare will notify the Bureau.

Letters of Commitment. Please refer to **Exhibit 2** for letters of commitment we have received from NEMT Providers in the State of West Virginia. Each letter includes the number of vehicles proposed and geographic areas the Provider is able to operate. While attempting to partner with NEMT Providers in the area, we have been met with some hesitation. However, this is normal and expected when transitioning services to a new broker. If awarded the contract, we are confident this apprehension will subside and we will garner support from an excessive number of Providers capable of adequately serving West Virginia's Medicaid population.

After contract award, we will coordinate with current Providers, host town hall meetings in each region, and visit group homes that have residents that frequently rely on NEMT services (i.e. licensed behavioral health centers) to increase our network's size. Before contracting with Providers and negotiating fair, but competitive trip rates, we will first require them to demonstrate that they meet our credentialing requirements, which comply with all local, State, and Federal requirements. Our experienced Network Development team will oversee all of these activities without delegating any services to an external party.

As required by this RFP, before seeking a contract with an existing NEMT Provider, we will first ensure that drivers are eligible to continue to provide NEMT Services under the current state administered program until coverage under the NEMT Brokerage Program starts.



Network Composition. When performing outreach, we seek an excess number of Providers that are able to meet the range of service needs, including those able to transport ambulatory, wheelchair, ALS/BLS, and bariatric members. We also implement gas mileage, volunteer driver, and public transit transportation programs to offer cost savings and alternative, reliable modes of transportation. Using similar programs in the State of Georgia, we were able to reduce program costs by 30% within our first year of transportation management.

Fair and Equitable Reimbursement Practices: LogistiCare maintains fair reimbursement rates with Providers in all of our contracts. Our Network Development Team negotiates with each individual Provider during the contracting phase and adjusts their rates either up or down as appropriate in an ongoing effort to provide quality service and cost efficiency. In addition, to maintain our network, we implement pay-for-performance initiatives to encourage Providers to consistently meet their prescribed performance metrics. Providers who achieve high scores on their scorecard over the course of a year receive a monetary reward for their exceptional performance.

Cost Saving Programs

Gas Reimbursement. Gas reimbursement programs offer members the most flexibility and control over their transport. Our CSRs will be trained to ask callers a number of questions during the reservation process to determine if the member has access to an available vehicle - including a personally-owned vehicle or one belonging to a friend or family member. After entering the member’s pickup and drop-off locations, LCAD NextGen will calculate the amount of reimbursement the member or their driver is entitled to based on the actual mileage and our CSRs will detail our policies for reimbursement through our reloadable debit card program.

Our program in Oklahoma exemplifies our effectiveness in driving down program costs through properly informing members of their various transportation options, namely gas reimbursement. In 2009, we actively promoted cost initiatives, including the gas reimbursement and volunteer driver programs - saving

the State nearly \$8.5 million annually. Seeing the benefits of our proactive cost savings measures, OHCA re-awarded us a five (5) year NEMT contract in 2013.

Group Home Gas Reimbursement. LogistiCare has witnessed significant advantages promoting gas reimbursement to behavioral health centers, skilled nursing facilities, community organizations, and other group homes in Virginia. Since beginning this project, we have contracted with over 100 facilities with access to a vehicle to provide trips on behalf of Medicaid members. This program decreased the complaint rate, especially with intellectually and developmentally disabled riders as it increased their familiarity and comfort with their driver; and, it decreased trip costs. With the Bureau's approval, we will establish similar contracts with facilities in West Virginia.

Public Transit. Public transportation is a low cost mode of transit that allows us to provide significant cost savings to our clients. We have successfully partnered with transit agencies across the nation to deliver this level of service; in 2016, nearly 6 million of our NEMT trips were fulfilled by our public transit partners. When developing the programs, all public transit information, including routes and costs, will be loaded into LCAD NextGen to allow us to quickly identify if public transit is a viable option for a member. If the member's mobility and medical needs qualify them to use public transportation, we will discuss nearby pickup and drop-off locations and the process to attain tickets for use.

Proving LogistiCare's dedication to helping clients reduce program costs, we worked with New York's Department of Health (DOH) on initiatives to increase public transit usage by specific groups (e.g. physical therapy, mental health). By transitioning trips to public transit, we saved DOH nearly \$5,000,000, annually.

The Commonwealth of Virginia has chosen LogistiCare as its NEMT broker since 2001. One of the reasons they have come to trust our standards are the cost savings we continuously bring to their program. Over the past five years our Utilization Review Specialists have "right-sized" over 122,500 transports for a savings of over \$12 million. With these efforts, the average cost per trip has decreased by roughly 6.5% year after year.

Relationship Building

As an integrated member of the healthcare community, we develop strong partnerships with NEMT Providers, medical providers and professional associations through frequent communication and outreach. Each quarter, we host Regional Advisory Committee meetings in local areas and encourage participation from all program stakeholders, including members of the healthcare community, advocacy groups, NEMT Providers, and behavioral health associations, to identify program needs and collaborate on solutions to correct deficiencies. These meetings have allowed us to successfully foster two-way communication with our partners and develop personal relationships with those we serve.

We facilitate regular meetings, including monthly and quarterly sessions, with NEMT Providers to openly discuss areas where Providers are exceeding their contracted expectations as well as areas of improvement. Members of our leadership team also participate in events and meetings hosted by medical providers and professional associations on a regular basis. In South Carolina, our Project Manager and Director of Transportation frequently lead trainings on behalf of medical providers and groups associated with DaVita to discuss innovations in medical-related transportation and serving members with critical care needs.

Network Monitoring. Using our Capacity Management and planning process, we continually monitor the health of our network and can identify any areas we need to improve performance and increase coverage to correct gaps in our network.

Trip Volume Increases. Using our capacity management tools, we monitor our network's health to ensure we maintain our goal of 115% capacity at all times. Maintaining an excess number of Providers in all areas ensures we have the flexibility and resources to manage increases in demand. In instances that we experience a shortage of Providers, we can rely on our recovery Providers or our national partner, Lyft, with the Bureau's approval. Lyft's application integration with LCAD NextGen makes it simple to request a driver at any time. **Please see Section II, NEMT Providers for more information about our network and composition.**

Disaster Planning. LogistiCare is proactive in identifying and preparing for disasters which may occur in the regions we operate. With our presence in the local area, we are aware that there is an increased chance of extreme weather, such as blizzards and snow storms, during the winter season. During program implementation, we will develop a Disaster Recovery/Business Continuity Plan to continue transportation services during these disasters and submit a final draft to the Bureau for approval. By meeting with NEMT Providers, facilities, and other advisors, we can discover which streets are most traversable, determine alternate routes that safeguard drivers and riders, and identify which clinics and facilities will serve as the designated emergency center for members. This information will be used to manage transportation, especially for high acuity patients and those with critical care needs, when acute catastrophic events strike (i.e., terrorism, blizzard, hurricane, etc.). **Please see a sample Disaster Recovery Plan in Exhibit 3 and our methods of contacting facilities for planning before disaster hit.**

Our Disaster Recovery extends beyond transportation and allows us to continue taking calls during extreme weather, power failure, loss of phone services, etc. Because of our national presence we can seamlessly transfer services to agents in any of our URAC-accredited call centers during a disaster. Our redundant technology and telecommunications systems are programmed to rollover without interruption to data collection or call taking, ensuring members and facilities can speak with trained, live agents to schedule services or discuss their concerns without disruption. Having partnered with agencies in numerous areas since the mid-1990's, we have demonstrated our preparedness in the face of disaster time and time again. One of many examples is provided below:

- **Hurricane Irma Experience.** When Irma hit, Georgia, South Carolina, and Florida operations centers experienced a closure as Hurricane Irma struck, it was not just our technology that allowed services to continue, but our people. Thousands of staff members from all around the country banded together to provide support to the center and its members that were adversely impacted. Within seconds, live agents accepted member calls and acted with compassion to make sure no member experienced a service disruption. It is this level of backing that assures our clients that LogistiCare is the best choice for NEMT brokerage.

B. NEMT Provider Contracts

The vendor should identify, recruit and negotiate contracts with NEMT providers, including all modes of transportation listed in Section III of Appendix 1, sufficient to meet the needs of the Medicaid Recipients. The vendor should offer a contract to any willing provider and all willing licensed behavioral health centers that meet the NEMT Provider requirements. The vendor should secure sufficient NEMT providers resources (numbers and types of vehicles, drivers) under contracts so that the failure of any NEMT provider to perform should not impede the ability of vendor to provide NEMT Services in accordance with the requirements of the Contract. The vendor should submit with its Proposal a model contract that the vendor intends to use with NEMT providers. The model contract for each mode of transportation should be reviewed and approved by The Bureau prior to use.

The model contract should address the following items:

1. Payment administration and timely payment; 2. Modes of transportation; 3. Geographic coverage area(s); 4. Attendant services; 5. Telephone and vehicle communication services; 6. Information systems; 7. Scheduling; 8. Dispatching; 9. Pick-up and deliver standards; 10. Urgent trip requirements; 11. Driver qualifications; 12. Expectations for door-to-door, hand-to-hand, curb-to-curb; 13. Driver conduct; 14. Driver manifest delivery; 15. Vehicle requirements; 16. Back-up service; 17. Quality assurance; 18. Non-compliance with standards; 19. Training for drivers; 20. Confidentiality of information; 21. Specific provision that, in the instance of default by vendor, the agreement should be passed to The Bureau or its agent for continued provision of NEMT Services. All terms, conditions, and rates established by the agreement should remain in effect until or unless otherwise terminated by The Bureau at its sole discretion; 22. Indemnification language to protect the State of West Virginia and The Bureau; 23. Evidence of insurance for vehicle and driver; 24. Submission of documentation as required by The Bureau; 25. Appeal and dispute resolution; and 26. Assurance of no over-lap of services with other programs

When developing our network, we will identify, recruit and negotiate contracts with a sufficient amount of providers capable of meeting the needs of Medicaid Recipients, including all willing providers and licensed behavioral health centers that meet our credentialing requirements. Please see **Exhibit 4 for our model contract (NEMT Provider Agreement) which addresses all of the following items:**

1. Payment administration and timely payment;
2. Modes of transportation;
3. Geographic coverage area(s);
4. Attendant services;
5. Telephone and vehicle communication services;
6. Information systems;
7. Scheduling;
8. Dispatching;
9. Pick-up and deliver standards;
10. Urgent trip requirements;
11. Driver qualifications;
12. Expectations for door-to-door, hand-to-hand, curb-to-curb;
13. Driver conduct;
14. Driver manifest delivery;
15. Vehicle requirements;
16. Back-up service;
17. Quality assurance;
18. Non-compliance with standards;
19. Training for drivers;
20. Confidentiality of information;
21. Specific provision that, in the instance of default by vendor, the agreement should be passed to the Bureau or its agent for continued provision of NEMT Services. All terms, conditions, and rates established by the agreement should remain in effect until or unless otherwise

terminated by the Bureau at its sole discretion;

22. Indemnification language to protect the State of West Virginia and the Bureau;
23. Evidence of insurance for vehicle and driver;
24. Submission of documentation as required by the Bureau;
25. Appeal and dispute resolution; and
26. Assurance of no over-lap of services with other programs

As required by this RFP, a model contract for each mode of transportation will be submitted to the Bureau for review and approval prior to use. Sufficient NEMT Provider resources will be contracted so that the failure of any NEMT Provider to perform will not impede our ability to provide NEMT Services in accordance with the requirements of this Contract.

C. NEMT Provider Reimbursement

The vendor should provide timely payment to each contracted NEMT provider for the services rendered. Vendor reimbursement to NEMT providers will demonstrate adequacy to insure access for Medicaid members and provider participation. The vendor may reimburse NEMT providers through any payment arrangement agreeable to both parties, including a sub-capitation arrangement. All payment arrangements are to include an incentive or safeguard to ensure utilization data for every encounter is submitted to vendor. The vendor's Proposal should describe the following: 1. Payment methodology; 2. Billing system; 3. Billing policies; 4. NEMT providers instructions and procedure; and 5. Penalties for late submission of reimbursement request. The vendor's billing options are to include options for electronic submission of invoices by NEMT providers. The vendor should pay all "clean claims" from NEMT providers within thirty (30) calendar days following receipt of the claim.

A "clean claim" is defined as a claim that can be processed without obtaining additional information from the NEMT provider, medical provider, member or any other third party; excepting any claim(s) submitted by or on behalf of a NEMT provider or provider who is under investigation for Fraud, waste, or abuse or a claim that is under review for medical necessity. Complaints are to be subject to the vendor's provider grievance resolution system.

LogistiCare partners with NEMT Providers to help members achieve better health outcomes. Knowing that many of our partners are small businesses that rely on timely payments, we will ensure claims are paid on time. When visiting the State of West Virginia, Providers confided in us this is currently a pain point. With our history of reliability, both the Bureau and Providers can be assured that timeliness is a priority. In 2016, we met our requirement to pay 100% of all "clean claims" within 30 days; in fact, on average payments were disbursed 19.5 days after submission. This exceeded our client's requirements and the expectations of our NEMT Providers.

Automated Verification: The WellRyde GPS/ AVL Software system's integration into our claims process expedites claims adjudication and allows automated verification of pickup and drop-off times, mileage, and member attendance (with electronically captured signatures). During Provider Orientation, we will train Providers to use our automated systems to submit their claims for payment. Additional training and support will also be available through our online portal and via the toll-free help desk line.

Online Submission: NEMT Providers will have the ability to submit their claim forms online using our secure TripCare web portal for Providers. Online claims submissions have proven faster and reduced audit times. Once submitted, the system is able to exchange information about claims directly with the Provider.

Payment Process

LogistiCare pays NEMT Providers only for services properly rendered. Through specific validation and

verification procedures, we reduce opportunities for fraud, waste, and abuse and ensure each trip submitted for billing meets the required criteria. NEMT Providers are responsible for submitting selected information via our GPS/AVL software, or manually, which allows the Claims Department to validate a trip has occurred.

- Required Information:
- Date of Service
- Job Number
- Member's name
- Driver
- VIN
- Billed Amount
- Actual pick-up time (documented in military time)
- Actual drop-off time (documented in military time)
- Member or appropriate third party signature
- Driver's signature

Failure to submit the required information for any job will result in denial of payment. The Provider can resubmit the denied trips for reconsideration of payment after corrections. Providers are able to view their payment detail reports online via the Portal. The report indicates all trips processed, paid or denied. If denied, it will indicate the reason for the denial.

After the billing specialist approves payment for all trips in an invoice batch, a report is generated that indicates, by NEMT Provider, the number of billed trips for each date of service, when LogistiCare received the invoice (claim), when the invoice was submitted to accounts payable for payment, when it was paid, and the amounts billed and paid.

Once payment is authorized, the value of each trip is automatically calculated using the mileage, class of service, and the contracted payment rate for each Provider. When a biller is directed to approve a mileage override or an exception to payment rate, a supervisor must approve the transaction. All incomplete or incorrect invoices are denied. Providers must refund, or LogistiCare can offset from future payments, any amounts paid for trips that are later determined to be billed in error.

Processing and Audit Standards: We audit our claims for accuracy and will adhere to the following standards, as well those required by the State of West Virginia:

- All clean claims paid within 30 days of receipt of the claims
- Respond to contested claims within 30 days of receipt
- Minimum accuracy, based on a review of at least 3% of total claims processed monthly, will have 99% financial accuracy, 98% statistical accuracy, and 95% overall accuracy.

Additionally, within our operations center we will employ a Utilization Review team who will focus daily on trips and/or NEMT Providers and members that may raise certain "red flags" prior to payment of any claims. This division will oversee our processes for prior authorization and manage Medical Necessity Forms that will be used to approve exceptional transportation services.

NEMT Provider Claim Processing Disputes: If an NEMT Provider chooses to appeal a denied claim, it will be resolved by personnel in our West Virginia Claims Department. A formal dispute resolution and arbitration

process will be established prior to the start of operations and will be part of the NEMT Provider contract.

Our goal is always to resolve issues through open communication with the NEMT Provider. However, in the event there is a claim or controversy that cannot be resolved in the normal course of the complaint and appeal process, each party shall designate a member of its senior management to meet and attempt to resolve the dispute. If the dispute cannot be resolved, the dispute will be referred for binding arbitration.

In addition to communicating our grievance resolution process in the NEMT Provider contract, we will also display our policies publicly on the West Virginia-specific website as well as the NEMT Provider portal and the NEMT Provider Manual. The NEMT Provider Payment grievance resolutions system will be submitted to the Bureau during the implementation phase of the contract for review and approval. Any complaints will be handled using the Bureau-approved grievance process.

D. Geographic Coverage Area

The vendor should record the geographic area from which each NEMT Provider may accept assignments. This should include county-level detail throughout the state and medical communities in the adjacent states of Virginia, Ohio, Kentucky, Maryland and Pennsylvania. The vendor should submit for The Bureau review and approval the NEMT provider Network and Geographic Coverage Report, including information for the final subcontracted network, thirty (30) calendar days prior to the operations start date. The vendor should not begin operations without an approved version of this deliverable.

The geographic areas that each NEMT Provider provides services will be recorded in our NEMT Provider database and used during the trip assignment process. For the State of West Virginia, this will not only include our standard county-level detail but also the Provider’s ability to transport members to the adjacent states of Virginia, Ohio, Kentucky, Maryland and Pennsylvania. To ensure adequate geographic coverage exists in all areas, we will use our collection of Capacity Management tools. These valuable tools are used daily to monitor network capacity, maximize on-time performance and minimize no-shows, and to identify, in real-time, where network adjustments are needed..

Heat Maps:

Using heat maps generated by Qlik Sense, we can view where the areas of greatest demand exist.



Utilizing the information generated by the heat maps, we can employ our Capacity Management and Planning tools to ensure our capacity meets the demand of the geographic locations. These tools offer several views which allow us to monitor network supply against demand at the county level across the state by weekday.

The Router Assist Tool helps teams ensure that the best Provider is selected, even when manually assigning a trip.

Provider Name	Performance	LOS Cost per Mile	Compliance %	Cost Override %	Provider No Show	Avg. Trips per Day	Avg. Miles per Trip	LOS Max Trip
ABC Ambulance Inc.	Good	\$0.40	0.00%	0.0%	0.00%	0.0	91.0	0
XYZ Transportation	Good	\$0.40	0.00%	0.0%	0.00%	0.0	80.0	0
A1 Transport	Good	\$0.40	0.00%	0.0%	0.00%	0.0	100.0	0
DEF Ambulance Services	Good	\$0.40	0.00%	0.0%	0.00%	0.0	1.0	0
WXY Transportation	Good	\$0.40	0.00%	0.0%	0.00%	0.0	100.0	0
AB Transport Services Inc.	Good	\$0.40	0.00%	0.0%	0.00%	0.0	90.0	0
LMNOP South	Good	\$0.44	0.00%	0.0%	96.55%	0.0	8.2	0
123 Medical Transport	Good	\$9.50	0.00%	0.0%	0.00%	0.0	4.0	0
SSS Ambulatory Inc.	Good	\$65.00	0.00%	100.0%	0.00%	0.0	1.0	0
JKL Medical Transport LLC	Good	\$0.40	0.00%	0.0%	0.00%	0.0	91.5	0
QRS Patient Transport	Good	\$1.51	0.00%	0.0%	0.00%	0.3	13	0
1212 National Transport	Good	\$2.71	0.00%	0.0%	0.00%	0.4	6.7	0
0123 South Transportation	Good	\$0.80	0.00%	0.0%	0.00%	0.4	36.6	0
iK Adult Care LLC	Good	\$1.59	0.00%	0.0%	0.00%	0.6	5.7	0
ZZ Ambulance Inc.	Good	\$1.76	0.00%	0.0%	0.00%	0.6	66.4	0
Faux Ride Transport Services	Bad	\$2.75	0.00%	0.0%	20.00%	0.6	3.6	0
Natl. ABC Rides	Good	\$2.15	0.00%	0.0%	0.00%	0.8	11.3	0
CBA South Transport	Adverse	\$2.15	0.00%	0.0%	5.36%	0.8	4.5	0
ZYX Medical Inc.	Good	\$0.71	0.00%	0.0%	0.00%	0.9	29.7	0

The Router Assist Tool (sample above) is used when manually assigning trips to ensure Providers with the lowest cost and best quality are selected to transport a member.

LogistiCare will submit an NEMT Provider Network and Geographic Coverage Report, including information for the final subcontracted network, thirty (30) calendar days prior to the operations start date for the Bureau's review and approval. Operations will not begin without an approved version of this deliverable.

III. MODES OF TRANSPORTATION

A. Fixed Route

Fixed route transportation is defined as transportation by means of a public transit vehicle that: follows an advertised route on an advertised schedule; does not deviate from route or the schedule; and picks up passengers at designated stops. The vendor is encouraged to maximize the utilization of fixed route transportation whenever more economical and appropriate. The vendor should be familiar with schedules of fixed route transportation in communities where it is now available and in areas where it becomes available during the term of the Contract. The vendor may distribute or arrange for the distribution of fixed route passes to Medicaid Recipients for whom fixed route transportation is the most appropriate mode of transportation. The furthest distance a member should be required to commute to or from a fixed route transportation stop is one-half (1/2) mile. If the vendor determines that fixed route transportation is an appropriate mode of transportation for a member, but the member requests a different mode of transportation, the vendor may require the member to supply documentation from his or her physician. The vendor should consider the following when determining whether to allow an exception: 1. The member's ability to travel independently, including the age of the member and any permanent or temporary debilitating physical or mental condition that precludes use of fixed route transportation. 2. The availability of the fixed route transportation in the member's area or community including the accessibility of the location to which the member is traveling and whether the member should travel more than one-half (1/2) mile to and from the fixed route transportation stop; 3. Inclement weather conditions (including extreme heat or cold) or other pertinent factors that make use of fixed route transportation unfeasible; 4. The compatibility of the fixed route transportation schedule with the member's appointment times for the covered medical service. The schedule for the fixed route transportation should allow the member to arrive at the drop off location no more than ninety (90) minutes prior to the scheduled appointment time, and should allow the member forty-five (45) minutes after the estimated time the appointment may end to arrive at the pick-up location; and 5. Any special needs of the member which requires the coordination of services with other providers.

Fixed Route transportation is the first mode of transportation that we promote to deliver cost savings to clients and offer reliability to members. In similar markets, we have significantly increased public transit usage; and, based on our research and knowledge of your program, we are confident we can replicate this success in the State of West Virginia. During implementation, we will partner with public transit agencies to determine current and future routing, learn about scheduling and training resources, and discuss best practices for utilization. Scheduling and routing information for these agencies will be entered in LCAD NextGen to help CSRs immediately identify members that are traveling near a public transit route.

Identifying Who Qualifies for a Public Transit Pass

Before assigning public transit, we will conduct an assessment based on all considerations listed, to ensure the member's condition does not preclude them from using this mode of transport. This will include, but may not be limited to, the following sample questions:

- Is the member able to travel independently (due to age or a debilitating physical or mental condition)?
- Will inclement weather conditions (including extreme heat or cold) or other pertinent factor make Fixed-Route transportation unfeasible?
- Is service running between the pickup and drop off locations?
- Is the service timely? Service may involve transfers, but the wait for transfers must be reasonably brief. In addition, the member must not arrive at the healthcare facility too early, or be required to wait too long after the appointment.
- Is the public transit stop within 1/2 mile of the pickup and drop off locations?
- Is the member able to understand common signs and directions?

- Will the treatment received require pickup by a vehicle because they are too weak (i.e., chemotherapy, radiation, dialysis, etc.)?
- Will the member require special care that requires coordination with a third party?

If a member is either unwilling or unable to accept public transit as an assigned mode of transportation, we will seek approval for a higher level of service using a Medical Necessity Form. The Form must be completed by the member's physician and state the medical reason a higher level of service is required.

Public Transit Distribution: How it works

If LCAD NextGen identifies public transit as the most appropriate transportation mode, the system will automatically calculate the appropriate number of passes and the best method to distribute passes to the member. LogistiCare will provide passes in a timely and efficient manner using the following options:

1. **Mail:** Members will receive the appropriate number of tickets or passes, based on the total cost, via registered mail for tracking purposes.
2. **Medical Facility:** For the convenience of members with standing orders, such as dialysis, chemotherapy, or radiation treatments, passes will be available for pick up at the medical facility. After verification of the members' needs, a pre-determined number of passes will be sent to the facility's administrator. Prior to distribution, the pass's serial number will be recorded for tracking purposes.

LogistiCare will verify member attendance at the scheduled appointment as well as the name of the person that received the pass. Passes that are not distributed to members will be required to be returned to LogistiCare. By accounting for each pass distributed, as well as tracking and verifying member use, we can mitigate fraud, waste, and abuse for the Bureau. LogistiCare will meet with and distribute flyers (in English and Spanish) to all facilities to outline the distribution process.

Travel Training: We remain sensitive to member's physical and mental challenges as well as their concerns about accessing public transit. To relieve concerns some members may have about using public transportation, we have identified methods to alleviate those concerns, such as free travel training. Travel training helps members learn how to plan a trip, read transit schedules, pay fares, use accessibility features, and offers general safety skills. In similar markets, travel training has been successful in minimizing apprehension and increasing education about this mode of transportation.

B. Private Auto

Private auto transportation is defined as a member's personal vehicle or the personal vehicle of a family member or friend, to which the member routinely has access to drive or be transported to routine non-medical locations such as a grocery store, schools, and churches.

If a member has access to a private auto, we encourage use of our gas reimbursement program. This includes personal vehicles, or vehicles belonging to a friend or family member. We have found that gas reimbursement offers the greatest flexibility and is often the lowest cost transportation mode. LogistiCare's CSRs will offer this option to any member with access to a private vehicle, supporting it with the amount of reimbursement the member will receive based on their actual trip mileage.



As stated, being that West Virginia has one of the highest gas reimbursement rates, we will use our reloadable debit card program to reimburse members in the most cost-efficient and timely manner.

C. *Basic Vehicle*

Basic vehicle transportation is defined as a motorized vehicle used for the transportation of passengers whose medical condition does not require the use of a wheelchair, hydraulic lift, stretcher, medical monitoring, medical aid, and medical care or treatment during transport. This does not include private auto (as defined in item B above).

LogistiCare's network will include a healthy supply of basic and/or common vehicles. We will use these vehicles to transport Members that do not require special care, such as a wheelchair, lift, medical monitoring, medical aid, or medical care during transport.

D. *Enhanced Vehicle*

Enhanced vehicle transportation is defined as a motorized vehicle equipped specifically with certified wheelchair lifts or other equipment designed to carry persons in wheelchairs or other mobility devices. Enhanced vehicles can only be used to transport passengers that do not require medical monitoring, medical aid, medical care, or medical treatment during transport. This does not include private auto or basic vehicle (as defined above).

Enhanced vehicles provide a higher level of service and will be available to members requiring wheelchair lifts or other designated equipment. All enhanced vehicles will meet ADA requirements and will only be used to transport passengers that do not require medical monitoring, medical aid, medical care, or medical treatment during transport.

E. *Other Transportation*

Other transportation may include any commercial carrier (e.g., Amtrak), buses (e.g., Greyhound), taxis and/or airplanes.

LogistiCare's network pool will include commercial carriers, buses, taxis and/or airplanes that demonstrate proof of operating authority from the local governing body. Members that require treatment out-of-state will receive services from a commercial carrier, commercial airplane, or a fixed wing non-emergency air ambulance. Ambulatory members will be assigned to commercial carriers or public transit depending on their condition, appointment distance, cost, and special needs. Taxis are commonly used for urgent demand trips, such as hospital discharges, for ambulatory members in urban and suburban geographies.

IV. MISCELLANEOUS OPERATION RULES

A. Excessive Distance

The vendor should question whether a covered medical service could be provided closer to the member's residence. Examples of possible excessive distance requests include a request for NEMT Services to a provider that is not in the area where the member resides, or a request for NEMT Services to a provider that is not in the same county, bordering county or metropolitan area in a bordering state for Medicaid Recipients living in rural areas. Vendor may deny the request if the covered medical services are available closer to the member's residence and they do not provide medical certification that the closer provider cannot provide the care. Generally, in determining if the transport is within reasonable proximity of a member, the vendor should permit transports to contiguous counties, and/or any bordering counties or parishes in adjoining states (Ohio, Virginia, Pennsylvania, Maryland, and Kentucky) which are considered to be in-network/in-state providers, defined as enrolled providers located in-state and/or within 30 miles of the WV border. The Vendor should ensure that any transportation requests for NON- in-network/in-state medical providers that are not in-network/in-state receive prior authorization by the UMC. Vendor will have the ability to identify these providers through the use of file exchange and granted system accessibility as specified in Appendix 2, Section IV: Data Systems Requirements of this RFP. If a Medicaid recipient has recently moved to a new area, the vendor should allow long distance transportation for up to ninety (90) calendar days if necessary to maintain continuity of care until the transition of the member's care to a closer appropriate provider can be completed. The vendor should monitor the frequency of authorization of NEMT Services involving excessive distance per recipient. The vendor should monitor the frequency of and provide detailed reports of authorization of NEMT Services involving excessive distance per recipient. If a Medicaid recipient has moved out of West Virginia, the vendor may deny NEMT services by a NEMT provider, or private auto, if the vendor does not have NEMT providers in that state, the medical provider is not an in-network provider and services are not authorized by the UMC, or if the vendor is unable to reconcile the address with The Bureau. The vendor will also report to The Bureau when a member is requesting a pick up from out of state, except upon discharge from a medical provider or facility. Some areas may be located in West Virginia and have a "911 address" in another state. However, if a recipient is residing out of state, the State will need to investigate to determine if the recipient should continue to receive Medicaid through West Virginia or the state of current residence.

With the Bureau's approval, when requests that require excessive travel distances are made, we will use our Closest Provider Certification (CPC) form to ensure the travel is medically necessary and that services cannot be provided by a medical professional closer to the member's residence. The CPC form requires certification by a medical professional and a valid medical reason for approval. If a CPC form is not approved because the member's treatment can be performed by a closer medical Provider, LogistiCare's Utilization Review team will deny the request and aid the member in researching Medicaid eligible medical providers with new patient availability. Approved CPC forms will remain in the member's profile for up to one (1) year, or shorter if the condition or circumstances are temporary.

As specified by the Bureau, long distance transportation for member's who have moved to a new area will be honored for up to 90 days to maintain continuity of care. Requests received from Medicaid recipients that have moved outside of West Virginia will be denied if there is not an existing network in their new state, if the medical provider is not in-network, if the services are not authorized by the UMC, or if LogistiCare is unable to reconcile the address with the Bureau. We will comply with the Bureau's specification to permit transports within reasonable proximity of a member, including travel to contiguous counties, bordering counties or parishes in adjoining states (Ohio, Virginia, Pennsylvania, Maryland, and Kentucky) and those within 30 miles of the West Virginia border. Any transportation requests for non- in-network/in-state medical providers will be submitted for prior authorization by the UMC. We understand if awarded, we will have the ability to identify these Providers through the use of file exchange and will be granted system accessibility as specified in Appendix 2, Section IV: Data Systems Requirements of this RFP.

All travel that includes excessive distances will be stored in LCAD NextGen and the frequency of requests by each recipient will be monitored. We will report all instances when a member is requesting excessive travel, including pickups from out of state, excluding discharges from a medical provider or facility. We acknowledge that some areas may be located in West Virginia and have a "911 address" in another state

and that the State will need to investigate to determine if the recipient should continue to receive Medicaid through West Virginia or the state of current residence.

B. On-Time Arrival

The driver should make his presence known to the Medicaid Recipients and wait until at least five (5) minutes after the scheduled pick-up time. If the member is not present for pick up, the driver should notify the NEMT provider's dispatcher before departing from the pick-up location. Providers are not to change the assigned pick-up time without permission from the vendor. If the NEMT provider cannot arrive on time to the pick-up location, the NEMT provider or vendor should contact the member or the member's representative and the provider. No more than five percent (5%) of the scheduled trips should be late or missed per day. The State may waive the five percent late/missed requirement in situations for non-critical medical services where a delay or failure to appear for a pick-up may arise from unforeseen circumstances in a geographic area such as flooding, excessive snow, other widespread weather conditions, or security threats impeding travel which may or may not result in a state of emergency issued by the Governor.

LogistiCare's NEMT Providers and/or drivers will contact the member upon arrival and will wait at least five (5) minutes after the scheduled pick-up time before attempting to reschedule the trip. If a member is not present at the time of pick up, drivers will be required to notify the dispatcher before departing the pickup location. NEMT Providers and drivers will not have the authority to change the member's assigned pickup time without permission from LogistiCare. If a driver will not arrive on time for pickup, the driver is required to contact LogistiCare who will then contact the member or the member's representative.

Using our GPS/AVL features, we will have the ability to proactively monitor and prevent delayed pickups or no-shows. If alternative options are required for a timely pickup, LogistiCare will inform the member of the assigned changes. Per the RFP requirements, no more than five percent (5%) of the scheduled trips should be late or missed per day. We will ensure timeliness through our monitoring practices and NEMT Provider education.

C. Travel Time on Board

For multi-passenger's trips, the NEMT provider should schedule trips so that a recipient does not remain in the vehicle for more than forty-five (45) minutes longer than the average travel time for direct transportation of that recipient. (This specification does not apply to commercial air or fixed-wing transports.)

LogistiCare uses multi-loading to create efficiencies when this type of services does not cause undue risk to members or excessive commute times. NEMT Providers will be educated that multi-load ride times cannot be more than 45 minutes over the average travel time for a single trip.

D. Adverse Conditions Plan

The vendor should have a written plan for transporting Medicaid Recipients who need critical Medicaid covered services during adverse weather conditions, instances of security threats, states of emergency or other instances where normal road, air, or rail travel is impeded or dangerous. "Adverse weather conditions" includes, but is not limited to, extreme heat, extreme cold, hurricane, tropical storms, flooding, tornado, and heavy snowfall. "Security threats" include, but is not limited to: massive chemical spills, terrorist attacks, police stand-offs or rioting. The vendor should submit a final completed plan to The Bureau for approval no later than two (2) weeks prior to the operations start date, upon any revisions to the plan, and thereafter upon The Bureau request. The vendor should not begin operations without an approved Adverse conditions Plan.

We realize that events will occur that can negatively affect transportation. To prepare for such events, including adverse weather, we will develop and submit to the Bureau a written Adverse Conditions Plan (Disaster Recovery Plan) for transporting members at least two (2) weeks prior to the start of operations

and thereafter upon request. Operations will not begin without an approved Adverse Conditions Plan.

E. Vendor as a NEMT Provider

Under no circumstances may the NEMT Broker also serve a NEMT provider under the WV NEMT Services Program.

Because we are a true NEMT broker, LogistiCare does not own or operate vehicles used for NEMT services.

F. Post-Transportation Authorization Requests

The vendor's Proposal should include a description of the vendor's approach to post-transportation authorization of NEMT Services. The vendor should not implement a policy to allow or disallow post-transportation authorization of NEMT Services without The Bureau review and approval. The vendor should submit a final completed policy to The Bureau for approval no later than thirty (30) calendar days prior to the operations start date. The vendor should not begin operations without an approved Post-Transportation Authorization of NEMT Services Policy.

Post-transportation authorization should be allowed in instances when travel was conducted in a private auto or prior authorization was not obtainable, such as services requested when the vendor's call center was closed. Vendor's post transportation authorization policy should ensure that all applicable requirements of pre-transportation authorization are considered for the post-transportation authorization and should establish a timeliness requirement for the submission of post-transportation authorization requests.

LogistiCare has developed policies and procedures in partnership with states allowing post-transportation authorization and adjudication of claims. Prior to implementing a post-authorization process, we will collaborate with the Bureau to create a policy allowed for members who have traveled in a private auto or at a time when prior authorization was not obtainable. These requests will be handled on a case-by-case basis in the event unforeseen and/or extenuating circumstances arise. The post transportation authorization policy will ensure that all applicable requirements of pre-transportation authorization are considered for the post-transportation authorization and will establish a timeliness requirement for the submission of post-transportation authorization requests.

A finalized version of the Post-Transportation Authorization Requests Policy will be submitted to the Bureau at least thirty (30) calendar days before operations begin for review and approval.

G. Accidents and Incidents

The vendor should document accidents and incidents that occur in conjunction with a scheduled trip when a member is present in the vehicle. An incident is defined as an occurrence, event, breakdown, or public disturbance that interrupts the trip causing the driver to stop the vehicle, such as when a passenger becomes unruly or ill. Details are to be reported in the Accident and Incident Report (as described in Appendix 3, Reporting Requirements).

LogistiCare will require NEMT Providers to immediately report and submit documentation of accidents and incidents that occur during a scheduled trip when a member is present in the vehicle. Details of these events will be reported to the Bureau via the Accident and Incident Report. Additionally, LogistiCare will report all incidents and accidents encountered via the Accident and Incident Report as described in Appendix 3.

V. NEMT SERVICE DENIALS

A. Denial Policies and Procedures

Vendors should comply with the following NEMT Service denial policies and procedures:

1. If a request for a NEMT service is received that meets one of the denial reasons listed in section V, subsection B, the vendor should deny the request and record the reason(s) for the denial in its information system on the same business day. 2. The vendor should generate and mail denial letters to Medicaid Recipients and providers no later than the next business day following the date the denial decision was made. The vendor should bear all costs of generating and sending denial notices. The denial letter should notify the Medicaid Recipients to the right to appeal the denial. The vendor should develop the denial letter and criteria for sending of the denial letter. The Denial letter should specify the denial reason, as listed in section V: B "Denial Reasons". The vendor should submit the final completed denial letter and criteria to The Bureau for approval no later than thirty(30) calendar days prior to the operations start date. The vendor should not begin operations without approved versions of these deliverables. 3. In the event a member does not have sufficient information to arrange the transport and has to hang up and call back at a later time, the initial phone call with incomplete information should not be considered a trip denial for reporting purposes.

If a trip request is denied due to reasons in Section V: B, LogistiCare will verbally advise the member of the determination on the same day and will also record the denial and reason in LCAD NextGen. A notice of decision for transportation services letter will be mailed to the member's address on file via U.S. mail no later than the next business day. The denial letter will specify the denial reason and notify the member of their right to an appeal.

We will allow the member thirty(30) calendar days from the day the letter was sent to request reconsideration of the denial. If a reconsideration request is received, we will complete the review process within three (3) business days of receipt. A completed denial letter and criteria for denial will be submitted to the Bureau for approval no later than thirty (30) calendar days prior to the operations start date. Operations will not begin without approved versions of these deliverables. If a member does not have sufficient information to arrange transportation and has to hang up and call back at a later time, the incomplete phone call will not be considered a trip denial for reporting purposes.

B. Denial Reasons

NEMT Service requests may be denied for one or more of the following reasons: 1. The member is not eligible for NEMT services on the date of service; 2. The member does not have a medical need that required NEMT services; 3. The medical service for which NEMT service is requested is not a covered medical service; 4. The medical service for which NEMT service is requested requires prior authorization and prior authorization has not been obtained; 5. 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; 6. The member has access to affordable transportation, (ie: member's vehicle or another mode of transportation that does not cause a financial hardship for the member); 7. The medical service for which NEMT Service is requested is covered under another program; 8. The request was for post-transportation authorization and was not received timely or did not meet established criteria; 9. The medical appointment is not scheduled or was not kept; 10. Vendor cannot verify that there was a medical appointment; 11. The vendor is unable to verify the recipient's physical address; 12. The trip was not requested within an appropriate timeframe and the request cannot be accommodated because of this; 13. Additional documentation was requested and was not received within an appropriate timeframe; 14. The member refuses the appropriate mode of transportation; 15. The member refuses the NEMT provider assigned to the trip and another NEMT provider is not available; or 16. The member's medical need(s) requires an ambulance level of transportation. In these situations, the vendor should refer the member to appropriate resources, such as local ambulance providers in their area.

Should a trip be denied for any of the following reasons, LogstiCare will follow the approved denial process:

1. Not eligible for NEMT services on the date of service
2. No medical need that requires NEMT services;
3. Uncovered medical service;
4. The medical service for which NEMT service is requested requires prior authorization and prior authorization has not been obtained;
5. 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;
6. The member has access to affordable transportation, (ie: member's vehicle or another mode of transportation that does not cause a financial hardship for the member);
7. The medical service for which NEMT Service is requested is covered under another program;
8. The request was for post-transportation authorization and was not received timely or did not meet established criteria;
9. The medical appointment is not scheduled or was not kept;
10. LogistiCare cannot verify that there was a medical appointment;
11. LogistiCare is unable to verify the recipient's physical address;
12. The trip was not requested within an appropriate timeframe and the request cannot be accommodated because of this;
13. Additional documentation was requested and was not received within an appropriate timeframe;
14. The member refuses the appropriate mode of transportation;
15. The member refuses the NEMT Provider assigned to the trip and another NEMT Provider is not available; or
16. The member's medical need(s) requires an ambulance level of transportation. In these situations, LogistiCare will refer the member to appropriate resources, such as local ambulance Providers in their area.

Members will be advised of the denial and the reason before disconnecting a call and written correspondence with an explanation of the appeals process will be provided.

VI. TIMELINESS

A. Routine NEMT Services

The vendor should authorize and schedule routine NEMT Services for ninety eight percent (98%) of all requests within three (3) business days after receipt of the request. This allows for the member and vendor to receive timely notice to deal with and make alternative transportation arrangements. The Vendor should authorize and schedule routine NEMT Services for one hundred percent (100%) of all requests within ten (10) business days after receipt of a request.

Routine NEMT Services: LCAD NextGen uses an automated process to authorize and schedule routine NEMT reservations for eligible members at the time of the request. With this capability, we are confident we will exceed the Bureau's requirements to schedule 98% of all requests within three business days, and 100% of all requests within 10 business days.

B. Non-Routine NEMT Service

If the vendor requires additional information in order to authorize a request, the vendor should place the request on hold and should request the additional information within twenty-four (24) hours after receipt of the request. The vendor should specify the date by which the additional information should be submitted. Timely requests by the vendor for additional information should state the authorization period. If the additional information is not received by the date specified by the vendor, the vendor should deny the request except NEMT Services to an appointment for chemotherapy, dialysis, and high-risk pregnancy. In those instances, the vendor should authorize single trips and pursue receipt of necessary information to authorize a standing order.

Non-Routine NEMT Services: If a reservation exception is encountered due to concerns with a member's eligibility, the request will be immediately escalated for service by our exception queue. After eligibility is confirmed, NEMT services will be promptly authorized and scheduled.

If a request requires additional information including prior authorization due to excessive distance or a higher level of service, our Utilization Review Department will request the additional information within 24 hours and will specify the date and time the information should be returned. We will review the requested documentation upon receipt and approve or deny scheduling within three days.

If additional information is not received within the prescribed timeframe, LogistiCare will deny the service request, unless the service is for chemotherapy/radiation, dialysis, or high risk pregnancy. In these instances, we will authorize single trips and pursue receipt of necessary information to authorize a standing order.

VII. VALIDATION CHECKS

The vendor's payment procedures should ensure that NEMT Provider claims for reimbursement match authorized trips and that the trips actually occurred. The vendor should have a written plan for validating that transportation services paid for under the Contract are properly authorized and rendered. The vendor should perform validation checks on at least five percent (5%) of NEMT Services requests each month, both prior to the authorization of the request and after the services are rendered, as specified below. The Bureau at its sole discretion may require validation checks of trips to specific services.

The vendor should submit a final completed Validation Plan to The Bureau for review and approval no later than thirty (30) calendar days prior to the operations start date. The vendor should not begin operations without an approved Validation Plan.

Using the standard gatekeeping process, LogistiCare validates trips and prevents fraudulent billing. During the scheduling process, all trips are assigned a unique number that must be used when submitting claims for reimbursement. This is also true for mileage reimbursement. Claims undergo an adjudication process, in addition to a series of checks and balances to ensure the Provider's invoice amount is for an actual trip. As an added safeguard, LogistiCare only allows standing order requests to be made by a facility or healthcare provider. With these trips accounting for the largest portion of utilization, our processes exceed the requirements presented by the State. At least 30 days before the start of operations, LogistiCare will deliver a complete and final validation plan that can be used in West Virginia. Operations will not begin without an approved Plan.

A. Pre-Transportation Validation Checks

The vendor should conduct pre-transportation validation checks prior to authorizing the request for no fewer than three percent (3%) of the NEMT Services requests received in a month. The vendor should contact the provider and verify that the member has an appointment for a covered medical service. The vendor is not required to verify the medical necessity of an appointment. If the vendor verifies with the provider that no appointment exists, or that the service is not a covered medical service, the vendor should record in its computer system the reason for the failed validation check, and the vendor should deny the request. If a pre-transportation validation check cannot be completed because the call to the provider resulted in a busy signal or no answer, the vendor should flag the request for a post-transportation validation check, and the attempt at validation should not be counted toward the three percent (3%) pre-transportation validation check rate.

LogistiCare's standard processes for pre-transportation validation allow us to meet the Bureau's 3% requirement. We require all standing order and urgent requests for transportation to be validated by a Medical Provider or facility staff member before scheduling. In our experience, standing orders comprise more than half of all trips taken by Medicaid members. Additionally we re-certify standing order requests every 90 days. Results of these efforts will be reported to the Bureau in a quarterly deliverable report. Advance trips identified as high-risk based on specific characteristics will also be tracked and we will conduct a pre-trip validation with the facility to verify the member has an appointment.

If our team verifies with the Provider that no appointment exists, or that the service is not a covered medical service, we will record the reason for the failed validation check in LCAD NextGen and deny the request. If a pre-transportation validation check cannot be completed because the call to the Provider resulted in a busy signal or no answer, we will flag the request for a post-transportation validation check, and will not count the attempt toward the three percent (3%) pre-transportation validation check requirement.

B. Post-Transportation Validation Checks

The vendor should conduct post-transportation validation checks on no fewer than two percent (2%) of the NEMT Services requests received in a month. The vendor should verify that the member had an appointment for covered medical service. The vendor should verify that the member received a covered medical service. The vendor is not required to verify the necessity of the transportation or of the medical service, but only that the service occurred. If the vendor verifies with the provider that there was no appointment,

that the service was not kept, or that the service was not a covered medical service, the vendor should record in its computer system the reason for the failed validation check. If a post-transportation validation check cannot be completed because the call to the provider resulted in a busy signal or no answer after three (3) attempts, the vendor should enter into its system information that should alert call center staff that any future requests to this specific provider are to be validated before it can be authorized.

Like our pre-transportation validation process, we will also perform post-transportation validation processes that exceed the Bureau's standards. In addition to requiring facilities to verify members' attendance for all (100%) standing order trips, we will call to verify that trips were performed for at least 2% of our advance notice trips. This significantly exceeds the Bureau's requirement for post-validation. We will report our findings to the Bureau in a quarterly deliverable report. As an extra control, for substance abuse treatment, we will meet with methadone clinics to set up public transportation for members. Besides hand-delivering or using first class mail to distribute daily or monthly passes to clinic social workers for distribution, we will validate and track attendance for these standing order trips through a Monthly Attendance Management report. This process virtually eliminates the possibility of fraudulent activity and ensures proper tracking of these high frequency and fluid services.

If a Provider reports that there was no appointment, that the appointment was not kept, or that the service was not a covered medical service, we will record the reason for the failed validation check in LCAD NextGen. If a post-transportation validation check cannot be completed because the call to the Provider resulted in a busy signal or no answer after three (3) attempts, we will enter this information in LCAD NextGen and will alert the call center staff that any future requests to this specific Provider must be pre-validated before authorization.

C. Fixed Route

The vendor should perform pre-transportation and post-transportation validation checks for a percentage of fixed route transportation. The policy and procedures for validation of fixed route transportation, including the inclusion in the overall five percent (5%) validation check Service Level Agreement, should be developed by the vendor with input from The Bureau.

As required, we will collaborate with the Bureau to determine the best methods to perform pre-transportation and post-transportation validation checks for fixed route transportation requests. Our proprietary software allows us to export fixed route mass-transit trip data, after which a portion of the trips can be selected and pre- and/or post-trip validations can be completed. The Trip data export can be saved, allowing us to validate the same trips (pre- and post-transportation), or to validate different post-trip than were validated pre-trip. We can also track the facilities that could not or would not validate attendance or appointments and report on these elements.

Because of our extensive background in preventing FWA we also recommend targeted pre- and post-validations of members who either have high cancellation rates by trip type or pattern anomalies. These targeted verifications can be driven through analysis of various standard reports in our system or through patterns seen during random verifications. This is a similar approach to that used by CMS in their audits to randomly sample and use targeted data in order to test a statistically valid sample without adding additional administrative burden.

VIII. SUSPECTED FRAUD, ABUSE, WASTE AND MISUSE

The vendor should refer suspected fraud, waste, abuse, or misuse by Medicaid Recipients, NEMT providers, medical providers or contractor staff to The Bureau's Office of Program Integrity (OPI) and the The Bureau's Contract Manager within three (3) calendar days after discovery of the suspected fraud, waste, abuse, or misuse. The vendor should expect the contact for all investigations to be provided by The Bureau prior to operations start date. The referral should detail the NEMT provider's name and Medicaid ID number, the member's name and Medicaid ID number, the provider's name and Medicaid ID number and a narrative of all information the vendor has regarding the suspected fraud, waste, abuse, or misuse, including whether the vendor was able to verify that the member was transported to or from a source of medical care. Vendor's staff and management are to be available and are to fully cooperate with any Office of Inspector General (OIG) or law enforcement investigations or review. Vendor should require adherence with these requirements in any contracts it enters into with subcontractors, NEMT providers or providers. The vendor may establish, or have an established, in-house Fraud Unit which will be expected to work with The Bureau, OPI, and/or the Office of the Inspector General. If the vendor has an in-house Fraud Unit, it may request: claim dates from The Bureau in order to review paid NEMT trips with paid Medicaid services, recipient address history, recipient current address on record, recipient Medicaid enrollment history and other information deemed necessary for an investigation.

Fraud, Waste, and Abuse Identification Process

Fraud and abuse detection and prevention are fundamental components of the quality assurance processes in place for each of LogistiCare's contracts. Safeguards are woven into our software applications, processes, and monitoring efforts to prevent fraudulent activities by members and NEMT Providers.

Our FWA Plan is compliant and will be customized to specifically address the Bureau's member population and covered services under this program. Any suspected fraud, waste, abuse, or misuse by Medicaid Recipients, NEMT Providers, medical Providers or contractor staff will be reported to the Bureau's Office of Program Integrity (OPI) and the Bureau's Contract Manager within three (3) calendar days after discovery. The referral will detail the NEMT Provider's name and Medicaid ID number, the member's name and Medicaid ID number, the Provider's name and Medicaid ID number and a narrative of all information the vendor has regarding the suspected fraud, waste, abuse, or misuse, including whether verification of the member's transport was received. Members of our leadership staff and management will cooperate with any Office of Inspector General (OIG) or law enforcement during the investigation or review process. We will further require adherence with these requirements in any contracts entered into with subcontractors, NEMT Providers or Providers.

Our Utilization Review Specialist will be trained to detect and eliminate fraud, waste, and abuse in invoicing, utilization trend analysis, signature comparison, field investigation, and other skills relating to fraud, waste, and abuse. Additionally, we train all employees involved in trip authorization, recordkeeping, and utilization review to recognize the common indicators of potentially fraudulent activity. This awareness and recognition training contributes significantly to elimination and mitigation of fraud, waste, and abuse in the states and communities we serve.

Our transportation management system also aids with the detection and prevention of fraud, waste, and abuse. This is accomplished by creating management procedures and reports that track travel trends by Member, NEMT Provider, Medical Provider, and type of service. LogistiCare uses these reports to identify outlier patterns that may suggest abuse.

Types of fraud, waste, and abuse prevention reviews include the following:

- Reviewing levels-of-service, including all stretcher / ambulance trips, to ensure the most appropriate mode of transportation is scheduled.
- Employing Field Monitors to visually monitor the actual mode of transport provided to Members at healthcare facilities with very high percentages of higher modes of transport

- Review of trips with excessive miles for the closest provider. Each trip is verified for covered services and that a closer provider does not exist.
- Pre- and post-trip verification of member transportation, including verification of all urgent trips prior to authorization and quarterly recertification of all standing orders.
- Targeting NEMT Providers for additional review when their trip cancellation rates fall below a certain level.
- Reviewing the Ineligible Rider Report to ensure trips are only provided to Medicaid eligible Members.
- Maintaining a database of valid medical facilities in our LCAD NextGen system, and verifying that drop-off locations not appearing in the database are valid medical providers offering Medicaid-billable services.

Managing Incidents of Waste, Fraud, or Abuse

LogistiCare utilizes the following safeguards to effectively resolve any identified incidents of waste, fraud, or abuse:

Fraudulent Use of a Medicaid Number. Attempts by a non-eligible person to use an eligible Member's identification (ID) to book a trip by phone constitutes identity fraud. This is a rare, particularly unlikely occurrence with respect to urgent trip reservations because verbal Medical Provider appointment confirmation is always required. In most other cases, this ruse will not work because LogistiCare validates a high percentage of trips for which some aspect of medical necessity must be verified with the Medical Provider. Should identity fraud be raised as a possibility, we may require the Member to show a photo ID to confirm he or she is the authorized person.

Misrepresenting Medical Necessity. Some Members may misrepresent their medical conditions or the medical necessity of going to a particular Medical Provider. The authorization process itself resolves many of these issues. Higher levels of service, standing orders, and demand transports may require written authorization from a Medical Provider to ensure a higher level of service. Additionally, our verification process for urgent, same-day, and next-day appointments is designed to help prevent abuse. Our practice of contacting Medical Providers to confirm these types of trips and a subsequent Utilization Review eliminate medical necessity misrepresentation.

Safeguards in Report Analysis. To help detect and prevent fraud, LogistiCare has created specific reports that track travel trends by Member, NEMT Provider, type of service, destination facility, and other factors, such as no-show rates. By analyzing fraud management reports, we can identify exceptions or trends that may suggest abuse, and conduct sufficient inquiries or investigations to rule out or confirm fraud or abuse.

Safeguards in Payment Processes. LogistiCare uses an accounts payable system, known as Epicor. If we find it necessary to suspend payment to a NEMT Provider or driver—whether because of an allegation of Medicaid/Medicare fraud or because of an unrelated compliance issue—we leverage the functionality of the Epicor system to perform the action. LogistiCare has the capacity to lock a NEMT Provider's payment code in Epicor, an action that creates a software restriction.

Once the software restriction is activated, LogistiCare's accounting team can no longer process payment (paper check or electronic deposit) until the suspension is released and the NEMT Provider's payment code is unlocked. Because the software restriction affects only the back end of the claims process, LogistiCare retains the capacity to process individual trip claims or invoices while continuing to document pertinent payment details and the suspected fraudulent activity's financial impact.

Safeguards in Screening NEMT Providers and Drivers. In addition to the above activities, we consult the OIG website before we enter a contract or retain any person or entity tasked with performing services in the NEMT Program. We consult the OIG's downloadable List of Excluded Individuals/Entities (LEIE) database during initial credentialing of a NEMT Provider/driver and monthly thereafter.

We also consult the list for all employees, including consultants and temporary labor, against the same database upon hire and monthly thereafter. If we identify an individual or entity that has been excluded from rendering services on a Medicare, Medicaid, or other federal health services contract, we immediately cease to consider/use the individual or business for employment or any services.

Safeguards in Trip Log Audits. LogistiCare uses the daily trip log to verify NEMT Provider trip invoices, including the review of Member signatures for any irregularities. If signatures appear inconsistent, we audit the logs for a historical period and compare Members' signatures over several weeks. We investigate any instances where a Member signature may appear to have been provided by someone other than the Member without their knowledge. If appropriate, LogistiCare recovers the money paid to the NEMT Provider.

LogistiCare's fraud awareness initiatives are continually enhanced because of our extensive experience in multiple markets. We develop processes and refine our software applications to prevent, detect, and mitigate fraud, right-sizing utilization and reducing costs. We continuously review reports for trends, exceptions, or indicators of potential fraud. Our Transportation Manual, provided in Exhibit 4 defines our processes to mitigate fraud, waste, and abuse, and the applicable processes for NEMT Providers.

Our staff and management will be available to fully cooperate with any OIG or law enforcement investigations or review. We will require adherence with these requirements in all contracts entered into with subcontractors, NEMT Providers, and Providers. To reinforce our commitment to deterring fraud, waste, and abuse, our in-house Utilization Review team will work with the Bureau, OPI, and/or the Office of the Inspector General to mitigate risks. We acknowledge the team's right to request claim dates from the Bureau in order to review paid NEMT trips with paid Medicaid services, recipient address history, recipient current address on record, recipient Medicaid enrollment history and other information deemed necessary for an investigation.

IX. VEHICLE REQUIREMENTS

A. Americans with Disabilities Act {ADA} Compliance

Vehicles are to comply with the Americans with Disabilities Act (ADA) Accessibility Specifications for Transportation (<https://www.ada.gov/>) The vendor should supply all NEMT providers with a copy of the ADA vehicle requirements or post on the Vendor's provider information website, and inspect the vehicles for compliance. Vehicles used for transporting Medicaid Recipients with disabilities are to be in compliance with applicable ADA vehicle requirements in order to be approved for use under this program. The Bureau may require vendor to supply additional notice of ADA vehicle requirements to NEMT providers.

All vehicles in LogistiCare's network will be inspected for compliance with all ADA specifications, as well as LogistiCare's standards. LogistiCare will supply NEMT Providers with a copy of the ADA vehicle requirements and additional notices as required by the Bureau. If a vehicle does not meet these standards, it will be marked as non-compliant (with a red sticker), and suspended from service until it complies.

B. Other Compliance

Vehicles should also comply with all federal, state, county, and local requirements, and the requirements listed below: 1. The number of persons in the vehicle, including the driver, should not exceed the vehicle manufacturer's approved seating capacity. 2. All vehicles should have adequately functioning heating and air conditioning systems and should maintain a temperature at all times that is comfortable to the member. 3. All vehicles should have functioning seat belts and restraints as required by federal, state, county or local statute ordinance. All such vehicles should have an easily visible interior sign that states: "ALL PASSENGERS ARE REQUIRED TO USE SEAT BELTS". Seat belts are to be stored off the floor when not in use except in wheelchair accessible vehicles having permanent anchoring belts attached to the floor of the vehicle. 4. Each NEMT provider should have at least two (2) seat belt extensions available. 5. For use in emergency situations, each vehicle should be equipped with at least one (1) seat belt cutter that is kept within easy reach of the driver. 6. All vehicles should have an accurate, operating speedometer and odometer. 7. All vehicles should have two (2) exterior rear-view mirrors, one (1) on each side of the vehicle. 8. All vehicles should be equipped with an interior mirror for monitoring the passenger compartment. 9. The exterior of all vehicles should be clean and free of broken mirrors or windows, excessive grime, major dents or paint damage that detract from the overall appearance of the vehicle. 10. The interior of all vehicles should be clean and free of: torn upholstery, floor, or ceiling covering; damaged or broken seats; protruding sharp edges; dirt; oil, grease or litter; and hazardous debris or unsecured items. 11. All vehicles should be operated within the manufacturers safe operating standards at all times. 12. All vehicles should have NEMT provider's business name and telephone number displayed on at least both sides of the exterior of the vehicle. The business name and phone number are to appear in lettering that is at least three (3) inches in height and of a color that contrasts with its surrounding background. 13. To comply with confidentiality requirements, no words may be displayed on the vehicle that implies that Medicaid Recipients are being transported. The name of the NEMT provider's business may not imply that Medicaid Recipients are being transported. 14. The vehicle license number and the vendor's toll-free and local phone numbers should be prominently displayed on the interior of each vehicle. This information and the complaint procedures should be clearly visible and available in written format in each vehicle for distribution to Medicaid Recipients upon request. 15. Smoking should be prohibited in all vehicles at all times. All vehicles should have an easily visible interior sign that states: "NO SMOKING". 16. All vehicles should carry a vehicle information packet containing vehicle registration, insurance card, and accident procedures and forms. 17. All vehicles should be equipped with a first aid kit stocked with, at minimum, antiseptic cleansing wipes, triple antibiotic ointment, assorted sizes of adhesive and gauze bandages, tape, scissors, latex or other impermeable gloves and sterile eyewash. 18. Each vehicle should contain a current map (where a GPS unit may be considered a map) of the applicable geographic area with sufficient detail to locate member and provider addresses. 19. Each vehicle should be equipped with a multipurpose dry chemical fire extinguisher for use on Class A, B, and C fires. With the exception of sedans, the fire extinguisher should be mounted securely within reach of the driver and visible to passengers for use in emergencies when the driver is incapacitated. In sedans, the extinguisher may be mounted securely in a rear compartment if there is no space for mounting it in the interior of the vehicle. 20. Insurance coverage for all vehicles at all times during the Contract period should be in compliance with state law, and any county or local ordinance. The vendor should be listed as "an additional interested party" to ensure notification is made to the vendor in the event of a lapse in insurance coverage. 21. Each vehicle should be equipped with a "spill kit" that includes liquid spill absorbent, latex or other impermeable gloves, hazardous waste disposal bags, scrub brush, disinfectant and deodorizer. 22. Each vehicle will be equipped with a spare tire, tire jack, lug wrench and any additional items required to change a tire on the vehicle. 23. The vendor should document the lifting capacity of each vehicle in its network in order to route trips to NEMT providers that have appropriate lift capacity for Medicaid Recipients. 24. The vendor should require that every vehicle in a NEMT provider's fleet has a real-time link, phone or two way radios. Pagers

are not acceptable as a substitute. 25. The vendor should have in its network NEMT providers that have the capability to perform bariatric transports of patients up to eight hundred (800) pounds. 26. Each vehicle which requires the Medicaid Recipients to step up to enter the vehicle should include a step, or a safe stool to aid in passenger boarding. The step stool should be used to minimize ground-to-first-step height, should have four (4) legs with anti-skid tips, and be sturdy metal with non-skid treads. Under no circumstances should a milk crate, plastic stool, or similar substitute be considered a viable alternative for a step stool. Milk crates, plastic stools, or similar substitutes should not be permitted on any vehicle. Step stools should be secured away from aisles and doorways while the vehicle is in motion in order to avoid obstructing the paths of passengers in the event of an emergency evacuation. 27. Each wheelchair vehicle should comply with the following: a. Wheelchair Lifts. Each wheelchair vehicle with a mechanical lift should have an engine-wheelchair lift interlock system, which requires the transmission to be placed in park and emergency brake engaged to prevent vehicle movement when the lift is deployed. All wheelchair lifts should meet current ADA guidelines. b. Wheelchair Securement Devices. Each wheelchair vehicle should have, for each wheelchair position, a wheelchair securement device (or "tie-down") which meets current ADA guidelines.

Vehicles in LogistiCare's network will comply with all internal, federal, state, county, and local requirements, as well as all requirements listed below:

1. The number of persons in the vehicle, including the driver, shall not exceed the vehicle manufacturer's approved seating capacity.
2. All vehicles will have adequately functioning heating and air conditioning systems and should maintain a temperature at all times that is comfortable to the member.
3. All vehicles will have functioning seat belts and restraints as required by federal, state, county or local statute ordinance. All such vehicles will have an easily visible interior sign that states: "ALL PASSENGERS ARE REQUIRED TO USE SEAT BELTS". Seat belts are to be stored off the floor when not in use except in wheelchair accessible vehicles having permanent anchoring belts attached to the floor of the vehicle.
4. Each NEMT Provider will have at least two (2) seat belt extensions available.
5. For use in emergency situations, each vehicle will be equipped with at least one (1) seat belt cutter that is kept within easy reach of the driver.
6. All vehicles will have an accurate, operating speedometer and odometer.
7. All vehicles will have two (2) exterior rear-view mirrors, one (1) on each side of the vehicle.
8. All vehicles will be equipped with an interior mirror for monitoring the passenger compartment.
9. The exterior of all vehicles will be clean and free of broken mirrors or windows, excessive grime, major dents or paint damage that detract from the overall appearance of the vehicle.
10. The interior of all vehicles will be clean and free of: torn upholstery, floor, or ceiling covering; damaged or broken seats; protruding sharp edges; dirt; oil, grease or litter; and hazardous debris or unsecured items.
11. All vehicles will be operated within the manufacturers safe operating standards at all times.
12. All vehicles will have NEMT Provider's business name and telephone number displayed on at least both sides of the exterior of the vehicle. The business name and phone number are to appear in lettering that is at least three (3) inches in height and of a color that contrasts with its surrounding background.
13. To comply with confidentiality requirements, no words will be displayed on the vehicle that implies that Medicaid Recipients are being transported. The name of the NEMT Provider's business may not imply that Medicaid Recipients are being transported.
14. The vehicle license number and the vendor's toll-free and local phone numbers will be prominently displayed on the interior of each vehicle. This information and the complaint

procedures will be clearly visible and available in written format in each vehicle for distribution to Medicaid Recipients upon request.

15. Smoking will be prohibited in all vehicles at all times. All vehicles should have an easily visible interior sign that states: "NO SMOKING".
16. All vehicles will carry a vehicle information packet containing vehicle registration, insurance card, and accident procedures and forms.
17. All vehicles will be equipped with a first aid kit stocked with, at minimum, antiseptic cleansing wipes, triple antibiotic ointment, assorted sizes of adhesive and gauze bandages, tape, scissors, latex or other impermeable gloves and sterile eyewash.
18. Each vehicle will contain a current map (where a GPS unit may be considered a map) of the applicable geographic area with sufficient detail to locate member and provider addresses.
19. Each vehicle will be equipped with a multipurpose dry chemical fire extinguisher for use on Class A, B, and C fires. With the exception of sedans, the fire extinguisher should be mounted securely within reach of the driver and visible to passengers for use in emergencies when the driver is incapacitated. In sedans, the extinguisher may be mounted securely in a rear compartment if there is no space for mounting it in the interior of the vehicle.
20. Insurance coverage for all vehicles at all times during the Contract period will be in compliance with state law, and any county or local ordinance. The vendor should be listed as "an additional interested party" to ensure notification is made to the vendor in the event of a lapse in insurance coverage.
21. Each vehicle will be equipped with a "spill kit" that includes liquid spill absorbent, latex or other impermeable gloves, hazardous waste disposal bags, scrub brush, disinfectant and deodorizer.
22. Each vehicle will be equipped with a spare tire, tire jack, lug wrench and any additional items required to change a tire on the vehicle.
23. The vendor will document the lifting capacity of each vehicle in its network in order to route trips to NEMT Providers that have appropriate lift capacity for Medicaid Recipients.
24. The vendor will require that every vehicle in a NEMT Provider's fleet has a real-time link, phone or two way radios. Pagers are not acceptable as a substitute.
25. The vendor will have in its network NEMT Providers that have the capability to perform bariatric transports of patients up to eight hundred (800) pounds.
26. Each vehicle which requires the Medicaid Recipients to step up to enter the vehicle will include a step, or a safe stool to aid in passenger boarding. The step stool should be used to minimize ground-to-first-step height, should have four (4) legs with anti-skid tips, and be sturdy metal with non-skid treads. Under no circumstances should a milk crate, plastic stool, or similar substitute be considered a viable alternative for a step stool. Milk crates, plastic stools, or similar substitutes should not be permitted on any vehicle. Step stools should be secured away from aisles and doorways while the vehicle is in motion in order to avoid obstructing the paths of passengers in the event of an emergency evacuation.
27. Each wheelchair vehicle will comply with the following:
 - a. Wheelchair Lifts. Each wheelchair vehicle with a mechanical lift should have an engine-wheelchair lift interlock system, which requires the transmission to be placed in park and emergency brake engaged to prevent vehicle movement when the lift is deployed. All wheelchair lifts should meet current ADA guidelines.

- b. **Wheelchair Securement Devices.** Each wheelchair vehicle should have, for each wheelchair position, a wheelchair securement device (or “tie-down”) which meets current ADA guidelines.

C. *Vehicle Inspection*

The vendor should inspect all NEMT providers' vehicles prior to the operations start date and at least every six (6) months thereafter. The state of West Virginia vehicle inspection sticker does not serve as a substitute or alternative to Vendors vehicle inspection and credentialing. The vendor should ensure that NEMT providers maintain all vehicles to meet or exceed local, state, and federal requirements, and manufacturer's safety, mechanical, operating, and maintenance standards. In addition, the vendor should test all communication equipment during regularly scheduled vehicle inspection. Upon completion of a successful inspection, an inspection sticker approved by The Bureau should be applied to the vehicle. The vendor should place the inspection sticker on the outside of the passenger side rear window in the lower right corner. The sticker should state the license plate number and vehicle identification number of the vehicle. Records of all inspections should be reported pursuant to Appendix 3 (Report #R20) of this RFP. Authorized employees of The Bureau or the vendor should immediately remove from service any vehicle or driver found to be out of compliance with these requirements, including any local, state or federal regulations. The vehicle or driver may be returned to service only after vendor verifies that the deficiencies have been corrected. Any deficiencies, and actions taken to remedy deficiencies, should be documented and become a part of the vehicle's and the driver's permanent records. The vendor should submit the final plan for vehicle inspection, forms, inspection sticker and a list of trained inspectors to The Bureau at least thirty (30) calendar days prior to the operations start date. The plan should include the names of all employees or sub-vendors who are authorized to inspect the vehicles for the vendor, and the vendor's inspection requirements, including those mandated by local, state and federal law. The vendor should not begin operations without an approved NEMT Vehicle Inspection Plan.

To ensure all vehicles used for West Virginia's NEMT program meet LogistiCare and the Bureau's standards, we will conduct in-person inspections at the time of credentialing and bi-annually thereafter. Field Monitors will use a tablet with cloud-based technology that interfaces with our system to capture and report vehicle compliance/non-compliance with the Bureau's inspection form. The form will be electronically formatted and used to capture all requirements as listed in the RFP, state and local regulations, and LogistiCare standards. LogistiCare's tablet-based inspection process differs from other brokers who attempt to conduct vehicle inspections virtually, putting members at risk. In addition, some brokers only perform “desk audits” of a vehicle's paperwork, which demonstrates inefficiency, increases the opportunity for error, and potentially reduces the safety of the network.

Inspection Process

Our easy to use tablet allows the Field Monitor to access the inspection form and select the appropriate data field to enter the vehicle and/or maintenance information. In addition to quickly collecting data, the tablet-based inspection process also collects and stores photographic evidence of a vehicle's condition (e.g., frayed seat belt, worn tire tread, etc.). Completed inspection information and photos will be immediately loaded into our system and records will be shared with the Bureau pursuant to Appendix 3, Report #R20.

After completing an inspection and ensuring communication systems function properly, Field Monitors will affix a green or red inspection sticker with the driver's license plate number and vehicle identification number in the lower right corner of the rear passenger window. Drivers will not be allowed to use the State's vehicle inspection or sticker as a substitute for LogistiCare's process. NEMT Providers will receive an electronic and hard copy of their inspection reports for their records.

Pass Inspection (Green Sticker) – Valid for Six Months

If a vehicle passes an inspection, LogistiCare will issue a date-stamped green inspection sticker that remains valid for six (6) months if the vehicle is maintained in proper working order.

Serious Infractions (Red Sticker) – Removed from Service

If a vehicle fails to pass an inspection because it violates any of our standards or Bureau requirements, LogistiCare will mark the vehicle with a red sticker (redline) and order it removed from service. The inspection findings will be photographed and/or documented and stored as part of the Provider's inspection record. The vehicle will remain inactive until all identified deficiencies are corrected and re-inspected. The network team will update the system with the violations and suspend all future trips. In addition, if the NEMT Provider attempts to submit claims using the suspended vehicle the claim will be rejected.

After the NEMT Provider has corrected the issue(s) and the vehicle complies, our Field Monitor will re-inspect the vehicle to confirm all issues are resolved before placing the vehicle back in service.

In addition, our field monitor will take pictures of possible noncompliance issues (such as a frayed seatbelt), and add the picture to the vehicle record for future follow up and repair confirmation. Vehicles found to be out of compliance will be immediately removed from our network and trips will be reassigned to other Providers or vehicles.

A final plan for vehicle inspection, forms, inspection sticker and a list of trained inspectors will be submitted to the Bureau at least thirty (30) calendar days prior to the operations start date. The plan will include the names of all employees who are authorized to inspect vehicles, and the inspection requirements, including those mandated by local, state and federal law. Operations will not begin without an approved NEMT Vehicle Inspection Plan.

X. NEMT PROVIDERS' DRIVERS POLICIES AND PROCEDURES

A. Driver Requirements

The vendor should ensure that NEMT providers' drivers are in compliance with the following requirements: 1. All drivers should abide by state and local laws. 2. All drivers, at all times during their employment, should be at least eighteen (18) years of age and have a current valid driver's license to operate the transportation vehicle to which they are assigned. 3. Drivers who receive citations and are convicted of two (2) moving violations or accidents related to transportation provided under the NEMT Brokerage Program are to be removed from service. 4. Drivers should not have had their driver's license suspended or revoked for moving traffic violations in the previous five (5) years. 5. The vendor agrees to require that NEMT providers' drivers comply with the 42 CFR § 455.434 Criminal background checks. <https://www.gpo.gov/fdsys/pkg/CFR-2011-title42-vol4/pdf/CFR-2011-title42-vol4-sec455-450.pdf>. The vendor should conduct criminal background checks on all drivers, and the vendor's Proposal should include the specific criteria the vendor may use to determine if a driver can provide services under the NEMT brokerage program. 6. All drivers should be courteous, patient, and helpful to all passengers and be neat and clean in appearance. 7. No driver is to use alcohol, narcotics, illegal drugs, over-the counter medications or prescription medications that impair their ability to perform. 8. All drivers should wear and have visible a nametag that is easily readable and identifies the employee and the employer. 9. No drivers should smoke while in the vehicle, while assisting a member, or in the presence of any member. Medicaid Recipients should not be allowed to smoke in the vehicle. 10. Drivers should not wear any type of headphones at any time while on duty, with the exception of hands-free headsets for mobile telephones. Mobile telephones may only be used for communication with the NEMT provider or to call 911 in an emergency. Drivers should not talk on mobile phones and/or text when the vehicle is in motion. 11. Drivers should provide an appropriate level of assistance to a member when requested or when necessitated by the member's mobility status or personal condition. This includes curb-to-curb, door-to-door, and hand-to-hand assistance, as required. Before departing the drop-off point, the driver should confirm that the member is safely inside the destination. 12. The driver should assist the member in the process of being seated; confirm that all seat belts are fastened properly and that all passengers are safely and properly secured. The Driver should be responsible for properly securing any mobility devices utilized by the member. •13. Upon arrival at the destination, the driver should park the vehicle so that the member does not have to cross streets to reach the entrance of the destination. 14. The driver should not leave a member unattended at anytime except in trips exceeding sixty (60) miles one way where the member may need to utilize facilities at a rest stop, gas station, or other establishment and the driver and member are opposite genders. Under no circumstances should a member be left unattended in the vehicle. 15. If a member or other passenger's behavior or any other condition impedes the safe operation of the vehicle, the driver should park the vehicle in a safe location out of traffic, notify the dispatcher, and request assistance. 16. Drivers with more than one confirmed incident of failure to properly secure a member's wheelchair should be removed from providing services until such time as the NEMT provider submits documentation to the vendor to support that the driver has been properly trained in the use of the securement devices.

LogistiCare will ensure drivers comply with all requirements listed. We will require all drivers and attendants to prove successful completion of a local, state, and federal criminal background check, which will include fingerprinting, as well as a check of West Virginia's Sex Offender Registry. We will also perform initial and monthly runs of OIG's list of excluded individuals and entities to identify person's ineligible for service. Results of these checks will be submitted to the Bureau for approval and captured within our system for monitoring and updating upon expiration. Drivers and attendants will also be required to submit a current, valid driver's license that shows proof of age (least 18 years of age), a drug screening, and a motor vehicle report.

Within our manuals and in NEMT Provider training, we outline performance expectations, which align with CTAA standards and include:

- Adherence to state and local laws.
- The exhibition of courteous, patient and helpful care for all passengers and the necessity for a neat and clean appearance
- Requirement to wear a visible, easily read nametag which identifies their name and the name of their employer
- Providing an appropriate level of assistance to a member when requested or when necessitated by the member's mobility status or personal condition, including Curb-to-Curb, Door-to-Door

- and Hand-to-Hand assistance, as required
- Confirmation that the member is safely inside the residence or facility before departing the drop-off point
- Responsibility for properly securing any mobility devices used by the member and confirming all seat belts are fastened properly and all passengers are safely and properly secured
- Parking the vehicle in a safe location out of traffic if a member or other passenger's behavior or any other condition impedes the safe operation of the vehicle, and to notify the dispatcher to request assistance
- Parking in an area that will prevent the member from crossing streets to reach the entrance of their destination
- Measures to notify the NEMT Provider immediately of an emergency such as an accident and/or incident or vehicle breakdown to arrange for alternative transportation for the members on board
- Proper reporting of all no-shows immediately to the NEMT Provider so the authorization can be cancelled

We will require drivers to confirm understanding of the following prohibited activities:

- Leave a member unattended at any time
- Use alcohol, narcotics, illegal drugs, or prescription medications that impair their ability to perform
- Smoke in the vehicle, at any time or smoke while assisting a member or in the presence of the member
- Wear any type of headphones while on duty, with the exception of hands-free headsets for mobile telephones which can only be used for communication with the NEMT Provider or to call 911 in an emergency
- Touch any passenger except as appropriate and necessary to assist the passenger into or out of the vehicle, into a seat and to secure the seatbelt or as necessary to render first aid or assistance which the driver has been trained

If a Provider does not meet the Bureau's or LogistiCare's background check standards, they will be restricted from performing NEMT services. Further, if we identify an individual or entity has been excluded from rendering services on a Medicare, Medicaid, or other federal health services contract, we will immediately cease to use the individual or business for employment or any services.

B. Provider Daily Trips Logs

1. The Vendor should require that all NEMT Providers' drivers (commercial drivers and personal drivers) maintain daily trip logs containing, but not limited to, the information listed below. NEMT providers should keep records of trip logs, as they may be required if selected for audit. Fixed route transportation (as described in Section III of this Appendix), should be excluded from this requirement. Provider trip logs should be validated per the Vendor's Validation plan specified in section VII: C "Validation checks". Date of service; 2. Driver's name; 3. Driver's signature; 4. Member's name; 5. Member's or attendant's signature; 6. Vehicle Identification Number (VIN) or other identifying number on file with the vendor; 7. NEMT provider's name; 8. Trip ID Number; 9. Mode of transportation authorized; 10. Actual drop off time in military time; 11. Miles driven per trip odometer; and 12. Notes, if applicable. The log should show notes in the case of, but not limited to, the following: cancellations, incomplete requests, "no-shows", accidents and incidents.

NEMT Providers, excluding fixed route NEMT Providers, will be required to use LogistiCare's GPS/AVL

software to automatically capture trip log data. This allows us to electronically store trip logs that can be produced if required for an audit or reporting. Provider trip logs will be validated using the plan specified in section VII: C "Validation checks". At a minimum, the daily driver trip log will contain the following information:

1. Date of service;
2. Driver's name;
3. Driver's signature;
4. Member's name;
5. Member's or attendant's signature;
6. Vehicle Identification Number (VIN) or other identifying number on file with the vendor;
7. NEMT Provider's name;
8. Trip ID Number;
9. Mode of transportation authorized;
10. Actual drop off time in military time;
11. Miles driven per trip odometer; and
12. Notes, if applicable.

Logs will include information about completed trips, cancellations, no-shows, and daily driver logs. To ensure Providers understand how to use the technology and the procedures to comply with the trip log maintenance standards, training and support will be provided.

C. Trip Manifests

1. *At least forty-eight (48) hours prior to the trip, the vendor should provide a trip manifest to the NEMT provider.*
2. *To ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA) (<https://www.hhs.gov/hipaa/>), the vendor should send trip manifests to the NEMT provider by a facsimile device or secure electronic transmission. 3. NEMT providers and vendor are to have dedicated telephone lines available at all times for faxing purposes. 4. The trip manifests supplied to NEMT providers should include all necessary information for the driver to perform, including, but not limited to, the following: a. Request Tracking Number; b. Member's name; c. Member's phone number; d. Address and time of the pick-up and the address and time of the appointment for covered medical service (including the name and phone number of facility); e. Mode of transportation; f. Directions to member's home, if appropriate; g. Return trip time(s), if appropriate; h. Any special needs of the member or instructions to the driver. 5. If the vendor sends a trip manifest to a NEMT provider less than forty-eight (48) hours before the pick-up time, the vendor should also contact the NEMT provider by telephone or electronically to confirm that the trip may be accepted. 6. The vendor should include provisions regarding these requirements in any subcontracts with NEMT providers.*

LogistiCare optimizes its Provider network to ensure members are promptly picked up and dropped off without excessive wait times. Trip manifests (sent to Providers at least 48 hours before a trip) deliver all necessary information to perform each trip assigned. By pre-scheduling the pickup and drop off times at the time of reservation, we can hold NEMT Providers accountable for meeting our timeliness requirements. To ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA) we will send all trip manifests to the NEMT Provider by fax, the secure TripCare portal, or the compliant GPS/AVL portal. The trip manifests will include all necessary information to perform each trip as requested by the member, and as required by the terms of this RFP, including:

- A unique trip identifier for billing purposes

- Physical address, time of the pick-up, physical address and time of the appointment, name and phone number of the physician or other service provider
- Whether a family or friend will escort the member
- Member's full name
- Mode of transport
- Weight of member including mobility devices and medical equipment to ensure safe lifting capacities
- Member's phone number
- Whether door-to-door or hand-to-hand delivery is required
- Any special needs of the member or instructions about the pick-up location or the member

If an urgent trip manifest or other trip is assigned to a NEMT Provider (or a volunteer or independent driver who specializes in recovery or demand trips) in less than the agreed upon period, LogistiCare's Transportation department will contact the NEMT Provider directly by telephone to confirm trip acceptance. We will provide the trip number, the reimbursement amount, and request written confirmation that the trip is accepted. We will then contact the member or representative to provide the trip details.

D. Real-Time Communication

The vendor should require that every vehicle in a NEMT provider's fleet has a real-time link, phone or two-way radio. Pagers are not acceptable as a substitute. In its Proposal, the vendor should detail the communications equipment that may be used to fulfill the requirements of the vendor including how communication among Medicaid Recipients, vendor, NEMT providers, and drivers should be managed to ensure that there are no delays in services or in emergency relief. The vendor should list by name the Management staff that may be responsible for real-time communication efficiency. The vendor should ensure that all real-time activities, including those listed below, are managed in a professional manner. 1. Emergencies: In the event of an emergency (such as accidents, incidents, and vehicle breakdowns), the driver is to notify the NEMT vendor immediately to report the emergency and arrange for alternative transportation for the member(s) on board (if necessary). 2. Cancellation of a trip by a Member: Vendor should communicate information regarding cancellations to the NEMT provider in an expeditious manner to avoid unnecessary trips. 3. No-Shows: In the event of a no-show, the driver should immediately notify the NEMT provider and the NEMT provider should immediately notify the vendor so that the authorization may be cancelled.

LogistiCare requires all NEMT Providers to maintain a hands-free device along with a smartphone or two-way radio device that allows real-time linking to the dispatching center or the call center. During orientation, and within the Provider manuals, we provide explicit details of our policies to use the hands free device to communicate with dispatching or members only in cases of an emergency or change to scheduling. This includes:

- Emergencies such as accidents, incidents and vehicle breakdowns
- Cancellation of a trip by a member
- Member no-shows

As part of our inspection process, we will ensure the communication system is in proper working condition. A list of Key Personnel who will be responsible for real time communication efficiency will be submitted to the Bureau for approval in advance of operations. Pagers will not be accepted as a two-way communication device.

If a driver expects a service delay or requires emergency relief, the Provider will be required to call LogistiCare's dedicated line for Providers. Our CSRs will then contact the member and/or facility with updates regarding pickup times and, if needed, alternative transportation options.

E. Monitoring Plan

The vendor should develop and implement a plan for monitoring NEMT providers' compliance with all applicable local, state and federal laws and regulations. The vendor should ensure that NEMT providers comply with the terms of their contracts and all NEMT provider-related requirements of the vendor, including driver requirements, vehicle requirements, complaint resolution requirements and the delivery of courteous, safe, timely and efficient transportation services. The vendor should ensure that all NEMT providers comply with applicable WV Medicaid policies and procedures, including financial requirements and enrollment policies. The vendor should submit a final completed plan to The Bureau for approval no later than thirty (30) calendar days prior to the operations start date. The vendor should not begin operations without an approved NEMT provider Monitoring Plan. Monitoring activities should include, but are not limited to, the following: 1. On-street observations; 2. Accident and incident reporting; 3. Statistical reporting of trips; 4. Analysis of complaints; 5. Driver licensure, driving record, experience and training; 6. Member safety; 7. Member assistance; 8. Completion of driver trip logs; 9. Driver communication with dispatcher; and 10. Routine scheduled vehicle inspection and maintenance. The vendor's NEMT provider monitoring plan should include written procedures for ensuring that an appropriate corrective action is taken when NEMT provider furnishes inappropriate or substandard services, when a NEMT provider does not furnish services that should have been furnished, or when a NEMT provider is out of compliance with federal or state laws or regulations. The vendor should report monthly to The Bureau on monitoring activities, monitoring findings, corrective actions taken, and improvements made by the NEMT provider.

LogistiCare will continually monitor the Provider network and implement a rigorous evaluation plan that includes persistent communication, quarterly meetings, and regular feedback concerning the Provider's performance to ensure Providers comply with all quality standards outlined in Appendix 4. Our evaluation plan will include reviewing Provider's failure to meet appointments, timeliness of pickup and delivery, trip refusals, total travel time, driver behavior, and complaints on a consistent basis. Some of the ways we can gather this data include surveys, observations, and data collection. The plan will adhere to all applicable Medicaid, local, state and federal policies, laws and regulations and will have the strict objective of ensuring Providers comply with the terms of their contracts and all related requirements established by LogistiCare. Below are some of the many ways in which we will monitor provider and driver performance.

Surveys: LogistiCare will survey members monthly to gauge their satisfaction with services rendered by NEMT Providers. Questions will include the following:

- Was your driver courteous and helpful?
- How would you rate the driver's driving ability and your safety?
- Did the driver obey speed limit and traffic rules?
- Was the vehicle clean on the inside?
- Did the vehicle have working seat belts?
- Did the driver arrive on time?
- Did you arrive for your appointment on time?

Ride Monitoring and Compliance

Transporting members in vehicles that are reliable and safe for travel is a priority. The operation will have staff designated to monitor Provider compliance with all aspects of performance and adherence to contractual standards. With the Bureau's approval, monitoring and compliance events will include:

Random On-site Visits and Field Observations: Field Monitors will conduct on-street inspections at pickup and drop off sites to audit that drivers' on time performance, vehicle safety, and behavior. In doing so, LogistiCare is able to both develop relationships with local facilities and ensure the rider experience in the field matches the expectation from the operation. Tablets and a cloud-based app that interface with the LCAD NextGen system are used to capture inspection/observation data immediately. This process allows us to efficiently capture and report findings and collect photographic evidence of a vehicle's condition

(e.g., frayed seat belt, worn tire tread, etc.).

Mystery Rider: As part of our Mystery Rider program, LogistiCare employees are covertly transported as members. Employees are trained to objectively evaluate the NEMT Provider’s performance in real-time. This exercise allows us to gather valuable feedback to identify service deficiencies and discover opportunities for improvement through training and coaching. This exercise also allows employees to become DOM’s beneficiaries and/or inclusion in the Mystery Rider program. In our experience, the first-hand knowledge gained through interactions with program Providers helps indoctrinate CSRs into LogistiCare’s culture of care and fosters compassion for members and their needs.

Interagency Blitz: We will coordinate live-observation events with program stakeholders including representatives of the Bureau, facility staff, advocacy groups, and LogistiCare employees. Blitzes are the ideal time to monitor driver and vehicle operations, cultivate collaborative relationships with stakeholders, and identify areas for quality improvement. On the day of a blitz, all participants will gather in the field to monitor NEMT Providers at various pick-up and drop-off locations. During these blitzes we may uncover performance issues such as improper use of equipment, cracked windshields, late pickups or drop offs, etc. These issues are documented and correction timelines are established with NEMT Providers. Most often, we find courteous and caring drivers and caregivers going above the call of duty to make certain that riders are comfortable and experience a quality transport.

Accident and Incident Reporting: LogistiCare will require NEMT Providers to immediately report and submit documentation of accidents and incidents that occur during a scheduled trip when a member is present in the vehicle. Accident and incident reports, including the investigation summary, NEMT Provider, dates, driver name, member name, cause of accidents, injuries (if any), and actions taken will be reported to the Bureau quarterly via our standard reporting package.

Statistical Reporting of Trips: We will monitor Provider activity and trip quality using a number of standard and real-time reports including:

- *Trip Detail Report* – The report provides trip details, including the number of scheduled and completed trips by mode, the number of cancelled trips by reason, member no shows, cost of trips, etc.
- *Complaint Report* – Details complaints filed by members, NEMT Providers, Medical Providers, and facilities with complaint date, description, and resolution.
- *Denial Report* – Provides a list of all refusals for service, providing the member’s name, date of refusal, and reason for refusal.
- *Reroute analysis* – On a daily basis, the Transportation Manager and team review and analyze reroutes (trips returned by the NEMT Providers). When a NEMT Provider reroutes a trip(s), a code is used that details why the trip(s) are rerouted. This allows LogistiCare to better identify the root causes.
- Qlik Sense collects data from LCAD NextGen and its linked applications (Trip Manager, GPS/AVL, and surveys) to produce additional reports, such as:
 - Trip Percentage by Provider Type
 - Trips by Level of Service

Complaint Analysis: On a daily basis, the Ombudsman reviews complaint trends and provides weekly reports to the leadership team. Any trends identified with NEMT Providers will be discussed during quality meetings and complaint information will be used as part of the trip assignment logic.

Driver Licensure, Driving Record, Experience, and Training: Initial credentialing and annual re-credentialing includes a national, state, and county criminal background check, running of an annual OIG report, annual Motor Vehicle driving record, and a ten (10)-panel drug test for every driver. Proof of licensure, certification, training, and insurance are required during credentialing and re-credentialing and are monitored throughout the contracted period to ensure drivers remain compliant. If a document expires prior to update, the driver will be removed from the network until they demonstrate proof of compliance. LogistiCare's Credentialing and Compliance Department also tracks ongoing compliance with credentialing requirements by generating reports from LCAD NextGen that validate multiple aspects of compliance. For example, the Expired Driver License Report is run every month to identify drivers with upcoming license expirations. We send reminder letters to NEMT Providers that have drivers at-risk of lapsing and alert NEMT Providers of pending expirations any time the NEMT Provider logs into the NEMT Provider Services Portal.

LogistiCare developed the Safe Driver program to help NEMT Providers safely transport members. Throughout the program, all drivers are trained to meet industry-best standards established by nationally accredited institutions such as CTAA. Drivers must complete the comprehensive training to participate in the NEMT program, which includes a minimum of 20 hours of classroom and behind the wheel training. NEMT Providers must also train drivers to provide assistance or support to members with the proper use of seat belts, car seats, booster seats, and mobility devices.

Completion of Driver Trip Logs: NEMT Providers must submit a daily trip summary that includes information about cancellations, no-shows, and daily driver logs to LogistiCare. The information is entered into LCAD NextGen's verification module. LogistiCare uses the daily trip log to verify NEMT Provider's trip invoices, including the review of members' signatures for any irregularities. If signatures appear inconsistent, we audit the logs and compare members' signatures over a number of weeks. We investigate any instances where a member's signature may appear to have been signed by another party. If appropriate, LogistiCare recuperates the money paid to the NEMT Provider. We understand that some members are unable to sign trip logs and must have a designated individual sign on their behalf (designee) or use an alternative method to capture their signature. We have designed our automated reservation system to identify members who are unable to sign and also allow NEMT Providers to capture a digital signature (by finger) using the WellRyde GPS/AVL software. These features demonstrate how LogistiCare has woven safeguards for fraud and abuse into every aspect of transportation management.

Driver Communication with Dispatcher: During vehicle inspections, we inspect all vehicles to ensure drivers have proper access to a two-way communication device. The equipment will be used safely to foster communication between the driver and dispatcher and to report instances of cancellation, delay, no-show, or accident/incident.

Routine Scheduled Vehicle Inspections and Maintenance: We inspect vehicles biannually using a standard process, which records information to create a detailed inspection record. Using tablets, we record vehicle inspections and upload the video and/or images into LogistiCAD. NEMT Providers have the ability to track their credentialing data through the TripCare portal, which displays warnings of upcoming expiration dates. We also monitor insurance and require proof of renewal prior to expiration. Following biannual inspections, we will affix an inspection sticker to each contracted vehicle denoting its acceptable use for NEMT service.

Performance Score Cards: During the credentialing process, expectations will be set with each Provider regarding performance. Providers will receive a Performance Score Card that benchmarks their performance compared to other Providers and factors in tracked complaints, on-time performance, credentialing compliance, cancellations, re-routes, no shows, and the number of trips provided. All NEMT Providers

Score Cards will be posted to the public website for viewing. Additionally, Provider results are streamed into our trip assignment engine to ensure members receive services from our best performing Providers.

GPS/AVL: Continual, real-time monitoring of on-time performance using LogistiCare’s GPS/AVL tracking function will be enabled by the WellRyde mobile application. With this feature, routers and NEMT Providers can immediately see vehicles that are at risk of delayed arrival and can take proactive action to ensure members arrive in time for their scheduled appointments. We can also use data from the GPS/AVL tool to verify pickup and drop-off locations during the claims validation process.

Quarterly TP Review Meetings: To further support our commitment to quality transportation services, LogistiCare’s managers meet quarterly with Providers to evaluate performance. During these sessions, managers review the TP benchmarked Performance Score Card; and any issues, such as complaints, plus accolades, and member feedback. Monthly ad hoc and individual meetings, where we address service issues or reinforce good performance, supplement these meeting.

Corrective Action Plan

NEMT Providers that do not maintain high quality scores or fail to comply with credentialing standards, per their contracted metrics with LogistiCare, will participate in meetings with our regional team to discuss areas where their performance falls below quality standards. During the meetings, Transportation Managers and NEMT Providers will agree on an action plan to resolve issues in a prescribed timeframe, and consequences for continued under-performance.

Our formal corrective action plan process, specified in our NEMT Provider manuals, varies based on the identified area of need, and can range from driver re-training to vehicle re-inspection. In instances that improvements are not made in the prescribed timeframe, the Provider may be removed from LogistiCare’s network and trips will be re-assigned to other Providers.

Our formal monitoring plan will be submitted to the Bureau 30 calendar days prior to the operational phase for approval prior to use. We will report our monitoring activities, monitoring findings, corrective actions taken and improvements made by the NEMT Providers, via a monthly deliverable report.

F. Member Satisfaction Surveys

The vendor’s Proposal should describe in detail the vendor’s approach to, and experience with customer satisfaction surveys, various methods of measuring customer satisfaction and its plan, if any, for surveying specific populations such as Medicaid Recipients with disabilities, family members of Medicaid Recipients, facilities, and medical providers. Every six (6) months, the vendor should conduct a member satisfaction survey regarding the NEMT Brokerage Program. The purpose of the survey should verify the availability, appropriateness and timeliness of the trips provided and the manner in which the vendor’s staff and the NEMT provider’s staff interacted with Medicaid Recipients. The initial six (6) month period should be the first six (6) months during which vendor delivers NEMT Services. The format, sampling strategies and questions of the survey should be reviewed and approved by The Bureau prior to use, and The Bureau may specify questions that are to appear in the survey. The survey topics should include, but not be limited to, the following: 1.Confirmation of a scheduled trip; 2.Driver and vendor staff courtesies; 3.Driver and attendant assistance, when required; 4.Overall driver behavior; .Driver safety and operation of the vehicle; 6. Condition, comfort and convenience of the vehicle; and 7.Punctuality of service. The survey responses received and the vendor’s analysis of those responses are to be submitted to The Bureau no later than sixty (60) calendar days after the surveys are taken.

At LogistiCare, we want to know how stakeholders feel about the quality of the programs we manage and solicit honest feedback to analyze areas we can improve our processes and service levels. We continuously measure consumer satisfaction using stakeholder, post-trip, and post-call surveys, complaints, and feedback gained during our quarterly advisory committee meetings. Before deploying our surveys in West Virginia, we will submit the format, sampling strategies and questions to the Bureau for approval. As we

hope to be your partners in NEMT services, we will utilize any input received as well as the following topics required by the RFP:

- Confirmation of a scheduled trip;
- Driver, NEMT Provider and Contractor staff courtesy;
- Driver and attendant assistance, when required;
- Overall Driver behavior;
- Driver safety and operation of the vehicle;
- Condition, comfort and convenience of the vehicle; and
- Punctuality of service

Survey responses received, LogistiCare’s analysis of the responses, and any resulting corrective action plans, will be submitted to the Bureau no later than sixty (60) calendar days after the surveys are taken.

Stakeholder Surveys

Surveys have been a staple to programs in the surrounding communities, including the Commonwealth of Virginia. Our process of documenting and responding to feedback provides the basis for our continuous improvement. When the feedback provided indicates there is a need for improvement, LogistiCare will develop corrective action, and quality improvement plans to address systemic issues identified through the surveys. Our member surveys will inquire as to whether or not the member classifies themselves as disabled which will allow us to capture feedback for that specific population and report accordingly.

Post-Trip Surveys: Members can complete a brief post-trip survey immediately after their ride. The survey allows riders to rate the driver’s professionalism, friendliness, timeliness, etc. These results are stored in our LCAD NextGen, and contribute to the NEMT Provider Performance Score Card.

Post-Call Survey: Our telephony system allows us to conduct an immediate post-call satisfaction survey of all stakeholders (members, Medical Providers and facilities, NEMT Providers) to assess our CSRs performance immediately following the interaction. Survey questions will be sent to the Bureau for pre-approval.

Satisfaction Surveys: Satisfaction surveys have been deployed in several of our markets and allow us to gather feedback from all of our program stakeholders to gauge our performance and identify trends, systemic issues, and other successes in our services from multiple perspectives. The following table demonstrates the frequency and types of surveys we implemented in similar markets, and will utilize in West Virginia to develop a high quality NEMT program. This plan exceeds the State’s requirements.

Stakeholder	Consumer	Medical Provider	NEMT Provider
Survey Frequency	Monthly	Monthly	Quarterly
Topic	Survey questions touch on every aspect of the LogistiCare managed program, including: service delivery, driver behavior and appearance, timeliness, and length of time in vehicle.	Survey questions will include: professionalism of staff, timeliness in resolving or returning calls, ease of trip scheduling, timeliness of NEMT Providers, and member wait time.	Survey questions will include: professionalism of staff, timeliness in resolving or returning calls, satisfaction of claims processing, and timeliness of payment.
Method	We will survey 6% of the membership monthly	We will survey 6% of the major active facilities monthly	Electronic (All NEMT providers)
Results	Reported to the Bureau	Reported to the Bureau	Reported to the Bureau

XI. CALL CENTER

A. Facility

The vendor should assume all costs related to securing and maintaining the NEMT call center facility for the duration of the contract, including but not limited to hardware and software acquisition necessary to maintain Contract requirements throughout the life of the Contract, maintenance, lease hold improvements, utilities, office equipment, supplies, janitorial services, security, storage, transportation and insurance. The vendor's Proposal should include a brief description of the vendor's approach to securing and establishing the call center facility.

LogistiCare will assume all costs to secure and maintain a call center in Charleston, West Virginia for the duration of the contract. In hopes of a contract award, our legal team has investigated potential facilities within a 15-mile radius of the Department of Health and Human Resources and determined a location similar to 2403 Fairlawn Ave, Dunbar WV 25064 will best suit the program needs.

If awarded, we will proceed with leasing and furnishing a facility with all hardware and software required for operations.

B. Telephone Access

The vendor call center should adhere to the following telephone access specifications:

1. The call center should include, but not be limited to, at least one (1) statewide toll-free telephone number for receipt of requests for NEMT Services and one (1) statewide toll-free telephone number for all Medicaid Recipients to call if their ride is more than fifteen (15) minutes late. 2. The call center toll-free telephone numbers are to be answered by live operators Monday through Friday, 7:00 a.m. to 6:00 p.m. Eastern Time. The State recognizes daylight savings time and the hours of operations for the vendor's call center will make any adjustments for Eastern Standard Time and Eastern Daylight Time. Operation days include all state holidays except for New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day. Official State holidays the call center should be in operation include: Martin Luther King Day (Third Monday in January) President's Day (Third Monday in February) West Virginia Day (June 20) Columbus Day (Second Monday in October) Veterans Day (November 11) Lincoln's Day (Fourth Friday in November) half day on Christmas Eve (December 24) half day on New Year's Eve (December 31) Primary or General Election days Other officially declared holidays

3. Calls received during days and/or hours that the call center is not open are to receive a voice message, in English, stating the hours of operation and advising the caller to dial "911", or the appropriate emergency number, in the case of an emergency.

4. The vendor may route calls placed during non-operational hours, as required by The Bureau, to any call center operated by the vendor staff in any location in the continental United States of America. a. The vendor will never route calls outside of the continental United States of America 5. The vendor should accommodate for callers who are deaf, hard of hearing, blind, and/or speech disabled in compliance with current state and federal regulations. 6. The vendor will make translation services available for callers that speak a language other than English or that may not fully have English comprehension. 7. The vendor should release and transfer the toll-free telephone number(s) to The Bureau or a successor vendor upon termination of contract.

Our call lines are setup to ensure we accommodate the needs of various stakeholders with swiftness and accuracy. After securing a call center in Charleston, West Virginia, we will establish statewide toll free lines that members (or their representatives), facilities, and NEMT Providers can easily access. Customer service representatives at the center will be trained to accept routine transportation requests made through the toll-free number Monday through Friday, 7:00 a.m. to 6:00 p.m. Eastern Time, including State holidays except New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day. The toll free line will remain open 24 hours a day, seven days a week, year round to support urgent or discharge requests or calls for ride assistance.

Ride Assistance Calls: A separate, toll-free "Ride Assist Line" will be available 24 hours a day to support members and Medical Provider that may have inquiries about an existing trip. Riders will be able to call

the line when a driver is late (more than 15 minutes behind schedule), request a will-call trip, or submit other transportation-related inquiries. Through the separate queue, agents trained to respond can provide prompt service and arrange alternative transportation, as necessary.

After-Hours and Weekend Calls: Calls received after regular business hours will be transferred to our 24/7/365 operations center in Virginia. By seamlessly transitioning after hour calls to our Virginia center, members will be able speak with a live agent for their urgent reservation, hospital discharge, or ride assistance requests at any time. Agents in this office will have access to the same technology and member information, which will ensure we continually comply with the State's standards and exercise proper gatekeeping for every call. Calls will never be routed outside of the continental United States of America.

Emergency Calls: While we are not responsible for 911 calls, our call center staff will be trained to soft transfer emergency calls for any member in need of assistance or to refer such calls to the appropriate emergency number in the case of emergency.

Speech/Hearing Impaired: Members with a speech or hearing impairments will have access to LogistiCare using our TTY/TDD lines or via the Federal Communications Commission's Telecommunications Relay Service (TRS) or 711. CSRs will be trained to utilize these services and to provide the proper support to members requiring these services.

Translation Services: To accommodate Medicaid members that speak languages other than English or to assist those with limited English comprehension, we have partnered with a third party translation vendor, Voiance. Voiance's certified translators are available 24 hours a day and offer assistance in more than 200 languages. West Virginia's CSRs will be trained to procure the services of Voiance as needed.

In addition, we take advantage of all opportunities to recruit quality CSRs with bi-lingual capabilities. In many of our operations centers we have CSRs that are fluent in Spanish, as well as those able to speak languages that are most common in the community served. For instance, our call center in Miami, Florida is staffed with CSRs able to speak English, Spanish, and/or Creole.

Contract Termination: If the contract between LogistiCare and the Bureau should terminate, the established toll-free telephone number(s) will be released and transferred to the Bureau or a successor vendor.

C. *Language Requirements*

Oral contact between the vendor and a member should be in a language the member understands. The vendor should employ English-speaking call center staff. If the member's language is one other than English, the vendor should offer and, if accepted by the member, supply and bear the cost of interpretive services. If a member requests interpretive services by a family member or acquaintance, the vendor should not allow such services by anyone under the age of 18.

As discussed in Section XI, Letter B, #6, LogistiCare offers several options to ensure communication between CSRs and members is understandable. We staff our call centers with English-speaking and bi-lingual CSRs to support members whose first language is not English. We also have the flexibility to conference our third party vendor, Voiance, into a call for further support whenever it is needed. Voiance's certified translators provide assistance in over 200 languages and adhere to the HIPAA standards for service and confidentiality. All costs associated with their translation services will be assumed by LogistiCare.

We have found that members sometimes feel most comfortable if a family member or acquaintance translates. While we will respect their request, per the requirements of this RFP, we will first verify the translator is over the age of 18.

D. Customer Care

The vendor should ensure that its call center staff treats each caller with dignity, and respects the caller's right to privacy and confidentiality. The vendor should process all incoming telephone inquiries regarding NEMT Services in a timely, responsive and courteous manner. Telephone staff are to greet callers and should identify the vendor and themselves by name when answering.

The vendor should monitor at least two (2) "live" calls for each call center staff member on a monthly basis by listening to the conversation as it occurs. Calls should be recorded (Section XI.H.6) and reviewed with the staff member. The vendor should use this monitoring to identify problems, issues, for quality control and/or training purposes. The vendor should document and retain results of this monitoring and subsequent training and report results to The Bureau as defined in Appendix 3 (Reporting Requirements).

The vendor's Proposal should provide a plan for customer service monitoring, including the following: the process to be used to monitor phone conversations of the customer service representatives (CSRs); to evaluate the quality and appropriateness of the services provided to callers; and the evaluation scoring process used to score CSR's performance.

Besides making certain that incoming calls are answered in a timely, responsive and courteous manner, we employ training and monitoring programs to ensure the quality reflects our culture and standards for excellence. Every member of our staff participates in extensive customer service training which focuses on responding to callers with professionalism and sensitivity and also the importance of protecting member's personal health information. During this training, we also introduce the approved call script, job aids, and all on-screen resources that can be accessed and used while speaking with members.

Once CSRs begin taking calls, we continuously monitor their performance to inspect what we expect. In the State of West Virginia, this will include listening to at least two live calls, monthly, for all of our call center staff as well as listening to recorded calls. When listening, our call center leaders will use an evaluation checklist to determine whether the CSR used the proper greeting, adhered to the State's approved call script, and our internal quality standards are met, which are as follows:

- Seek/Verify Information
- Customer Service Skills
- Rapport with Customer
- Telephone Etiquette
- Technical Skills
- Call Conclusion

A grade will be determined based on compliance and performance exhibited on the monitored calls. Each CSR must achieve an overall evaluation scoring percentage depending on the Bureau's requirements. If a CSR receives a low score on the quality monitoring, that CSR will receive additional training and will be monitored more frequently during the subsequent weeks. We will also directly monitor the CSR on calls and provide real time coaching as needed.

Direct Monitoring: Call center Managers and leads perform direct monitoring for the purpose of real-time coaching following low scoring or disciplinary action. Leaders will sit next to the CSR and offer consistent dialogue and coaching to help improve competency and customer service. When live monitoring, we measure CSRs in various areas, including quality standards, professionalism, respect, integrity and courteousness towards the member.

CSR Performance Issues: LogistiCare works with all employees to improve issues with quality and performance. Whether the issues result from gaps in skills or knowledge, we rely on supervisory intervention and employee initiative to overcome challenges. If performance remains below standards and does not

improve with coaching and re-training, the CSR can be placed on a Performance Improvement Plan (PIP). Persistently poor performance over the life of the PIP will stimulate leadership to reassign the employee to a different role or terminate their LogistiCare employment.

Formal Review: Following an evaluation, we will conduct a formal review that will include listening to the call with the CSR to go over areas of success and improvement, discussing evaluation scores, and gathering feedback from the CSR. All evaluation scoring and monitoring notes will be documented and retained for follow-up training and reporting. The Bureau will be able to review CSR scores via the standard reports defined in Appendix 3 or at any time using the Qlik Sense dashboard.

Recorded Calls. Call data is automatically organized, tagged with metadata for quick searching and catalogued for easy retrieval. Using this system, we can pull calls for complaint investigations, monitoring, or distribution to clients upon request. If the Bureau requests a call, for any reason, we have the flexibility to locate it by querying the incoming telephone number, date of the interaction, or name of the staff member who responded to the call. We can then securely send the call via email or file exchange. The Bureau's representatives will also have the ability to listen to calls remotely from an office at our center or from any other location. All of our methods for storing and sending calls meet HIPAA guidelines.

The following checklist is an example of the evaluation scorecard we use for similar markets:

Question	Possible Score	Notes
Section: PROPER OPENING STATEMENT Weight(%) 100.00		
1.1 Identified company name, your name, offered assistance.	5.00	
1.2 Positive reinforcement response	2.00	
Section: SEEK/VERIFY INFORMATION Weight(%) 100.00		
2.1 Obtained/verified recipients Name and DOB	4.00	
2.2 Reviewed trip and/or Rider Notes.	4.00	
2.3 Stated the Day, Month and Date of the trip at least twice on the call.	2.00	
2.4 Asked the correct level of service question	4.00	
2.5 Verify callers name, relationship and phone number.	3.00	
2.6 Asked for member's complete address and phone number.	4.00	
2.7 Asked for the complete drop off address and phone number.	4.00	
2.8 Asked Nature of the Appointment	3.00	
Section: CUST SVC SKILLS- RAPPORT W/ CUST Weight(%) 100.00		
3.1 Used correct grammar/avoided technical jargon/slang.	2.00	
3.2 Expressed empathy/concern.	2.00	
3.3 Used effective rate of speech.	2.00	
3.4 Used appropriate tone volume.	2.00	
3.5 Listened carefully.	3.00	
Section: TELEPHONE ETIQUETTE Weight(%) 100.00		
4.1 Used the HOLD button appropriately.	3.00	
4.2 Addressed caller by their name (at least twice).	2.00	
4.3 Avoided long periods of silence (15 seconds MAX.).	2.00	
4.4 Exhibited professionalism throughout the call.	4.00	
Section: TECHNICAL SKILLS Weight(%) 100.00		
5.1 Accurately entered reservation information in system.	4.00	
5.2 Assigned correct date & time of the appointment.	3.00	
5.3 Used the Facility Rolodex	3.00	
5.4 Updated TP & DIR comments	2.00	
5.5 Entered the correct LOS	3.00	
5.6 Verify escort/attendant (Minor or Adult).	2.00	
5.7 Documented trip notes and/or rider notes.	3.00	
5.8 Knowledge of LGTC policies and procedures.	4.00	
5.9 Informed the caller of our GRP & 24hr cancellation notice.	4.00	
Section: CALL CONCLUSION Weight(%) 100.00		
6.1 Summarized call/action taken.	5.00	
6.2 Offered additional assistance	3.00	
6.3 Handled call effectively	2.00	
6.4 CSR use the proper closing	5.00	

E. Automatic Call Distribution System

The vendor should operate an automatic call distribution (ACD) system. Callers should be advised that calls are monitored and recorded for quality assurance purposes. Administrative lines need not be recorded. The ACD and reporting system should be able to record and aggregate the following information and should be able to produce the reports listed below daily, weekly, or monthly, as well as on an ad hoc basis. 1. The number of incoming calls. 2. The number of calls answered. 3. The average time for a call to be answered by a live operator. 4. The number of abandoned calls during the wait in queue for interaction with call center staff. 5. The average abandonment time. 6. The highest call abandonment call time (to the nearest 15-minute increment). 7. The average talk time. 8. The identity of the call center staff member taking the call and authorizing the request. 9. The daily percentage of abandoned calls and calls answered by a live operator. 10. The number of available operators by time of day and day of the week, in hourly increments. 11. The number of complaint calls. 12. Reason for complaint. 13. Identification of supervisor who addressed the complaint.

In all 20 call centers, LogistiCare operates an ACD system that works in conjunction with the Avaya Communication Manager (CM) and Calabrio One to track and record all calls. When callers are connected, they will be immediately notified that we record all calls (excluding those received on the administrative line) for quality assurance purposes. Each call captured will be compressed and electronically stored using AES-128-CBC encryption. Additionally, all call-traffic data, including the number of incoming calls, calls answered, and talk and hold times will be tracked and aggregated into daily, weekly, and monthly data sets. This call data will first be reviewed for accuracy and compiled into an approved reporting format for submission to the Bureau. With Qlik Sense, our data discovery tool, the Bureau will be able to use any web-enabled mobile device or computer to retrieve call or complaint data and use it to create data-based graphics, ad hoc reports, or presentations.

See a full description of our telecommunications system and the technology that allows us to segment caller lines and track information related to all incoming calls on the following page.

LOGISTICARE'S TELECOMMUNICATIONS SYSTEM	
Telephone Systems	LogistiCare uses the Avaya Communication Manager telephone and automatic call distributor (ACD) systems in all of our operations centers. We invested heavily in our phone system to allow our operations centers to roll services and back each other in real time, and to offer reliable call recording and call tracking. The system enables business continuity and recovery in disasters.
Geo-redundant Cores within Hardened Data Centers	We have two geographically diverse and redundant system core locations within hardened data centers, known as "carrier hotels" or carrier co-location "co-lo" centers. These centers provide the highest levels of physical security, power, and cooling, along with direct peering to multiple voice and data carriers. The core locations house our telecom systems to provide maximum resiliency.
Redundant Connectivity	The connectivity layer of our systems is a multiprotocol label switching (MPLS) data network capable of prioritizing various types of voice, video, and data network traffic. We employ separate and redundant MPLS networks from two different carriers to provide enhanced network survivability for all operations center locations.
Reduced Carrier Dependencies	Trunking is centralized at our core centers, which eliminates dependence on carrier-level Enhanced Toll-Free network services for answering, queuing, and routing calls.
Avaya Communications Manager	<p>The Avaya Communication Manager (CM) telephone system with Avaya Call Center Elite ACD and Business Advocate software uses Avaya High Availability virtual servers on a VMware/ EMC hardware platform. The CM system uses duplicated media servers running the Linux operating system, which provides CM processing functionality that supports tens of thousands of simultaneous calls and agents. The CM also supports software for voice messaging, fax messaging, auto attendant, and other applications.</p> <ul style="list-style-type: none"> • The Avaya Expert Agent Selection (EAS) and Business Advocate systems provide an advanced call distribution and queuing system. • The Avaya ACD processes multiple incoming telephone calls simultaneously, evenly distributing the calls to live operators based on agent skill and proficiency levels. • Avaya Business Advocate predicts the wait time for each inbound call and after selecting the best available resource for the call, delivers it within the targeted service level objectives. With forward-looking optimization, decisions are based on business goals rather than statistics that describe past issues.
Avaya Telephone Sets	CSRs use high-quality noise canceling, dual ear head-sets for clarity to provide a better experience for callers. When agents answer calls, they not only see the name of the queue they are answering ("Reservations Spanish"), but they also hear a voiceover announcement (VOA) that gives the queue name. This routing ensures that the call is received and answered by the appropriate CSR.
Centralized Advanced Telecom Systems (CATS)	CATS centralizes program dedicated, toll-free lines for members, facilities, NEMT Providers, and our Ride Assist (trip recovery) line. It intelligently routes calls to decrease hold times, allows set up of satisfaction surveys at the conclusion of a trip request, and enhances disaster recovery in the event of a local outage through a secure and geographically redundant private cloud architecture. Quality assurance personnel can analyze trends or performance benchmarks, and obtain, measure, and report operation center/customer service data to clients.
Integrated Voice Response (IVR)	The IVR system is a customizable call distribution tool that improves efficiency. The system collects data and routes callers to the appropriate queue or allows callers to independently perform trip modifications, cancellations, or confirmations. The system decreases hold times and allows programming for specific member groups. It also allows members to complete HIPAA verification, language selection, and other factors that reduce the average call time.

In compliance with the Bureau’s requirements, we will compile ACD data into standard and ad hoc reports, and provide ACD reports at the stated frequencies:

CALL CENTER SUBJECT	REPORT GENERATION
The number of incoming calls	Daily, Weekly, Monthly, Ad Hoc
The number of calls answered	Daily, Weekly, Monthly, Ad Hoc
The average time for a call to be answered by a live operator	Daily, Weekly, Monthly, Ad Hoc
The number of abandoned calls during the wait in queue for interaction with staff	Daily, Weekly, Monthly, Ad Hoc
The average abandonment time	Daily, Weekly, Monthly, Ad Hoc
The highest call abandonment call time (to the nearest 15-minute increment)	Daily, Weekly, Monthly, Ad Hoc
The average talk time	Daily, Weekly, Monthly, Ad Hoc
The identity of the call center staff member taking the call and authorizing the request	Daily, Weekly, Monthly, Ad Hoc
The daily percentage of abandoned calls and calls answered by a live operator	Daily, Weekly, Monthly, Ad Hoc
The number of available operators by time of day and day of the week, in hourly increments	Daily, Weekly, Monthly, Ad Hoc
The number of complaint calls	Daily, Weekly, Monthly, Ad Hoc
Reason for complaint	Daily, Weekly, Monthly, Ad Hoc
Identification of supervisor who addressed the complaint	Daily, Weekly, Monthly, Ad Hoc

F. Data Analysis

The vendor should analyze data collected from its phone system monthly as necessary to: perform quality assurance and quality improvement; fulfill the reporting and monitoring requirements of the vendor; and ensure adequate staffing. Upon the Bureau’s request, the vendor should document compliance in these areas.

LogistiCare will analyze data collected from the phone system monthly to perform quality assurance and quality improvement; fulfill the reporting and monitoring requirements; and, ensure adequate staffing. Compliance in these areas will be documented and submitted to the Bureau upon request.

G. Multiple Queues

The vendor should route incoming calls to multiple areas of operation, including non-English speaking member queue and provider queues. The vendor should obtain The Bureau approval prior to implementing any queue not specified in the Contract.

Our ACD system and IVR feature work together to route callers to the right queue and the right CSR. The IVR will be programmed to identify the caller type (provider, NEMT Provider, or member) and to ask a series of questions determined during the Implementation Phase that require a response by telephone key entry. This will include questions about language preferences and their reason for calling (i.e., provider call in, standing order request, modify a reservation). Using responses received through the IVR, calls will be pooled into a queue and our ACD system will distribute callers to a skilled and available CSR that is able to meet their needs.

Queues will be submitted to the Bureau prior to implementation for approval. If required by the Bureau, we will also provide additional queues without amendment and payment.

H. Sufficient Resources

The vendor should maintain sufficient equipment and call center staff to ensure that, on a monthly basis: 1. The ACD system is programmed to answer all calls within three (3) rings. 2. The average queue time after the initial automatic voice response is five (5) minutes or less. 3. The average abandonment rate is no more than five percent (5%). 4. All criteria stated in Appendix 1, Section XI (E) are captured or met. 5. Sufficient qualified staff are available on-site to communicate with callers who speak English and an interpreter telephone service is available for callers who speak other languages; 6. The vendor should record all incoming calls for quality control, program integrity and training purposes. The vendor should provide prior notification to the caller that the conversations be recorded. Vendor should maintain the recordings for up to twelve (12) months, at the direction of The Bureau. 7. In the event of a power failure or outage, the vendor should have a battery back-up system capable of operating the telephone system for at least of eight (8) hours at full capacity, with no interruption of data collection as identified in the Contract or the vendor may route calls to a redundant call center as a back-up resource. The vendor should notify The Bureau immediately when its phone system is on battery power, routed to a redundant call center or is inoperative. Vendor should have a manual back up procedure to allow it to continue to take requests if its computer system is down. 8. The ACD system logs should be maintained daily, tallied and sent to The Bureau on a monthly basis by the 15th day of the month following the report month, in a reporting format approved by The Bureau. The vendor should also maintain daily logs on the call center to comply with the reporting requirements of the Contract. 9. In the event where the call center is closed or inaccessible, the vendor will detail in the contract the procedure for re-routing calls, taking requests, and/or other actions to be taken to accommodate Medicaid recipients. The vendor's Proposal should include a detailed description of the proposed ACD system and its capabilities and capacities. The vendor should describe how the ACD should meet the specifications of this section (Section XI), and include a sequence of questions and criteria that the call center representatives are to use to determine the member's eligibility, the appropriate mode of transportation, the purpose of the trip and all other pertinent information relating to the trip. All scripts are to be approved by The Bureau prior to use by the vendor.

Through our staff and technology we will meet and/or exceed the call standards required by the Bureau.

Staff

Using our workforce management tools (described in Section 3.1), we can ensure we maintain sufficient staffing levels needed to handle West Virginia's call volume. Our staffing will include adequate coverage by trained CSRs able to comply with the Bureau's requirements for call quality and timeliness, including:

- Average queue time of five minutes or less
- Average abandonment rate of no more than 5%
- Communicate with English and non-English speaking members, or transfer services to Voiance

We will closely monitor each call queue to ensure meet these metrics and will adjust our staffing, as necessary, to address potential changes or deficiencies.

IVR and ACD Telephone Technology

Our IVR and ACD will be programmed to answer calls within three rings. By answering and routing calls to the appropriate queue for self service or program CSR in a timely manner, we can ensure the average abandonment rate is no more than five percent and the average queue time is less than five minutes. To assist with reporting our adherence to these metrics, all information will be aggregated by our ACD, per the requirements of Section XI(E) and stored in LCAD NextGen for reporting within the proposed timeline.

Backup System: Although a battery back-up system will be in place to support operations at our West Virginia call center during power failure, our systems are designed to rollover to one of our 20 operations centers with no data loss or downtime to allow continuity of service for members.

In the event the West Virginia call center is without power, closed, or inaccessible, our telephone system will automatically transfer callers to a non-impacted center to prevent interruptions in service and data

collection. CSRs in the servicing area will have access to the current member data and will follow the same gatekeeping and reservation process as our call center in West Virginia. If our phone systems are on a back-up system, inoperative, or routed to a redundant center, we will notify the Bureau immediately according to the approved Disaster Recovery Plan.

Manual Back-Up:

To continue reservation intake during an outage, we will follow the following manual process, if needed:

- All work stations will have blank paper copies of the reservation intake process
 - CSRs are trained to ask the caller who the member normally rides with
 - The CSRs document their name and time of call on the paper copy
- If the outage is during normal business hours, the transportation department is alerted immediately
 - If the outage is afterhours, the call center resumes all responsibility to include intake of reservations as well as routing/assigning the reservation to a NEMT Provider
- Supervisors/Leads walk the floor to ensure all paper copies are retrieved
- CSRs are trained to immediately notify a Supervisor/Lead when an urgent trip request is made.
 - All urgent trip requests are immediately faxed to the transportation department for routing purposes.
 - A Supervisor/Lead calls the transportation manager to confirm the receipt of fax
- Cross trained CSRs are pulled to resume the responsibility of manually routing trips throughout the state.
- Supervisors/Leads sort the paper copies of trips manually by date of service by treatment type
 - The name of the assigned NEMT Provider is documented on the paper copy
 - This allows the employees to enter the assigned NEMT Provider when LCAD is operational
- When LCAD is back in operation, a designated team enters all urgent trip requests and alerts the transportation department the trips have been entered
 - The transportation department's designated team enters the NEMT Provider who accepted the urgent trip request and issues a Trip ID for billing purposes
- A designated team enters the remaining trip requests (confirming eligibility)
 - Trip requests are entered by date order
 - If an eligibility issues occurs and the member is not eligible for transportation services, the assigned designee contacts the caller/member and notifies them of the situation
 - Trip notes are entered with the name of the CSR who took the reservation as well as the time of call
- Supervisors confirm entry of all trip requests
- Once all trip requests have been confirmed as being entered in LCAD, the paper copies are shredded.

Call Recording. LogistiCare uses the Calabrio ONE call recording solution to capture, store, archive, and retrieve all calls (100 percent incoming and outgoing), except administrative calls. Calabrio ONE meets

the applicable security, regulatory, and HIPAA guidelines for the recording and storage of NEMT-related calls and allows call center management to access and securely submit specific calls to the Bureau, upon request. The system notifies callers that all calls are recorded and monitored for quality and training purposes.

The Bureau will have access to recorded and aggregate operations center data/traffic through LogistiCare's ACD and call reporting system. All calls will be available within the required timeframe and will be stored up to 12 months, per RFP requirements. At the Bureau's request, LogistiCare will immediately provide requested recordings electronically via a secure file transfer protocol.



Remote Listening to Live Calls: With our technology, the Bureau can monitor incoming calls remotely, in real-time, at no cost. In addition, we will provide the Bureau staff a dedicated work space from which they can monitor our operational activities.

ACD System Logs

The Avaya ACD system allows us to collect and aggregate calls data, daily, for monthly reporting. Each month, on or before the 15th day following the report month, we will tally and submit an ACD system log to the Bureau in an approved reporting format. The daily logs will be maintained on the call center to comply with the reporting requirements of the Contract.

Contract Disclosures

LogistiCare will detail the procedure for re-routing calls, taking requests, and/or other actions to be taken to accommodate Medicaid recipients within the contract, if awarded. A detailed description of our proposed ACD system and its capabilities and capacities is provided within Attachment 1, Section XI (E). Below, we describe our IVR, which works with the ACD to meet the specifications of Section XI.

Call Distribution through IVR

LogistiCare's Integrated Voice Response (IVR) system is a customizable call distribution tool that improves efficiency. The system collects data and routes callers to the appropriate queue or allows callers to independently perform trip modifications, cancellations, or confirmations. Since implementing the system in our operations centers, we have increased the number of members choosing to self-serve, and decreased the average call time.

The IVR can be used to collect and manage data, send automated surveys and messages, and provide automated trip reminders. Benefits of IVR:

- Minimizes call times
- Reduces hold times
- Personalizes the member experience

How it Works

The caller type separates our dedicated toll-free lines: administrators, members, facilities, and NEMT Providers. The caller will be directed to speak or use their telephone keypad to respond to system prompts that verify who they are, what service they require, and if assistance is needed from a live CSR.

Because there are more than 1,000 IVR prompts available, we can program the system to ask questions tailored to the specific needs of the Bureau's program. The following are examples of questions used in similar markets:

1. What is your language?
2. Please enter your member ID.
3. For your security, please enter your trip ID.
4. Are you calling about a ride scheduled for.....
5. Would you like to hear more information about your trip?
6. Would you like us to send you a text confirming your trip scheduling/cancellation?
7. Do you have a reservation that you would like to cancel?
8. Would you like to file a complaint?
9. Would you like to request...services?
 - a. Gurney or ambulance
 - b. Stretcher
 - c. Wheelchair
10. Would you like to schedule a reservation for...

During implementation, LogistiCare will determine the IVR information and question sequence in collaboration with the Bureau. Responses to questions are reviewed and used to determine the appropriate queue. Before routing the call, the system performs a lookup in LCAD NextGen to match the incoming information to a correlating profile within the member database.

- Confirms the member's identity, requests their language preferences, and conducts the applicable HIPAA validation
- Through the ACD, transfers the caller to the correct CSR queue: complaints, Ride Assistance, reservations, etc. or directs them to the self-service line.

Once the call is connected, LCAD NextGen determines the member's eligibility for NEMT services based on the data received and our Business Rules Engine ensures CSRs comply with the Bureau's protocol to assess the appropriate mode of transportation, the purpose of the trip, and any other pertinent information relating to the trip.

A copy of the call and IVR scripts will be submitted to the Bureau for approval prior to use.

XII. Training and Education

A. NEMT Provider Manual

The vendor should develop and maintain a NEMT provider manual. The vendor's NEMT provider manual should contain all policies and procedure for the NEMT brokerage program. The vendor should work closely with The Bureau on the development of the NEMT provider manual, and should obtain The Bureau approval prior to release of the manual. The manual should be reviewed, updated, and distributed to all NEMT providers annually and whenever changes in operation are made. Updates and changes are to be approved by The Bureau before distribution. The Bureau should notify the vendor in writing if a modification is required, and the vendor should incorporate any modifications within ten (10) business days after such notification. The vendor should submit a draft outline of the NEMT provider manual with the vendor's proposal. The vendor should submit a final completed manual to The Bureau for approval no later than thirty (30) calendar days prior to the operations start date. The vendor should not begin operations without an approved NEMT provider manual. The manual should include, at least, the following: 1. NEMT provider enrollment and participation requirements; 2. NEMT provider file maintenance and record keeping requirements; 3. Standard reimbursement requirements; 4. Covered and Non-Covered Services; 5. Vehicle requirements; 6. Limitations and considerations of NEMT Services to covered medical services. The vendor should provide the NEMT provider manual to all NEMT providers in vendor's network and to all vendor staff. The Vendor should make the NEMT provider manual available electronically through a link on vendor's website, by email upon request and should incorporate the NEMT provider manual into all training programs for NEMT providers and vendor employees.

With assistance from the Bureau, LogistiCare will develop an NEMT Provider manual that details the policies and procedures NEMT Providers and drivers must abide by. In addition to detailing the policies and procedures for the NEMT Brokerage Program, the manual will include the following information, at a minimum:

- 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

A final completed manual will be submitted to The Bureau for approval no later than thirty (30) calendar days prior to the operations start date. Operations will not begin without an approved version. The Manual will be distributed to providers at the network orientation and an electronic version will be published on the TripCare portal for providers. A PDF version will be sent to providers that request a copy via email. Information contained in the Manual will be incorporated into training, including webinars.

Updates: If LogistiCare receives a notification of change from the Bureau we will incorporate their modifications within ten (10) business days and send providers the updated and approved version. The manual will also be reviewed, updated, and distributed to all NEMT providers annually as well as any other time changes are made in operations. A draft outline of the NEMT Provider Manual is included as Exhibit 4 of this proposal.

B. NEMT Provider and Provider Training and Education

The vendor's Proposal should include an overview of the vendor's plan to educate NEMT providers and medical providers: including information on training sessions, training materials, ongoing meetings with NEMT providers and medical providers and continuing education. Separate training programs should be submitted for NEMT providers and medical providers, for the purposes of educating and training NEMT providers regarding the NEMT brokerage program and training providers regarding

request for transportation, standing orders and documentation of need from medical providers. The vendor should submit its final plans for educating NEMT providers and medical providers at least thirty (30) calendar days prior to the operations start date. The vendor should not begin operations without an approved version of the NEMT provider manual, provider training manual and education plan. No later than fifteen (15) business days prior to the operations start date, the vendor should conduct NEMT provider and provider training sessions in at least five (5) locations throughout the state. The Bureau should prior-approve these training locations, and all costs of the training sessions should be borne by the vendor. The vendor should not begin operations without completion of these training sessions. The vendor may perform additional NEMT provider or medical provider training, as deemed necessary and approved by The Bureau.

A final plan for educating NEMT Providers and Medical Providers will be provided to the Bureau at least thirty (30) calendar days prior to the Operational Start Date. No later than fifteen (15) business days prior to the Operational Start Date, we will conduct NEMT Provider and Medical Provider training sessions in at least five (5) geographically diverse regions throughout West Virginia. The Bureau will be contacted for approval of training locations and all costs will be borne by LogistiCare. **Samples of our facility and Medical Provider training plans and materials are provided in Exhibit 5.**

Operations will not begin without an approved version of the NEMT Provider manual, Provider training manual and education plan or without completion of the aforementioned training sessions. Additional NEMT Provider or medical Provider training will be conducted, as deemed necessary and approved by the Bureau.

NEMT Provider Orientation: Training will begin during the implementation phase when we invite NEMT Providers to orientation sessions throughout the State. Members of our Provider Relations, Claims, and Operations departments attend and cover all information that is necessary for us to establish a knowledgeable and compliant network. The following items are covered during these sessions:

- General Description of the Transportation Program
- Covered Services
- West Virginia Operations
- Toll Free Provider Numbers
- Staff Contacts
- Scheduling Procedures
- Participant Registration and Reservations
- Levels of Service for Transportation
- Medical Needs Forms
- Standing Orders
- Urgent Requests
- Complaints Process
- Transportation Assignment and Notification
- Hours of Operations
- Reservations and After-Hours Services
- Transportation Performance Standards
- NEMT Provider Operational Standards
- Insurance, Licensure & Certification
- NEMT Provider Responsibilities
- Administrative, Reservations & Responsibilities
- Attendants and/or Escorts
- General Vehicle Requirements
- Vehicle Inspections
- Driver and Attendant Qualifications
- Driver Training and Frequency
- Driver Background Screenings and Frequency
- Available Resources
- Claims
- Invoicing
- Manual
- Portal
- WellRyde GPS/AVL/Dispatch
- Payment Terms
- Trip Log
- Maintenance of Records
- Accidents, Incidents, and Moving Violations
- Description
- Forms
- Methods
- Timeliness

As with any events hosted by LogistiCare, we invite the Bureau's participation. **Please see Exhibit 5 for an overview of our NEMT Provider and Facility Training and Outreach plan.**

NEMT Provider Training Overview

LogistiCare sets the standard for driver training; we ensure each of our Providers understands our expectations for passenger safety and service excellence. In collaboration with the National Safety Council (NSC) and the Community Transportation Association of America (CTAA), we developed a program that encompasses a thorough Defensive Driving curriculum and Passenger Service and Safety (PASS) materials. Our driver training also includes contract specific information, such as reporting no-shows and on-time performance. Discounted rates are offered to drivers attending required training courses, such as CTAA PASS and Defensive Driving Training via NSC (or a comparable, accredited source). To ensure drivers are trained in compliance with the Bureau's contract, we will incorporate any additional or alternative curriculums specified by the agency, and maintain records of all training completion.

The following list specifies the initial and recurring (every two years) training that drivers and attendants will be required to take and demonstrate proof of completion:

First Aid and CPR: Drivers and attendants must complete this course through a recognized training Provider, such as the American Red Cross, and submit a verifiable certificate of completion with an expiration date. Materials include the following, in addition to other courses:

- Rescuing and Moving Victims
- Acting in an Emergency
- Basic Life Support
- Heart Attack and Chest Pain
- Bleeding and Wound Care
- Sudden Illness
- Biohazard handling and spill kit procedures
- Compliance with internal program requirements, processes, policies, and procedures

CTAA PASS Basic Program: All drivers and attendants, regardless of level of service, will be required to complete CTAA PASS Basic or another nationally recognized "Equal to or Higher than" course and provide a verifiable certificate of completion with an expiration date. The course content includes the following, in addition to other modules:

- Customer Service
- American with Disabilities Act (ADA)
- Disability Awareness
- Assisting the Visually Impaired
- Hidden Disabilities
- Driver and Passenger Sexual Improprieties

CTAA PASS Program: Drivers and attendants that work for a Provider that offers wheelchair or a higher level of service will be required to show proof of certification, which includes the following coursework:

- Wheelchairs/Stretcher Restraining Systems
- Wheelchair and Lift Operating Procedures
- Wheelchair and Occupant Securement/Restraining Techniques (Hands on Training)
- LogistiCare's Customer service, courtesy, and sensitivity trainings:
- Cultural and disability sensitivity training
- General customer service

- Handling disruptive behavior
- HIPAA confidentiality regulations/requirements for managing PHI
- Communication Training
- Defensive driving techniques
- Driver conduct
- Emergency situations and post-accident procedures
- West Virginia child safety laws
- Passenger assistance techniques
- Vehicle requirements and pre-trip inspections

In addition, NEMT Providers and drivers are offered access to our extensive online library that houses a number of resources for classroom and behind-the-wheel instruction. Samples of our NEMT Provider training plans and materials are provided in **Exhibit 5**.

Facility Training and Education

Through our comprehensive outreach and education program, we target high volume and high acuity facilities to help staff understand the availability of NEMT options, as well as the methods for accessing services. In the case of high acuity facilities, such as dialysis centers, we work directly with the health care managers to ensure that Members are assigned the appropriate mode of transportation to help Members achieve better health outcomes.

We conduct outreach and education in a manner that preserves the dignity of those who may require our services. Follow-up visits are made to ensure that brochures and posters are refreshed and to continue to foster ongoing, positive relationships with facilities. These visits provide us an opportunity to evaluate the level of satisfaction stakeholders have with our services and allow us to make any necessary corrections to prevent singular issues from developing into trends or systemic problems. In the world of transportation, we know it is not if a problem will occur, but rather when and how quickly we respond to the issues that matters.

Webinars: In addition to on-site visits and written materials, we will hold toll free, standing webinars to review LogistiCare’s program policies and processes, provide TripCare training, and to introduce technology to new or existing staff at West Virginia’s medical facilities. Webinars typically run for 30 minutes, with an additional 15 minutes reserved for question and answers. The webinar schedule will be provided to the Bureau and each medical facility during implementation.

C. Member Outreach and Education Plan

The vendor’s proposal should include an overview of the vendor’s plan to develop and implement NEMT member outreach and education regarding the NEMT brokerage program. The member Outreach and Education Plan included with the vendor’s proposal should describe, but not be limited to, the following: 1.The vendor’s plan to educate current and future Medicaid Recipients and other NEMT program stakeholders (e.g., facilities, local human service agencies, licensed behavioral health centers, NEMT providers, and medical providers) in the state on NEMT services, procedures and the transition of service administration from one vendor to another during plan turn-over as described in Section XV of this Appendix. 2. Written and verbal instructions to educate Medicaid Recipients and other NEMT program stakeholders. All member outreach and education instructions and other materials should: a.Emphasize the availability of NEMT services, eligibility for these services, standing orders, medical documentation of need, and how to request and use NEMT services; b. Be easily understood and written on an approximately 5th grade reading level; c. Be available in English and in Spanish; and d. Be available in alternative format for the intellectually disabled as well as for those with vision and hearing impairments. 3. Strategies for working with Medicaid Recipients who fail to comply with established policies and procedures (as described in Section XII.D below). 4. Strategies for working with facilities such as hospitals, nursing homes, and dialysis centers to achieve NEMT efficiencies. The vendor should submit a final completed member Outreach and Education Plan to The Bureau for approval no later than thirty (30) calendar days prior to the operations start date. The vendor

should not begin operations without an approved Outreach and Education Plan. At least thirty (30) calendar days prior to the operations start date, the vendor should mail, by first class mail and at the vendor's expense, written materials to inform and educate Medicaid Recipients and other stakeholders about the NEMT Brokerage Program. The vendor should work with The Bureau to obtain a listing of Medicaid Recipients, other stakeholders and addresses. The vendor should not begin operations without mailing of these materials.

After finalizing the policies and procedures for West Virginia's NEMT program, LogistiCare's implementation team will tailor our standard educational materials (i.e. brochures, handbooks, member letters, etc.) to the Bureau's program. The content for materials will be written in English and Spanish at a fifth grade level and tested for readability before submitting to the Bureau (at least 30 days before operations start). A state-specific website, webinars, and online module trainings will also be developed for facilities and providers. Care Managers will schedule face-to-face meetings with facilities to discuss the transition of the program to LogistiCare and to provide system's training. A bulk supply of materials will be left with facilities for distribution to members. Our team, led by Robert Pittman, will remain in the field throughout implementation to forge partnerships with these facilities and enact the education and outreach plan. **A sample Education Plan is provided as Exhibit 5.**

Written Materials. Written materials will include a comprehensive overview of LogistiCare's program services and standards, such as the 5-day advance notice requirements and reservation priority guidelines. The process to contact LogistiCare for advance or urgent reservation, Ride Assistance, or TTY/TDD services will also be defined. As needed, materials will be printed in alternative formats to accommodate members with vision impairments. These materials will be distributed to all facilities on an ongoing basis.

Education for Non-Compliant Members. LogistiCare discourages non-compliant behaviors through education and outreach with facilities and members. When members do not comply with advance notice policies, verbal and written reminders are provided to inform members of their responsibilities. If behaviors continue, LogistiCare will meet with the member's healthcare provider to discuss a concerted education plan.

LogistiCare will deliver a list of non-compliant Members to the Bureau in a monthly report, along with the frequency of our attempts to provide additional education and a plan of action regarding next steps to prevent further late request(s).

Electronic Communication. A public website with the objective to provide basic information will be designed and published for viewing by members, facilities, NEMT providers, and other program stakeholders. Websites offer easy-to-access to information including program policies and procedures,



frequently asked questions, and forms. Following the standards of accessibility established by the ADA, we will ensure site content is comprehensible by users with varying literacy levels and accommodating for all viewers. Before posting the site for the general public, we will submit a draft of the contents and design to the Bureau for review and approval.

Below, we provide an example that shows how we communicate reservations and “first transport” dates to stakeholders via the state-specific website.

Practitioner County	Reservations Accepted	First Transport
Nassau	June 17, 2015	July 1, 2015
Suffolk	June 17, 2015	July 1, 2015

Requests for a Medicaid enrollee going to a practitioner for July trips will be accepted starting on June 17th. Click on a menu option above that best describes your involvement in Medicaid transportation for more information. This website is for informational purposes only and the information is subject to change. Please check back often for updates!

At a minimum, the general public website will allow stakeholders to select content in English or Spanish and will provide links to contact information and websites for members, NEMT Providers, and medical facilities. A link to the secure TripCare portal will also be provided.



Stakeholder Sites

Members. A site tailored to members will be developed and maintained with current program information and links to NEMT-relevant websites. We will use the member site to post important announcements and updates, and house links to commonly used documents, including program brochures, Medical Necessity Forms, and gas reimbursement forms.



Welcome to the LogistiCare website for West Virginia Medicaid members. This site hosts information for eligible Medicaid members to assist with transportation requests for non-emergency medical appointments.

The forms on this site are stored in PDF format. Your computer must have Adobe Acrobat Reader installed for you to be able to read and print the forms. If you do not have a copy of Adobe Acrobat, you can download it for free at www.get.adobe.com/reader.

Please select one of the links on the top navigation to use the features of the site.

Have a question or concern about service? Quickly get your message to the right person: [Logisticare Member Feedback](#)

West Virginia's Department of Health and Human Resources has contracted with LogistiCare to manage Medicaid non-emergency medical transportation services (NEMT) in West Virginia. The program is meant to reduce barriers for arranging needed transportation, improve quality of the services and to ensure accountability for Medicaid trips.



OUR COMMITMENT

We never lose focus on the human needs of our riders and the practical day-to-day challenges faced by their health care providers.

Medical Facilities. Medical facilities will also have a site dedicated to their use. Contact information for lines designated for their use will be displayed on the homepage and links to access FAQs, forms, and other websites that may be valuable to their knowledge will be provided.

Overview

LogistiCare manages non-emergency medical transportation services (NEMT) for Nassau and Suffolk County Medicaid Fee for Service enrollees. LogistiCare takes requests by phone or fax from all medical practitioners. Fax requests should be performed using our faxable request forms. To download our fax forms, click on the Downloads icon below or on the menu above. To request trips via our secure on-line portal, you must sign up the system administrators from your facility with LogistiCare. Those administrators will be able to setup other users to request transportation. For more information, click on the Frequently Asked Questions (FAQs) icon below or using the menu above. There are a number of rules governing the transportation service. For more information on the transportation requirements and ordering guidelines, click here. Key numbers and links include:

Request Method	Number Or Link	Type of Request Handled
Phone	844-678-1104	Routine and urgent trips, Lodge a complaint.
Phone	844-678-1104	Number to call to lodge a complaint.
Phone	844-678-1104	Hospital discharges only.
Fax	866-048-0640	Routine and standing order requests.



Review the Frequently Asked Questions we receive from our healthcare facilities.



A collection of useful documents and forms are available for you to download.



A collection of useful links to other websites.

Differing from the member site, medical facilities will be able to access more forms and data relevant to the reservation process and training. This includes a downloadable Medical Necessity Form, a Discharge Checklist, webinars and quick reference guides that can be used at their convenience.

Documents

Type	Description	
Facility Services Web Portal Admin User Form	Request Form to Setup an Administrator Account for Requesting Transportation Online	Download
Form 2015, Medical Justification (Adobe PDF format)	Medicaid Transportation Justification Request Form. There is no info information on this form.	Download
DOH Introduction Letter	List of Medicaid Covered Services in Nassau and Suffolk Counties	Download
Standing Order Request Form with Treatment Types DOH Revised 04-16-15.	To request NEMT for fee for service enrollees needing regular/recurring transport one or more times per week for one or more months duration to a Medicaid covered service. Has 2015 attestation and space to name the transportation provider.	Download
Logisticare Hospital Discharge Checklist	Information needed by Logisticare when calling in and scheduling a discharge.	Download
List of Medicaid Covered Service	List of Medicaid Covered Services in Nassau and Suffolk Counties	Download
Medicaid Transportation request Fax Form With 2015 Attestation (called "Transportation Request Fax Form (3/2015)" Great space for naming the transportation provider.	Logisticare Transportation Request fax form, for multiple trips, with the 2015 attestation (called "Transportation Request Fax Form (3/2015)". Great space for naming the transportation provider.	Download
NYDOH Approved Trip Reservation Call Script	Call Script that will be used by LogistiCare agents during trip request intake.	Download
Nassau Suffolk DOH Webinar	Non-Emergency Medical Transport Webinar	Download

NEMT Providers. Like facilities, the NEMT Provider site will house multiple trainings and tools, including an overview of the claims process and accident reporting. The site will offer helpdesk contact information and the link to the NEMT Provider TripCare portal. Through the portal Providers will be able to submit a claim, receive credentialing alerts from LogistiCare, or view information specific to their trip history.

Documents

Title	Description	
Attestation Window reduction Alert 6-2-2017	Attestation Window: reduction from 90 days to 30 days	Download
Backdated Trip Request Form	Form used to request back dated trips for Medicaid Pending enrollees	Download
Transportation Provider Pre-Implementation Webinar	Transportation Provider Implementation Information	Download
NYC DOH LGTC Incident Accident Report Form.	NYC DOH LGTC Incident Accident Report Form	Download
Long Island Requirements for the Quality of Transportation Services.	Requirements for participation as a Medicaid Transportation Provider	Download
Transportation Providers FAQs	A PDF document of the Transportation Provider FAQs	Download
Trip Attestation Process	Step by Step Instructions for completing Trip Attestation	Download
Online Trip Correction Process	Step by Step instructions for submitting Online Trip Corrections	Download
DOH Alert regarding 2% Across the board payment reductions	The notice at the link notifies vendors that the 2% across the board Medicaid payment reductions have been eliminated, as well as information on retroactive repayment and an email address for relevant questions	Download



[Members](#)

[Facilities](#)

[NEMT Providers](#)

Medicaid Transportation

Welcome to the LogistiCare website for West Virginia's Medicaid members, facilities, and NEMT Providers. The Bureau has contracted with LogistiCare to manage Medicaid non-emergency medical transportation (NEMT) services.

This program is meant to reduce barriers for arranging transportation, improve quality of services and to ensure accountability for Medicaid trips. Click on a menu option that best describes your involvement in Medicaid transportation for more information. This website is for informational purposes only and the information is subject to change. Please check back often for updates!

Unhappy with recent service? [Submit your Complaint](#)



Requests for a Medicaid Enrollee visiting a Medical Practitioner will be accepted starting on April 1st.

D. Non-Compliant Member Education

The vendor's member Outreach and Education Plan should include a description of continuing education for Medicaid Recipients who do not comply with established policies and procedures of the NEMT Brokerage Program, including, but not limited to, additional education to Medicaid Recipients who habitually request transportation less than three (3) business days in advance of the appointment date. The vendor may impose transportation options and limits on Medicaid Recipients with excessive incidents of non-compliance. In the case of Medicaid Recipients who are chronically late or absent for scheduled trips, the vendor may require the member to call when the member is ready for pick-up. Neither the vendor nor the NEMT provider may charge Medicaid Recipients for no-shows. The vendor's member Outreach and Education Plan should include an education policy and transportation options for Medicaid Recipients whose behavior en route threatens the safety of the member, driver, or other passengers.

LogistiCare makes a concerted effort to inform members about the rules and expectations associated with participation in the NEMT program. In the case of non-compliant members, our education activities are ongoing. LogistiCare continually reinforces program requirements with these members during the reservation process, through one-on-one counseling when appropriate, and in collaboration with healthcare providers as part of our outreach to facilities.

The most prevalent form of non-compliant behavior by members is failing to be present for a scheduled trip ("no-show"). No-show behavior drives up transportation costs and can result in poorer healthcare outcomes for members. Neither LogistiCare nor our transportation providers charge members for no-shows or cancellations, nor do we impose other punitive penalties. However, we will make repeated attempts to modify non-compliant member behavior through a defined process of detection, education, and Bureau-approved restrictions.

Other Behavioral Issues

Member behavioral issues can vary greatly in terms of severity and risk to others. As such, there is no one size fits all approach to correcting behaviors. We will work closely with the Bureau to develop a set of member corrective action policies and procedures that will cover all types of disruptive or abusive behaviors. When these incidents occur, they will be recorded and tracked in the member's record in LCAD NextGen, and the member will be given additional education regarding NEMT rules and behaviors that are not permitted by the program.

Members whose behavior en route poses a threat to the safety of drivers or other passengers will receive a direct verbal request to cease their actions, followed by other corrective measures, if necessary. After the problematic trip in which the member creates a threatening incident, the member will receive a follow-up counseling call to reinforce program expectations. If possible and when appropriate, we will invite a facility staff member familiar to the member to participate in the counseling session. If these behaviors continue to persist with a member, LogistiCare will seek guidance from the Bureau concerning any possible disciplinary action or suspension of service that may be appropriate.

In the most severe cases of harmful or threatening behavior exhibited by a member during a trip, drivers are instructed to stop the vehicle, notify LogistiCare, and wait for proper authorities and/or medical transportation to arrive. In these cases, LogistiCare will immediately arrange to provide alternate transportation for other passengers, as necessary. All member incidents are recorded in LogistiCAD, and can be accessed at any time. Reasons for special handling and any other transportation options that are imposed regarding the member will remain in the system as part of the member's historical data.

LogistiCare will submit all policies and procedures to the Bureau for approval and provide them in writing to all members.

Education Materials. Members with non-compliant behaviors will receive written and verbal education. Written materials (provided directly to the member or distributed by medical facilities), online content, as well as CSRs guiding the reservation process will inform members of their responsibility to arrive on-time for their scheduled trip. If necessary, we will require members with excessive absences or those that are chronically late to call when ready for pick-up. In adherence to this RFP, LogistiCare will implement a Bureau-approved education policy and transportation options for members whose behavior en route threatens the safety of the member, driver, or other passenger(s) as part of our Outreach and Education Plan. **A sample of our policies for non-compliant member education is provided in Exhibit 5.**

Auto-generated Appointment Reminders. As a benefit to all members, our telephone system allows us to send appointment reminders using automated calling. Members can register through the phone reservation process or online to receive a reminder of trip details 24 hours in advance of their scheduled pickup time. The alert also includes a method to cancel or reschedule their NEMT services if they cannot make their appointment. The deployment of appointment reminders has proven successful at decreasing no-shows in other markets and we look forward to offering this value-added service to West Virginia. **Habitual Non-Compliance with Advance Notice Policies:** LogistiCare will allow three courtesy trips for members that habitually request single trips less than five business days in advance. We will track the number of courtesy trips in LCAD NextGen, and remind the member each time of the policy. After three trips, any subsequent trips will be denied and the member will be asked to reschedule the medical appointment.

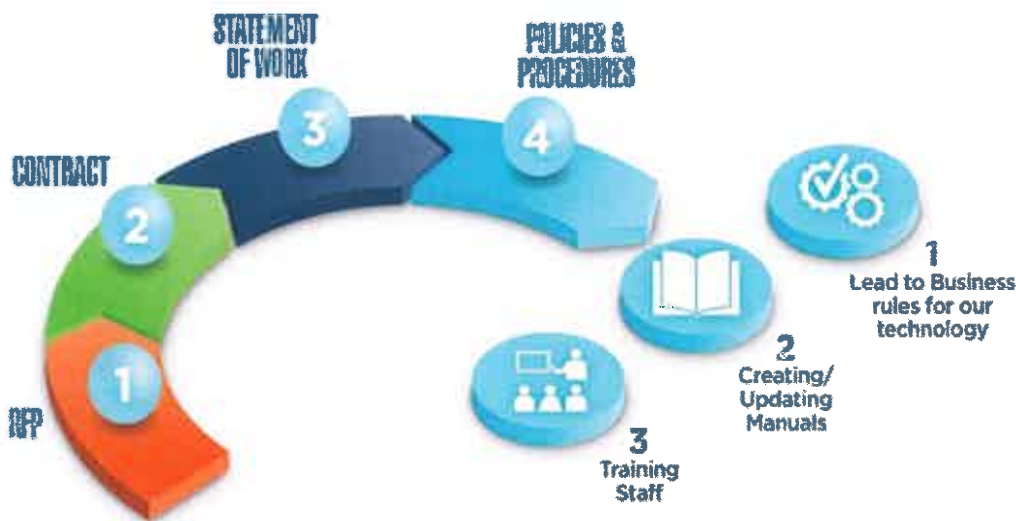
XIII. OPERATIONS PROCEDURES MANUAL

The vendor should develop an Operations Procedures Manual detailing all procedures to be used in scheduling and delivery of NEMT Services. The vendor should submit a draft outline of this manual with the vendor's Proposal. The vendor should submit a final, completed Operations Procedures Manual to The Bureau for review and approval no later than thirty (30) calendar days prior to the operations start date. The vendor should not begin operations without a Bureau approved Operations Procedures Manual. The vendor should provide a copy of the Operations Procedures Manual to all the vendor staff and should incorporate it into all training programs for new employees. The manual should be reviewed, updated and distributed to vendor staff annually and whenever changes in operating procedures are made. The Bureau may require modification of the Operations Procedures Manual at any time, and notify the vendor in writing of the required modification. The vendor should modify the Operations Procedures Manual within ten (10) business days of notification. If selected as the State's broker, we will tailor our standard Operations Procedures Manual to the requirements of this RFP and the approved Contract and Statement of Work and submit a final, completed draft to the Bureau for review and approval no later than 30 days before go-live. Operations will not begin without an approved Manual.

Serving as the operating guide for all aspects of the NEMT program, the Manual will be distributed to all staff and incorporated into training for new employees. The policies and procedures for scheduling and delivery will also be programmed into LCAD NextGen's Business Rules Engine to ensure any staff handling a call for West Virginia's members complies with the Bureau's requirements.

Each year, or as required due to changes in program policies, the manual will be reviewed, updated and re-distributed to all staff. If the Bureau requires modification of the Operations Procedures Manual at any time, LogistiCare will make the necessary amendments within ten (10) business days of notification.

A draft outline of the manual is provided as **Exhibit 6**.



XIV. COMPLAINT POLICIES AND PROCEDURES

The vendor's Proposal should include a description of the vendor's approach to member and NEMT provider complaint policies and procedures, including separate complaint resolution processes for Medicaid Recipients and NEMT providers (as described in Sections XIV.A and XIV.B below). The policies and procedures should provide for prompt resolution and ensure the participation of individuals who have authority to require corrective action. The vendor should attempt to resolve any complaint in accordance with the complaint resolution process. The vendor should work with all parties including The Bureau, as necessary, to resolve complaints. The vendor should submit a final Complaint Policies and Procedures Manual to The Bureau at least thirty (30) calendar days prior to the Operations Start date for The Bureau review and approval. The vendor should not begin operations without a Bureau approved Complaint Policies and Procedures Manual. The vendor should review its complaint policies and procedures every six (6) months, and notify The Bureau if it determines that an amendment is necessary. The vendor should perform amendments only with the prior written consent of The Bureau. The Vendor shall have thirty (30) calendar days post Bureau approval to publish and distribute the amended manual to provider and member communities. The vendor's approach to review and amend complaint policies and procedures should be included with the Proposal's description of these policies and procedures.

In compliance with this RFP, LogistiCare will submit a final Complaint Policies and Procedures Manual to the Bureau at least 30 calendar days prior to the Operations start date. This Manual will be reviewed every six months and if any amendments are needed, we will promptly notify the Bureau. Within 30 days of the Bureau's approval of the Manual we will publish and distribute it to provider and member communities.

A. Member Complaint Resolution and Appeal Process

The vendor should have a complaint resolution process for Medicaid Recipients. Each complaint should be assigned a unique tracking number. The vendor should respond to a complainant within one (1) business day after receipt of a complaint. The vendor should attempt to resolve complaints in accordance with the complaint resolution process. The vendor should work with all parties and The Bureau to resolve the complaint. The Bureau will have final approval on Medicaid Member complaint resolution. Complaint information provided to The Bureau should include: 1. Documentation or testimony by the Project Manager or other medical or expert consultant who is familiar with and able to testify to the specific case being appealed. 2. Records and documentation regarding a denial of a NEMT Service. Records should be maintained as outlined in Section V of this Appendix 1 and information should be reported as outlined in Appendix 3. 3. Comprehensive documentation specific to the particular case. If The Bureau overturns the denial and authorizes the NEMT Services, the vendor should notify the member and the NEMT provider of the appeal decision. The vendor will then approve the NEMT Services and reimburse the NEMT provider.

We actively seek feedback from our stakeholders to help us improve our services and to rectify any issues that may be present in our operations or NEMT service delivery. For the State of West Virginia, we have developed a complaint process that is designed to proactively identify all stakeholder dissatisfactions, and that:

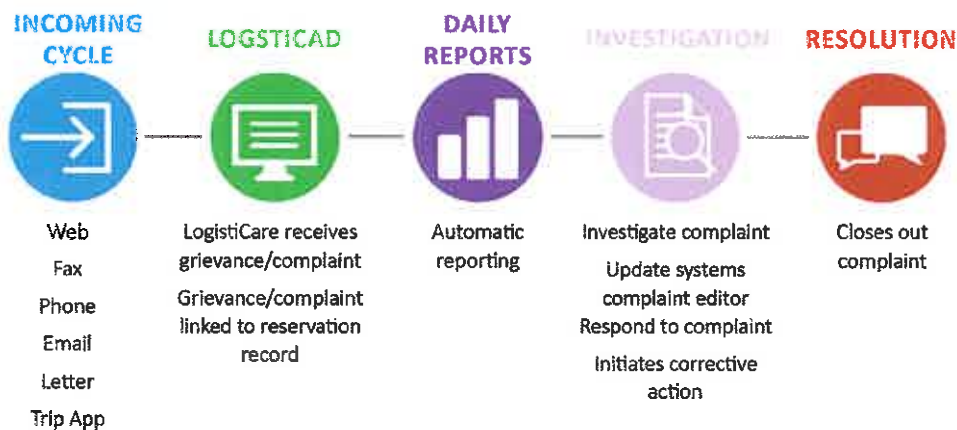
- Is deliberative and judgment-based
- Recognizes the value of information provided by members, NEMT Providers, and other stakeholders
- Helps LogistiCare's leadership team gain awareness of systemic problems and improve our service processes
- Directs complainants to appropriate processes for grievances

Dedicated members of our team will accept and document all expressions of dissatisfactions that are received verbally or in writing, for formal investigation. To ensure our corporate operations are intimately involved in the daily complaints process, this team will be managed by an ombudsman who will report directly to West Virginia's Program Manager, and will have a dotted line to Senior Vice President of Operations, Chris Echols. Not only will this process provide another level of independence and integrity over our complaints program, but it will also significantly enhance any transparency issues that arise within our program and conciliate any concerns related to complaint management. In addition to overseeing the Care Team's management of complaints and analyzing findings:

- The ombudsman will provide reports to the Project Manager and SVP on a monthly basis with details regarding any complaint trends or systemic and systematic issues identified as well as LogistiCare’s resolutions for these issues.
- The ombudsman will be responsible for holding LogistiCare’s operations accountable for all reported dissatisfactions and will ensure the member or NEMT Provider that initiates the claim receives a timely resolution.
- Upon identification of systemic or systematic issues, the ombudsman will alert the Project Manager and SVP *immediately*.
- The ombudsman will attend LogistiCare’s quarterly Regional Advisory Committee meetings with the Bureau’s representatives, members, Medical Providers, advocacy groups, and other program stakeholders to present details regarding what they see, hear, and experience as they monitor the complaint and resolution process.

During the life of the contract, the ombudsman will report any findings to the Bureau and LogistiCare independently.

Complaint Education: Step-by-step instructions of the process to submit complaints will be clearly communicated to NEMT Providers and members in written educational materials (i.e., manuals, brochures, letter of notice) as well as on the West Virginia-specific website.



Intake and Tracking: Unlike our competitors, whenever a member, facility, NEMT Provider, or community stakeholder expresses a dissatisfaction regarding LogistiCare or our services, we immediately record their concerns and assign a unique tracking number that is linked to the appropriate reservation record and/or profile.

Categorized by Issue and Severity: Once a complaint is recorded in LCAD NextGen, it is automatically assigned a tier (I through IV) based on the severity of the issue and category:

Member Issue	No Vehicle Available
Member No-Show	Provider No-Show
Facility Issue	Late Reroute
Injury	NEMT Provider Early
LogistiCare Employee Issue	NEMT Provider Issue
LogistiCare Error	NEMT Provider Late
Vehicle Issue	Other

<p>TIER IV MINOR</p>	<p>TIER III MODERATE</p>	<p>TIER II MAJOR</p>	<p>TIER I SERIOUS</p>
<p>Complaint/issues not involving safety, behavior or timeliness</p> <p>Issue undergoes communication and education of involved parties. If the grievance involves a Transportation Provider, LogistiCare may place the Transportation Provider on performance monitoring based on any identified trends or specific issues.</p>	<p>Issue involving service or behavior</p> <p>These issues undergo tracking and monitoring to identify trends that may indicate systemic problems. LogistiCare management escalates identified systemic issues to Tier II level grievance processes to achieve the necessary corrective action. Processing typically includes communication and education of involved parties and documentation in respective files.</p>	<p>Issue involving service, behavior, and timeliness</p> <p>These incidents undergo investigation by our dedicated team. Processing the grievance involves communication with relevant parties and documentation of corrective action.</p>	<p>Issue involving safety</p> <p>These are the most severe incidents and therefore receive focused attention by senior management. LogistiCare reports grievances immediately upon receipt to the agency.</p>

Thorough Investigation of All Complaints: We then perform a thorough investigation, which may include reviewing related call and data information in LCAD NextGen and contacting a member, facility, or Provider, before determining a suitable resolution within the required timeframe. For instance, when investigating a no-show or late trip complaint, we will listen to the initial reservation call, review the GPS coordinates for pickup and drop off, and pull the assigned vehicle’s time/date stamp to help us efficiently compare information and substantiate a complaint. Our Care Team will enter complaint notes including all parties contacted (name, title, phone number, and time of call) during the investigation, a thorough description

of the event/incident, and action code(s), using the following delineators into our system where they will become a permanent part of the member, NEMT Provider, and/or employee's record:

Call Made	E-mail Sent
Call Received	Final Response
Closed Complaint	Letter Received
Comments Added	Letter Sent
E-mail Received	Reopened Complaint

Prior to closing the complaint, we will document all corrective actions taken and provide notice of the resolution to the complainant and the entity or individual against whom the complaint was lodged. Serious safety violations may result in immediate termination and possible referral to the appropriate enforcement agency, as detailed in the NEMT Provider service agreement and manual.

Oversight of Complaint Process: West Virginia's ombudsman will review all complaint calls on a daily basis to make certain issues are being accurately recorded and addressed in a timely manner. The ombudsman will also ensure any individual submitting a complaint receives a follow-up within one business day and is notified of their tracking number and complaint resolution as defined by the approved policies and procedures. If a complainant believes their issues have not been properly addressed, they will be encouraged to communicate directly with the ombudsman to allow real-time monitoring of our process and information gathering for reporting. All information, including subsequent contact by a complainant, will be accurately recorded in LCAD NextGen.

A final Complaint Policies and Procedures Manual will be delivered to the Bureau at least thirty (30) calendar days prior to the Operations Start date for review and approval. Operations will not begin without a Bureau approved Manual. Our complaint policies and procedures will be reviewed at least every six (6) months, and we will notify the Bureau if an amendment is necessary. Amendments will only be enacted with prior written consent from the Bureau. At least thirty (30) calendar days post Bureau approval, we will publish and distribute the amended manual to provider and member communities.

Review and Amend Complaint Policies: Using trends and findings from complaint reporting as well as stakeholder feedback during advisory committee meetings, LogistiCare will determine areas in which the complaints process should be amended. With our ombudsman approach to complaints management, stakeholders have access to an advocate that has a primary interest in establishing stakeholder-focused processes. This ombudsman will continuously review complaints and LogistiCare's tracking and resolution process, if any of our procedures require updates, the ombudsman will meet with operational leaders and the Senior Vice President to deliberate best practices. The Bureau will be welcome to provide additional input. After determining our pitfalls and practical solutions, this information will be turned over to the Bureau. Approved amendments will be updated in the manual, which will be distributed to members and provider communities within 30 days.

Complaint Reporting: The Bureau will receive standard reports with information about complaints received by program stakeholders and the outcome of these issues. Because we maintain information about all activities that may lead to a complaint as well as our follow up efforts, we can disseminate this information at any time. In addition, in compliance with this RFP, we will document and maintain records of NEMT service denials as outlined in Section V of Appendix 1 and provide reporting as outlined in Appendix 3. Our complaint information will include:

- Documentation or testimony by the Project Manager or other medical or expert consultant who is

familiar with and able to testify to a case being appealed.

- Comprehensive documentation specific to a particular case.

If the Bureau overturns the denial and authorizes the NEMT Services, we will notify the member and the NEMT provider of the appeal decision and will approve the NEMT Services and reimburse the NEMT Provider.

Member Experience Team (MET): MET is a member-focused task force with a common goal to enhance the overall NEMT program and to identify high-touch members that may need extra support. To prevent complaints and systemic issues that may negatively impact our program performance, key personnel from the call center team will collaborate to investigate complaint trends, uncover root causes, and identify solutions that improve the member’s experience.

MET Complainant Trip Monitoring Process
The MET monitors complainants closely. Members with repeat complaints are monitored for a 30-day period after their first complaint is received.
The MET calls the NEMT Provider prior to a scheduled trips occurring, to confirm receipt of the trip detail, and to remind the Provider of the need for a timely arrival for this high priority member.
The MET also calls the member after the trip has occurred to inquire about the trip experience. If a member did not have a good experience, a complaint is logged about the trip in LCAD NextGen.
If the member makes an additional verified complaint, the tracking period will be extended for another 30 days. Members are removed from the active MET monitoring list if tracking uncovers no further issues.
MET Complainant Tracking Contribution
Complaint tracking allows the MET to work with the transportation team to resolve a verified member issue, determine the root cause, and continually improve our service. Additionally, we aim to show the member we care and are truly invested in the service we provide.
The MET is able to identify NEMT Provider trends and alert the Management staff to take action.

The MET will use information gleaned from their research and follow up with members to recommend changes to our training or processes and discover areas we can improve member’s quality of life that extends beyond our typical NEMT services. For instance, in our Delaware market, an NEMT provider alerted our MET lead that on-time performance was affected because a member restricted to a wheelchair was living in a home with no wheelchair accessibility. The MET lead contacted the member’s case manager to communicate these challenges, and worked with the appropriate agency to ensure an ADA-compliant ramp was built.

B. NEMT Provider Complaint Resolution and Grievance Process

The vendor should establish and maintain a procedure for reviewing complaints and grievances made by NEMT providers. Each complaint or grievance should be assigned a unique tracking number. The NEMT provider should be allowed fifteen (15) calendar days to request a review of the decision by the vendor, The Bureau or both. Failure to request a review within fifteen (15) calendar days is to be a waiver of the NEMT provider’s right to request a review.

LogistiCare believes in taking swift action to investigate and resolve dissatisfactions reported by program stakeholders, including NEMT Providers. If a complaint is received from an NEMT Provider, we will use the same process outlined in Section XIV (A) to assign a unique tracking number and initiate an investigation. Whenever a complaint is received online, over the phone or in writing, our Care Team will contact the

Provider within one business day to ensure all details of the complaint are properly noted and the event is escalated to the appropriate tier for proper handling.

LogistiCare will allow NEMT Providers 15 calendar days to request a review of a decision and file an appeal; failure to request a review within 15 calendar days will result in a waiver of the NEMT Provider's right to request a review.

Information regarding submitting or following up on a complaint will be detailed within the NEMT Provider manual as well as on the West Virginia-specific website and TripCare portal for NEMT Providers. Before using the proposed complaint resolution protocol or making an adjustment to the process, LogistiCare will submit the details to the Bureau for review and approval.

XV. Contract Close-Out and Turnover Procedures

A. Turnover Plan

The vendor should submit a Turnover Plan to The Bureau no later than fourteen (14) calendar days after the date of Contract award. The Turnover Plan should provide for an orderly and controlled turnover of the vendor's responsibilities to a successor vendor or to The Bureau at the end of the Contract period or upon termination of the Contract, and minimize the disruption of NEMT Services to Medicaid Recipients. The Turnover Plan should include the following: 1.The vendor's proposed approach to turnover; 2.The tasks and subtasks for turnover; 3.A timeline for turnover, including adjustments for possible variance; 4.Operational resource requirements; 5.Any training provided; and 6.Procedures for the transfer of data, documentation, files, training materials, the Operations Procedures Manual, brochures, pamphlets, and all other written materials and records developed in support of the NEMT Brokerage Program.

No later than 14 days after Contract award, LogistiCare will submit a turnover plan to the Bureau. The Plan will ensure we provide an orderly and controlled turnover of responsibilities at the end of the contract period or upon termination of the contract, with minimized disruption of NEMT services to Medicaid Recipients. The Turnover Plan will include a turnover approach and will identify the tasks and subtasks required, a turnover timeline with adjustments for possible variance, operational resource requirements, and any training provided. In addition, we will define the procedures for the transfer of data, documentation, files, training materials, Operations Procedures Manual, brochures, pamphlets, and all other written materials and records developed in support of the NEMT Brokerage Program.

B. Turnover Notification and Turnover Period

In the event The Bureau desires a turnover of the duties and obligations of the vendor to The Bureau or to a new vendor upon termination of the Contract, the vendor should expect The Bureau to give written notification of the need for turnover at least ninety (90) calendar days prior to the termination date of the Contract. The Turnover Period should begin on the date specified by The Bureau in the notice and continue until The Bureau determines that all of the vendor's Contract duties and obligations have been met, even if that date extends beyond the termination date of the Contract. The vendor may expect The Bureau's notification to provide written instructions regarding the packaging, documentation, data formats, delivery location, and delivery date of all records, data and information The Bureau determines are required to provide for an orderly turnover.

LogistiCare acknowledges that if the Bureau desires a turnover of the duties and obligations to the Bureau or to a new vendor upon termination of the Contract, the Bureau will give written notification of the need for turnover at least ninety (90) calendar days prior to the termination date of the Contract. The Turnover Period shall begin on the date specified by the Bureau in the notice and continue until the Bureau determines that all contractual duties and obligations have been met, even if that date extends beyond the termination date of the Contract. LogistiCare understands and will comply with the Bureau's notification to provide written instructions regarding the packaging, documentation, data formats, delivery location, and delivery date of all records, data and any other information the Bureau determines is required for an orderly turnover.

C. Specific Close-Out Requirements

The vendor should complete all duties required in the Contract with regard to requests for NEMT Services for dates of services up to and including 11:59 p.m. Eastern Time on the termination date of the Contract. These duties should include, but not be limited to, the following: 1. Screening, authorization, scheduling, and provision of NEMT Services; 2. Successful submission to the Bureau of all utilization data; 3. Generation and sending of all required notices to Providers and Medicaid Recipients; 4. Validation Checks as required in Section VII of Appendix 1; and 5. Submission and correction, as necessary, of all reports required by RFP BMSXXXX.

LogistiCare will complete all duties as required by the contract, with regard to requests for NEMT services for dates of services up to and including 11:59 P.M. Eastern Time on the termination date of the contract. These duties include, but are not limited to, the following:

1. Screening, authorization, scheduling, and provision of NEMT services;
2. Successful submission to the Bureau of all utilization data;
3. Generation and sending of all required notices to Providers and Medicaid Recipients;
4. Validation checks as required in Section VII of Appendix 1; and
5. Submission and correction, as necessary, of all reports required in this RFP.

D. Agency Access

During the Turnover Period, the vendor should allow The Bureau full remote access during the vendor's regular business hours to all data records as required in the Contract.

During the Turnover Period, LogistiCare will allow the Bureau full remote access to all data records as required in the Contract during regular business hours.

E. Specific Turnover Requirements

At any time prior to The Bureau's determination that all requirements under the Contract have been completed, The Bureau may request, and the vendor should provide, the following information to The Bureau: 1. Information including, but not limited to, the number, the review status, and the completion date of all transportation that was scheduled, authorized or provided by the vendor up to and including 11:59 p.m. Eastern Time on the termination date of the Contract and that have not been transmitted to The Bureau for processing. 2. Information including, but not limited to, the number, the review status and the completion date of all transportation that was scheduled, authorized or provided by vendor up to and including 11:59 p.m. Eastern Time on the termination date of the Contract and that The Bureau returned to vendor as unprocessed with an error code. 3. Information on any other deliverables that are pending as of 11:59 p.m. Eastern Time on the termination date of the Contract, including, but not limited to, any outstanding reports, the status of any unresolved complaints or grievances and the status of any Bureau hearings that have been scheduled or are in process.

At any time prior to the Bureau's determination that all requirements under the contract have been completed, we understand that the Bureau may request the following information:

- Information including, but not limited to, the number, the review status, and the completion date of all transportation that was scheduled, authorized, or provided by LogistiCare prior to 11:59 p.m. Eastern Time on the termination date of the contract and that have not been transmitted to the Bureau for processing.
- Information including, but not limited to, the number, the review status, and the completion date of all transportation that was scheduled, authorized or provided by LogistiCare prior to 11:59

p.m. Eastern Time on the termination date of the contract and that the Bureau returned to us as unprocessed with an error code.

- Information on any other deliverables that are pending as of 11:59 p.m. Eastern Time on the termination date of the contract, including, but not limited to, any outstanding reports, the status of any unresolved complaints or grievances, and the status of any the Bureau appeal hearings that have been scheduled or are in process.

F. Vendor Response to Questions

The vendor should answer any written questions from The Bureau for a new vendor regarding the review of the information and data that vendor has transferred to The Bureau or a new vendor. The vendor's answers should be in writing and should be submitted to The Bureau or the new vendor within five (5) business days after receipt of the question.

LogistiCare acknowledges and agrees to answer any written questions from the Bureau or a new contractor during turnover.

G. Turnover Meetings

The vendor should expect The Bureau to notify the vendor of the date, time, and location of meeting(s) regarding the close-out or turnover to be held among The Bureau, the vendor and new vendor. The vendor should provide two (2) individuals to attend meetings. The individuals attending should be proficient and knowledgeable regarding the paper materials and electronic data to be transferred and delivered to The Bureau or a new vendor.

LogistiCare understands that the Bureau will provide notification of the date, time, and location of meeting(s) regarding the closeout or turnover to be held among the Bureau, LogistiCare, and the Bureau's designated agent. We will designate a minimum of two individuals to attend the meetings, who will be proficient and knowledgeable regarding the paper materials and electronic data to be transferred and delivered to the Bureau or a new vendor.

APPENDIX 2: IMPLEMENTATION SPECIFICATIONS

I. Implementation Work Plan

The vendor's Proposal should include an Implementation Work Plan (IWP) to be maintained throughout the implementation period that includes all tasks required to successfully begin operation of the NEMT Brokerage Program. The IWP should be sufficiently detailed to satisfy the Bureau that the work should be performed in a logical sequence, in a timely manner, and with an efficient use of resources. The vendor should submit the final IPW electronically and in hard copy to The Bureau no later than fourteen(14) calendar days after the date of Contract award.

A. Work Plan Tasks

The IWP should include task-level detail, including timeframes, milestones and names of vendor staff members who may be responsible for each task. Each task listed in the IWP should include a description of the activity, a scheduled start date and a scheduled completion date. The types of tasks to be described in the IWP should include, but not be limited to, the following: 1. Acquisition of office space, furniture and telecommunications equipment; computer equipment, including software; and installation of utilities 2. Hiring and training of central office staff, call center staff and all other vendor staff 3. Recruitment and contracting of NEMT providers 4. Verification that NEMT provider vehicles meet vendor standards, including inspection and certification requirements 5. Verification that drivers meet Contract standards 6. Testing of daily operational requirements, including, but not limited to: call center, dispatch and real time communications with drivers, to ensure that all components are functioning adequately prior to The Bureau's Readiness Review 7. Installation of trip scheduling, reservation, and dispatch systems 8. Member, NEMT provider and medical provider education 9. Development of required deliverables, including reports, Operations Procedure Manual, NEMT Provider Manual, eligibility file requirement, utilization data submission procedures, Quality Assurance Plan (as described in Section II of Appendix 2), and Business Continuity and Disaster Recovery Plan (as described in Section V of Appendix 2).

An Implementation Work Plan (IWP) that will be maintained throughout the implementation period is provided on the following pages. The IWP details how our Implementation Team will satisfy all work to be performed, upon contract award, in a logical sequence, in a timely manner, and with an efficient use of our resources. A final IPW will be submitted electronically and in hard copy to the Bureau no later than fourteen (14) calendar days after the date of Contract award.

Task Name	Start	Finish
90 Day Implementation Plan	Mon 1/1/18	Mon 4/2/18
Estimated Notification of Award	Mon 1/1/18	Mon 1/1/18
(Plan) IMPLEMENTATION PLAN for 4/1/18 Go-Live	Mon 1/1/18	Mon 4/2/18
LGTC/Client Project Kickoff	Mon 1/1/18	Mon 1/8/18
Project Kick-off Meeting (face-to-face onsite at Client)	Tue 1/2/18	Tue 1/2/18
Final Implementation Plan	Tue 1/2/18	Mon 1/15/18
Draft Final Implementation Plan	Tue 1/2/18	Mon 1/8/18
Submit Draft to the Bureau Electronically and Hardcopy	Mon 1/8/18	Mon 1/15/18
First team implementation conference call	Fri 1/5/18	Thu 1/11/18
Schedule and Conduct Weekly Status Meetings	Tue 1/9/18	Mon 3/26/18
Complete Communication Plan	Tue 1/9/18	Mon 1/22/18
Obtain Member Eligibility File Schedule and Define Rider Types	Tue 1/9/18	Mon 1/22/18
Discuss Encounter Export	Tue 1/9/18	Mon 1/22/18
Charleston-Area Call Center	Mon 1/1/18	Fri 2/9/18
Location and Layout Planning	Mon 1/1/18	Fri 1/12/18
Identify and order furniture and IT/Telephony Equipment	Mon 1/15/18	Fri 1/19/18
Move In	Mon 1/15/18	Fri 2/9/18
Sign Lease & Obtain Certificate of Occupancy	Mon 1/15/18	Fri 1/19/18
Identify and Order Furniture, IT, and Telephony Equipment	Mon 1/22/18	Mon 1/22/18
Furnish Facility (Utilities & Workstations)	Tue 1/23/18	Fri 2/9/18
IT	Tue 1/9/18	Mon 3/12/18
LGTC Accounting GL Code Assignment	Mon 1/15/18	Fri 1/19/18
Broker Client Set Up Review and Completion (LCAD NextGen)	Mon 1/15/18	Fri 2/23/18
Facilities Loaded into LCAD NextGen	Mon 1/15/18	Fri 3/16/18
Website development	Tue 1/9/18	Mon 2/5/18
Develop TripCare Portals, Public Website, Stakeholder Sites	Tue 1/9/18	Mon 2/5/18
Create Client's Qlik Sense Dashboard	Tue 1/23/18	Mon 2/5/18
Eligibility File	Mon 2/26/18	Tue 3/6/18
Test Eligibility File Received	Mon 2/26/18	Tue 2/27/18
Resolve Eligibility File Process	Wed 2/28/18	Tue 3/6/18
Technology & Telephony	Mon 1/22/18	Tue 2/20/18
Program Telephony Systems	Tue 1/23/18	Mon 2/12/18
Telephony System Test	Thu 1/18/18	Tue 1/23/18
Onsite Client Readiness Review: Telecom, Hardware & Software	Mon 2/19/18	Fri 2/23/18
Staff Hiring & Training	Mon 1/15/18	Fri 3/16/18
Staffing Plan	Mon 1/15/18	Fri 1/26/18
Source, Screen, and Hire Local Staff	Mon 1/15/18	Fri 2/23/18
Conduct Onsite Training	Mon 2/26/18	Fri 3/16/18
Outreach to Transportation Providers (Network)	Mon 1/1/18	Fri 3/9/18
Obtain list of transportation providers from client if available	Mon 1/1/18	Fri 1/12/18

Recruiting	Mon 1/8/18	Fri 3/9/18
Collect Driver/Vehicle Credentialing	Mon 1/8/18	Fri 3/9/18
Perform Vehicle Inspections	Mon 1/8/18	Fri 3/9/18
Collect and Submit Contract to Corporate Office	Mon 1/8/18	Fri 3/9/18
Enter Provider Rates and Geography into LCAD NextGen	Mon 1/8/18	Fri 3/9/18
Conduct Provider Training in West Virginia Regions	Mon 2/5/18	Mon 3/12/18
Integrate and Test GPS/AVL Software, Train Providers	Mon 2/5/18	Mon 3/12/18
Test Dispatch and Communications with Driver/Providers	Mon 2/5/18	Mon 3/12/18
Outreach and Education	Mon 1/1/18	Wed 5/16/18
Education and Training Plan	Mon 1/1/18	Fri 2/9/18
Submit Draft to the Bureau for Approval	Mon 1/22/18	Mon 1/22/18
Obtain list of dialysis, hospitals, and nursing homes	Mon 1/1/18	Thu 1/18/18
Develop coverage plan for contacting facilities	Fri 1/19/18	Tue 1/23/18
Mail Written Notification of Award to Facilities and Members	Mon 1/1/18	Fri 2/9/18
Site visits for Introduction and Training	Thu 2/1/18	Wed 5/9/18
Enter Standing Orders into LCAD NextGen	Thu 2/1/18	Wed 5/16/18
Deliverables and Reporting Package	Mon 1/1/18	Fri 3/16/18
Submit Deliverables for Approval	Mon 1/1/18	Mon 4/2/18
Adverse Conditions Plan	Wed 3/14/18	Wed 3/14/18
NEMT Provider Network and Geographic Coverage Report	Tue 2/20/18	Tue 2/20/18
Post Transportation Authorization Policy	Tue 2/20/18	Tue 2/20/18
Validation Plan	Tue 2/20/18	Tue 2/20/18
Denial Letter and Criteria	Tue 2/20/18	Tue 2/20/18
Provider Manual	Tue 2/20/18	Tue 2/20/18
Vehicle Inspection Plan	Tue 2/20/18	Tue 2/20/18
Outreach and Education Plan	Tue 2/20/18	Tue 2/20/18
Operations Procedures Manual	Tue 2/20/18	Tue 2/20/18
Monitoring Plan	Tue 2/20/18	Tue 2/20/18
Complaints Policies and Procedures Manual	Tue 2/20/18	Tue 2/20/18
Quality Assurance Plan	Tue 2/20/18	Tue 2/20/18
Business Continuity and Disaster Recovery Plan	Tue 2/20/18	Tue 2/20/18
Approval of Reporting Package and Delivery Process	Wed 1/10/18	Tue 2/20/18
Readiness Review with Client	Wed 3/14/18	Wed 3/14/18
Submit Operational Readiness Review Deliverables	Tue 2/20/18	Tue 2/20/18
Operational Readiness Review	Tue 3/13/18	Tue 3/13/18
Call Center Implementation	Wed 3/14/18	Fri 3/30/18
Call Taking Start - Soft Go Live	Wed 3/14/18	Fri 3/30/18
Official Go Live Date, Including Transportation	Mon 4/2/18	Mon 4/2/18
Schedule and Conduct recurring startup meetings	Mon 4/2/18	Tue 5/1/18
Schedule and Conduct Post Implementation Meeting - Internal Review @ 30 Days	Wed 5/2/18	Thu 5/31/18
Schedule and Conduct Post Implementation Meetings with Client	Wed 5/2/18	Thu 5/31/18

Schedule and Conduct Post Implementation Meeting - Internal Review @ 60 Days	Fri 6/1/18	Mon 7/2/18
Schedule and Conduct Post Implementation Meeting - Internal Review @ 6 Months	Tue 10/2/18	Wed 10/31/18

II. Quality Assurance Plan

At least thirty (30) calendar days prior to the operations start date, the vendor should submit a final Quality Assurance Plan to The Bureau for its review and approval. The Quality Assurance Plan (OAP) should include at least the following: 1. The vendor's procedures for certification that all NEMT Services paid for are properly authorized and actually rendered; 2. The vendor's plan to develop safeguards against fraud, waste, or abuse by NEMT providers, medical providers, Medicaid Recipients and vendor staff and fulfill The Bureau reporting requirements regarding such activity, as described in Appendix 3 of this RFP; 3. The vendor's agreement to indemnify The Bureau against any causes of actions or claims of payment brought by NEMT providers or Medicaid Recipients; 4. The vendor's plan to ensure that NEMT providers meet standards for vehicle maintenance, operation, and inspection; driver qualifications and training; complaint resolution; and delivery of courteous, safe and timely NEMT Services; 5. The vendor's plan for Quality Control in the vendor's call center as described in Section XI in Appendix 1 The vendor should not begin operations without a Bureau approved OAP. The Bureau reserves the right to make quality assurance reviews on services provided by the vendor under the Contract anonymously and without advance notice.

At least 30 days before the start of operations, LogistiCare will submit a final Quality Assurance Plan to the Bureau for review and approval. The Plan will include the following:

1. LogistiCare's procedures for certification that all NEMT services paid for are properly authorized and actually rendered.
2. Our plan to develop safeguards that prevent fraud or abuse by NEMT Providers, Medical Providers, Medicaid Recipients, and program staff, as well as the reporting requirements regarding these activities.
3. LogistiCare's agreement to indemnify the Bureau against any causes of actions or claims of payment brought by NEMT Providers or Medicaid Recipients.
4. A credentialing plan which will detail how we ensure all NEMT Providers meet the local, State, and Federal standards for maintenance, operation, and inspection; driver qualifications and training; our complaint resolution process; and, monitoring procedures that will ensure the delivery of safe and timely services.
5. The plan for Quality Control within the West Virginia call center, as described in Section XI in Appendix 1

Operations will not begin without a Bureau approved OAP. We understand and will observe the Bureau's right to make quality assurance reviews on services provided under the contract anonymously and without advance notice.

Ensuring Quality Service with Quality Assurance (QA) Staffing Resources

From Customer Service Representatives to the Corporate Executive Officer, LogistiCare believes it is every employee's responsibility to ensure quality customer service. On a corporate level, our QA program is driven by our Corporate Quality Management Committee (QMC), which consists of senior management representatives who oversee such functions as operations, risk management, complaints, implementation, social services, human resources, and quality assurance. The function of the QMC is to assess the strengths and weaknesses of the quality monitoring and review processes used in our transportation operations and to facilitate their improvement. The QMC is responsible for ensuring that the development and improvement of processes is coordinated across the entire organization and that process improvements are institutionalized. The QMC identifies best industry practices, communicates them throughout the entire organization, and maintains a Corporate Quality Assurance Policy and Procedures Manual. Through our QMC, the Bureau benefits from LogistiCare's long-term experience of improving quality throughout

the country.

On a local level, we take our company mission of quality customer service seriously. Every member of our staff puts quality first. Our QA Manager, Assistant Manager, Field Monitors, and Project Manager are key in QA management and will make up our local quality-assurance committee. West Virginia staff will ensure the highest quality service for members. West Virginia-specific quality goals and procedures will be structured to monitor and report performance — especially the quality of transportation performance. The QMC’s policies, procedures, and standards will be developed to meet and exceed this RFP’s requirements and drive our day-to-day operations, which include among other tasks:

- Call center accessibility and CSR monitoring
- Transportation provider availability, safety, and customer service
- Complaint responsiveness and analysis
- Quarterly face-to-face meeting with transportation providers to review their performance as measured by our Provider Report Card
- Handling complaints and issues on a day-to-day basis
- Immediate access to our local management team
- Addressing any additional URAC goals applicable to Virginia (Virginia is currently accredited by URAC)
- Generating Internal Quality Assurance Reports

Our software system includes powerful and flexible reporting capabilities that can provide many types of utilization reports desired by the Bureau. Not only are these reports customized to your requirements, they are also useful tools in answering questions regarding various aspects of the NEMT service.

Review of reports and other measures of transportation service quality is the responsibility of the Project Manager and QA Manager, Assistant Manager, and Field Monitors, along with our corporate Senior Vice President of Operations.

The following table briefly describes a few of the quality assurance objectives our managers use to analyze internal performance. Based on this foundation, the main components of our QA plan will be grouped under four categories of activity:

- **Operational Procedures:** Quality-oriented operating processes that help ensure we “get it right the first time”
- **Real-time Service Monitoring and Response:** Continual monitoring against the Bureau’s performance standards and LogistiCare companywide standards as set by our internal and immediate responsive actions that enable us to correct service problems as they occur
- **QA Audit and Review:** Retrospective reports and analysis used to identify service issues and proactively devise quality improvement plans
- **Corrective Action and Service Improvement Plans:** Plans for communication, training, and procedural change to bring about specific performance improvements

LogistiCare Quality Assurance Plan Summary	
Controls Established within the Pla	Advantages for the Bureau
Quality Standards and Corporate Oversight	
Corporate Quality Management Committee (QMC)	LogistiCare leadership and the local project general manager oversee the QA plan together to carefully assess local operations and update the plan. The Bureau will benefit from a comprehensive, quality-centric approach. Local management teams meet to review key performance indicators and design corrective action plans to meet required standards.
Internal QA Reporting	
Quality Improvement Plans	
(1) Operational Procedures	
Recruitment and Training	Our approach to hiring qualified people and contracting with qualified NEMT providers helps avoid risk and ensures seamless operations. Guidelines are in place for clear communication support teams in delivering effective service to our members. We are sure to set employee expectations appropriately, at the onset, and give them the tools and training to perform with excellence. Extensive online training programs are augmented with job coaches on site in the office. Training includes operational staff and provider staff and drivers.
Written Policies and Procedures	
Explicit Provider Contracts and Provider Manual	
Data Management and Call Center Technology	
(2) Real-time Monitoring and Response	
Call Center Performance	
Live Queue Monitoring	We monitor all call queues and CSRs through live and remote monitoring and intervene when necessary to ensure customer satisfaction and quality service. We perform weekly CSR evaluations and coaching, and weekly CSR evaluations with supervisors.
Live Call Monitoring and Intervention	
CSR Call Evaluations	We maintain weekly and monthly reporting against program standards.
Escalation of Problem Calls	
Transportation Provider Credentials Compliance	
Provider Vehicle Credentials Monitoring	Our approach to compliance is based on extensive experience in tracking licenses and insurance, notifying for renewals, and ensuring vehicles are safe, comfortable, and reliable. We are proactive in our monitoring of providers on safety and quality to ensure a quality member experience the first time.
Driver Credentials and Screening Verification	
Monitoring	
Vehicle Inspections and Insurance Policy Notifications	
Transportation Provider Performance	
Field Observations	We are trained to observe drivers first-hand and leave nothing to chance. We immediately respond to calls about late-running trips and effectively manage critical issues using defined procedures.
Live Response to Late Trips	
Incident and Accident Management	We track monthly performance data on each provider and report the results monthly.
Provider Performance Report Cards	
(3) Quality Audits and Reviews	
Call Center Audit Measures	We constantly compare performance metrics with established standards, and track and resolve all complaints. As a result of our audits and reviews, we require corrective action plans to implement improvements and enhance service.
Transportation Service Monitoring	
Complaint Management	
Member Satisfaction Surveys	
Healthcare Outreach Visit	

LogistiCare Quality Assurance Plan Summary	
Controls Established within the Plan	Advantages for the Bureau
(4) Quality Enforcement and Corrective Actions	
Call Center and Provider Network Improvements	
Call Center Corrective Actions	When the need for improvement is identified, we create educational, improvement, and corrective action plans to ensure future enhanced performance. Continuous improvement in internal staff performance at the call center and holding the providers to high standard keeps the right resources working and the highest quality providers in place.
Provider Credentials Enforcement	
Provider Performance Improvement Plans and Corrective Action Plans	
<p>Summary of QA Plan Components. <i>The QA plan is designed to support a quality-centered culture and governs all project activities. Our mission is to confirm safe and quality transportation, seamlessly across the region, for all qualified members.</i></p>	

III. Operational Readiness Review

Approximately two (2) weeks prior to the operations start date, the vendor should expect that The Bureau may conduct an operational readiness review of the vendor, after which The Bureau may approve the vendor for implementation. The vendor should receive written Bureau approval of all submission and demonstration requirements prior to the operations start date.

Through the proper execution of implementations, LogistiCare has consistently met the standards for readiness review for each of our 16 state clients and started operations on time and within budget. After successfully implementing a cost savings program in Region 1 and multiple surrounding counties within a 60-day timeline, LogistiCare was asked to assume responsibility for NEMT services in Texas's Region 8 after another broker was unable to meet the Health and Human Services Commission's (HHSC) contractual requirements.

A. Readiness Review Deliverables

At least thirty (30) calendar days prior to the operational readiness review, the vendor should submit the following deliverables for Bureau review and approval to ensure that each process or item fully and consistently meets The Bureau's requirements. 1.The vendor's data systems (as described in Appendix 2, Section IV); 2. The vendor's information systems screen prints and logic; 3.The vendor's brokerage process, including authorization, scheduling, dispatch, coordination, management, generation of denial letters, and reimbursement process; 4. The vendor's NEMT Provider Network and Geographic Coverage Report (as described in Appendix 1, Section II (D)); 5.Proof of the vendor's NEMT provider network sufficiency; 6.The vendor's Adverse Weather Plan (as described in Appendix 1, Section IV (D)); 7.The vendor's Post-Transportation Authorization of NEMT Services Policy (as described in Appendix 1, Section IV (F)); 8. The vendor's NEMT Service denial criteria and service denial letter (as described in Appendix 1, Section V (A, #2));9.The vendor's Validation Policy (as described in Appendix 1, Section VII);10.The vendor's Vehicle Inspection Plan (as described in Appendix 1, Section IX (C));11. Proof of compliance with vehicle and driver requirements; 12. The vendor's NEMT Provider Monitoring Plan (as described in Appendix 1, Section X (E)); 13. The vendor's final NEMT Provider Manual (as described in Appendix 1, Section XII (A)); 14. The vendor's NEMT Provider and Provider Training and Education Plan (as described in Appendix 1, Section XII (B)); 15. The vendor's final member Outreach and Education Plan (as described in Appendix 1, Section XII (C); 16. Verification that education of Medicaid Recipients, NEMT providers, providers, and other agencies occurred (as described in Appendix 1, Section XII); 17. The vendor's Operations Procedures Manual (as described in Appendix 1, Section XIII); 18. The vendor's final Complaint Policies and Procedures Manual (as described in Appendix 1 Section XIV); 19 The vendor's Quality Assurance Plan (as described in Appendix 2, Section II); 20.The vendor's Business Continuity Plan and Disaster Recovery Plan (as described in Appendix 2, Section V); and 21. The vendor's reporting capabilities, including the ability to produce The Bureau -Specific reports (as described in Appendix 3).

At least thirty (30) calendar days prior to the operational readiness review, LogistiCare will submit the following deliverables for the Bureau's review and approval to ensure that each process or item fully and consistently meets the Bureau's requirements:

1. Data systems as described in Appendix 2, Section IV
2. Information systems screen prints and logic
3. Brokerage process, including authorization, scheduling, dispatch, coordination, management, generation of denial letters, and reimbursement process
4. NEMT Provider Network and Geographic Coverage Report as described in Appendix 1, Section II (D)
5. Proof of NEMT Provider network sufficiency
6. Adverse Weather Plan as described in Appendix 1, Section IV (D)
7. Post-Transportation Authorization of NEMT Services Policy as described in Appendix 1, Section IV (F)

8. NEMT Service denial criteria and service denial letter as described in Appendix 1, Section V (A, #2)
9. Validation Policy as described in Appendix 1, Section VII
10. Vehicle Inspection Plan as described in Appendix 1, Section IX (C)
11. Proof of compliance with vehicle and driver requirements
12. NEMT Provider Monitoring Plan as described in Appendix 1, Section X (E)
13. Final NEMT Provider Manual as described in Appendix 1, Section XII (A)
14. NEMT Provider and Provider Training and Education Plan as described in Appendix 1, Section XII (B)
15. The vendor's final member Outreach and Education Plan as described in Appendix 1, Section XII (C)
16. Verification that education of Medicaid Recipients, NEMT Providers, Providers, and other agencies occurred as described in Appendix 1, Section XII
17. Operations Procedures Manual as described in Appendix 1, Section XIII
18. Complaint Policies and Procedures Manual as described in Appendix 1 Section XIV
19. Quality Assurance Plan as described in Appendix 2, Section II
20. Business Continuity Plan and Disaster Recovery Plan as described in Appendix 2, Section V
21. Reporting capabilities, including our ability to produce the Bureau -Specific reports described in Appendix 3

B. *Call Center Readiness Requirements*

As part of the readiness review, the vendor should demonstrate to The Bureau that the vendor's call center meets all contract requirements, including reporting capabilities. The vendor's data system should meet and/or demonstrate compliance with all contract requirements, including the following: 1. The vendor's data collection; 2. The vendor's method by which member information is recovered by the vendor and displayed on screens used by call center staff at their work stations; 3. The vendor's method by which The Bureau overrides and/or special instructions should be displayed on screens; 4. The vendor's ability to determine member eligibility; 5. The vendor's ability to produce denial letters to Medicaid Recipients, NEMT providers, and medical providers, as appropriate; 6. The vendor's functionality of the web-based inquiry system for NEMT providers; 7. The vendor's quality control procedures and edits; 8. The vendor's reporting capabilities, including the ability to produce The Bureau -specific reports (see call center reporting described in Appendix 3); 9. The vendor's staff is appropriately trained; and 10. The vendor's staff is sufficient to meet the timeliness and telephone system requirements (as described in Appendix 1, Section XI (H)).

During the Readiness Review, LogistiCare will validate that the West Virginia Call Center meets all contractual and reporting requirements; and, will demonstrate that data systems are capable of meeting the requirements noted within this RFP, including, but not limited to the following:

1. Data collection;
2. Method by which member information is recovered by the vendor and displayed on screens used by call center staff at their work stations;

3. Method by which the Bureau overrides and/or special instructions should be displayed on screens;
4. Determine member eligibility;
5. Produce denial letters to Medicaid Recipients, NEMT Providers, and medical providers, as appropriate;
6. Functionality of the web-based inquiry system for NEMT Providers;
7. Quality control procedures and edits;
8. Reporting capabilities, including the ability to produce the Bureau -specific reports described in Appendix 3;
9. Staff is appropriately trained; and
10. Staff is sufficient to meet the timeliness and telephone system requirements as described in Appendix 1, Section XI (H).

C. Remediation & Start-Up

The vendor should have an opportunity to make corrections (if necessary, as determined by The Bureau) prior to Operations start date and may be required, upon request of The Bureau, to submit documentation to The Bureau verifying that corrections have been made. Two (2) weeks prior to the scheduled operations start date, the vendor should begin taking calls for requests for NEMT Services that are scheduled to be provided on or after the scheduled operation start date.

All corrections will be made prior to the start of operations and documented for accurate reporting. Two weeks prior to the scheduled Operations Start Date, LogistiCare will begin taking calls for requests for services that are to be provided on or after the scheduled operations start date.

IV. Data Systems Requirements

A. Eligibility Verification

Each week, the vendor should expect The Bureau to provide the vendor with member and Provider extract files. The member extract file should contain eligibility information for all persons enrolled in the Medicaid Program who are eligible to receive NEMT benefits. The Provider extract file should contain eligibility information for all Providers enrolled in the WV Medicaid program. The vendor should upload the weekly member and Provider extract files within two (2) business days after receipt. The vendor should expect The Bureau to identify a contact person in situations where eligibility needs additional verification or information.

In addition, the vendor should expect The Bureau to provide the vendor with limited access to the West Virginia Medicaid Management Information System (MMIS) Automated Voice Response System (AVRS) and/or electronic system to verify member eligibility as needed for eligibility changes made between extract files.

LogistiCare has the ability to interface with MMIS to receive weekly member and Provider Extract Files and to upload weekly member and Provider Extract Files within two (2) business days after receipt. Using our limited access to MMIS, AVRS, and other electronic systems, we will verify member eligibility as needed for eligibility changes made between extract files.

B. Data Capture

The vendor should capture and retain data used to administer the NEMT Brokerage Program. The data captured and retained should be sufficient to meet Contract requirements, including reporting requirements.

The vendor should have the capability to manually enter eligibility data for Medicaid Recipients, including name and member ID number. The vendor should be capable of reconciling the information entered manually against the weekly member eligibility extract file to ensure that the information in vendor's system is accurate.

LogistiCare's technology platform is an integrated system designed to capture, retain, and report data related to NEMT Brokerage services, including information about Medicaid Recipients and utilization. The information stored in members' profiles is at the core of our database and will initially use data contained in files received from the Bureau. CSRs update member profiles with notes, special needs, and other pertinent details attained during the reservation intake process, as necessary. CSRs will also have the ability to manually enter profiles or data, including member name and ID number, if needed. LogistiCare will be capable of reconciling the information entered manually against the weekly eligibility Extract File to ensure that the information is accurate.

Member Encounter Data reports will comply with the HIPAA security and privacy standards and will be submitted in the format required by State. We will capture and retain all data in a manner that is sufficient to meet Contract requirements, including reporting requirements.

C. Encounter Data

The vendor should provide The Bureau with a monthly aggregate file of detailed encounter data on each trip made on behalf of Medicaid Recipients. The transactions are to comply with "HIPAA Rules", meaning the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 (<https://www.gpo.gov/fdsys/pkg/CFR-2011-title45-vol1/pdf/CFR-2011-title45-vol1-part160.pdf>) and Part 164 (<https://www.gpo.gov/fdsys/pkg/CFR-2011-title45-vol1p/dj/CFR-2011-title45-vol1-part164.pdf>) and state code/policies referenced in Appendix 1, Section 1, of the RFP. The file should contain, but not be limited to, the following data elements: 1. Member Medicaid ID number; 2. Member name; 3. Date of service; 4. NEMT Service type; 5. Cost of service; and 6. Number of units provided. The vendor should submit the monthly aggregate file and a summary report to be used for reconciliation purposes to The Bureau by the 15th of the following month. The summary report should balance the detailed aggregate file.

A monthly aggregate file of detailed encounter data for each trip will be sent to the Bureau by the 15th of the following month. The transaction will comply with HIPAA Rules and will include, but not be limited to, the following data elements:

1. Member Medicaid ID number;
2. Member name;
3. Date of service;
4. NEMT Service type;
5. Cost of service; and
6. Number of units provided.

The monthly aggregate file will reconcile and balance the summary report.

D. Audit

The vendor should provide The Bureau or their designee and federal personnel access to the vendor's systems, source code, and facilities to conduct audits and inspections. The Vendor will provide access to data, systems, and documentation required by auditors and inspectors. Access should include, but not be limited to, all equipment, systems, and communications software necessary for The Bureau to obtain utilization information. The vendor should use accurate and reliable software to calculate mileage. The vendor should be responsible for the accuracy of the calculation and should represent such in audit or legal proceedings.

The Bureau will receive access to LogistiCare's systems, source code and facilities that can substantiate information, such as utilization, in the event of an audit or inspection. This includes access to our data, communications software, systems and documentation that may be required during an audit or legal proceedings.

For accuracy in mileage calculation, LCAD NextGen uses advanced geo-coding (via Google Maps) that determines the distance between the member's pickup and destination addresses using the exact longitude and latitude. We accept responsibility for the system's accuracy and will represent such in audit or legal proceedings.

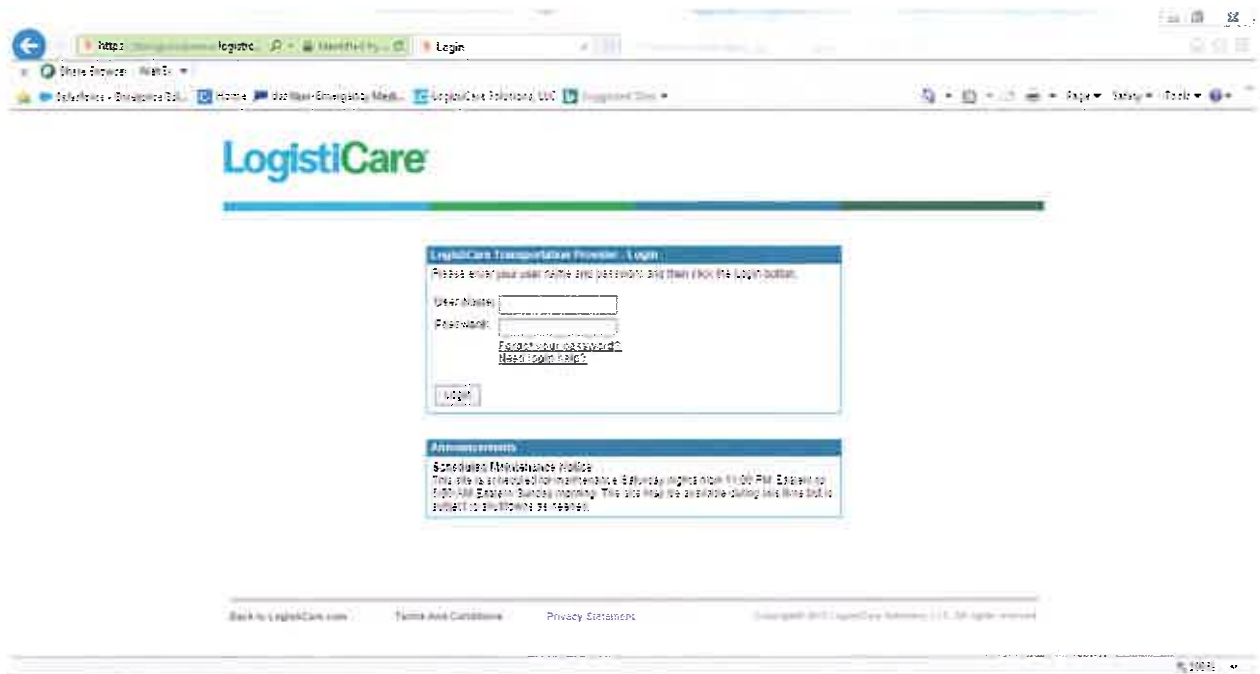
E. Web-Based Inquiry System

The vendor should establish and maintain a secure, web-based inquiry system for NEMT Providers to access NEMT Services trip authorization information. This system should provide access to the current status of all trip requests. The vendor should provide technical assistance and training to NEMT Providers regarding use of the web-based inquiry system. The vendor's web-based inquiry system should comply with the following: 1. The web-based inquiry system should conform to the security and privacy policies and standards set by the organization consistent with 45 CFR §155.260(b); define security and privacy roles and responsibilities (<https://www.gpo.gov/fdsys/pkg/CFR-2014-title45-vol1/pdf/CFR-2014-title45-vol1-sec155-260.pdf> and state code/policies referenced in Appendix 1, Section 1, of the RFP. Web-based screens are to conform to the requirements for readability set forth in the Americans with Disabilities Act (ADA) 2. The screens are to provide the following information.

a. Summary of trips for a date range; b. Summary of trips by a member for a date range; and c. Details of trips by request tracking number.

NEMT Providers in LogistiCare's network will have access to TripCare, a secure, web based portal that allows users to submit, view, or check the status of trips and/or claims data. In compliance with the standards set forth by 45 CFR §155.260(b), the ADA and HIPAA, the system requires authentication and protects member's personally identifiable information with reasonable operational, administrative, and technological Safeguards.

Using the portal, NEMT Providers can enter, review and confirm current trip requests, review past trip logs and trip manifests, and also submit claims. Further, the system will support viewing of a summary of trips for a date range; summary of trips by a member for a date range; and, details of trips by request tracking number. To support our Providers and to encourage use of these systems, our staff will facilitate on-site and virtual training, and will provide assistance, as needed.





LogistiCare

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LogistiCare Transportation Provider - Home

Logged in as TP Oliver Duncan - Cataby Cab Co

Welcome TP Oliver Duncan - Cataby Cab Co

The LogistiCare Transportation Provider secure web site is designed to improve and streamline communication between you and LogistiCare. Using it, you can print or download your trip list, enter information about trips that you complete for LogistiCare, reroute trips, and enter trips that were not completed or were cancelled. You may also bill LogistiCare using this site, and if you choose to do so, you can obtain certain performance reports on your drivers and vehicles. Please note that certain functions are only available to contracted providers.

Select one of the links in the top menu to use the features of the site.

Important Notices

- Batch 566 has been opened for more than 10 days.
- You have driver licenses that will expire soon.
- You have insurances that will expire soon.
- You have not downloaded any trips in the last 2 days.
- You have vehicle registrations that will expire soon.

[Back to LogistiCare.com](#)

[Legal Terms of Site Use](#)

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V. Business Continuity and Disaster Recovery Plan

The vendor's Proposal should include a Business Continuity and Disaster Recovery Plan that details the steps the vendor should take to enable the vendor to continue to meet all requirements of the Contract in the event of a failure of The Bureau's or the vendor's data, communication or technical support systems. The plan should include a process for back-up of the vendor's data systems, phones, and electronic media records in an appropriate location that is protected against fire, theft or disaster. The vendor should ensure that its back-up system minimizes the potential for loss of data.

At least thirty (30) calendar days prior to the operations start date, the vendor should submit a final Business Continuity and Disaster Recovery Plan to The Bureau for review and approval. The vendor should not begin operations without a Bureau approved Business Continuity and Disaster Recovery Plan. The vendor should review and update the Business Continuity Plan and Disaster Recovery Plan at least annually.

Throughout our history, we have navigated disasters with uninterrupted service. Our data centers and enterprise software systems are designed with safeguards to maintain operations in times of crisis and/or inclement weather. To prevent service delays and safeguard the integrity of the Bureau's valuable data during manmade or natural emergencies, LogistiCare will submit a formal Disaster Recovery Plan (DRP) which will include a Business Continuity Plan for review and approval at least 30 days prior to the start of operations, and annually thereafter. The DRP will be based on policies, procedures, and service level requirements that reflect LogistiCare's best practices and the Bureau's requirements. Prior to submission to the Bureau for approval, senior members of our IT Department, the local Project Manager and Chris Echols, the Senior Vice President of Operations, will review the plan.

The approved plan will govern the procedures followed and will cover the following scenarios:

- Situations threatening to the lives of persons servicing our local facilities
- The initial declaration of an emergency situation
- Widespread catastrophic events, such as a large hurricane, or pandemic epidemic
- Local catastrophes, such as a facility fire, earthquake, radiation leak, or chemical spill
- Widespread major event, such as flood, power outage, blizzard, ice storm, or act of terrorism
- Local major event, such as flood, tornado, or telecommunications interruption
- Minor event, such as small fire, electrical problems, or inclement weather

LogistiCare will conduct annual reviews and tests of the DRP and necessary updates will be archived and distributed. **A sample copy of the Disaster Recovery Plan for the West Virginia Operations Center is provided in Exhibit 3.**

Operations will not begin without an approved Business Continuity and Disaster Recovery Plan.

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: BMS180000001

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)

- | | |
|--|--|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input checked="" type="checkbox"/> Addendum No. 6 |
| <input checked="" type="checkbox"/> Addendum No. 2 | <input checked="" type="checkbox"/> Addendum No. 7 |
| <input checked="" type="checkbox"/> Addendum No. 3 | <input type="checkbox"/> Addendum No. 8 |
| <input checked="" type="checkbox"/> Addendum No. 4 | <input type="checkbox"/> Addendum No. 9 |
| <input checked="" type="checkbox"/> Addendum No. 5 | <input type="checkbox"/> 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.

LogistiCare Solutions, LLC

Company



Authorized Signature


October 23, 2017

Date

NOTE: This addendum acknowledgment should be submitted with the bid to expedite document processing.

Revised 6/8/2012

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.



(Name, Title)
Albert Cortina, CAO

(Printed Name and Title)
1275 Peachtree St., 6th Floor, Atlanta, GA 30309


(Address)
(404) 888-5800 / (404) 888-5999

(Phone Number) / (Fax Number)
AlbertC@LogistiCare.com

(email address)

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation 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 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 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.

LogistiCare Solutions, LLC

(Company)
 Albert Cortina, CAO

(Authorized Signature) (Representative Name, Title)

Albert Cortina, CAO

(Printed Name and Title of Authorized Representative)

10/23/2017

(Date)

(404) 888-5800 / (404) 888-5999

(Phone Number) (Fax Number)

REQUEST FOR PROPOSAL

Department of Health and Human Resources
Bureau for Medical Services
RFP # CRFP BMS180000001

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.

LogistiCare Solutions, LLC

(Company)



Albert Cortina, CAO

(Representative Name, Title)

(404) 888-5800 / (404) 888-5999

(Contact Phone/Fax Number)

October 23, 2017

(Date)

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

MANDATE: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE:

Vendor's Name: LogistiCare Solutions, LLC

Authorized Signature: *Albert Cantine* Date: 10/12/17

State of Georgia

County of Fulton, to-wit:

Taken, subscribed, and sworn to before me this 12th day of October, 2017.

My Commission expires March 31, 2018

AFFIX SEAL HERE



Albert Cantine

State of West Virginia

VENDOR PREFERENCE CERTIFICATE

Certification and application is hereby made for Preference in accordance with **West Virginia Code**, §5A-3-37. (Does not apply to construction contracts). **West Virginia Code**, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the **West Virginia Code**. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Vendor Preference, if applicable.

1. **Application is made for 2.5% vendor preference for the reason checked:**
 Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; **or**,
 Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification;
 Bidder is a resident vendor partnership, association, or corporation with at least eighty percent of ownership interest of bidder held by another entity that meets the applicable four year residency requirement; **or**,
 Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; **or**,
2. **Application is made for 2.5% vendor preference for the reason checked:**
 Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; **or**,
3. **Application is made for 2.5% vendor preference for the reason checked:**
 Bidder is a nonresident vendor that employs a minimum of one hundred state residents, or a nonresident vendor which has an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia and employs a minimum of one hundred state residents, and for purposes of producing or distributing the commodities or completing the project which is the subject of the bidder's bid and continuously over the entire term of the project, on average at least seventy-five percent of the bidder's employees or the bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years and the vendor's bid; **or**,
4. **Application is made for 5% vendor preference for the reason checked:**
 Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; **or**,
5. **Application is made for 3.5% vendor preference who is a veteran; for the reason checked:**
 Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; **or**,
6. **Application is made for 3.5% vendor preference who is a veteran for the reason checked:**
 Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.
7. **Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with West Virginia Code §5A-3-59 and West Virginia Code of State Rules.**
 Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) rescind the contract or purchase order; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Bidder: LogistiCare Solutions, LLC

Signed: 

Date: October 23, 2017

Title: Chief Administrative Officer

*Check any combination of preference consideration(s) indicated above, which you are entitled to receive.

West Virginia Ethics Commission



Disclosure of Interested Parties to Contracts

Pursuant to W. Va. Code § 6D-1-2, a state agency may not enter into a contract, or a series of related contracts, that has/have an actual or estimated value of \$100,000 or more until the business entity submits to the contracting state agency a Disclosure of Interested Parties to the applicable contract. In addition, the business entity awarded a contract is obligated to submit a supplemental Disclosure of Interested Parties reflecting any new or differing interested parties to the contract within 30 days following the completion or termination of the applicable contract.

For purposes of complying with these requirements, the following definitions apply:

"Business entity" means any entity recognized by law through which business is conducted, including a sole proprietorship, partnership or corporation.

"Interested party" or "Interested parties" means:

- (1) A business entity performing work or service pursuant to, or in furtherance of, the applicable contract, including specifically sub-contractors;
- (2) the person(s) who have an ownership interest equal to or greater than 25% in the business entity performing work or service pursuant to, or in furtherance of, the applicable contract. (This subdivision does not apply to a publicly traded company); and
- (3) the person or business entity, if any, that served as a compensated broker or intermediary to actively facilitate the applicable contract or negotiated the terms of the applicable contract with the state agency. (This subdivision does not apply to persons or business entities performing legal services related to the negotiation or drafting of the applicable contract.)

"State agency" means a board, commission, office, department or other agency in the executive, judicial or legislative branch of state government, including publicly funded institutions of higher education: Provided, that for purposes of W. Va. Code § 6D-1-2, the West Virginia Investment Management Board shall not be deemed a state agency nor subject to the requirements of that provision.

The contracting business entity must complete this form and submit it to the contracting state agency prior to contract award and to complete another form within 30 days of contract completion or termination.

This form was created by the State of West Virginia Ethics Commission, 210 Brooks Street, Suite 300, Charleston, WV 25301-1804. Telephone: (304)558-0664; fax: (304)558-2169; e-mail: ethics@wv.gov; website: www.ethics.wv.gov.

West Virginia Ethics Commission

Disclosure of Interested Parties to Contracts

Contracting business entity: LogistiCare Solutions, LLC

Address: 1275 Peachtree St., 6th Floor, Atlanta, GA 30309

Contracting business entity's authorized agent: Albert Cortina

Address: 1275 Peachtree St., 6th Floor, Atlanta, GA 30309

Number or title of contract: CRFP 0511 BMS1800000001

Type or description of contract: Non Emergency Medical Transportation

Governmental agency awarding contract: Department of Health and Human Resources Bureau for Medical Services

Names of each Interested Party to the contract known or reasonably anticipated by the contracting business entity (attach additional pages if necessary):

The Providence Services Corporation (100% ownership interest)

Signature: Albert Cortina Date Signed: 10/12/17

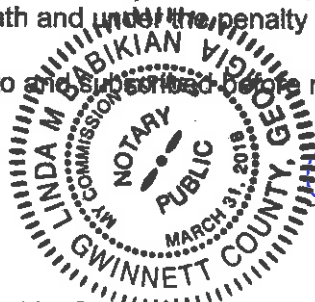
Check here if this is a Supplemental Disclosure.

Verification

State of Georgia, County of Fulton

I, Albert Cortina, the authorized agent of the contracting business entity listed above, being duly sworn, acknowledges that the Disclosure herein is being made under oath and under the penalty of perjury.

Taken, sworn to and subscribed before me this 12th day of October, 2017.



[Signature] Notary Public's Signature

To be completed by State Agency:

Date Received by State Agency:

Date submitted to Ethics Commission:

Governmental agency submitting Disclosure:



Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

State of West Virginia
 Request for Proposal
 26 – Medical

Proc Folder: 313130

Doc Description: RFP for Non Emergency Medical Transportation (NEMT)

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2017-07-12	2017-08-16 13:30:00	CRFP 0511 BMS1800000001	1

BID RECEIVING LOCATION

BID CLERK
 DEPARTMENT OF ADMINISTRATION
 PURCHASING DIVISION
 2019 WASHINGTON ST E
 CHARLESTON WV 25305
 US

VENDOR

Vendor Name, Address and Telephone Number:

LogistiCare Solutions, LLC
 1275 Peachtree St. NE 6th Floor
 Atlanta, GA 30309
 404-888-5800

FOR INFORMATION CONTACT THE BUYER

Charles D Barnette
 (304) 558-2566
 charles.d.barnette@wv.gov

Signature X

FEIN # 58-2491253

DATE October 23, 2017

All offers subject to all terms and conditions contained in this solicitation



Purchasing Division
 2019 Washington Street East
 Post Office Box 50130
 Charleston, WV 25305-0130

State of West Virginia
 Request for Proposal
 26 - Medical

Proc Folder: 313130

Doc Description: Addendum One-ORFP for Non Emergency Medical Transportation

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2017-08-10	2017-09-07 13:30:00	CRFP 0511 BMS1800000001	2

BID RECEIVING LOCATION
 BID CLERK
 DEPARTMENT OF ADMINISTRATION
 PURCHASING DIVISION
 2019 WASHINGTON ST E
 CHARLESTON WV 25305
 US

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State of West Virginia
 Request for Proposal
 26 – Medical

Proc Folder: 313130

Doc Description: Addendum Two-ORFP for Non Emergency Medical Transportation

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2017-08-31	2017-09-28 13:30:00	CRFP 0511 BMS1800000001	3

BID RECEIVING LOCATION

BID CLERK
 DEPARTMENT OF ADMINISTRATION
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 2019 WASHINGTON ST E
 CHARLESTON WV 25305
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 Request for Proposal
 26 – Medical

Proc Folder: 313130

Doc Description: Addendum Three-ORFP for Non Emergency Medical Transportation

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2017-09-13	2017-09-28 13:30:00	CRFP 0511 BMS180000001	4

BID RECEIVING LOCATION

BID CLERK
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State of West Virginia
 Request for Proposal
 26 – Medical

Proc Folder: 313130

Doc Description: Addendum Four-RFP for Non Emergency Medical Transportation

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2017-09-20	2017-10-12 13:30:00	CRFP 0511 BMS1800000001	5

BID RECEIVING LOCATION

BID CLERK
 DEPARTMENT OF ADMINISTRATION
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 2019 WASHINGTON ST E
 CHARLESTON WV 25305
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 Request for Proposal
 26 - Medical

Proc Folder: 313130

Doc Description: Addendum Five-RFP for Non Emergency Medical Transportation

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2017-10-06	2017-10-19 13:30:00	CRFP 0511 BMS1800000001	6

BID RECEIVING LOCATION

BID CLERK
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State of West Virginia
 Request for Proposal
 26 - Medical

Proc Folder: 313130

Doc Description: Addendum Six-RFP for Non Emergency Medical Transportation

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2017-10-13	2017-10-26 13:30:00	CRFP 0511 BMS1800000001	7

BID RECEIVING LOCATION

BID CLERK
 DEPARTMENT OF ADMINISTRATION
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 2019 WASHINGTON ST E
 CHARLESTON WV 25305
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State of West Virginia
 Request for Proposal
 26 – Medical

Proc Folder: 313130

Doc Description: Addendum Seven-RFP for Non Emergency Medical Transportation

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2017-10-19	2017-10-26 13:30:00	CRFP 0511 BMS1800000001	8

BID RECEIVING LOCATION

BID CLERK
 DEPARTMENT OF ADMINISTRATION
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 Atlanta, GA 30309
 404-888-5800

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 charles.d.barnette@wv.gov

Signature X

FEIN # 58-2491253

DATE October 23, 2017

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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
06/19/2017

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

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

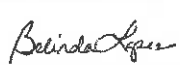
PRODUCER Willis of Arizona, Inc. c/o 26 Century Blvd P.O. Box 305191 Nashville, TN 372305191 USA	CONTACT NAME: PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378 E-MAIL ADDRESS: certificates@willis.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Providence Service Corporation; Logisticare Solutions, LLC 1275 Peachtree Street, NE, 6th Floor Atlanta, GA 30309	INSURER A: Lloyd's	B7874
	INSURER B: ACE American Insurance Company	22667
	INSURER C: Illinois Union Insurance Company	27960
	INSURER D: National Union Fire Insurance Company of Pittsburgh	19445
	INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** W2665511 **REVISION NUMBER:**

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

NSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	N	N	W1EADB170101	05/15/2017	05/15/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	N	N	ISA H09060297	05/15/2017	05/15/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	N	N	XFL G27171060 005	05/15/2017	05/15/2018	EACH OCCURRENCE \$ 15,000,000 AGGREGATE \$ 15,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	N	WLR C64411445	05/15/2017	05/15/2018	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000
D	Professional Liab.	N	N	01-817-37-34	08/31/2016	08/31/2017	See attached

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

CERTIFICATE HOLDER LogistiCare Solutions, LLC 1275 Peachtree Street, NE, 6th Floor Atlanta, GA 30309	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE 

ADDITIONAL COVERAGE SCHEDULE

COVERAGE	LIMITS
<p>POLICY TYPE: Professional Liability CARRIER: Beazley Insurance Company, Inc. POLICY TERM: 05/15/2017 – 05/15/2018 POLICY NUMBER: W1EADB170101</p>	<p>Each Claim: \$1,000,000 Aggregate: \$3,000,000</p>
<p>POLICY TYPE: Workers Compensation and Employers Liability CARRIER: ACE American Insurance Company POLICY TERM: 05/15/2017 – 05/15/2018 POLICY NUMBER: SCF C64411457</p>	<p>W.C. - Per Statute \$2,000,000 E.L. Each Accident \$2,000,000 E.L. Disease - Each Employee \$2,000,000 E.L. Disease - Policy Limit</p>

State of West Virginia



Certificate

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

LOGISTICARE SOLUTIONS, LLC

was duly authorized under the laws of this state to transact business in West Virginia as a foreign limited liability company on March 21, 2014.

The company is filed as an at-will company, for an indefinite period.

I further certify that the company has not been revoked or administratively dissolved by the State of West Virginia nor has the West Virginia Secretary of State issued a Certificate of Cancellation or Termination to the company.

Accordingly, I hereby issue this Certificate of Authorization

CERTIFICATE OF AUTHORIZATION

Validation ID:7WV5P_NMQEK



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

July 31, 2017

Mac Warner

Secretary of State

Project Manager

The Project Manager oversees all program aspects to ensure that all contract performance and quality requirements are met by establishing and maintaining excellent relationships with the local client; understanding the contracts; meeting contract performance standards and financial goals.

Department: Operations

Full Time/Exempt

Work Schedule: Weekdays, Weekends, and Holidays

Reports to: Senior Vice President

The Project Manager (PM) works with the Assistant Manager to ensure that the transportation network is complete and of high quality. To that end, the PM is responsible for: monitoring transportation company performance; enforcing contract standards; replacing transportation providers, when necessary; managing billing, cost, and rate issues. The PM also has responsibility to establish community-based outreach to assist in consumer education and to facilitate feedback during the implementation of a new contract and as part of an on-going process.

This position has significant control over local organizational structure and operating strategy for meeting customer service and financial goals. This includes analyzing P&L performance and budget goals, analysis and trending of data, and utilization and cost reporting. The PM works with the Call Center staff to ensure the success of the call taking process and compliance with contract requirements specific to call stats.

QUALIFICATIONS

Competency Statement(s)

- Analytical Skills - Ability to use thinking and reasoning to solve a problem
- Communication, Oral - Ability to communicate effectively with others using the spoken word
- Communication, Written - Ability to communicate in writing clearly and concisely
- Customer Oriented - Ability to take care of the customers' needs while following company procedures
- Decision Making - Ability to make critical decisions while following company procedures
- Interpersonal - Ability to get along well with a variety of personalities and individuals
- Leadership - Ability to influence others to perform their jobs effectively and to be responsible for making decisions
- Management Skills - Ability to organize and direct oneself and effectively supervise others
- Motivation - Ability to inspire oneself and others to reach a goal and/or perform to the best of their ability
- Team Building - Ability to convince a group of people to work toward a goal

Education

BA/BS in Business, Management, Finance strongly preferred; or, an RN or MSW/LCSW

Experience

- 8+ years of progressive operations management experience in transportation, call center, distribution, logistics and/or healthcare strongly preferred
- Experience managing multiple direct reports
- Ability to analyze state and regional data and costs

- Transportation or Call Center industry experience a plus
- Demand-response transportation management experience a plus

SKILLS

- Strong verbal, written and interpersonal communication skills
- Ability to communicate effectively with clients and providers and make public presentations
- Requires strong financial/analytical skills for data and cost analysis; strong organizational independence and prioritization capability
- Experience developing and managing budgets; researching variances
- Qualified candidates will possess a proven track record of success in people development and management
- High level of technical competence to include proficiency with Microsoft Office Suite; advanced Excel skills a plus
- Must be able to develop and implement action plans to address issues
- Must be technically capable of developing programs and an organizational structure to support contract requirements

SUPERVISORY RESPONSIBILITIES

Directly supervises Assistant Manager, Call Center Manager, Provider Relations Manager, and Outreach and Communications Manager; carries out supervisory responsibilities in accordance with the organization's policies and applicable laws. Responsibilities include interviewing, hiring, training employees; planning, assigning, and directing work; appraising performance; rewarding and disciplining employees; addressing complaints and resolving problems.

Assistant Manager

Responsible for coordinating with the Project Manager to ensure the success of local/statewide contract(s) which includes establishing and maintaining excellent relationships with customers, clients and providers while meeting performance standards and financial goals. Essential responsibilities include monitoring transportation company performance; enforcing contract standards; and managing transportation costs.

Department: Operations

Full Time/Exempt

Work Schedule: Weekdays, Weekends, and Holidays

Reports to: Project Manager

QUALIFICATIONS

- Requires strong financial/ analytical skills for data and cost analysis
- Strong organizational independence and prioritization capability
- Ability to communicate effectively with clients and providers and make public presentations
- Must be technically capable of developing programs and an organizational structure
- Ability to conceptualize process flow both in establishing policies and in enhancing our proprietary computer-aided system
- Must be project oriented and hands on from planning to delivery of outcome to include ability to identify issues and implement resolutions
- Experience effectively managing multiple direct reports at all levels
- Experience developing and managing budgets; researching variances
- Transportation or Call Center Industry experience preferred
- Health care experience a plus
- Proven track record of success in people management
- High energy, self-motivated, analytical with excellent communication and problem solving skills
- Must be solutions oriented; creative innovative thinker
- Must be able to develop and implement action and process improvement plans to address issues
- Must be able to analyze state and regional data and costs

Competency Statement(s)

- Analytical Skills - Ability to use thinking and reasoning to solve a problem
- Oral and Written Communications
- Customer and Client Oriented - Ability to take care of the customer and State client's needs while following company procedures
- Interpersonal - Ability to get along well with a variety of personalities and individuals
- Leadership - Ability to influence others to perform their jobs effectively and to be responsible for making decisions
- Management - Ability to organize and direct oneself and effectively supervise others
- Relationship Building - Ability to effectively build relationships with customers, State clients and co-workers
- Time Management - Ability to utilize the available time to organize and complete work within

given deadlines

Education

BA/BS in Business, Management, Finance or relevant field; Graduate Degree preferred but not required

Experience

- 8+ years of progressive management experience in transportation, callcenter, distribution, logistics and/or health care strongly desirable
- Experience managing multiple direct reports
- Experience developing and managing budgets; researching variances
- Transportation or Call Center Industry experience preferred
- Health care experience a plus

SKILLS

Expert proficiency with Microsoft Excel, Outlook and Word; intermediate proficiency with Microsoft Access a plus

Call Center Manager

Responsible for meeting all contract goals associated with call center operations and call taking through oversight of the day-to-day operations and customer service in the center. He/She will provide call center performance reports and will initiate and implement procedures to improve the reservation process and to comply with contract requirements.

Department: Customer Service

Full Time/Exempt

Work Schedule: Weekdays, Weekends, and Holidays

Reports to: Project Manager or Assistant Manager

- Manage and develop a team of Supervisors, Leads and Customer Service Representatives to meet operational and contractual goals; maximizes the potential of each employee supervised
- Ensure proper recruitment, training, staffing and technology to handle call volume and contractual requirements
- Monitor training needs and ensure proper CSR education occurs
- Monitor employee performance standards, and take appropriate corrective action in order to meet standards
- Monitor the standards of performance of the Call Center and recommend and initiate call center process and policy improvements to ensure that LogistiCare excels in its contractual performance
- Identifies and resolves customer issues
- Participates in routine communications with clients to ensure complete customer satisfaction
- Make recommendations and implements changes to improve service efficiency, while maintaining budget requirements
- Ensures the generation and analysis of daily, weekly and monthly reports to be used by management and clients to assess and improve the operations
- Evaluate current reporting tools and performance measurements and make continuous improvements as needed
- Champion new technology improvements and systems enhancements to meet business objectives
- Work with Project Manager and Assistant Manager in development of short and long-term business and strategic plans and organizational structure within the Call Center
- Participates in projects as necessary
- Displays knowledge of the Medicaid policy manual and relevant transportation needs
- Develops and maintains a comprehensive working knowledge of the LCAD NextGen system

QUALIFICATIONS

Competency Statement(s)

- Analytical Skills - Ability to use thinking and reasoning to solve a problem
- Communication, Oral - Ability to communicate effectively with others using the spoken word
- Communication, Written - Ability to communicate in writing clearly and concisely
- Customer Oriented - Ability to take care of the customers' needs while following company procedures
- Decision Making - Ability to make critical decisions while following company procedures
- Interpersonal - Ability to get along well with a variety of personalities and individuals

- Leadership - Ability to influence others to perform their jobs effectively and to be responsible for making decisions
- Management Skills - Ability to organize and direct oneself and effectively supervise others
- Motivation - Ability to inspire oneself and others to reach a goal and/or perform to the best of their ability
- Team Building - Ability to convince a group of people to work toward a goal

Education

Bachelor's Degree or equivalent experience

Experience

- 5+ years progressive customer service experience, with a minimum of 1+ years' experience as a customer service or call center supervisor / manager strongly preferred.
- Any combination of education and experience that provides required knowledge, skills and abilities necessary to perform the duties of this position
- Experience managing a customer contact operations function focused on inbound call processing preferred
- Experience developing staffing strategies and implementing staffing plans
- Experience developing and implementing incentive programs a plus

SKILLS

- Strong working knowledge of ACD phone systems
- Experience with developing and deploying technology such as CTI, IVR and QA preferred
- Performance management, coaching and counseling skills
- Exceptional written, verbal skills, organizational, and problem solving skills
- Excellent interpersonal skills and instills a teamwork philosophy
- Proven and effective leadership and supervisory skills
- Attentiveness to detail and thoroughness
- Ability to multi-task and meet deadlines
- Strong analytical skills
- Must be able to work independently and as a member of a team
- Experience dealing with conflict management
- Ability to create processes that best benefit the entire team
- High level of technical competence to include proficiency with Microsoft Office to include Outlook, Word and Excel
- Working knowledge of Internet Engines
- Knowledge of clinical UR and QA, Medicaid, Medicare guidelines and covered services a plus

SUPERVISORY RESPONSIBILITIES

Directly supervises Customer Service Representatives, Leads and Supervisors; carries out supervisory responsibilities in accordance with the organization's policies and applicable laws. Responsibilities include interviewing, hiring, training employees; planning, assigning, and directing work; appraising performance; rewarding and disciplining employees; addressing complaints and resolving problems.

Call Center Supervisor

The Call Center Supervisor is responsible for working with the Call Center Manager to meet all contract goals associated with call center operations and call taking through oversight of the day- to-day operations and customer service in the call center.

Department: Customer Service

Full Time/Exempt

Work Schedule: Weekdays, Weekends, and Holidays

Reports to: Call Center Manager

- Provides direct supervision, mentoring / coaching and leadership to all CSRs and Leads
- Responsible for hiring, training and mentoring of CSRs
- Monitors and evaluates the performance of direct reports
- Monitors the standards of performance of the Call Center and recommends and initiates call center process and policy improvements to ensure that LogistiCare excels in its contractual performance
- Identifies and resolves customer issues. Participates in routine communications with clients to ensure complete customer satisfaction
- Ensures the generation and analysis of daily, weekly and monthly reports to be used by management and clients to assess and improve the operations
- Monitors training needs and ensures proper CSR education occurs
- Displays knowledge of the Medicaid policy manual and relevant transportation needs
- Develops and maintains a comprehensive working knowledge of the LogistiCare system (LCAD)
- Maximizes the potential of each employee supervised
- Participates in projects as necessary

QUALIFICATIONS

Competency Statement(s)

- Analytical Skills - Ability to use thinking and reasoning to solve a problem
- Communication, Oral - Ability to communicate effectively with others using the spoken word
- Communication, Written - Ability to communicate in writing clearly and concisely
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- Interpersonal - Ability to get along well with a variety of personalities and individuals
- Leadership - Ability to influence others to perform their jobs effectively and to be responsible for making decisions
- Management Skills - Ability to organize and direct oneself and effectively supervise others
- Motivation - Ability to inspire oneself and others to reach a goal and/or perform to the best of their ability
- Team Building - Ability to convince a group of people to work toward a goal

Education

High School Graduate or General Education Degree (GED) Bachelor's Degree preferred

Experience

- 3-5 years heavy phone volume customer service experience to include inbound call center/customer service experience strongly preferred
- 3+ years demonstrated experience leading and supervising staff strongly preferred
- Previous call center experience required

SKILLS

- Knowledge and proficiency of call center management tools and principles; knowledge of and proficiency in quality improvement tools and processes
- Demonstrated initiative; and ability to follow instructions and complete assignments in a timely manner
- Must be able to work independently and as a member of a team
- Experience dealing with crisis and ability to create processes that best benefit the entire team
- Excellent customer service and phone skills
- Must possess ability to analyze data and report on center performance
- Strong management and organizational skills
- Ability to accurately type 35+ corrected words per minute
- Proficient in Microsoft Word, Excel and Outlook
- Read and write English fluently
- Bi-lingual a plus

SUPERVISORY RESPONSIBILITIES

Directly supervises Customer Service Representatives, Leads and Supervisors; carries out supervisory responsibilities in accordance with the organization's policies and applicable laws. Responsibilities include interviewing, hiring, training employees; planning, assigning, and directing work; appraising performance; rewarding and disciplining employees; addressing complaints and resolving problems.

Compliance Specialist

The Compliance Specialist ensures contract fulfillment of insurance requirements, credentialing of sub-contractor vehicles and drivers. The Compliance Specialist is the primary contact for assigned Operations Centers in the support and completion of contractual credentialing obligations.

Department: Operations

Full Time/ Non-Exempt

Work Schedule: Weekdays, Weekends, and Holidays

Reports to: Assistant Manager

- Ensures compliance with applicable federal and/or state laws, regulations, and/or agency rules, contract standards and guidelines, etc.
- Verifies provider documents and ensures that they meet contract requirements and scan and maintain documents in an electronic filing system
- Establishes and maintains good working relationship with LogistiCare employees, transportation providers and other stakeholders
- Ensures accurate and timely data input
- Maintains and manages data accounts in database
- Proactively partner across departments to manage the timely satisfaction of LogistiCare's obligations under all contract agreements
- Make observations and recommendations for improvement
- Maintain strong working knowledge of LogistiCare operations and procedures
- Perform other duties as assigned

QUALIFICATIONS

Competency Statement(s)

- Accurate - Ability to perform work accurately and thoroughly
- Communication, Oral - Ability to communicate effectively with others using the spoken word
- Communication, Written - Ability to communicate in writing clearly and concisely
- Customer Oriented - Ability to take care of the customers' needs while following company procedures
- Decision Making – Ability to make critical decisions while following company procedures
- Interpersonal - Ability to get along well with a variety of personalities and individuals
- Organized – Possessing the trait of being organized or following a systematic method of performing a task
- Patience - Ability to act calmly under stress and strain, and of not being hasty or impetuous

Education

High School Graduate or General Education Degree (GED)

Experience

Six months to one year prior in-bound call center experience and/or prior customer service experience with heavy phone volume and data entry strongly preferred

SKILLS

- Must possess excellent written and verbal communication skills to facilitate effective communications and correspondence with internal and external management clients
- Ability to handle multiple tasks and work well under pressure
- Read, interpret and apply laws, rules, regulations, policies and/or procedures
- Strong project management and organizational skills
- Ability to communicate information and ideas clearly and concisely in writing; read and understand information presented in writing
- Ability to handle sensitive situations with tact and diplomacy
- Must be proficient in Microsoft Word and Excel
- Ability to accurately type 35wpm

Customer Service Representative

The Customer Service Representative (CSR) interacts with customers to provide information in response to inquiries about products and services and to handle and resolve complaints. He/She also ensures the efficient and accurate entering of all customer service requests into LogistiCare's data management system (LCAD) by performing all gatekeeping functions

related to trip authorization, as well as documenting and resolving complaints and issues while providing superior customer service to members.

Department: Customer Service

Full Time/ Non-Exempt

Work Schedule: Weekdays, Weekends, and Holidays

Reports to: Call Center Manager or Supervisor

- Assist customers with transportation questions and concerns
- Schedule, modify and cancel reservations as requested
- Obtain and document details of any complaints being filed
- Receive and document customer concerns
- Ensure accurate trip data input
- Maintain a polite and courteous manner at all times
- Maintain an acceptable attendance and tardiness record
- Demonstrate sincere personal commitment to producing high quality work
- Ensure that all relevant customer information is documented
- Refer unresolved customer grievances to designated department for further investigation and resolution
- Attend all required meetings
- Promote a positive working environment
- Adhere to and ensures all company policies and procedures are maintained

QUALIFICATIONS

Competency Statement(s)

- Accurate - Ability to perform work accurately and thoroughly
- Communication, Oral - Ability to communicate effectively with others using the spoken word
- Communication, Written - Ability to communicate in writing clearly and concisely
- Customer Oriented - Ability to take care of the customers' needs while following company procedures
- Interpersonal - Ability to get along well with a variety of personalities and individuals
- Patience - Ability to act calmly under stress and strain, and of not being hasty or impetuous
- Reliability – The trait of being dependable and trustworthy

Education

High School Graduate or General Education Degree (GED)

Experience

Six months to one year prior in-bound call center experience and/or prior customer service experience

with heavy phone volume and data entry strongly preferred

SKILLS

- Excellent customer service and phone skills and must be able to work independently or with a team
- Ability to quickly learn new technology
- Must be able to understand and follow complex instructions
- Ability to accurately type 35wpm

Outreach and Communications Manager

The Outreach and Communications Manager works closely with nursing homes, dialysis clinics, and other medical providers that have numerous clients with routinely scheduled trips in order to maximize scheduling coordination and information sharing.

Department: Facilities

Full Time/Exempt

Work Schedule: Weekdays, Weekends, and Holidays

Reports to: Assistant Manager

The Outreach and Communications Manager visits facilities regularly to provide training and information about the non-emergency medical transportation system, and to learn about facility concerns. This position functions as an advocate for patients and case-managers alike throughout the state providing in-service training to facilities on how to use NEMT services effectively and to promote positive relationships.

QUALIFICATIONS

Competency Statement(s)

- Analytical Skills - Ability to use thinking and reasoning to solve a problem
- Communication, Oral - Ability to communicate effectively with others using the spoken word
- Communication, Written - Ability to communicate in writing clearly and concisely
- Decision Making - Ability to make critical decisions while following company procedures
- Interpersonal - Ability to get along well with a variety of personalities and individuals
- Leadership - Ability to influence others to perform their jobs effectively and to be responsible for making decisions
- Management Skills - Ability to organize and direct oneself and effectively supervise others
- Presentation Skills – Ability to effectively present information publicly
- Problem Solving – Ability to find a solution for or to deal proactively with work-related problems
- Relationship Building – Ability to find a solution for or to deal with customers and co-workers

Education

- Bachelor's Degree or equivalent experience
- Licensed MSW or LCSW strongly preferred with a combination of clinical and business experience preferred

Experience

- 2+ years medical transportation management experience a plus
- Prior Member Services or UR Specialist in a health plan a plus
- Experience in outreaching to Healthcare facilities, Social Workers and General Public preferred
- Experience with facility based social service programs, including facility discharge planning highly desirable
- Experience interacting with healthcare facilities and medical groups
- Clinical, case management and discharge experience a plus
- 1 – 2 years demonstrated experience leading and supervising staff strongly preferred

SKILLS

- Strong verbal, written and interpersonal communication skills
- Ability to communicate effectively with clients and providers and make public presentations
- High level of technical competence to include proficiency with Microsoft Office Suite; advanced Excel skills a plus
- Excellent problem solving skills: must be able to develop and implement action plans to address issues
- Strong problem resolution skills
- Must have a proactive approach to relationship building
- Must be solutions oriented; creative innovative thinker
- Must be able to work independently and as a team member

SUPERVISORY RESPONSIBILITIES

Directly supervises Appointment Verification Specialists; carries out supervisory responsibilities in accordance with the organization's policies and applicable laws. Responsibilities include interviewing, hiring, training employees; planning, assigning, and directing work; appraising performance; rewarding and disciplining employees; addressing complaints and resolving problems.

Appointment Verification Specialist

The Appointment Verification Specialist personifies the standards of the social work profession in the NEMT field by promoting the core social work values of social justice, personal dignity, human relationships, integrity and competence throughout the organization.

Department: Facilities

Full Time/Non-Exempt

Work Schedule: Weekdays, Weekends, and Holidays

Reports to: Outreach and Communications Manager

- Educates facilities about LogistiCare, NEMT and disseminate contact information for appropriate telephone numbers
- Provides facilities with information about available features such as gas reimbursement, bus passes and how to complete various paperwork and reports
- Interacts with facility social service staff to coordinate patient trips
- Solves specific patient issues with facility case manager (initiate schedule changes, routing suggestions, provider changes, etc.)
- Prompts the facility social worker to coordinate with patients to get complete updated lists of patient addresses to accurately update LogistiCare's database for the new provider
- Manages prescheduled patient trips in LCAD
- Audit provider trip logs against prescheduled trip confirmations received from facilities
- Provide outreach to medical facilities
- Handle facility complaints regarding prescheduled patient delivery and pick-up
- Identify potential fraud and or abuse
- Performs other duties as assigned

QUALIFICATIONS

Competency Statement(s)

- Accurate - Ability to perform work accurately and thoroughly
- Communication, Oral - Ability to communicate effectively with others using the spoken word
- Communication, Written - Ability to communicate in writing clearly and concisely
- Customer Oriented - Ability to take care of the customers' needs while following company procedures
- Interpersonal - Ability to get along well with a variety of personalities and individuals
- Patience - Ability to act calmly under stress and strain, and of not being hasty or impetuous
- Reliability - The trait of being dependable and trustworthy

Education

High School Graduate or General Education Degree (GED)

Experience

- At least two years prior experience in a fast-paced, high level customer service oriented environment strongly preferred
- 1+ years experience in a lead position preferred
- Social Services and/or case management background, basic medical terminology and/or front or

back office medical experience preferred

SKILLS

- Excellent customer service and phone skills
- Must be able to work independently and as a part of a team
- Ability to foster and maintain a positive environment
- Ability to quickly learn new technology
- Must be able to understand and follow complex instructions
- Ability to accurately type 35 corrected wpm
- Read and write English fluently
- Proficient in Microsoft Word, Excel and Outlook and must be able to learn and acquire proficiency in LogistiCare's proprietary software application (s)
- Bi-lingual a plus

Field Monitor

The Field Monitor is responsible for ensuring transportation providers who contract with LogistiCare meet and exceed the compliance requirements contained in our contract. This includes providing training to drivers and attendants for Passenger Assistance & Safety, and Defensive Driving. Performs random and/or assigned field investigations, and files reports on each investigation using appropriate reporting

Department: Transportation

Full Time/Non-Exempt

Work Schedule: Weekdays, Weekends, and Holidays

Reports to: Transportation Manager

form, of providers' adherence to contract requirements, service quality at the particular facility, and the continued appropriateness of LGTC's assigned level of service for trips to the facility. The Field Monitor also performs vehicle inspections to ensure vehicle compliance with all ADA and other Federal, State and Local regulatory standards.

- Schedules field work
- Runs and analyzes reports
- Works with Transportation Manager to create and implement policies and procedures
- Works with Assistant Manager and Transportation Manager to ensure each region adequately monitored
- Provides training and remote oversight to ensure expectations are met
- Carries out LGTC policies to modify behavior of non-compliant transportation providers
- Maintains certification as Instructor for both Passenger Assistance, Sensitivity & Safety as well as Defensive Driving
- Trains and oversees driver and attendants using LGTC prescribed training curriculum
- Performing vehicle inspections to ensure vehicle compliance with all ADA and other
- Federal, State and Local regulatory standards
- Performs scheduled and random visits (within region) to healthcare facilities and contracted transportation providers to verify level of service and provider adherence to contract standard
- Organizes field work in cooperation with the Transportation Manager to include planning and documenting work schedule and providing follow up reports to management on a regular basis
- Investigates quality of transportation provider's on-time performance, driver's adherence to service requirements and alteration(s) to rider's level of service and/or scheduling requirements
- Focuses and organizes investigations on appropriate assignment of level of service by LGTC and/or facility, and potential fraud and abuse based on available billing and trip data
- Performs other duties as assigned

QUALIFICATIONS

Competency Statement(s)

- Communication, Oral - Ability to communicate effectively with others using the spoken word
- Communication, Written - Ability to communicate in writing clearly and concisely
- Customer Oriented - Ability to take care of the customers' needs while following company procedures

- Interpersonal - Ability to get along well with a variety of personalities and individuals
- Problem Solving - Ability to find a solution for or to deal proactively with work-related problems
- Self Motivated - Ability to be internally inspired to perform a task to the best of one's ability using his or her own drive or initiative
- Relationship Building - Ability to effectively build relationships with customers and co- workers
- Time Management - Ability to utilize the available time to organize and complete work within given deadlines

Education

- High School Graduate or General Education Degree (GED)
- CTAA PASS Certification

Experience

- Transportation experience is a plus
- Supervisory or lead experience strongly preferred
- Prior audit experience and/or knowledge of Medicaid guidelines a plus

SKILLS

- Ability to train drivers and attendants using LogistiCare prescribed training curriculum
- Valid/current driver's license and a clean driving record
- Basic knowledge of assigned state along with ability to read and follow maps
- Ability to follow complex instructions
- Must be flexible to work a variety of work schedules/hours
- Must be willing and able to travel locally 75%+ within assigned state
- Ability to work independently with minimal supervision
- Must be self-motivated and possess superior time management and supervisory skills
- Proficient in Microsoft Word, Excel and Outlook and PowerPoint
- Ability to learn system and analyze data
- Experience dealing with conflict management
- Strong organizational, verbal, written and interpersonal skills

Call Center Lead

The Call Center Lead ensures that the Customer Service Representatives (CSRs) have adequate training, are proficient in their daily tasks and provides assistance with difficult calls.

Department: Customer Service

Full Time/Non-Exempt

Work Schedule: Weekdays, Weekends, and Holidays

Reports to: Call Center Supervisor

- Oversees functions of the CSRs
- Ensures a high level of customer service and promotes a positive working environment
- Coordinate work schedules, vacation and leave requests of CSRs
- Establish and maintain good working relationship with providers, clients, co-workers, and regional office personnel
- Assists with the training of CSRs
- Assist Call Center management in performing 90 day and annual evaluations of CSRs
- Maintain daily and/or weekly report to Call Center management of all staff, provider and facility issues
- Complies with LogistiCare policies and procedures
- Receives and documents customer concerns and forwards to QA Manager if unable to resolve
- Assists clients with any transportation concerns
- Performs Quality Assurance (QA) reviews
- Assists in the identification of system problems and reports any malfunctioning equipment to Call Center management
- Attends all required meetings
- Maintains an acceptable attendance and tardiness record
- Performs other duties as assigned

Competency Statement(s)

- Accurate – Ability to perform work accurately and thoroughly
- Communication, Oral – Ability to communicate effectively with others using the spoken word
- Communication, Written – Ability to communicate in writing clearly and concisely
- Customer Oriented – Ability to take care of the customers' needs while following company procedures
- Interpersonal – Ability to get along well with a variety of personalities and individuals
- Patience – Ability to act calmly under stress and strain, and of not being hasty or impetuous
- Reliability – The trait of being dependable and trustworthy

EDUCATION

High School Graduate or General Education Degree (GED)

Experience

- 2 – 5 years heavy phone volume customer service experience strongly preferred to include inbound call center/customer service experience
- 1+ years' experience in a lead position strongly preferred
- Previous call center experience strongly preferred

SKILLS

- Excellent customer service and phone skills
- Must be able to work independently and as part of a team
- Ability to foster and maintain a positive environment
- Ability to quickly learn new technology
- Must be able to understand and follow complex instructions
- Ability to accurately type 35 wpm
- Read and write English fluently
- Proficient in Microsoft Word, Excel and Outlook
- Bi-lingual a plus

SUPERVISORY RESPONSIBILITIES

Assists with monitoring the performance of the CSRs. Carries out lead responsibilities in accordance with the organization's policies and applicable laws. Responsibilities include assisting and assigning and directing work; appraising performance; rewarding and disciplining employees; addressing complaints and resolving problems.

Mass Transit Representative

The Mass Transit Representative is responsible for identifying clients that meet the criteria for using the Mass Transit system, Volunteer Driver program, and the Gas Reimbursement Program. Works closely with the Transportation and Quality Assurance departments to ensure smooth coordination of the potential clients to public transportation, volunteer drivers, and gas reimbursement.

Department: Operations

Full Time/Non-Exempt

Work Schedule: Weekdays, Weekends, and Holidays

Reports to: Transportation Manager

- Identifies potential Medicaid recipients/ clients that meet the criteria for using the Public Transit system, Volunteer Driver program, and Gas Reimbursement program
- Distributes transit tickets when appropriate and tracks utilization
- Confirms that all drivers eligible for gas reimbursement meet program criteria and that invoices are paid appropriately
- Works closely with the Transportation and Quality Assurance departments to ensure smooth coordination of the potential clients to the bus
- Maintains an open line of communication with superiors and co-workers, facilities and public transit systems
- Remains knowledgeable of Public Transit Bus Routes and schedules
- Creates and maintains spreadsheets showing 12 month goals and projected cost savings
- Performs other duties as assigned

QUALIFICATIONS

Competency Statement(s)

- Accurate - Ability to perform work accurately and thoroughly
- Communication, Oral - Ability to communicate effectively with others using the spoken word
- Communication, Written - Ability to communicate in writing clearly and concisely
- Customer Oriented - Ability to take care of the customers' needs while following company procedures
- Detail Oriented – Ability to pay attention to the minute details of a project or task
- Interpersonal - Ability to get along well with a variety of personalities and individuals
- Reliability - The trait of being dependable and trustworthy

Education

High School Graduate or General Education Degree (GED)

Experience

- 2 years of prior customer service experience; heavy phone volume and data entry strongly preferred
- Knowledge of Medicaid guidelines and covered services a plus
- 1 to 2 years public transit experience preferred

SKILLS

- Superior customer service and phone skills; strong problem solving, time management, and organizational skills
- Exemplary soft skills to include, but not limited to, excellent verbal and written communication
- Ability to set and meet realistic cost saving goals
- Create and maintain spreadsheets showing 12-month goal projects and cost savings
- Ability to accurately type 35+ words per minute, and ability to work independently or with a team a must
- Computer proficiency with MS Office Suite (Word, Outlook, Excel)
- Bi-lingual English/Spanish a plus

Quality Services Coordinator

The Quality Services Coordinator works with customers, subcontractors and LogistiCare staff to ensure quality service. The QA Representative also establishes positive and effective working relationships with customers, providers and agencies to establish superior customer service and to reduce the number of official complaints.

Department: Quality Assurance

Full Time/Non-Exempt

Work Schedule: Weekdays, Weekends, and Holidays

Reports to: Quality Assurance Manager

- Records and initiates investigation of complaints
- Initiates corrective actions
- Work closely with Provider Relations Managers
- Collects and monitors driver and provider compliance information
- Sends out notices when updates are due
- Manages the denial and appeal process
- Creates and disseminates exceptional distance report
- Perform occasional vehicle inspections
- Performs other duties as assigned

QUALIFICATIONS

- Competency Statement(s)
- Accurate - Ability to perform work accurately and thoroughly
- Communication, Oral - Ability to communicate effectively with others using the spoken word
- Communication, Written - Ability to communicate in writing clearly and concisely
- Customer Oriented - Ability to take care of the customers' needs while following company procedures
- Interpersonal - Ability to get along well with a variety of personalities and individuals
- Patience - Ability to act calmly under stress and strain, and of not being hasty or impetuous
- Reliability - The trait of being dependable and trustworthy

Education

High School Graduate or General Education Degree (GED)

Experience

- 2+ years customer service experience in a medical environment preferred
- Prior front office medical experience, medical case management and/or medical social work experience a plus

SKILLS

- Excellent customer service and phone skills
- Strong verbal communications, problem solving, time management and organizational skills
- Must be able to handle heavy phone volume

- Ability to quickly learn new technology
- Ability to accurately type 35+ corrected words wpm
- Read and write English fluently
- Proficient in Microsoft Word, Excel and Outlook and must be able to learn and acquire proficiency in LogistiCare's proprietary software application (s)
- Ability to work independently or with a team a must
- Bi-lingual a plus

Ride Assist Representative

Routes and dispatches trips to third-party transportation providers and handles the coordination of pre-scheduled patient trips to medical facilities. Reviews the regional trip reservations using LogistiCare's proprietary software (LCAD NextGen) and assigns reservations to network transportation providers to ensure that vehicle resources are used most efficiently and effectively to meet client demand. Responsible for communication with transportation providers and monitoring of the Provider Call Line/Queue.

Department: Transportation

Full Time/Non-Exempt

Work Schedule: Weekdays, Weekends, and Holidays

Reports to: Transportation Manager

QUALIFICATIONS

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill and or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Competency Statement(s)

- Communication, Oral - Ability to communicate effectively with others using the spoken word
- Communication, Written - Ability to communicate in writing clearly and concisely
- Customer Oriented - Ability to take care of the customers' needs while following company procedures
- Interpersonal - Ability to get along well with a variety of personalities and individuals

Education

High School Graduate or General Education Degree (GED)

Experience

- At least 1 to 2 years customer service experience in an inbound call center environment with heavy phone volume and data entry preferred
- 3 years of routing, scheduling and/or dispatch experience to include geographical knowledge preferred
- Prior in-bound call center experience preferred
- Knowledge of transit system a plus
- Knowledge of Medicaid guidelines and covered services plus

SKILLS

- Excellent customer service & phone skills
- Proficient with Microsoft Word, Excel, and Outlook
- Ability to accurately type 35+ corrected words per minute
- Ability to work independently or with a team
- Must be able to handle heavy phone volume

Provider Relations Manager

The Provider Relations Manager oversees the transportation department ensuring day-to-day objectives are met and the effective routing and managing of trips for the operation.

Department: Transportation/Operations

Full Time/Exempt

Work Schedule: Weekdays, Weekends, and Holidays

Reports to: Assistant Manager

The Provider Relations Manager ensures that office exhibits outstanding problem solving skills as well as excellent verbal, written and interpersonal communication skills when communicating with recipients and their families, health care facilities, transportation providers and internal customers.

Demonstrates thorough understanding of LCAD software and ensures that the office:

- Is staffed appropriately to receive complaint calls/faxes
- Records and correctly codes the complaints it receives
- Runs the LCAD Customer Issues Report daily to review complaints from the region received by the operations center or the regional office
- Establishes, maintains and strengthens office processes to investigate, validate, resolve, respond to, follow through on and prevent re-occurrence of complaint (s)

Ensures that the assigned (or an alternate) provider quickly picks up the member after receiving a Ride Assist call by:

- Adequately staffing the regional office to answer Ride Assist calls
- Following established procedure in handling such calls
- Recommends liquidated damages, if necessary
- Assists with providing support to office staff in pursuit of excellent customer service

Transportation Provider Network

- Assumes primary responsibility for network development, support, improvement and contract enforcement
- Communicates with providers often, visits them regularly and/or observes their fleets in action in order to ensure that providers adhere to contract requirements
- Runs appropriate LCAD report(s), at least monthly, to monitor providers' cost, on time, Ride Assist and reroute performance
- Assists the Assistant Manager in managing the distribution of work within the department
- Maintains inventory of and reports quarterly on all vehicles, drivers and provider insurance coverage(s)
- Maintains applicable certification(s) to qualify, and is able to train drivers and inspect vehicles, if necessary
- Negotiates first level of provider contracts with established guidelines

Relations with Healthcare Facilities

- Visits health care facilities regularly to:
- Maintain and strengthen relations and communications
- Ensures that the facility staff knows how to voice concerns to our company
- Office has prior knowledge of emerging problems

Assists Operations Center's efforts to:

- Provide quality NEMT to recipients
- Establish and continually validate the need for standing orders
- Prevent fraud and abuse
- Encourage recipients' use of the gas reimbursement program
- Data Collection, Maintenance and Reporting

Reports monthly to the Assistant Manager on:

- Provider and facility visits, field work and training inspections (if any)
- Complaints, calls, cancellations and re-routes
- Assumes primary responsibility and leadership for quarterly advisory and provider meetings

Budget

- Submits budgets as directed and maintains day-to-day control of operational expenditures
- Recommends assignment of trips to comparable quality but less costly providers
- Performs other duties as assigned by Project Manager

POSITION QUALIFICATIONS**Competency Statement(s)**

- Analytical Skills - Ability to use thinking and reasoning to solve a problem
- Communication, Oral - Ability to communicate effectively with others using the spoken word
- Communication, Written - Ability to communicate in writing clearly and concisely
- Customer Oriented - Ability to take care of the customers' needs while following company procedures.
- Decision Making - Ability to make critical decisions while following company procedures.
- Interpersonal - Ability to get along well with a variety of personalities and individuals.
- Management Skills - Ability to organize and direct oneself and effectively supervise others.
- Problem Solving – Ability to find a solution for or to deal proactively with work-related problems
- Relationship Building - Ability to effectively build relationships with customers and co-workers
- Working Under Pressure - Ability to complete assigned tasks under stressful situations

Education

BA/BS Degree or equivalent

Experience

One to three years' experience with transportation providers and/or medical transportation and contract

enforcement. Knowledge of transportation provider costs, pricing strategies, budget management, budget preparation and reporting. Two to three years' supervisory experience. Transportation, routing, or dispatching experience and/or knowledge of transit system a plus. Knowledge of Medicaid guidelines a plus.

SKILLS

Proficient in Microsoft Word, Excel, and Outlook.

Utilization Review Specialist

The Utilization review specialist is responsible for eligibility determinations, verifying appropriateness of service levels, denials and appeals, exceptional distance monitoring, and confirming utilization of the closest medical provider, and processes the utilization report analysis.

Department: Operations

Full Time/Non-Exempt

Work Schedule: Weekdays, Weekends, and Holidays

Reports to: Assistant Manager

- Reviews and analyzes clinical documentation related to transportation services.
- Determines the appropriateness of transportation requests
- Interacts with medical facilities, clinicians, physicians and internal staff to identify and resolve complaints.
- Analyzes data and develops cost management strategies. Performs other duties as assigned.

QUALIFICATIONS

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill, and/or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Education

BA/BS degree required. Licensed registered nurse or clinical social worker with a minimum of 5 years clinical experience.

Experience

Minimum 2 years direct supervisory experience. Direct knowledge of clinical utilization review and quality assurance, Medicaid guidelines and covered services and Medicare billing regulations. Knowledge of Medicaid transportation regulations preferred.

SKILLS

- Excellent written and verbal communication skills and superior analytical skills.
- Ability to work in a fast pace environment. Must work well independently and in a group setting.
- Proficient in Microsoft Word, Excel, Outlook and Access

SUPERVISORY RESPONSIBILITIES

Directly supervise the Utilization Review Representatives. Carries out supervisory responsibilities in accordance with the organization's policies and applicable laws. Responsibilities include interviewing, hiring, training employees; planning, assigning, and directing work; appraising performance; rewarding and disciplining employees; addressing complaints and resolving problems.

Transportation Coordinator

The Transportation Coordinator (TC) schedules, routes and dispatches trips to third-party transportation providers and handles the coordination of pre-scheduled patient trips to medical facilities.

Department: Transportation

Full Time/Non-Exempt

Work Schedule: Weekdays, Weekends, and Holidays

Reports to: Transportation Manager

- Schedule, route and dispatch trips
- Assist with the coordination of public transportation
- May also include administering the volunteer driver/gas reimbursement program
- Work closely with transportation providers and health care facilities to resolve problems
- Assists with providing support to office staff in pursuit of excellent customer service

QUALIFICATIONS

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily. The requirements listed below are representative of the knowledge, skill and or ability required. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

Competency Statement(s)

- Communication, Oral - Ability to communicate effectively with others using the spoken word
- Communication, Written - Ability to communicate in writing clearly and concisely
- Customer Oriented, Ability to take care of the customers' needs while following company procedures
- Interpersonal - Ability to get along well with a variety of personalities and individuals

Education

High School Graduate or General Education Degree (GED)

Experience

- 1 to 2 years related experience strongly preferred
- Prior in-bound call center experience and/or prior customer service experience with at least 1 year of heavy phone volume preferred
- In-bound call center experience preferred
- Transportation experience to include: trip assignment, re-routing and dispatch preferred
- Experience and/or knowledge of transit system a plus
- Knowledge of Medicaid guidelines a plus

SKILLS

- Excellent customer service & phone skills
- Proficient with Microsoft Word, Excel, and Outlook
- Ability to accurately type 35+ corrected words per minute

- Ability to work independently or with a team
- Must be able to handle heavy phone volume

Claims Processor

The Claims Processor is responsible for auditing invoices closed the previous day by the Claims Processors in an effort to ensure that claims are processed correctly and accurately. The Claims Processor is also responsible for correcting any errors prior to payment processing.

Department: Claims Lead

Full Time/Exempt

Work Schedule: Weekdays, Weekends, and Holidays

Reports to: Claims Lead

- Reviews all invoices with an underpayment or overpayment of a specific amount set by the department
- Randomly review invoices for accuracy
- Review findings daily with Claims department lead
- Completes evaluations for each invoice reviewed
- Inputs QA scores with comments into and Excel spreadsheet Identifies common errors or weaknesses in processors or work flows
- Assist on check disbursement day with matching process of checks and batch reports being sent to providers when needed

QUALIFICATIONS

Competency Statement(s)

- Accurate - Ability to perform work accurately and thoroughly
- Communication, Oral - Ability to communicate effectively with others using the spoken word
- Communication, Written - Ability to communicate in writing clearly and concisely
- Interpersonal - Ability to get along well with a variety of personalities and individuals
- Problem Solving - Ability to find a solution for or to deal proactively with work-related problems
- Time Management - Ability to utilize the available time to organize and complete work within given deadlines

Education

High School Graduate or General Education Degree (GED)

Experience

Previous experience in data processing preferred

SKILLS

- 10-key skills required
- Proficient in Microsoft Word and Excel
- Must be able to work independently or with a team
- Ability to quickly learn new technology
- Ability to accurately type 35wpm

Ombudsman

The Ombudsman will manage the Complaint/Concern resolution process. He/She oversees all complaints and establishes positive and effective working relationships with customers, providers and agencies to establish superior customer service.

Department: Operations

Full Time/Exempt

Work Schedule: Weekdays, Weekends, and Holidays

Reports to: Project Manager, dotted line to Senior Vice President

The Ombudsman will identify trends in complaint categories and devise action plans for immediate and effective reduction of complaints. Additionally, this individual will conceptualize process flow both in establishing policies and in enhancing our proprietary computer-aided data management system.

- Provides immediate updates to Senior Vice President Manager and Project Manager on identified trends and company issues
- Works with QA Manager to compose and approve the composition of LogistiCare's written responses to complaints
- Complete and distribute monthly, quarterly and annual customer reports according to customer schedules
- Complete customer quarterly quality initiative audits and annual audits
- Attend advisory committee meetings regarding quality of service and/or reporting

QUALIFICATIONS

Competency Statement(s)

- Communication, Oral - Ability to communicate effectively with others using the spoken word
- Communication, Written - Ability to communicate in writing clearly and concisely
- Decision Making - Ability to make critical decisions
- Detail Oriented - Ability to pay attention to the minute details of a project or task Interpersonal - Ability to get along well with a variety of personalities and individuals
- Management Skills - Ability to organize and direct oneself and effectively supervise others
- Motivation - Ability to inspire oneself and others to reach a goal and/or perform to the best of their ability
- Problem Solving - Ability to find a solution for or to deal proactively with work-related problems
- Relationship Building - Ability to effectively build relationships with customers and co-workers

Education

- BA/BS degree
- Masters in Social Work or similar certification a plus

Experience

- 5+ years relevant work experience and at least 3 years management/supervisory experience strongly preferred

- Demonstrated experience interacting with individuals, families, mental health populations, elder services, and facilities and programs strongly desirable
- Experience in writing and revising policy and procedures preferred At least 1 year experience in an administrative role preferred

SKILLS

- Experience interacting with individuals, families and health care and/or elderly care facilities and programs
- Exceptional interpersonal skills with excellent verbal and writing skills
- Ability to think creatively and use various methods in problem solving; ability to anticipate and resolve problems
- Superior analytical and investigative abilities
- Knowledge of clinical UR and QA, Medicaid, Medicare guidelines and covered services a plus
- Ability to multitask and meet deadlines
- Excellent time management and organizational skills
- Must be able to prioritize duties
- Must be self-directed with ability to work independently
- Ability to teach, coach, motivate and lead subordinates
- Positive attitude and ability to work well with others
- Flexibility in all areas; easily adaptable to ever changing environment and requirements
- Professional appearance and attitude
- Ability to maintain confidentiality, take the initiative and be proactive, work under pressure, communicate information clearly and work with diverse populations
- Patient listening and strong conciliation skills
- High level of technical competence to include proficiency with Microsoft Office including Access and Excel with 4+ years of development detailed reporting and modeling
- Type at least 35 words per minute
- Working knowledge of Internet Engines
- Must be available to travel

Administrative Assistant

Provides clerical and technical support to the Project Manager and Assistant Manager by performing a variety of administrative duties, including:

- Greet visitors
- Answer the operator line and direct calls to the appropriate place
- Set up, maintain and distribute speed dial information for the phone/fax lines
- Coordinate voice mail set up
- Compile (in cooperation with Transportation) and distribute transportation provider list
- Keep all equipment up and running including postal meter, copiers, computer & servers (via IT Dept.), fax machines and phone lines
- Regularly restock supplies and paper as needed including copiers, faxes, break room, etc Ensures all call recordings are backed up and archived
- Coordinates new hire information and employee benefits documentation for the HR contact person in the operation center; may serve as HR contact for center
- Coordinates office maintenance and cleaning (to include windows & carpets)by working with the landlord, cleaning service(s) and other services the operation may require, e.g., water dispenser, shredding service, plumber, electrician, security service, etc.
- Handles inbound/outbound mail including information packets
- Prepare expense reports
- Purchase office supplies and maintaining supplies & inventory neatly and orderly
- Schedule appointments
- Type correspondence

Department: Operations

Full Time/Non-Exempt

Work Schedule: Weekdays and holidays

Reports to: Project Manager and Assistant Manager

QUALIFICATIONS

Competency Statement(s)

- Communication, Oral - Ability to communicate effectively with others using the spoken word
- Communication, Written - Ability to communicate in writing clearly and concisely
- Detail Oriented - Ability to pay attention to the minute details of a project or task
- Interpersonal - Ability to get along well with a variety of personalities and individuals
- Organized - Possessing the trait of being organized or following a systematic method of

Education

- High School Graduate or General Education Degree (GED)

Experience

- 2 years prior experience as an Administrative Assistant preferred
- Prior experience in an Administrative Assistant position, supporting multiple managers and senior managers highly desirable

SKILLS

Proficient in Microsoft Word, Excel, PowerPoint, and Outlook Must be able to operate general office equipment

Claims Lead

The Claims Lead is responsible for assisting the management team with oversight of the verification and processing of transportation billing with accuracy and in a timely manner and serves as a liaison between the transportation providers and LogistiCare. In addition he/she ensures that the Claims Processors have adequate training and are proficient in their daily tasks and provide assistance with difficulties or questions.

Department: Claims

Full Time/Exempt

Work Schedule: Weekdays, Weekends, and Holidays

Reports to: Project Manager and Assistant Manager

- Facilitates the training of Claims Processors
- Maintains a positive working relationship with external and internal customers
- Communicates with transportation providers when applicable
- Meets all departmental deadlines
- Identifies any problems with transportation billing
- Works closely with the Regional office locations where applicable
- Maintains a polite and courteous manner at all times
- Maintains/updates call logs
- Maintains/updates Excel spreadsheets
- Attends all required meetings
- Maintains an acceptable attendance and tardiness record
- Adheres to company policies and procedures
- Meets with management to discuss training/ workflow issues
- Performs other administrative duties as assigned

QUALIFICATIONS

Competency Statement(s)

- Accurate - Ability to perform work accurately and thoroughly
- Communication, Oral - Ability to communicate effectively with others using the spoken word
- Communication, Written - Ability to communicate in writing clearly and concisely
- Customer Oriented - Ability to take care of the customers' needs while following company procedures
- Interpersonal - Ability to get along well with a variety of personalities and individuals
- Problem Solving - Ability to find a solution for or to deal proactively with work-related problems
- Time Management - Ability to utilize the available time to organize and complete work within given deadlines

Education

High School Graduate or General Education Degree (GED)

Experience

- Previous experience in data processing preferred
- One to two years of experience leading or directing staff preferred

SKILLS

- 10-key skills required
- Superior customer service and phone skills
- Must be able to work independently or with a team
- Ability to quickly learn new technology
- Must be able to understand and follow complex instructions
- Ability to accurately type 35wpm
- Must have the ability to learn proprietary software applications
- Must be proficient in Microsoft Excel, Word and Outlook; MS Access a plus

Care Manager

The Care Manager functions as an advocate within the non-emergency medical transportation system for members and healthcare facility personnel by providing in-service training to facilities on how to use NEMT services effectively and to promote positive relationships by performing the following duties

Department: Facilities

Full Time/Exempt

Work Schedule: Weekdays, Weekends, and Holidays

Reports to: Communications & Outreach Manager

- Responsible for providing community based outreach and education activity
- Develops on-going relationships with facilities through face to face meetings, phone calls and group presentations
- Maintains positive relationships with facilities
- Provides in-service training to facilities on how to use NEMT services effectively
- Travel to healthcare facilities as required
- Provides post-meeting follow up/communication to healthcare facilities and Logisticare departments accordingly
- Maintains open lines of communication

QUALIFICATIONS

Competency Statement(s)

- Analytical Skills - Ability to use thinking and reasoning to solve a problem
- Communication, Oral - Ability to communicate effectively with others using the spoken word
- Communication, Written - Ability to communicate in writing clearly and concisely
- Customer Oriented - Ability to take care of the customers' needs while following company procedures.
- Decision Making - Ability to make critical decisions while following company procedures.
- Interpersonal - Ability to get along well with a variety of personalities and individuals.
- Management Skills - Ability to organize and direct oneself and effectively supervise others.
- Problem Solving – Ability to find a solution for or to deal proactively with work-related problems
- Relationship Building - Ability to effectively build relationships with customers and co-workers
- Working Under Pressure - Ability to complete assigned tasks under stressful situations

Education

- High School Graduate or General Education Degree (GED required)
- Associate degree preferred

Experience

- Experience interacting with health plans and healthcare facilities strongly preferred
- Three years relevant work experience strongly preferred
- At least one year experience as an outreach or provider relations representative strongly preferred

SKILLS

- Computer Skills: Proficient in Microsoft Word, Excel, Outlook, and PowerPoint
- Familiar with all Internet Engines

Transportation Manager

The Transportation Manager manages the day-to-day routing of trips in assigned region.

Customer Service

The Transportation Manager ensures that regional office exhibits outstanding problem solving skills as well as excellent verbal, written and interpersonal communication skills when communicating with recipients and their families, health care facilities, transportation providers and internal customer.

- Demonstrates through understanding of LCAD NextGen software and ensures that the office:
- Is staffed appropriately to receive complaint calls/faxes
- Records and correctly codes the complaints it receives
- Runs the LCAD Customer Issues Report daily to review complaints from the region received by the operations center or the regional office
- Establishes, maintains and strengthens regional office processes to investigate, validate, resolve, respond to, follow through on and prevent re-occurrence of complaint (s)

Ensures that the assigned (or an alternate) provider quickly picks up the client after receiving the client's "Ride Assist" call by:

- Adequately staffing the regional office to answer "Ride Assist" calls
- Following established procedure in handling such calls
- Recommends liquidated damages, if necessary
- Assists with providing support to office staff in pursuit of excellent customer service

Transportation Provider Network

- Assumes primary responsibility for network development, support, improvement and contract enforcement
- Communicates with providers often, visits them regularly and/or observes their fleets in action in order to ensure that providers know contract requirements, adhere to contract and knowledge is gained regarding emerging problems affecting providers
- Runs appropriate LCAD report(s), at least monthly, to monitor providers' cost, on time, "Ride Assist" and reroute performance
- Assists the Assistant Manager in managing the distribution of work within the region
- Maintains inventory of and reports quarterly on all vehicles, drivers and provider insurance coverage(s)
- Maintains applicable certification(s) to qualify, and is able to train drivers and inspect vehicles, if necessary
- Negotiates first level of provider contracts with established guidelines

Relations with Healthcare Facilities

Assumes primary responsibility for network development, support, improvement and contract enforcement and visits health care facilities regularly to:

Department: Transportation/Operations

Full Time/Exempt

Work Schedule: Weekdays, Weekends, and Holidays

Reports to: Assistant Manager

- Maintain and strengthen relations and communications
- Ensures that the facility staff knows how to voice concerns to our company
- Regional office has prior knowledge of emerging problems
- Facility staff has realistic expectations of NEMT

Assists Operations Center's efforts to:

- Provide quality NEMT to recipients
- Establish and continually validate the need for standing orders
- Prevent fraud and abuse
- Encourage recipients' use of the gas reimbursement program

Data Collection, Maintenance and Reporting

Reports monthly to the Assistant Manager on:

- Provider and facility visits, field work and training inspections (if any)
- Complaints, calls, cancellations and re-routes
- Assumes primary responsibility and leadership for quarterly advisory and provider meetings

Budget

- Submits budgets as directed and maintains day-to-day control of regional-based operational expenditures
- Recommends assignment of trips to comparable quality but less costly providers
- Performs other duties as assigned by Project Manager

QUALIFICATIONS

Competency Statement(s)

- Analytical Skills - Ability to use thinking and reasoning to solve a problem
- Communication, Oral - Ability to communicate effectively with others using the spoken word
- Communication, Written - Ability to communicate in writing clearly and concisely
- Customer Oriented - Ability to take care of the customers' needs while following company procedures.
- Decision Making - Ability to make critical decisions while following company procedures.
- Interpersonal - Ability to get along well with a variety of personalities and individuals.
- Management Skills - Ability to organize and direct oneself and effectively supervise others.
- Problem Solving – Ability to find a solution for or to deal proactively with work-related problems
- Relationship Building - Ability to effectively build relationships with customers and co-workers
- Working Under Pressure - Ability to complete assigned tasks under stressful situations

Education

BA/BS Degree or Education and Equivalent Experience

Experience

One to three years experience with transportation providers and/or medical transportation and contract enforcement. Knowledge of transportation provider costs, pricing strategies, budget management,

budget preparation and reporting. Two to three years experience supervisory experience. Transportation, routing, or, dispatching experience and/or knowledge of transit system a plus. Knowledge of Medicaid guidelines a plus.

SKILLS

- Computer Skills
- Proficient in Microsoft Word, Excel, and Outlook

SUPERVISORY RESPONSIBILITIES

Directly supervises Transportation Coordinators, Field Monitors, Mass Transit Representatives, and Ride Assist Representatives; carries out supervisory responsibilities in accordance with the organization's policies and applicable laws. Responsibilities include interviewing, hiring, training employees; planning, assigning, and directing work; appraising performance; rewarding and disciplining employees; addressing complaints and resolving problems.

Business/Data Analyst

Complete monthly reporting and analysis for managers and client. Prepare pro forma profit and loss statements based assumptions obtained from analysis. Works with other members of operations for standard and ad-hoc report analysis.

Department: Operations

Full Time/Exempt

Work Schedule: Weekdays, Weekends, and Holidays

Reports to: Assistant Manager

Competency Statement(s)

- Analytical Skills - Ability to use critical thinking and reasoning to solve a problem
- Communication, Oral - Ability to communicate effectively with others using the spoken word
- Communication, Written - Ability to communicate in writing clearly and concisely
- Customer Oriented - Ability to take care of the customers' needs while following company procedures.
- Decision Making - Ability to make critical decisions while following company procedures.
- Interpersonal - Ability to get along well with a variety of personalities and individuals.
- Management Skills - Ability to organize and direct oneself and effectively supervise others.
- Problem Solving – Ability to find a solution for or to deal proactively with work-related problems
- Relationship Building - Ability to effectively build relationships with customers and co-workers
- Working Under Pressure - Ability to complete assigned tasks under stressful situations

Education

Bachelor's degree required.

Experience

- 0-2 years of work experience as a Financial/Reporting Analyst or related field preferred
- Required experience with Excel
- Data mining experience required, work with large data files

SKILLS

Proficient with Microsoft Excel

Quality Assurance Manager

The Quality Assurance (QA) Manager manages the QA Plan, Call Compliance and all QA activities. He/She oversees all activities of the Quality Services Coordinator staff and establishes positive and effective working relationships with customers, providers and agencies to establish superior customer service.

Department: Quality Assurance

Full Time/Exempt

Work Schedule: Weekdays, Weekends, and Holidays

Reports to: Assistant Manger

The QA Manager will identify trends in complaint categories and devise action plans for immediate and effective reduction of complaints. The QA Manager will be responsible for developing programs and an organizational structure to support contract requirements. Additionally, this individual will conceptualize process flow both in establishing policies and in enhancing our proprietary computer-aided data management system.

- Ensure timely communication, review and resolution of complaints and concerns raised by recipients, facilities and transportation providers
- Compile daily issue reports and provider time-response compliance reports
- Identifies and trends complaint categories and devises action plans for immediate and effective reduction of complaints
- Makes verbal contact with complainant (and Medicaid member's family when appropriate) within 24 hours of LogistiCare's receipt of a complaint
- Submits responses to the complaint within 72 hours of LogistiCare's receipt of a complaint
- Enlists support of, seeks to work cooperatively with, and coordinates communications and investigations with LogistiCare's staff during the 72 hours following receipt of a complaint
- Ensures each complaint has been properly addressed tracks the status of the complaint process Responsible for and processes all Tier I complaint activities both in-house and client complaints
- Provides immediate updates to Ombudsman on issues regarding the resolution of all Tier I complaints
- Verbally updates Project Manager and Assistant Manager daily on outcome of his/her communications with complainant (and Medicaid member's family when appropriate) and resolution of service issues and/or complaints
- Composes and/or approves the composition of LogistiCare's written responses to complaints Complete and distribute monthly, quarterly and annual customer reports according to customer schedules
- Complete customer quarterly quality initiative audits and annual audits
- Attend customer meetings regarding quality of service and/or reporting
- Establishes client files and maintains records
- Supervises and assists all Quality Service Coordinators with overflow complaints when necessary and with tasks and problem solving
- Implements/develops instructions, policies and procedures throughout department; resolve staff concerns and serves as a liaison to other departments
- Works closely with all managers regarding service issues
- Maintains various databases including but not limited to contracts database

- Prepare quarterly provider report cards
- Research issues related to customer satisfaction surveys
- Ensures provider credential/compliance files are complete and current
- Gather information related to member injuries and provider accidents
- Analyzes patient attendance, trip distance and cost data and develops appropriate cost management strategies concerning standing order transports
- Provides oversight of vehicle and driver contractual compliance information and works closely with the transportation manager to notify providers when updates are due
- Performs other duties as assigned

POSITION QUALIFICATIONS

Competency Statement(s)

- Communication, Oral - Ability to communicate effectively with others using the spoken word
- Communication, Written - Ability to communicate in writing clearly and concisely
- Customer Oriented - Ability to take care of the customers' needs while following company procedures
- Decision Making - Ability to make critical decisions while following company procedures
- Detail Oriented - Ability to pay attention to the minute details of a project or task
- Interpersonal - Ability to get along well with a variety of personalities and individuals
- Management Skills - Ability to organize and direct oneself and effectively supervise others
- Motivation - Ability to inspire oneself and others to reach a goal and/or perform to the best of their ability
- Problem Solving - Ability to find a solution for or to deal proactively with work-related problems
- Relationship Building - Ability to effectively build relationships with customers and co-workers

Education

- BA/BS degree preferred
- Masters in Social Work or similar certification a plus

Experience

- 5+ years relevant work experience and at least 3 years management/supervisory experience strongly preferred
- Demonstrated experience interacting with individuals, families, mental health, elder services, and facilities and programs strongly desirable
- Experience in writing and revising policy and procedures preferred
- At least 1 year experience in an administrative role preferred

SKILLS

- Experience interacting with individuals, families and health care and/or elderly care facilities and programs
- Exceptional interpersonal skills with excellent verbal and writing skills
- Ability to think creatively and use various methods in problem solving; ability to anticipate and resolve problems

- Superior analytical and investigative abilities
- Knowledge of clinical UR and QA, Medicaid, Medicare guidelines and covered services a plus
- Ability to multitask and meet deadlines
- Excellent time management and organizational skills
- Must be able to prioritize duties
- Must be self-directed with ability to work independently
- Proven and effective leadership and supervisory skills
- Ability to teach, coach, motivate and lead subordinates
- Positive attitude and ability to work well with others
- Flexibility in all areas; easily adaptable to ever changing environment and requirements
- Professional appearance and attitude
- Ability to maintain confidentiality, take the initiative and be proactive, work under pressure, communicate information clearly and work with diverse populations
- Patient listening and strong conciliation skills
- High level of technical competence to include proficiency with Microsoft Office including Access and Excel with 4+ years of development detailed reporting and modeling
- Type at least 35 words per minute
- Working knowledge of Internet Engines

SUPERVISORY RESPONSIBILITIES

Directly supervises Quality Services Coordinators carrying out all supervisory responsibilities in accordance with the organization's policies and applicable laws. Responsibilities include interviewing, hiring, training employees; planning, assigning, and directing work; appraising performance; rewarding and disciplining employees; addressing complaints and resolving problems.

JEFFREY FELTON

Chief Executive Officer - Atlanta, GA



WORK EXPERIENCE

LogistiCare Solutions, LLC (Atlanta, Georgia)

Chief Executive Officer - 2017-Present

- Responsible for the management of all operations and services provided by LogistiCare Solutions
- Develops relationships with clients and introduces innovations that enhance member experience and urge client retention

McKesson Corporation (Atlanta, Georgia)

President, McKesson Connected Care and Analytics - 2013-2017

- Doubling the revenue and operating profit for Relay Health Pharmacy business through the expansion of programs with branded pharmaceutical manufacturers and the participation of all major retailers
- Rationalized and simplified strategy and structure across the seven portfolio businesses resulting in the creation of the Relay Health Intelligence business unit through the integration of three of the businesses.
- Decreased combined operating expense in excess of \$10 million or 6% and aligned the team toward a vision of simplifying the process of data acquisition and aggregation for our customers, leading to multi-year funding of a technology platform that integrates network based technology solutions across three businesses providing for a unique “go to market” capability for our customers centered around the acquisition and integration of data at scale
- Divested Care Management business resulting in improved operating margins and more strategically focused investment
- Launched a series of market leading solutions and innovations
 - o Platform Services: Backbone behind CommonWell Health Alliance
 - o Enterprise Portal strategy
 - o Workforce Capacity Planning solution
 - o Automation of prior authorization process for prescriptions at retail
 - o Clinical messaging within retail dispensing workflow
 - o Real time benefit information for prescribers
- Growth Initiatives
 - o Pharmaceutical manufacturer services for co-pay buydown, REMS and prior authorization
 - o Clinical health information exchange
 - o Pharmacy claims management

WORK EXPERIENCE

Relay Health Pharmacy Solutions (Atlanta, Georgia)

President - 2008-2012

- Grew revenues from \$112M to \$180M and earnings from \$18M to \$60M
- Restructured for focus, control and growth to achieve alignment, scale and leverage. Redesigning a business unit based organization to a functional organization
- Growth: Created robust business development process for ideation and identification of growth areas, innovation scoring process and phase gate process. Growth from new products has since eclipsed the size of total business when introduced
- Remediation of data breach: Redefined the culture of the organization to focus on operational excellence, installing a sophisticated compliance function, rigorous controls and re-engineered processes for effectiveness and productivity; repaired customer relations
- Controls: Installed Six Sigma across the business; developed QMS capabilities for pharma facing portion of business and adopted CMMI methodology for software development. Business currently appraised at CMMi Level 5 (highest) and has most mature six sigma program across McKesson Technology Solutions. Process installed in all aspects of business and its metrics

ZEE Medical (Atlanta, Georgia)

President - 2006-2009

- McKesson Medical Surgical business unit of the year 2007
- Record gross margin
- Clarified strategy and refined growth initiatives
- Restructured business in 2008 to weather financial crisis

Health Systems, McKesson Pharmaceutical (Atlanta, Georgia)

Senior Vice President - 2000-2006

- Launch and deployment of Supply Management Online. Developed strategy to move customer order entry, reporting and payment functionality from legacy client server technology to the web
- Developed and executed "go to market" strategy for Health Systems segment that contributed to growth in revenues from \$5B to \$7B
- Led comprehensive project to study and improve customer loyalty and retention across McKesson's US Pharmaceutical business

WORK EXPERIENCE

Health Systems Marketing, McKesson Pharmaceutica (Atlanta, Georgia)

Senior Vice President - 2000-2003

- Launch and deployment of Supply Management Online. Developed strategy to move customer order entry, reporting and payment functionality from legacy client server technology to the web
- Developed and executed “go to market” strategy for Health Systems segment that contributed to growth in revenues from \$5B to \$7B
- Led comprehensive project to study and improve customer loyalty and retention across McKesson’s US Pharmaceutical business

Cardinal Health (Dublin, OH)

Director Business Development - 1987-2000

- Series of rising executive positions within Cardinal Health, Allegiance Healthcare and Baxter Healthcare as a result of the spin-off of Allegiance Health from Baxter Health and the subsequent acquisition of Allegiance by Cardinal Health. Account executive, Area Manager, Director of National Accounts and Director of Business Development

EDUCATION

Kellogg School of Management, Northwestern University, Evanston, IL
MBA, 1998

University of Cincinnati, Cincinnati, OH
BS/BA Biology and Economics, 1985

ALBERT CORTINA

Chief Administrative Officer - Atlanta, GA



WORK EXPERIENCE

LogistiCare Solutions, LLC (Atlanta, Georgia)

Chief Administrative Officer - 2007-Present

- Provide strategic direction in request for proposal responses, Oversee underwriting, rate setting for new business and existing client contracts.
- Involved in client and transportation provider compliance activities, including claims management.
- Manage all pre-delegation, annual program and financial client audits and monthly financial client reporting.
- Oversee various utilization management programs. Participate in developing internal software functionalities, service enhancements and cost savings through improved technology.
- Assist in business implementation efforts and client relationship building.

COO and Executive Vice President for Operations - 2000-2007

- Responsible for company operations and insured that financial, customer service, and provider network development goals were achieved.
- Directly managed regional operations directors and corporate technology support units. Participated in staffing and managing of new business implementation teams.
- Develop pricing for both client contract as well as subcontracted vendors.
- Assisted CEO in development of overall growth, enhancements and development strategies.

Controller / Executive Vice President – Finance and Strategic Planning 1997-2000

- Responsibilities ranged from setting up financial, operational systems to relocating financial services to Georgia.
- Represented organization through the State budgeting and legislative sessions and sub-appropriations committees.
- Prepared presentations for quarterly board meetings.
- Developed transportation agreements, negotiated rates with governmental and providers.
- Monitored transportation costs and assisted in developing a strategic plan that allows for additional utilization within same cost structure.

WORK EXPERIENCE

Premier Practice Management/CareMark (San Diego, CA/Chicago, IL)

Chief Financial Officer- 1992-1997

- Responsibilities ranged from setting up financial and operational systems of a startup company for over 85 physician and consolidation of similar functions.
- Developed Physician Compensation Committee standards for establishing base and bonus compensations.
- Developed a Practice Acquisition Model and Financial Due Diligence checklist.
- Negotiated all aspects of acquiring new practices. Participated with the CEO, Medical Director and Chairman in the development of business initiatives

EDUCATION

Florida State University, Tallahassee, FL

B.S. Accounting

CERTIFICATIONS

Certified Public Accountant, GA

Certificate [REDACTED]

JIM McGEAN

Chief Operating Officer - Atlanta, GA



WORK EXPERIENCE

LogistiCare Solutions, LLC (Atlanta, Georgia)

Chief Operating Officer - 2013-Present

- Delivering financial/operating results, improving the member experience, building the most talented team in the industry, and delivering operating efficiencies, controls and processes.
- Responsible for success of all existing operations, ensures that financial, customer service, and provider network development goals are achieved in all existing operational areas
- Directly manages corporate operations directors and corporate technology support units, participates in staffing and managing of new business implementation teams, assists Chief Executive Officer in development of overall corporate growth and organizational development strategies

MobiNue & JEM Consulting (Atlanta, Georgia)

Business Development & Performance Improvement Consultant - 2011-2015

- Specialized in wireless industry business and growth performance improvement: insightful market and company assessment, identification of new revenue growth opportunities, improved business operations, customer experience and execution, and development of innovative sales and marketing alliances

Verizon Wireless (Atlanta, Georgia)

President – South Area - 2007-2010

- Reported directly to Chief Operating Officer, with 16 reports (12 direct and 4 matrix) across all functions
- Oversaw successful and full Revenue/Profit accountability for all wireless operations across 11 states, with \$15B+ revenue
- Respected and visible “hands on” leadership and talent development of cross functional 16,000+ employee team, including 7 call centers with 6,000 customer service professionals
- Marketing Strategy leadership included: VZW Leadership Steering Team, developing and executing South Area strategic plan for growing 20 Million customer base: owned and optimized \$100M+ advertising budget
- Retail Channel Strategic Leadership included: Company owned stores (550+), Independent Agent doors (1500+), and National Retail doors (10,000+), drove improvement via sales skills development, process improvements, and utilization of technology, and strong adoption of metrics and reporting

WORK EXPERIENCE

President – Georgia/Alabama Region, 2000 – 2006

- Oversaw successful and full Revenue/Profit accountability across 2 states (1,300+ employee team, Company owned stores (110+); Independent Agent doors (200+); and National Retail doors (1,000+)
- Improved regional growth via sales channel productivity, enhanced customer experience, aggressive expansion of points of distribution, launched ground-breaking marketing and sales programs, significantly improved network coverage/performance, leveraged network advantages, and built a winning culture

Director – Strategic Services & Pricing (dba GTE Wireless), 1997 – 2000

- National product management, pricing, and strategic/tactical planning for all wireless markets and segments
- Led company-wide strategic planning calendar process prioritizing and integrating all operational plans

Director –Retail Distribution (dba GTE Wireless) 1995-1997

- Company-owned retail operations leadership, support and planning for 500+ locations
- Implemented standard Point Of Sale (POS) operating procedures, employee standards, store design and merchandising, measurements/reporting, location analysis, compensation, and POS systems

EDUCATION

Emory University, Atlanta, Georgia

BA: Economics , 1985

Georgia State University, Atlanta, Georgia

MBA: Finance, 1987

ED RINGER

Chief Information Officer - Atlanta, GA



WORK EXPERIENCE

LogistiCare Solutions, LLC (Atlanta, Georgia)

Chief Information Officer- 2015-Present

- Commandeering IT strategy, leading technical teams, introducing new technology, completing IT turnarounds, system integrations, and implementations of technology that maximize the value to the business.
- Establish Information Technology (IT) strategy and direct all aspects of technology.
- Oversees all IT functions including technology strategy, systems management, vendor relationships, technical support, application development, financial monitoring, and disaster recovery planning. Challenged to improve productivity and reduce costs through improved uses of technology.
- Established state of the art technology architecture to improve the experience of clients, transportation providers, stakeholders, and beneficiaries
- Utilizes methodologies and collaborates with department managers to analyze and document process and system workflows
- Established a Data Architecture to provide LogistiCare internal and external secure access to data
- Launched massive effort overseeing teams of programmers to review and rewrite key software applications to support cloud and mobile computing
- Implemented change control and process documentation for all aspects of the business including new software and telephony upgrades

Innotrac (John Creek, Georgia)

Vice President and Chief Information Officer - 2012-2015

- Directed all information technology execution and strategy for a leading Internet fulfillment company. (Ten facilities and over 4 million square feet of warehouse space)
- Directed a staff of 90 IT professionals responsible for integration and fulfillment execution for Fortune 500 clients including Target, Michael Kors, J Crew, Ann Taylor, and Microsoft.
- Implemented two mobile applications for client dashboard tracking of labor and warehouse performance (Smarthub Labor and Smarthub Mobile)
- Established long-term technology strategy and successfully implemented technology refresh
- Provided clients with individual data marts for analytics utilizing Qlikview (Smarthub Discovery)
- Integrated ten new Fortune 500 clients and assisted in growing revenue over 25% per year, per client

WORK EXPERIENCE

Metadigm Services (Atlanta, Georgia)

Chief Information Officer - 2011-2012

- Managed overall information technology for a utility service company that provides implementation and maintenance services for the Smart Grid
- Consolidated all information technology resources and established strategy for company's future growth
- Implemented new field service work order management and routing system
- Consolidated all infrastructure components including email, data warehouse, application services, and moved to the cloud
- Implemented IOS based audit system integrated with SharePoint for field service audits

National Envelope Company (Frisco, Texas)

Vice President of IT - 2006-2011

- Directed all aspects of information technology for an \$850Million manufacturing business with 17 plants and 5,000 employees
- Held responsibility for infrastructure, operations, application support, application development, business process analysis, PMO, training and application deployment, new technology, and IT strategy development
- Consolidated four IT organizations and four operating platforms into one single platform with a customer focused IT support organization
- Oversaw project management organization, business process, and business analysts group
- Managed electronic connections with the customer for transacting business, including traditional EDI, AS2, Ariba, information portals, punch out to web services
- Developed online customer sites for ordering, providing inventory, and order information

EDUCATION

University of Colorado, Boulder, Colorado

B.S. Engineering Design and Economic Evaluation, 1978

CHINTA GASTON

General Counsel - Atlanta, GA



WORK EXPERIENCE

LogistiCare Solutions, LLC (Atlanta, Georgia)

General Counsel- 2001-Present

- Member of Executive team
- Manages internal legal department, which advises on all company issues, including contracting, litigation, compliance, HIPAA, human resources, and operations
- Responsible for all legal matters relevant to the company including contracting, litigation, and regulatory compliance..
- Supervises the in-house counsel staff, manages relations with outside counsel, advises human resources, and oversees the company's compliance function. Assists with business implementation efforts and client relationship building.

McCandlish Holton (Richmond, Virginia)

Of Counsel - 2000-2001

- Supervised employment law attorneys in employment litigation
- Conducted management training for firm clients on human resource issues

Kroll Associates, Inc (New York, New York)

Managing Director - 1997-1999

- Member of Intelligence and Investigations division of this international investigative consulting firm
- Typical cases included internal corporate investigations; assessment of corporate compliance with government regulations; background investigations of individuals and companies; asset searches and litigation support
- Oversaw design and implementation of corporate monitoring programs

United States Attorney's Office, Civil Division (New York, New York)

Assistant United States Attorney - 1992-1997

- Represented numerous federal government agencies as both plaintiff and defendant in wide variety of litigation
- Cases included contracts, employment law, regulatory issues, personal injury, Freedom of Information Act (FOIA), medical malpractice, fraud, False Claims Act, tax, and constitutional issues

WORK EXPERIENCE

- Coordinated representation of State Department and other agencies on issues of public international law -- Lead counsel in *767 Third Avenue Associates v. Republic of Zaire*, 988 F.2d 295 (2d Cir. 1993), which established inviolability of United Nations missions

EDUCATION

University of Virginia School of Law, Charlottesville, Virginia

J.D., 1985

Harvard University, Cambridge, Massachusetts

B.A., Linguistics, 1980

STEVE LINOWES

Executive Vice President- Atlanta, GA



WORK EXPERIENCE

LogistiCare Solutions, LLC (Atlanta, Georgia)

Executive Vice President 2012-Present

- Reporting to the CEO, recruited to expand the market opportunity for the company's services and leveraging those core services into new revenue.
- Oversees the company's sales and marketing nationally, strategy, new business development, and mergers and acquisitions.
- Provides strategic direction to the company's marketing, branding and media relations.
- Held previous additional responsibility for the Western region including two of LogistiCare's largest and fastest growing operations: AZ and CA. The west coast operations account for more than a third of the company's delivered services and a quarter of LogistiCare's employees.

Damballa, Inc.

Founding CEO - 2006-2010

- Built the company from research university concept into a proven, recurring revenue business with millions of dollars in sales from marquis Fortune 500 companies like Procter & Gamble, Intel and Comcast.
- Raised 30 million dollars in capital.

Mercatus Communicaitons (Atlanta, Georgia)

Service Manager Tier 2 Engineers - 2001-2005

- Self-funded and brought the company from concept to a scaled product delivering one of the first software as a service platform for multi-modal communications to individuals.
- Sold the company to a large, publically traded telecommunications company in 2006.

Yahoo! and Microsoft (Atlanta, Georgia)

Range of Leadership Business Roles - 1991-2004

- Range of Leadership Business Roles

EDUCATION

Carnegie Mellon University, Pittsburgh, PA
MBA

University of Michigan
BS, Computer Science Engineering

JENNY SOUTHERN

Implementation Human Resources - Atlanta, GA



WORK EXPERIENCE

LogistiCare Solutions, LLC (Atlanta, Georgia)

Senior Vice President of Human Resources- 2016-Present

- Develops policy, directs, and coordinates human resources activities, such as employment, compensation, employee and labor relations, benefits, and training and employee services for 3800+ employees at 32+ locations across the US
- Provides advice to senior and line management on policies, regulations, and practical standards regarding equal opportunity/affirmative action employment, recruitment and hiring options, performance management and disciplinary procedures, terminations and employee benefits
- Provides consultative direction to senior management on best human resources practices

Vice President of Human Resources - 2012-2015

Director of Human Resources - 2002-2012

- Owner and developer of an internet and retail business selling Sirius Xm satellite radios and accessories.
- Worked directly with Sirius Xm corporate headquarters and their distributors, to purchase, promote and
- Sold satellite radio products through out the United States and Canada.
- Gross sales have been over 1 million dollars each year for the past 6 years

Deloitte Consulting (Highlands Ranch, Colorado)

Recruiting Manager - 1998-2001

- Developed strategic partnerships with Competency and Industry Partners/Directors to ensure key hiring objectives and initiatives were established and maintained, includes identifying requirements, selection criteria, compensation, and full process recruiting
- Grew South Region SAP consulting practice to 239 (69 hires) in 9 months
- Managed growth (Recruiting & Human Resources) of South Region to 394 in less than 2 years (132%)
- East Region Technology Competency Lead - Maintained individual recruiting goals and worked with Lead Technology Partner to oversee East Region Technology (ERP, e-TI, CRM, SCM) Recruiting
- Americas Lead, CRM Recruiting Initiative - Ensured CRM recruiting goals/objectives were met, developed and implemented a plan to hire 80 staff (all levels) in 90 days

WORK EXPERIENCE

- Implemented and managed South Region Systems Analyst Recruiting Program, trained campus interviewers in BEI Techniques, facilitated on-campus events and interviews, coordinated sell/offer visits, closed candidates, tracked statistics on interviews, offers, accepts, and declines by school, met individual/regional goal – 18 campus hires

EDUCATION

- *Human Resources Certification Review Course*
- *Recruiter Training – Hire.com*
- *Senior Professional in Human Resources (SPHR) Certification*
- *Power Recruiting on the Internet*
- *SPHR Re-certification May 2006*
- *Resumix 4.1 and 6.1*
- *How to Prevent and Eliminate Employment Discrimination*
- *Behavioral Event Interviewer Training*
- *Consulting Career Continuum Training/Instructor*
- *Litigation Proof Your Office*
- *Sexual Harassment Training/Instructor*
- *Ceridian CIHR/PR DOS Report Writer*

- *ADP Human Resource and Payroll*

CHRIS ECHOLS

Senior Vice President of Operations - Atlanta, GA



WORK EXPERIENCE

LogistiCare Solutions, LLC (Atlanta, Georgia)

Senior Vice President of Operations - 2008-Present

- Oversee operations in the Atlantic Region (NJ, DE, PA, VA, and MI)
- Responsible for contracts valued at over \$350 M
- Oversee operations with a total of nearly 700 employees
- Experience managing various types of NEMT contracts: fully-capitated state Medicaid, administrative services only (ASO), State Medicaid, MCO Medicaid, MCO Medicare, MCO MLTC, MCO Duals
- Successfully implemented new NEMT operations in Detroit, MI and New York City, NY
- Managed the Connecticut NEMT program during the transition from a fully capitated program to an ASO model

TNS Global (Atlanta, Georgia)

Vice President /Operational Finance CEO - 2002-2008

- Supported the Financial Services SVP and six account executives in all aspects of operations, budgeting, sales forecasting, pricing, and cost analysis
- Developed an internal reporting package for senior managers and account executives
- Significantly improved the forecasting and budget models, resulting in more accurate and timely reporting
- Performed due diligence for acquisition targets
- Trained account executives on sales forecasting software and budgeting templates
- Worked with a team to successfully reorganize four accounting departments into one Shared Services Center and harmonize processes across all TNS companies in the US and Canada; migrated legacy accounting systems to an Oracle enterprise system

Elrick & Lavidge Marketing Research (Atlanta, Georgia)

Vice President / Chief Financial Officer - 1996-2002

- Managed all accounting and financial reporting functions for a \$25M marketing research firm
- Participated in all business strategy decisions as part of a six-member senior management team

WORK EXPERIENCE

- Instrumental in formulating and implementing a cost reduction plan that resulted in an overhead expense reduction of 20% (\$3.6 mil annually)
- Developed an online database to track all sales proposal activity
- Upgraded accounting software; provided ability to report real-time financial results online
- Successfully managed the business development team; added more accountability and structure, resulting in an increase in the sales pipeline

EDUCATION

Georgia Institute of Technology, Atlanta, Georgia

B.S. Management Accounting, 1992

Certified Public Accountant (CPA Certification)

MARK MINTMIRE

Implementation Project Manager - Atlanta, GA



WORK EXPERIENCE

LogistiCare Solutions, LLC (Atlanta, GA)

Corporate Director of Operations 2015-Present

- Develops and leads company-wide projects and programs to improve service and quality for health care plan clients and members
- Creates standards to drive optimizations across field operations
- Plans and participates in state and MCO program implementations to ensure seamless transitions

ReeCourse Golf, LLC (Charleston, WV)

Owner/Managing Director - 2012-2016

- Acquired the exclusive distribution rights to ReeCourse products
- Conducted university and field research trials to validate product claims
- Marketed and sold product to golf courses and sports fields across the United States
- Established distribution channels for the products across the United States and in international markets
- Attended trade shows to promote the product and establish relationships within the industry

Home Base Inc. (Charleston, WV)

Outreach Coordinator - 2010-2013

- Provided the overall thought leadership to include strategy development and execution to support and oversee 700+ North American record centers encompassing 2,000+ employees
- Executed the strategy, programs, and initiatives (through field Vice Presidents, General Managers, Operations Managers, and Operations Supervisors) that improved operational excellence performance in the areas of service, quality, and productivity
- Collaborated with other departments (e.g. Sales and Account Management, Industrial Engineering, Transportation, Training) to ensure an effective and efficient delivery of services to our internal and external customers
- Led teams to bring about systems upgrades, improved processes and measurements based on strategy
- Set direction for employee training and drove overall engineering efforts and standards development

WORK EXPERIENCE

Iron Mountain (Georgia)

General Manager 2005-2011

- Managed the region's three business lines (Hard Copy Storage and Services, Secure Shredding, Data Protection Storage and Services) generating \$50 million in annual revenue
- Hired, trained, and developed management team responsible for 200+ employees working throughout 16 facilities
- Audited and enforced the safety & security of employees, customer information, and 16 facilities
- Developed and implemented training programs to prepare multiple management levels for improved operational performance

EDUCATION

Georgia State University

BBA/Finance

MBA/Finance

MYRA ORIFICE

General Manager - Kennebunk, Maine



WORK EXPERIENCE

LogistiCare Solutions, LLC (Kennebunk, Maine)

General Manager- 2013-Present

- Oversees all aspects of MaineCare NET program operations to ensure that all contracted performance and quality requirements established by the Maine Department of Health and Human Services are met
- Develop and maintain excellent relationships with local client, understand contract to meet contract standard and financial goals
- Work with Operations Director to make certain the transportation network is complete and of high performance
- Enforce contract standards, replace transporters, when necessary, manage billing, cost and rate issues
- Responsible for establishing community based outreach to assist in Maine-Care member education and facilitate feedback during implementation of new contracts as part of the ongoing process
- Manages a staff of 107 full time employees

LogistiCare Solutions, LLC (Phoenix, Arizona)

Facility Director - 2009-2013

- Worked closely with nursing homes, dialysis clinics, and other medical providers with numerous clients to routinely schedule trips, and to maximize scheduling coordination and information sharing
- Visited facilities regularly to provide training and information about the NEMT process, and to learn about facility concerns
- Managed 30 full time employees for the United Health Care and SCAN Medicaid health plan contracts

Call Center Manager - 2007-2009

- Ensured the call center effectively handled 40,000+ calls per month
- Updated call center policy and procedures
- Collaborated with account liaisons to comply with contractual obligations the call center was properly staffed
- Managed a staff of 70 full time employees for United Health Care and SCAN Medicaid health plan NEMT contracts

WORK EXPERIENCE

LogistiCare Solutions, LLC (Miami, Florida)

Call Center Manager- 1997-2007

- Hired, trained, scheduled and supervised all Miami Customer Service Representatives (CSRs)
- Served as liaison between the California office and Miami offices of LogistiCare
- Met quality standards for all contracted facilities
- Oversaw 60 full time employees for the State of Florida's Medicaid NEMT program

LogistiCare Solutions, LLC (Atlanta, Georgia)

Transportation Coordinator Supervisor - 1997-1998

- Supervised team of Assistant Transportation Coordinators (ATCs) and managed all aspects of transportation for the State of Georgia's Medicaid NEMT program
- Communicated with transportation providers and riders to ensure real-time trip issues were resolved and that all riders were successfully transported

EDUCATION

*B.S. Business Administration & Marketing, Miami-Dade
Community College*

*First Responder/EMT/EVOC Instructor Certifications, Miami-Dade
Community College*

MARY EAGLESFIELD

Implementation Associate Project Manager – Mechanicsville, VA



WORK EXPERIENCE

LogistiCare Solutions, LLC (Mechanicsville, Virginia)

Senior HealthCare Manager- 2016-Present

- Ensure contract requirements of state and MCO clients are met.
- Completion of monthly reporting as required by the state and MCO clients.
- Provide on-site training on Non-Emergency Medical Transportation (NEMT) to Medicaid participating facilities
- Liaison for the dialysis centers, nursing homes, day support centers, mental health sites, hospital systems, community service boards, centers for independent living, residential group homes, and physician offices
- Assist and resolve barriers and challenges with transportation services
- Transportation case management for members and facilities
- Participate in vendor events to provide resources and education on NEMT
- Maximize scheduling coordination and communication with facilities
- Facilitate online training for NEMT
- Oversee statewide Advisory Board Meetings
- Attend and participate in MCO Member Advisory Committee meetings
- Manage a team of 2 healthcare managers

HealthCare Manager- 2012-2016

- Provide on-site training on Non-Emergency Medical Transportation (NEMT) to Medicaid participating facilities
- Liaison for the dialysis centers, nursing homes, day support centers, mental health sites, hospital systems, community service boards, centers for independent living, residential group homes, and physician offices
- Assist and resolve barriers and challenges with transportation services
- Transportation case management for members and facilities
- Participate in vendor events to provide resources and education on NEMT
- Maximize scheduling coordination and communication with facilities
- Facilitate online training for NEMT

Director of Operations- 2006-2012

- Successfully managed 2 regions of the state of Virginia, and Washington D.C. for the state Medicaid contract, and 5 Managed Care Organization contracts with Anthem Healthkeepers, Optima Family Care, AmeriGroup, United Health-Care, and Chartered Health.
- Built and maintained professional and trusting relationships with state and MCO clients, and the transportation providers
- P&L management and budget planning
- Network development
- Contract negotiations and enforcement of compliance requirements for sub-contractors
- Oversight and management to ensure compliance with all company and departmental policies and procedures
- Monthly review of department performance and structure to ensure continuous compliance with client contract requirements

WORK EXPERIENCE

- Ensured all client contract requirements were met and deliverables submitted on a monthly basis.
- Support, develop, and coach management staff to achieve sustaining results, promote morale and reduce turnover.
- Analysis - Performed Excess of loss and quota share and Loss and premium analysis. Studies specific and aggregate, size of loss calculations, Retained versus Excess losses.
- Managed approximately 20 employees in 2 regions of Virginia

Regional Manger- 2003-2006

- Successfully managed the Region 4 area of Virginia
- Built professional and trusting relationships with the transportation providers and volunteer drivers
- Coach and guide the transportation providers to ensure they remain compliant with contract requirements and operate a stable company
- Budget management
- Confirm the routing of trips was efficient and compliant with policies and procedures
- Managed the Ride Assist call center and confirmed customer service and call metric requirements were met
- Ensured the provider network was adequate and stable to meet the transportation demands
- Contract new transportation companies
- Oversight of all provider contracts to confirm compliance of company, vehicle and driver requirements
- Managed quality assurance, complaint resolution and response
- Payroll
- Support, develop, and coach staff to promote growth, efficiency, morale, and reduce turnover.
- Oversight and management of the Transportation, Credentialing, and Quality Assurance Departments.
- Managed a staff of approximately 15 employees

EDUCATION

American Intercontinental University

Business Administration, Present

Virginia School of Practical Nursing, Virginia Beach, Virginia

LPN, 2000

RAY BLANCO

Implementation Network Developer - Atlanta, GA



WORK EXPERIENCE

LogistiCare Solutions, LLC (Atlanta, Georgia)

Senior Director of Provider Relations - 2003-Present

- Responsible for the development of the transportation provider network and implementation for all new and existing contracts including recruitment, training, and provider orientation ensuring and meeting all contract specifications
- Successfully oversees network development and implementation of over multiple LogistiCare programs

DynCorp (Atlanta, Georgia)

Implementation Manager/Project Manager - 2000-2001

- Responsible for implementation build out and initial operational responsibilities for a statewide non-emergency transportation prior approval system
- Responsible for correction of vast implementation deficiencies and total operational responsibility, covering 70% of the lives in the State of Virginia

Independent Consultant - 2000-2001

- Worked on start-up implementation of a ten county, Federal Transit Administration 5311 rural transit system, responsible for all implementation from planning to start up, including set up of policies and procedures

LogistiCare Solutions, LLC (Atlanta, Georgia)

Georgia Operations Director - 1997-2000

- Responsible for the day-to-day operations, including recruitment, training, provider orientation, and performance
- Ensured achievement of departmental operating goals, development of employee skills, and abilities
- Acted as a liaison with customers, program officials, and program beneficiaries to ensure compliance with program requests and requirements

EDUCATION

Miami-Dade Community College
EMT-P

CERTIFICATION

- Miami-Dade Community College
- EMT-P
- Emergency Vehicle Operations Course (EVOC)
- Cardiopulmonary Resuscitation (CPR)
- CPR Instructor
- Advanced Cardiac Life Support (ACLS)
- Pediatric Advanced Life Support (PALS)
- Trauma Transport Protocols Human Immunodeficiency Virus (HIV) Training
- Trans-cutaneous Pacing Rescue Diver

ROBERT PITTMAN

Implementation Outreach and Education - Atlanta, GA



WORK EXPERIENCE

LogistiCare Solutions, LLC (Atlanta, Georgia)

*Director, Business Development and Government Relations-
2013-Present*

- Responsible for all state-based Government Affairs / Business Development and Retention efforts for the nation's largest manager of human services transportation (250+ contracts / 39 states)
- Report directly to the CEO, COO, EVP, and SVPs providing guidance relative to business development and contract maintenance while serving as subject matter expert on proposal win themes and business capture efforts; enabling the company revenues to grow from \$495 million to \$1.2 billion in a 7 year span

Manager, Government Affairs Department - 2013- Present

- Responsible for development, management and oversight of roughly \$1.5 million annual Department Budget; including management of a corporate campaign strategy
- Secured the passage of legislation throughout the country enabling operations to manage risk and enhance profit margins
- Responsible for oversight and management of corporate PR Media strategy and campaign; circumventing negative exposure through proactive outreach, news placement & distribution
- Managed multiple grassroots and stakeholder advocacy initiatives / campaigns at both the state and federal level; coalescing various shareholders around a common cause in order to accomplish business objectives
- Provided direct oversight for multiple contract implementations including team management and coordination, community and shareholder coalition building, and provider outreach and education
- Developed Corporate Internship Program; overseeing all applicant hires and management functions

Government Affairs Associate - 2013-Present

- Instituted corporate-wide Legislative & Regulatory Affairs Tracking & Distribution Networking System;
- Responsible for providing research and analysis of various public policy initiatives as well as legislative and regulatory issues in the social services and healthcare marketplace
- Responsible for the production of marketing / presentation materials, research reports, and position papers utilized for various public policy initiatives and executive business development meetings

WORK EXPERIENCE

- Responsible for creation / management of Corporate-Wide Political News Report; focusing on recent political events, state fiscal concerns and health care related matters
- Serve an integral role in all Government Affairs & Business Development initiatives and opportunities; including face-to-face lobbying efforts for support of sponsored legislation, driving specific accountabilities with LogistiCare consultants / lobbyists, and attending key political affiliate conferences and meetings with Legislature Staff, Legislators, and Key Committees & Committee Members.
- Responsible for coordinating multiple / various Consultant activities and initiatives for both LGTC & PRSC; Serving an integral role in the Corporate strategic decision-making process, business development initiatives, and new Consultant hires
- Serve as central point of contact for consultants / lobbyists as it relates to pending State and / or Federal
- Responsible for identification, retention and management of over 47 contract lobbyists (state and federal level); including management and oversight of all Lobbyist / Principal compliance regulations and maintenance requirements concerning state / federal ethics and campaign laws; including all Consultant contracts and invoice management / maintenance

EDUCATION

University of Georgia
BA, Political Science

University of Georgia
BA, Criminal Justice

NAMON HUDDLESTON

Implementation Quality Assurance and Technology - Atlanta, GA



WORK EXPERIENCE

LogistiCare Solutions, LLC (Atlanta, Georgia)

Corporate Director of Quality Assurance (QA) - 2008 - Present

- Assure enforcement of quality assurance and improvement policies and procedures company-wide
- Ensure all local Quality Assurance managers providers are performing according to LogistiCare QA and URAC Core Accreditation standards
- Lead Customer Experience Team program and implement directives across all plans
- Lead technology enhancements for program implementations, including set-up and testing

American Medical Response (Denver, Colorado)

Director of Client Services – 2008-2013

- Project implementation lead for all contracts, including operational readiness. Lead all phase of NEMT contract implementations all aspects of the operations
- Point of contact for external customer relations. Led monthly meetings to review program status and compliance. As well as the lead for all client audits.
- Training of all new staff specific for contract implementation. Training covering, contract requirements, software, policy and procedures and other topics.

EDUCATION

University of Phoenix, Chicago, Illinois

BS: Business Administration

University of Phoenix, Chicago, Illinois

Masters: Business Administration

CYNDY STONE

Implementation Training - Atlanta, GA



WORK EXPERIENCE

LogistiCare Solutions, LLC (Atlanta, Georgia)

Director of Training and Development 2010-Present

- Provides strategic leadership in organizational training and development programs including learning programs for front-line associates and leadership, which includes facilitated and online courses, demonstration, simulations, role plays, training refreshers, job aids, and coaching
- Leads the company's talent management and development programs
- Facilitates the organization's succession planning efforts with solid results providing leadership opportunities for internal candidates while building bench strength to support phenomenal company growth
- Leads LogistiCare's Culture Initiatives driving company mission and values
- Drives the company's Member-First initiative promoting awareness of our diverse member population and the importance of sensitivity and service excellence
- Partners with business leaders on timing of new business initiatives and technology roll outs to align with operations - leading to successful implementations
- Re-designed performance management process to include competencies by employment level and measurable objectives aligned with company goals
- Led new business location implementations including New York City, Michigan, and others, recruited all levels, and oversaw training to ensure LogistiCare teams are equipped to support new beneficiaries and clients with the highest level of service

EDUCATION

Mercer University, Macon, GA
Bachelor of Science, Magna Cum Laude

GARY MORRIS

Implementation Call Center Manager - Atlanta, GA



WORK EXPERIENCE

LogistiCare Solutions, LLC (Atlanta, Georgia)

Call Center Director - 2013-Present

- Implemented a new Call Center while working within budget expectations including labor cost and controllable expenses and had it up and running within time frame set by Logisticare and the Missouri State contract.
- I personally did the hiring to create the desirable call center culture and to manage cost effective staffing levels. I developed metrics to monitor the standards of performance of the Call Center and initiate process and policy improvements to ensure that Logisticare excelled in its contractual performance.
- I have consistently met the metrics which has allowed Logisticare to collect monitory funds set aside by the State contract. I have established bonus and incentive programs for the Customer Service Agents that has helped the Missouri Call Center have the highest morale and best attendance within all of Logisticare call centers.

Satelite Radio And More (St. Charles, Missouri)

Owner - 2004-2013

- Owner and developer of an internet and retail business selling Sirius Xm satellite radios and accessories.
- Worked directly with Sirius Xm corporate headquarters and their distributors, to purchase, promote and
- Sold satellite radio products through out the United States and Canada.
- Gross sales have been over 1 million dollars each year for the past 6 years

Avaya Communicaitons (Highlands Ranch, Colorado)

Service Manager Tier 2 Engineers - 2001-2005

- My most recent accomplishment has been making and exceeding all personal and corporate objectives for the past two years for 2 different departments, Large/ Intuity and Tech Help Me.
- Design and implementation of Tier 2 Tier 3 Triage Process.
- Pilot program development of Associate Customer Satisfaction and Coaching the Coach Classes.
- Developed and implemented a Role Play Billing Class for All Associates.
- Nice Analyzer Administrator for Coaches' team.
- Avaya Contact Analyzer and CMS efficient.

EDUCATION

St. Louis Community College
General Studies



BRYAN LEWIN

Outreach and Communications Manager - Charleston, WV



WORK EXPERIENCE

Complaint Specialist (Morgantown, WV)

2013-2016

- Investigate and mediate any complaints filed by Consumers, Agents, Providers and Federal and State Representatives against any licensed Insurance Company.
- Inform the public about insurance codes, regulations, trends and availability.
- Represent the Insurance Commissioner at Fairs and Festivals throughout the state of West Virginia and give oral presentations to the general public at various functions.
- Enlighten individuals about the Affordable Care Act, CHIPS, Medicare, Medicaid, Life Insurance as well as Health Insurance.

Maximus, Inc., Academic Support Services (Charleston, WV)

In-person Assisters Regional Supervisor - 2013-2015

- Supervise In-person assisters who assist clients in West Virginia Department of Health and Human Services county offices with insurance enrollment under the Affordable Care Act.
- Provide training and support to team members in six (6) county DHHR offices.
- Prepare quantitative progress reports.
- Produce and distribute marketing material to In-Person Assisters.

Home Base Inc. (Charleston, WV)

Outreach Coordinator - 2010-2013

- Implemented Individualized Parenting Instruction with an emphasis on the priorities of children.
- Piloted Adult Life Skills preparation, highlighting the necessary skills to develop and maintain independence.
- Proctored Child Orientated Activities.
- Supervised Visitations

West Virginia University, Academic Support Services (Morgantown, WV)

Full-Time Graduate Assistant - 2008-2010

- Provided guidance and mentorship to student athletes.
- Monitor student athletes class attendance as well as provide conduits to necessary educational support.

WORK EXPERIENCE

- Facilitated in educational study groups for students.
- Provided basic life skill assistance to promote healthy student living and positive social behaviors.

International Professional Basketball Player (Global)

1998-2007

- International basketball player contracted to provide athletic services to various international teams.
- Represented Jamaica in the 2006 CARICOM tournament.
- Teams played on include; Jamaican National Team, Chinese Basketball Association, Harlem Globetrotters, Pakmet-Polpharma (Poland).

EDUCATION

West Virginia University (Morgantown, WV)

Master in Secondary Education, 2010

Bachelor in Athletic Coaching and Education, 2008

North East Mississippi Community College (Booneville, MI)

Associate in Arts, 1994 to 1996

MONIQUE SAILOR

Call Center Manager – Jonesboro, GA

WORK EXPERIENCE

LogistiCare (Atlanta, Georgia)

Call Center Manager - June 2015 - Present

- Manage a staff of 67; 7 Leadership and 60 Customer Service Agents Hiring Manager
- Ensure proper recruitment, training, staffing and technology to handle call volume and meet contractual agreements
- Manage and develop leadership and customer service representatives to meet operational and contractual goals
- Monitor standards of performance of the call center and initiate process improvements
- Monitor schedule adherence and employee performance standards and take appropriate corrective action to meet standards
- Identify agent deficiencies and provide proper coaching tools
- Track daily, weekly and monthly metrics
- Initiate and execute Terminations in compliance with Logisticare Policies
- Identify trends in attrition
- Maintain Employee Personnel files

Call Center Supervisor - December, 2013 - June, 2015

- Supervise a staff of 40; 6 Leadership and 34 CSR's
- Secondary Hiring Manager for St Louis Ops
- Conduct New Hire Orientation
- Responsible for maintaining attendance records
- Monitor schedule adherence
- Mentor new and existing Customer Service Representatives
- Identify training opportunities
- Track daily and weekly metrics
- Issue Corrective Actions based on Performance/Attendance
- Initiate and execute Terminations in compliance with LogistiCare Policies
- Maintain Employee Personnel files

WORK EXPERIENCE

Logisticare (Southfield, MI)

Lead Facility Representative - October 2010 - December 2013

- Supervised a staff of 5 in Wisconsin Ops/ Supervised a staff of 3 in St Louis Ops
- Coordinated Non-Emergency Medical transportation with Healthcare Providers on behalf of Medicaid beneficiaries
- Processed monthly and quarterly reports that identify Fraud and help forecast utilization
- Processed Standing Order request
- Hiring coordinator for Facility Representative Candidates
- Coordinated and facilitated training to develop new and existing Facility Representative
- Ensured facility staff maintained proper contacts with Health Care facilities
- Monitored representative's productivity and identified opportunities for coaching
- Monitored time keeping for facility staff
- Assisted with annual performance reviews
- Initiated corrective action based on attendance/performance per Logisticare policies

EDUCATION

Wayne County Community College

Certification in Home Health Care Nursing

JAMES BOLLING, JR.

Assistant Manager – Wise, VA

WORK EXPERIENCE

LogistiCare Solutions, LLC (Mechanicsville, Va)

Regional Manager- June 2012 - Present

- Managed provider network for VA Operations Region 1 and Region 2.
- Developed sound financial policy and practice to support VA Operations.
- Assisted in complaint resolution for assigned regions. Led state in lowest complaint percentage (0.32%/month).
- Assisted in recruitment, mentorship and development of new providers in market areas.
- Led state with lowest NVA for years 2014-2016. (0.51%).
- Assisted in development, writing of process and management of Volunteer Driver Department for Va. Operations.
- Assisted with development of Independent Driver Program in
- Assisted in development and implementation of WellRyde in VA Operations.
- Assisted in development of Should Cost Standard for VA Operations.
- Assisted in training for new Regional Managers in VA, MI, and CA.
- Recipient of LogistiCare Innovation Award 2016.

Field Monitor Supervisor - 2016 - Present

- Responsible for enhanced development of Field Monitor Staff.
- Implemented new training requirements for all staff members.
- All staff members are national certified CTAA and NSC trainers.
- Integrated EForm in inspection process.
- Developed streamline complaint resolution process with Quality Assurance.
- Responsible for HR for staff members.
- Developed Disaster Recovery Protocol for staff to assist other operations if needed.
- Assisted in training for Field Monitors for other state contract.

WORK EXPERIENCE

Field Monitor- 2012

- CTAA Certified PASS Trainer 2012-Present.
- Conducted bi-annual inspections required by state and LogistiCare contract.
- Conducted remote monitoring to ensure compliance of contracted providers.
- Covered assigned R1 and R2 for all Field Monitor Duties.

Field Monitor- 2012

- Managed staff of 15-65 employees at any given time.
- Responsible to ensure staff met all required contractual matrices.
- Responsible for timely compilation and delivery of required reports to Senior Management.
- Responsible for Quality Assurance, Training and HR for assigned employees.
- Responsible for compliance and knowledge of all contracts maintained by afterhours staff.

EDUCATION/CERTIFICATIONS

Paralegal Studies

CTAA Certified PASS Trainer

NSC Certified First Aid Instructor(All Disciplines)

NSC Certified CPR/AED Instructor (All Disciplines)

NSC Certified Defensive Driving Instructor

WARREN CAMPBELL

Provider Relations Manager– Leonardtown, MD

WORK EXPERIENCE

District Managers for Valet Waste

2015-2016

- Responsible for the door to door trash pickup of 11 properties. Also included supervision of 14 personal and their pay roll.

MV Transportation Quality Assurance Manager

Facility Manager - 2012-2013

- Inspected and insured drivers and Para transit vehicles were road ready for 2 running shifts; Morning and mid-afternoon for non-emergency medical transportation.
- Trained drivers daily on 8 point wheelchair safety (hookups)
- Daily inspection of wheelchair lifts and safety equipment.
- Started up 2 Buildings for Operations.
- Responsible for inspecting entrance of vehicles 5 at a time to total 45 vehicles.

Logistics Analysis

2009 - 2011

- Responsible for tracking, Iron, Engineering Change Proposals (ECPs), and Amphibious
- Assault Vehicle (AAV) locations.
- Conducted a business case analysis of tool inventory.

Yellow Transportation Maintenance Supervisors

1999 - 2001

- Inspected and ensured Limousines, School Buses and coach (buses) were road ready

Motor Transportation Operations and Maintenance Chief

Motor Transportation Operations and Maintenance Chief, 1999 - 2001

- Fleet Motor Transportation Operations and Maintenance and Unit Safety Program Manager with more than 22 years of experience managing many varying fleets of Motor Transport and Engineer Support Equipment.
- Supervised different levels of unit staff, motor transport operations, and mechanics within civilian and intermediate maintenance shops

WORK EXPERIENCE

RSS Baltimore Recruiting Station (Essex, MD)

- From Cpl-Sgt Was diplomat driver, after promotion to Sgt was assigned as Truck master.
- Responsible for roughly 40 vehicles. 2 medical van shuttles which traveled 2 shifts to Bethesda Naval Hospital dally, along with inspecting numerous diplomat vehicles.
- Sub Station Towson and Substation Essex Maryland.

Quantico Virginia Security Battalion

- Assigned as Motor Transport Chief of 30 Military Police vehicles and Fire Dept vehicles which were responsible for the fire protection of base and the transporting of non-emergency patients to Ft Belvoir Hospital. Initiated Emergency Training for Military Police to include Course AAA instructions and Northern Criminal Academy for evasive driving.

EDUCATION

- *AAA instructor*
- *Northern Criminal Academy Pursuit Driving Instructor*
- *Defense Budget and Finance Course*
- *CLM 047 Fiscal and Physical Accountability and Management of DOD Equipment*
- *Public Speaking, Xerox Corporation*
- *Military Service Schools and Courses*
- *Ground Safety for Marines, Naval Occupational Safety, Health, and Environment Training Center*
- *Environmental Compliance Coordinators/ Officer & Environmental Manager(EM101) & (EM201)*
- *Defense OSHA Hazardous Waste Course, USMC*

JARROD SARGENT

PROJECT MANAGER– Culloden, WV

WORK EXPERIENCE

Framework MI, Inc. (Cincinnati, Ohio)

Director of Client Services/Analytics - June 2016 - Present

- Liaise between pharmacies and developers to create queries for custom reporting.
- Present savings opportunities for pharmacies through data inquiry.
- Lead teams in attaining their annual revenue and expense targets.
- Support client needs in a timely and efficient manner demonstrating a sense of urgency, tenacity, and commitment to quality and excellent service.
- Identify opportunities to leverage the myriad of products and services to create integrated solutions that solve the pharmacy client's business issues.
- Mentor team members providing guidance on structuring and conducting market research studies, developing client relationships and identifying opportunities to enhance the value we provide to the client.
- Lead the contract renewal process for assigned clients

Cornerstone Healthcare group (Dallas , Texas)

Corporate Materials Manager - May 2014- June 2016

- Manage 43 employees and 19 facilities supporting materials management, purchased services, pharmacy, lab, plant operations, construction, and capital equipment.
- Directed supply chain expense reduction to increase overall EBITDA through product, vendor, contract, policy, and process standardization.
- Ensure attainment of quarterly threshold expenditure goals
- Conducted annual site evaluations, analyze quarterly threshold goals, and provide monthly reports on facility expenditure.
- Implement policies and procedures for budget monitoring, operational security, and communication for better patient care.
- Coordinated implementation of lean management for operational excellence within Supply Chain, Plant Ops, and Construction.
- Contributing player in revitalizing company towards a lean management organization with monitored metrics.
- Collaborated closely with private equity partner in the development of operational goals, managing for profit and not for profit organizations.
- Coordinate company construction projects for efficient job project management and global/transparent approval flow process to allow new building construction and site improvements for growth and added revenue.
- Managed supply chain contract utilization for high compliancy and utilized additional value added services for additional decrease in expenditure and increase in revenue.

WORK EXPERIENCE

Cornerstone Healthcare Group (Dallas , Texas)

Corporate Materials Analyst - February 2014- May 2014

- Designed and implement materials management policies and procedures at 19 national facilities.
- Analyzed medical supply, medical distribution, and GPO contracts for cost avoidance and savings.
- Lead Purchasing/AP department EDI implementation project from start to finish to automate workflow.
- Supported creation of supply chain solutions for new construction and acquisition projects.
- Actively benchmarked case costing figures for all Cornerstone facilities that were used in the Budgetary and Pro-Forma
- Maintained national vendor contacts and conduct site visits to all facilities that include follow-up synopsis and effective cost savings actions plans.

EDUCATION

Marshall University (Huntington , WV)

Bachelors-Buisness Administration

West Virginia Junior College (Charleston, WV)

Associates in Science - Medical Office Management

EXHIBIT 2

Letters of Commitment



LogistiCare

Letter of Commitment to Participate in the West Virginia Medicaid NEMT Program

To Whom It May Concern:

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This Letter of Intent indicates only our willingness to provide transportation services under a future contract, and does not bind either my company or LogistiCare to any particular terms or conditions.

ANNE D WEEKS, PRESIDENT / CEO
Name and Title

MOUNTAIN STATE CENTERS FOR INDEPENDENT LIVING
Transportation Company

821 4th AVE HUNTINGTON, WV 25701
Address, City, State, and Zip Code

[Signature] Signature Date 8-4-17

CABELL County(ies) Please include only counties where vehicles are based in, attach additional sheet if needed

Vehicles:

Ambulatory

Wheelchair

Wheelchair Bariatric

Please return signed form to:

LogistiCare Network Development

1275 Peachtree Street, 6th Floor

Atlanta, GA 30309

Phone (866) 431-4635. Fax (877) 352-5641. email network@logisticare.com



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Janie Lou White, Executive Director

Name and Title

Preston County Senior Citizens, Inc. dba Buckwheat Express (Public Transit)

Transportation Company

P.O. Box 10, Kingwood, WV 26537

Address, City, State, and Zip Code

Signature

Date 08/03/2017

Preston County, WV

County(ies) Please include only counties where vehicles are based in, attach additional sheet if needed

Vehicles: Minivans, Cutaways, and Converted Vans

Ambulatory x 10 Wheelchair x 11 Wheelchair Bariatric x

Please return signed form to:

LogistiCare Network Development

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Atlanta, GA 30309

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Beth Ann Bridges, Outreach Coordinator
Name and Title

Monroe County Council on Aging (MCCOA)
Transportation Company

8395 Seneca Trl S, Lindeide, WV 24951
Address, City, State, and Zip Code

Signature Beth Ann Bridges Date 7-31-17

Monroe
County(ies) Please include only counties where vehicles are based in, attach additional sheet if needed

Vehicles:

Ambulatory 0 Wheelchair 3 Wheelchair Bariatric 0

Please return signed form to:

LogistiCare Network Development
1275 Peachtree Street, 6th Floor
Atlanta, GA 30309
Phone (866) 431-4635, Fax (677) 352-5641, email network@logisticare.com



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Phonda M. Freeman Transportation Manager Coord.
Name and Title

Monroe County Council on Aging
Transportation Company

P.O. Box 149 Lindside WV. 24951
Address, City, State, and Zip Code

304-753-4384
or
304-644-3993

[Signature] Phonda M. Freeman Date 8/8/2017
Signature

Monroe Greenbrier Summers, Mercer, Putnam
County(ies) Please include only counties where vehicles are based in, attach additional sheet if needed

Vehicles:

Ambulatory Wheelchair 3 Wheelchair Bariatric

Please return signed form to:

LogistiCare Network Development
1275 Peachtree Street, 6th Floor
Atlanta, GA 30309
Phone (866) 431-4635, Fax (877) 352-5641, email network@logisticare.com



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Jenni Sutherland, Executive Director
Name and Title

Putnam Co. Aging Program
Transportation Company

2558 Winfield Rd. St. Albans, WV 25177
Address, City, State, and Zip Code

Jenni Sutherland Signature 8-4-17 Date

County(ies) Please include only counties where vehicles are based in, attach additional sheet if needed Putnam

Vehicles: 5 med transport vehicles

2 Ambulatory 3 Wheelchair 3 Wheelchair Bariatric

Please return signed form to:

LogistiCare Network Development
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Atlanta, GA 30309
Phone (866) 431-4635, Fax (877) 352-5641, email network@logisticare.com



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TAMMIE D RIZZO - Executive Co-Director
Name and Title

Youth Health Service, Inc.
Transportation Company

971 Harrison Ave Elkins, WV 26021
Address, City, State, and Zip Code

Signature [Handwritten Signature] Date 8/10/2017
Randolph

County(ies) Please include only counties where vehicles are based in, attach additional sheet if needed

Vehicles: X 4 vehicles, none meeting below descriptions

Ambulatory 4 Wheelchair 0 Wheelchair Bariatric 0

Please return signed form to:

LogistiCare Network Development
1275 Peachtree Street, 6th Floor
Atlanta, GA 30309
Phone (866) 431-4635, Fax (877) 352-5641, email network@logisticare.com

LogistiCare[®]

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G. Paul Macom, CEO

Name and Title

EastRidge Health Systems

Transportation Company

235 S. Water St Martinsburg, WV 25401

Address, City, State, and Zip Code

Signature

Paul Macom

Date 8/1/17

County(ies) Please include only counties where vehicles are based in, attach additional sheet if needed Berkeley, Jefferson, Morgan

Vehicles:

Ambulatory 22

Wheelchair 4

Wheelchair Bariatric

Please return signed form to:

LogistiCare Network Development

1275 Peachtree Street, 6th Floor

Atlanta, GA 30309

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Jerry Fields

Name and Title

Hancock County Senior Services

Transportation Company

647 Gas Valley Road New Cumberland WV 26047

Address, City, State, and Zip Code

Signature Jerry Fields

Date 8/1/17

Hancock

County(ies) Please include only counties where vehicles are based in, attach additional sheet if needed

Vehicles:

Ambulatory ✓2 Wheelchair ✓3 Wheelchair Bariatric

Please return signed form to:

LogistiCare Network Development

1275 Peachtree Street, 6th Floor

Atlanta, GA 30309

Phone (866) 431-4635, Fax (877) 352-5641, email network@logisticare.com

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Darlene Crane - Manager

Name and Title

Little Kanawha Transit Authority

Transportation Company

Po Box 387 Grantsville, WV 26147

Address, City, State, and Zip Code

Signature

Darlene Crane

Date 8-22-17

Calhoun, Boone, Jackson and Gilmer Co.

County(ies) Please include only counties where vehicles are based in, attach additional sheet if needed

Vehicles:

Ambulatory 2

Wheelchair 11

Wheelchair Bariatric

Please return signed form to:

LogistiCare Network Development

1275 Peachtree Street, 6th Floor

Atlanta, GA 30309

Phone (866) 431-4635, Fax (877) 352-5641, email network@logisticare.com

304-354-6216

LogistiCare

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Mary Rose Ash, Director
Name and Title

Wetzel County Committee on Aging
Transportation Company

145 Paducah Drive NewMartinsville, WV
Address, City, State, and Zip Code 26055

Mary Rose Ash **Signature** 8-1-17 **Date**

County(ies) Please include only counties where vehicles are based in, attach additional sheet if needed Wetzel County

Vehicles:

5 **Ambulatory** 1 **Wheelchair** 0 **Wheelchair Bariatric**

Please return signed form to:

LogistiCare Network Development

1275 Peachtree Street, 6th Floor

Atlanta, GA 30309

Phone (866) 431-4635, Fax (877) 352-5641, email network@logisticare.com

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Douglas Pixler (DIRECTOR)
Name and Title

EASTERN PANHANDLE TRANSIT AUTHORITY
Transportation Company

MARTINSBURG, WV 25405
Address, City, State, and Zip Code

 **Signature** 4/31/17 **Date**

County(ies) Please include only counties where vehicles are based in, attach additional sheet if needed BERKELEY

Vehicles: 7

Ambulatory 1 **Wheelchair** 6 **Wheelchair Bariatric**

Please return signed form to:

LogistiCare Network Development

1275 Peachtree Street, 6th Floor

Atlanta, GA 30309

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GEORGE LEVITSKY CCTM GEN. MANAGER
Name and Title

FAIRMONT - MARION COUNTY TRANSIT AUTHORITY
Transportation Company

400 QUINCY ST FAIRMONT WV 26554-3185
Address, City, State, and Zip Code

Signature *George Levitsky CCTM* Date 8/17/17
MARION

County(ies) Please include only counties where vehicles are based in, attach additional sheet if needed

Vehicles:

Ambulatory Wheelchair 22 Wheelchair Bariatric

Please return signed form to:

LogistiCare Network Development
1275 Peachtree Street, 6th Floor
Atlanta, GA 30309
Phone (866) 431-4635, Fax (877) 352-5641, email network@logisticare.com

LogistiCare®

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Mary M. Redman, Chief Financial Officer

Name and Title

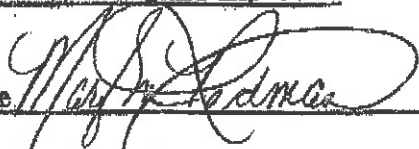
FMRS Health Systems, Inc.

Transportation Company

101 S Eisenhower Dr., Beckley, WV 25801

Address, City, State, and Zip Code

Signature



Date 08/15/2017

Fayette, Raleigh and Summers

County(ies) Please include only counties where vehicles are based in, attach additional sheet if needed

Vehicles:

Ambulatory 32 Wheelchair 3 Wheelchair Bariatric

Please return signed form to:

LogistiCare Network Development

1275 Peachtree Street, 6th Floor

Atlanta, GA 30309

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LogistiCare



Letter of Commitment West Virginia Medica

BETH J. FITZGERALD

EXECUTIVE DIRECTOR

Harrison County Senior Center
Office 304.623.6795 cell 304.838.1182
bfitzgerald@harrisoncountyseniorcenter.org
500 W. Main Street, Clarksburg, WV 26301

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Name and Title

Beth Fitzgerald Exec Dir

Transportation Company

HARRISON CO SENIOR CTR

Address, City, State, and Zip Code

500 W main st clarksburg WV 26301

Signature

Beth Fitzgerald

Date

8/8/2017

County(ies) Please include only counties where vehicles are based in, attach additional sheet if needed

Vehicles:

8 total

Ambulatory

8

Wheelchair

7

Wheelchair Bariatric

1

Please return signed form to:

LogistiCare Network Development

1275 Peachtree Street, 6th Floor

Atlanta, GA 30309

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Debbie Joyce

Name and Title

Hava Enterprises

Transportation Company

510 C St. Charleston WV 25303

Address, City, State, and Zip Code

Signature

Joyce

Date

8/10/17

Marsha Cabell, Mongalia, Putnam

County(ies) Please include only counties where vehicles are based in, attach additional sheet if needed

Vehicles Count:

Ambulatory 4,3 Wheelchair 2 Wheelchair Bariatric

Please return signed form to:

LogistiCare Network Development

1275 Peachtree Street, 6th Floor

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TERESA K. WARBLE OWNER
Name and Title

HOMETOWN TRANSPORTATION
Transportation Company

2213 1ST ST MOUNDSVILLE, WV 26041
Address, City, State, and Zip Code

Teresa K. Warble Date 7-29-17
Signature Date

County(ies) Please include only counties where vehicles are based in, attach additional sheet if needed MARSHALL, OHIO, BROOKE, HANCOCK, TYLER, WETZEL

Vehicles:
Ambulatory 14+ Wheelchair Wheelchair Bariatric

Please return signed form to:
LogistiCare Network Development
1275 Peachtree Street, 6th Floor
Atlanta, GA 30309
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Dinah Mills Director
Name and Title

Lewis County Senior Citizens Center Inc
Transportation Company

171 W 2nd St Weston WV 26452
Address, City, State, and Zip Code

Signature Dinah Mills Date 8-10-17

Lewis
County(ies) Please include only counties where vehicles are based in, attach additional sheet if needed

Vehicles:

Ambulatory 4 Wheelchair 3 Wheelchair Bariatric

Please return signed form to:

**LogistiCare Network Development
1275 Peachtree Street, 6th Floor
Atlanta, GA 30309
Phone (866) 431-4635, Fax (877) 352-8641, email network@logisticare.com**

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Paulette Justice, Executive Director

Name and Title

Kanawha Valley Senior Services, Inc.

Transportation Company

2428 Kanawha Blvd Charleston, WV 25311

Address, City, State, and Zip Code

Signature

Paulette Justice

Date 8-1-17

Kanawha County only

County(ies) Please include only counties where vehicles are based in, attach additional sheet if needed

Vehicles:

Ambulatory 6 Wheelchair 4 Wheelchair Bariatric N/A

Please return signed form to:

LogistiCare Network Development

1275 Peachtree Street, 6th Floor

Atlanta, GA 30309

Phone (866) 431-4635, Fax (877) 352-5641, email network@logisticare.com

Not an endorsement, only will work with you if
you are awarded the contract. PJ

LogistiCare

Letter of Commitment to Participate in the West Virginia Medicaid NEMT Program

To Whom It May Concern:

LogistiCare Solutions, LLC, a transportation management company, has asked me to contract with them to provide transportation services under the new Non-Emergency Medical Transportation (NEMT) Services program for the State of West Virginia Department of Health and Human Resources (DHHR), Bureau for Medical Services (BMS).

My company intends to contract with LogistiCare to provide Non-Emergency Medical Transportation services. I understand that any contract with LogistiCare for services under the NET brokerage program will be subject to State of West Virginia Department of Health and Human Resources (DHHR), Bureau for Medical Services (BMS) rules and regulations.

This Letter of Intent indicates only our willingness to provide transportation services under a future contract, and does not bind either my company or LogistiCare to any particular terms or conditions.

William Carpenter

Name and Title

Lincoln County Opportunity Co

Transportation Company

360 Main St Hamlin WV 25723

Address, City, State, and Zip Code

Will JC

Signature

Date

8/2/17

Lincoln + Cabell

County(ies) Please include only counties where vehicles are based in, attach additional sheet if needed

Vehicles:

Ambulatory

5

Wheelchair

Wheelchair Bariatric

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Atlanta, GA 30309

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Joyce Howard, Director
Name and Title

Marshall County Senior Center
Transportation Company

805 5th Street, Moundsville WV 26041
Address, City, State, and Zip Code

Joyce Howard **Signature** 8/7-17 **Date**

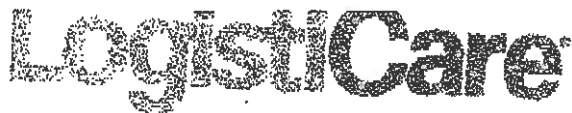
Marshall
County(ies) Please include only counties where vehicles are based in, attach additional sheet if needed

Vehicles:

Ambulatory Wheelchair ² Wheelchair Bariatric

Please return signed form to:

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1275 Peachtree Street, 6th Floor
Atlanta, GA 30309
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Name and Title

OB INC

Transportation Company

PO Box 361 Parkersburg WV 26102

Address, City, State, and Zip Code

Signature

[Handwritten Signature]

Date

8/7/17

County(ies) Please include only counties where vehicles are based in, attach additional sheet if needed

Wood & surrounding

Vehicles:

Ambulatory

20

Wheelchair

Wheelchair Bariatric

Please return signed form to:

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Atlanta, GA 30309

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William T. Maury, MANAGER
Name and Title

MOUNTAIN TRANSIT AUTHORITY
Transportation Company

1096 BROAD STREET SUMMERSVILLE WV 26051
Address, City, State, and Zip Code

Signature William T. Maury Date 8-1-2017

NICHOLAS COUNTY, WV
County(ies) Please include only counties where vehicles are based in, attach additional sheet if needed

Vehicles:

Ambulatory 2 Wheelchair 11 * Wheelchair Bariatric 0
* NOT ALL VEHICLES ARE AVAILABLE FOR NEMT SERVICE

Please return signed form to:

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Atlanta, GA 30309

Phone (866) 431-4635, Fax (877) 352-5641, email network@logisticare.com

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J. DOUGLAS CARTER, GENERAL MANAGER

Name and Title

POTOMAC VALLEY TRANSIT AUTHORITY

Transportation Company

185 PROVIDENCE LN, PETERSBURG, WV 26847

Address, City, State, and Zip Code

Signature J. Douglas Carter Date 8/1/2017

GRANT, HAMPSHIRE, HARDY, MINERAL, PENDLETON
County(ies) Please include only counties where vehicles are based in, attach additional sheet if needed

Vehicles: 28

Ambulatory 5 Wheelchair 23 Wheelchair Bariatric 0

Please return signed form to:

LogistiCare Network Development

1275 Peachtree Street, 6th Floor

Atlanta, GA 30309

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LogistiCare[®]

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This Letter of Intent indicates only our willingness to provide transportation services under a future contract, and does not bind either my company or LogistiCare to any particular terms or conditions.

Jack Tanner Executive Director

Name and Title

Raleigh County Commission on Aging

Transportation Company

1614 S. Kanawha St. Beckley, WV 25801

Address, City, State, and Zip Code

 Date 8-4-17

County(ies) Please include only counties where vehicles are based in, attach additional sheet if needed Raleigh

Vehicles: 2

Ambulatory 0 Wheelchair 2 Wheelchair Bariatric 0

Please return signed form to:

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Joel Tuttle, Executive Director

Name and Title

Senior Life Services of Morgan County, Inc.

Transportation Company

106 Sand Mine Road, Ste 1, Berkeley Springs, WV

Address, City, State, and Zip Code

25411

Signature

Joel Tuttle
Morgan

Date

8/2/17

County(ies) Please include only counties where vehicles are based in, attach additional sheet if needed

Vehicles:

Ambulatory 4 **Wheelchair** 4 **Wheelchair Bariatric**

Please return signed form to:

LogistiCare Network Development

1275 Peachtree Street, 6th Floor

Atlanta, GA 30309

Phone (866) 431-4635, Fax (877) 352-5641, email network@logisticare.com

EXHIBIT 3

Sample Disaster Recovery Plan



SAMPLE DISASTER RECOVERY PLAN

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1. OVERVIEW

This sample Disaster Recovery Plan (DRP) details the steps that LogistiCare will take to continue services during an event that causes data, communication, and/or technical support system failure. This Plan includes the processes we follow to backup data collected from our systems, phones, and electronic media records, including storage of redundant information in a secure location protected against fire, theft, or disaster. This DRP also provides information about the steps we follow to continue providing non-emergency medical transportation in instances that a State of Emergency is declared or adverse events limit services.

A finalized plan will be sent to the client for review and approval prior to the contract start date, based on the specificities of the RFP, and updates will be submitted at least annually thereafter. To determine which updates should be made, LogistiCare tests DRP procedures annually and provides the results and remediation plan to clients within thirty (30) calendar days, or as required.

2. DRP POLICY AND PROCEDURES

As a safeguard, LogistiCare ensures all operational units within the company are protected against service interruptions by developing, implementing, and testing Disaster Recovery and Business Continuity (DR/BC) Plans. Each office or department is responsible for completing the following actions:

- **Developing a Disaster Recovery/Business Continuity Plan.** All departments that rely on voice, data, and video telecommunications or computer services to perform daily responsibilities will be required to produce a plan to continue services during a natural or manmade disaster. If computer or telecommunications services are purchased from a third-party or other group, the Department utilizing the services will be required to integrate the manufacturer's or provider's Disaster Recovery Plan (i.e., off-site storage of data) with the plan to be used by the Department.
- **Maintaining and Updating Disaster Recovery/Business Continuity Plans Annually.** Disaster Recovery/Business Continuity Plans are required to be updated at least annually. Additionally, the Plan should be modified following any significant changes to computing or telecommunications services.
- **Updating disaster recovery/business continuity plans for all new business or whenever there are changes to your business processes.** The Disaster Recovery/Business Continuity Plan is a primary task that should be established and tested during all new business implementations and updated by the 'go live' date for any new business.
- **Testing disaster recovery/business continuity plans annually.** Offices or departments are required to test their plan at least once a year and document the results. Departments will correct any deficiencies revealed by the test.
- **Training employees to execute the recovery plans.** Training will consist of:
 - Awareness of the necessity for a Disaster Recovery/Business Continuity Plan
 - Local Disaster Recovery/Business Continuity Plan and the approved procedures to follow during an emergency event
 - Employee responsibilities and how to perform assigned duties
 - Opportunities for the recovery teams to practice disaster recovery and business continuity skills
- **Annual certification of testing and testing of the Plan.** The local leadership team, including all departmental managers, are responsible for managing operations and IT resources. After the successful execution of the Plan's annual review, update, and test, a confirmation letter will be submitted to LogistiCare's IT and Executive Teams that certifies all steps have been completed.

At any time, the Executive Team may audit the Disaster Recovery/Business Continuity Plan and test for compliance with policies and standards.

3. SEVERE WEATHER PROCEDURES / INCLEMENT WEATHER PLAN

Inclement and severe weather can negatively impact staffing, daily activities conducted at Operations Centers or Call Centers, and the delivery of NEMT services. Inclement weather can also cause power outages or service line interruptions. During inclement weather, LogistiCare's primary objectives are to:

- Maintain essential operations in the State Operations Center
- Maintain essential Call Center functions and operations
- Ensure the safety of employees, NEMT Providers, and the populations we serve
- If the inclement weather event is or becomes severe, we strive to first ensure populations with critical needs, such as those that require dialysis, chemotherapy, and other acute care maintain access to required services.

Therefore, in the event of a weather emergency, we ensure we have adequate onsite and backup staff and make reasonable allowances for transportation difficulties. In addition, we implement the following special procedures:

- Define key personnel and their roles and responsibilities in the event of a weather emergency
- Ensure the safe transport of clients, especially dialysis, chemotherapy, and other critical care individuals while maintaining the safety of our NEMT Providers
- Provide contact information for county/state emergency centers and key LogistiCare personnel, including phone and fax numbers

Maintaining Critical Transportation Services and Basic Operations. Although inclement weather can interrupt services, our business continuity plan ensures operational functions do not entirely cease. To ensure the safety of riders, we follow advice from the **CMS Preparing for Emergencies: A Guide for People on Dialysis** (<http://www.medicare.gov/publications/pubs/pdf/10150.pdf>), which states:

“Stay at home unless you are hurt, as long as it is safe to do so. Instructions for dialysis patients may be available on TV, radio, or by phone or messenger. Depending on the nature of the emergency, you might want to call your dialysis facility or doctor, because he or she might be able to help you manage this”

In the event of inclement weather, evacuations, or other emergency conditions, the Project Manager and/or Assistant Manager will make every attempt to render a prompt decision regarding limitation of business. These decisions will be based on good judgment and coordination with local and state emergency planning resources. When the Project Manager and/or Assistant Manager decides to curtail operations or close a business office, information will be disseminated to key management staff and will indicate whether if and when the center will open or close and if a predetermined Urgent Response Team will be utilized. Every effort will be made to announce adjustments to center hours well before the start of normal business hours.

Employees in key positions that are deemed critical during adverse conditions will be required to report to work, and/or remain on call under the inclement weather situation. This includes center managers, customer service representatives, and transportation staff.

Call Center Services. The Call Center Manager must maintain at least 50% of the center's staffing level during inclement weather conditions. When bad weather is anticipated, the Call Center Manager will consider taking one or more of the following actions:

- Solicit voluntary overtime to increase the employee pool to cover possible open shifts
- Provide alternative transportation arrangements at the company's expense for employees who might not be able to make it to work, such as taxi transportation or the use of company vehicles to shuttle employees.
- In coordination with the Project Manager or his/her designee, implement the Emergency Response Process
- Route specific queues to another operations center to assist with incoming calls
- Transfer all calls to the primary backup call center or one of LogistiCare's 20 operations centers

The Emergency Response Process: During contract implementation, the Call Center Manager will assign all call center staff to an Emergency Response Teams (ERT). The Call Center Manager will notify the teams of their responsibilities during inclement weather, post team membership on the employee bulletin board, and update ERT membership as staffing changes. During implementation, the Call Center Manager will make arrangements with a local hotel for providing ERT members with lodging, meals, laundry, personal hygiene products and, if warranted, transport to and from the hotel should inclement weather arise.

Transportation Services

The Assistant Manager, the Provider Relations Manager, and the Transportation Manager must ensure at least 50% staffing in the Transportation Department and in the Regional Operations Centers during inclement weather conditions. The Provider Relations Manager will ensure that our emergency backup location in Norton, VA always has the most up-to-date list of NEMT Providers serving the members of the State. The Assistant Manager will direct the efforts of the Transportation and Provider Relations managers and will make certain that they have pursued the strategies as outlined in the previous section. Additionally, the following actions will be taken:

- All NEMT Providers will be contacted to obtain their operational status, driver and vehicle availability, exchange or re-confirm emergency and cell phone numbers, and learn of any facility closings that may have been communicated to the NEMT Providers.
- All transportation provider manifests will be printed out.
- The Transportation Manager is notified by the Outreach and Communications Manager of the facilities that may have closed, or gone to an amended service schedule, according to the NEMT Providers.
- Management staff will be provided with continuous direction, feedback, and updates.
- NEMT will be provided to all members needing transport to dialysis and chemotherapy facilities that remain open. Specifically:
 - Upon becoming aware of a scheduled trip at risk not being performed, especially in cases of dialysis or chemotherapy, the Transportation Manager will make every effort to provide transportation, including transport by ambulance when all other options have failed.
 - In anticipation of such circumstances, the Transportation Manager will develop and share with all other managers a list of all 911-ambulance providers.
 - The Transportation Manager will direct his/her staff that "making every effort" to get dialysis trips covered includes, at a minimum:
 - Setting aside all other work in order to arrange alternate transport for uncovered dialysis or chemotherapy trips.

- Calling the member to explain the alternate arrangements.
- Calling the dialysis or chemotherapy center to explain if the alternate arrangements will not get the member there on time.
- Calling the member and/or facility to follow-up on the event.
- Communicating trip information to the ambulance/new transportation provider.
- Completely documenting the event(s) and the alternate arrangements in LCAD NextGen (e.g., cancel, copy/cancel, entering payment information as necessary).

Facility Services

The Project Manager or his/her designee must ensure that the Facilities Department receives and processes all facility closings and schedule modifications forwarded by facilities, NEMT Providers, call center, or a regional operations office during or after inclement weather. The Facility Supervisor will follow the trip cancellation process:

- Have the Facilities Department contact and confirm all reported closings or schedule changes with each facility.
- Identify all clients whose trips should be cancelled or modified, such as opening delays or early closings, and make single and mass cancellations changes in LCAD NextGen.
- The Project Manager or his/her designee will decide when to end the Urgent Response Process and notify all managers and staff. Once ended, the managers will ensure that all parties contacted during the event are notified that business has normalized.

4. MANAGING PERSONNEL

LogistiCare recognizes that emergency events, including but not limited to inclement weather, natural disaster, long term power failure, long term water service interruption, civil disturbance, or other emergency or “Acts of God,” may cause special concern regarding when or whether to open/close an operation and safety and/or special needs for employees.

It is a company expectation that employees be prepared to get to work safely if LogistiCare is not forced to close. If an “emergency” situation develops, it will be at management’s discretion to determine what course of action is necessary.

- In the event of a declared state of emergency for a region or state, the Project Manager will use his/her discretion in closing a location early, closing all day or delaying an opening.
- If there is no declared states of emergency, the decision to close, open on a delayed schedule or close early, should be made by the Project Manager and the Senior Vice President.
- In the event there is a company declared emergency, the Project Manager should ensure all employees are notified via the appropriate communication method regarding an official office closure, delayed opening, or early closing.

Designated Essential Emergency Personnel

Designated essential emergency personnel will be appointed by the management team on an as needed basis. Those designated as essential will be advised of their status and will be asked to take additional measures to be at work. In some situations, management may ask designated essential emergency personnel to stay for a period of time in a nearby hotel to ensure that they can travel to the office. If this occurs:

- Designated emergency personnel will be given as much advance notice as possible of their status as such.

- Management will reserve and pay for hotel rooms for those identified as essential emergency personnel.

When the Project Manager and/or Assistant Manager decides to curtail operations or close a business office, information will be disseminated to key management staff and will indicate whether offices are to remain open, close, delay start-up and if a predetermined Urgent Response Team will be utilized. Every effort will be made to make morning announcements by 6 a.m. and decisions regarding evening shifts by 2 p.m. The positions within the LogistiCare Operations deemed critical under adverse and disaster recovery conditions are provided in the previous section.

Call Center Staffing. The Call Center Manager must ensure at least 50% staffing at the Call Center during inclement weather and disaster recovery conditions. As described in the previous section, The Call Center Manager will assign all Call Center Staff to an Emergency Response Teams (ERT); notify the teams of their responsibility during inclement weather, post team membership on the employee bulletin board and update ERT membership as staffing changes. During implementation the Call Center Manager will make arrangements with a local hotel for providing ERT members with lodging, meals, laundry, personal hygiene products and, if warranted, transport to and from the hotel should inclement weather arise.

5. FACILITY SERVICES

The Project Manager or his/her designee must ensure that the Facilities Department receives and processes all facility closings and schedule modifications forwarded by medical facilities, NEMT Providers or the Call Center during or after inclement weather. Once a local news/weather alert becomes available with potential adverse weather activity, the Facilities Department contacts each program and communicates the potential for inclement weather. A LogistiCare representative contacts the facility scheduling coordinator (or designee) utilizing a standard facility list with program contact information for all treatment types (Dialysis, Chemo, Radiation, Wound Care, Behavioral Health, Substance Abuse, and Mental Health).

- **Dialysis Treatment, Chemo, Radiation, and Wound Care:** The priority is to route or reschedule trips and find NEMT Providers to transport dialysis patients. Treatment for these Members is prioritized with each facility as lack of treatment could result in a medical negative outcome.
- **Chemo, Radiation, and Wound Care:** The priority is to route or reschedule trips and locate NEMT Providers to transport Members undergoing Chemo/Radiation/Wound Care treatment to avoid any medical negative outcomes.
- **School Programs / Behavioral Health:** The weather report is monitored by LogistiCare and town/city school closings are reported as they are received. Schools will either be closed or initiate an early dismissal. LogistiCare will contact all the Behavioral Health Program schedulers to confirm if the program will be open. Member pick-ups will be changed from the Members school address to their residence address. If transportation has been cleared following the end of the adverse event, Members will be transported to assigned programs.
- **Substance Abuse:** LogistiCare's Facilities Department will contact all methadone clinics during inclement weather to verify if Members will be provided medication to cover the time span of the inclement weather until regular transportation is resumed. The programs are cancelled as a whole facility in the LogistiCare system.

After conducting outreach calls, the Facilities Department staff work with the LogistiCare Assistant Manager and Provider Relations Manager to determine which NEMT Providers are transporting and which are not due to road conditions and unsafe weather. Outbound calls are made to facilities as early as possible announcing that due to the conditions of the roadways the NEMT Providers will not be able to provide transportation services. The reservations are then cancelled and rescheduled, if necessary.

The Facility Supervisor is responsible for the following trip cancellation process:

- Have the facility representatives contact and confirm all reported closings or schedule changes with each facility.
- Identify all Members whose trips should be cancelled or modified, such as opening delays or early closings, and make single and mass cancellations changes in the LCAD NextGen reservation system.
- The Project Manager or his/her designee will decide when to end the urgent response process and notify all managers and staff. Once ended, the managers will ensure that all parties contacted during the event are notified that business has normalized.

Back-Up Team Members. The final DRP provided will include additional details the titles and functions of each team member involved in the disaster recovery process. In some departments, such as Information Technology, the entire staff may become the Disaster Recovery Team with one person designated to lead the recovery effort. If the specific team member designated in the plan is unavailable, the next management level position will assume that role (i.e.: Director, Manager, Supervisor, and Team Lead).

6. NEMT PROVIDERS PROCEDURES

NEMT Providers are directed to stay abreast of weather conditions by tuning in to local newscasts for the announcement of road conditions and government/school closures. Generally, closures of schools and government offices are an indication that transportation services may be compromised by severe weather in the area. LogistiCare will operate a reduced level of service for that day, transporting dialysis members, or those members whose transportation is an absolute necessity (e.g. radiation or chemotherapy). The following procedures will be followed:

- NEMT Providers will be contacted by Transportation Department management regarding delivery of service status.
- NEMT Providers are expected to assure delivery of service to all early morning dialysis members or members who are considered absolute medical necessity that are scheduled.
- NEMT Providers must notify LogistiCare if they are unable to provide transportation for any assigned dialysis or critical service members due to weather issues as soon as possible.
- NEMT Providers can expect that all trips (for that day) that are non-dialysis or not of absolute necessity will be cancelled by LogistiCare.
- If NEMT Providers receive notification of program closures and requests for early closings by medical providers or requests for early dismissal from medical providers, the information must be verified by confirming with LogistiCare.
- NEMT Providers should make the best effort possible to assure transport for the remaining dialysis members that are scheduled throughout the course of the day.
- Because of weather conditions, timely service delivery is expected to be impacted. However, NEMT Providers should make every effort to be as timely as possible without sacrificing safety for on-time performance.
- It is recommended that NEMT Providers use two-person teams on each vehicle for safety during delivery of service.
- It can be expected that all after school or evening programs (except dialysis) will be cancelled, however notification of closures must come from the program managers, or as directed by LogistiCare management.
- Transportation of dialysis members or critical transports will continue until adverse conditions result in the cancellation of all service delivery.

7. COMMUNICATIONS PLAN

LogistiCare’s operations team will work directly with the Client, members, healthcare facilities, and NEMT Providers to coordinate transportation and determine if the weather conditions are severe enough to disrupt transportation services. Clients are contacted and notified that the DRP has been initiated in either preparation for or in response to hazardous conditions that has been forecast.

DRP action items include:

- Notification to Stakeholders
 - Notification and coordination with NEMT Providers and medical facilities.
 - If medical facilities are closed, we attempt to contact the members to advise and cancel the trip.
 - We attempt to contact all members with scheduled trips to verify their appointment and if they need to cancel due to inclement weather.
 - Confirm NEMT Providers that can transport members, and if there is a change in availability to notify LogistiCare immediately.
- Priority Transports
 - Identify “high risk” members and prioritize transportation for dialysis, chemotherapy, radiation, and wound care.
 - Confirm and act upon “high risk” trips scheduled in our system or pending.
- Reservation Requests
 - Reservations may be limited to urgent / critical care appointments during a DR.
 - Reservation request will be serviced at the backup call center during the event.
- Urgent/Same Day Requests
 - Urgent/Same Day requests will be accepted as usual and will be verified with the medical provider. We will exhaust our efforts in finding a transportation provider willing to take the member, if the facility confirms open and member must go to the appointment.
 - Urgent/Same Day Requests may not be booked if the following conditions are met:
 - The medical provider’s facility will not be open due to the event.
 - The medical provider has determined that the appointment is not urgent and can be rescheduled. The member will be advised to reschedule the appointment.

LogistiCare will stay in constant communication with the Client providing operational updates throughout the adverse weather or disaster recovery event. We review the results of each scenario and use assessments as a learning tool in the betterment of our planning and response.

8. CRITICAL BUSINESS FUNCTIONS CONTINUITY

LCAD NextGen. LCAD NextGen is the proprietary transportation management platform that LogistiCare uses to place reservations, assign trips, and interface with our clients and members. The cloud-based system is fully redundant, hosted at two geographically dispersed and diverse data centers (Atlanta, GA and Phoenix, AZ), and includes clustered servers with an EMC Storage Area Network attached through redundant Brocade fiber switches. The LCAD NextGen data is replicated in near real-time from one location to the other using EMC’s RecoverPoint technology, which ensures we have a copy of all data in two different Network operations centers (NOCs). If there is an issue at one data center, the other data center serves as its backup. Because of this built-in redundancy, operations will continue as normal. Hardware at the local, data center level is also engineered with redundancy - multiple servers offer redundancy in case of a hardware failure.

Our server configurations provide for a minimum of 99.8 percent uptime. This configuration consists of mirrored servers, RAID 5/10 controllers, tape backup units, and Uninterrupted Power Supplies (UPS). Each server employs a mixture of RAID 1, RAID 5, and RAID 10 technology that enables LogistiCare to replace hard drives without downing a server. By employing mirrored servers, the need to repair a failed component in one server will not require LogistiCare to down a working server while repairs are made. LogistiCAD NextGen data stored at each NOC is also replicated in near real-time to the database cluster at the other NOC using EMC's RecoverPoint solution. Should one NOC go completely down, users can be directed to the database cluster in the other NOC so that business continues normally. Once the failed NOC is brought back online, the new data is replicated back to the original database cluster and users are pointed back to their original NOC. Thus, data will never be lost.

Our enterprise systems are designed with diverse connectivity and redundant devices that are configured to allow fault tolerance and automatic failover in the event of any service or hardware failure. The effectiveness of our emergency preparedness has been tested numerous times in a wide variety of conditions and has been proven effective in every circumstance. Some of the key technologies used include:

- Onsite diesel backup generators for power outages in our data center locations, as well as the (thereby providing uninterrupted coverage to every operation).
- UPS systems for monitoring power usage and routing power (all offices).
- Liebert RCM8CE Monitoring System to alert staff of temperature, humidity, etc. issues (NOCs only).
- FM-200 or Sapphire pre-action fire protection system (NOCs only).
- Multiple data lines (T1, DS3) from different carriers to minimize WAN downtime (NOCs and major centers).
- Redundant network appliances in a failover configuration so that a hardware failure does not bring down the network.
- Clustered servers for key applications in an active/passive mode. If one server fails, the secondary server takes over automatically. We use Microsoft Clustered Servers for Windows servers and LifeKeeper for Linux on our Linux systems.
- Redundant tape backup systems using leading backup technologies.
- Standby hardware ready for "hot" loading of applications and databases (NOCs only).
- Databases are stored on DAS or SAN devices with redundant processors, power supplies, fans, etc. Data is stored on RAID 5 or 10 drives for maximum safety. Data logs captured since the last backup are stored on multiple devices so if a tape is restored, the data up till the failure can be applied to the restored database.
- All key applications are available to remote users using Citrix application servers.
- Common hardware across all locations for ease of support and streamlined recovery procedures (Dell servers/computers, HP switches, Cisco network appliances, etc.).
- 24 hour a day, 4 hour response support contracts with key hardware vendors.
- All sites use Avaya phone systems, which are linked together for moving call load from one office to another.

Back-up Tapes and Storage. LogistiCare uses Symantec NetBackup software to create daily full back-ups of all data and programs on the servers. Tapes are rotated for 30 days with an end-of-month tape saved for archival purposes. Tapes are replaced after one year of service. To protect against total destruction

of a center, tapes are regularly stored off-site. Membership files are copied and stored on CD-ROM or DVD. Should the entire building be destroyed, a single set of tapes can be used to restore services. While rebuilding or relocation occurs, the tapes would be sent to one of our other locations, loaded on servers there, and operations would continue from that center on a temporary basis.

LogistiCare maintains complete and accurate records for a period of six years following contract termination related to NEMT Providers, service delivery, and complaints. LogistiCare stores all archived paper records with Iron Mountain, a company that maintains a climate-controlled environment with 24-hour retrieval service. Records are boxed and uniquely identified using bar-coded labels supplied by Iron Mountain.

These records are available for inspection and reproduction for Clients, as the authorized agent, and state and federal representatives upon request. As a normal procedure, LogistiCare maintains a cache of no less than 90 days of vehicle manifests, maintenance logs and other program records on-site.

Teico System

LogistiCare has redundant telephony centers, which are geographically separated; one in Atlanta, Georgia and the second in Phoenix, Arizona. In addition, each of LogistiCare's centers has a local survivable processor. In the event that the site becomes separated from the network, the local survivable processor will continue local call processing. This gives us the ability to continue communications via phone, email, text messages, using both personnel phones as well as company issued cellular mobile phones. Because of the redundant sites (and processors), the ability for users and connectivity to all offices from either location is in place, making certain that the chain of communication is not broken.

In the event of a Disaster Recovery, LogistiCare is able to reroute Client calls either on the switch or in the cloud at the carrier level. The ability to do this alleviates any challenges that may occur from a call routing perspective in the event of a DR. All major call centers have multiple phone switches as well.

Outage or Failure of Agency Data. In the event that the Client or its Fiscal Intermediary suffers a business outage or failure that results in an inability to provide updated eligibility data, LogistiCare will continue business operations under the following procedures:

- LogistiCare will continue to approve and/or deny trip reservations based upon the most recent eligibility data that was obtained from Client prior to the data outage or system failure.
- Members who experience a trip denial during the period during which eligibility data is unavailable may submit claims for reimbursement of out-of-pocket cost that they incurred for NEMT services.
- Claims for reimbursement will be submitted within 90 days after Client data returns to service and is available to LogistiCare, or within 180 days in the event of a catastrophic weather event or natural disaster (i.e., Hurricane Katrina type event).
- Reimbursement will be paid to those members that were denied service during the period of Client data outage or system failure, but who are defined as eligible on the denied trip date based upon re-instated, retroactive eligibility data.

EXHIBIT 4

Sample Provider Manual Outline
& Model Contract



NEMT PROVIDER MANUAL

The vendor should develop and maintain a NEMT Provider manual. The vendor's NEMT Provider manual should contain all policies and procedure for the NEMT brokerage program. The vendor should work closely with The Bureau on the development of the NEMT Provider manual, and should obtain The Bureau approval prior to release of the manual. The manual should be reviewed, updated, and distributed to all NEMT Providers annually and whenever changes in operation are made. Updates and changes are to be approved by The Bureau before distribution. The Bureau should notify the vendor in writing if a modification is required, and the vendor should incorporate any modifications within ten (10) business days after such notification.

The vendor should submit a draft outline of the NEMT Provider Manual with the vendor's proposal. The vendor should submit a final completed manual to The Bureau for approval no later than thirty (30) calendar days prior to the operations start date. The vendor should not begin operations without an approved NEMT Provider Manual. The manual should include, at least, the following:

1. NEMT Provider enrollment and participation requirements;
2. NEMT Provider file maintenance and record keeping requirements;
3. Standard reimbursement requirements;
4. Covered and Non-Covered Services;
5. Vehicle requirements;
6. Limitations and considerations of NEMT services to covered medical services.

The vendor should provide the NEMT Provider Manual to all NEMT Providers in vendor's network and to all vendor staff. The Vendor should make the NEMT provider manual available electronically through a link on vendor's website, by email upon request and should incorporate the NEMT Provider Manual into all training programs for NEMT Providers and vendor employees.

LogistiCare NEMT Provider Manual

LogistiCare Non-Emergency Medical Transportation (NEMT) Provider Manual provides Transportation Providers with important guidelines and processes to support their participation as a network provider. Transportation Providers are issued a copy of the Manual at their scheduled orientation meeting. A copy is also accessible via the Transportation Provider Web Portal. Notifications are transmitted (via email or mail if preferred) if a policy or contract required has been added, deleted or changed, and an addendum to the Manual is sent to the Transportation Provider. In summary, the Manual will provide a general description of the Medicaid and Title XXI transportation program, discuss the LogistiCare's responsibilities and organization overview, detail driver, attendant, and vehicle requirements, and review Transportation Providers' responsibilities.

The following is an outline of pertinent topics and subject matter commonly included in LogistiCare's NEMT Provider Manuals. LogistiCare staff and Providers will receive training on the topics included in the Manual annually, and on an as needed basis. A finalized draft of the document will be submitted to the Bureau for review and upon approval will be distributed to NEMT Providers.

Transportation Provider Manual Outline

1. Purpose of the Manual
2. General description of the transportation program
3. LogistiCare responsibilities
4. Medicaid Covered and Non-Covered Services
5. Limitations and Considerations of NEMT Services to Covered Medical Services
6. Geographic considerations
7. West Virginia Operations business office address
8. Hours of operation
9. Transportation scheduling procedures
10. Gatekeeping and Participant Worksheet
11. Member Eligibility and Reservations
12. Levels of Service for Transportation
13. Urgent Care
14. Complaint Process
15. Trip Manifests
16. Transportation Assignment Procedures
17. Reservation and Service
18. Transportation Provider responsibilities
 - a. Administrative, Reservation Receipt and General Responsibilities
 - b. Other Riders
 - c. Vehicle Requirements / Inspections
 - d. Driver and Attendant Qualifications
 - e. Driver Training
 - f. Driver Discipline
 - g. Transportation Provider Staff Orientation
 - h. Transportation Provider Performance Standards
 - i. Insurance, Licensure and Certification
19. Payments
 - a. Invoicing
 - b. Payment Terms

20. Transportation Provider File Maintenance and Record Keeping
21. Trip Log
22. Accident/Incident/Moving Violations Procedures
23. Transportation Provider Agreements
24. Attachments
 - a. NEMT Program Definitions
 - b. List of Important Phone Numbers
 - c. Pick-up and Delivery Standards
 - d. Vehicle Requirements
 - e. Driver and Attendant Requirements
 - f. Sample Manifest
 - g. Trip Log
 - h. Reroute Form
 - i. Cancellation Form
 - j. Vehicle Update Form
 - k. Vehicle Inspection Form
 - l. Accident and Incident Report
 - m. Deficit Reduction Act of 2005 - Fraud, Waste and Abuse Policy
 - n. Medicare Advantage Program Requirements
 - o. Transportation Provider Policies and Procedures

Sample Model Contract



TRANSPORTATION PROVIDER MODEL CONTRACT

Between

LOGISTICARE SOLUTIONS, LLC (“LGTC”)

and

_____ **(“Provider”)**

EFFECTIVE DATE: _____

WHEREAS, LGTC provides brokerage services for non-emergency medical transportation in the State of West Virginia pursuant to contracts with certain public agencies and/or private organizations; and

WHEREAS, LGTC wishes to enter into Agreements with qualified transportation companies for the provision of high-quality transportation services; and

WHEREAS, Provider is in the business of performing non-emergency medical transportation services and wishes to provide such services pursuant to the terms of this Agreement;

NOW, THEREFORE, in consideration of the mutual covenants and agreements herein made, the sufficiency of which is hereby acknowledged, the parties agree as follows:

I. RESPONSIBILITIES OF LGTC.

- A. Process Transportation Requests. LGTC will receive transportation requests from Participants or their agents, verify Participant eligibility, schedule trips, submit daily trip requests to Provider (referred to as a “Provider Manifest”), verify billing information, and perform such other administrative functions as LGTC deems necessary to provide quality transportation to Participants on behalf of its Client, such as setting expectations for levels of service. Notwithstanding anything herein to the contrary, LGTC shall be under no obligation to provide Provider with a specific number of transportation requests. Any trip request assigned to Provider may be withdrawn by LGTC, in its sole discretion, in the event that LGTC deems it necessary for the proper performance of its obligations under the Client Contract.
- B. Payments for Transportation. LGTC shall pay Provider for its services as set forth in Exhibit B. Provider shall not invoice or require payment from Participants or the Client for its services.

- C. Orientation. LGTC shall provide one or more orientation sessions for Provider staff, which will be offered at a LGTC regional office or the Provider's base of operations. Provider is responsible for ensuring that it and its employees understand all requirements and procedures for the provision of services pursuant to this Agreement.

II. **RESPONSIBILITIES OF PROVIDER.** Provider shall provide non-emergency medical transportation to Participants and their escorts, attendants and assistants as requested by LGTC in a manner to ensure the safety of all passengers. All transportation shall be performed in accordance with the terms of this Agreement and LGTC's West Virginia Transportation Provider Manual ("Provider Manual"), which is incorporated by reference and is a part of this contract. Pursuant to the Client Contract, Provider shall have no overlap of services with other programs.

A. General Operational Requirements.

1. Provider shall provide one or more of the following modes of transportation: ambulatory sedan or van, wheelchair van, stretcher van, or non-emergency ambulance (if applicable).
2. Services will be provided in at least those geographic service areas identified by Provider on the Provider Questionnaire which will be completed by Provider in conjunction with execution of this Agreement.
3. Provider shall establish and maintain both a telephone / vehicle communication services and fax line for LGTC to contact Provider. Fax lines shall be equipped with a fax machine that provides reasonably unrestricted access to LGTC to send faxes to Provider. Provider shall receive trip reservations via fax or secure website from LGTC each day and confirm the receipt thereof in a form acceptable to LGTC. For same day or urgent medical appointments, including hospital discharges, Provider shall accept reservations and job numbers from LGTC by telephone.
4. Provider shall reroute trip assignments at least 24 hours prior to the scheduled pick-up time to allow LGTC to make alternative arrangements. This requirement only applies to trip reservations that have been submitted to Provider at least 36 hours prior to the scheduled pick-up time. In the event that Provider does not provide 24 hour notice and LGTC must make, as a result of the short notice, premium price alternate transportation arrangements, Provider will be responsible for any additional charges incurred by LGTC. These charges may be deducted from amounts owed to Provider. This provision does not apply to cases of documented emergency or act of god.
5. Provider shall promptly inform LGTC if a Participant is assigned to an improper level of service (i.e., ambulatory patient assigned to a wheelchair trip, or wheelchair bound patient assigned to an ambulatory trip).
6. Provider, upon consultation with LGTC, may refuse to transport any person who, in the judgment of the Provider, is a threat to the health, safety, or welfare of either Provider's employees or other Participants, or prevents or

inhibits the vehicle from being operated in a safe manner.

7. Provider shall participate in LGTC's quality assurance plan, which may include discussing Provider's performance in the delivery of transportation. Provider agrees to assist in the development of corrective action plans and cooperate with all data collection that may be requested to monitor the results of such corrective action plans.
8. Provider shall utilize only drivers and vehicles that are registered with and pre-approved by LGTC to perform services under this Agreement. Provider agrees that no payment will be made for any trips performed by drivers or vehicles not pre-approved.
9. Provider shall maintain office hours for dispatch and recovery / back up until all trips assigned to provider are complete.
10. Provider shall submit all documentation related to services performed under this Agreement as required or requested by Client.

B. Representations and Warranties. Provider makes the following material warranties to LGTC to induce LGTC to enter into this Agreement.

1. Provider warrants that it shall comply with all applicable local, state, and federal laws and regulations, specifically including, but not limited to, submitting the business ownership, transaction, and criminal conviction information as required by 42 C.F.R. 455.104, 105 and 106.
2. Provider warrants that it has never been terminated from participation in any state Medicaid or Medicare program or been determined to have committed Medicaid or Medicare fraud.
3. Provider warrants that it has not been excluded from participation in Federal health care programs under either Section 1128 or 1128A of the Social Security Act.
4. Provider warrants that it has and shall maintain throughout the term of this Agreement all licenses and certificates required by any federal, state, county or local governments, including but not limited to all licenses, registrations, or certificates required to provide transportation for hire. In addition, Air ambulance providers warrant and agree to operate in compliance with the requirements listed in Chapter 524 of the West Virginia State Medicaid Manual. Provider will furnish LGTC with all documentation required by this section immediately upon request.
5. Providers of Specialized Multi-Passenger Medical Transport services warrant and agree to maintain at all times a current and active Certificate of Convenience and Necessity from the West Virginia Public Service Commission.
6. Provider agrees to be bound by the mandatory terms and conditions applicable to Provider that are contained in the contract between LGTC and CLIENT.
7. To the extent any compensation paid by LGTC to Provider under the terms of the Agreement are subject to the provisions of 31 USC 1352, Provider certifies, to the best of his/her/its knowledge, that:

- a. No Federal appropriated funds have been paid or will be paid to any person by or on behalf of Provider for the purpose of influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of a Member of Congress in connection with the award of any Federal loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- b. If any funds other than Federal appropriated funds have been paid or will be paid to any person for the purpose of influencing or attempting to influence an officer or employee of any agency, a Member of Congress in connection with the award of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement, and the Agreement exceeds \$100,000, Provider shall complete and submit Standard Form - LLL "Disclosure Form to Report Lobbying", in accordance with its instructions. The failure to file the required certification shall subject the violator to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

C. Insurance. Provider shall maintain the following minimum levels of insurance throughout the term of the Agreement.

1. Vehicle Insurance.
 - a. Taxis, Sedans and Multi-Passenger Vans and Wheelchair Vans: The required amount of insurance is the greater of the amount required by city or county ordinance for taxis or \$1,000,000 per occurrence per accident, \$2,000,000 aggregate. The insurance policy must specify either "Any Auto" or symbols "2", "8" and "9".
 - b. Ambulances: The required amount of insurance is the greater of the amount required by city, county or State ordinance or regulation, or \$1,000,000 per occurrence per accident, \$2,000,000 aggregate.
2. Comprehensive General Liability Coverage. \$500,000 per incident, \$1,000,000 aggregate, with "Broad Form" occurrence based coverage including contractual liabilities as well as liabilities for sexual abuse and molestation.
3. Workers' Compensation Insurance as required by the State of West Virginia.
4. Additional Insurance Requirements.
 - a. All insurance coverage, except Workers' Compensation, shall name LogistiCare Solutions, LLC and the West Virginia Bureau of Health as "Additional Insured" and shall be primary with respect to claims and co-insurance determinations.

- b. Before the Effective Date of the Agreement the Provider shall submit to LGTC certificates of insurance from its agent or carrier listing LogistiCare Solutions, LLC and the West Virginia Bureau of Health as “Additional Insured” and listing LogistiCare Solutions, LLC as a “Certificate Holder.” Failure of Provider to submit the required certificate of insurance by the effective date of this Agreement shall render the Agreement null and void as though never executed by the parties.
 - c. Insurance policies shall indicate that LGTC will be informed in writing at least 30 days prior to any termination of or change in insurance coverage.
 - d. The certificate of insurance submitted to LGTC shall describe the Provider’s business as “for hire transportation,” confirm that the Comprehensive General Liability policy provides coverage for contractual liabilities, sexual abuse and molestation and shall confirm that the Vehicle Insurance policy provides coverage for “Any Auto” or symbols “2”, “8” and “9”.
 - e. Provider shall submit additional certificates of insurance from its agent or carrier immediately upon the renewal of or any change to its insurance coverage.
 - f. Provider agrees that LGTC may communicate directly with its insurance agent or carrier to confirm details or obtain clarification of Provider’s insurance coverage or policy terms.
- D. Indemnification. Provider shall indemnify, protect, and hold LGTG, the State of West Virginia and the West Virginia Bureau of Health harmless from and against any and all claims or liabilities of any kind or nature whatsoever related to or arising or alleged to arise from actions connected with services provided by or at the direction of Provider or its agents, including the cost of reasonable attorney fees and other expenses incurred by or assessed against LGTC and/or the State of West Virginia or the West Virginia Bureau of Health.
- E. Maintenance of Records. Provider must maintain all records related to this Agreement for the entire term of the Agreement and for ten years thereafter. Provider must be able to provide copies of any requested records to LGTC, the Client or its agents within three days’ notice. Detailed document retention requirements may be found in the Provider Manual.
- F. Independent Contractor. The relationship between LGTC and Provider is solely that of independent contractors and nothing in this Agreement or otherwise shall be construed to create any other relationship, including one of employer/ employee, principal/agent, joint venturers, partners, or any relationship other than that of independent parties contracting with each other solely for the purpose of carrying out the provisions of this Agreement. Provider is solely responsible for the management, compensation, and payment of it employees and subcontractors, including payment of

employment related taxes and insurance such as workers' compensation and unemployment insurance.

G. Liquidated Damages. Provider agrees to pay liquidated damages as set forth in Exhibit A.

H. Assignment. Provider may not assign, transfer, delegate, consign, or convey to any other person or entity Provider's rights and responsibilities hereunder without the express written consent of LGTC, which may be withheld in LGTC's sole discretion. Any attempted unauthorized assignment shall be null and void. LGTC may assign its rights and obligations under this Agreement and any such assignment shall be communicated to Provider by written notice. In the event that LGTC is in default under the Client Contract, this Agreement may, at the discretion of the Client, be assigned to the Client or its agent for continued provision of transportation services. All terms, conditions and rates established by the Agreement will remain in effect until or unless otherwise terminated by Client at its sole discretion.

I. Confidentiality. Provider shall treat all information obtained by it through its performance under this Agreement as confidential, and shall not use any information so obtained in any manner other than to discharge its obligations under this Agreement. Provider agrees to sign and abide by a Business Associate Agreement as part of this Agreement as well as any subsequent agreements that may be required by the Health Insurance Portability and Accountability Act (HIPAA) and any similar laws. Both LGTC and Provider shall treat the terms and conditions of this Agreement, including but not limited to rates, as confidential, and shall not disclose those terms and conditions, or release a copy of the Agreement, except as provided by law, without the consent of the other. Both LGTC and the Client shall have unrestricted authority, to the extent permitted by law, to reproduce, distribute, or use in whole or in part any submitted reports, data or materials associated with any services provided by Provider under this Agreement.

III. TERM AND TERMINATION.

A. Term. The term of this Agreement shall be one year from the Effective Date, which is the date executed by LGTC as set forth on the signature page. It shall be automatically renewed for successive one-year periods unless either party shall give notice of termination 45 days prior to the last day of any term.

B. Termination. Either party may terminate this Agreement without cause upon 60 days written notice.

Either party may terminate this Agreement upon 30 days written notice in the event of a material breach of the Agreement, provided that the non-breaching party shall have first provided the other party with written notice and description of the breach and ten days to cure the breach.

LGTC may terminate the Agreement immediately upon reasonable evidence that Provider has engaged in illegal, threatening or fraudulent activity, including but not limited to, falsifying trip logs or invoices, paying or offering to pay gratuities of kickbacks, or engaging in threatening verbal or physical conduct toward a Participant or LGTC staff, or failing to have insurance required by this Agreement.

LGTC may also terminate this Agreement immediately if directed to do so by Client.

- C. Termination after Assignment. If LGTC has exercised its right hereunder to assign this Agreement to a successor organization, or to the Client or a designee or agent of the Client, Provider may not cancel this Agreement for 181 days following such assignment.

IV. ADDITIONAL PROVISIONS.

- A. Governing Law. This Agreement shall be governed by and construed in all respects in accordance with the laws and regulations of the State of West Virginia, without giving effect to principles of conflicts of law.
- B. Headings. The headings and titles of the sections of this Agreement are inserted for convenience only and shall not affect the construction or interpretation of any provision herein.
- C. Non-solicitation. Neither Provider nor LGTC shall solicit for employment any current employee of the other party nor employ any former employee of the other party for a period of one year from the time any such employee terminates his or her position with the other party.
- D. Notices. All written notices required by this Agreement shall be deemed delivered either on the date of receipt if personally delivered; on the day following mailing if sent postage prepaid by overnight mail through a nationally recognized overnight carrier; or on the third day following mailing if mailed postage prepaid certified return receipt requested. Such notices shall be sent to the following addresses , or to such other addresses as the parties may hereafter designate in writing:

to LGTC at:

LogistiCare Solutions, LLC
1275 Peachtree Street, 6th Floor
Atlanta, GA 30309
Attn: Compliance Department

to Provider at:

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- E. Amendments. This Agreement (including Exhibits) may be amended only by a document in writing duly executed by an authorized representative of both parties. Notwithstanding the foregoing, Provider is obligated to comply with the Provider Manual, as that document may be amended from time to time.
- F. Client Amendment. This Agreement is subject to approval by the Client. If the Client at any time requires modifications to this Agreement, the parties will execute amendments to this Agreement reflecting such modifications. If either party is unwilling to accept any such modifications required by the Client, such party may exercise its termination rights hereunder.
- G. Appeal and Dispute Resolution and Arbitration. If any claim or controversy arising out of or relating to this Agreement cannot be resolved by the parties in the normal course of business, each Party shall designate a member of its senior management to meet to try to resolve the dispute. If the dispute cannot be resolved in this manner, the dispute shall be referred for binding arbitration in accordance with the commercial dispute arbitration rules of the American Arbitration Association. Each party shall bear its own costs and expenses and an equal share of the arbitrators' fees and other administrative fees related to the arbitration. Judgment upon an award in arbitration may be entered in any court of competent jurisdiction, or application may be made to such court for a judicial acceptance of the award and enforcement, as the law of the state having jurisdiction may require or allow. Notwithstanding the foregoing, nothing shall prohibit LogistiCare from filing a cross claim or a third party claim in any litigation or action not initiated by the Parties. The provisions of this Section shall survive the termination of this Agreement.
- H. Severability. Any determination that any provision of this Agreement or any application thereof is invalid, illegal or unenforceable in any respect in any instance shall not affect the validity, legality and enforceability of such provision in any other instance, or the validity, legality or enforceability of any other provision of this Agreement. Neither Party shall assert or claim that this Agreement or any provision hereof is void or voidable if such Party performs under this Agreement without prompt and timely written objection.
- I. Waiver. Any delay or omission by either party to exercise any right or remedy under this Agreement shall not be construed to be a waiver of any such right or remedy or any other right or remedy hereunder. Except as otherwise explicitly set forth herein, all of the rights of either party under this Agreement are cumulative and may be exercised separately or concurrently.
- J. Entire Agreement. This Agreement contains the entire agreement of the parties with respect to its subject matter and supersedes all prior oral or written agreements or understandings regarding the same subject matter.

K. No Third Party Beneficiaries. The parties acknowledge and agree that there are no third party beneficiaries to this Agreement, including but not limited to Participants. This Agreement shall not create a standard of care to be construed to be enforceable by a third party. Any breach of this Agreement or failure to abide by its terms shall not create a cause of action in a third party.

Unless otherwise indicated, this Agreement is entered into and effective on the date executed by LogistiCare as specified below.

LOGISTICARE SOLUTIONS, LLC

Effective Date: _____

Signature: _____

Printed Name: _____

Title: _____

PROVIDER

Date: _____

Signature: _____

Printed Name: _____

Title: _____

EXHIBIT A

LIQUIDATED DAMAGES

The Parties agree that the failure of Provider to perform services in conformance with this Agreement may cause LogistiCare to be damaged in amounts that will be difficult or impossible to determine. Therefore, the Parties have agreed that the sums set forth below are reasonable as liquidated damages for the specified occurrences. It is further understood and agreed that the liquidated damages specified below are in lieu of actual damages for such occurrences. Provider hereby waives any defense as to the validity of such liquidated damages on the grounds that they are void as penalties or are not reasonably related to actual damages. LGTC agrees to provide written notice that a provider may contest at least 10 days in advance of any liquidated damages that will be imposed.

Any liquidated damages assessed by the Client against LGTC that are attributable to the service performance of Provider will be assessed against Provider as its own liquidated damages. Provider agrees that any liquidated damages assessed will be deducted from amounts due to Provider, or if LGTC does not owe Provider any monies, Provider agrees that LGTC may deduct liquidated damages from any future amounts owed to Provider.

- Requirement:** Provide reports as required under this Agreement.

Liquidated Damages: \$25 per working day or any part thereof for each day each report or other deliverable is late or unacceptable, not to exceed \$500 per month per occurrence. This provision will not apply if the cause of the delay is beyond the control of the Provider. Failure to submit cancellation reports will result in a charge of \$100.00 per missing report up to a maximum of \$500.00 for any month.
- Requirement:** Maintain all vehicles utilized under this Agreement to all vehicle manufacturer and state and federal safety standards, regulations of any applicable State Board or Agency, standards of the Americans with Disabilities Act (“ADA”), and the terms of this Agreement and the Client Contract. Any vehicle found non-compliant with safety standards, State Board or Agency standards, ADA regulations, the terms of this Agreement, or the Brokerage Contract must be removed from service immediately upon discovery.

Liquidated Damages:

 - \$100 per calendar day or part thereof that a non-compliant vehicle with a health or safety hazard for vehicle occupants is in service from the date of discovery, not to exceed \$1,000 per month per occurrence.
 - \$25 per calendar day or part thereof that a non-compliant vehicle with a discrepancy that creates passenger discomfort or inconvenience is in service from the date of discovery, not to exceed \$250 per month per occurrence.
 - \$10 per calendar day or part thereof that a non-compliant vehicle with an administrative discrepancy is in service from the date of discovery, not to exceed \$100 per month per occurrence.

3. **Requirement:** Maintain types and levels of insurance coverage as required in this Agreement and operate only those vehicles registered with LGTC and covered under Provider's applicable insurance policies. This provision includes failure to include LGTC and Client as "Additional Insured" and LGTC as a "Certificate Holder."
Liquidated Damages: \$100 per vehicle per calendar day, or part thereof, that Provider operates any vehicle in violation of this requirement.
4. **Requirement:** Any driver or attendant who is found not to be in compliance with the terms of this Agreement or the Client Contract, or who is not registered with LGTC must be immediately removed from driving under this contract.
Liquidated Damages: \$100 per driver or attendant per calendar day or any part thereof in which a driver who is non-compliant with terms of this Agreement and/or the Brokerage Contract is allowed to drive under this Agreement, not to exceed \$2,500 per month per occurrence.
5. **Requirement:** Provider must perform trips assigned on a daily basis and shall reroute no more than 15% of their trips on a monthly basis.
Liquidated Damages: \$200 for each percent above 15% on any given month.
6. **Requirement:** Provider must submit reroutes within 24 hours of pick-up time for advance notice trip reservations (this provision will only apply if trips are assigned to Provider at least 36 hours prior to the scheduled pick up time).
Liquidated Damages: Actual damage – variance between provider's trip charge and the actual cost of recovery trip, or if the trip was not recovered, \$25 for each advance notice trip that is rerouted less than 24 hours before the scheduled pick-up time, not to exceed \$2,000 per month.
7. **Requirement:** Provider must perform transportation services with the class of service (ambulatory, wheelchair, stretcher or ambulance) requested by LGTC.
Liquidated Damages: \$200 per occurrence where a vehicle is utilized that is of a class of service lower than that requested.
8. **Requirement:** Provider must pick up Medicaid Participants at the scheduled time.
Liquidated Damages: The following liquidated damages shall not apply if the cause of the delay is beyond the control of the Provider and such cause is communicated to LGTC prior to the scheduled pick-up time.
 - \$25 per occurrence where vehicle arrives more than 15 minutes after the scheduled pick-up time. This provision will be applied if more than 1% of scheduled pick-ups in any given month are late pick-ups.
 - \$25 per occurrence where the vehicle does not arrive within sixty (60) minutes of the time the provider is notified that a member is ready for pick-up for an unscheduled return trip ("Will Call")
 - \$100 per occurrence where vehicle is a "no show".
9. **Requirement:** Provider is required to assure that Participants are delivered to scheduled health care appointments on time.

Liquidated Damages: \$25 per occurrence where Participant is late to a scheduled appointment. This provision will be applied if more than 1% of scheduled drop-offs in any given month are late. This provision will not apply if the cause of the delay is beyond the control of the Provider and such cause is communicated to LGTC prior to the scheduled drop-off time.

10. **Requirement:** Provider is required to assure that dialysis patients are delivered to their scheduled appointments on time.

Liquidated Damages: \$150 for each instance in which arrival at a dialysis clinic for a scheduled dialysis appointment is late. An additional fifty dollars per hour or portion thereof per instance will be assessed for each late arrival that exceeds one hour. This provision shall not apply if the cause of the delay is beyond the control of the Provider and such cause is communicated to LGTC prior to the scheduled pick-up or drop-off time.

11. **Requirement:** Provider must provide termination notice within the terms of this Agreement.

Liquidated Damages: Failure to provide termination notice in compliance with this Agreement will result in the forfeiture of all outstanding amounts due to Provider. Reroute of trips greater than a “daily average of 15%” after termination notice is provided will be construed as failing to provide sufficient notice. Provider and LGTC will mutually discuss if any unexpected circumstance beyond the Provider’s control has occurred to warrant such reroutes.

12. **Requirement:** Provider must invoice LGTC only for trips actually performed in conformance with this Agreement.

Liquidated Damages: \$50 for each trip billed that was not performed. This provision shall not apply if the Provider can show that the invoice was submitted as a result of a clerical error.

13. **Requirement:** Provider’ management staff (someone with decision making authority) must be available to speak to LGTC representatives by phone at during normal business hours, and at all times when Participants are onboard Provider vehicles.

Liquidated Damages: \$100 for each occurrence when Provider’s management staff is not available (either directly or by making a documented return call) by phone to speak to a LGTC representative for one (1) hour or more during normal business hours or while a Participant is onboard a Provider vehicle.

14. **Requirement:** Provider must have a functional fax machine available that provides reasonably reliable access for LogistiCare to send fax documents to Provider.

Liquidated Damages: \$100 for each occurrence when Provider’s fax line or machine is unavailable to receive fax transmissions from LogistiCare for one (1) hour or more during normal business hours.

EXHIBIT B

RATES, INVOICING AND PAYMENT TERMS

Provider Name: _____

LGTC and Provider hereby agree to the following terms for invoicing and payment of claims and for the re-submittal of denied claims.

Rates

Only services specifically pre-authorized by, and for which a job number has been assigned to the Provider by LGTC will be compensated. Provider shall be paid the lesser of the rates shown in the table below or its actual billed charges. The parties agree that Provider's bill to LGTC and all payments made by LGTC to Provider include all applicable state and local sales and use taxes on transportation services. Provider understands they are responsible to calculate and remit all applicable taxes on such services. Provider agrees to provide proof of registration with taxing agencies and payment of such taxes upon request.

Class of Services	0-3 Miles	4-6 Miles	7-10 Miles	Per Mile after 10 miles
Ambulatory	\$ _____	\$ _____	\$ _____	\$ _____ per mile
Wheelchair	\$ _____	\$ _____	\$ _____	\$ _____ per mile
Share Ride Ambi				
Share Ride WC				
Stretcher				
Group Ambi	60% of applicable non-group trip			
Group WC	60% of applicable non-group trip			
Stretcher				
Basic Life Support				
Adv. Life Support				
PPEC Ambulatory				
PPEC W/C				
Other				

To determine the payment amount LGTC calculates mileage and Shared Ride Trip status using proprietary and/or third party mapping software. Distances are measured as the shortest distance from the point of pick-up to the point of drop-off and rounded to the nearest whole number. Provider agrees that LGTC’s determination of mileage and Shared Ride Trip status shall be final. If Provider believes there to be a material mileage error, Provider may bring it to LGTC’s attention before running the trip. LGTC will review the trip or trips in question and may reference other software to verify the distance. Any correction remains the sole decision of LGTC. If Provider is not satisfied with LGTC’s decision regarding the mileage it may reroute the trip. Performance of a trip constitutes acceptance of the mileage provided by LGTC. In addition, the parties agree that LGTC may use automated vehicle location (“AVL”) geocoded data, when available, to review and/or research mileage determinations, service, or performance issues.

Provider must perform transportation at the class of service (e.g., ambulatory sedan/van, wheelchair, stretcher, or non-emergency ambulance) as requested by LGTC. Provider agrees and acknowledges that LGTC shall review Provider billings and will identify trips that match the definition of “Shared Ride Trip” and that payment for such trips shall be made at the designated rate for shared trips regardless of whether Provider performed the trips in the same vehicle.

Co-Pay

In the event that Participants are responsible for any co-payment per trip, then Provider is responsible for collection of those amounts. Provider shall retain the co-payment and the total of the collectible co-payment will be deducted from the total charges payable to Provider.

Wait time

Only wait time specifically pre-authorized by LGTC will be compensated. In general, wait time will only be pre-authorized for trips greater than 50 miles. Pricing for wait time under the Agreement shall be as follows:

Class of Service	Compensation

Payment Terms

As a condition of payment, Provider must submit accurate invoices, including properly completed trip logs, to LGTC within 60 days of date of service. Time is of the essence with respect to providing prompt and accurate invoices. **No payments will be made for services performed by non-compliant drivers or vehicles, including drivers or vehicles that are not registered with and approved by LGTC to provide services.** Invoices not submitted within 60 days of service will be subject to a ten percent (10%) reduction in the amount that would otherwise be due under the invoice. Invoices submitted more than 120 days after date of service will be disallowed in their entirety.

Claims that are denied and returned to Provider because of missing information may be resubmitted with the previously missing information. These claims are subject to a 10% reduction in the amount that would otherwise be due under the invoice if not resubmitted within 30 days of the date the claim was returned to Provider, and will be denied in their entirety if not resubmitted within 60 days of the date the claim was returned to the Provider. Provider shall continue to perform its obligations hereunder regardless of any outstanding contested amounts.

If Provider must first submit a claim to Medicare as the primary payer, the claims submission timeframes shall begin on the date of the denial of the claim by Medicare. A copy of the Medicare denial notice must be submitted with Provider's invoice.

Provider shall cooperate with LGTC and/or Client initiated quality assurance activities, including, but not limited to, audits to confirm Participants actually attended covered medical services associated with trips invoiced by Provider. Notwithstanding any provision of the Agreement to the contrary, LGTC shall only pay for transportation services when Participants actually attend a Medicaid and/or Medicare covered medical service. If a trip payment to Provider is denied because a Participant did not attend an associated covered medical service, Provider may, to the extent permitted by law, directly bill the Participant for the transportation services. Any duplicate or overpayments made to Provider may be offset by LGTC against future payments to Provider.

LGTC pays properly submitted uncontested invoices weekly by check or electronic transfer within 30 days after submission, or more frequently if required by applicable State regulations or by the Client Contract. If a payment date falls on a holiday payments will be made on the next working weekday.

In the event that the Client is unable or unwilling to pay LGTC amounts validly due under the Client Contract, LGTC may delay payments to Provider until such time as the Client pays the outstanding amounts.

Invoice Requirements

As a condition of payment, Provider shall submit to LGTC all completed trip logs pertaining to the all trips billed by Provider. The trip logs shall include the signatures of the Participants. In the event a Participant is incapable of signing the trip log, a member of the Participant's household or designated caretaker, or a representative of the drop-off medical facility is required to sign the trip log using their own name (i.e., not signing the Participant's name) and stating their relationship to the Participant (i.e., James Doe – father, or Jane Doe – facility nurse). In no event should a driver or attendant sign the Participant's name on behalf of the Participant. Unsigned trips, trips with Participant's initials instead of signatures, or trips with notes that the Participant is unable to sign are considered incomplete and will not be accepted for payment. Improperly completed or incomplete trip logs will be returned to Provider and payment will be denied for either the entire trip log or for individual trips reported thereon, whichever is applicable. Provider must include a completed summary invoice form with each batch of trip logs submitted to LGTC. Provider shall use trip log and summary invoice sheet

forms that are provided by LGTC. LGTC reserves the right to modify the format of the trip log and summary sheet from time to time. Provider may use alternative trip log or summary invoice sheet forms only with the express written consent of LGTC.

Trip logs must be free of excessive changes. Changes on the trip log should be made with a single line through the text so that the original text remains visible (i.e., no whiteouts, blackouts or complete obscuring of original text). Any changes on the trip log should be dated and initialed by the driver. LGTC reserves the right to deny individual trips or entire trip logs that evidence excessive changes pending confirmation of the details of such changes with Provider.

Charges Against Invoices

If requested by Provider or otherwise required by the Client Contract, LGTC may provide certain driver and/or attendant training and/or orientation services to Provider free of charge. LGTC's cost to produce the materials distributed to Provider (or employees of Provider) pursuant to these training and/or orientation services may be deducted from Provider's invoice following such training or orientation services.

In addition, LGTC has entered into an agreement with an independent credentialing company for nationwide access to credentialing and screening services for drivers. This company offers the minimum level of credentialing required by LGTC at a highly competitive rate. Provider may use the independent credentialing company and access the rates negotiated by LGTC for such services or it may use an alternative vendor, pre-approved by LGTC, to complete the necessary credentialing requirements. If Provider uses the independent credentialing company then the actual cost of such services shall be deducted from Provider's invoice at cost without additional profit or surcharge applied by LGTC.

LOGISTICARE SOLUTIONS, LLC

Printed Name: _____

Title: _____

Signature: _____

Date: _____

PROVIDER: _____

Printed Name: _____

Title: _____

Signature: _____

Date: _____

EXHIBIT C

SUBCONTRACTOR BUSINESS ASSOCIATE AGREEMENT

Provider Name: _____

This Subcontractor Business Associate Agreement (“Agreement”) is entered into as of _____ 201____, by and between LGTC and _____ (“**Subcontractor Business Associate**” or “**Subcontractor**”) to comply with the Privacy Rule and the Security Rule promulgated pursuant to the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), other regulations promulgated under HIPAA, and the Health Information Technology for Economic and Clinical Health Act (“HITECH Act”).

Whereas, LGTC and Subcontractor Business Associate are parties to a pre-existing agreement (the “Prior Agreement”), pursuant to which Subcontractor Business Associate provides services to LGTC;

Whereas, in connection with services provided under the Prior Agreement, LGTC makes available to Subcontractor Business Associate certain Protected Health Information that is confidential and must be afforded special treatment and protection;

Whereas, LGTC has entered into Business Associate Agreements with certain clients and, pursuant to such Business Associate Agreements, LGTC has agreed to maintain an agreement with each agent or subcontractor that has or will have access to the Protected Health Information which LGTC creates or receives in the course of performing services for its clients; and

Whereas, the parties are entering into this Agreement, the terms of which shall be part of and subject to the Prior Agreement, in order for LGTC to satisfy its obligations under HIPAA and one or more Business Associate Agreements to which LGTC is a party.

Now therefore, the Parties agree as follows:

1. **Definitions.** The following terms shall have the meaning ascribed to them in this Section. Other capitalized terms shall have the meaning ascribed to them in the context in which they first appear.

a. **Covered Entity Client** shall mean an entity with whom LGTC contracts for transport services which qualifies as a “Covered Entity” under 45 C.F.R. § 160.103, as amended.

b. **Designated Record Set** shall have the same meaning given such term under 45 C.F.R. § 164.501, as amended.

c. **HIPAA** shall mean the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191.

d. **HIPAA Regulations** shall mean the regulations promulgated under HIPAA by the United States Department of Health and Human Services at 45 C.F.R. Parts 160, 162, and 164, including without limitation the Interim Final Rule regarding Breach Notification for Unsecured Protected Health Information, dated August 24, 2009 and effective September 23, 2009.

e. **HITECH Act** shall mean the Health Information Technology for Economic and Clinical Health Act, Title XIII of Division A and Title IV of Division B of the American Recovery and Investment Act of 2009, Public Law 111-5, enacted on February 17, 2009.

f. **Individual** shall mean the person who is the subject of the Protected Health Information, and shall include a person who qualifies as a personal representative of that person.

g. **Protected Health Information (“PHI”)** means individually identifiable health information (as defined in 45 C.F.R. § 160.103, as amended), limited to the information created or received by Subcontractor from or on behalf of LGTC or LGTC’s Covered Entity Clients. It includes information that relates to the past, present, or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past, present, or future payment for the provision of health care to an individual; and that (a) identifies the individual; or (b) with respect to which there is a reasonable basis to believe the information can be used to identify the individual.

h. **Secretary** shall mean the Secretary of the Department of Health and Human Services (“HHS”) and any other officer or employee of HHS to whom the authority involved has been delegated.

i. **Unsecured Protected Health Information** (“Unsecured PHI”) shall mean PHI that is not secured through the use of technology or methodology specified by the Secretary in applicable guidance.

j. **Breach** shall mean the unauthorized acquisition, access, use, or disclosure of PHI which compromises the security or privacy of such information, except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information. Exceptions to this definition exist for cases in which: (1) the unauthorized acquisition, access, or use of PHI is unintentional and made by an employee or individual acting under authority of Subcontractor if such acquisition, access, or use was made in good faith and within the course and scope of the employment or other professional relationship with Subcontractor, and such information is not further acquired, accessed, used, or disclosed; or (2) an inadvertent disclosure occurs by an individual who is authorized to access PHI at Subcontractor to another similarly situated individual at Subcontractor, as long as the PHI is not further acquired, accessed, used, or disclosed without authorization.

k. Any terms capitalized, but not otherwise defined, in this Agreement shall have the same meaning as those terms have under HIPAA, the HIPAA Regulations, and the HITECH Act.

2. **Limits on use and Disclosure of PHI.** Subcontractor agrees that it will not use or disclose PHI for any purpose other than as expressly permitted or required by this Agreement. Subcontractor may use or disclose PHI for the following purposes:

a. As reasonably necessary to perform the services described in, and to effectuate the purposes of, the Prior Agreement, or as otherwise permitted or required under this Agreement or as Required By Law;

b. For the proper management and administration of Subcontractor’s business and to carry out its legal responsibilities provided that: (i) such disclosures are Required by Law; or (ii) Subcontractor obtains in writing prior to making any disclosure to a third party (a) reasonable assurances from the third party that the PHI will be held confidentially and used or further disclosed only as Required by Law or for the purposes for which it was disclosed to the third party; and (b) an agreement from the third party to notify Subcontractor immediately of any instance of which it is aware in which the confidentiality of the PHI has been breached; and

c. To perform Data Aggregation Services, as that term is defined by 45 C.F.R. § 164.501, on behalf of LGTC.

3. **Additional Obligations:**

a. **Limits on use and Further Disclosure.** Subcontractor agrees that the Protected Health Information shall not be further used or disclosed other than as permitted or required by the Prior Agreement, as amended by this Agreement or as Required by Law.

b. **Safeguards.** Subcontractor will establish and maintain appropriate safeguards and warrants that it has established reasonable safeguards to prevent any use or disclosure of the PHI, other than as provided for by the Prior Agreement, as amended by this Agreement, or as Required by Law. Without limiting the foregoing, Subcontractor agrees to implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of Electronic PHI. Subcontractor further warrants that it will not use or disclose any PHI in any manner that will violate HIPAA Regulations if LGTC engaged in such activity. Subcontractor shall comply with 45 C.F.R. §§ 164.308, 164.310, 164.312, and 164.316 of the Security Rule as such regulations are amended from time to time, as required by the HITECH Act.

c. **Reports of Improper use or Disclosure.** Subcontractor shall report to LGTC, within five business days, any use or disclosure of PHI not provided for or allowed by this Agreement of which Subcontractor becomes aware. Without limiting the foregoing, Subcontractor agrees to report to LGTC, within five business days, any Security Incident with respect to Electronic PHI of which it becomes

aware. Such reports should be made to the designated LGTC HIPAA Compliance Officer at 1- 800-486-7647.

d. **Breach Notification.** In the event of a Breach of Unsecured PHI, Subcontractor shall provide written notification to LGTC of such Breach without unreasonable delay and no more than five business days from discovery of the Breach so that LGTC can notify its Covered Entity Clients, if required. A Breach is treated as discovered as of the first day on which the Breach is known to Subcontractor or, by exercising reasonable diligence, would have been known to the Subcontractor. Knowledge of a Breach by a member of the workforce or other agent of the Subcontractor (other than the person committing the Breach) is imputed to Subcontractor. Consequently, Subcontractor shall implement reasonable policies and systems for discovery of Breaches and train its workforce members and agents to recognize and promptly report a Breach. Subcontractor understands and agrees that it bears the burden to prove why a Breach Notification is not required. Consequently, Subcontractor shall carefully document risk assessments and how any applicable exceptions are met.

e. **Contents of Breach Notification.** Subcontractor's notification to LGTC of a Breach of Unsecured PHI must be written in plain language and describe: (1) what happened, including the date of the Breach and date of discovery; (2) the types of Unsecured PHI that were involved; (3) any steps individuals should take to protect themselves from potential harm resulting from the Breach; (4) what the Subcontractor is doing to investigate the Breach, to mitigate harm, and to protect against further Breaches; and (5) contact procedures for individuals to ask questions or learn additional information. The notice must also include the identification of each individual whose Unsecured PHI has been or is reasonably believed to have been Breached, if known. Subcontractor shall provide any additional information concerning the Breach as reasonably requested by LGTC. Notification must be provided in writing by first class mail to the designated LGTC HIPAA Compliance Officer. Such reports should also be made to the designated LGTC HIPAA Compliance Officer at 1- 800-486-7647. If the Subcontractor believes that the Breach poses an imminent threat of misuse of Unsecured PHI, the Subcontractor shall also provide immediate notice to the designated LGTC HIPAA Compliance Officer via telephone, email or other appropriate means.

f. **Subcontractors and Agents.** Subcontractor agrees that anytime PHI is provided or made available to any subcontractors or agents, Subcontractor must enter into a subcontract with the subcontractor or agent that contains the same terms, conditions and restrictions on the use and disclosure of PHI as contained in this Agreement.

g. **Right of Access to Information.** To the extent that LGTC is obligated by contract or by law to provide Individuals access to Protected Health Information in a Designated Record Set, Subcontractor will provide such access to LGTC within ten business days of LGTC's request. This right of access shall conform with and meet all of the requirements of 45 C.F.R. § 164.524.

h. **Amendment and Incorporation of Amendments.** Subcontractor agrees to make PHI contained in a Designated Record Set available to LGTC for amendment within ten business days of LGTC's request and to incorporate any amendments to PHI in accordance with 45 C.F.R. § 164.526.

i. **Provide Accounting.** Subcontractor will document disclosures of PHI and information related to such disclosures as would be required for LGTC or LGTC's Covered Entity Clients to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 C.F.R. § 164.528. Subcontractor will provide such information to LGTC upon request.

j. **Access to Books and Records.** Subcontractor agrees to make its internal practices, books, and records relating to the use and disclosure of PHI received from, or created or received on behalf of LGTC, available to LGTC and to the Secretary for purposes of determining LGTC Covered Entity Client's compliance with HIPAA, HIPAA Regulations, and the HITECH Act.

k. **Return or Destruction of Information.** Upon request or at termination of this Agreement, Subcontractor agrees to return or destroy all PHI received from LGTC or LGTC's Covered Entity Clients, or created or received by Subcontractor on LGTC's behalf. If return or destruction of the PHI is not feasible, Subcontractor agrees to extend the protections of this Agreement for as long as necessary to

protect the PHI and to limit any further use or disclosure. If Subcontractor elects to destroy the PHI, it shall certify to LGTC that the Protected Health Information has been destroyed.

l. **Mitigation Procedures.** Subcontractor agrees to institute and follow procedures for mitigating, to the maximum extent practicable, any harmful effect from the use or disclosure of PHI in a manner contrary to this Agreement or applicable law.

m. **Sanction Procedures.** Subcontractor will develop and implement a system of sanctions for any employee, subcontractor or agent who violates the terms of this Agreement or applicable law.

n. **Property Rights.** Subcontractor agrees that it acquires no title or rights to the PHI, including any de-identified information, as a result of this Agreement.

4. **Term and Termination.** The Term of this Agreement shall commence as of the date executed by the parties, and shall terminate when all of the PHI provided to Subcontractor by LGTC, or created or received by Subcontractor on behalf of LGTC, is destroyed or returned to LGTC, or, if it is not feasible to return or destroy, protections are extended to such information.

5. **Termination for Cause.** Upon LGTC's knowledge of a material breach by Subcontractor of the terms of this Agreement, LGTC shall either:

a. Provide an opportunity for Subcontractor to cure the breach or to end the violation within a time specified by LGTC. Should the Subcontractor not cure the breach nor end the violation within the time specified by LGTC, LGTC may terminate the Prior Agreement immediately without penalty;

b. Immediately terminate the Prior Agreement if Subcontractor has breached a material term of this Agreement and cure is not possible; or

c. If neither termination nor cure is feasible, LGTC shall report the violation to the Secretary.

6. **Indemnification.** Subcontractor shall indemnify and hold LGTC harmless from and against all claims, liabilities, judgments, fines, assessments, penalties, awards, or other expenses of any kind whatsoever, including, without limitation attorney's fees, witness fees, and costs of investigation, litigation or dispute resolution, relating to or arising out of any breach or alleged breach of this Agreement by Subcontractor.

7. **Miscellaneous:**

a. **Binding Nature.** This Agreement shall be binding on the Parties hereto and their successors and assigns.

b. **Article Headings.** The article headings used are for reference and convenience only, and shall not enter into the interpretation of this Agreement.

c. **State Law.** To the extent any applicable state law confidentiality requirements are not pre-empted by HIPAA, Subcontractor agrees to comply with such state law requirements.

d. **Third Party Participants.** Subcontractor agrees that any of LGTC's Covered Entity Clients to whom Subcontractor provides services and with whom LGTC has entered into a Business Associate agreement are third party Participants of this Agreement. Notwithstanding the foregoing, no other individual or entity shall be considered a third party beneficiary of this Agreement.

e. **Amendment.** The Parties mutually agree to enter into good faith negotiations to amend this Agreement from time to time as necessary for LGTC to comply with the requirements of HIPAA and/or the HITECH Act, as they may be amended from time to time, and any implementing regulations thereto that may be promulgated or revised from time to time. If the parties are unable to agree on an amendment within fifteen business days thereafter, LGTC may terminate the Agreement with written notice to Subcontractor.

f. **Conflict.** In the event of any conflict between this Agreement and the Prior Agreement as to the subject matter referenced herein, this Agreement shall control.

g. **Assignment.** Subcontractor shall not assign its rights or obligations under this Agreement without the prior written consent of LGTC.

IN WITNESS WHEREOF, LGTC and Subcontractor have caused this Agreement to be signed and delivered by their duly authorized representatives, as of the date set forth above.

LOGISTICARE SOLUTIONS, LLC

SUBCONTRACTOR

(Print or Type Provider Name)

Date: _____

Date: _____

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Title: _____

Title: _____

EXHIBIT 5

Sample NEMT Training Outreach & Education Plan



NEMT Training and Education Plan

In Response to:

RFP Section XII

B. NEMT Provider and Provider Training and Education Overview

C. Member Outreach and Education Plan

D. Non-Compliant Member Education

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OVERVIEW - NEMT TRAINING AND EDUCATION

LogistiCare maximizes on opportunities to interact with community stakeholders including members, healthcare providers and facilities, transportation providers, and our client through comprehensive training and education. A well-rounded and effective plan that addresses all stakeholders is vital to any transportation management system. It is our belief that communications should be member-centric and delivered in various geographic locations as well as formats, languages, and literacy levels to meet the needs of a diverse population. Just as important, communication channels must include multiple communication types and styles.

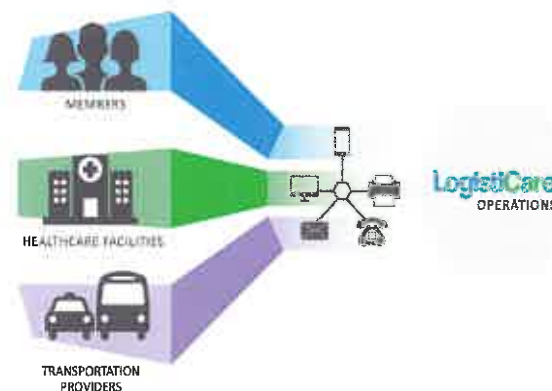
This sample training and education plan includes a wide variety of methods and mediums (one-on-one/town hall meetings, manuals, webinars, mailing, PowerPoint, etc.) to ensure stakeholders have the information needed to successfully access or provide transportation services. Our primary goal is not only to increase communication so stakeholders can easily obtain information about LogistiCare's services, but also to improve NEMT transportation and get members to their health care appointments and other Medicaid covered services safe and on time.

To do this, we provide training and outreach as outlined included in the following plans:

- **RFP Section XII B: NEMT Provider and Provider Training and Education**
- **RFP Section XII C: Member Outreach and Education Plan and**
- **RFP Section XII D: Non – Compliant Member Education**

ADDRESSING DIVERSE MEDICAID COMMUNITIES

Because we serve a diverse Medicaid community, there is no one size fits all approach of transportation. Health issues, mobility limitations, and intellectual disabilities affect the level of service most appropriate for a rider. These factors can affect also way we communicate with members and other stakeholders. Although we have technology in place to accommodate tech savvy individuals – we also meet others where they are via phone. Stakeholders, including healthcare facilities and transportation providers, may choose to use fax, email, or web-based options.



We close the gap between members and Medicaid services by using our technology and resources to educate members and increase awareness of preventive care. We use communication connection points to reach out to stakeholders – be it through on-hold messaging or by implementing transportation provider incentive programs. All works towards the universal goal of assisting program partners in improving the members' quality of life and creating sustainable, cost-effective NEMT program.

We will work closely with the Bureau in finalizing NEMT training and education plans, and will encourage feedback from members and other stakeholders on the efficiency and effectiveness of our plan methodology.

COMMUNICATION POLICY

Health Insurance Portability and Accountability Act

LogistiCare's Communication Policy dictates that any communication that supports training and education

plan must be conducted professionally and securely to ensure that members protected health information (PHI) is kept confidential. This includes various processes, correspondence, forms, reports and web-based applications, that are used during NEMT service delivery including but not limited to:



All communications are archived and, where appropriate, submitted to the client or intended third party. In addition, a repository of documented contacts is maintained in our system for reference purposes.

Our Customer Service Representatives (CSRs) are trained to recognize that any information identifying a member or that pertains to a member’s health condition is considered PHI and is treated in the strictest of confidence. Our CSRs understand PHI to include the following: **Member name; Medicaid ID number; job identification number; and trip information** that may be contained in electronic files, telephone recordings, or paper documentation.

LogistiCare trains all employees and subcontractors on Centers for Medicare and Medicaid Services (CMS) and HIPAA regulations and applicable state law confidentiality requirements. During new employee orientation, HIPAA policies and procedures are reviewed, and additional updates are provided on a regular basis to all employees. HIPAA training is conducted annually and all employees must sign an attestation statement confirming the receipt and understanding of the policy.

Additionally, Transportation Providers must complete HIPAA training as a part of their training to ensure they understand their accountability for abiding by the policies and procedures. All Transportation Providers must sign a HIPAA-compliant Business Associate Agreement before they are assigned trips.

Quality Education Management

LogistiCare uses multiple education models to support NEMT stakeholders. Through our Total Quality Management Program (Q365), we continuously monitor and review Education Programs and conduct

updates annually and more frequently as needed based on initiatives, changes in policies, rules, or regulations (CMS, the Bureau, or LogistiCare).

As depicted in the table below, we use multiple communication approaches to reach stakeholders, including face-to-face, web based, and on-demand material segmented by the stakeholder type.

Education Media	Members	Providers	Facilities
Advisory Committee Meetings	X	X	X
Mobile Apps	X	X	X
Brochures	X		X
Corrective Actions Plans	X	X	X
Credentialing process		X	X
Fax		X	X
Incident to a trip requests	X	X	X
In-services			X
Mailings	X	X	X
Manuals		X	X
One-on-one meetings		X	X
On-hold messaging	X	X	X
On-line Training Modules		X	X
Phone consults	X	X	X
Web Portals	X	X	X
Town Hall Meetings		X	X
Webinars		X	X

The training plan will be updated annually. We acknowledge that our training plan and materials will be detailed to allow the Bureau to determine their effectiveness towards meeting specified training goals and objectives.

LOGISTICARE PUBLIC WEBSITE

To ensure members, medical providers/facilities and transportation providers maintain consistent access to general program education, such as service updates and announcements, rights and responsibilities, the complaint process, policies regarding scheduling and eligibility and frequently asked questions, information will be published on public website specific to West Virginians. The site will house links to the West Virginia NEMT program’s downloadable forms, educational brochures, and the TripCare portal – through which users can schedule, manage, or review transportation requests. The site will be user-friendly, available in English or Spanish, and comprehensible by users with varying literacy levels.

Using the Frequently Asked Questions tab, stakeholders will be able to view answers to questions, such as:

- Who can receive a ride to medical appointments?
- When should a ride be requested?
- Who decides what kind of ride the patient will get?
- When requesting transportation, may I ask for a company that the patient prefers to give them a ride?
- Who can call to request a ride?
- Who decides what time the patient will be picked up for their ride?
- What if a patient’s ride is late or there is some other problem with the ride?
- What if I want to file a complaint about a patient’s ride or another part of the service?



All users will be able to download questions into a PDF document for future reference. West Virginia’s Project Manager will be responsible for the maintenance of the state site and will seek the Bureau’s approval for all content before publishing.

SUBMISSION OF TRAINING AND EDUCATION PLANS

LogistiCare will submit final plans for educating NEMT members, transportation providers and medical providers **at least thirty (30) days prior** to operations start date. Also, an approved NEMT Provider Manual, Provider Training Manual and Education Plan will be submitted prior to start of operations.

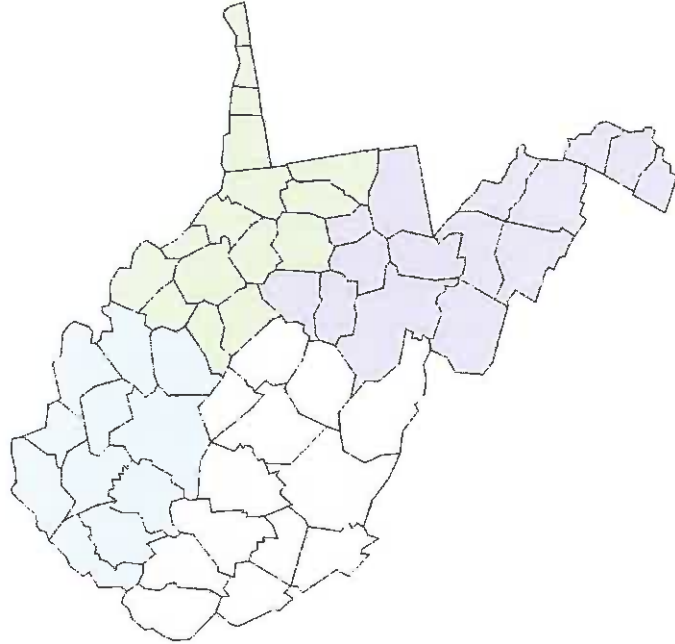
NEMT Provider and Provider Training sessions will be held **in at least five (5) locations** through the state of West Virginia no later **than fifteen (15) days prior** to the operations start date. The following map depicts the suggested regions where scheduled outreach and training and education efforts will take

place. LogistiCare will finalize these locations upon approval of the Bureau. See the following West Virginia regional map which illustrates the targeted regions.

WEST VIRGINIA TRAINING / EDUCATION PLAN

Transportation Provider & Facility Outreach

STATE REGIONS	
	Region I Brooke, Calhoun, Doddridge, Gilmer, Hancock, Harrison, Marion, Marshall, Monongalia, Ohio, Pleasants, Ritchie, Tyler, Wetzel, Wirt, Wood
	Region II Boone, Cabell, Jackson, Kanawha, Lincoln, Logan, Mason, Mingo, Putnam, Roane, Wayne
	Region III Barbour, Berkeley, Grant, Hardy, Hampshire, Jefferson, Lewis, Mineral, Morgan, Pendleton, Preston, Randolph, Taylor, Tucker, Upshur
	Region IV Braxton, Clay, Fayette, Greenbrier, McDowell, Mercer, Monroe, Nicholas, Pocahontas, Raleigh, Summers, Webster, Wyoming



B. NEMT PROVIDER AND PROVIDER TRAINING AND EDUCATION

TRANSPORTATION PROVIDER TRAINING AND EDUCATION

Training and education of transportation providers about NEMT begins prior to actual contracting and continues over the life of the contract relationship between the transportation provider and LogistiCare. The events and training materials we use varies based on the intended stakeholder. Trained and experienced staff engage contracted transportation and healthcare providers using mediums and settings appropriate to the audience.

LogistiCare conducts a series of orientation/training sessions with transportation providers. We offer the sessions at various locations and invite the owners, managers, supervisors, dispatchers, and lead drivers. The purpose of these sessions is to develop working relationships, explain performance standards, and to outline basic information about NEMT program operations. The orientation session encompasses contractual requirements, including those pertaining to vehicles and drivers, and how to address and report various events. We emphasize customer service and the importance of dignity, care, and unconditional positive regard for every member on every trip.

While the Transportation Provider Agreement (contract) is being executed by LogistiCare, the provider receives a Welcome Packet that includes materials regarding the Hazardous Weather Policy, Disaster Preparedness Policy, and Fraud, Waste and Abuse Program attestations. Transportation providers must complete and return the documents prior to providing their first member trip. Also included are numerous information sheets and invitations to scheduled webinar training to ensure that transportation providers fully understand the NEMT program. Webinars are conducted no less frequently than once per month and include several important topics regarding the NEMT program.

Billing and Payment. Our Education Program places special emphasis on ensuring transportation providers gain a solid knowledge of billing procedures, our payment methodology as well as penalties associated with errors or attempts of fraud, waste or abuse. Network staff use provide webinars, one-on-one coaching via on-site visits, email access to answer questions or clarify issues, and as an extreme measure, corrective actions to ensure transportation providers have a working knowledge of billing and re-imburement practices required. Corrective actions include prescribed steps, due dates, and side-by-side mentoring as needed.

Incentives. We also educate contracted transportation providers about our approach to incentives. If and when a formal incentive program is managed by LogistiCare, we find it beneficial to ensure each and every eligible candidate is aware of the program, the requirements for consideration, and how they are performing in relation to the program requirements.

The table below lists training topics and the avenues in which a transportation provider will receive education and training.

Training Topic	Orientation	Provider Manual	Face to Face	Webinar	C.A.R.
Overview of the NEMT Program	X	X	X	X	X
Driver Qualifications	X	X	X	X	X
Vehicle Requirements	X	X	X		
Procedures for Handling Accidents, Incidents, Moving Violations and Vehicle Breakdowns	X	X	X	X	X
Driver Conduct	X	X	X	X	X
Use of Escorts and/or Companions	X	X	X	X	X
Scheduling Procedures During Regular Operating Hours, After Hours, Weekends, and Holidays	X	X	X	X	X
Procedures for Handling Urgent Trips	X	X	X	X	X
Criteria for Trip Assignments	X	X	X	X	
Dispatching and Delivery of Services	X	X	X	X	
Procedures for Obtaining Reimbursement for Authorized Trips	X	X	X	X	
Driver Customer Service Standards and Requirements During Pickup, Transport, and Delivery	X	X	X	X	X
Review of the Transportation Provider Manual	X	X	X	X	
Required Communication with Members	X	X	X	X	
Required communication with health care providers	X	X	X		
Required communication with LogistiCare	X	X	X	X	X
Billing Procedures	X	X	X	X	
Recordkeeping and Documentation Requirements for Scheduling, Dispatching, and Driver Personnel, including Completion of Required Logs	X	X	X	X	X
HIPAA Compliance Requirements	X	X	X	X	X
Procedures for Handling Complaints and Grievances from Members and NEMT Transportation Providers	X	X	X	X	X
Hazardous Weather Policy	X	X	X		X
Emergency Contingency	X	X	X		
Disaster Recovery Procedures	X	X	X		X
Quality Assurance Procedures	X	X	X	X	X
All performance Requirements and Associated Penalties and Incentives	X	X	X	X	

Throughout the life of the contract, we will update providers on changes to policies and procedures (from CMS, the Bureau, or LogistiCare) through fax, email, mail, field staff communications (phone, email, or in-person) and the various channels of communication listed in the table below.

NEMT TRAINING RESOURCES

LogistiCare has implemented a Transportation Provider/Driver training program that is unique in the NEMT industry as it calls for all in-network drivers to successfully complete three training programs created by nationally accredited institutions (or similarly accredited courses). We offer access to these training resources at a reduced group rate. There is no requirement for transportation providers to use these training resources; proof of a similar quality training from an industry recognized provider is acceptable. Courses include:

- **Defensive Driving Course** - equivalent to or exceeding that of the National Safety Council Defensive Driving Course
- **First Aid Course** - equivalent to or exceeding the National Safety Council First Aid Course
- **Passenger Sensitivity Training** - equivalent to or exceeding the Community Transportation Association of America (CTAA), Sensitivity and Safety (Basic) Course, PASS Basic
- **Hands on Wheelchair Securement Course** - offered by CTAA

Based on feedback from the Transportation Providers and their specific needs we review and provide training topics. In turn, this information may be used as training tools and to assist in the development of company policies and procedures. Additional driver requirements are included in the Transportation Provider Manual.

MEDICAL PROVIDER / FACILITY TRAINING AND EDUCATION

ONSITE FACILITY EDUCATION AND TRAINING MEETINGS

LogistiCare understands the important role that healthcare professionals and their offices provide in supporting access to healthcare. Providers often serve as trusted sources of information and influencers for their patients and thus should be knowledgeable about NEMT procedures. Our focus is to ensure we make them aware of the program and any changes to policies or procedures involving the NEMT program. There are many existing communications channels with medical providers that are utilized to notify them. Also, many medical provider offices and facilities would be ideal sites for distributing program information for people with special needs who may not be able to navigate the system easily.

Our local facility-focused staff members conduct trainings, and actively distribute flyers, brochures, and other NEMT-focused literature at healthcare facilities throughout the NEMT service area as they undertake monthly face-to-face meetings with health care providers and facility personnel. We use the in-service meeting structure and the distribution of NEMT literature to educate healthcare providers about engaging NEMT services. We advise healthcare providers and medical facility staff members on the availability of NEMT services, how to access the services, including how to obtain services on behalf of Medicaid members using toll-free phone lines and our Facility TripCare Web Portal.

Our outreach coordinators conduct orientation and mentoring through regular onsite visits and education sessions with caseworkers, discharge staff, and other healthcare professionals. They work closely with nursing facilities, dialysis clinics, and more to ensure healthcare providers have a clear understanding of what to expect from quality NEMT services and what to do if the provider feels services are incongruent with the needs of the member or service quality expectations.

These face-to-face visits build relationships within the community and offer a productive two-way communication. Meeting feedback is collected and analyzed for program improvement opportunities. Topics such as: the use of NEMT services, days' notice requirements, efficient processing of standing orders, medical documentation, online scheduling, appointment verification, and the process for filing a complaint are included in these training sessions.

Meetings are critical to the program to ensure understanding of program rules and requirements, but most importantly, to build strong partnerships with the communities we serve. In addition, we hold two standard webinars a month for medical providers. We post an online training calendar that will allow for registration and tracking of participants. LogistiCare will document, and store all trainings and attendees.

As mandated by the RFP, medical provider training sessions will be held in all five West Virginia regions as detailed in the NEMT Training and Education section in this document.

LogistiCare will provide the following as part of our medical provider training and education plan:

- **Introductory Letter** - LogistiCare will send out an introductory letter to all medical providers such as dialysis treatment facilities, nursing home and long term residential care facilities, mental health programs, and adult day care treatment centers. The purpose of the letter is to introduce ourselves as their new NEMT Broker partnering with the Bureau to provide services for their patients. The letter will inform the facilities who LogistiCare's primary contact for them will be and build their anticipation for future meetings to be scheduled encouraging their participation.
- **Facility Toll-Free Line** - The dedicated **Facility Toll-Free Line** is designated for the use of medical facility staff only. This line is answered by our trained Facility Representatives who specialize in managing standing order and demand response trip requests from medical practitioners. The same facility number supports urgent, same-day and next-day transportation requests 24/7/365, regardless of holidays, and allows providers to follow up on behalf of members on the status of pick-ups or drop-offs.

- **TripCare Web Portal** - The Facility TripCare Web Portal has information tailored to the needs of health care facilities and medical providers. The site provides required forms, brochures, FAQ's, and information to successfully request NEMT transportation on behalf of members, and outlines the program requirements and responsibilities of medical providers and their representatives. The portal includes a secured section for requests for transportation (standing orders), confirmation of attendance, and submission of medical necessity forms. Other links include:
 - **Overview section** includes information on the NEMT program and on the information contained within the sub-site itself. Examples of the type of information included in the overview are rules governing the transportation service, hours of operation for standard requests, minimum advance reservation requirements for such requests, contact information, and types of trips only medical providers can order. This page includes links to information on transportation requirements and ordering guidelines among other facility-focused topics approved by the Bureau.
 - **Standing orders** for recurring trips such as dialysis can be scheduled via the TripCare portal. Facilities can schedule either single or standing order requests online, by fax, e-mail, or through their dedicated toll-free line.
 - **Frequently Asked Questions** (FAQ) section lists questions and answers, commonly asked by medical facilities on the NEMT program and for eligible members of the NEMT pro-



gram, pertaining to a range of related topics on eligibility and accessing services. The format we provide will present a list of questions that will then display answers by clicking on the drop-down arrow associated with each.

- **Downloads section** offers facilities a flexible approach to accessing downloadable items pertinent to the NEMT program. Each approved document and/or form is accessible and viewable as separate Adobe Portable Document (.pdf) files, or items may be downloaded and saved locally. We can provide a combination of either or both approaches.
 - **News Bulletin section**, similar to the Downloads section, presents a list of timely bulletins pertinent to the NEMT program as a whole, issued by the Bureau, or approved bulletins issued by LogistiCare on behalf of the Bureau. Each approved bulletin is accessible and viewable as separate Adobe Portable Document (.pdf) files, or items may be downloaded and saved locally.
 - **NEMT Network Provider Locator** section provides a listing and search methodology for facilities to find transportation network providers who are enrolled with the NEMT program, and who are credentialed and authorized to provide transportation services in West Virginia. Medical providers and members will have access to this tool and can select the enrolled transportation network providers to obtain information on them. Presented in alphabetical order, the list is filterable in a number of ways including, but not limited to, alphabetically, by region, and/or by text search.
 - **Useful Links section** will provide a variety of links to web pages related to the West Virginia NEMT program that may be helpful to the facility user. Examples of these links include, but are not limited to, Medicaid updates issued by the Bureau or any other agency site specified by the Bureau, transportation routes, transit system information, and Medicaid provider manuals.
- **Face to Face Meetings** - To ensure facilities understand how to use the various tools and processes associated with NEMT service, LogistiCare conducts outreach to facilities and ordering practitioners through personal visits and webinars in all of our operations. LogistiCare schedules face-to-face group meetings for facility representatives which include an overview of LogistiCare policies and procedures, how to reach our staff to request transportation, what forms to fill out to request Standing Orders, filing complaints, and a host of other resources available to the healthcare community. Training is also conducted on the online Attendance Verification Report, which is also available on the TripCare portal. For those who are unable to attend a group meeting, webinars will be offered.
 - **Webinars** – Medical providers and facility staff appreciate the convenience of webinar training for staff on NEMT processes. Webinars also serve as an excellent tool for new hires to familiarize themselves with processes without conducting a personal visit each time someone new is hired. These interactive sessions have proven effective in describing the NEMT program, and they provide facilities' staff the opportunity to ask questions, seek clarifications, and/or to raise concerns to the presenters.
 - **Informational Brochures / Fact Sheets** - LogistiCare provides healthcare providers with NEMT informational brochures and fact sheets that provide an overview of the NEMT program and how to schedule a trip. The handouts provide LogistiCare contact information and other important information such as:
 - Scheduling a Reservation
 - How to Schedule a Standing Order

- How to Acquire a Medical Necessity Form (MNF)
- Gas Reimbursement Procedures
- Use of Public Transportation
- How to File a Complaint

Additionally, we provide member education materials to the facilities, which are available on the TripCare Portal, and are also hand delivered during outreach visits, and mailed directly to the facilities if requested. We distribute our client-approved member educational materials at facilities whose patients use NEMT such as dialysis clinics, healthcare facilities, skilled nursing facilities, and other medical facilities. New members or those seeking clarification may pick up brochures for themselves or for someone they know during visits.

The LogistiCare Outreach and Communications Manager position will work closely with dialysis centers, nursing homes, and other medical providers that have numerous clients that access NEMT services to ensure that they are educated on how to access services, how to place a standing order transportation request, and other important topics. This high level of interaction is detailed in the following table and will continue throughout the duration of the NEMT contract.

Focus	Organization	Why	How
Dialysis Community	<ul style="list-style-type: none"> - Hospital Kidney Centers - Dialysis Centers 	<ul style="list-style-type: none"> - Dialysis Centers have high NEMT usage - Create visibility and a positive image - Serve as advocate, educate and resolve concerns - Review standing orders to ensure that members still receive dialysis treatment. 	<ul style="list-style-type: none"> - Schedule face to face meetings - Attend Social Workers meeting as invited - Return phone calls and respond to inquiries timely - Build alliances and partnerships - Be proactive and reach out to facilities to inquire, if there are issues
Nursing Facilities	<ul style="list-style-type: none"> - Nursing Homes - Assisted Living - Skilled Nursing Facilities (SNF) 	<ul style="list-style-type: none"> - SNFs have high NEMT usage - Develop good working relationship to minimize complaints - Ensure facility understands NEMT - Find out if facility owns vehicles and transports their patients 	<ul style="list-style-type: none"> - Schedule a meeting with Administrator or the Director of Social Work. - Explain the benefit of becoming a NEMT transportation provider, if facility owns any transport vehicles. - Be proactive and educate facility on NEMT, including the complaint process and bring issues to regional manager's attention
Intellectual Disability and Behavioral Health Community	<ul style="list-style-type: none"> - Community Service Boards - Group Homes - Centers for Independent Living - Mental Health Facilities 	<ul style="list-style-type: none"> - Because of physical and mental impairment, this group needs special and constant attention on how to utilize the system - Case Managers, Social Workers, etc. need to have clarity of the NEMT system as they are instrumental to the use of our services. 	<ul style="list-style-type: none"> - Schedule meetings as needed. - Organize outreach activity and build alliances with stakeholders. - Visit group homes and provide education sessions.
General Medical Appointments / Hospital Discharges	<ul style="list-style-type: none"> - Hospital - Physician Clinics 	<ul style="list-style-type: none"> - Physician's Offices may not be familiar with the NEMT program - Hospitals and emergency room staff may not be aware of processes. - For improved visibility and enhanced positive image 	<ul style="list-style-type: none"> - Meet with Case managers and Discharge Nurses/Social Workers - Educate them on the use of public transit. - Provide outreach and explain the complaint and will call process - Visit Physician's Offices

Focus	Organization	Why	How
Documentation	<ul style="list-style-type: none"> - Hospital - Physician Clinics - Nursing Homes - Assisted Living - Skilled Nursing Facilities (SNF) - Mental Health 	<ul style="list-style-type: none"> - For Standardization and uniformity - For easy comprehension - User friendliness - Tracking mechanism - Weekly Outreach Report - Monthly Outreach Report - Case Management Tracking report 	<ul style="list-style-type: none"> - Report must have date, name of facility, city and point of contact. - Must have mode of contact, i.e. phone, email, in-person meeting. - Must contain issue(s) - Must show LogistiCare's actions taken to resolve the issue(s) - Must summarize the report, showing the number of facilities by type and total number of facilities contacted each week. - Show number of facilities visited and reason for the visit.

MEMBER OUTREACH AND EDUCATION PLAN

CONNECTING WITH CURRENT AND FUTURE MEMBERS

LogistiCare will actively conduct NEMT member education during the implementation phase, which is the first 90 days of a program, and will continue for the life of the contract. Member education during implementation will focus on alleviating concerns associated with any changes to the program. Questions often arise such as, "Will my access to transportation change?" "Do I have to do anything to continue to receive transportation?" "Do I have to change transportation providers?" and "Can I change transportation providers?". We will summarize the changes that may affect members due to a change in the NEMT broker affecting members, and include in our education and outreach efforts.

Additionally, the prior notice requirement will be clearly displayed on the member and medical provider pages of the public website and TripCare portals. Requestors that habitually submit reservation requests less than three (3) business days before their appointment time will receive advance reservation policy counseling both verbally and in writing. If the problem persists, the requestor could be placed on a corrective action plan per the Bureau's pre-approved guidelines.

Verbal Communication:

Customer Service Representatives (CSRs) will provide verbal education and support during every interaction with members and will direct them to resources that are available for their use at any time, such as the public website and educational brochures. Calls placed to the business office administrative line after normal business hours are routed to a voicemail option. Members, transportation providers, and facility staff callers always have access to speak to a live CSR without having to leave a message by using one of their dedicated toll-free numbers. In the event of an urgent matter, the LogistiCare West Virginia General Manager will be available at all times for contact by the Bureau.

Our extensive outreach continues daily and includes the following:

- o We will remind enrollees or ordering providers that transportation requests must be made at least three (3) business days in advance of the service date during every call, mobile phone, and web reservation.
- o The Interactive Voice Response System of IVR will be programmed to deliver a recorded message

about the three (3) business day notice for routine transportation for every caller.

- Educational materials will be disbursed to medical facilities with the guidelines for service and the policies for routine and urgent transportation requests.

Electronic Communication: To ensure members maintain consistent access to general program education, such as service updates and announcements, rights and responsibilities, the complaint process, policies regarding scheduling and eligibility and frequently asked questions, we will filter information through the public website. The site will house links to the program's downloadable forms, educational brochures, and the TripCare portal – by which enrollees or facilities can schedule, manage, or review transportation requests. The sites are user-friendly, available in English or Spanish, and comprehensible by users with varying literacy levels.

Using the Frequently Asked Questions tab, members will be able to view answers to questions, such as:

- Who can receive a ride to medical appointments?
- When should a ride be requested?
- Who decides what kind of ride the patient will get?
- When requesting transportation, may I ask for a company that the patient prefers to give them a ride?

- Who can call to request a ride?
- Who decides what time the patient will be picked up for their ride?
- What if a patient's ride is late or there is some other problem with the ride?
- What if I want to file a complaint about a patient's ride or another part of the service?

All users will be able to download questions into a PDF document for future reference.

a. **Accessing NEMT Services**

Through our educational materials, members learn the importance LogistiCare places on safe, efficient, compliant NEMT services. Member education materials include steps and processes for accessing services, special circumstances or needs, urgent or recurrent trips, use of escorts, child safety seats, additional passengers, canceling trip reservations, and expectations for appropriate behavior during transport. **At least thirty (30) calendar days** prior to the operations start date, LogistiCare will mail by first class mail at our expense, written materials to inform members about the NEMT program.

Written materials, such as the New Member letter and brochures, will provide a comprehensive overview of the program services and include:

- LogistiCare toll-free contact numbers
- Descriptions of valid uses of NEMT services
- Instructions for scheduling routine and urgent trips
- Recurring trip requests
- Driver and vehicle standards
- Pick-up and delivery standards
- Member rights and responsibilities
- Complaint and grievance procedures

LogistiCare's brochure, "How to Access Non-Emergency Transportation," for example, includes toll-free trip reservation numbers, instructions related to ride assistance inquiries, and general rules governing a particular NEMT program. These brochures are currently printed in English and Spanish; however, they can be generated in any language as required by the Bureau. LogistiCare will continue to create and collaborate on the design of additional education-focused material at the Bureau's request.

b. **Grade Level of Written Materials**

All written materials will be printed in 12-point font for easy reading, and are written at a fifth-grade level. We use the Flesch–Kincaid readability tests to create easily understood NEMT program Member educational materials. We create member educational material with the intent of cultural responsiveness and social equity. This means we choose words and graphics that demonstrate "respect of person" and reflect our non-discriminatory practices.

Facilities will be provided an ample supply of these materials on an ongoing basis for sharing with members and the Medicaid community.

c. English / Spanish Versions

Written Materials. All written materials are produced in English and Spanish (as well as any other prevalent language). This includes the New Member Letter, the educational brochure and other written materials.

Public Website and TripCare Portal. The websites will support both English and Spanish languages for all functions. The sites are user-friendly, available in English or Spanish, and comprehensible by users with varying literacy levels.

Toll-Free Numbers. The member reservation and Ride Assist lines include an option to select the English or Spanish speaking lines. Our Automatic Call Distribution (ACD) System directs each call type into a separate queue. The message notifies the member in Spanish of the option to press the number eight (8) for assistance in Spanish.

Separate ACD queues are created for both Reservations CSRs and Ride Assist CSRs (both English and Spanish speaking). When agents answer calls, they not only see the name of the queue they are answering (e.g., "Reservations Spanish"), but they also hear a voiceover announcement (VOA) in their ear that announces the queue name. This ensures that the call will be answered appropriately by CSRs.

Bilingual Customer Service Representatives. We accommodate the NEMT service needs of Spanish-speaking members through fluent, bilingual employees. We understand the importance of staffing a local operation with staff fluent in languages relevant to the regions we serve. With every contract, we strive to hire and train CSRs with the language skills that reflect the diversity of the local area's population.

For other languages, callers will have access to free telephone interpreter services. LogistiCare provides oral interpretive services through Voiance Language services. This third-party interpretation service provides over-the-phone interpretation services in over 200 languages and is available 24/7/365.

Members who require interpretive services are connected to a Voiance interpreter through a free toll-free number. At that point, both the CSR and the member are engaged in a three-way conversation. LogistiCare makes the connection to a Voiance representative s in an average of 10 to 20 seconds.

LogistiCare CSRs work with Voiance interpreters to communicate with the caller and ensure all information is clear, accurate, and most importantly, understood by the member or a caller communicating on his/her behalf. When necessary, CSRs include a family member or other acquaintance on the call, upon the request of the member.

Voiance interpreters are held to the highest standards. These standards include maintaining patient confidentiality, ensuring accurate and complete translations, remaining impartial and unbiased during the conversation, and interpreting for only the language(s) which he or she is authorized to interpret.

LogistiCare mandates that Voiance interpreters must:

- o Protect a member's confidentiality
- o Confirm that they have interpreted the substance of our communications to the member in a



- complete and accurate manner
- Remain impartial and unbiased throughout the course of the conversation
- Interpret solely in those language(s) for which they have been authorized to provide services
- Deliver excellent customer service
- Maintain fluency in English and the relevant foreign languages

Voiance will continue as our interpreter in support of the West Virginia NEMT contract due to their demonstrated commitment to quality and customer care.

d. *Alternative Formats*

As needed, we are able to print materials in alternative formats to accommodate those with vision impairments. Also, our West Virginia call center will use telecommunications relay services that provide full telephone accessibility to callers who are deaf, hearing impaired, or speech impaired. Specially trained communication assistants will complete all calls and remain on the line to relay messages either electronically over a Text Telephone (TT/TTY) or verbally to LogistiCare CSRs. This service is available 24x7 with no restrictions on the length or number of calls that can be placed. All LogistiCare employees receiving these calls are trained in the use of relay services.

Members placing TTY calls are assisted by the same representatives who handle all communications with all members. This provides more consistency for all populations and more efficiency in delivering the services to all populations. Our CSRs support all communications with members, resulting in an ability to provide consistent service to all segments of the Medicaid population.

STRATEGIES FOR WORKING WITH MEMBERS

LogistiCare has in place strategies for working with Medicaid recipients who fail to comply with established policies and procedures (as described in Section XII.D below). We work with the member to determine what is the root cause of the non-compliance and attempt to assist the member in resolving those issues.

All member incidents are electronically recorded in LCAD NextGen (our system platform) and can be accessed at any time. For each incident, we record the reason for special handling and the transportation options for the member. LogistiCare will seek the Bureau’s guidance on a case-by-case basis or as determined by the terms of the NEMT contract. The following steps are taken in regards to resolving member no-show or excessively late issues:

CSRs are trained to recognize if there have been past issues with a member and a transportation provider and refer all such calls to our Operations Manager who reviews the trip and determines the appropriate course of action. LogistiCare accepts our responsibility to arrange transportation for all members equitably and without partiality. If after reviewing their rights and responsibilities with the member, reviewing all information submitted by the transportation provider, and our own investigative findings, the Bureau will be contacted to discuss the findings of the investigation. Additional strategies are discussed in Section XII.D of this document.

NON COMPLIANT MEMBER BEHAVIORS

Excessive incidents of inappropriate behavior may result in loss of some transportation options. We want members to understand what their rights and responsibilities are and what actions can result from deliberate non-compliance such as member no-shows and behavior issues during transport.

MEMBERS CHRONICALLY LATE OR NO SHOWS

The member informational packet includes information that states the member's need to be prepared to travel as early as 50- minutes prior to their scheduled pickup time and that a transportation provider is not required to wait more than ten (10) minutes past the scheduled pickup time. The packet also includes information on what to do if the member cannot attend an appointment for which NEMT was scheduled (call to cancel as soon as possible), as well as our member no-show policy. Chronically late or member no-shows undercut efforts at achieving cost- efficiencies. Therefore, we work to educate members on the importance of timeliness and canceling a trip reservation if unable to attend the appointment.

LCAD NextGen captures no-show data so the CSR is alerted that the member requires re-education regarding pick-up time, cancellation guidelines, and the potential for negative consequences of this conduct. In extreme cases, negative consequences may include a temporary suspension of services or a decision made by the Bureau to reduce the level of services. In any event, LogistiCare will provide the Bureau with sufficient documentation outlining the circumstances surrounding the request.

LogistiCare implements policies and procedures designed to protect the effectiveness of the NEMT program as a whole. We require, for example, that all transportation providers must contact us any time members arrive late or no-show. We generate a Rider No-Show report and track the members' non-compliance. When a transportation provider notifies us of a member no-show, we attempt to contact the member directly to evaluate the situation. If the member repeats the unacceptable behavior, a notice is sent describing program expectations and the consequences of future non-compliance. Consequences may include the requirement to confirm appointments three (3) hours before appointment time. In extreme cases, suspensions from service may be warranted if approved by the Bureau. We may also include a phone conference with the member discussing the concern and a plan to support the member having the ability to attend eligible appointments. Generally, we try to develop at least two options from which the member may choose. These may include using a one of our network transportation providers while traveling with a mandated escort or offering mileage reimbursement for a determined period, etc. During the phone conference, we review each point of the Rider Guidelines with the member to ensure understanding and to identify how their behavior fell short of the guidelines. We provide the member with a letter summarizing the conference call.

In addition, as appropriate, we enlist the support of healthcare providers and facility staff to reinforce the appropriate use of NEMT services with the member. LogistiCare understands and acknowledges that members who are no-shows will not be charged monetarily by us or the transportation provider.

ADDRESSING UNSAFE AND/OR INAPPROPRIATE MEMBER BEHAVIOR DURING TRANSPORT

LogistiCare currently educates members on their responsibilities to be respectful of and non-discriminatory to (including language and comportment) the driver and other passengers and will continue to do so under the new contract. The education occurs first through the member educational brochure and, as needed, in response to a driver or other member complaint. In the event of a member's inappropriate behavior we work with all relevant parties to re-educate. Relevant parties may include the driver, member, designated escort, facility staff, the Bureau, or LogistiCare's Field Monitors. If an incident occurs during active transport that threatens the safety or wellbeing of anyone on the vehicle, the driver will instruct the offending member to cease the inappropriate conduct. We train drivers to find the nearest location to safely park the vehicle, and immediately notify the dispatcher. The driver will seek further instructions up to and including contacting the local law enforcement authorities as the situation dictates. LogistiCare will contact the Bureau and explore options of addressing the member, and the appropriate course of action.

LogistiCare may choose to modify a disruptive or abusive member's subsequent transportation accom-

modations. For example, we may offer mileage reimbursement to a friend or family member. Alternatively, we may require an escort to accompany the member who will be responsible for ensuring acceptable behavior of the member during transport. We would do so only with the Bureau’s approval in accordance with our Rider’s Rights and Responsibilities, and in an effort to protect others against the member’s conduct.

In extreme cases of harmful or threatening behavior, drivers are instructed to stop the vehicle, notify LogistiCare, and wait for the proper authorities and/or medical transportation to arrive. In this case, LogistiCare immediately makes arrangements to provide alternate transportation for other passengers as necessary.

LogistiCare will work collaboratively with the Bureau to develop policies and procedures, and education materials refine our extensive member educational materials for the state’s Medicaid member population throughout the life of the NEMT contract.

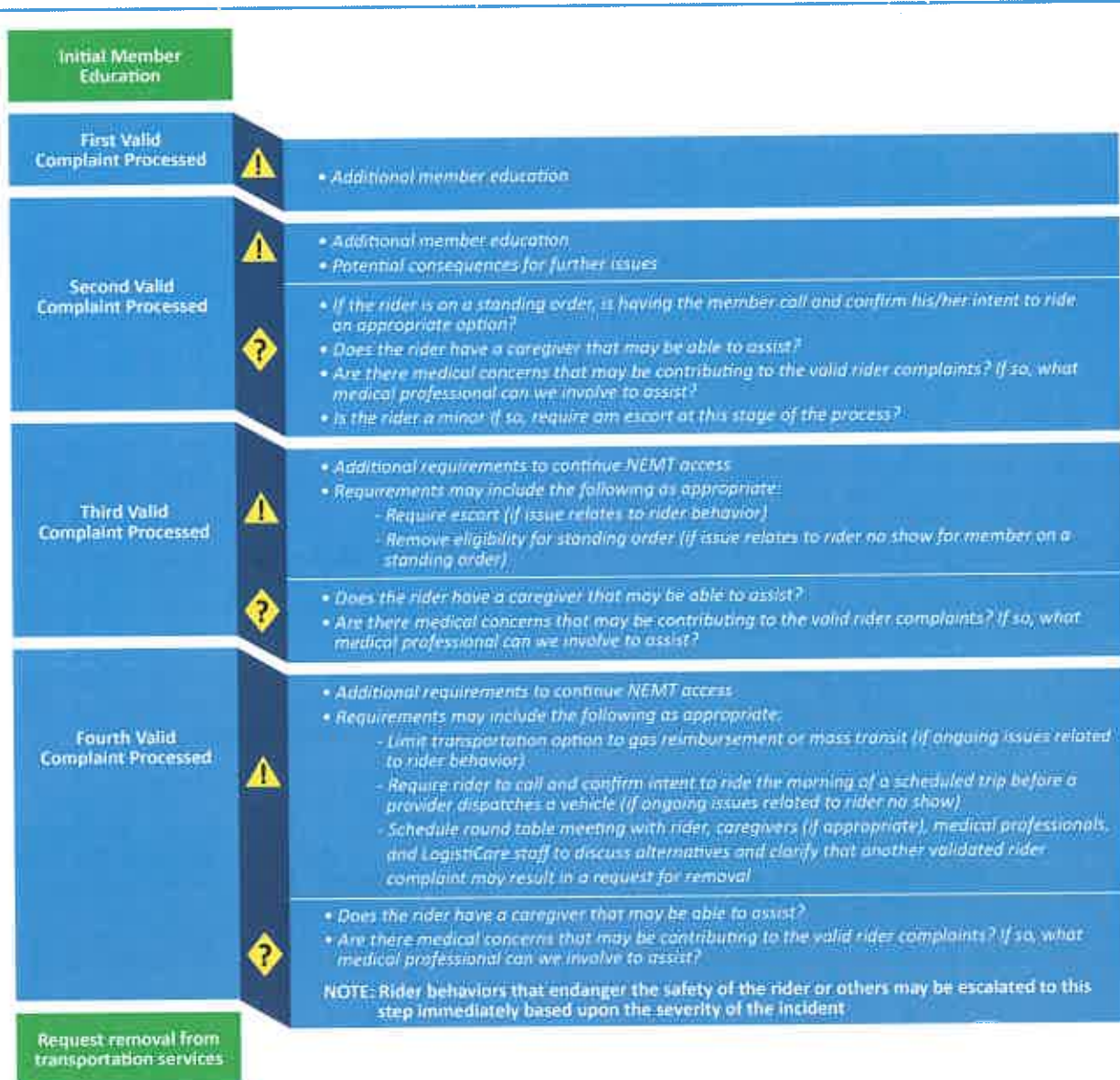


EXHIBIT 6

Sample Operations Procedures Manual Outline



XIII. OPERATIONS PROCEDURES MANUAL

The vendor should develop an Operations Procedures Manual detailing all procedures to be used in scheduling and delivery of NEMT Services. The vendor should submit a draft outline of this manual with the vendor's Proposal. The vendor should submit a final, completed Operations Procedures Manual to The Bureau for review and approval no later than thirty (30) calendar days prior to the operations start date. The vendor should not begin operations without a Bureau approved Operations Procedures Manual. The vendor should provide a copy of the Operations Procedures Manual to all the vendor staff and should incorporate it into all training programs for new employees.

The manual should be reviewed, updated and distributed to vendor staff annually and whenever changes in operating procedures are made. The Bureau may require modification of the Operations Procedures Manual at any time, and notify the vendor in writing of the required modification. The vendor should modify the Operations Procedures Manual within ten (10) business days of notification.

Policies and Procedures (Operations) Manual

It is critical for LogistiCare's managerial, operations and administrative staff to have access to the information needed to successfully perform the duties and tasks. Internal policies and procedures apply clear direction in the performance of duties, and access to clear policies promotes quality service and compliance with regulations.

We translate Non-Emergency Medical Transportation (NEMT) program requirements into Policies and Procedures (PnPs), and then enter these into the LCAD NextGen Business Rules Engine. The policies and procedures are the key starting points for how we deliver the service for each client. We will work together with the Bureau and once approved they are then used to both train staff on the unique program needs as well as program our systems. LogistiCare's policies, procedures, and execution have been tested and certified to deliver quality NEMT transportation. This is evident by the fact that LogistiCare continues to lead and elevate the NEMT industry by being the first and only NEMT broker in the country to maintain enterprise-wide certification by Utilization Review Accreditation Commission (URAC), one of the primary quality review organizations in the healthcare industry.

Oversight of Policy Development

All policies will be reviewed and approved by the Legal Department, IT Department (if applicable), and any relevant corporate/operations department head before becoming active. Once approved, electronic signatures will be applied to the policy, making it active. On a quarterly basis, a CMS website (www.cms.gov) review is conducted by designated staff to ensure that the most updated forms, policies and procedures are being utilized.

Approved policies are included in the annual corporate policy and procedure manual update and housed on the employee portal in the Training section. All policies are reviewed annually, to include the Compliance and Ethics Plan and Code of Conduct.

A. Administrative Policies

This section contains a list of Administrative Policy and Procedures. The following policies and procedures are included:

1. 911 Transfer Calls
2. Account Setup Agreement
3. Annual Document & Manual Review
4. Bilingual Staff Proficiency
5. Call Recording Plan
6. Call Scripts
7. Cell Phone Policy
8. Client Reporting Certification
9. Client Surveys
10. Complaint Management Process
11. Communication Practices
12. Complaint Response and Resolution Process
13. Corporate Oversight and Communication
14. Curb-to-Curb and Door-to-Door
15. Disaster Recovery
16. Document Retention
17. Driver Retraining – Wheelchair Securement
18. Encrypting PHI Information
19. Entering Facility Information in the Database
20. Escalation Calls
21. Facility Database Management
22. Facility Services Website–Administrator User Request
23. Facility Services Website – Filing an Administrator User Form
24. Fax Server – Maintenance
25. Fax Server – Single Trip Requests
26. Fax Server – Standing Order Requests
27. Fax Server – Trip Verification Report
28. Financial Incentives
29. Headset Repair & Replacement
30. HIPAA Confidentiality
31. Holiday Cancellations
32. Holiday Schedule Editor
33. Telephone Interpreter Services
34. Licensed Staff
35. LogistiCAD NextGen Address History
36. LogistiCAD NextGen Address Override
37. LogistiCAD NextGen Call Text Script Box
38. LogistiCAD NextGen Denial Requirements
39. LogistiCAD NextGen Documentation Requirements
40. LogistiCAD NextGen Reading All Warning Errors
41. LogistiCAD NextGen Single Fax Trip Request
42. LogistiCAD NextGen System Unavailable
43. LogistiCAD NextGen Time Format

44. Manager Complaint Review Process
45. Member Rights
46. Member Services Website Internal Process
47. Members with the Flu
48. Monitoring Network Capacity
49. Music On Hold Systems
50. Non-Discrimination
51. OIG, SAM, and Applicable State Exclusion List Credentialing For Transportation Provider Drivers
52. OIG, SAM, and Applicable State Exclusion List Screening Policy and Procedure
53. OIG, SAM, and Applicable State Exclusion List Credentialing For Provider Owners And Entities
54. Operational Emergency Events
55. Performance Appraisals
56. Policy and Procedure Oversight
57. Preventing and Detecting Fraud, Waste, and Abuse
58. Proposal Development and Review
59. Regulatory Compliance
60. Reporting Tier I Complaints to the Legal Department
61. Resolving Fax Server Transmissions
62. Senior Clinical Staff Person
63. Service Animals
64. Staff Training
65. Subcontractor Education, Training, and Oversight
66. TTY Access
67. URAC Training
68. Video Surveillance
69. WeCare Management
70. Workplace Threats

B. Common Policies

This section contains a list of Common Policy and Procedures. The following policy and procedures are included:

1. Additional Passenger, Escort and Attendant Request
2. Confirming Urgent Appointments Co-payment Requirements
3. Correcting Member Information in LogistiCAD
4. Covered and Non-covered Services
5. Document Retention
6. Emergency Medical Services
7. Eligibility Determination
8. Entering a Complaint in LogistiCAD NextGen (CSR)
9. Entering a Complaint in LogistiCAD NextGen (Care Team)
10. Equipment and Supply Request
11. Handling a VIP Member
12. Lab Work and X-Ray Requests
13. Levels of Service
14. Mass Transit Screening
15. Mileage Reimbursement
16. Multiple Leg Trip
17. Multiple Passengers
18. Notice Requirements
19. Sleep Study Reservation
20. Staff Training
21. Telecommunication Relay Services
22. Transport To/From/Between ER
23. Transport To / From / and Between Nursing Home
24. Transporting Newborn Babies
25. Transportation Requestor

C. Credentialing Policies

This section contains a list of Credentialing Policy and Procedures. The following policy and procedures are included:

1. Attendant Credentialing
2. Attendant Training
3. Auto Insurance Requirements
4. Criminal Records of Drivers and Attendants
5. Driver Credentialing
6. Driver's License
7. Driver Training
8. General Liability Insurance Requirements
9. Motor Vehicle Records Of Drivers
10. Social Security of Drivers and Attendants
11. Vehicle Credentialing
12. Vehicle Inspection Documentation
13. Workers Compensation Insurance Requirements