TITLE PAGE

State the RFP subject, number, Vendor's name, business address, telephone number, fax number, name of contact person, e-mail address and Vendor representative(s) signature and date.

State of West Virginia
Department of Health and Human Resources
Bureau of Medical Services
Non-Emergency Medical Transportation (NEMT) Program
RFP # CRFP BMS1800000001

Access2Care, LLC
(Company)

8465 North Pima Road, Scottsdale, Arizona 85258
(Address)

Phone: (480) 606-3231/ Fax: (480) 606-3415
(Contact Phone/Fax Number)

Sven Johnson, Chief Executive Officer, Managed Transportation & Integrated Services
(Representative Name, Title)

Sven.Johnson@amr.net
(Email)


ORIGINAL
(Vendor Representative Signature)

28 September 2017
(Date)

09/28/17 10:09:42
Purchasing Division

CERTIFICATION AND SIGNATURE PAGE

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.

Access2Care, LLC
(Company)



Sven Johnson, Chief Executive Officer, Managed Transportation & Integrated Services
(Representative Name, Title)

Phone: (480) 606-3231/ Fax: (480) 606-3415
(Contact Phone/Fax Number)

28 September 2017
(Date)

DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the Contract Administrator and the initial point of contact for matters relating to this Contract.

(Name, Title)
Sven Johnson, Chief Executive Officer, Managed Transportation & Integrated Services
(Printed Name and Title)
8465 North Pima Road, Scottsdale, Arizona 85258
(Address)
Phone: (480) 606-3231/ Fax: (480) 606-3415
(Phone Number) / (Fax Number)
Sven.Johnson@amr.net
(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contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated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.

Access2Care, LLC
(Company)

ORIGINAL
Chief Executive Officer, Managed Transportation & Integrated Services
(Authorized Signature) (Representative Name, Title)

Sven Johnson, Chief Executive Officer, Managed Transportation & Integrated Services
(Printed Name and Title of Authorized Representative)

28 September 2017
(Date)

Phone: (480) 606-3231/ Fax: (480) 606-3415
(Phone Number) (Fax Number)

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EXECUTIVE SUMMARY

Access2Care LLC delighted to present our technical approach and plans to meet all requirements for West Virginia's Transportation Broker Services. Our 19 year of history of delivering successful Non-Emergency Medical Transportation programs with high satisfaction, strong compliance and stable costs, makes Access2Care the best option to deliver the Scope of Services.

In an industry that is becoming commoditized, where all brokers are often seen as just another NEMT company, Access2Care is focused on differentiation. Access2Care is uniquely qualified as a NEMT program manager in contrast to the industry norms because we are focused on creating the most superior experience for your members during the transportation portion of their benefit.

As an experienced healthcare organization managing 8.6 million trip requests annually, we have a broad view of the healthcare landscape and leverage our experience to create leading-edge improvements in the delivery of services. Access2Care is pioneering the next generation approach to healthcare transportation to profoundly improve service delivery expectations and raise the bar for member experience.

It is important to be thoughtful and inclusive when considering how to best innovate and introduce new technologies and programs to our Medicaid members. There are statistics that support the fact that many members own smart phones and are tech savvy. It is less understood how the members are actually using their phones for healthcare-related purposes. We know that people value the efficiency of technology and we see through our daily interactions that many members value personal contact with others. Because of these varied preferences, we offer a variety of solutions and access to improve the experience for every member.

Our technology offerings are secure and stable. We cautiously engage with leading organizations for their expertise in their core competencies so that we may remain focused on ours. We outsourced the development of our Driver and Member Apps, we have a national partnership with ride-share industry leader Lyft to take advantage of the efficiencies of the independent driver model while we remain focused on the critical partnerships we have with all of our providers.

We partner with the best so we can be your best partner.

Whether through our extensive care coordination services, Priority Experience Program (PEP), Lyft partnership, or technology innovations like our driver and member apps – we are different because everything we do, every day, is done with the members' experience as our main consideration. As your partner, we view ourselves as an extension of your organization. Your organizational and market goals are important to us and we will work with your national team and local plan leadership to strategize how we can uniquely work together to further enforce your commitment to improving the health and well-being of your members.

INTRODUCING ACCESS2CARE

Unique in the industry, Access2Care is part of a larger healthcare company, **American Medical Response (AMR)**, who is dedicated to investing in the future of health and wellness. AMR is the nation's largest provider of ambulance services.

Our member and patient-focused service delivery is oriented in improved experiences. We offer innovative programs for *BMS*. **We offer more than transportation. Our customizable menu of service and program options create solutions that meet your cost control and care management needs.**

As a healthcare leader, Access2Care is dedicated to the Institute for Healthcare Improvement's Triple Aim of enhancing the patient experience, improving the health of the populations we serve and, reducing the per capita cost of healthcare. We accomplish these aims through our direct work and collaboration with organizations in their own Triple Aim initiatives.

Only a system that works well for all stakeholders will be successful in West Virginia. This RFP is an opportunity to strengthen the current program and address the State's desires for correction and improvement. Therefore, throughout our proposal, we highlight our methods that will give West Virginia beneficiaries the best possible NEMT program, while meeting the required performance goals.

Our strategy melds our NEMT experience with your requirements to create a unique approach to the delivery of services. Throughout the pages of our response, you will see our strategies come to life in program adherence and enhancement to elevate services to your beneficiaries and bring satisfaction and efficiency to Department of Health and Human Resources, Bureau of Medical Services (BMS).

Key themes include the following:

ACCESS2CARE: ACCOUNTABLE AND TRANSPARENT TO WEST VIRGINIA AND PROGRAM STAKEHOLDERS

- Work closely with and establish routine communication through consistent open communication with BMS and with the establishment of ongoing NEMT Advisory Committees who membership will include community action and advocacy groups.
- Host "open houses" to invite advocacy, community, and other groups to tour our West Virginia call center and see call center customer service representatives (CSRs or Associates) at work. Of course, all such events will be held in compliance with Protected Health Information (PHI), HIPAA, and other policies protecting the rights of beneficiaries.
- Dedicate two (2) community liaisons assigned to separate regions of West Virginia to provide education, solicit ongoing on-the-ground community feedback, create solutions, and mitigate issues.
- Maintain vigorous and consistent reporting, readily accessible to BMS for analysis and data trending.

ACCESS2CARE: RESPONSIVE, RESPECTFUL, AND RELEVANT TO LOCAL CULTURE, CUSTOMS, AND COMMUNITIES

- Staff call center appropriately to sufficiently meet call demands and beneficiary needs for service fulfillment.
- Focus on ongoing training with two dedicated staff trainers providing technical, cultural and local literacy; with training and monitoring directly tied to the key performance requirements.
- Create an advisory group comprised of local program beneficiaries to help employees orient to local culture and customs.
- Recruit and retain qualified and quality transportation providers for the network, treating them with respect so that they, in turn, respect the dignity of beneficiaries and carry out our culture of care.

- Establish outreach to health care providers through our Community Liaison and Care Coordination teams, with focus on beneficiaries who are high risk and have recurrent trips, such as those undergoing dialysis and chemotherapy.
- Establish community and transportation provider advisory committees as open forums to share information, data, concerns, questions, and suggestions.
- Manage after hours and urgent needs through the local West Virginia call center with around- the-clock (24/7/365) operations.

ACCESS2CARE: RELIABLE

- Implement innovative transportation solutions that improve on time performance.
- Reduce transportation provider no-shows and improve beneficiary satisfaction.
- Increase responsiveness to urgent needs with 24/7/365 operations and policies to manage urgent requests effectively.

ACCESS2CARE: ACHIEVING, VALUE, QUALITY, AND COMPLIANCE

- Extend our high operational standards by using our history of URAC accreditation to design operations. Within 90 days of operational start date, we will apply for URAC accreditation for our West Virginia location, as we have successfully completed in all other Access2Care sites nationwide.
- Maintain low complaint rates. Access2Care consistently maintains 99.8% complaint free transports (measured as number of complaints/completed transports), one of the lowest complaint records of any broker in the country.
- Use our proven complaint management and resolution process to promote satisfaction, quality improvement, and transparency.
- Implement policies, processes, and procedures that monitor and mitigate fraud, waste, and abuse (FWA) throughout the program.

ACCESS2CARE: VALUING AND FOSTERING POSITIVE PARTNERSHIPS

- Develop strong and positive relationships with transportation network providers, with open communication and respect for their "rubber-meets-the-road" perspective.
- Engage and embrace community relationships with healthcare providers and stakeholder groups.
- Dedicate field-based staff of Network Specialists who be the primary points of contact for day-to-day transportation provider needs. In addition to initial credentialing and annual inspections, Network Specialists will provide ongoing training, troubleshooting and represent the perspective of the providers back to Acces2Care.
- Pledge fair treatment and rapid compensation for transportation providers. Access2Care knows provider businesses deserve fairness and efficiency, as reimbursements and payments affect operational cash

flows. Our clean claim payment process is quick and transparent— providers can track the progress from submission to receipt of payment.

- Assign trips fairly and responsibly so that quality transportation providers can enjoy a beneficial relationship with BMS' program. Transportation providers will receive consistent volume of trip assignments, aligned with demand for services and agreed upon geographical service area.
- Assure the BMS, with every interaction, of the value of partnership with Access2Care, proven through our history of excellent relationships with regulators. Access2Care E will be available, accessible, and responsible. Onsite BMS personnel will be welcome to participate in meetings, have open and ongoing communications with Access2Care staff, and witness the progress of management through call center shadowing and ride-a-longs.

ACCESS2CARE: VERSATILE

Access2Care has experience, financial strength, and flexible, innovative solutions that address the cost and quality challenges faced by managed care organizations. This makes Access2Care the natural partner to handle NEMT services. Access2Care is capable of serving West Virginia's membership populations in full compliance with all state and federal regulations applicable to your multiple business lines.

ACCESS2CARE: OFFERING RIGHT-FIT INNOVATION AND TECHNOLOGY

In addition, we offer right-fit innovation and technology that improves the transportation experience for your members. These include the following advancements:

- Mobile Technology
  - Member App
  - Driver App
- Business-to-Business (B2B) EDI Data Exchange
- Flexible Network Program (FlexNet)
- Web-based Functionality
  - Client Portal
  - Online Ordering
- Priority Experience Program (PEP)

We are pioneering innovative delivery models that improve member experiences. We believe that delivering significantly more reliable, more transparent, more efficient NEMT services can result in reduced grievances, improved healthcare outcomes, and lower healthcare cost.

Throughout our organization, everyone from our Member Service Centers' personnel to our care coordinators are dedicated to providing ***a member-first experience every day***, and to continuing to leverage technology to enhance those experiences. Our partnerships result in excellent outcomes for all stakeholders in reduced costs, high satisfaction rates for members and excellent relationships with the community. It would be our honor to begin a mutually beneficial partnership with you and your members.

We share your vision of improving quality of life and caring support networks for your members. We pledge accountability, innovation, transparency, and mutual responsibility as a partner.

ATTACHMENT A: VENDOR RESPONSE SHEET

Within the attached response sheet (Attachment A: Vendor Response Sheet), provide the following: firm and staff qualifications and experience in completing similar projects; references; copies of any staff certifications or degrees applicable to this project; proposed staffing plan; descriptions of past projects completed entailing the location of the project, project manager name and contact information, type of project, and what the project goals and objectives were and how they were met. Additionally, the Vendor will describe the approach and methodology proposed for this project. This will include how each of the goals and objectives listed is to be met.

Section 4 - Vendor should provide a response to Subsection 3

SECTION 4, SUBSECTION 3

Provide a response regarding the following: firm and staff qualifications and experience in completing similar projects; references; copies of any staff certifications or degrees applicable to this project; proposed staffing plan; descriptions of past projects completed entailing the location of the project, project manager name and contact information, type of project, and what the project goals and objectives where and how they were met.

Vendor Response:

Access2Care manages more than 8.6 million trip requests annually, for millions of members through 32 contracts with states and managed-care organizations. We are precluded from providing specific data about our clients per agreements with them that prohibit sharing this type of information even after the contracts end. Confidentiality provisions bar us from sharing information, data, or metrics about our work with plans' members. This includes information on population served, average number of trips provided per month and average number of unduplicated individuals served per month. We protect data confidentiality for all partner plans. For all references listed in our response to *Section 4, Subsection 3.2*, our services are provided timely and within budget and we serve as the primary contractor. All references are for NEMT services. We can provide more references upon request.

Detail information on our staff and their qualifications can be found in our response to *Section 4, Subsection 3.1.*

SECTION 4, SUBSECTION 3.1

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.

Vendor Response:

Access2Care will employ expert personnel who will be dedicated to improving the quality of services, enhancing the relationships with transportation providers, and ensuring a responsive management team. We specialize in hiring quality employees who understand that the key to operating a successful transportation program is to form a strong and trustworthy relationship with the funding agent. You can be assured that the entire Access2Care team will not only have years of directly relevant industry experience and strong leadership skills, but will also be highly responsive to your needs.

Access2Care, upon contract award, will conduct an executive search to hire a Project Manager who meets the requirements and approval of BMS. Gregory Scott, Access2Care Regional Director and our regional human resources experts will lead our search. Mr. Scott has a vast amount of experience, as you will find in his resume

included in **Exhibit 1** of this proposal. Details on other Key Personnel experience and qualifications are included in the following *Section 4, Subsection 3.1.1*. Access2Care will not use subcontractors for project organization and staffing. We do not, subcontract critical administrative functions, preferring to have close accountability for performance.

The Vendor's proposed staffing plan should include the following components:

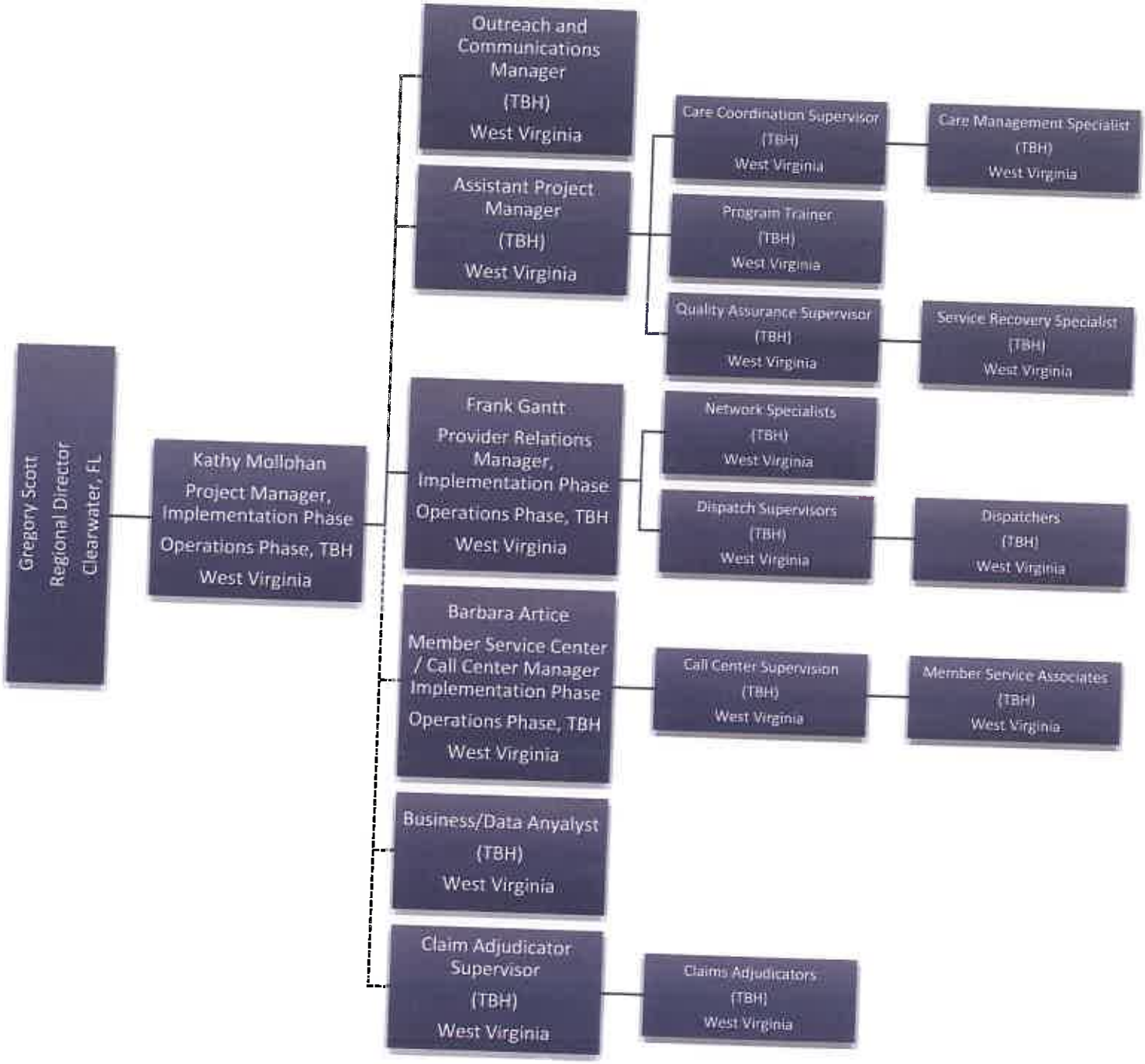
Section 4, Subsection 3.1.1

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. Vendors may submit separate organization charts for each phase of the project (Implementation, Operations, Close-Out and Turnover).

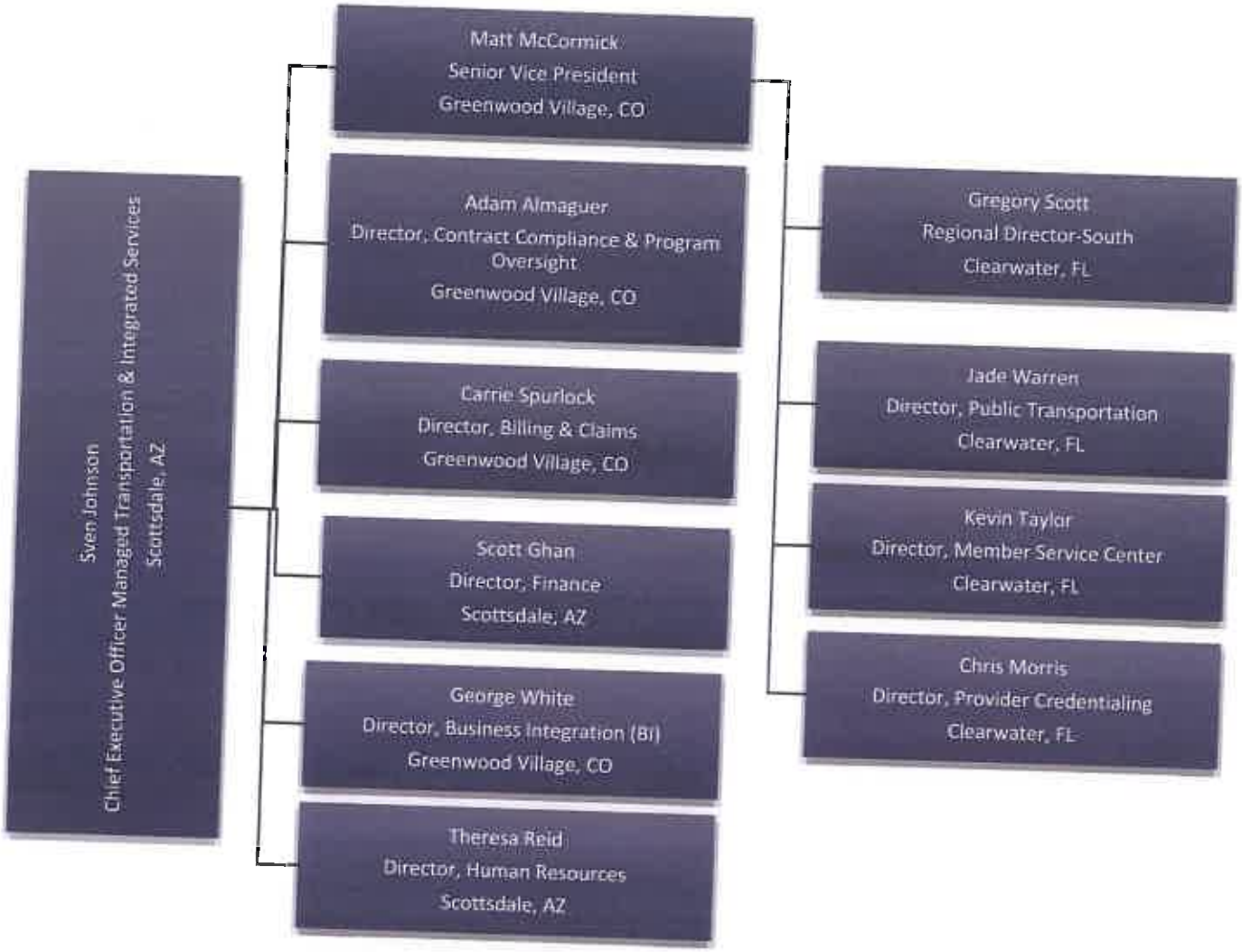
Vendor Response:

Access2Care's organizational charts showing the structure of the proposed brokerage staffing plan, operational units and their geographic locations are included below. They illustrate our national resources that support our regional and community based teams as well as our West Virginia staffing plan.

West Virginia Team



National and Regional Support for West Virginia



As a national partner, we understand the complexities of processes that govern the success of NEMT programs such as necessary professional administrative talents including EDI and technology expertise, claims payment, QA/QI support, public transit professionals and human resource managers. We invest in the national support and talent to manage the critical administrative functions you need. We are committed to improving services for BMS and your beneficiaries and our leaders are ready to assist.

Section 4, Subsection 3.1.2

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

Vendor Response:

Implementation Phase

Access2Care has a proven implementation methodology that is supported by dozens of on-time and on-budget implementations, including state-Medicaid specific. The methodology is adaptable and flexible in order to

respond to the unique challenges present in each state. In each program, we implemented local customer service centers, hired local staff, and provided education to beneficiaries, medical facilities, and the surrounding community. We have more than adequate financial resources and utilize them when necessary to invest in additional personnel or resources beyond the initial scope in order to ensure quality and safety. To ensure a smooth implementation on behalf of our clients, we have developed and continually refine a comprehensive implementation plan, which includes key tasks and subtasks along with a detailed schedule for completion.

Staffing during this phase of the contract will be:

- Sven Johnson, Chief Executive Officer– 15%
- Matt McCormick, Senior Vice President – 80%
- Gregory Scott, Regional Director—90%
- All Other Staff Assigned to West Virginia 100%

Operations Phase

Access2Care has the proven experience and ability to manage a high-performing NET Program for BMS. We strive to deliver timely, safe, and appropriate transportation with minimal complaints at a sustainable price. We will thoroughly analyze all service areas of West Virginia and each diverse population to create a customized program for the BMS.

Staffing during this phase of the contract will be:

- Sven Johnson, Chief Executive Officer – 1% to 5%
- Matt McCormick, Senior Vice President – 10%
- Gregory Scott, Regional Director—25%
- All Other Staff Assigned to West Virginia - 100%

Turnover Phase

In the event of turnover, we will facilitate a seamless transition focused on minimizing service disruption for beneficiaries and in compliance with this RFP. To ensure a smooth transition, we will develop a systematic schedule of tasks much like the implementation plan. Each task will have an assigned owner to ensure its completion and report on its status. We will provide the incoming transportation manager with necessary support to transition the program responsibly. We will work with the Department and the associated Successor to turn over records and information in a manner that is best for all parties.

Staffing during this phase of the contract will be:

- Sven Johnson, Chief Executive Officer – 1% to 5%
- Matt McCormick, Senior Vice President – 15%-25%
- Gregory Scott, Regional Director—25%
- All Other Staff Assigned to West Virginia - 100%

Operations Phase

Access2Care will employ a sufficient number of trained and experienced staff to perform the services required under the Contract, including staff experienced in communicating with medical personnel. Our management staff will be experienced in staff development and training, supervision of staff, development and implementation of operations, development and revision of policy and procedures, planning, and beneficiary and Provider relations, and who have good communications skills, and possess innovative problem solving skills. In addition, Access2Care will employ staff who are able to provide daily on-site data systems support, perform report development and analysis, and perform all required Information System function.

Following is a staff table of our West Virginia operations staff. All required staff positions below will be Full Time and 100% dedicated to West Virginia operations.

Position and Location	Staff Member	Staffing	Role & Responsibilities
Project Manager Based in West Virginia	Kathy Mollohan Implementation Phase Operations Phase To be Hired (TBH)	**1 FTE**	Locally based program oversight, attends local meetings with the BMS, counties, social services, and ensures quality and compliance of program management. Manages day-to-day operations, and executes and implements the business strategy. Responsible for ensuring internal and external customer satisfaction and positive community relations through the delivery of timely and appropriate medical transportation services. Leads West Virginia based team to deliver success for all stakeholders. The Project Manager is the principal interface between Access2Care and the BMS.
Assistant Project Manager Based in West Virginia	TBH	**1 FTE**	Provides backup for Project Manager. Provides overall management/oversight of the transportation network to include training, credentialing, and contract management, as well as the delivery of high quality transportation services. Reviews provider performance and helps to develop and implement tactics that improve on-time performance and minimize provider no-shows.
Provider Relations Manager Based in West Virginia	Frank Gantt Implementation Phase Operations Phase, TBH	**1 FTE**	Locally hired individual; provides ongoing recruitment, credentialing, needed support to transportation providers to ensure safety and contract compliance; facilitates provider education, oversees claims processing, safety and quality.
Network Specialist Based in West Virginia	TBH	**2 FTEs**	These Network Specialists provide regular inspections of provider vehicles to assure compliance with Department and Access2Care requirements. They review provider training and credentialing policies. They assist with complaint and grievance resolution. They coordinate contracting, policy education and performance reviews with their respective providers.
Outreach and Communications Manager Based in West Virginia	TBH	**1 FTE**	Coordinate with BMS. Point of contact for reporting requests and other service and performance-related inquiries. Will routinely monitor performance trends to help ensure expectations are met.

Position and Location	Staff Member	Staffing	Role & Responsibilities
			Manage all outreach and community connections with the healthcare provider community. This personnel will provide and review flash or performance status reports at periodic meetings with BMS at a frequency that is convenient. Help with training on your customized A2C System client portal.
Member Service Center /Call Center Manager Based in West Virginia	Barbara Artice Implementation Phase Operations Phase, TBH	**1 FTE**	Provides oversight and leadership of all call center operations, ensuring excellent service, adherence to protocols and contract compliance.
Member Service Center /Call Center Supervisor Based in West Virginia	TBH	**2 FTE**	Organizes and directs the daily activities of the call center's operation. Manages, trains, and guides Member Service Center Associates (Associate) or Customer Service Representatives (CSR) to execute their tasks. Monitors agents, calculates call center performance, and analyzes reports. Prepares and assists in the development of schedules to control adequate staffing levels.
Member Service Center Associates / Customer Service Representatives (Associates) Based in West Virginia	TBH	**33 FTEs** Mix of full and part-time employees to optimize staffing according to demand.	Will hire locally to ensure optimal cultural and regional literacy. Provides friendly, professional customer service with every call. Serves as the public "face" of Access2Care. Also, will be able to communicate with culturally diverse populations with sensitivity and active listening. Will be solution-centered, active listeners. Strong focus on accuracy and compliance to programs.
Business/Data Analyst Based in West Virginia	TBH	**1 FTE**	Oversees all responsibilities related to encounter data, transportation provider payment, including quality control of all claims activities, as well as billing for State and commercial Medicare and Medicaid non-emergency transportation contracts. Assists with analysis, development, and coordination of business, claims management, contractual rules, and data for West Virginia. Provides ongoing translation and support of internal and external customer expectations through business rules and data management.
Care Coordination Supervisor	TBH	**1 FTE**	Provide one on one expertise and direct contact for all long distance inquires, and arrangements. Promote continuity of care and cost-effectiveness by developing and maintaining solid relationships with third party vendors for long distance services. Expand the network of long distance vendors to provide high quality service locally and outside of the state . Integrate functions of case management, utilization review and management.
Care Management Specialist Based in West Virginia	TBH	**1 FTE**	Manage recurring, short notice and future trip scheduling. Troubleshoots and problem solves transportation issues with healthcare facilities and health plan personnel confirm eligibility, determining transportation requirements and mode of transportation.

Position and Location	Staff Member	Staffing	Role & Responsibilities
Program Trainer Based in West Virginia	TBH	**1 FTE**	Manage, train and guide Call Center Associates to execute their tasks effectively and with superior Service. Complete monthly quality monitoring of CCAs. Assist with knowledge and understanding of NEMT program.
Quality Assurance Supervisor Based in West Virginia	TBH	**1 FTE**	Specially trained quality staff member that handles all complaints from stakeholders and is well-trained in complaint intake, investigations and appropriate resolutions.
Service Recovery Specialist Based in West Virginia	TBH	**1 FTE**	Directly resolves customer complaints. Monitors the types of complaints and quantity received. Resolves all complaints within established time frames while ensuring strict adherence to corporate compliance and federal HIPAA regulations.
Network Specialists Based in West Virginia	TBH	**2 FTEs**	Recruit, credential, and monitor transportation network. Provide training and support to Transportation Providers. Complete onsite and roadside observations. Maintain current network provider information in A2C System to maximize transport capacity and minimize errors.
Dispatch Supervisors Based in West Virginia	TBH	**2 FTEs**	Oversee Dispatchers. Manage and confirm trip scheduling and appointments. Troubleshoots and problem solves transportation issues. Aids Dispatchers determining transportation requirements and mode of transportation.
Dispatchers (appointment verification staff) Based in West Virginia	TBH	**7 FTEs**	Liaison with network Providers for scheduling urgent trips. Verify appointments.
Claims Adjudicator Supervisor Based in West Virginia	TBH	**1 FTE**	Oversees Claims adjudicators staff as they reviews submitted documentation for personal mileage reimbursement and volunteer drivers. Answers questions related to billing for providers.
Claims Adjudicators Based in West Virginia	TBH	**5 FTEs** Mix of Full and Part time based on demand	Reviews submitted documentation for personal mileage reimbursement and volunteer drivers. Answers questions related to billing for providers.

Section 4, Subsection 3.1.3

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.

Vendor Response:

Job descriptions and requirements for our Member Services Center staff are included in our response to *Section 4, Subsection 3.1.2.* All center staff will have a minimum high school diploma or equivalent certification and all management staff will possess a bachelor degree and at least two years' applicable experience.

Acces2Care will hire, place, and train, required Member Services Center leadership and operational staff and train the new team in the processes required to create and manage NEMT trips. Our Center leadership team will be fully trained in all policies and procedures, as well as performance and customer service expectations, via our national Member Services Center training and leadership team who will be on site before, during, and after the

operations start date. This training process will include a pre-launch live call operation period where we will train our staff to handle NEMT calls in a live environment. This live call process will prepare our West Virginia Team to be fully dedicated to handling calls upon go live.

Section 4, Subsection 3.1.4

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.

Vendor Response:

Resumes of the proposed Project Manager, Assistant Manager, Provider Relations Manager, Outreach and Communications Manager, Member Services Center management staff, and other key management staff members are included as **Exhibit 1**. These team members will be directly involved in program implementation and management. Roles, responsibilities, and skills for these team members are included in our response to *Section 4, Subsection 3.1.2*.

Section 4, Subsection 3.1.5

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, 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.

Vendor Response:

Please see **Exhibit 1** for resumes of key management staff members. An overview of our national and regional management support team is included in our response to this section.

Section 4, Subsection 3.1.6

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.

Vendor Response:

All proposed 65 members of Access2Care's West Virginia team will be based within the State and supported by our national and regional teams.

Our goal is to develop and assign a strong local team that is familiar with West Virginia and focused on creating great member experiences in the area. To increase collaboration and program coordination, the majority of our team will be local and permanent staff. We support a local staff that is closely aligned to sharing knowledge and history to the benefit and continuity of the State's program.

Access2Care does not intend to employ subcontractors for this project because we have in-house resources to meet all required contract tasks and deliverables and we believe the use of subcontractors tends to blur the lines of authority/responsibility. If at some time in the future, Access2Care elects to subcontract some of our responsibilities, we will submit to BMS the following information:

- Name, address and telephone number of the subcontractor(s);
- Specific tasks for each subcontractor(s);
- Percentage of performance hours intended for each subcontract;
- Total percentage of subcontractor(s) performance hours.

Section 4, Subsection 3.1.7

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.

Vendor Response:

The Access2Care Human Resources team addresses staff retention and turnover through recruiting and retention programs. We are proud of our high retention rates; a large percentage of our staff have a long tenure with Access2Care. Access2Care assumes all costs associated with our retention and continuity programs.

Our workforce management system and experienced Workforce Management Administrator improve our scheduling efficiency and effectiveness. Employees are given more control over their work schedules, resulting in increased employee satisfaction and improved morale, which leads to better customer service.

Access2Care knows that the better educated and trained the employee is, the better the employee's performance will be. This results in greater job satisfaction and improves retention, an area on which Access2Care places a great deal of focus and emphasis. High quality training also greatly contributes to higher stakeholder (BMS, members, and providers) satisfaction with our overall performance.

Access2Care is a firm believer in career development opportunities for employees at our Member Service Centers located across the U.S. We have a career path program in which employees can receive promotional opportunities within the organization based on their performance. These positions prepare our service center Associates for advancement through the organization, while providing the necessary skills and training to ensure they are providing best in class service.

We also invest in employee benefits that aid in retention and continuity. We're in the business of helping people, so we know how important the right benefits are to our team members. Access2Care offers a comprehensive benefits package with flexibility and freedom of choice.

Benefits help our employees take care of their own needs and help them protect themselves and their families. Our benefits packages give additional financial security and peace of mind. Current offerings may include the following:

- Medical, Dental and Vision Care
- Basic and Supplemental Employee Life Insurance
- Supplemental Spouse and Dependent Life Insurance
- Basic and Supplemental Accidental Death and Dismemberment Insurance

- Flexible Spending Accounts
- Short-Term and Long-Term Disability
- Employee Assistance Program
- 401(k) Retirement Plan with a Company Match
- Voluntary Benefits (Banking, Legal, Auto, Home, Cancer, Accident, Short-Term Disability and Hospital Confinement)
- Tuition Reimbursement (In Most Locations)
- Paid Time Off
- Holiday Pay
- Employee Discount Programs
- Career Development
- Leadership Development

In addition, we offer numerous employee discounts that improve the quality of lives for our employees. Discounts vary and cover categories such as automotive, banking, education, entertainment, fitness, shopping, and technology. From gym memberships to family vacations or from vehicle purchases to continued education, our employee discount program offers true value to the financial and physical wellness of our teams.

We focus on developing a workforce that mirrors the communities that we serve. Our success in rendering patient care and serving those communities is a credit to the efforts of our diverse global workforce. We are committed to investing in our team members and celebrating the myriad of cultures, lifestyles, experiences, and ideas they have to offer our organization, our clients and our patients.

We are proud to be an employer that champions diversity and inclusion, as reflected in our Code of Business Conduct and various other policies. We believe our team members are our greatest strength and that each individual contributor is an integral part of our success. It is to that end that we embrace diversity. We hope you will consider becoming part of our hard-working, diverse global workforce today.

Our team members participate in the communities where we live and work. Because of our dedication to serving various communities, we focus on having a workforce that mirrors the communities that we serve. Our success in rendering patient care and serving communities is due to the efforts of our global, diverse workforce. We are committed to investing in our team members and celebrating the myriad of cultures, lifestyles, experiences, and ideas they have to offer our organization.

We respect, value, and welcome diversity in our workforce, as well as in our customers, suppliers, and the global marketplace. Our policy is to provide equal employment opportunities for all applicants and team members.

We do not discriminate on the basis of race, color, religion, sex, national origin, ancestry, age, disability, veteran status, marital status, gender identity or sexual orientation. This policy applies to all aspects and stages of employment from recruitment through retirement.

Access2Care is proud of its commitment to affirmative action. As an affirmative action employer, we recognize that our success depends on the development and use of the full range of affirmative action programs. Through administration of these programs, we intend to ensure that all people of all backgrounds are included in our workforce.

Our long-standing Open Door guidelines encourage team members at every level, regardless of their title or role, to raise issues and to expect a timely response and resolution.

Section 4, Subsection 3.1.8

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.

Vendor Response:

To assure our Member Service Centers, which handle member request, are adequately staffed, Access2Care invested over $1 million in a workforce management system and hired an experienced Workforce Management Administrator. Together these resources improve our scheduling efficiency and effectiveness for our clients. By using predictive modeling, the software allows to improve staff scheduling to closely follow unique call patterns by hour of day, day of week. As a result, we are better prepared to achieve consistent speed of answer with low abandonment rates, even during high volume times. With more efficient scheduling, responsive to system need, we are well prepared with required staff to handle incoming call spikes, before they happen, by maintaining appropriate staffing levels and planning ahead to achieve contract requirements. In addition, employees are given more control over their work schedules, resulting in increased employee satisfaction and improved morale, which leads to better customer service. We estimate total Call Center Associate staffing across all shifts and services, to be approximately 33 FTEs.

We use our workforce management methodology to staff to meet demand. Our continual review of staffing levels ensures appropriate staffing without overages or deficiencies in coverage. As a result, our Member Service Centers are responsive to all requests, exceeding requirements. In fact, 90% of all transportation requests are confirmed on the member's first call. Access2Care will acknowledge trips with the beneficiary at trip request. For trips that are not approved, i.e. validation of eligibility.

We are also able to capture data on the number of Associates online at any given time. Our IEX Workforce Management System records number of available Associates by time of day or hour of day. This information helps us determine trends in Call Center volume that aid in setting and maintaining schedules for Member Service Center staff.

Backup Staff

Our backup staff is selected based on qualifications that meet the needs of the West Virginia program and the standards of excellence required by Access2Care. We have included the employment of primary and backup staff as part of our overall staff recruitment plan. The tasks associated with process are described below and included in our Implementation Plan.

Our implementation plan also covers all tasks and subtasks needed to successful recruit, hire, orient, and train staff. Our plan shows the detailed steps we will take to ensure all staffs are hired as outlined in the RFP, including

required background checks. As noted on the implementation plan, we will also track progress by job classification throughout the process.

Our backup personnel plan for our local team leadership follows.

Position	Backup Personnel
Project Manager	**Assistant Project Manager** Gregory Scott, Director of Operations, South Region
Assistant Project Manager	Project Manager Gregory Scott, Director of Operations, South Region
Member Service Center / Call Center Management Staff	Kevin Taylor, Director Member Service Center
Provider Management Staff	Chris Morris, Director Network Development Provider Management Team-Central Region
Vehicle Inspection Staff	Chris Morris, Director Network Development Vehicle Inspection Staff and Network Specialists-Central Region
Call Center Staff	Please see below.

We will manage member requests for service through a dedicated team in our Member Service Center in West Virginia. Our dedicated Member Service Center Associates will focus on the needs of members during business hours.

Our 24/7/365 "hub" structure provides several layers of backup and redundancy and is comprised of three national Member Service Centers that are located in three different time zones.

- St. Louis, MO Office: 2500 Abbott Place, St. Louis, MO 63143
- Boise, ID Office: 370 N. Mitchell St, Boise, ID 83704
- Clearwater, FL Office: 16331 Bay Vista Drive, Clearwater, FL 33760

We also manage a Member Service Center in Houston, Texas and operate additional offices that provide locally based support to specific regions:

- Houston, TX: 7509 S. Freeway, Houston, TX 77021
- Des Moines, IA Office: 5800 Fleur Drive, Suite 231, Des Moines, IA 50321-2854
- Portland, OR Office: One SE 2nd Ave., Portland, OR 97214

Each member of our local operations will have the ongoing support of our regional and national leadership. This support team will be available when additional resources are needed. Additionally, this team will have roles in the implementation of the contract, ensuring familiarity and continuity of duties, as required.

Our backup personnel plan for regional and national leadership follows.

Key Team Member	Title	Backup Staff
Sven Johnson	CEO, Managed Transportation & Integrated Care Services	• Matt McCormick, Senior Vice President
Matt McCormick	Senior Vice President	• Sven Johnson, CEO, Managed Transportation & Integrated Care Services
Gregory Scott	Regional Director, South Region	• Scott Anderson, Regional Director, Central Region • Matt McCormick, Senior Vice President

Key Team Member	Title	Backup Staff
Scott Ghan	Director of Finance	• Michal Greenwalt, Finance Manager • Ron Concepcion, Senior Finance Analyst
Kevin Taylor	Director, Member Service Center	• Center Managers: • Barbara Artice • Kim Barron • Emilio Ramirez • West Virginia Center Managers
Chris Morris	National Director of Network Management	• Ushir Patel, Credentialing Manager • Frank Gantt, Provider Network Manager • Marc Ervin, Operations Manager
Kathy Mollohan	Director, Client Services	• Account Manager (to be hired) • Care Coordination Supervisor (to be hired)
Adam Almaguer	Director, Contract Compliance and Program Oversight	• Emily Mims, Project Manager
Emily Mims	Implementation Manager	• Adam Almaguer, Director, Contract Compliance and Program Oversight
Carrie Spurlock	Director of Billing and Claims	• Tracie Gauthier, Billing Supervisor
George White	Director of Business Integration	• Shawn Seewald, Manager of Business Integration
Jennifer Relfe	Director, IT-Software Development	• David Kleinman, Vice President IT Site, IT / Telecom
Jade Warren	Director, Public Transportation	• Jason Direnno, Manager, Business Integration
Tonya Specht	Director, Human Resources	• Mary Beth Davenport, Manager, Human Resources
Jack Gojan	Business Integration Analyst	• Michael Stagg, Associate Business Systems Analyst • Additional support, as needed, from George White and Shawn Seewald
Shawn Seewald	Manager of Business Integration	• Jason Direnno, Manager of Business Integration
John Yeast	Senior Information Technology Manager-Field Operations	• Michael Mooter, Director, IT Sites

Section 4, Subsection 3.1.9

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 (ie. Certifications, training programs, formal education programs at a University or Community/Technical College). The Vendor is to assume all cost associated with referenced programs.

Vendor Response:

Personnel Recruiting

Personnel recruiting will be managed by Access2Care's Human Resources team, and will be based on the job descriptions and number of hires provided by the West Virginia Director of Operations. The job descriptions and number of hires will be finalized in the first task upon consultation with the Department officials and revision of the project work plan. Once the list is finalized, our HR staff will commence interviewing for local positions and authorizing transfers for internal Access2Care staff.

It is Access2Care's intent and desire to continue any recruitment efforts within the local area for all positions. Studies show that a percentage of West Virginia's recipients of Temporary Assistance for Needy Families actually find employment before their benefits end. Access2Care will solicit job applicants from the WV WORKS program. Access2Care will also advertise in the local media to broaden the application pool.

All staff are screened to ensure that they meet our strict requirements and are in compliance with all state and federal regulations. Upon hiring, the staff attends an orientation seminar introducing them to Access2Care, their Department, and their role in the program. After orientation, all staff members receive training specific to their job function.

Orientation and Training for Personnel

The Access2Care training program emphasizes high quality customer service and we will train all staff to ensure West Virginia contracted services are delivered respectfully and in a timely manner. Our comprehensive orientation and training program produces highly qualified Associates who excel in all areas of customer service. Our trainers will oversee and support all training goals and initiatives. Overall goals include the following:

- Provide a structured Quality Assurance / Quality Improvement Program that includes checks and balances to monitor the success of the training program and the Associates
- Ensure new trainees, upon completion of training, are capable of executing tasks, roles, and responsibilities with a positive impact on the daily operations of the Member Services Center
- Produce a highly and positively motivated employee capable of meeting or exceeding standards of performance required
- Coordinate all performing provider claims in a prompt and efficient manner

More specifically, our training program goals are to achieve the following:

- Develop a comprehensive understanding of Access2Care
- Learn and understand program transportation terminology and its application
- Provide a comprehensive background in customer service as it applies to communications
- Provide a comprehensive background in telephone etiquette and telephone procedures
- Give the trainee the tools to efficiently and compassionately process calls from start to finish
- Instruct the trainee on the A2C System software functions by providing step by step instructions to facilitate understanding of the software
- Instruct the trainee on fundamental Call Center operations
- Give the trainee the tools to succeed
- Provide the trainee with the tools necessary to process provider claims and point out key indicators needed for proper reimbursement.

Our trainers will be responsible for all operations training. They will have an integral role in the onboarding of employees and will work closely with our human resources staff to make sure all local, State, and contract requirements are met. In addition, they will assure curriculum, acknowledgements and certifications (if required)

are tracked for each employee in our learning management system, SuccessFactors. All new staff for the West Virginia contract will receive, at a minimum, two weeks of training by a corporate supervisor or peer to ensure personnel are trained on the Medicaid transportation program services and any other member eligibility prerequisites for covered transportation services. They will also be exposed to all departments, the functions of those departments, and how to work with the corporate office. National team members will remain on-site at our local Member Services Center to provide side-by-side training until all management personnel are proficient in their roles. Access2Care knows that the better educated and trained the employee is, the better the employee's performance will be. This results in greater job satisfaction and improves retention, an area in which Access2Care places a great deal of focus and emphasis. High quality training also greatly contributes to higher stakeholder (BMS, members, community members and providers) satisfaction with our overall performance. This management training includes approximately one day spent on each of the following modules: Supervision, Leadership, HIPAA & Protecting Health Information; Information Security and Awareness; Customer Service (e.g., Complaint Resolution), Care Management (e.g., Passenger Service and Safety Training); Coaching/Progressive Discipline; and Quality Assurance and Process Improvement.

In addition, all Member Service Center employees (including support staff) will be trained on the specific requirements of the West Virginia NEMT program. This customized training will include a review of the contract requirements and protocols; eligibility for NEMT services, West Virginia demographics requirements, standards and program rules. Once trained, refresher training for existing staff, lasting from two hours to up to one week, will be offered frequently. Biweekly teams meetings help identify new topics for trainings.

All new staff, including are trained for a minimum of two weeks by experienced Access2Care trainers and supervisors. In their third week Member Service Center staff receive side-by-side training during which they perform their actual job duties while being closely monitored by Supervisors. This promotes understanding of the NEMT protocols and experience of a live situation, ensuring our staff is fully prepared to carry out their assigned job duties. Our comprehensive Training Plan for staff, called Training Academy, is designed to achieve three key objectives:

- Provide industry leading staff
- Familiarize new staff with Access2Care and our corporate status within American Medical Response, Inc.
- Provide training through simulation, written and verbal evaluations in the following areas:
    1) Outstanding Customer Service
    2) Computer Knowledge of A2C System
    3) Avaya Telephone Operations/Telephone Etiquette (Avaya is the name of the telephone System used by Access2Care in conjunction with the A2C System)
    4) Contractual Obligations and BMS or Client Protocols
    5) Terminology
    6) Transportation Options

Access2Care staff will be able with certainty to verify and document acceptable training to BMS.

Initial new hire and ongoing Member Service Center Associate Training and Coaching will be our primary components to ensure the above scope of services are met. Access2Care's training program is focused on member-specific information, as well as on how to interact with empathy and compassion for those utilizing our services. We train our Associates to provide high quality customer service and ensure they are trained on West Virginia NEMT services and any other eligibility prerequisites for covered transportation services.

We will train our staff with a three (3)-phase approach that combines classroom and simulation training methods:

PHASE I **Classroom Training**	This phase focuses on the duties expected of our Associates, required computer skills, facilitating trip intake, and Protocols. In order to move to Phase II, trainees must pass all tests and prove their knowledge through practice situations and demonstrations.
PHASE II **One-On-One Training with a Mentor**	Throughout this phase, mentors work closely with trainees to guide and evaluate their progress. Mentors are exceptional Associates chosen for their outstanding performance and ability to lead others. To move to the next phase, the mentor must confirm that the trainee has mastered all required training criteria. If the trainee is not ready, they will have a limited amount of time to work with their mentor to refine the skills and knowledge still needed.
PHASE III **Remote Monitoring**	This final training phase combines independent work with continued mentor monitoring and guidance. This phase lasts a month and allows the trainee to gain confidence in their role, while maintaining close monitoring to allow swift correction of any errors in performance. Throughout the Access2Care Training Program, Associates are assessed and evaluated on their job performances and overall knowledge of Access2Care and program standards and requirements. To gauge the effectiveness of the Training Program, course evaluations will be completed by all trainees on a biweekly basis. We believe that feedback from program attendees is vital to ensuring that all new employees are trained in the most objective atmosphere as possible and that training is consistent from one person to the next.

Our use of e-learning/online modules, visual introductions to Access2Care via short videos and multimedia, in addition to the three phases described above, support the needs of all employees, whether their preferred learning style is visual, auditory, kinesthetic/tactile, or a mix of all styles. Social and solitary approaches, such as using icebreakers, role-playing, one-on-one individualized lesson delivery, and other team building activities are used to make the training sessions interactive, fun, and engaging, and to help employees get to know one another and build team morale.

Access2Care has founded its training approach on adult learning principles that:

- Ensure training is effective and relevant to the experience or intended experience of the adult learner.
- Engaging to ensure the adult learner retains knowledge and concepts by involving individuals in discovery and exploration rather than simply receiving information.
- Active and replicates as closely as possible the environment within which the skill or knowledge will be executed.

We invest 120 hours in new hire training over a 15-day period that includes classroom training and on-the-floor training with a mentor/trainer. The Access2Care new hire training process includes ample customer service skill

and protocol awareness training to ensure our employees are well prepared to deliver protocol knowledge requirements, high levels of customer satisfaction, and cultural sensitivity with the general public. Role playing various service and knowledge scenario's in new hire training to ensure high levels of performance and service are examples of how we deliver great service to the calling beneficiary day to day. All formal classroom training will be completed by an experienced on-site Member Service center Access2Care trainer.

For ongoing day to day quality assurance Access2Care call center operations employ a performance based "coaching culture" approach where all Associates receive ample formal and informal coaching by their immediate Supervisor. Team ratios are kept small at 15:1 to ensure quality attention and coaching can occur day to day. We conduct ongoing monthly performance update sessions, which are one (1) hour per month set aside for formal one-on-one training/coaching with each employee and their immediate manager/trainer.

Random beneficiary calls are recorded and monitored each month with a formal Call Evaluation at the Member Service Center Associate level by the immediate (owning) Supervisor to ensure they meet a high standard. These call quality scores feed into a monthly call quality evaluation document that, in turn, feeds into the annual performance review. This formal and ongoing quality assurance focus ensures quality and knowledge are maintained at the beneficiary call level day in and day out. The result is a very low call center complaint ratio that Access2Care prides itself on, with the ongoing goal of zero complaints.

In addition, we have ongoing team training blocks, which are two (2) hours per month for each employee. These training blocks emphasize quality and protocol training. Managers and trainers conduct these sessions. These sessions are also perfect opportunities to ensure "plan specific" information is distributed.

HIPAA Privacy and Security Training

Access2Care provides HIPAA Privacy and Security training to all personnel upon hire, and at least annually thereafter, with supporting documentation of the trainings for each person trained. We maintain training compliance records on each employee using an online, cloud-based learning management system tool, SuccessFactors™, to ensure training standards are met and remain current.

Cultural Competency Training

Valuing and leveraging diversity is an organizational imperative that directly and positively influences staff morale, retention, productivity, and organizational culture. This value drives our cultural competency training. All staff completes annual Cultural Awareness and Agility training, custom-designed to reflect the culture of changing demographics. We cover topics such as, Fundamentals of Cultural Awareness and Agility; Health Disparities among Underserved Communities and the Newly Insured; the Impact of Personal Culture on Communication; Strategies for working with Low Health Literacy; and Strategies for Resolving "Cultural Bumps" and Cross Cultural Conflicts. Access2Care's annual training on sexual harassment, sensitivity, and awareness, as well as our Code of Business Conduct, all contribute to a desirable, inclusive workplace, free of discrimination.

We have a standardized training program that is applied to all of our clients, and also customize to meet each specific client's protocols. This highly successful curriculum provides clear, accurate, and responsive training to our personnel.

When a beneficiary or their family member is trying to gain access to health services, every interaction matters. Just because it is not an emergency medical matter, does not mean it is not urgent and important. Ensuring members feel comfortable through superior, local customer service is important to us.

Access2Care will have a dedicated, trained and knowledgeable team located in West Virginia. The teams will contain English and bilingual staff, which will all have access to a Language Line service capable of providing interpretation services for over 200 languages. The service center will be fully staffed to service the incoming call volume within the contract requirements. The individuals interacting with members will be able to schedule transportation, access complaints and provide quality service information to members. We operate a computerized call intake system to schedule and manage all transportation requests. Through each desktop, every Associate also has access to numerous electronic training materials, manuals, policies and operating protocols that can be referred to at any time to ensure adherence to the contract or internal standards. The Access2Care training program is focused on member-specific information, as well as on how to interact with empathy and compassion for those utilizing our services. We train our Call Center Associates (Associate) to provide high quality customer service and ensure they are trained on NEMT services and any other member eligibility prerequisites for covered transportation services. The training occurs during the initial onboarding sessions and as part of an annual refresher. Additionally, training sessions are held to correct behaviors observed through the multiple quality audit processes employed. The results of the quality audit processes are tracked, trended and available for all stakeholders to review.

Our diverse, multicultural employees ensure that exemplary customer services are delivered in a culturally competent manner to all beneficiaries, including those with limited English proficiency and diverse cultural and ethnic backgrounds. For example, in all our call centers we have employees who are bilingual in English and other languages. We will recruit for employees who are fluent in Spanish, and other language spoken by a significant proportion of the beneficiaries. Regardless of the hour, Access2Care employees can access over-the-phone interpretation services in more than 200 languages, using our outside vendor, Language Line Solutions.

For callers who are hearing or speech-impaired, we use the Federal Communications Commission's 711 dialing code for access to Telecommunications Relay Services (TRS). This service permits persons to use the telephone system via text phone (TTY) or other device to place calls. We assure these callers do not spend more than three (3) minutes in queue and receive service from TTY/TDD-trained CSRs using toll-free lines.

Continuing Education Opportunities

Access2Care encourages all employees to continually enhance their skills and build the foundation to achieve greater job satisfaction and career opportunities. We offer a broad range of continuing education classes designed to enhance their experience.

External Learning Opportunities

In addition to supporting local education and development initiatives, our leadership plays an instrumental role in creating industry-leading programs to grow current and next-generation NEMT leaders.

Recognizing the importance of investing in and assisting employees who wish to expand and advance their formal education, our parent company, American Medical Response (AMR), has partnered with the University of Phoenix and other universities and advanced learning institutions to create a career development strategy for employees.

These partners offer employees a tuition discount through the partnership. We also offer tuition reimbursement for approved courses of study.

Our leadership development programs continuously evolve in response to identified new challenges facing our leaders and our employees. Today's workforce is as diverse as it has ever been and our goal is to ensure leaders have and build upon the skills necessary to effectively coach, communicate, and recognize employee efforts.

Update Training Materials

We will review our existing training materials and update the materials to reflect the NEMT program and to incorporate the specific requirements of BMS. Our training includes, but is not limited to, the following modules:

- Access2Care Corporate Orientation
- NEMT Program Orientation
- NEMT Client Rights and Responsibilities
- Program, Client and HIPAA Confidentiality and Compliance
- A2C System
- Avaya IVR Telephone System
- Call Taking courtesy
- Job Position Specific

SECTION 4, SUBSECTION 3.2

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.

Vendor Response:

It is with pleasure that we provide the following three (3) references that we have worked closely with within the last five (5) years:

State of Texas

- Start Date: 2006 to present
- Number of Medicaid members served: 3.8million for the entire state

For more than 11 years, our American Medical Response/Access2Care TxNET (Texas Non-emergency Transportation) Operation provides non-emergency medical trips for Medicaid and Medicare recipients in Texas.

The State of Texas historically has contracted directly with Regional Transportation Service Area Providers (TSAPs) to provide all Medicaid trips on a fee-for-service basis. The contracts were rebid in 2005. Access2Care submitted proposals offering the alternative concept as a Managed Transportation Broker to help contain costs through reduced fraud, waste and abuse and appropriate management of trips. The Texas Health and Human services

liked the concept and awarded Access2Care a contract to service four large regions of the State including the greater Houston area.

Over this period of time, our trip volume has ranged from 4,500 trips per day as a Transportation Service Area Provider (TSAP) to 1,350 per day as a Managed Transportation Organization (MTO). On average, we've managed approximately 3,600 trips per day for Medicaid and Medicare recipients during our years of operation in Texas.

38 Transportation Providers

600+ Vehicles

800+ Drivers

Over 11 years, we've averaged approximately **3,600** Medicaid and Medicare **transports per day** for Medicaid and Medicare recipients **in Texas.**

The TxNET Operation currently has 38 transportation providers with more than 600 vehicles and 800+ drivers covering the entire state of Texas. Our Texas-experienced team oversees all Texas transportation providers and ensures all vehicles are safe and insured and all driver background checks are completed.

Our Texas Team is Award Winning

Recently, the Texas Health and Human Services Commission (HHSC) awarded our TXNet Operations, **"The Best Texas Team,"** during a cermony honory top performing operaitons.

The HHSC held their annual Summit Austin, TX. The TxNET team attended the two-day meeting along with the other six Managed Transportation Organizations (MTO) that serve HHSC's Managed Transportation Program (MTP). Approximately forty people attended from the various MTOs and another thirty people from HHSC, the Office of Inspector General and other state agencies.

The AMR TxNET team was awarded "The Best Texas Team." HHSC recognizes one MTO as the top performing operation for this prestigious award.



AMR TxNET team members were present to accept "The Best Texas Team" award. Pictured left to right, Randy Frisina (AMR), Jason Schubele (AMR), Linh Perez (AMR), Ms. Shannon Pickett (MTP Deputy Director), Dan Cyr (AMR Director of Operations), Ms. Dimitria Pope (MTP Director), and Crystal Merlos (AMR).

In addition, meetings were held with HHSC systems staff and their IT contractor, Accenture, to review overall data systems interface and our encounter data submissions. Our acceptance rates and data processing were deemed in excellent range. As Accenture reported, our "monthly encounter data acceptance rate runs between 99.8% and 100%."

The AMR TxNET team also received acknowledgements regarding our routine financial reporting.

Our comprehensive Member Services Center, located in Houston, TX, handles intake calls to set-up trip appointments and handles "where's my ride" calls for return trips. We have a trip coordination department to

help the transportation provider network manage their trips and to process difficult-to-handle trips. These efforts result in more worry-free trips for Humana and a better experience for members.

We also provide a dedicated department to process mileage reimbursement for those members that are qualified to handle their own transportation. The department arranges all long distance trips, overnight stays, hotel reimbursement, meal reimbursement, air transportation, and mass or public transportation.

We attribute much of our success in Texas and other communities to our strong and committed partnerships with the transportation provider community and to our collaborative approach to working with customers to improve member experiences.

Contact: Dimitria Pope, MTP Director
Texas Health and Human Services Commission
1106 Clayton Ln., Ste. 430 W, MC 0209
Austin, TX 78723-1066
Dimitria.pope@hhsc.state.tx.us

State of Iowa

- Start Date: 2010--present
- Number of Medicaid members served: 220,000

In 2010 we won the contract to be the single, Statewide Medicaid NEMT broker and was given the task of transitioning the entire state from a fee-for-service program to a fully capitated model. We opened a local call center in Des Moines, Iowa with senior management who are from the State of Iowa, several weeks prior to full implementation. We experienced no delays in implementation and was fully prepared to begin services on October 1, 2010. Since then, Access2Care continues to provide services to Iowa Medicaid Enterprises – statewide residual NEMT Program.

Contact: Tim Weltzin
Iowa Medicaid Enterprise
100 Army Post Road
Des Moines, IA 50315
515-256-4633
TWeltzi@dhs.state.ia.us

Access2Care Case Study: Iowa Operations

To show our extensive experience with a state similar to West Virginia, Access2Care presents the following case study from the State of Iowa. The reason we have chosen Iowa to highlight is due to the numerous similarities to the State of West Virginia, such as:

- Large pockets of rural areas.
- Established public transportation providers and community transportation entities who were reluctant and apprehensive about the significant change in their business.
- Large percentage of family/friend mileage reimbursements.

Geography

Access2Care is the Broker for Iowa Medicaid Enterprises / Iowa Department of Human Services to provide all non-emergency medical transportation (NEMT) for Iowa Medicaid Members. Iowa is bordered on the west by Nebraska and South Dakota separated by the Missouri River. On the east is Illinois and Wisconsin separated by the Mississippi River. To the north is Minnesota and to the south is Missouri.

Topography

The State of Iowa is made up of 56,275 square miles most of which is rural agricultural communities with a total population around three (3) million. Iowa's land mass is eighty eight percent (88%) arable which is the highest percentage in the United States and thus predominately agricultural based industries throughout the state.

Population Distribution and Road Systems

The State of Iowa population is concentrated in seven main cities totaling 900,000 of the total three (3) million total population. The largest city, Des Moines, the state capital and surrounding suburbs have a population of 450,000. Iowa has a vast mileage of hard surface state and county roads with two major interstates, Interstates 80 and 35, crisscrossing the state.

Total Medicaid Eligibles

405,000 +

Location of Medical Providers

Basic medical services are available in small rural towns with more contemporary medical services available in the larger seven cities. Major hospital and specialized medical services are also available at the major Des Moines hospitals and the University of Iowa Hospitals in Iowa City. Additionally, Iowa is adjacent to the highly specialized medical services at Mayo Clinics in Rochester, Minnesota and Nebraska Medical Clinics in Omaha, Nebraska which is one of the nation's top organ transplant facilities.

Utilization Habits of Medicaid Population

With the large territory size and extensive rural population in Iowa, most of the transportation services are mileage reimbursement trips driven by the Medicaid Members, family or friends. Prior to Access2Care, the Medicaid transportation funds were disbursed at the local DHS offices. As a result of this non-structured program management, the many long mileage transports and a reimbursement rate that is mileage based, the incentive for transportation providers and Members to abuse the system was strong.

Access2Care Reforms to NEMT System

With Access2Care as the Broker for the NEMT Medicaid services, a structured program was established with specific documentation to verify transportation costs. All trips are scheduled by Iowa Medicaid Members generally three (3) business days prior to their medical appointment. For mileage reimbursement trips, copies of valid driver's licenses and proof of vehicle insurance are required prior to reimbursement. For trips that are more than thrirty (30) miles one-way and out of the county of residence, a Long Distance/Out of County form is required from the medical provider to verify 1) the medical appointment, 2) the medical provider is an approved Iowa Medicaid provider and 3) the medical provider is the closest provider for these medical services. The cost

savings to the state of Iowa are significant with the implementation of the Access2Care structured NEMT program.

Total Cost Savings for the Iowa NEMT System:

Approximately $2.1 million in savings over the course of the initial three-year contract.

Lessons Learned:

- Rural areas are difficult to coordinate transportation, but not impossible. By pooling together all available resources and offering numerous mode options, were able to overcome the previous dissatisfaction with the long-distance trips that were occurring prior to Access2Care's transition.
- The broker must build a strong and trusting relationship with the public transit providers/community providers. The local providers have an established history in the community, and by working together, the Medicaid NEMT Program can become stronger.
- Build on the friends and family mileage reimbursement program by working closely with the Medicaid agency and the individuals. One challenge that we experienced in Iowa was that within the first twelve (12) months of the new program, the mileage reimbursements diminished. Local volunteers thought they were no longer needed. We introduced, with the blessing of the Medicaid Agency, a "Registered Vehicle in the Household" program as the member's first option for trips, which has been quite successful.



IDAHO DEPARTMENT OF
HEALTH & WELFARE

Sara A Smith
Grants/Contracts Management Supervisor
Medical Care Bureau
Division of Medicaid
Idaho Department of Health and Welfare
P: 208.287.1273

State of Idaho Department of Health and Welfare

- Start Date: 2010 – 2016
- Number of Medicaid members served: 223,241

The state of Idaho's initial NEMT brokerage program went live in September 2010, on time, within budget, and with an impressively low complaint rate of 0.007%. Our Idaho call center received a perfect score in URAC Core Standards accreditation, which verifies our commitment to best practices in operational procedures and quality assurance.

By contracting with Access2Care, the state of Idaho reported savings of $500,000 in the first year, and they continue to save an estimated $50,000 per month.

Contact: Sara Stith, Medical Program Specialist, Medical Care Bureau
State of Idaho Department of Health and Welfare
650 State Street
Boise, ID 83702
(208) 287-1173; (208) 364-1811
stith@dhw.idaho.gov

SECTION 4, SUBSECTION 3.3

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
3.3. 7 Developing and managing a transportation database, including reporting and transportation utilization analysis activities.

Vendor Response:

Access2Care manages more than 8.6 million trip requests annually, for more millions Medicaid beneficiaries through 32 contracts with states and Medicaid managed-care organizations. Having provided these services for governmental agencies since 2005, we have a deep understanding and familiarity with federal requirements. In addition, we work with many Medicare Advantage plans and have substantial experience with the dual-eligible populations. We understand the differences in coverage and benefit limitations that can be applied by states without jeopardizing their matching federal funding.

The vast majority of the projects we manage provide all of the following services:

1. State Medicaid and/or other governmental NEMT programs (*Section 4, Subsection 3, Section 4, Subsection 3.2, Section 4, Subsection 4.1*);
2. Providing or Brokering NEMT or other transportation services (*Section 4, Subsection 4.11, Section 4, Subsection 4.12*);
3. Recruiting NEMT Providers (*Section 4, Subsection 4.11*);
4. Operating an automatic call distribution (ACD) system (*Section 4, Subsection 4.3*) ;
5. Staffing a NEMT or other transportation services customer service call center (*Section 4, Subsection 4.3*); and
6. Developing and managing a transportation database, including reporting and transportation utilization analysis activities (*Section 4, Subsection 4.3*).

SECTION 4, SUBESCTION 4

List project goals and objectives contained in Section 4, Subsection 4:

SECTION 4, SUBSECTION 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.

The Vendor's approach should exhibit an up-to-date knowledge and understanding of the NEMT Brokerage Program and NEMT Services in general, including the requirements of BMS Chapter 524 (http://www.dhhr.wv.gov/bms/Pages/Manuals.aspx) of the West Virginia State Medicaid Manual for Provider requirements, Chapter 27 of the West Virginia Bureau for Children and Families (BCF) Income Maintenance Manual (IMM) for member eligibility (http://www.wvdhhr.org/bcf/policy/imm/new_manual/IMManual/Manual HTM Pages/IMChapter27 .html) and 42 CFR § 440.170 (https://www.gpo.gov/fdsys/pkg/CFR-2011-title42-vol4/pdf/CFR-2011-title42-vol4-sec440-170.pdf)

Vendor Response:

Access2Care is unique in our industry. It is important that BMS selects a vendor that has a clear understanding of the overall engagement and services to be provided. Access2Care will utilize qualified transportation operators to provide the on-the-street transportation services, while providing the call intake process and the oversight of the entire program. There are many benefits to utilizing a transportation brokerage system and Access2Care is the ideal company to improve the coordination of various non-emergency medical transportation programs by implementing the benefits of a brokerage system, such as:

- Improving productivity;
- Increasing access to health care;
- Increasing the continuity of scheduling and efficiency of transports;
- Improving service quality;
- Requiring standardized training and vehicle inspections;
- Expanding services to areas with previously insufficient transportation; and
- Better accountability of costs and output.

Access2Care can provide true seamless integration of numerous different modes and providers across the state, including public transit providers, common carriers, ambulance providers, and mileage reimbursements to friends/family. There is a high probability that without true coordination of these transportation services, inherent problems can occur. Some of these issues are:

- Multiple transportation providers, each with its own mission, equipment, and potentially different eligibility criteria.
- Significant duplication of expenditures and services.
- No formal mechanisms in place for cooperation or communication among providers.
- Duplicative services in some areas of the community and little or no services in other areas.
- Substantial variations in service quality among providers
- Lack of standardized information to consumers, planners and providers about available services and costs.

In addition, the BMS staff time that is being utilized to provide information for services, conduct monitoring of the providers, dealing with complaints or service issues, reconciliation of billing, etc., could be saved by the utilization of an experienced and efficient broker. Access2Care promotes greater accountability and better data management, thereby reducing abuse, fraud and waste.

As a result of Access2Care not owning any vehicles, our company does not make decisions based on enhancing revenue at service level. We base our decisions on the most appropriate service for the client. Access2Care will contract with local transportation providers, community service organizations and public transit agencies in order to create a quality transportation network in West Virginia. Transportation companies have to undergo credentialing processes which verifies that they are correctly insured and their drivers and vehicles all meet the necessary quality standards.

Access2Care will operate a Member Services Center in Charleston, WV within 15 miles of the Bureau. We have researched the area to identify commercial real estate opportunities. We found three sites where upon notification of award we will schedule site visits and review specifications to house our operations. Each location meets our square footage estimation of 10,000 to 15,000 square feet. Our estimation is based on the number of staff we propose to meet and exceed the scope of work, and our experience in managing many successful implementations and operations start-ups nationwide. A map showing the potential office locations follows. A larger view of the map, along with overviews of each property are included as **Exhibit 9.**

Access2Care West Virginia NEMT Potential Office Locations



The Center will be staffed with highly trained Associates that will act as "gatekeepers." They do this by verifying that anyone requesting non-emergency transport is eligible under the terms and conditions of the Medicaid program. The Access2Care Associate will always ensure that each eligible member is transported to the correct covered medical service using the most appropriate and least-costly method of transportation.

By utilizing Access2Care to broker your transportation services, we will maximize the most economical modes of transportation as well as utilizing all available transportation resources in the community. Access2Care's brokered system provides improved quality while maintaining costs.

Access2Care will comply with all requirements included in Chapter 524 of the West Virginia State Medicaid Manual (titled "Chapter 524-Transportation"), Chapter 27 of the West Virginia Bureau for Children and Families Income Maintenance Manual, and 42 CFR §440.170. Access2Care understands that the West Virginia Medicaid Program is administered pursuant to Title XIX of the Social Security Act and Chapter 9 of the Public Welfare Law of West Virginia. The BMS in the West Virginia Department of Health and Human Resources (DHHR) is the single State agency responsible for administering the WV Medicaid Program. Access2Care will form a strong partnership with BMS to ensure all goals are met.

A transportation provider must meet applicable general requirements in Chapter 300, as well as all applicable Federal and State laws, regulations, and certification requirements, including those established and regulated by the West Virginia Public Service Commission (PSC) to enroll and participate in the West Virginia Medicaid Program. The provider must also meet the certification requirements of Part B of the Medicare Program. Ambulance transportation providers must be licensed by and meet the personnel certification requirements of the West Virginia Bureau for Public Health, Office of Emergency Medical Services (OEMS).

4.1.1 Appendix 1, Operational Specifications

Access2Care is able to meet or exceed all operational specifications that have been developed by the West Virginia Bureau for Medical Services ("The Agency" or "The Bureau") to describe expectations for the provision of Non-Emergency Medical Transportation (NEMT) Services.

I. NEMT Service Request Processing

Access2Care will provide screening, assignment, dispatch, payment and monitoring of NEMT requests to ensure consistent application of.

- BMS Chapter 524 (http://www.dhhr.wv.gov/bms/Pages/Manuals.aspx) of the West Virginia State Medicaid Manual for Provider requirements
- Chapter 27 of the West Virginia Bureau for Children and Families (BCF) Income Maintenance Manual (IMM) for member eligibility {http://www.wvdhhr.org/bcf/policy/imm/new manual/IMManual/Manual HTM Pages/IMChapter27 .html),
- 42 CFR § 440.170 (https://www.gpo.gov/fdsys/pkg/CFR-2011-title42- vol4/pdf /CFR-2011-title42-vo14-sec440-170.pdf).

We will also maintain compliance with,

- West Virginia Code, Chapter 46A, Art. 2A, (http://www.legis.state.wv.us/WVCODE/ChapterEntire.cfm?chap=46a&art=2A)
- West Virginia Code, Chapter 61, Art. 3C, Computer Crime and Abuse Act (http://www.legis.state.wv.us/WVCODE/Code.cfm?chap=61&art=3C#03C),
- Policies Issued by West Virginia Office of Technology, Chief Technology Officer (http://www.technology.wv.gov/security/Pages/policies-issued-by-thecto.aspx)
- The West Virginia Executive Branch Privacy Policy: Security Safeguards (http://www.privacy.wv.gov/SiteCollectionDocuments/Privacy%20Policies/6%20Security%20Safeguards%20Policy%20WVEB-P106.pdf).

Policies #203, *Scheduling Transportation Policy and # 411 Transportation Management* explain our process to screen, authorize, schedule, and assign trips to NEMT providers and communicate the information in a timely and efficient manner. Policy # 206, *Short Notice Urgent Policy and Policy #213, Cancelling Transport* cover how we manage assigning standing orders, urgent trips and re-routed and/or refused trips. Our Policies and Procedures can be found in **Exhibit 7.** Also, our narrative response to *Section 4, Subsection 4.3* Contains details on these processes.

A. Screening

Based on authorization of previous NEMT Services, Access2Care will 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 will be easily accessible by all staff via our A2C System. The rules-based

functionality of our A2C System is described in our narrative response to *Section 4, Subsection 4.3*. We will comply with The Bureau's specifications for NEMT request sreening.

B. Advance Reservations

Access2Care 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. We have processes to handle urgent requests (see above) including those that are (but not limited to) last minute, evening or falling upon weekends and/or holidays. We also have processes to adjust for scheduling changes, NEMT providers failing to arrive for scheduled pick-ups, and inclement weather situations (**Exhibit 7**).

C. Notification of Arrangements

We will 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, we will 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.

In the fourth quarter of 2017, Access2Care will launch a Member App (iPhone and Android). Members will be able to communicate to their assigned driver throughout the process. The member will be have real-time data on the driver's location, identity, and estimated time of arrival. The timing of the member app launch is deliberate. The app will be most beneficial and informational to the member once the provider app and API are in place.

Some of the key advantages of peer-to-peer technology are:

- Members will be able to verify eligibility, request transportation, schedule and cancel transport, connect directly with a preferred provider/driver, and verify or change information about the trip
- All transactions are HIPAA compliant secured data transmissions
- Empowers your members and high-performing network providers
- Trip verification/fraud elimination
- Review information including eligibility screening and obtaining trip information and history. Improved safety and accountability
- Real-time trip data/status; members will be able to see where the driver is located and the route they are taking to their location and appointment
- Improved member experience

Our mobile platform will allow members to submit feedback and a star rating on each ride, enabling consumer engagement messaging aligned to healthcare initiatives.

The member app is part of our ongoing efforts to improve our A2C System platform for health plan customers, their members, and our other stakeholders and clients. As we continue to develop member-focused technology applications, we will work with you to add appropriate functionality.

D. Scheduling and Dispatching Trips

Access2Care will schedule and assign authorized trips to an appropriate NEMT provider. We agree to meet all the Bureau's standards. More information on our practices can be found in **Exhibit 7.**

II. NEMT Providers

A. Network of NEMT Providers

Access2Care will establish a network of NEMT providers and negotiate reimbursement with interested, willing and qualified transportation entities; including licensed behavioral health centers that meet the transportation provider requirements. We will 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. We 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.

Letters of Commitment from proposed NEMT providers with whom the vendor intends to negotiate a contract for NEMT Services are included as **Exhibit 10**. Each letter of Commitment includes 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. We will notify The Bureau of service level changes to the approved providers' fleets and/or operational areas.

Our Letters of Commitment also include 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. We have contingency plans for the unexpected; peak transportation demands, weather and other related natural disasters. Additionally, our back up plans allow for member-focused options for instances when a NEMT provider's vehicle is excessively late or is otherwise unavailable for service. Access2Care will identify NEMT providers for bariatric transportation by geographic areas of coverage (Policy #255, *Bariatric Policy*, in **Exhibit 7**). For recruitment of any existing NEMT providers, we will ensure that drivers continue to provide NEMT Services under the current state administered program until coverage under the NEMT Brokerage Program starts.

Information on our network recruitment strategies can be found in our response to *Section 4, Subsection 4.11, and in Exhibit 7.*

There will be NO delegation of service(s).

Promote Ride-sharing with Lyft

Access2Care is currently engaged in other states with ride-sharing companies such as Lyft into the market. In West Virginia, Lyft operates in the following markets (map shows coverage area):



- Charleston
- Huntington
- Martinsburg
- Morgantown
- Parkersburg
- Vienna

Through our national partnership with Lyft, we have utilized this method of transport to reduce provider costs thus creating a rebate to our partners.

Access2Care's partnership with Lyft, Inc. allows for expanded, on-demand network coverage while providing members access to industry leading shared ride services.

Access2Care stresses reliable service standards for Lyft drivers and vehicles. Drivers and vehicles subcontracted through Lyft, Inc. are required to adhere to the following standards; while Lyft, Inc. is to provide Access2Care attestations of completion as well as full access to records, upon request.

- **Vehicle Requirements**
  - 19-Point vehicle inspection
  - Vehicle registration
  - In-app vehicle photo and license plate number
  - Vehicle identification
  - GPS vehicle tracking
- **Driver Requirements**
  - Age 21+ with 1 year or more of driving history
  - Current driver's license in good standing
  - In-app photo identification
  - Valid personal auto and liability coverage which meets or exceeds state requirements
    - Lyft provides commercial auto liability coverage up to $1M per occurrence
  - Acceptance of zero-tolerance drug and alcohol policy
  - Non-Exclusion verifications in compliance with 42 U.S.C. 1320a-7(a)
  - Motor Vehicle Background check to include;
    - No more than three minor violations in the past 3 years
    - No major or severe violations in the past 3 years (e.g. reckless driving)
  - Criminal Background check to include;
    - Social security number trace
    - Nationwide criminal search
    - County court records
    - Federal criminal court records
    - U.S. Department of Justice sex offender registry search

To provide more service options to members with behavioral health challenges, Access2Care offers our company, ComTrans. ComTrans is a 400 vehicle specialty NEMT provider dedicated to specialized community behavioral health and social service transportation to children and adults. We are ready to expand into markets where there is a fit. We are prepared to dedicate vehicles and will position them around the state based on area of need. The links below provide additional information on ComTrans services and the benefit to your members.

- ComTrans website: http://www.gocomtrans.com/
- Video: https://www.youtube.com/watch?v=eu_5fnDXhg&version=3&hl=en%5FUS

We seek network transport providers who are familiar with the service area and who have developed and maintained relationships with members who are repeat regular users of transportation services. Providing sufficient transportation resources helps contain costs and increases satisfaction with the program. During implementation, and throughout the life of the contract, Access2Care monitors the transportation resources for

adequacy and availability by using a sophisticated predictive modeling discipline to determine the size and scope of the network needed.

B. NEMT Provider Contracts

Access2Care will 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. We will offer a contract to any willing provider and all willing licensed behavioral health centers that meet the transportation provider requirements. Access2care will 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.

Access2Care's model contract for use with NEMT providers is included as Exhibit 11. The model contract for each mode of transportation will be submitted for review and approval by The Bureau prior to use.

The model contract addresses all requirements.

C. NEMT Provider Reimbursement

Access2Care agrees to and will comply with this requirement.

Transportation providers can submit billing information and review payment details electronically via our secure online system, which streamlines and expedites the billing process. A comprehensive online training guide is available to teach transportation providers how to use this system, in addition to personalized, interactive online training sessions. Transportation provider instructions on the claims process can also be found in the Transportation Provider Manual found in **Exhibit 6**. The Transportation Provider Manual is user-friendly and designed to cover important topics, such claims processing via our electronic claims system. This method is so provider-friendly that more than 95% of all providers use it, and we process 99% of all claims through it.

All transportation network providers who submit valid invoices, verified by Access2Care, are paid at least once monthly. **Presently, most claims (unless under review or audit) are paid once a week, once cleared/electronically submitted by the provider.** Our payment procedures ensure all transportation network providers' claims for reimbursement match verification of authorized trips; all trips are subject to audit and verification.

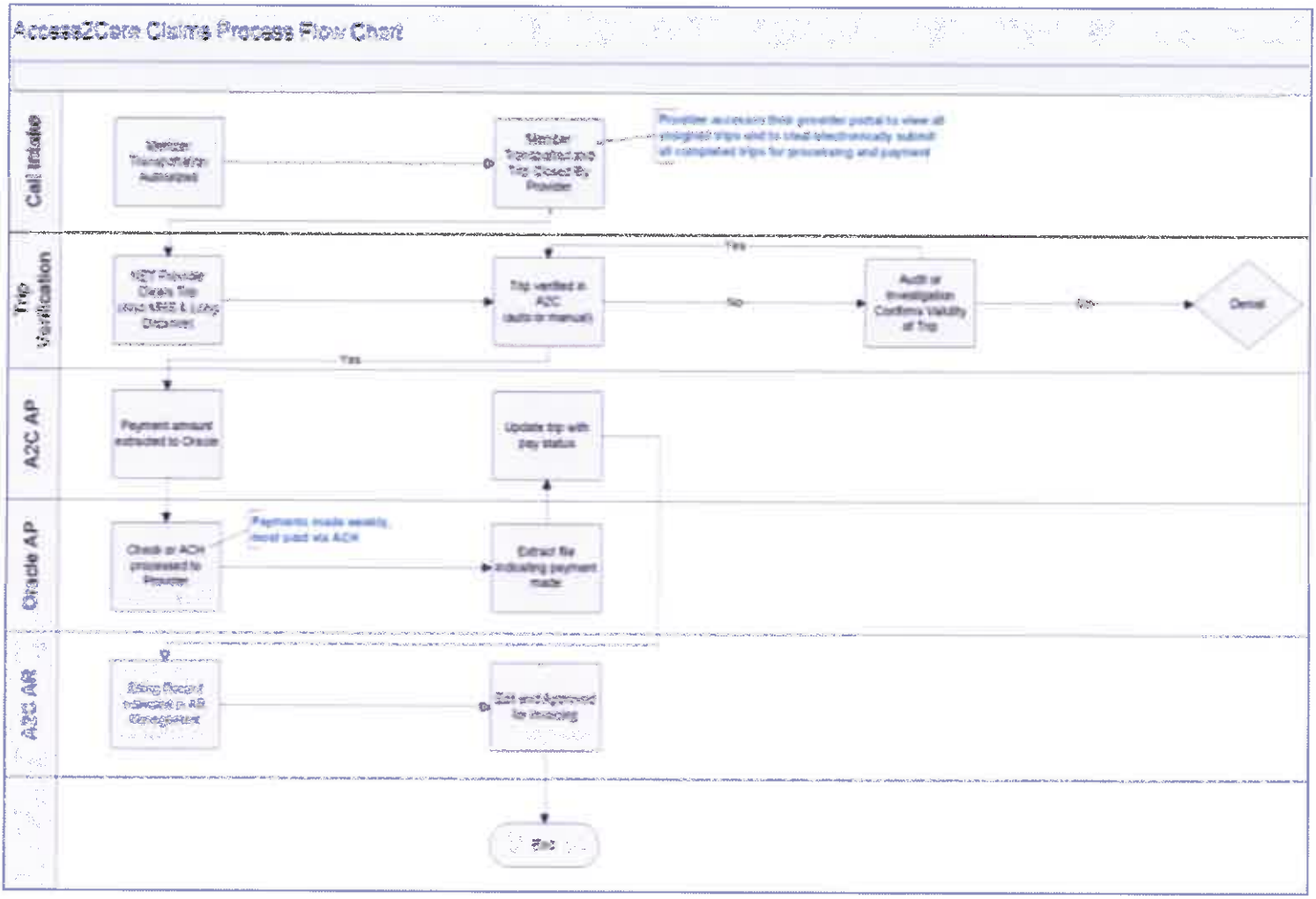
Our payment process ensures maximum benefit for our contracted transportation providers, which leads to a high retention rate in our network. This payment process also allows our providers, the majority of who are small family-owned businesses, access to a reliable cash flow by which to effectively operate their business, enabling them to focus on the needs of members without business distractions.

In the past 12 months, Access2Care has continually paid 95% clean (valid) claims within 30 calendars days of receipt and 99% paid within 60 calendar days of receipt.

Additionally, most transportation providers are set up to be paid via ACH, so the providers receive their payments credited to their respective bank account every Thursday, rather than experiencing the delay of waiting for a check to arrive in the mail.

Our claims process flow chart follows.

Figure 1 Access2Care Claims Process Flow Chart


Access2Care Claims Process Flow Chart
Call Intake
Trip Verification
A2C AP
Oracle AP
A2C AR
Yes
No
Yes
Yes
Denial
Payment amount extracted to Oracle
Update trip with pay status
Check or ACH processed to Provider
Extract file indicating payment made
End

Tracking provider claims and turnaround times are fundamental factors of our reimbursement program. Claims are either electronically date stamped when submitted via the secure provider portal by providers or, if submitted by paper, are date stamped upon receipt. All turnaround time is measured based by the claim number and the receipt date to the payment or denial notification.

We have a system in place to verify and ensuring transportation network providers are not submitting claims or encounter data for services that were not provided. Access2Care has a dedicated Fraud, Waste and Abuse team to manage our claims' data audits. We perform a 5% audit for all of our clients. Ongoing monitoring and review occur, and additional, more focused audits can be requested as required. We will work closely with all internal operational functional areas to analyze these audit results, together with the Bureau.

D. Geographic Coverage Area

Access2Care will record the geographic area from which each NEMT provider may accept assignments. This will include county-level detail throughout the state and medical communities in the adjacent states of Virginia, Ohio, Kentucky, Maryland and Pennsylvania.

We will submit for The Bureau review and approval the NEMT provider Network and Geographic Coverage Report, including information for the final subcontracted network, 30 calendar days prior to the operations start date. Access2Care will not begin operations without an approved version of this deliverable.

III. Modes of Transportation

Access2Care will assure the following modes of transportation are used in the NEMT Brokerage Program. We will comply with all related requirements to meet The Bureau's standards.

- Fixed Route
- Private Auto
- Basic Vehicle
- Enhanced Vehicle
- Other Transportation

More detail on our management of modes of transportation that ensure network adequacy and coverage can be found in this response, in **Exhibit 7**, Policies and Procedures, and in our Transportation Provider Manual, **Exhibit 6**.

IV. Miscellaneous Operation Rules

A. Excessive Distance

Access2Care will manage excessive distance requests in accordance with the Bureau's requirements. Please see **Exhibit 7**, *#231 Closest Medical Provider- Denials*, for details on our practice to manage closest provider issues.

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.

C. Travel Time on Board

For multi-passenger's trips, the NEMT provider will 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.)

D. Adverse Conditions Plan

Access2Care 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. Access2Care will not begin operations without an approved Adverse conditions Plan. More information is also provided in our Disaster Recovery Plan, **Exhibit 5.**

E. Vendor as a NEMT Provider

Under no circumstances will Access2Care also serve a NEMT provider under the WV NEMT Services Program.

F. Post-Transportation Authorization Requests

Access2Care will not implement a policy to allow or disallow post-transportation authorization of NEMT Services without The Bureau review and approval. We will submit a final completed policy to The Bureau for approval no later than thirty (30) calendar days prior to the operations start date. We will not begin operations without an approved Post-Transportation Authorization of NEMT Services Policy.

Post-transportation authorization will be allowed in instances when travel was conducted in a private auto or prior authorization was not obtainable, such as services requested when our call center was closed. Our 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.

G. Accidents and Incidents

Access2Care will 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 will be reported in the Accident and Incident Report (as described in Appendix 3, Reporting Requirements). Our process for managing significant events is described in this proposal in response to *Section 4, Subsection 4.10*.

V. NEMT Service Denials

Access2Care's Policies #216 *Pre Service Trip Denial, #231 Closest Medical Provider- Denials,* and #306 *Claims, Denials and Appeals Policy*, cover our procedures for service denials. These details can be found in **Exhibit 7.** We will comply with all requirements outlined by the Bureau.

A. Denial Policies and Procedures

Access2Care will comply with the Bureau's NEMT Service denial policies and procedures.

B. Denial Reasons

Access2Care will comply with the Bureau's approved reasons for denial, as outlined in the Appendix 1.

VI. Timeliness

A. Routine NEMT Services

Access2Care will 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. We will authorize and schedule routine NEMT Services for one hundred percent (100%) of all requests within ten (10) business days after receipt of a request.

B. Non-Routine NEMT Service

If we require additional information in order to authorize a request, Access2Care will place the request on hold and request the additional information within twenty-four (24) hours after receipt of the request. We will specify the date by which the additional information should be submitted.

Timely requests for additional information will state the authorization period. If the additional information is not received by the date specified, we will deny the request except NEMT Services to an appointment for chemotherapy, dialysis, and high-risk pregnancy. In those instances, we will authorize single trips and pursue receipt of necessary information to authorize a standing order.

VII. Validation Checks

Access2Care's payment procedures will ensure that NEMT provider claims for reimbursement match authorized trips and that the trips actually occurred. We have a written plan for validating that transportation services paid for under the Contract are properly authorized and rendered (**Exhibit 7**).We perform validation checks or audits 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.

We will 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. Access2Care will not begin operations without an approved Validation Plan.

We also will fully comply with all requirements regarding validation checks including the following requirement categories:

- Pre-Transportation Validation Checks

- Post-Transportation Validation Checks
- Fixed Route

VIII. Suspected Fraud, Abuse, Waste and Misuse

Access2Care will 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.

We will expect the contact for all investigations to be provided by The Bureau prior to operations start date. 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 we have regarding the suspected fraud, waste, abuse, or misuse, including whether we were able to verify that the member was transported to or from a source of medical care. Access2Care 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.

Access2Care has an in-house Fraud Team that will work with The Bureau, OPI, and/or the Office of the Inspector General.

Please see policies #227 Fraud, Waste, and Abuse and # 305 Claims, Fraud, Waste and Abuse Policy (**Exhibit 7**), regarding our practices to identify, and minimize fraud, waste, and abuse.

IX. Vehicle Requirements

Access2Care will comply with all vehicle requirements including the following:

- Americans with Disabilities Act (ADA) Compliance
- Other Compliance, as outlined by the Bureau
- Vehicle Inspection

The following policies, found in Exhibit 7, further detail our approach to network requirements for compliance.

- #423 Passenger Rights, Responsibilities, & Safety
- #424 Secure Transports
- #427 Mobility Device Transports

X. NEMT Providers' Drivers Policies and Procedures

A. Driver Requirements

Access2 Care will ensure our NEMT providers' drivers are in compliance with all Bureau requirements:

Access2Care's specific criteria the vendor may use to determine if a driver can provide services under the NEMT brokerage program can be found in **Exhibit 6**, Transportation Provider Manual, and **Exhibit 8**, Credentialing Policy and Programs.

B. Provider Daily Trips Logs

Access2Care requires 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), will be excluded from this requirement. Provider trip logs will be validated per our audit/ Validation plan specified in section VI I: C "Validation checks".

- Date of service;
- Driver's name;
- Driver's signature;
- Member's name;
- Member's or attendant's signature;
- Vehicle Identification Number (VIN) or other identifying number on file with the vendor;
- NEMT provider's name;
- Trip ID Number;
- Mode of transportation authorized;
- Actual drop off time in military time;
- Miles driven per trip odometer; and
- 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.

C. Trip Manifests

Access2Care will comply with all requirements regarding trip manifests.

D. Real-Time Communication

Every vehicle in a NEMT provider's fleet will have a real-time link, phone or two-way radio. We will comply with all requirements regarding real-time communication. We have also added dispatchers, network management staff, and leadership to our proposed staffing. Our staffing plan can be found in our response to *Section 4, Subsection 3.1.*

In addition, our cutting-edge mobile technology will soon offer mobile apps that integrate with our proprietary A2C Software platform and infrastructure. Coupled with GPS-enabled tools, we will capture advanced data analytics to better manage and track services with our transportation provider network, in-real-time, which will drive new levels of efficiencies and quality and will allow members real-time visibility of their transports. We are designing our apps to support the interest of all stakeholders including facilities and transportation providers.

We chose to collaborate on our app suite development with Kony™, a leading enterprise mobility provider with over 350 customers in 45 countries. Kony delivers solutions that empower today's leading organizations, like Access2Care, to compete in mobile time by rapidly delivering multi-edge mobile apps across the broadest array of devices and systems, today and in the future. Some of the industry's leading organizations recognize Kony as a leader in enterprise mobility and mobile application development. Recent honors include Leader in the Gartner Magic Quadrant for Mobile Application Development Platforms, 2013, 2014, 2015 and 2016. To learn more about Kony's innovative approaches to partnership and mobile app development, please visit http://www.kony.com/about#ixzz4IMKXellO.

Both our member and transportation provider driver apps will build upon our proven member-centered approach to care and experience. Our mobile apps are designed to facilitate on time and efficient transportation by supporting better communication and putting transportation information directly in the hands of the people that need it—our members and drivers. Our apps will also support operational processes and ease administrative burden for our partner facilities and transportation providers, through easier scheduling, handling of on-demand trip requests, and minimizing manual paperwork.

Driver App



Our driver app is currently in use in Oregon with great results. PBX Yellow Cab Company has been using the app over the past month. The results are positive. The app is now being used across all drivers in the company and is being praised for its ease of use. The owner of the company noted how app usage has streamlined the credentialing and auditing process for his vehicles and drivers. One of the unique features of our app is how it filters non-credentialed drivers. Drivers who have not completed or updated requirements are not permitted to log into the app for trip assignment. There is no way a non-credentialed driver can be assigned a trip. This ensures your members are receiving the best quality resources to manage their trip experience.

In addition, the app reduces the time it takes a provider to clear and trip and receive payment. Providers are pleased with technology that truly reduces their administrative work time. Because trips are tracked via the app,with geo code information, real-time stamps, and other distinctive qualities, there is no need to verify anything more than pick-up and drop-off information.

Lastly, the app provides total transparency enroute. It is easy to see when and where all trips were performed. Members receive reliable service; providers receive easy and prompt assignment and payment, and our customers receive transparency, accuracy, and an increase in member satisfaction and compliance to protocols.

Our "soft opening" of the app gives us the time to carefully monitor it for successful results and make midstream adjustments to assure a smooth national launch. We will continue to introduce to new transportation provider companies and will bring one to two company online weekly over the next four weeks. Following this trial period, we will move to a larger launch and accessibility via commonly used app stores.

Application Programming Interface (API) Coming Soon

Because some of the big providers we work with have their own apps, we are developing an API that will securely transfer all trip assignment information from our system into the receiving app. Essentially, our technology will help any transportation provider connect to our assignment system. For those without an app, our driver app will be available. For those with existing app technology, we will be able to "communicate" without a loss in data or accountability. We will still have access to trip details and reliability for monitoring, reporting, and membership experience improvement.

E. Monitoring Plan

Access2Care will develop and implement a plan for monitoring NEMT providers' compliance with all applicable local, state and federal laws and regulations. We will ensure that NEMT providers comply with the terms of their contracts and all NEMT provider-related requirements, including driver requirements, vehicle requirements, complaint resolution requirements and the delivery of courteous, safe, timely and efficient transportation services. We will also ensure that all NEMT providers comply with applicable WV Medicaid policies and procedures, including financial requirements and enrollment policies. Access2Care will submit a final completed plan to The Bureau for approval no later than thirty (30) calendar days prior to the operations start date. We will not begin operations without an approved NEMT provider Monitoring Plan.

Monitoring activities will include, but are not limited to, the following:

- On-street observations;
- Accident and incident reporting;
- Statistical reporting of trips;
- Analysis of complaints;
- Driver licensure, driving record, experience and training;
- Member safety;
- Member assistance;
- Completion of driver trip logs;
- Driver communication with dispatcher; and
- Routine scheduled vehicle inspection and maintenance.

More information on our monitoring plan is included in our response to *Section 4, Subsection 4.11.*

F. Member Satisfaction Surveys

We provide monthly reporting scorecards that evaluate compliance with contracted performance metrics and goals for delegated functions, i.e., Member Service Center, claims processing, and provider network. As we bring our member app on-line, we make refinements that will include a member satisfaction survey at the end of the trip for the member to score.

We measure member satisfaction through a post-trip interview process. We developed what we have found to be a more useful survey method, because it assesses satisfaction with the transportation as well as service by the Member Service Center.

The member satisfaction survey results are reviewed bi-monthly and shared during meetings. Our member satisfaction interviews have proven to be more successful than less interactive web-based surveys or touch tone phone surveys. We capture anecdotal information on specific aspects of the experience. Documentation includes scores as well as comments, which are applied for departmental process improvement. Through our interview process, we measure and benchmark program improvement over time, and use the feedback obtained to drive improvement initiatives.

Sample Member Satisfaction Survey

Question	*Yes*	*No*	*Not Sure*
Where you satisfied with the transportation received?			
Did you arrive for your appointment on time?			
Did your driver drive safely?			
Was the vehicle clean?			
Where you satisfied when you called to schedule your transportation?			

As we bring our member app on-line, we make refinements that will include a member satisfaction survey at the end of the trip for the member to score.

During implementation of new NEMT services, Client Services leads the team in understanding regulatory compliance requirements, policies and procedures/manuals, and performance goals. Our objective is to work efficiently to establish open communications allowing for a seamless partnership.

Interview Process

Based on contract requirement or client request, our A2C System is set to select a pre-determined percentage of recent transports. From this subset of transports, a random sample is presented for outbound call interviews. Member Service Center Associates place outbound calls to members who have had recent trips and via a voice-to-voice conversation; we gather useful details regarding their experience with both Member Service Center with the transportation provider in our network. Results include category evaluations, scored on a 1-to-5 scale, as well as an overall satisfaction rating.

Our method of gauging member satisfaction has proven to be more successful than less interactive web-based surveys or touch tone surveys following the phone call. Through live conversation, we are able to capture anecdotal information from the member regarding specific aspects of the experience. Documentation includes scores as well as comments, which become useable insights that can be applied for departmental process improvement. Through our interview process, we are able to measure and benchmark program improvement over time, and understand and respond to specific member issues.

Custom Question Development

To begin the process, we will work to develop interview questions that elicit actionable responses, while not too lengthy to inconvenience the member. Access2Care Member Service Center staff, who are trained to ensure an unbiased approach is taken toward the process, conduct these voice-to-voice interviews. Member interviews address topics such as:

- Confirmation of a scheduled trip
- Member Service Center staff ability and courtesy
- Member Service Center staff professionalism
- Accuracy of call information capture
- Driver courtesy
- Driver and attendant assistance, when required
- Overall driver behavior
- Driver safety and operation of the vehicle
- Condition, comfort and convenience of the vehicle
- Punctuality of service
- Overall satisfaction with the service and experience

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.

Response Analysis

Member Service Center Associates enter responses directly into an analysis tool used for improvement initiatives. The results become part of our Quality Assurance Program and our Quality Work Plan, utilizing members' feedback and suggestions to enhance services. Member satisfaction is paramount, and the information obtained in these interactions is used to drive improvement initiatives. For example, information learned from a member's responses about lack of proper securing of wheelchairs led Access2Care to implement a process in which a driver must submit video evidence of following correct securement procedures.

Our ongoing monitoring of member satisfaction allows us the opportunity to identify performance variations quickly and rapidly make changes with transportation providers and within the program that improve performance. In addition to interviews, our monitoring includes statistical evaluation of transportation provider and Member Service Center Associate performance and on-site inspections.

XI. Call Center

A. Facility

Access2Care will 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. Our proposal for securing a facility can be found in response to *Section 4, Subsection 5.3*, and in **Exhibit 9**.

B. Telephone Access

Access2Care's Member Service/ call center will adhere to all telephone access specifications:

C. Language Requirements

Oral contact between Access2Care and a member will be in a language the member understands. We will employ English-speaking call center staff. If the member's language is one other than English, we 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.

We provide access to LanguageLine for over-the-phone interpretation services in over 200 languages.

D. Customer Care

Access2Care ensures that its call center staff treats each caller with dignity, and respects the caller's right to privacy and confidentiality. We process all incoming telephone inquiries regarding NEMT Services in a timely, responsive and courteous manner. Telephone staff will greet callers and identify Access2Care and themselves by name when answering. We will 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 will be recorded (Section XI.H.6) and reviewed with the staff member. We use monitoring to identify problems, issues, for quality control and/or training purposes. We document and retain results of this monitoring and subsequent training and will report results to The Bureau as defined in Appendix 3 (Reporting Requirements).

E. Automatic Call Distribution System

Access2Care's ACD System meets or exceeds all requirements. A detailed description of our ACD System can be found in response to *Section 4, Subsection 4.3*, in our narrative on Member Service Center technology.

F. Data Analysis

Access2Care will analyze data collected from its phone system monthly as necessary to: perform quality assurance and quality improvement; fulfill the reporting and monitoring requirements; and ensure adequate staffing. Upon the Bureau's request, we will document compliance in these areas.

G. Multiple Queues

Access2Care will route incoming calls to multiple areas of operation, including non-English speaking member queue and provider queues. We will obtain The Bureau approval prior to implementing any queue not specified in the Contract.

H. Sufficient Resources

Access2Care will maintain sufficient equipment and call center staff to ensure all requirements are met.

A detailed description of our ACD System can be found in response to *Section 4, Subsection 4.3*, in our narrative on Member Service Center technology.

In addition, the following policies govern the activities of the Member Service Center. These can be found in **Exhibit 7**.

Policy Number	Policy Description
201	Customer Service
202	Contact Center Associate Assistance Program Policy
203	Scheduling Transportation Policy
204	Public Transportation Policy
205	Calculating Trip Mileage
206	Short Notice Urgent Policy
207	Hospital Discharge
208	Where's My Ride - Trip Inquiry
209	Red Flag Policy
210	Emergency Preparedness Plan
211	Information Change Notification Policy
212	Language Line and Relay Service Policy
213	Cancelling Transport
215	Long Distance/Overnight Stay Transportation Policy
216	Pre Service Trip Denial
217	Verifying Eligibility Policy
219	Mileage Reimbursement Policy
220	Participant/Member Interventions
224	Confidentiality/HIPAA Policy
226	Placing Test Calls in a live Production and Reporting Environment
227	Fraud, Waste, and Abuse
228	Incentive Pay to Employees
229	Consumer Safety
230	Participant Services Access
231	Closest Medical Provider- Denials
236	Adjudication of Long Distance Participant Charges
237	Direct Bill / Invoicing
238	Managing Transplant Requests
239	Transportation for Friends, Family, and Self
240	Media Information Release
249	Staffing Forecast
250	Contact Center Outages
251	Trip Documentation Policy
252	Training Policy
253	Marketing Distribution and Oversight Policy
254	Client Special Event Policy
255	Bariatric Policy
256	Priority Experience Program (PEP)
257	Care Coordination
258	Health Plan Help Desk (HPHD)

XII. Training and Education

Access2Care will comply with all requirements outlined for Training and Education. More information on our approach to the Bureau's outlined scope of services can be found in the proposal locations listed below.

- NEMT Provider Manual
  - *Section 4, Subsection 4.6*
  - Sample Transportation Provider Manual, **Exhibit 6**
  - Policies and Procedures, **Exhibit** 7
- NEMT Provider and Provider Training and Education
  - *Section 4, Subsection 4.7*
  - Sample Transportation Provider Manual, **Exhibit 6**
  - Policies and Procedures, **Exhibit** 7
- Member Outreach and Education Plan
  - *Section 4, Subsection 4.6*
  - Policies and Procedures, Exhibit 7
- Non-Compliant Member Education
  - *Section 4, Subsection 4.6*
  - Policies and Procedures, **Exhibit** 7

XIII. Operations Procedures Manual

Access2Care's Sample Operations Procedures Manual is included as **Exhibit 7** and contains all policies and procedures for operations. We detail all procedures to be used in scheduling and delivery of NEMT Services. We will 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. Access2Care will not begin operations without a Bureau approved Operations Procedures Manual. We will provide a copy of the Operations Procedures Manual to all our staff and should incorporate it into all training programs for new employees.

The manual will be reviewed, updated and distributed to our staff annually and whenever changes in operating procedures are made. Access2Care will modify the Operations Procedures Manual within ten (10) business days of notification of change by the Bureau.

XIV. Complaint Policies and Procedures

Access2Care's description of our approach to member and NEMT provider complaint policies and procedures.

We will 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. Our sample Complaint document is included as **Exhibit 12**. We will not begin operations without a Bureau approved Complaint Policies and Procedures Manual. We will review its complaint policies and procedures every six (6) months, and notify The

Bureau if it determines that an amendment is necessary. Access2Care will 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. For more on our approach to review and amend complaint policies and procedures

Please see the following policies in **Exhibit 7**:

- #601 Grievance and Complaint Management Policy
- #602 Appeals and Hearings

Further, Access2Cre will comply with the Bureau's requirements regarding the following:

- Member Complaint Resolution and Appeal Process (*Section 4, Subsection 4.10*)
- NEMT Provider Complaint Resolution and Grievance Process (*Section 4, Subsection 4.11*)

Access2Care consistently maintains 99.8% complaint free transports (measured as number of complaints/completed transports), one of the lowest complaint records of any broker in the country.

XV. Contract Close-Out and Turnover Procedures

A. Turnover Plan

Access2Care will submit a Turnover Plan to The Bureau no later than fourteen (14) calendar days after the date of Contract award. The Turnover Plan will provide for an orderly and controlled turnover of 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 will 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.

B. Turnover Notification and Turnover Period

In the event The Bureau desires a turnover of the duties and obligations of Access2Care to The Bureau or to a new vendor upon termination of the Contract, Access2Care will 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 Access2Care's Contract duties and obligations have been met, even if that date extends beyond the termination date of the Contract. Access2Care 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.

C. Specific Close-Out Requirements

Access2Care will 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 will 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.

D. Agency Access

During the Turnover Period, Access2Care will allow The Bureau full remote access during the vendor's regular business hours to all data records as required in the Contract.

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 Access2Care will 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.

F. Vendor Response to Questions

Access2Care will answer any written questions from The Bureau for a new vendor regarding the review of the information and data transferred to The Bureau or a new vendor. Our answers will be in writing and submitted to The Bureau or the new vendor within five (5) business days after receipt of the question.

G. Turnover Meetings

Access2Care will expect The Bureau to notify us of the date, time, and location of meeting(s) regarding the close-out or turnover to be held among The Bureau, Access2Care, and the current vendor. We will provide two (2) individuals to attend 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.

4.1.2 Appendix 2, Implementation Specifications

Implementation Work Plan

Access2Care's Draft Implementation Work Plan (IWP) is included as **Exhibit 2**. Our IWP will be maintained throughout the implementation period and includes all tasks required to successfully begin operation of the NEMT Brokerage Program. You will find our IWP to be very detailed, showing the work that should be performed in a logical sequence, in a timely manner, and with an efficient use of resources. Our final IPW will be submitted to the Bureau electronically and in hard copy no later than 14 calendar days after the date of Contract award.

Access2Care's IWP includes task-level detail, including timeframes, milestones and names of our staff members who responsible for each task. Each task listed in the IWP includes a description of the activity, a scheduled start date and a scheduled completion date. Our IWP should includes, but is not limited to all work plan tasks outlined in the RFP:

Quality Assurance Plan

Access2Care's Draft Quality Assurance Plan is included as **Exhibit 3**. At least 30 calendar days prior to the operations start date, we will submit a final Quality Assurance Plan to The Bureau for review and approval. The final Quality Assurance Plan (OAP) should include, at a minimum, all requirements outlined in the RFP including:

- procedures for certification that all NEMT Services paid for are properly authorized and actually rendered;
- 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 the RFP;
- agreement to indemnify The Bureau against any causes of actions or claims of payment brought by NEMT providers or Medicaid Recipients;
- 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;
- plan for Quality Control in the vendor's call center as described in Section XI in Appendix 1.

Access2Care will not begin operations without a Bureau-approved QAP. We agree the Bureau reserves the right to make quality assurance reviews on services under the Contract anonymously and without advance notice.

Access2Care maintains an objective and results-driven Quality Assurance plan that includes methods to monitor our internal systems, processes, and services for quality. We utilize quality assurance information to improve

services, as part of our commitment to promote objective and systemic measurement, monitoring, and evaluation of services to our clients, and to implement quality improvement activities based upon those findings.

Operational Readiness Review

Details on tasks required for operational readiness review are included in our draft IWP, **Exhibit 2**. Approximately two weeks prior to the operations start date, Access2Care anticipates The Bureau's may conduct an operational readiness review, after which The Bureau may approve implementation. The Bureau will provide written approval of all submission and demonstration requirements prior to the operations start date.

Components of our operational readiness include the following:

- **Readiness Review Deliverables:** At least 30 calendar days prior to the operational readiness review, Access2Care will submit all deliverables for Bureau review and approval to ensure that each process or item fully and consistently meets The Bureau's requirements, per the RFP. These deliverables are detailed in our IWP in **Exhibit 2**.
- **Member Service Center Readiness:** Demonstrated compliance of all contract requirements, including reporting capabilities. Access2Care's data system complies with all contract requirements
- **Remediation and Start-Up:** If necessary, as determined by The Bureau and prior to Operations start date Access2Care will make corrections and submit documentation to The Bureau verifying that corrections have been made. We will begin taking calls for NEMT Services requests two weeks prior to the scheduled operations start date, that are scheduled to be provided on or after the scheduled operation start date.

Data System Requirements

Eligibility Verification

Each week, Access2Care will expect The Bureau to provide member and provider extract files. Access2Care will upload the weekly member and provider extract files within two business days after receipt in the A2C System. In the event Access2Care needs additional verification or information, we will contact the Bureau's designated contact person.

The Bureau will provide Access2Care 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.

Data Capture

Access2Care's A2C System allows the capture and retention of data used to administer the NEMT Brokerage Program. The data captured and retained is sufficient to meet requirements, including reporting requirements. A feature of the A2C System is the client portal, which will provides near-real time and ad hoc reports to the Bureau.

We also have the capability to enter eligibility data for Medicaid Recipients manually, including name and member ID number. The A2C System reconciles the information entered manually against the weekly member eligibility extract file to ensure that the information is accurate.

Access2Care utilizes the latest industry software and hardware to store, maintain, and manage all of required data in all aspects of NEMT transportation, whether via the A2C Client Portal, Transportation Provider Portal or

back-end ad-hoc reporting process. There are currently more than 2,000 distinct data points in the A2C database, which include but are not limited to the following:

- Member's name
- Date of birth
- Member's age
- Member's sex
- Address
- Telephone number
- E-mail address
- Directions to home
- Medicaid number
- Program eligibility verification
- Special needs (medical condition, etc.)
- Required mode of transportation (i.e. wheelchair accessible)
- Other issues of concern (abusive behavior, member preferences, etc.)
- Cost and amount paid to the transportation network provider
- Member's primary language, if their primary language is not English
- Preferred method of notification regarding scheduled trips
- Member ID
- Rate code
- Eligibility Date Range

Access2Care can further customize this data to generate reports. Please also refer to the "A2C_CommonReportFieldDefinitions" page in **Exhibit 4** for a list of these data points.

Encounter Data

Access2Care will provide a monthly aggregate file of detailed encounter data on each trip made on behalf of Medicaid Recipients. The transactions will 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-vol 1 /pdf/C FR-2011-title45-vol1-part160. pd!) and Part 164 (https://www.gpo.gov/fdsys/pkg/CFR-2011-title45-vol1/pdf /CFR-2011-title45-vol 1-part164.pdf) and state code/policies referenced in Appendix 1, Section 1, of the RFP . The file will contain, but not be limited to, the following data elements:

- Member Medicaid ID number;
- Member name;
- Date of service;
- NEMT Service type;
- Cost of service; and
- Number of units provided.

Access2Care will 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 will balance the detailed aggregate file.

Access2Care tracks and monitors trips against trip limits as designated by the Bureau. We review the trip request and assess the member's eligibility for transportation services in accordance with your policies and requirements. All rules associated with qualified benefits in accordance with the Medicaid transportation and your policy are programmed into the A2C System. These rules are run against every new trip request entered into the application. If the trip request is in accordance with the policies and rules, the trip is allowed. If the trip is not in accordance with the policies and rules, the Associate is alerted by the A2C System of the reason the trip is not in accordance with the rules and policies.

Access2Care can currently provide encounter claims in many different formats. We have the ability to process encounter claims within any time frame beginning one day after payment/denial to the provider. Our current system functionality is completely flexible and can be further customized to meet any future contract requirements. We currently provide encounters for multiple clients within seven (7) calendar days, while others are submitted within various timeframes (from seven to up to every 30 days from provider paid date).

Nationally, Access2Care currently processes over 360,000 encounters each month. **We currently submit encounters with an acceptance rate greater than 99%.** We submit claims for both capitated and fee-for-service contracts.

Due to our work with multiple contracts, we understand the testing process for 837 electronic, HIPAA-compliant files and we can readily comply with the format and record structure expected by the Bureau. Depending on the contract requirements, we can submit encounter data directly to the Bureau or through an intermediary clearinghouse. Access2Care uses the latest version, called ANSI ANC X12N 837 version 4010, and is familiar with the very specific rules about what kind of information can go in an 837 and exactly where that information should be put. Access2Care is prepared to produce encounter data in an electronic format that adheres to the Bureau's approved data specifications for content, content definitions, format, file structure, and data quality. Access2Care accepts that the Bureau may require us to make revisions and updates as required by federal or state statute and regulations at our own expense.

We have fully documented procedures that encompass multi-department review, and sign-off of initial and continued tracking of accurate submissions and acceptance rates. Access2Care agrees to fully comply with all encounter data provision requirements. We accept that the Bureau will monitor encounter data for accuracy by reviewing our compliance with internal policies and procedures for accurate encounter data submissions and by random sample audits of claims. We will submit an electronic file of all finalized encounter data, including those of our subcontractors to the Bureau and/or its designee; submit encounter data according to standards and formats as defined by the Bureau; and ensure the paid amount on encounter data is the amount paid to the provider of the service or subcontractor.

More information on our encounter data submissions process is included later in this response.

Audit

Access2Care will provide the Bureau or their designee and federal personnel access to the vendor's systems, source code, and facilities to conduct audits and inspections. We will provide access to data, systems, and

documentation required by auditors and inspectors. Access will include, but not be limited to, all equipment, systems, and communications software necessary for The Bureau to obtain utilization information.

Access2Care uses our A2C System to calculate mileage accurately and reliably. We will be responsible for the accuracy of the calculation and should represent such in audit or legal proceedings.

Access2Care maintains a daily computerized trip log that includes accurate determination of mileage for the shortest, most direct route from the member's residence to the medical service site and back. If the member resides in a rural community, our A2C system's methodology is designed to track appropriate route deviations for potentially unsafe rural routes. For example, the member's address is geocoded to the street segment level. This means A2C has the coordinates (latitude/longitude) for every section of every street so that it can pinpoint an address with extreme precision. Trip mileage is predetermined by A2C using MapQuest, and mileage is based upon the shortest distance calculation for each trip.

The A2C system's trip log is an Excel spreadsheet with a myriad of tabs that contain trip details. The Trip Distance tab within the log depicts auto-calculation of trips by mileage and highlights if the trip distance is/was outside of preset standards. We also access and analyze the Trip Distance tab as part of our trip reconciliation, report preparation and provider performance reviews because it depicts completed trips that appear to have taken too long to complete in comparison to the mileage calculated.

Web-Based Inquiry System

Through our A2C System, Access2Care maintain a secure, web-based inquiry system for NEMT providers to access NEMT Services trip authorization information. The Transportation Provider Portal provides access to the current status of all trip requests. We provide technical assistance and training to NEMT providers regarding use of the Provider Portal.

Our Provider Portal complies with all RFP requirements, including those related to security and privacy policies and screen views for trip detail information.

Transportation providers have access to their own customized portal that displays all upcoming trip assignments and notes on members' needs. Once the Associate logs the trip request into the A2C System, it appears on the selected provider's portal, along with additional information, such as equipment used and text comments. Providers are informed of all detailed trip information well ahead of the trip date and time.

The Provider Portal is an easy to use online platform that allows our network to view, accept and reject trips; manage resources such as drivers and vehicles; and track their accounts receivable, billing and claims. In addition, providers can download trip information to meet specific reporting criteria, or upload to their own dispatch systems.

Business Continuity and Disaster Recovery Plan

Access2Care's Draft Business Continuity and Disaster Recovery Plan is included as **Exhibit 5**. Our plan details the steps we would take 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 includes 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. We ensure that back-up systems minimizes the potential for loss of data.

Access2Care understands the importance of having a comprehensive, scalable, and fully tested disaster recovery plan in place for all facilities and functions. Our Disaster Recovery Plan and Business Continuity Plan cover all operations, including administrative offices, technology systems and Member Service Center (call center) sites. Our network of Member Service Center resources, located in other time zones provides back-up services if needed for system-wide issues (such as weather events) or economic impact (such as temporary employment shortages).

In the event of a disaster recovery need and as part of execution of the Disaster Recovery Plan, our team of professionals relies on the following data sources to recover data:

1. Media (both tape and/or storage-based back-ups). Full back-ups are conducted weekly and incremental back-ups occur daily. Full Transaction logs are generated in real-time and are backed up every 15 minutes. These files are moved daily to a secure, off-site Iron Mountain storage facility. Storage retention policies always meet and/or exceed the contractual agreements for our clients.
2. Hardware. Storage Area Network (SAN) storage consists of full back-ups conducted weekly and incremental back-ups occur daily and are stored off-site at the secure, Iron Mountain.
3. Optical. A full, optical image of the A2C application system is created and available at our primary and disaster recovery locations. Images of all production servers are generated after any system or application install. These images are retained in our primary and disaster recovery locations.

This comprehensive strategy ensures Access2Care maintains full and complete back-up copies of data and software on tape or optical disk, and stores the data in an off-site location.

At least 30 calendar days prior to the operations start date, Access2Care will submit a final Business Continuity and Disaster Recovery Plan to The Bureau for review and approval. We will not begin operations without a Bureau-approved Business Continuity and Disaster Recovery Plan. Access2Care's Business Continuity Plan and Disaster Recovery Plan will be reviewed annually, at a minimum.

SECTION 4, SUBSECTION 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 tmeet 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.

Vendor Response:

Access2Care does not intend to employ subcontractors for this project because we have in-house resources to meet all required contract tasks and deliverables and we believe the use of subcontractors tends to blur the lines of authority/responsibility.

If at some time in the future, Access2Care elects to subcontract some of our responsibilities, we will submit to BMS the following information:

- the subcontractor's name, address, contact person, and phone number.
- the exact nature of the subcontractor's responsibility for the NEMT Brokerage Program, and the projected dates the subcontractor will begin and end work.
- the time period, scope of work, and quality of performance for any past work performed by the subcontractor in conjunction with the Vendor.
- the policies and procedures for handling subcontractors when they fail to meet company, State and/or Federal regulations.
- three (3) references for the subcontractor.
- a draft of the proposed subcontract.

We will never route calls outside of the continental United States of America or its territories. Access2Care does not delegate screening, authorization or scheduling duties to NEMT providers and/or subcontractors and will not without prior approval from the Bureau. We understand and agree we may delegate dispatch activities to the NEMT Provider but will retain responsibility for the proper performance of dispatch activities.

SECTION 4, SUBSECTION 4.3

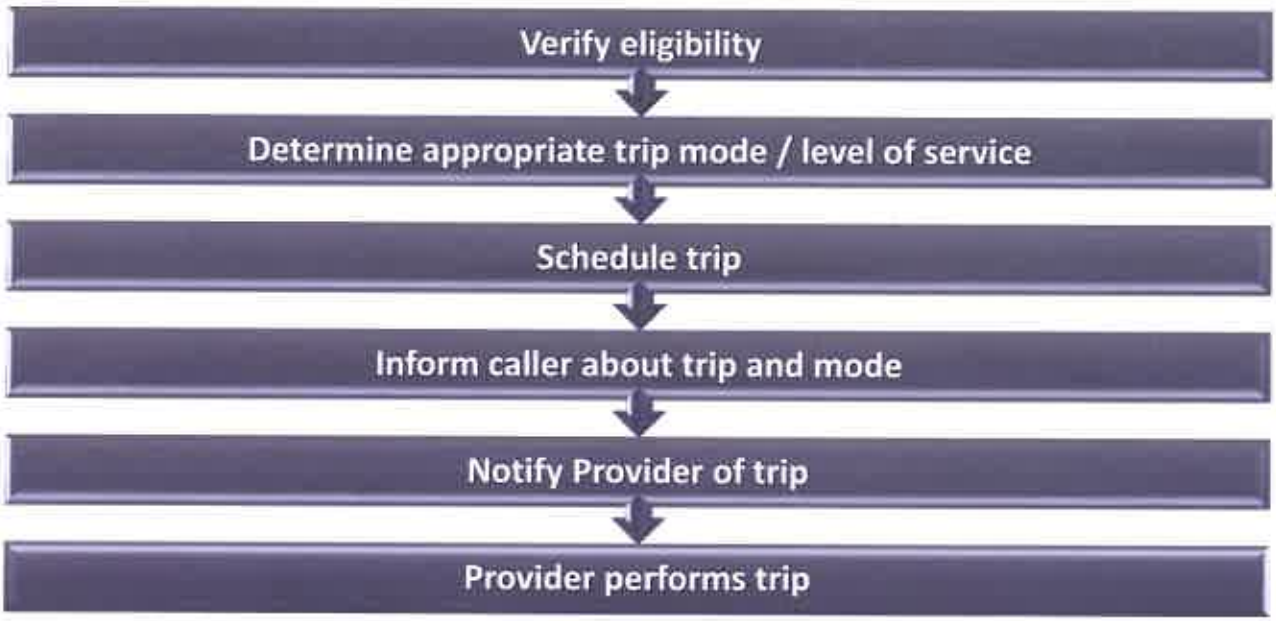
The Vendor should describe their approach and methodology for developing and managing a database for a statewide NEMT brokerage system for a population similar to that of WV Medicaid, including the ability to submit data via batch mode, perform statistical analysis (including transportation utilization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

Vendor Response:

Ordering Ease for Members

Your members will access our Member Service Center via a toll-free number dedicated to your plans. Our goal is to handle all requests in a single call, whether to schedule single trips, multiple rides or standing orders. Our strategically designed, proprietary and innovative Access2Care Software Application (A2C System) manages the entire NEMT process including eligibility, scheduling, provider assignment, and client reporting.

The A2C System Software Application streamlines the gatekeeping process and incorporates carefully designed safeguards to help prevent errors. Managed by a rules-driven system, it also populates Member Service Center Associates' screens during the intake process, based on caller-provided information. Our systems and intake process provide maximum efficiency, with minimum error while limiting unnecessary on-the-phone time. For those who prefer to schedule trips electronically, we also offer online trip scheduling. Although each contract and client is unique, our general call intake and scheduling process remains consistent as shown *below*.



Access2Care uses proven algorithms to determine appropriate mode(s) of transportation available to the Member. Our system guides the Member Service Center Associate using your defined and approved criteria, or "protocols," to determine the least cost and most appropriate transportation.

The pre-programmed business rules functionality determine the authorized level of service. They are not determined by an Associate's discretion.

These business rules produce level-of-service (LOS) determinations in an objective manner while the caller is on the phone. LOS may be mileage reimbursement, public transit, ambulatory, wheelchair, or stretcher. You will have complete visibility on the business rules and the decision algorithms that determine the service level. We also work with you to create protocols specific to BMS and the desired delivery of your NEMT benefit. This exceptional technology is another example of how Access2Care exceeds standard brokerage requirements. Our assignment process maintains consistency, minimizes human error, controls cost, and decreases fraud, waste, and abuse. For unique circumstances, all Associates are trained to override the system's level of service assignment, if required, in order to best accommodate the member's medical needs. Management reviews and audits all overrides to ensure appropriateness.

Access2Care's proprietary technology platform was designed to support all business needs for industry leading non-emergency transportation services. The system is divided into modules that provide functionality to support specific business processes. Our advanced call center management platform is also integrated into our end-to-end solution to provide integrated technology services. The A2C application's processes mirror typical functions in a managed care environment: member service contact, eligibility, provider network management, managing

appropriate utilization of services, claims payment, financial and utilization reporting, fielding and responding to complaints, measuring and monitoring quality and demonstrating contract compliance.

We will develop protocols based on West Virginia's outlined requirements and program the A2C System to operate per contract requirements. These protocols will be reviewed and approved by the State prior to loading into the System. The technology offers the following benefits and efficiencies:

- Business rules-driven technology creates consistent and accurate application of program benefits
- Assures the most appropriate and lowest cost level of service (LOS) is applied
- Speeds the interaction between the Associate and the beneficiary, which improves satisfaction and efficiency

This A2C System drives the interaction between the Associate allowing the user to apply beneficiary benefits at a given time under a specific set of circumstances. For example, the System allows the user to set up rules to determine the most appropriate mode of transportation for a beneficiary within contractual limitations. The business rules engine also allows the system to be configured with prompt questions such as, "Does the member require a wheelchair lift?" to ensure we provide the most appropriate service. We will use the State-supplied file of participating healthcare providers to enhance the process of identifying approved locations for trips. Our system's pre-programmed business rules functionality determine the authorized level of service; it is not a discretionary decision made by the Call Center Associate.

Eligibility Files

Periodically, Access2Care will ask your plans for updated eligibility files. That data will be loaded to the A2C Software Application, which compares it to the ID number provided by the caller to verify service eligibility.

If a caller is not shown as eligible in our system but the caller insists that they are, our Associate will attempt to verify the member's eligibility according to the rules set forth by your plan in your protocol. If we are still unable to verify eligibility and the member continues to claim they are eligible for a particular date of service, the member will be referred to your appropriate office or phone line for assistance. After initial eligibility confirmation, the Associate will ask the member a series of questions, documenting the answers in the A2C Software Application. The Associate then verifies that the appointment is to a participating provider, based on your provider file, and for a covered service.

What is considered a "covered service" is driven by your protocols and is directly led by what your plans offer members. The A2C Software Application simplifies this verification process, and allows us to compare the trip reason with the requested destination to assure an appropriate match.

If eligibility is not confirmed, or if a service is not covered, or for any other denial reason listed in the protocols, the trip is denied, the reason for denial is documented, and the system automatically generates a denial letter. The Associate immediately has a second review with a supervisory employee, and if upheld, the member is contacted the same day, and the denial letter is sent to the member according to your plans' protocols.

Urgent/Same day/ Discharges: 24/7/365

We have a definitive plan for effectively eliminating the need for a day's notice requirement. Our Flexible Network Program (FlexNet) is an innovative and efficient solution to accommodate members' same day trip

requests. By closely monitoring demand, such as hospital discharges, we can lease a dedicated fleet to manage call volume and efficiently plan for rapid response requests. This innovative and agile program improves the member's experience.

As a company that understands the delivery of health care services better than any other in our industry, we recognize the benefits of eliminating days-notice. We are prepared to eliminate this notice. All transportation requests, regardless of when they arrive in the Member Service Center will be accepted. When possible, our dedicated Member Service Center will work with the caller to establish the best pick-up time for their needs, going as far as interacting with the healthcare provider to establish a reasonable appointment time.

Access2Care successfully manages same-day scheduling in other contracts. For example, we successfully implemented a zero days-notice NEMT program in Portland Oregon, which delivers over 110,000 trips a month, at a complaint-per-transport ratio of 99.8%.

Dedicated Phone Access

Access2Care will provide a dedicated phone number for Long Term Services and Support / Home and Community Based Care Services members and their families. Associates fielding calls from these members will receive additional training on effectively communicating and working with persons with disabilities, and will complete a return demonstration on their understanding of these additional training aspects.

Member Service Center Technology

Access2Care will record and maintain 100% of received phone calls.

Access2Care uses a state-of-the-art Automatic Call Distribution/Management Information System (ACD/MIS) phone reporting system called Avaya CIM that works in concert with our web-based trip assignment system. Avaya CIM is an extremely robust call capture, distribution, and IVR system that continues to meet or exceed the capture requirements of members. We use our Avaya CIM system to record and aggregate critical performance and quality related call information, on an hourly, daily, weekly, and monthly basis, for the Member Service Center as a whole, and for individual operators. We can also use our IVR to broadcast temporary messages such as weather related issues or reminders of holiday closures.

This technology is vital because it allows the calls to be routed more intelligently than other distribution systems, which are limited by geography. We are able to route calls based on the Associate's skill level and availability, enabling us to provide the very best customer service experience for members.

Avaya's key technology features include:

- Caller ID and call recording capabilities.
- Accessibility to LanguageLine for over-the-phone interpretation services in over 200 languages.
- Ability to identify and record the phone number of our callers using the Avaya IQ Call Reporting System, which stores and securely archives this data electronically for future reference.
- Ability to produce reports from Avaya IQ, a reporting and analytics platform that consolidates real-time data from Avaya customer service solutions and enterprise business resources to deliver reports that relate activity to results.
- Customer Experience Report Suite that allow us to pull individual groups of calls, including the Caller ID for each call, as well as create and provide custom Avaya reporting as needed.

Access2Care will analyze the data collected from our Avaya CIM (customer interaction model) system as requested to conduct quality assurance and improvement activities; fulfill the reporting and monitoring requirements; and to ensure adequate staffing levels are maintained at all times. The data from our Avaya CIM system is stored at the trip level, so ad hoc reports can be generated at any time for any periods covered by the contract. In addition, all reports will be archived in PDF format so the exact report can be submitted in its entirety at any time. Our Quality Assurance and Process Improvement staff will be responsible for monitoring the ongoing quality of the encounter data and recordings from each call and for initiating any necessary corrections. Our Compliance Officer will ensure that the data is sent to within the required periods.

Access2Care uses NICE Perform™ voice recording software to record all incoming and outgoing calls that emanate to or from our Avaya CIM. The power of NICE Perform lies in the unique synergy between NICE's advanced technology components. Nice Perform has the following functionalities:

- Can capture and store all calls as required, and the unique NICE technology stores digitalized voice recording in a highly efficient manner, making rapid identification and retrieval simple and inexpensive.
- Is fully integrated with Microsoft .NET client-server technology, improving response time, and easing the installation of updates and new versions.
- Audio analysis capabilities are the most advanced and accurate available, allowing word spotting, emotion detection, and voice analysis.
- Works in traditional, hybrid and VoIP environments.
- The aggregation of the various tools and technologies included allow users to find and utilize the insights hidden in the enterprise's unstructured data.

NICE Perform suite has three components with distinct functions. NICE server includes SQL database software and is responsible for all call recording, monitoring, and storage. NICE server allows managers, system administrators, and others to configure how the telephone activity will be recorded. It is used to add users, retrieve calls, and monitor calls in real-time.

Language Accessibility and Member Education

Our diverse, multicultural employees ensure that exemplary customer services are delivered in a culturally competent manner to all members, including those with limited English proficiency and diverse cultural and ethnic backgrounds. For example, in all our Member Service Centers we have employees who are bilingual in English and other languages. We recruit for employees who are fluent in Spanish, and other languages spoken by a significant proportion of the members. Regardless of the hour, Access2Care employees can access over-the-phone interpretation services in more than 200 languages, using our outside vendor, Language Line Solutions.



For callers who are hearing or speech-impaired, we use the Federal Communications Commission's 711 dialing code for access to Telecommunications Relay Services (TRS). This service permits persons to use the telephone system via text phone (TTY) or other device to place calls. We assure these callers do not spend more than three minutes in queue and receive service from TTY/TDD-trained Associates using toll-free lines.

Access2Care will also provide approved educational material about the transportation program. We will create these brochures in multiple languages for distribution to your members. We will also create, with your approval, a website with informational material for members.

Member Service Center Performance

Access2Care is proud of the reliability and the professional standards set by our Member Service Centers. To ensure we provide high quality services to your members, Access2Care uses the following Key performance indicators:

- Average Speed of Answer (ASA)
- Abandonment Rate
- Hold Time
- Blocked Call Rate

Actionable Data & Reporting

Using Information to Improve Performance

Access2Care continuously looks for unique or innovative features to provide additional partnership benefits. Our integrated A2C Software System has a user-friendly Client Portal, which allows access in near real-time and interfaces with complete system data in a secure environment. The Client Portal gives your staff access to information on providers, members, trip statistics, and the complaint process, as well as other critical data points used in managing the system's services. We believe transparency and information disclosure are important components of performance monitoring, and we offer these tools to ensure access to the efficacy of our operation.

We provide easy access to performance reports through our client portals and through our operation's meetings where we review monthly dashboard reports (**Exhibit 4**). Dashboard reports generally include metrics related to call volume, completed trips, no-shows, and complaints and provide a summary of the NEMT program operations.

You will experience timely delivery of reports and will have around the clock access to critical data via your client portal. Here your designated team members can review all NEMT-related data and will have access to over 30 reports including Member Service Center performance (utilization), complaints (includes tracking and resolution information), transportation providers, and member usage (enables identification of high utilizers).

Our dedicated Client Services Account Executive will serve as your point of contact for reporting requests and other service and performance-related inquiries. Your Account Executive will routinely monitor performance trends to help ensure expectations are met.

All data is stored at the trip level, so ad hoc reports can be generated at any time for any timeframes covered by the contract.

Our client partners have full administrative rights to grant viewing and usage permissions to any staff member. The web-based reporting component of the A2C Software System allows them to generate reports from their computers at their convenience. These reports include, but are not limited to, the following:

- **Transportation Provider Report**
  The transportation provider report is divided into two sections:

- The percentage of trips where the provider received more than a 24-hour notice
- The percentage of trips where the provider received less than 24-hour notice

The report helps monitor network efficiency and performance results and helps proactively manage and avoid compliance issues.

- **User-Friendly, Real-Time Complaint Reporting**
  Our complaint management system is integrated into the A2C Software System. The system maintains all data collected during the complaint resolution process for the purpose of review and reporting. The A2C System allows real-time reporting on complaints by specific type, date range, complaint status, category (transportation provider, Member Service Center, member-generated complaints), and time-to-resolution via our client web portal.

- **Daily and Monthly Member Service Center Reports**
  Detailed monthly reports of all Member Service Center activity are available on the A2C Software System Portal. These monthly reports are clear and detailed and give access to all data regarding call volume, talk time, hold times, and the number of dropped calls. You can also receive daily customizable reports in which data is even more detailed by the day and even by the hour.

- **Utilization Reports**
  Our A2C Software System is the only data management system grown from NEMT experience for NEMT management use. The A2C Software System retrieves, stores and maintains data regarding member utilization, and makes it available to show how often members use the benefits of the NEMT program. Detailed utilization reports with customizable parameters are always available on the web portal for review, and all data captured from the previous month is sent as required or requested. In addition, custom utilization reports provide a useful tool for viewing and recording the various customized parameters of member activity.

  Our **NEMT High Utilizer Report** is a great example of how we use actionable data to improve processes for our clients. This report provides near real-time data on highest users of medical transportation, as compared to the mean number of transports of the entire population. Case managers and others have the ability to create reports quickly that identify specific members with high utilization and their corresponding trip data, including destination and reason for transport.

  This report tracks services used by high-risk members and helps case managers identify members with frequent physician visits for possible targeted case management. This report immediately shows those members who generate a large number of healthcare claims and this information can be used to reduce waste, fraud, and abuse.

  Delivery of reports can be provided through the client web portal, via email, or FTP sites. Report formats include Microsoft Excel, Acrobat PDF, or HTML via the Web.

  As the daily point of contact, the Project Manager will also support the plan's efforts for community outreach. Through this role, we will work with *you* to develop outreach and education programs as needed and as requested. For example, our teams have initiated and participated in programs to educate staff members on non-emergency medical transportation. In a recent event with a project utilization management staff, our team provided onsite education and responded to questions regarding prior

authorization, case management, concurrent review, level of services, and internal processes. These events help Access2Care know members better and are helpful in educating on the services we provide.

We are happy and eager to work with you to discuss ongoing and custom reporting needs for your NEMT program.

Efficiently Managing Encounter Data and Claims

Access2Care can currently provide encounter claims in many different formats. We can process encounter claims within any period beginning one day after payment/denial to the provider. Our current system functionality is completely flexible and customizable to meet any contract requirements. We currently provide encounters for multiple clients within seven (7) calendar days, while others are submitted within various timeframes, from seven to up to every 30 days from provider paid date.

Nationally, Access2Care currently processes over 360,000 encounters each month. **We currently submit encounters with an acceptance rate greater than 95%.** We submit claims for both capitated and fee-for-service contracts.



Due to our work with multiple contracts, we understand the testing process for 837 electronic, HIPAA-compliant files and we can readily comply with your required format and record structure. Depending on the contract requirements, we can submit encounter data directly or through an intermediary clearinghouse. Access2Care is prepared to produce encounter data in an electronic format that adheres to your approved data specifications for content, content definitions, format, file structure, and data quality.

We have fully documented procedures that encompass multi-department review, and sign-off of initial and continued tracking of accurate submissions and acceptance rates. We will submit an electronic file of all finalized encounter data, including those of our network providers to you and/or its designee; submit encounter data according to your defined standards and formats; and ensure the paid amount on encounter data is the amount paid to the provider of the service.

Our EDI Specialists play an integral role in our encounter data management processes and procedures. They analyze encounter data and ensure effective processing. Their expertise includes ANSI 834, 835, 837, 270, 277, and 999 transactions and files and HIPAA 5010 file formats. EDI Specialists are essential to ensuring that our exchanges of encounter, eligibility and other data with clients remain seamless and error-free.

Encounter Data Submissions

Access2Care has developed a thorough and compliant process for managing and submitting encounter data, as depicted in the graphic *shown here*.

Access2Care continues to implement and maintain policies and procedures that address its submission of encounter data. We will complete the following:

- Before implementation and at least annually, or on your schedule, submit an Encounter Data Work Plan that addresses Access2Care's strategy for monitoring and improving encounter data submission.

- Certification that data submitted is accurate, complete, and truthful, and that all paid-and-denied encounters are for covered services provided to or for members.
- Screen encounter data for completeness, logic, and consistency, and ensure all submitted encounter data detail accurately represents the services provided.
- Have a system in place for verifying and ensuring transportation network providers are not submitting claims or encounter data for services that were not provided.
- Collect encounter data in standardized formats to the extent feasible and appropriate.

Compliance

Access2Care will adhere to professional standards and levels of service as set forth in all applicable local, State and Federal laws, statutes, rules and regulations as well as administrative policies and procedures. Under the oversight of Access2Care's Director of Contract Compliance and Program Oversight, we will review operational contract compliance in every aspect. The reviews include, but are not limited to, the performance of the contractual/delegated metrics and compliance with training, Fraud, Waste, and Abuse, HIPAA and monthly exclusion checks. Access2Care will provide monthly reporting scorecards that evaluate compliance with contracted performance metrics and goals for functions delegated to us by, i.e., Member Service Center, claims processing, and provider network. Our annual reports/audits will provide evidence of compliance training and programs.

SECTION 4, SUBSECTION 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.

Vendor Response:

Access2Care recognizes the important role data plays in the decision making and oversight, as well as, the ability to report on program progress and successes. We welcome the opportunity to showcase our extensive reporting capabilities and data delivery methods to BMS. Samples of standard reports and our more commonly requested data points are included in **Exhibit 4.**

Access2Care has established and currently maintains a HIPAA-compliant database (A2C System) capable of providing utilization data. There are more than 2,000 distinct data points in the A2C database, which has the capacity and capability to extract data for use in data analysis activities to track required metrics, trends and patterns associated with program requirements and needs.

Data points in the database include but are not limited to the following:

- Member's name
- Date of birth
- Member's age
- Member's sex
- Address
- Telephone number

- E-mail address
- Directions to home
- Medicaid number
- Program eligibility verification
- Special needs (medical condition, etc.)
- Required mode of transportation (i.e. wheelchair accessible)
- Other issues of concern (abusive behavior, member preferences, etc.)
- Cost and amount paid to the transportation network provider
- Member's primary language, if their primary language is not English
- Preferred method of notification regarding scheduled trips
- Member ID
- Rate code
- Eligibility Date Range

Data can be extracted to help in analyses to track required metrics, trends and patterns associated with the West Virginia program.

Access2Care's real-time A2C System is the main data tracking and utilization system for transportation, authorization and scheduling. A2C is a secure, HIPAA-compliant database. To ensure ongoing compliance with HIPAA guidelines, we conduct internal audits of our database on a regular basis. Audits are conducted by Quality Assurance staff within the IT department; reviewed with the HIPAA Security Manager; and monitored by the Corporate Compliance Department. Results of the audits are reviewed by the Corporate Compliance and Quality Assurance Committee. Third-Party Audits: Access2Care welcomes and has successfully completed audits conducted by several of our Medicaid plans, and we participate in stringent audits annually with all of our clients, as well as during our URAC accreditation and reaccreditation processes.

Access2Care is prepared to supply all reports to BMS within the reporting timeframes in both electronic and hard copy format as put forth in this RFP and upon request (ad hoc) by BMS.

Since 2015, Access2Care creates most reports using the Tableau software, recognized as a top leader in the data visualization and reports arena. With the addition of this software, Access2Care can readily provide access to its data in real-time, while still ensuring HIPAA and security compliance. Access2Care is aggressively preparing to provide a new level of data analysis and presentation to our clients for not only current, but also future needs.

Tableau

Access2Care utilizes an advanced reporting and analytics tool, Tableau, for our data reporting, visualization and analysis. Tableau was selected by Gartner as a leader in business intelligence and analytics. Tableau can connect to a wide variety of data sources, from flat files and Excel spreadsheets, to relational databases and NoSQL databases, such as Hadoop. Once connected to the data sources, Tableau allows our end users to combine data

from all of these sources to generate reports, Excel files, dashboards, and the visualizations that give our business power users (who have a higher level of permissions than system administrators) greater insight into the data.

In addition to our numerous performance monitoring and network efficiency applications, quantitative and qualitative data analysis is further supported by our use of visualization graphics, such as dashboards and performance scorecards, using Tableau™ software and other applications. For example, by using Tableau, we can easily overlay our trip data onto maps to see patterns and trends in usage by geographic area and over time. This can help us to ensure that our transportation providers can properly optimize their trips to provide the best service possible for members. Our dashboard and transportation provider no-show report examples are shown below.





We invested in Tableau as a key part of our enterprise business intelligence strategy, and our investment includes training both our technical staff and business power users how to maximize its use. Access2Care utilizes Tableau for its reporting capabilities and as our primary data store solution to support the data tracking and utilization information system. Our technical experts and business power users will develop and maintain the system, and provide ongoing support of requests for any reports, files and analysis.

SECTION 4, SUBSECTION 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).

Vendor Response:

Access2Care stands behind our service delivery and partnership and are committed, to meeting performance standard expected by our partners. We have extensive experience meeting required NEMT network deliverables and standards outlined by Service Level Agreements (SLAs). As we move through contract negotiations, we will work with BMS to establish performance levels standards to demonstrate our commitment to outstanding high quality service.

Our West Virginia Project Manager will have weekly performance review meetings with our local leadership team. If we find deficiencies, a mitigation and correction plan will be developed to foster and measure improvements.

We will monitor all SLAs daily using our A2C System technology and BMS-approved policies, procedures, and protocols. We will gauge and monitor compliance and report our "score" as required in the RFP. We agree to delivering the following SLAs.

NEMT Services

- On-Time Arrival
- Travel Time On Board
- Average Wait Time
- Authorization & Scheduling Timeliness - Three Day Turn-Around
- Authorization & Scheduling Timeliness - Ten Day Turn-Around

Transportation Validation Checks

- Pre-Transportation Validation Checks
- Post-Transportation Validation Checks
- Utilization Reporting Submission
- Suspected Fraud, Abuse, and Misuse Reporting Submission
- All Other Vendor Deliverables Submission

NEMT Provider Reimbursement

- NEMT Provider Reimbursement - 30 Day Turn-Around
- Call Center Downtime
- Service Level Agreement Description Penalty

Call Center Performance

- Call Center - Speed of Answer
- Call Center - Average Wait Time

- Call Center - Average Call Abandonment Rate

Training, Outreach and Education

- Provider Training and Education
- Member Outreach, Education and Satisfaction Surveys

Driver and Vehicle Validation Checks

- Transportation Provider Driver Validation Checks
- Vehicle and Vehicle Inspection Requirements Validation Checks
- Unauthorized changes

In addition, we also capture the following internal service level standards:

Member Service Center Performance

- Hold Time
- Blocked Call Rate

Service Quality

- Passenger Grievance Rate
- Grievance Resolution Rate
- Member Satisfaction Survey
- Network Audit Results

Discharge Accommodations

- On-Time Percentage

Network Adequacy

- Prove 100% network adequacy, prior to go-live date
- Will implement mechanisms to ensure availability of appropriate providers and evaluate as needed to identify any deficiencies.
- Will implement interventions to improve deficiencies and measure their effectiveness

Go-live readiness

- Commitment to prove readiness, 30 days prior to the established go-live date, as verified with a pre-delegation audit review, performed by you

Data and Reporting

- Provide accurate reporting in order to precisely measure performance against each of the Performance Criteria within 30 days of the end of each month or calendar quarter.
- Report average performance against each of the Performance Criteria during the entire quarterly period

Claims

- Clean claims Standards

SECTION 4, SUBSECTION 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.

This section's response includes Access2Care's proposed services that corresponds with requirements in *Appendix 1, XII Training and Education.*

Vendor Response:

It is essential to the success of every NEMT program that open communications be maintained with all stakeholders (e.g., BMS staff, members, transportation providers), from the initial implementation phase throughout the ongoing partnership. A smooth implementation requires educating and informing members and stakeholders of the program about changes, expectations, and responsibilities. It also requires ensuring that stakeholders, members, transportation providers, medical providers, advocacy groups, BMS staff and legislators have confidence in the incoming broker. To build this confidence, we will work with the BMS to modify our educational material templates to be West Virginia-specific and affirm modes of distribution. These materials will explain the transition to Access2Care and will include, at a minimum, the description of available services, eligibility requirements, process for transportation service authorization, proper access and use of the program, and a toll-free contact number. All materials can be posted to both the BMS's and Access2Care's websites and also distributed to members by mail.

Clear communication will help ensure a smooth implementation and provide clear, concise direction and support for members, the community and facilities. We have extensive experience in developing community-accessible marketing programs to educate the population served through a series of community meetings, brochures, and other informational materials. Access2Care has a breadth of experience educating all stakeholders about program changes. In one state, we mailed over 500,000 member brochures, created flyers for the medical community, and engineered a state-specific website. Materials were developed in English and Spanish, and in large print versions for the visually impaired.

Upon award, we will provide an outreach plan with detailed plan and samples of all materials developed for communications to members, the community and facilities. Communications materials will be submitted to the Department with at least 10 days for review. All materials will be customized for West Virginia, and made available in English and Spanish and will be written at a sixth grade level. We use internal bi-lingual staff, familiar with our processes, whenever possible to assist in the preparation of these materials.

Educating medical providers helps them to understand NEMT program requirements as well as its limitations, and it also enables them to reinforce member understanding of program requirements. We work with medical providers to educate them on program changes, how to schedule recurring appointments, and urgent requests.

Our marketing team welcomes the opportunity to work collaboratively with the Department to develop written materials designed to meet Department guidelines. In addition, we have experience in developing tools to meet the needs of a diverse audience, including an accessible reading level and non-discriminatory language.

Language and Special Needs Accessibility

Access2Care's partnership with the global leader in document translation services, Transperfect Translations, tapped to translate necessary materials, means we have the capability to *professionally* translate any communication materials into *Spanish and into over 170 other languages*.

Because we understand that accessibility is critical, we will ensure that all materials and documents are translated and available in Spanish and, if necessary, any other language needed. These vital documents will be available to each identified Limited English Proficiency group. We will develop culturally sensitive materials that include taglines describing how to get help translating the document for other language groups.

Recently, we launched a new NEMT program in Oregon. The NEMT program, powered by our A2C System, is branded in the market as the "Ride To Care" program. Assessment of their members' language needs prompted us to create and distribute 'Client Intro Cards' in English, Arabic, Chinese (simplified), Russian, Somali, Spanish, and Vietnamese (depicted in the graphic below).



In addition to producing written communications in MORE THAN 170 languages, we have the ability to produce materials in large print and/or Braille to meet the needs of participants who are visually impaired.

Training and Outreach for Participants and Stakeholders (TOPS) Program

When implementing a new NEMT program, we place heavy emphasis on the development of our Training and Outreach for Participants and Stakeholders (TOPS) Program. The TOPS Program includes the development and dissemination of communication materials via phone contact, face-to-face meetings, monthly meetings, and web updates, with further development by and the ongoing involvement of a Transportation Advisory Committee (TAC). We propose to utilize a similar strategy for West Virginia, so that we may launch new materials and transform standard processes into those designed to enhance our existing communications program.

The TOPS Program will focus on strategic enhanced communication efforts with each stakeholder group:

- Eligible Members and their Caregivers
- Transportation Providers (existing and potential)

- Healthcare Facilities (with a focus on hospitals, dialysis centers, and other high NEMT volume services)
- Tribal and Refugee Communities

Proposed Enhancements to Current Practices

Using the lessons learned when implementing successful strategies deployed in similar markets, we propose the following enhancements to our current marketing and communication efforts for West Virginia's NEMT program.

Customized FAQ Documents

We often receive numerous (and similar) questions from program members, healthcare facilities and transportation providers. Based on these common inquiries, we have created FAQ documents, to be distributed and maintained via our website, and available (in English and Spanish) for downloading and printing at any time. The following table outlines suggested FAQ documents.

Target Audience	Document Title	Distribution Details
Members/ Riders	*FAQ Document: Members/Riders*	To be distributed to all eligible members and made available via pdf on the "FAQ" page of the website.
Transportation Providers	*FAQ Document: Transportation Providers*	Hand delivered and/or e-mailed to all transportation providers in our network, and made available via pdf on the "FAQ" page of the website.
Dialysis Centers	*FAQ Document: Dialysis Centers*	Hand delivered, used as part of training programs, and/or e-mailed to all dialysis centers in network, and made available via pdf on the "FAQ" page of the website.
Healthcare Facilities	*FAQ Document: Healthcare Facilities*	Hand delivered and/or e-mailed to all healthcare facilities in network, and made available via pdf on the "FAQ" page of the website.
Healthcare Facilities	*FAQ Document: Care Coordination Support for Healthcare Facilities*	Hand delivered and/or emailed to all Healthcare facilities in network, and made available via pdf on the "FAQ" page of the website.
Members	*FAQ Documents: Voicing Concerns*	Hand delivered and/or emailed to all Healthcare facilities in network, and made available via pdf on the "FAQ" page of the website.

Quarterly Transportation Provider Meetings

We will meet with the transportation provider network on a quarterly basis to discuss program changes, challenges and successes; obtain feedback from the network; and answer any questions. Since many of our providers are also drivers with demanding daytime schedules, we have found that offering a flexible two-week window of many meeting dates and time options for our quarterly meeting facilitates the highest level of participation from the network.

Recently in Oregon, this scheduling method proved far more successful than proposing a "one scheduled quarterly meeting" option. Of the 78 providers in our Oregon network, 70 of them (90%) participated in last quarter's series of meetings. Offering many scheduling options also resulted in fewer providers attending each separate meeting in the series, which led to more open discussions and candid feedback from each of the smaller groups of providers. Feedback from these quarterly meetings in Oregon has prompted our Oregon team to offer

additional trainings and continuing education programs to the provider network (e.g., the complaint and audit processes). This, in turn, has resulted in improved service delivery to members.

Transportation Provider Monthly eBulletins

We have developed an e-mail template to maintain consistent communications with the transportation provider network; this will be updated with relevant program details and sent out on a monthly basis, or more often, as needed.

Healthcare Facility Monthly eBulletins

In addition to the current monthly face-to-face meetings we will conduct with West Virginia's healthcare facilities, we envision that sending monthly eBulletins via e-mail will vastly benefit this group. This approach will help us maintain consistent communications and prompt regular feedback through yet another avenue.

Transportation Advisory Committee (TAC)

The purpose of the TAC is to identify areas for improving the effectiveness of the NEMT program, which exists to serve members within the Medicaid transportation benefit eligibility requirements. We propose the following responsibilities fall within the scope of the TAC:

1. Regularly review transportation quality metrics and provide feedback to Access2Care management
2. Review and provide guidance on program policies, procedures and protocols
3. Identify barriers to care that might be overcome through the NEMT program
4. Facilitate communications and education within the community, so that all stakeholders equitably and inclusively benefit from the NEMT program
5. Promote coordination between transportation resources to the benefit of West Virginia communities

Our goal at Access2Care is to form and facilitate an advisory committee whose membership is inclusive and reflective of the communities most impacted by the NEMT program The TAC's membership should be recruited to reflect the diversity of the state, including race/ethnicity, federally recognized Tribes, age, gender identity, sexual orientation, disability, and geographic location. The TAC should promote a collaborative working style among its membership. Private transportation providers will be welcomed and encouraged to participate.

Timelines and Deadlines

Access2Care will meet all specified timelines for deliverables. We will submit all draft communications and marketing materials to BMS for review, testing and approval. Following the completions of any needed revisions, a final version will be presented to BMS for acceptance. Once final approvals have been made, and prior to the established start date, brochures and information packets will be distributed to Medicaid members and appropriate stakeholders via U.S. mail. We will also distribute these materials to facilities and transportation providers within this time period. At this time, our web development team will also post all finalized website enhancements and updates.

Ongoing Accessibility

It is important that this information be readily available at any time for inquiring individuals. We will make all BMS-approved information packets and communication materials available to the public via the website, so

members and stakeholders may view and download the information at any time throughout our contracted partnership period. Our IT staff, who presently manage more than 50 websites for our company, maintain our website platform, a Microsoft Enterprise hybrid cloud-based platform that is highly secure and even easier for users to navigate.

SECTION 4, SUBSECTION 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.

Vendor Response:

Access2Care is committed to the development and success of our transportation providers, as well as to the continuous education and advancement of their drivers. Access2Care provides training and educational resources to our transportation providers that responsively strengthens our network. Our approach to transportation provider training is member focused, customer centered, and caregiver inspired. The attached sample (**Exhibit 6**) Transportation Provider Manual is user-friendly and designed to cover important topics, such as protocols, the contracting, credentialing, and re-credentialing process; performance standards and compliance; trip management using the A2C System's web-based tool through the provider portal; retrospective review process; preauthorization requirements; claims processing via our electronic claims system; and much more. Personal assistance is always available through our Network Specialists/Coordinators. Our required training includes:

- Code of Conduct Training (e.g., no smoking; no headphone use; etc.)
- Cultural Competency Training
- Fraud, Waste, Abuse & HIPAA Training (e.g., HIPAA compliance)
- Driver Training (e.g., defensive driving training)
- Customer Service Training
- Assisting Passengers with Special Needs (e.g., use of common assistive devices such as wheelchairs, walkers, scooters; operation of lifts, ramps, and wheelchair securement devices)
- Emergency Training (e.g., CPR and basic first aid; vehicle emergency evacuation)
- Handling Blood-borne Pathogens
- Wheelchair transfer and securing wheelchair
- Member sensitivity training for NEMT Transporters
- Transporting Dialysis Patients
- Accident, injury, incident reports
- Using the A2C Portal
- Reviewing timeliness requirements
- Driver training
- Proper record keeping/driver logs
- Available training resources
- When to call the Network Specialist

- Frequently asked questions and their answers

Transportation Provider orientation and training begins once contracts are signed and visual inspections are completed, and continues throughout the provider's relationship with Access2Care. We encourage the use of local and online training and we review documentation submitted by providers to verify that all drivers have received the required training on the following topics:

We provide online training programs so that our providers' staff can complete course work during off-peak hours and avoid over-time expense, encouraging compliance while moderating costs. Our training programs support safety (e.g., proper ways to secure a wheelchair, safe driving skills, lifting techniques) to reduce insured losses and to help control premiums. In addition to training offered when a transportation provider joins our network, Access2Care proposes to create a quarterly in-service training program for all transportation providers. For the convenience of provider attendance and participation, courses may be conducted by conference call and/or Web-based desktop sharing such as WebEx.

One-on-one training is also available and is designed to cover recurring issues with a particular provider. Training sessions will also use an evaluation tool, to assure effectiveness of the training and provide feedback.

Driver Training Program

Access2Care requires our transportation providers to have an appropriate driver training program for their employees. This training program must include classroom and behind-the-wheel training for all drivers. Transportation providers must abide by the provisions in the Americans with Disabilities Act (ADA) training. Transportation Network Coordinators can refer transportation providers to acceptable sources for this training upon request. The goal is to ensure that all of our drivers are capable and experienced in assisting passengers whenever necessary.

Access2Care will evaluate our transportation provider's specific driver training programs to ensure that all drivers are well equipped to perform their job functions in accordance with Access2Care standards, contract requirements, and Medicaid Division guidelines. An acceptable driver training/ orientation program includes the following topics:

- Defensive driving
- Use of common assistive devices by elderly and handicapped persons
- Methods of handling wheelchairs
- Methods of moving, lifting and transferring passengers with mobility limitations
- Operation of lifts, ramps and wheelchair securement devices (e.g., wheelchair locking devices, straps, etc.)
- Customer service
- Emergency evacuation
- Back protection
- Passenger Assistance Training (PASS) if applicable

- Emergency procedures and techniques
- Behind the wheel training

We are willing to assist transportation providers with establishing an ongoing safety and sensitivity program for their organizations. We periodically monitor the training delivered by each transportation provider with an on-site visit or by interviewing drivers on the topics listed in the manual to verify they are included in the training program We may also utilize customer and member feedback to design new training modules.

Ongoing and Refresher Training

We provide ongoing training and refresher courses to our transportation network providers. For example, we assist transportation providers with establishing an ongoing safety and sensitivity program for their organization. Our provider training recognizes that language is not the only potential challenge in providing services to culturally diverse communities. We provide Cultural Awareness and Agility training to transportation providers. The training is custom-designed to reflect the culture of the area. We help our staff and providers understand the difference between equity and equality, and the importance of respect and dignity in every interaction throughout the business process.

Regular refresher training will be provided whenever there are changes to protocols, process improvements for internal procedures, or as a supplement to performance discussions or coaching sessions. Refresher training methods are determined by content size and scope. Our Program Director will assess training refresher needs through gaps identified in performance reviews, employee evaluation responses, and general feedback from all levels of staff throughout the organization. We also document training participation and feedback for improvement. Interview survey results and other monitoring tools will continue to help us determine the efficacy of our training efforts. In addition, corporate training is offered online and/or onsite as needed (e.g., Fraud, Waste, and Abuse Compliance; Utilization Review Accreditation Commission).

Policies and Procedures Manual

Access2Care will continue to maintain a Policies and Procedures Portal and Manual that has been reviewed and approved by BMS. All policies within the manual will continue to be reviewed no less than annually, or whenever changes in operations are made, a process that adheres to contract requirements and our Utilization Review Accreditation Commission (URAC) guidelines. Subsequent updates made to policies and procedures, made in response to our Quality Improvement Process, will be submitted for review and acceptance. Once approved, the policies' changes are then cataloged for reference, as well as introduced as part of new training materials distributed to staff impacted by the update. Usually, the training occurs immediately following acceptance.

Access2Care's Policies and Procedures Manual includes, but is not limited to, the list of topics included in **Exhibit 7**

Transportation Network Providers' Manual

Access2Care has developed a Transportation Network Providers' manual, which contains all related policies and procedures. This Transportation Network Providers' manual is refined to reflect and adhere to the requirements of the contract. As mentioned earlier, transportation providers are given a mandatory orientation training prior to their provision of transportation services to ensure they are fully trained about all contract requirements, including those related to members' special needs, trip assignment, the use of our secure online portal, claims

payment and audit responsibilities. As new policies and procedures are reviewed and approved, the manual is updated and transportation providers are given refresher training.

SECTION 4, SUBSECTION 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 .

Vendor Response:

Access2Care's formal change control procedure outlines communication, review, and action for any changes in scope of project or requirements during the contract term.

Access2Care's *Policy #211 Information Change Notification Policy* provides guidelines for notifying clients of changes and/or updates to all approved and published policies and procedures. These guidelines can also be applied to 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 .

In the event of a change, Access2Care will assess the impact of the requested change and report to BMS. Access2Care realizes the importance of notifying appropriate parties when updates or changes are made to. Updates or revisions may be the result of contractual changes/discussions, or may be identified during routine review. All policies and procedural documents will be reviewed as required but at a minimum of once per year.

Once a request is received to add, change, or delete a current policies and/or procedures, Access2Care staff will follow these steps to implement changes:

- The request is submitted to the Quality Team.
- Quality Team assigns a Subject Matter Expert (SME) to develop the new or edited process.
- The new policy or procedure must be approved by the following Access2Care leaders in descending order:
    - Quality Manager or Equivalent
    - Corporate Quality
    - Operations
    - Director of Client Services
- Once approved internally, the request is submitted to the BMS for approval.
    - Document will include a description of the change request, the goal, required actions, a summary of any existing process or reporting changes as a result of its implementation, and the cost or investment needed.
    - Sign off from both parties is required.
    - Upon signature acknowledgement, contract amendments occur, when applicable.

- If required, changes will be made by the Quality Manager or their designee as agreed to by the BMS and Access2Care.
- The approved changes are added to the Policy Manual.
- The Project Manager/Director of Operations will ensure distribution to appropriate staff and if necessary network transportation providers within five (5) days of the BMS' approval.

SECTION 4, SUBSECTION 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.

Vendor Response:

Access2Care believes effective stakeholder communication is the keystone of strong business relationships. The communication media does change depending on topic and stakeholder preference, but we will meet via teleconference or face-to-face meetings as often as needed to address, discuss and resolve any administrative or operational issues. While we prefer face-to-face meetings, we understand that stakeholder schedules and prior commitments prevent frequent, regular contact. In its place, we schedule reoccurring phone conversations, with organized agendas, as well as schedule ad hoc teleconferences, depending on issue urgency.

SECTION 4, SUBSECTION 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.

Vendor Response:

Access2Care has well-established processes for assessing, authorizing and scheduling NEMT services. We will adhere to contract requirements for grievance process to ensure compliance with the Bureau's policy and procedures outlined BMS Chapter 800 (A) of the West Virginia State Medicaid Manual for Provider requirements, process for Medicaid recipients (http://www.dhhr.wv.gov/bms/Pages/Manuals.aspx) and allow providers a review process. When adherence to guidelines still results in trip denial or a reduction in services, our Quality Assurance Plan dictates proper and timely notice to members and their rights to file grievances and request fair hearings. Our practices will align with requirements and will ensure compliance with state and federal regulations regarding the provision of Medicaid benefits. Access2Care has a process in place to receive and respond in a timely manner to grievances. The process includes the following tasks:

- Provide notice (written and verbal) of final result with an explanation
- Inform members of the avenues to see further review (appeals and hearings)
- Meet all required time frames for resolution and response
- Report an analysis of the grievance to our Quality Management/ Assurance/Process Improvement teams

Our A2C tracking system has the capability to compile and analyze the data; generate both electronic and hard copy reports, in Excel format; and store and maintain and manage the data.

A brief synopsis of each stage in this Grievances, Denials, Appeals, & Hearings process is described below. Please also refer to the draft of our policies and procedures for addressing and tracking grievances enclosed as **Exhibit 7** with our proposal.

Notice and Notice of Action

The denial or limited authorization of a requested service; termination, suspension, or reduction of a previously authorized service, the denial, in whole or in part, of a payment for service; or the failure to act upon a request for services in a timely manner, otherwise known as Notice, is taken seriously by Access2Care. Various policies, such as Trip Denial (#321), Claims Denials and Appeals (#306); and Claims Complaints Investigation (#307) clearly describe each step in this process. The Notice of Action is our written statement of the action we have taken or intend to take; the reasons for the action; the member's right to file a grievance and request a fair hearing; and the procedures for exercising that right. The written Notice of Action will contain the requisite information, in accordance with state and federal regulations, such as notice of the decision that was made, the reason for the decision, the member's right to file a grievance or appeal, and instructions on how to file a grievance or appeal. Access2Care's Notice of Action process will comply with all applicable regulation subsections of *BMS Chapter 800*. Our process includes:

- The issuance of a written notice of action in an approved format, and in the members' primary language.
- The timing of the notice, including but not limited to, special considerations, extensions and authorized service coverage.

Access2Care's Notice of Action letters will be easy to read and understand. We will use 11-point or larger font; write for a target audience at a no higher than 6th-grade reading level; and make sure these letters are available in alternate formats (e.g., Large Print, Braille) for members who are visually impaired or blind. Notice of Action letters will be sent to members via first class mail and in accordance with HIPAA and privacy policies. Access2Care has a proven system in place to mail written notice of decisions to members that is supported by our Grievance and Appeal Policies and Procedures' filing and tracking processes. For *Intended Actions*, we will send the Notice of Action at least ten (10) days before the date of the Action, except as is otherwise allowed by law. For *Actions*, we will send the Notice of Action at the time of the Action decision. In the event that extenuating circumstances preclude a same-day authorization decision, our decision-making processes will ensure a service authorization decision is made within a timeframe to align with expedited authorization decision timelines to which BMS must comply.

Grievance Process

At Access2Care, we will continue to thoroughly investigate any grievance (the expression of dissatisfaction challenging our actions) through Access2Care's Complaint Resolution process, using applicable statutory, regulatory, and contractual provisions as well as our BMS approved policies and procedures. Our staff practices active listening and immediately puts all callers who may be hesitant to complain at ease with their collaborative problem-solving approach. Access2Care acknowledges receipt of each written grievance received via the member or authorized representative. We will continue to contact the member or authorized representative in writing within five (5) business days after receiving the grievance. Access2Care logs and tracks all complaints and

grievances in a format to be approved by BMS, assigning a unique tracking number to each. We allow no less than twenty (20) calendar days and no more than twenty-eight (28) calendar days from the date of action to file a grievance. Access2Care ensures that individuals completing review of grievances are not the same individuals involved in previous levels of review or decision-making, and when warranted, are health care professionals who have appropriate clinical expertise, as determined by the BMS, in treating the member's condition.

Access2Care has an established web-based system for acknowledging receipt and tracking grievances. Utilizing the A2C System, any Associate can receive a grievance and log it into the A2C System once received. These records include a short, dated summary of the issue, name of the members, date of grievance, date of decision, and the disposition. Access2Care will issue a notice of decision within twenty-one (21) calendar days from receipt.

Denials (Grievances not resolved wholly in favor of the member)

If eligibility cannot be confirmed or if a service is not covered, the reason for denial will be documented and a Notice of Decision (NOD) is created that meets the requirements outlined in the RFP. If a service is denied, reduced, or terminated, the A2C System will automatically generate a NOD containing the member's appeal rights, which we will send to the member. The reason for a denial will be documented in the A2C System. Denial reasons are based on the requirements in this RFP and in applicable laws and ordinances. Access2Care will participate in all appeals and grievance processes as the State's administrator of these services. Access2Care will make a decision on each grievance and provide notice of its decision within the required timeframe from the date we received the grievance.

Notice of Grievance decisions will be provided to the affected parties, in writing, stating at a minimum:

- the right to a hearing;
- the method of obtaining a hearing; the rules that govern representation;
- a statement of the grievance issue(s);
- a summary of the facts asserted by each party;
- Access2Care's decision, as supported by a well-reasoned statement that explains how our decision was reached;
- the date of the decision; and
- for grievances not resolved wholly in favor of the member, the member's right to request a state fair hearing, the time frame and procedure to do so.

All information is documented in our web-based A2C System, and Access2Care agrees to follow all of the informal and formal review processes outlined in this RFP. Access2Care also relies on its established system in Salesforce™ to maintaining, retain and track grievance records. This system also allows for detailed reporting including but not limited to, number of grievances, types of grievances, timing of contact with the member, timing of communication (letters of acknowledgement, NOD), outcomes of steps in the process, and final disposition. We will provide information about the grievance system to our NEMT providers within the Transportation Provider Manual.

Information about these processes is also reviewed and included as part of our Customer Service Training, Provider Training, and Quality Assurance Plans.

Appeals

If an appeal is requested that disputes Access2Care's denial of a NEMT service, we will manage the appeal process as required. Although Access2Care has an interest in the Appeal process, we understand the parties to the Appeal are the Appellant (member) and BMS. We hold a positive record of decisions that are upheld on appeal.

Hearings

Access2Care will maintain all materials and supporting information for use in administrative and/or fair hearings and other legal proceedings for timely access by the State Fair Hearing Officer and BMS. In addition to live testimony at hearings, we will remain available for depositions and discussions with BMS' attorneys and staff as required. Access2Care's representative shall testify about the screening and approval process, actions of Access2Care, and provide written documents that includes:

- Case summary
- Overview of screening and approval process
- Notice of Action letter
- Transcriptions or recordings of calls
- Regulatory and policy documentation sufficient to support the action by Access2Care in accordance with both Federal and State law

We have dedicated, experienced and qualified staff who will actively participate in the Appeal, Request for Hearing, and Grievance processes. This staff will address and ensure compliance with the contract's confirmation of receipt, notice of action, and notice of decision requirements that are in accordance with timely follow-up and resolution requirements throughout the appeal and hearing process. All of these activities will take place within the time frames as stipulated. All of these activities will also conform to approved rules and regulations, as well as Access2Care policies and procedures (e.g., Appeals and Hearings (#603), and Complaint, Resolution, Appeal Policy (#604)).

For grievances or complaints filed by NEMT providers, Access2Care has established procedures for reviewing complaints and grievances. Each complaint or grievance is assigned a unique tracking number. The NEMT provider will be allowed fifteen (15) calendar days to request a review of the decision by Access2Care, BMS, 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.

Access2Care captures and investigates all complaints. We use the information we capture from interactions with members, transportation providers, and other stakeholders to improve how we serve our clients. Our company-wide focus on quality improves our programs, and as a result, improves member experiences. Our commitment to quality is recognized by the industry's highest standard—Access2Care has received full URAC Accreditation for quality in all of its operations.



Timely Issue Resolution

Nationwide, **better than 99.8% of our trips are complaint free**, based on the number of complaints to completed trips. To assure complaints are investigated quickly and efficiently, Access2Care operates a dedicated Service Recovery team who are experienced in seeking the root cause of service issues.

Additionally, Access2Care will designate a full-time Account Executive located within the service area. The Account Executive will handle escalation procedures for member issues, and respond immediately to program changes and transport concerns.

Access2Care will share complaint-related information via monthly dashboard reporting and in near-real time via a secure online portal. Your staff can view the complaint process with full transparency 24/7/365, provide feedback, and recommend changes. Sample dashboard reports are included as **Exhibit 4**. Dashboard reporting will include analytics customized to your critical program metrics, as defined by you and as monitored by our team of experts. Member notification will occur as specified.

Managing Feedback and Complaints

Receiving Complaints

All Member Service Center Associates are trained on the complaint intake process and are able to receive and log complaints 24/7/365. Complaints are received efficiently, gathering as much information as possible. Members can file a complaint at any time using the same dedicated toll-free number used to schedule a trip. Member Service Center Associates log all complaints into the A2C System. A verbal acknowledgement is given to members during intake, and an acknowledgment is generated within one business day.

In the event a member of your staff receives a complaint that requires investigation by Access2Care, we operate a secure online portal for complaint entry. The entry process is streamlined for your ease, and only requires the details needed to start the investigation. Once your staff member submits the information, the Service Recovery team immediately receives notification of the complaint entry and initiates the investigation process.

Tracking and Investigating Complaints

Complaints are tracked for retrieval, investigation, trending, and reporting. Our complaint management system is integrated into our A2C Software System. Our dedicated Service Recovery experts investigate the complaint by requesting information from the transportation provider, reviewing all transport information, and/or listening to recorded calls, as appropriate.

All findings are entered into the A2C System, which maintains all data collected during the complaint investigation process for review and reporting. Access2Care supervisory staff monitors the progress and timeliness of the all complaint investigations. We also provide a monthly complaint detail report in your-approved format that captures applicable information including:

- Member name, ID, address;
- Party complaint is against; complaint details; and
- Party receiving complaint.

Updates on complaints are also available via our A2C System client portal.

All significant events are analyzed and brought to management for further review. Significant events are unexpected occurrences that demonstrate a real or potential threat to member care or staff safety. Corrective actions can vary from re-education up to termination of provider subcontractor agreements.

Investigation and Response

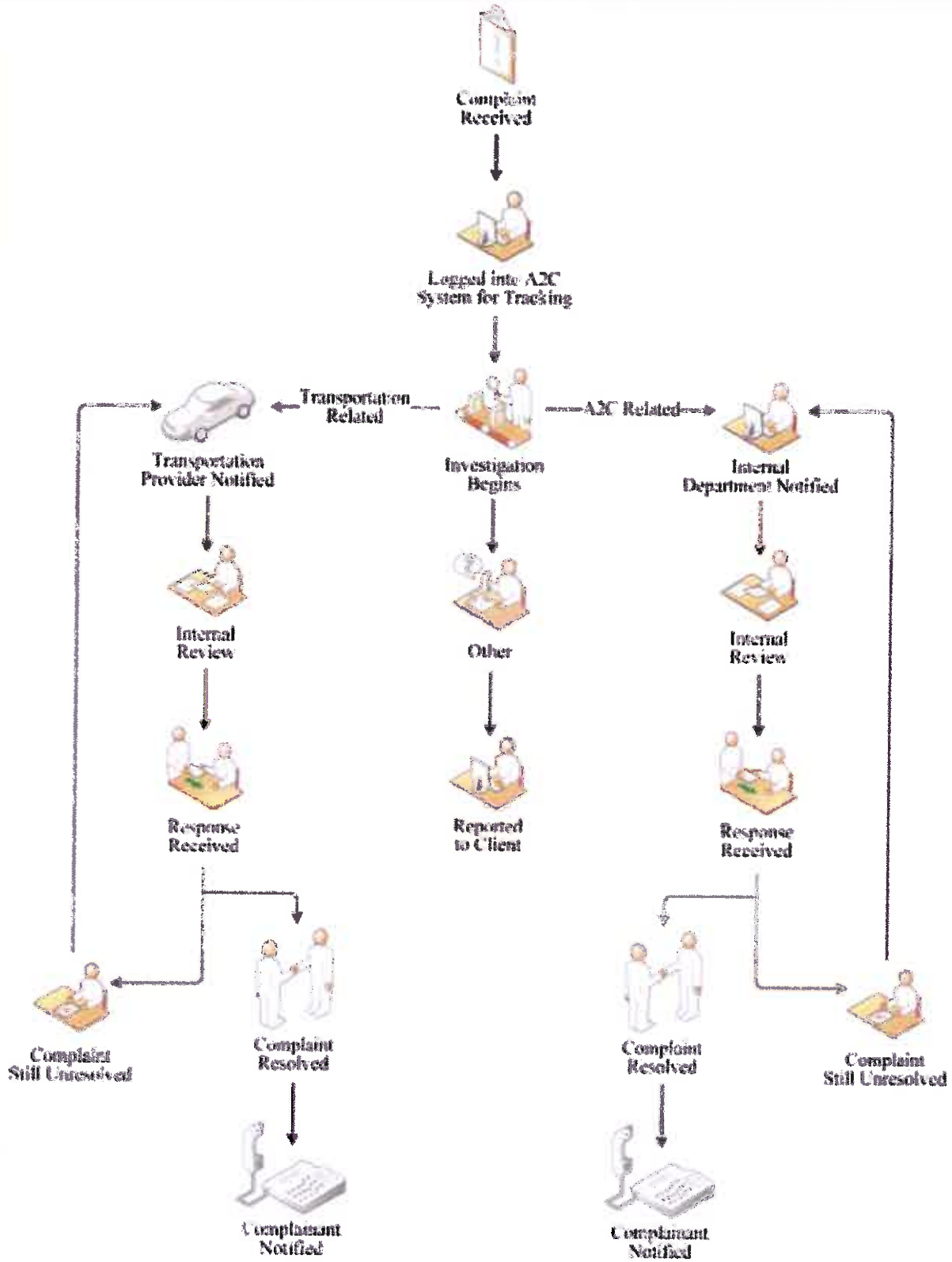
Access2Care expedites received complaints to move efficiently to response. Once the investigation is complete, the Service Recovery Specialist summarizes all findings and provides a recommended response, which is forwarded to the responsible department (for example Network Management or Member Service Center) for final review. That department then implements quality improvements as necessary, whether by working with Member Service Center Staff and/or the involved Network provider.

When the Service Recovery Specialist forwards the recommendation, he/she will also report the investigation outcome. Follow-up actions can include the following examples:

- For the valid complaints against the Member Service Centers, actions may include staff retraining or modifying queues or IVR messages to eliminate confusion that may cause future complaints.
- For valid complaints against Providers, actions may include retraining, formal Performance Improvement Plans, restrictions or termination from the network. The provider investigation process is completed within 48 hours of receipt of a complaint.

If the investigative outcome cannot be finalized during that period, a response is provided in Access2Care's portal and will be updated upon receiving final investigation.

Our complaint process flow is shown on the following page.


Complaint Received
Logged into A2C System for Tracking
Transportation Related
A2C Related
Transportation Provider Notified
Investigation Begins
Internal Department Notified
Internal Review
Other
Internal Review
Response Received
Reported to Client
Response Received
Complaint Still Unresolved
Complaint Resolved
Complaint Resolved
Complaint Still Unresolved
Complainant Notified
Complainant Notified

Improvement and Quality Review

We analyze Investigative outcomes and use them to develop quality improvement initiatives that reduce future occurrences. The Program Oversight Department reviews all complaint data for trending and analysis. We use complaint trends to develop and launch many of our formal quality improvement projects. For example, concerns about proper wheelchair securement led to a new process in which a driver must be observed or must submit video evidence of following correct procedure.

Management Review of Complaints

At monthly Quality Improvement Team (QIT) meetings, we review trends and report actions taken to address findings on a company-wide scale. At the meeting, performance improvement interventions are shared across all operations, so that the best and most effective practices can be spread across the organization.

Complaint Detail Report

Access2Care will develop a customized Complaint Detail Dashboard including the following data:

- Issue with provider;
- Issue with transport vehicle;
- Provider no-show/late arrival;
- Member incident/injury;
- Complaint received by: Member, appointment clinic, or facility; and
- Other transportation issue.

With our Tableau reporting, which enhances our data reporting capabilities, we can further customize this dashboard to reflect updated reporting requirements or as requested.

SECTION 4, SUBSECTION 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.

Vendor Response:

To deliver NEMT services effectively to your membership an outstanding customer service center must work in unison with an outstanding, dedicated network of transportation providers and active working relationships with local transit agencies. Through years of working closely with the NEMT community, we have developed an effective targeted approach to provider recruitment, which identifies and attracts market leaders, innovative forward thinkers, and the best of the transportation providers.

Access2Care recruits transportation providers from local communities, specifically encouraging providers who offer drivers and support staff who are bilingual and personally familiar with the culture of the members they serve. All providers we are recruiting are licensed and certified according to local and State requirements.

To maintain the highest level of member and member satisfaction regarding our services, we only partner with the most qualified and fiscally responsible transportation providers. We uphold strict credentialing requirements

and ensure compliance with state and federal requirements. Access2Care prohibits partnership with individuals excluded from participation under the terms and requirements set forth by Medicare and/or Medicaid.

Access2Care has strategically analyzed NEMT transportation demand in the area and we are proactively recruiting providers based on those results.

Strong relationships with satisfied providers yield a better functioning network. Stable and effective provider networks reduce Member as well as healthcare provider complaints, reduce related administrative burdens and costs, and thus enhance the sustainability of costs. Access2Care partners with its provider network better than any other transportation brokerage, as documented in numerous letters received and discussions with providers. In-person and active network management is critical to the long-term success of any non-emergent transportation program. Quality assessment practices implemented by Access2Care ensure that all stakeholders are consistently satisfied and that safety is ensured for members.

"For anyone to be successful in the business of non-emergency medical transportation management they must understand the balance between transporting the passengers safely and on-time, providing excellent customer service, and providing fair payment to its providers. If these essentials are not consistent and balanced, the program will suffer. Access2Care understands the business and how to create a successful working relationship with its transportation providers. The team at Access2Care has always been professional, accessible and accommodating."

Network Development

We proactively cultivate relationships and recruit providers in anticipation of this partnership.

In addition to our relationships with private transportation companies, Access2Care collaborates with local public transit to make the best possible use of these resources in transporting your members. For example, we load all available routes into our A2C System, which automatically calculates the distance from a member's home and destination as part of determining if public transit is an appropriate option.

Supply and Demand

Providing sufficient transportation resources helps contain costs and increases satisfaction with the program. During implementation, and throughout the life of the contract, Access2Care monitors the transportation resources for adequacy and availability by using a sophisticated predictive modeling discipline to determine the size and scope of the network needed.

The System Status Management (SSM) plan matches the demand for service (customer requests) with the supply of service (vehicle and transit resources available) by hour-of-day, day-of-week, and zip code of pick-up and drop-offs. The SSM tool allows the Access2Care Network Specialist to balance the transportation program's simultaneous service requests and response-time standards with the appropriate resources, customer satisfaction, and economic efficiency. This complete demand analysis allows Access2Care to determine the number and type of vehicles needed in each geographic area throughout any given day.

Access2Care has extensive experience in developing robust and diverse transportation networks, and will deliver a complete and fully credentialed network within 90-120 days, i.e. in time for your go-live. We have worked in

partnership with a broad range of transportation providers for more than 14 years to meet the needs of our passengers and the contractual obligations of our clients.

Driver Verification and Documentation

Access2Care upholds strict credentialing processes to ensure that only qualified and fiscally-responsible transportation providers participate in our networks. Access2Care ensures compliance with state and federal requirements prohibiting contracting individuals excluded from participation under the terms and requirements set forth by Medicare and/or Medicaid. Our credentialing process consists of reviewing required documentation and a visual inspection of the providers' facility/vehicles.

Access2Care maintains rosters of all current and former transportation company owners, controlling interests, and employees/drivers. Prior to performing services, and monthly thereafter, these names are checked against the Office of Inspector General (OIG) and Excluded Parties List System (EPLS) databases. Any company with an owner or controlling interest that is found to have a positive result would not be allowed to contract or perform services for Access2Care. Any driver found to have a positive result would not be allowed to perform services for Access2Care. Proof and results of the OIG and EPLS check is kept on file in conformance with record retention policies or requirements.

Access2Care will immediately notify the client partner of any NEMT providers or drivers that have been identified as having Office of Inspector General (OIG) sanctions, and will immediately exclude them from providing services to members.

Once contracts are signed and visual inspections are completed, the Network Coordinator begins training providers. We encourage the use of local and online training. We review documentation submitted by providers to verify that all drivers have received the required training on the following topics:

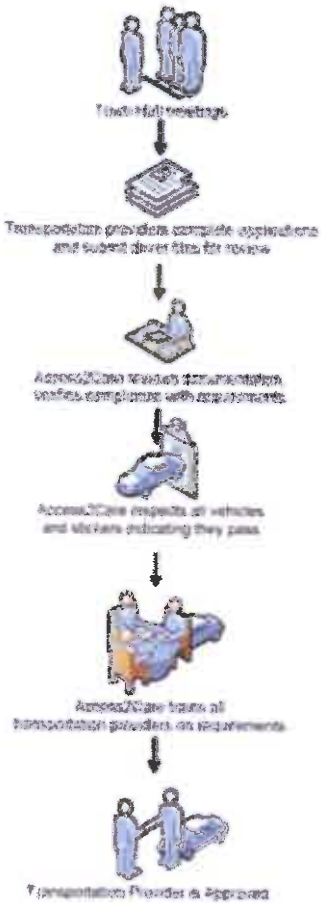
- Using the A2C Portal
- Accident, injury, incident reports
- Wheelchair transfer and securing wheelchair
- Fraud Waste & Abuse (online)
- Driver Conduct
- Passenger assistance Training
- Customer service
- Defensive driving
- Assisting passengers with Special Needs

The A2C System maintains a "tickler" file that provides our network coordinators with critical expiration or renewal dates for such items as automobile liability insurance policies, driver's licenses, vehicle registrations, and inspections on a monthly basis to ensure there are no expirations or lapses in coverage. Access2Care requires all transportation providers to request their respective insurers to provide Access2Care with a minimum of 30-days' notice before any material policy changes. All critical dates are maintained in our automated systems. Reminders

are generated automatically and sent to our network coordinators and the transportation providers for follow-up before the dates expire. Your staff will be provided access to these logs.

Access2Care has extensive procedures in place to screen all potential employees and transportation providers regarding OIG exclusions or sanctions. Access2Care completes and will continue to conduct annual compliance reviews to ensure ongoing compliance with all NEMT provider requirements provided in the RFP and subsequent contract.

Access2Care monitors the NEMT providers' performance to ensure that such providers comply with stated provisions. In addition, Access2Care fully investigates and responds to issues involving NEMT providers upon request.



Recruitment Strategy

Access2Care recognizes that one of the most critical components of a broker's success is the recruitment and training of both Access2Care staff and transportation providers. Through years of working closely with the NEMT community, we have developed an effective targeted approach to provider recruitment, which identifies and attracts market leaders, innovative forward thinkers, and the best of the transportation providers.

Our recruiting practices provide our clients with the network diversity required to meet trip volume as well as each passenger's needs, based on his or her medical requirements. Our credentialing and re-credentialing processes ensure safe transportation and mitigate risk.

Building and Maintaining a Network

Using local transportation resources (identified via incumbent providers, Internet searches, media ads, and input from medical facilities) Access2Care initially contacts providers during the proposal development period after release of the RFP. We conduct several "town hall type" meetings in strategic locations around the specified RFP service area and provide education to them about our company, our requirements for inclusion in the network, and the benefits to them in working with us. It is also at this time, that interested transportation providers are asked to sign non-binding letters of intent for joining Access2Care's network if we are awarded the contract.

To ensure client partners are served respectfully and knowledgably, Access2Care recruits transportation providers from local communities, specifically encouraging providers who offer drivers and support staff who are bilingual and personally familiar with the culture of the members they serve.Access2Care upholds strict credentialing processes to ensure that only qualified and fiscally-responsible transportation providers participate in our networks. Access2Care ensures compliance with state and federal requirements prohibiting contracting individuals excluded from participation under the terms and requirements set forth by Medicare and/or Medicaid. Our credentialing process consists of reviewing required documentation and a visual inspection of the providers' facility/vehicles.

Once contracts are signed and visual inspections are completed, the network coordinator begins training the providers. The transportation providers are trained on all program requirements, and they review the transportation provider manual. Once the above is completed, the transportation providers are considered fully credentialed and ready to begin transportation.

Access2Care re-credentials all transportation providers annually. Each transportation provider must pass the desktop credentialing and vehicle inspections annually. Access2Care evaluates the providers existing driver training program and provides transportation providers with feedback and resources in order to develop a compliant and exceptional driver training program. We encourage the use of local resources for training as well as resources for online training. We then audit documentation submitted by providers to verify that drivers have received the required training.

All information gathered during credentialing (service agreements, inspection records, accidents or moving violations records, and all initial training and ongoing training documentation) is stored in the A2C System and in the transportation provider and driver files. This facilitates the automated monitoring of expiration dates for licenses, insurance, and inspections. We maintain all documentation for five years and will make the records available upon request.

We engage in a number of other monitoring activities, including, but not limited to:

- Initial and annual credentialing of all drivers, attendants, and vehicles
  - Monitoring driver licensure, driving records, experience, certification, and training compliance
  - Monitoring compliance with state and manufacturer vehicle requirements
  - Ensuring member safety, assistance, and courtesy
  - Conducting routine vehicle inspections
- On-street observations
- Reporting and reviewing accident/incident or moving violations
- Statistical reporting of trips and other behavior standards
- Conducting ride-time performance measures
- Conducting detailed complaint analysis
- Enforcing the completion of driver logs
- Monitoring driver communication with dispatcher
- Conducting a detailed analysis of canceled trips
- Enforcing attendant and/or volunteer standards and requirements

Monitoring Performance

Monitoring provider performance is essential to excellent performance of the NEMT program as a whole. Access2Care begins with strict credentialing and continues with ongoing monitoring to ensure that only qualified and fiscally responsible transportation providers participate in our networks and that they continue to perform to expectations.

Our ongoing monitoring of transportation providers is continuous and thorough. This allows us the opportunity to identify performance variations quickly and rapidly make changes that improve performance. Monitoring includes statistical evaluation of performance, member telephone surveys, and on-site inspections. Statistical monitoring occurs on a weekly and monthly basis. Transportation Coordinators meet with program leadership weekly to review each provider's Key Performance Indicators over the most recent period and on a 12-month rolling basis. Our Quality Assurance team serves as an internal independent review organization and conducts monthly quality reviews that include not only the performance of individual providers but also our organization's overall compliance with contract standards.

In addition to careful selection and credentialing through the methods described above, our Quality Assurance department works to achieve and maintain the superior level of performance our clients expect through an ongoing program of provider monitoring. Key indicators we track include, but are not limited to, the following:

- On-time Performance: The percentage of all trips accepted by the provider that were completed on- time
- Vendor No-Shows: The percentage of all trips accepted by the provider in which they failed to arrive at the pick-up location
- Complaints/Transports: The percentage of all trips accepted that resulted in a complaint
- Trip Acceptance: The percentage of all trips offered that were accepted
- Audit Results: The percentage of all audited trips that were denied We engage in a number of monitoring activities, including, but not limited to:
    - Annual credentialing of all drivers, attendants, and vehicles
    - Monitoring driver licensure, driving records, experience, certification, and training compliance
    - Monitoring compliance with state and manufacturer vehicle requirements
    - Ensuring member safety, assistance, and courtesy
    - Conducting routine vehicle inspections
    - On-street observations
    - Reporting and reviewing accident/incident or moving violations
    - Statistical reporting of trips and other behavior standards
    - Conducting ride-time performance measures
    - Conducting detailed complaint analysis
    - Enforcing the completion of driver logs
    - Monitoring driver communication with dispatcher
    - Conducting a detailed analysis of canceled trips
    - Enforcing attendant and/or volunteer standards and requirements

The A2C System provides exception reports that identify any unmet standards. Our QA staff uses these reports to follow up with providers and/or internal staff to determine necessary improvements or corrective actions. Client Partners have access to all QA monitoring reports in which the Access2Care management team identifies operational trends and areas for improvement. Trend reports in most of our contracts focus on particular functional areas, such as customer service center performance, transportation provider performance, and complaints. As needed, we will add or modify KPIs to meet your expectations. The QA Department report to Access2Care's corporate office and will remain continuously independent of the local operations. This structure is standard in most industry and healthcare quality assurance programs and ensures the greatest possible objectivity on behalf of our clients.

A minimum of 24 times per year, each Transportation Coordinator conducts field inspections. During these inspections, the Coordinator stations herself or himself at common healthcare destinations and inspects arriving vehicles for safety and cleanliness. Our customer service center will, during periods of low volume, make outbound calls to members who have had a recent transport. The member will be asked about her or his recent experience. Should the member express any concerns or rate service poorly, the information received is shared with appropriate department leaders and the Program Director.

Another monitoring technique is a "mystery rider." Like a "secret shopper," it involves a staff member playing the part of a member, and a trip is assigned in the system to a particular provider. Depending on the performance of the provider, their performance is rated using pre-designated criteria.

Working with Providers for Improvement

In the unlikely event that we find a transportation provider out of compliance with contractual standards or federal and/or state laws, we initiate swift corrective action through a Performance Improvement Plan (PIP). We work collaboratively with the provider to correct non-compliance, rather than levy high liquidated damages or fines on the providers, as other brokers often do. This reinforces our approach that we achieve our best success when the Provider is a positive partner.

Depending on the severity and frequency of occurrence or re-occurrence of a specific offense, such action includes written warnings, formal corrective action planning, suspension, or as a last resort, termination from the network. Providers placed on a PIP will receive a bi-monthly performance report until the completion of the PIP, correction of the infraction, and sustained compliant performance. The network coordinator is responsible for designing and approving corrective actions required to resolve quality-related issues. A corrective action plan will identify:

- What must be changed
- The intended outcome
- When and how the corrective action will be implemented
- Who is responsible for the implementation of change
- Re-evaluation timeline

Proactive Interaction Ensures Excellence

Our thorough review process focuses on proactive interaction with providers to avoid and address noncompliance with requirements.

Reporting

Access2Care may inspect any vehicle at any time upon request. In addition, with our Ride-Along program, quality review takes place in real time. Vehicles or drivers found out of compliance are removed from service until the provider can verify the correction of deficiencies. For unmet requirements, we set stringent timelines for corrective action, depending on the degree of violation. We document all actions or deficiencies and maintain them as part of the provider's record of service. We also provide routine report cards on overall performance.

Train and Encourage

We offer follow-up training, and encourage and recommend programs and instruction to enhance the providers' levels of professionalism, ability, and efficiency. Training series cover topics such as first-aid training, driver skills training, credentialing, and others beyond our existing progressive requirements. Access2Care is proud to announce the impending release of an extensive online training portal for providers. Transportation Providers will receive training and certifications of completion on a variety of topics.

Monitor Significant Events

We track and investigate all concerns via our significant event and complaint process. Providers may be subject to actions, such as a performance improvement plan (PIP). We track progress and follow-up to ensure compliance. Providers outside of contractual compliance are subject to discipline up to and including termination from the network.

Gather Survey Data & Provide Feedback

We perform member interview surveys focused on provider performance and professionalism. Feedback is shared with providers and used to improve customer service. In addition, positive feedback is shared to encourage providers to continue sound practices that support overall program goals.

Random Trip Audit

We audit a percentage of completed trips to ensure compliance with all operational standards. We also audit all trips involved in a complaint or incident. Access2Care pays these trips when the audit is completed with satisfactory results. We also inspect all provider vehicles to verify compliance with standards, including compliance with Federal, State, and Local licensing requirements, and vehicle safety standards. A checklist Vehicle Inspection Report *(shown on the following page)* is reviewed with each provider, and acknowledgment is required.

Vehicle Inspection Report

Date: _____

Provider: _____ Vehicle #: _____

VIN #: _____

Make: _____ Model: _____ Color: _____ Year: _____

State _____ Expiration: _____ License Plate: _____

Odometer Reading: _____

Requirement Met: Yes/No (Check the appropriate response)

1. Exterior vehicle signage with Provider name and vehicle number. Lettering must be at least 4" high where signage is not locally regulated. Yes _____ No _____
2. Functioning, clean and accessible seat belts and extensions for each passenger seat position and stored off the floor when not in use. Yes _____ No _____
3. Two exterior rear view mirrors, one on each side of the vehicle. Yes _____ No _____
4. Interior mirror for monitoring passenger compartment. Yes _____ No _____
5. Clean interior and exterior. Exterior is free of broken mirrors or windows excessive grime, rust, chipped paint or major dents which detract from the appearance of the vehicle. Interior is free from torn upholstery or floor coverings, no broken or damaged seats. Interior has adequate interior sidewall padding and ceiling covering. Yes _____ No _____
6. Vehicle floor is covered with commercial anti-skid, ribbed rubber flooring, or carpeting for various vehicle type. Yes _____ No _____
7. Vehicle must be equipped with a seatbelt cutter within reach of the driver, functioning flashlight, and 3 portable triangular reflectors mounted on stands (flares are not permitted) Bus/Van type vehicles only. Yes _____ No _____
8. Vehicle is equipped with multi-purpose fire extinguisher (5lb) and first aid kit. Yes _____ No _____
9. Working heating/cooling system for driver and passengers. Yes _____ No _____
10. Interior signage that reads "No Smoking", "All passengers must wear seat belts" Yes _____ No _____
11. Prominently displayed driver picture ID/Vehicle ID documentation where not regulated locally. Yes _____ No _____
12. Vehicle information packet containing vehicle registration, insurance card, inspection form, and accident procedure forms. Yes _____ No _____
13. Working signals, headlights/brake lights, parking brake, windshield wipers, and horn Yes _____ No _____
14. Functional door handles allowing doors to be opened from outside/inside. Yes _____ No _____
15. Functional interior lights Yes _____ No _____
16. Tires are pressurized and have appropriate tread depth (3/32 inch) Yes _____ No _____
17. Properly inflated spare tire or proper repair alternative. Yes _____ No _____
18. Exhaust muffler is in working condition and free of damage. Yes _____ No _____
19. Acceptable form of two-way communication (radio, cell phone) Yes _____ No _____
20. All required restraints for each wheelchair securement station. Yes _____ No _____
21. Wheelchair Lift Type: Hydraulic _____ Electric _____ Manual _____
22. Hydraulic lift fully operational includes parking brake, engine and interlock system. Yes _____ No _____
23. Vehicle pictures: Driver side _____ Passenger side _____ Front _____ Rear _____ Interior _____

Notes / Comments:

_____

_____

Re-Inspection Date: _____

Inspector's Name: _____ Inspector's Signature: _____

Provider's Name: _____ Provider's Signature: _____

*****PHOTOGRAPH COMPLETED INSPECTION SHEET WITH LICENSE PLATE*****

Corrective Action Plan

There are times when a Corrective Action Process (CAP) has to be activated to address noncompliance. We designed our progressive CAP to provide a structured process to address critical deficiencies and improve/prevent a recurrence of undesirable incidents or performance issues. It has been designed consistent with Access2Care's organizational values. Our process follows:

- **Step One** – Verbal Warning
- **Step Two** – Written Warning – could include Audit % increase
- **Step Three** – Suspension and final Written Warning
- **Step Four** - Termination

Insurance and Vehicle Costs

Members, our client partners, and the health care community overall benefit when we help the transportation companies become more efficient. We are owned by the country's largest ground ambulance service - American Medical Response (AMR) – so we are especially sensitive to the costs related to providing medical transportation. Our collaborative efforts to reduce operating costs extend to the public sector as well as private providers. Access2Care has proven strategies and tools to accomplish this objective. Providers prefer working with us over our competitors especially because our processes help them reduce operating costs.

- We partner with public agencies to create efficient processes for bus ticket/pass distribution. This includes a proprietary web-based tool that distributes information regarding the assignment of a ticket/pass to the public agency so that the ticket/pass can be distributed at community based locations.
- Our trip assignment processes allow us to group transports in smaller geographies so that our private providers don't waste time and fuel driving long distances to pick-ups.
- We capture and share the most current data related to pick-up and destination locations. Immediately concurrent with the scheduling of a trip we update member addresses and phone numbers. This reduces waste associated with member no-shows or missed pick-up locations.
- Our paperless claims submission technology provides a fast and easy way to submit claims electronically thus avoiding administrative staff expense.
- We pay providers faster than anyone on our industry. 95% of clean claims are paid within 21 days.

Creating positive cash flow helps to avoid borrowing costs. Approximately 5% of claims are audited and so require paper documentation.

- Access2Care has established a partnership with Sovereign Risk Solutions of Atlanta Georgia. Sovereign serves as a resource to our provider network offering alternative insurance quotes, consulting and providing a general overview of polices to be sure they conform to regulatory requirements.
- Our provider partners receive nationally negotiated discounts on equipment, office supplies and training materials. Our national vendors include, but are not limited to, Wells Fargo, Chase, Sprint, Costco, Dell, and OfficeMax

- We provide on-line training programs so that our providers can accomplish this course work during off-peak hours and avoid over-time expense.
- Our training programs support safety (proper ways tie secure a wheelchair, safe driving skills, lifting techniques) which, in turn, reduce insured losses and help to control premiums.
- Access2Care will support providers' with scheduling advice to help them manage their work load more efficiently.
- We support appropriate multi-loading which allows the provider the opportunity to receive more revenue for each hour a vehicle is in service. Multi-loading is one of the more important factors in creating an efficient NEMT program

Standards of Compliance for Drivers and Vehicles

A high quality transportation network is pivotal to the success of an NEMT Program, and a network is only as strong as its individual units. Access2Care takes great care to confirm that the vehicles in our transportation network are safe and reliable and that our providers properly maintain all vehicles through performance of routine service and maintenance. As part of the credentialing process, Access2Care conducts an initial pre-service inspection on all transportation provider vehicles. This process verifies the condition of the vehicle before placing it into passenger service. We will ensure all of vehicles comply with the inspection requirements registered in the prior to the start of service.

Access2Care records Vehicle Identification Numbers (VINs), license plate numbers, and evidence confirming any Americans with Disabilities Act information (e.g., the width of wheelchair ramps) for each vehicle. This information is placed into the vehicle files. We also review the maintenance and repair records for each vehicle.

SECTION 4, SUBSECTION 4.12

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

Vendor Response:

Access2Care agrees to and will comply with all requirements for Background Checks. In addition, we will add the State's requirements to our new hire checklist to be used in the recruitment and placement of employees.

In accordance with W. Va. Code§ 15-2D-3, the Director of the Division of Protective Services any Access2Care employees who are regularly on the grounds or in the buildings of the Capitol complex or who have access to sensitive or critical information will submit to a fingerprint-based state and federal background inquiry through the state repository. Access2Care is responsible for any costs associated with the fingerprint-based state and federal background inquiry.

We will submit a list of all persons who will be physically present and working at the Capitol complex to the Director of the Division of Protective Services for purposes of verifying compliance with this provision.

Access2Care obtains and review a confidential summary criminal history ("rap sheet") on all applicants. Applicants will be fingerprinted as necessary to obtain such records. We have contacted our current partner for applicant review, InfoCubic and they will also manage the fingerprint requirement under this contract.

Candidates for employment may not be acceptable for hire if their record evidences a conviction for any of the following offenses:

1) Any felony
2) Any crime involving moral turpitude or intentional dishonesty for personal gain, including fraud, theft, etc.
3) Any crime related to the use, possession, sale or transportation of controlled substances
4) Any crime involving use of force, violence, threat or intimidation
5) Sex related crimes

Individual assessments will be done for any applicant with a criminal history. The following factors will be considered for those applicants with a criminal history in determining whether to hire the applicant or transfer or promote the internal applicant: the nature of the crime and its relationship to the position; the time since the conviction; the number (if more than one) of convictions; and whether hiring, transferring or promoting the applicant would pose an unreasonable risk to the business. Existing employees are subject to the same employment standards outlined above.

At the time an offer is extended to an external candidate, comprehensive application details are sent to our background screening vendor to begin the background check. Our standard package includes:

- Employment Verification
- Statewide Criminal Records
- Federal Criminal Records
- Instant Criminal Database Search
- Instant SSN Trace
- OIG and GSA Excluded Party Search
- County Criminal Records
- Patriot Act/OFAC/BXA/Terrorist list Search
- Education Verification
- Motor Vehicle Records Search (if a driving position)

In addition to compliance with the requirement, Access2Care upholds strict credentialing processes to ensure that only qualified and fiscally responsible transportation providers participate in our networks. Any questionable findings will be reported to BMS. All information gathered during credentialing (e.g., service agreements, inspection records, accidents or moving violations records, and all initial training and ongoing training documentation) is stored in the A2C System and in the transportation provider and driver files. This facilitates the automated monitoring of expiration dates for licenses, insurance, and inspections. We maintain all documentation for five years and will make the records available to BMS upon request. We engage in a number of other monitoring activities, including, but not limited to the following:

- Initial and annual credentialing of all drivers, attendants, and vehicles
- Monitoring driver licensure, driving records, experience, certification, and training compliance
- Monitoring compliance with state and manufacturer vehicle requirements
- Ensuring client safety, assistance, and courtesy
- Conducting routine vehicle inspections
- On-street observations
- Reporting and reviewing accident/incident or moving violations
- Statistical reporting of trips and other behavior standards
- Conducting ride-time performance measures
- Conducting detailed complaint analysis
- Enforcing the completion of driver logs
- Monitoring driver communication with dispatcher
- Conducting a detailed analysis of canceled trips
- Enforcing attendant and/or volunteer standards and requirements

Access2Care re-credentials all transportation providers annually. Each transportation provider must pass desktop credentialing and vehicle inspections annually. Access2Care evaluates the providers' existing driver training program and provides feedback and resources in order to develop a compliant and exceptional drivers' training program. We encourage the use of local resources for training, as well as resources for online training. We then audit documentation submitted by providers to verify that drivers have received the required training.

SECTION 4, SUBSECTION 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.

Vendor Response:

Our Associates are selected and trained to promote our culture of patient, understanding service. Training is key to arm Associates with the right tools to work with members who are non-compliant pertaining to safety issues, hostile behaviors/environment, and/or exhibit aggressive behaviors.

Access2Care's Continuing Education (CE) program is designed to offer additional and ongoing training to each Associate annually. CE topics are developed from training and quality audits, as well as at the request of the Client, Associate, or from a member of the Access2Care Leadership Team.

Our training is scenario-based to help Associates work through the steps to keep communication productive in a variety of situations. Employees are trained to manage and de-escalate challenging or crises events. This includes behavior that poses a threat to the member, the driver, or others involved in the transport.

In addition, Associates learn to handle upset members, unrealistic customer expectations/requests, active listening techniques, telephone courtesy, and trigger avoidance.

Our policy *#220 Participant/Member Intervention* outlines our policy and procedures for taking intervention action with participant/members.

At times, Access2Care may find it necessary to counsel and educate participant/members who schedule trips and consistently miss appointments ("no-shows") and/or have repetitive reports of unacceptable behavior according to rules and guidelines.

The following describes services, standards and guidelines followed when interventions take place.

No Shows/Failure to Cancel Transportation Services:

- Interventions are held at the discretion of Access2Care Intervention and education can occur anytime a participant/member is a "no-show" or fails to cancel transportation services in a timely manner.
- Interventions are held on a case-by-case basis depending on the circumstances
    - For example, intervention and education may be provided when a person is a "no-show" for a trip that is long distance or was difficult to schedule due to location, etc., whereas, another person may not receive intervention/education until a pattern of "no-show" behavior develops.

Failure to Adhere to Days' Notice Trip Scheduling Requirement:

- Excluding urgent trips, repeated failure to follow guidelines by requesting to schedule non-urgent trips with less than the required business hours standard.

Unacceptable Caller or Passenger Behavior:

- Behavior issues are handled on a case-by-case basis and may include unacceptable but non-violent behavior.
    - If disruptive passenger behavior, Access2Care will consult with client representatives to determine the best course of action.
    - If disruptive caller behavior, Access2Care may flag the member account and request to schedule all member future trips via a designated point of contact

Lost, Damaged or Stolen Items

- If a member alleges that an item is lost, damaged or stolen during transport; Access2Care does not take any responsibility for the item
- Access2Care will provide the member the contact information for the transportation provider
- If requested, Access2Care will make an attempt to contact the provider to obtain information or help to arrange the return of a lost item.

Severe/Major Behavior Events:

- All validated reports of behavior such as a threat to life or safety that would cause risk of injury to a driver or other passengers.
- Access2Care staff will cancel all member future transports and flag the member account only allowing transports to be scheduled by designated staff

- Project Manager/Member Service Center Manager/Account Manager will contact BMS, inform them of the event and request member intervention
- A Significant Event may be declared (Access2Care Policy # 507 Significant Events)

Guidelines for Participants/Members

- If warranted, participants may be asked to:
  - Call Access2Care before a scheduled trip to confirm their intention to utilize transportation
  - Other guidelines as deemed necessary by Access2Care and BMS
- For the circumstances warranting guidelines for participant/members, the following actions will take place:
  - The situation and actions taken will be discussed with a member of the Access2Care management team
  - Consultation with BMS representatives to determine best course of action
  - Participant/member/care provider will be advised of guidelines

SECTION 4, SUBSECTION 4.14

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

Vendor Response:

We will program our A2C System to adhere to West Virginia's contract requirements, which drives the business rules logic aligned with benefits. This includes benefit determinations such as covered services, no other transportation available, and assignment of least costly and most appropriate transportation modes. The technology aids the Call Center Associates in determining authorization and denials of requested services. In addition, we will contact the beneficiary's health care provider, when verification of medical need is required.

A2C supports solutions that can lower costs and appropriately expand the use of existing services such as public transportation. For each trip scheduled our A2C System geo codes the pickup and drop off locations to determine if fixed route locations are available within a given distance and can also help identify beneficiaries who may have barriers accessing these services based on customizable trip criteria.

We have been serving Medicaid recipients and beneficiaries for years, so we know first-hand the unique access challenges of rural and urban transportation patterns and needs. We have several innovative programs to explore as options to meet the varied needs of your members.

Partnership with Lyft

AMR and Access2Care have joined with Lyft to make it easier for managed care organizations, hospitals, healthcare systems and others to offer efficient transport services to and from hospital settings and medical appointments.

The partnership will include technology integration and expansion of the program nationwide and supports Access2Care's single access solution service vision for integrated transport programs. Now, any transport – from a non-emergency rideshare service to ambulance transport – can be arranged with a single call or via an online portal.

"Our health plan and health system partners rely upon AMR and our Access2Care subsidiary to effectively manage the non-emergency transportation needs of their members. This partnership with Lyft provides an additional transport option for patients who require transportation, but do not need the services of an ambulance or other higher level of care," said Sven Johnson, CEO of Managed Transportation and Integrated Solutions at AMR.

Many healthcare leaders are challenged to provide and pay for taxi vouchers and other forms of transportation for discharged patients. Additionally, missed appointments are a significant driver of cost and delay in outpatient procedures. Through the Lyft partnership, AMR hospital, health systems and health plan clients can participate in single access solution services that allow the hospital, clinic or health plan to request and pay for rides for patients who do not have access to other transportation – ultimately improving outcomes and lowering costs. The Lyft rideshare services are a fraction of the cost of traditional taxis, and Lyft's platform allows hospitals and others complete visibility into transport spend, removing the risk of abuse associated with poorly tracked paper vouchers.

Dedicated Vehicle Program with Logis

Our Dedicated Vehicle Program offers an innovative solution to on-demand transport needs and provides Access2Care with more control over the driver, vehicle, and overall member experience. This program is particularly successful for hospital discharges, surge times, short-notice requests and members with high risk conditions or previous service challenges. The Dedicated Vehicle Program puts Access2Care in complete control of the utilization of the vehicles enabling us to optimize our usage and respond to demand fluctuations and member needs.

Shuttle Program

We successfully deployed this in Iowa as a strategy for transports in the more rural areas. We were able to find significant cost savings for our client while expanding member access from rural points in the state.

How it Works: Members who need rides to select major medical centers for routine health care services are encouraged to schedule those trips on certain days and times so they may be transported together via shuttle van to the facility.

In the early stages of the program, we used trend and data analysis to understand how the program affected transportation and associated costs. We found the shuttle services were well received by members who enjoyed

the convenience of the program with the added benefit of the social engagement opportunity in the shuttle ride. In addition, we found through educating members on the shuttle program and other options, we were able to help members who qualify for MRB move quickly into this cost-saving option.

Overall, the program implementation combined with follow-up analysis helped control costs and fraud, waste, and abuse.

Facility FlexNet

Positive and mutually beneficial partnerships with all stakeholders are important to a successful NEMT program. We understand why facilities prefer to coordinate the transition of patient care directly with transportation providers they know and trust and often feel the brokerage/pre-authorization model is time consuming and frustrating. This is why we directly engage with facilities through successful solutions like our Facility FlexNet program.

Our approach recognizes that barriers to service can be overcome by empowering facilities and providers to interact directly and it assures compliance and program integrity and allows for post authorizations.

Facility Sole Source Provider Program

Through our relationships with the facilities, we also learned that many of them have their own transport vehicle, or several vehicles. We saw an opportunity to engage these transport resources to further expand our network coverage and support the facilities, as well.

We work with the facilities to credential their vehicles and drivers and bring them into our contracted network. These facilities are now able to schedule transports on the member's behalf on-demand, using our online ordering system. We reimburse the facilities quickly and efficiently.

With this program, members enjoy the consistency in working with a care group that is familiar to them, and can avoid upsetting changes in routine that may prove difficult for behaviorally challenged or disabled members to navigate.

Mileage Reimbursement

Our Mileage Reimbursement (MRB) programs put members in the driver's seat when it comes to the familiarity and comfort of their transportation. Members are able to travel to appointments in a familiar vehicle with familiar people, such as family and friends, who will be directly paid to transport them. We offer a reimbursement rate per mile for the verified trip distance. Payment is made in the form of a check to the participating family or friends of the member.

Access2Care brings the ease of smart phone technology to the mileage reimbursement program! To promote usage of mileage reimbursement among your membership, we will launch a secure electronic solution using well-known and trusted PayPal®. Members will receive payments directly into their bank account, and can access funds via a reloadable prepaid debit card or can use funds for online purchases through their PayPal® account--all through a smart phone! This will make the program even more attractive to drivers and launch an easy-to-use, less manual process.

Public Transportation

We see room for strategic improvements using existing services in West Virginia. We want to improve use of public transit by working closely with all regional transit authorities to incorporate bus, light rail and train services as part of our program. We want to partner with these agencies to deliver safe, reliable, cost effective transportation solutions through the use of their fixed route services. Our public transit team provides timely distribution of transit passes to beneficiaries who can safely access and utilize these services.

Access2Care has a department to provide national coordination with public transportation services as part of our NEMT program. Our public transit team provides direct support to members, care providers, facilities and clients who have questions regarding scheduled public transit services and pass deliveries. We are able to provide assistance to people that face barriers using public transit to assure they receive the most appropriate level of service. As part of our public transit program, members may receive an additional pass for travel with a personal care attendant or children under 12 upon request. Members have the option to use public transportation when scheduling their appointments and will receive bus passes prior to their appointment date. Our staff is also happy to work with facilities to coordinate bulk pass deliveries for multiple members to a specific location upon request. Our clients benefit from these partnerships as part of our combined effort to provide cost effect services; safe and reliable transports, reduced trip complaints and contribute to the overall health and happiness of the people we serve.

Some of the benefits that public transit offers include:

- Members ride with locally known and trusted providers.
- Members have flexibility in determining when they get to and from their appointments.
- Members may use passes for additional stops or transportation needs until their pass expires.
- Public transportation is a dependable ride with routes designed to hit key areas of a community including medical services.
- Public Transit can improve mental and physical health through transportation independence, increased social interactions and physical activity.

In addition to our relationships with public transportation providers Access2Care also partners with county and community transportation services to yield an extended network of safe, reliable cost effective transportation solutions.

Volunteer Drivers

In addition to offering reimbursements to family and friends who may be able to drive a member, Access2Care works with individuals, faith-based organizations, and local agencies, to provide transportation services from credentialed volunteer drivers using their personal vehicles or vehicles supplied by a provider organization.

Volunteer driver programs have great service characteristics such as supportive assistance, low cost services, access to multiple destinations and hard-to-serve areas, the ability to cross jurisdictions, and they provide dedicated, customer-oriented service. Sponsors of volunteer driver programs include public transportation agencies, paratransit services, community transit services, hospitals and health centers, aging and social services, volunteer and fellowship groups, and interfaith groups.

Provider Incentives

Access2Care has, and will continue to build, a network of providers committed to serving members who reside in areas of limited service availability. We do so by incentivizing them to deliver these long distance trips.

SECTION 4, SUBSECTION 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.

Vendor Response:

Access2Care will work collaboratively with the Bureau's Utilization Management Vendor or State MCOs to assure prior authorization requirements are met before schedule and/or paying for transportation. Our business rules-driven A2C System software compares requests for services against pre-provided eligibility data. Access2Care can verify all information provided in the eligibility data provided by BMS.

In the event pre-authorization cannot occur using our usual practice, we will contact BMS to set a process to communicate with Utilization Management Vendor or MCO to get information that facilitates the request appropriately.

SECTION 4, SUBSECTION 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.*

Vendor Response:

Our A2C System's Community Credentialing Access Portal simplifies the credentialing process for providers and our Network staff. Once a transportation provider receives an invitation to join the Network Provider Community, they receive instructions on accessing the online portal and activating their account. Providers are prompted to add details regarding numerous credentialing factors, including contact and vehicle information. Detailed instructions for our online credentialing portal are included in **Exhibit 8**.

Providers are able to add, remove, update specific information items in the system, and upload copies of files (Driver Licenses, Acord certificates, etc.). Access2Care's Network Specialists maintain control of the company/vehicle/driver credentialing status (active or inactive) by reviewing and approving documents submitted by providers.

All providers must be licensed and certified according to local and State requirements. All information gathered during credentialing (e.g., service agreements, inspection records, accidents or moving violations records, and all initial training and ongoing training documentation) is stored in the A2C System, and in the transportation provider and driver files. The A2C System maintains a "tickler" file that provides our Network Coordinator with critical expiration or renewal dates for such items as automobile liability insurance policies, driver's licenses, vehicle registrations, and inspections on a monthly basis to ensure there are no expirations or lapses in coverage. This facilitates the automated monitoring of expiration dates for licenses, insurance, and inspections. We maintain all documentation for five years and will make the records available to BMS upon request.

In addition, Access2Care will re-credential all transportation providers annually; each transportation provider must pass the desktop credentialing and vehicle inspections annually. Access2Care will evaluate the providers'

existing driver training program and provide transportation providers with feedback and additional resources in order to develop a compliant and exceptional driver training program. We will encourage the use of local resources for training, as well as resources for online training. We will also audit all of the documentation submitted by providers to verify that their drivers have received the required training.

SECTION 4, SUBSECTION 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

Vendor Response:

Commercial Air, Meals, and Lodging

Occasionally, when medical needs are severe or unusual, members may require services outside their local service area. Arranging transportation to these unusual events requires extraordinary coordination and effort, as well as a rapid response time. We have an entire team, the **Long Distance Travel Team**, dedicated to arranging out-of-state and long distance travel for members and their caregiver(s). Our Long Distance Travel Team receives additional training to ensure this benefit is administered according to the plan's parameters, and that these often complex arrangements are most effectively and efficiently managed, all while ensuring that the member has the most favorable experience possible.

Our Long Distance Travel Team has coordinated *over 6,000 trips per year* for the past two and a half years, providing air travel, mileage or meal reimbursement, ground transportation and lodging accommodations in close proximity to the hospital where services were needed.

The Long Distance Travel Team is versed in rules regarding in state and out-of-state NEMT transportation services. They are responsible for receiving, reviewing, authorizing, and processing all long distance travel requests per each client's specifications In general, upon receipt of the long distance travel authorization, the team contacts the member by telephone within one (1) business day following the date of the receipt of the request. Depending on the travel date, the Long Distance Travel Team will then obtain the required verifications for services, and will coordinate travel itineraries, tickets, documents, and other needs. They then provide verbal and/or written confirmation of the authorization and travel requirements with the member or requestor. The Team will contact your staff, as needed or requested, to discuss the most appropriate solution for more complex requests.

Our Travel Team has substantial relationships with free and low-cost lodging providers, such as Ronald McDonald House®, and deals with a large number of tertiary care facilities nationwide.

Access2Care is part of national healthcare company, Envision Healthcare, and through this relationship, the Long Distance Travel Team can leverage our corporation's national partnership with a global travel management firm that has contracts for preferred rates with major hotels, commercial airlines, and rental car companies. Access2Care will work with you, and our travel management partner during contract implementation to ensure there is a clear understanding of the travel and ancillary services policies to be administered. As needed, our Long Distance Travel Team will contact our travel management partner with the specific needs of each member and

make the appropriate arrangements for the trip, using the least expensive and most appropriate ancillary services. All of these services can be paid directly by Access2Care.

Below are examples that illustrate the experience our Long Distance Travel Team has in managing the diverse, and sometimes complex, needs of the members we serve.

An Idaho member required a multiple organ transplant surgery in Indiana. The member traveled with an escort to Indiana in October 2015, had the surgery in January 2016, and did not return home until March (a total of 6 months). Our Long Distance Travel Team:

- arranged the pre-op ground and air transportation;
- contacted the hospital's concierge service to obtain lodging recommendations and identified a nearby hotel that provided discounts for long term stay;
- coordinated a flat fee/day stipend for a rental car;
- reimbursed the member for a meal stipend of $550/month;
- stayed in touch with the couple at least monthly throughout their stay; and
- coordinated flights, lodging, and flat fee/day rental car stipend for the member's return trip to Indiana for follow-up care a couple months later.

A young member with retinoblastoma needed to see a renowned pediatric ophthalmology / ocular oncologist in Louisville, Kentucky. The member required surgery, radiological treatment, and follow-up care. Accompanied by a parent, five trips were made, varying in length from three days to one week. Our Long Distance Travel Team:

- set up flights, lodging (in coordination with the hospital), and meal reimbursements;
- maintained identical arrangements for each trip (same airport, hotel transportation, and hotel); and
- created consistency and familiarity with the arrangements for the member to increase their comfort. The hospital provided a free shuttle from the hotel. When the shuttle's schedule could not accommodate transport to all scheduled appointments, taxi fares were reimbursed.

A member needing a double-lung transplant received housing and meal reimbursement for one year in Seattle to be closer to the facility when the organs became available. The member and accompanying relative drove to Seattle from their home in Idaho. The member received the double-lung transplant and remained in the area for nearly six additional months post-operation. Our Long Distance Travel Team:

- provided mileage reimbursement for their initial trip and for all local medical appointments while in Seattle;
- provided a flat rate of $755/month for lodging (the amount was determined based on research regarding average rental costs in the surrounding Seattle area);
- provided a meal stipend of $550/month, which was used to cover eligible groceries for the member and one attendant for the duration of their stay; and
- kept in regular contact with the member for the duration of their stay.

Lodging Network Setup

Access2Care contacts guest services departments or teams of the local area hospitals to learn about convenient and recommended hotels or hospital lodging facilities. We also research additional facilities in the local area, such as Ronald McDonald House©, to supplement the hospital's recommendations. The Long Distance Travel Team then contacts the lodging facilities to set up negotiated rates and billing arrangements.

Meals

For members who require meal assistance for authorized long distance trips, Access2Care issues an approved stipend to the member and authorized attendant in the form of a pre-paid debit card.

In the event the member pays for covered services, Access2Care will manage claims weekly and make payments to members, as directed. Our post-verification process requires that the member submit supporting expense receipts to us within 30 days of completing the trip.

To provide quick, convenient reimbursement for approved long distance travel expenses, we will launch a secure electronic solution using well-known and trusted PayPal®. This new process will allow members to receive payments directly into their bank account, via a reloadable, prepaid debit card or use funds for online purchases, all through their smart phone!

SECTION 4, SUBSECTION 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.

Vendor Response:

Unfortunately, government-funded programs tend to attract fraudulent provider and beneficiary behavior such as padding mileage, over-billing, phantom transports, and phantom medical appointments. These behaviors require diligent monitoring to maintain a cost-efficient program. Access2Care is committed to detecting and preventing fraud, waste and abuse and has established extensive and detailed policies and procedures in the operation of this program. These include detailed Corporate Compliance Policies that guide us in carefully reviewing our billing processes on an ongoing basis to ensure that they satisfy applicable government program requirements, including the submission of accurate claims for reimbursement. The Company's Corporate Compliance Policies and our Code of Business Conduct and Ethics are located on our parent company, AMR, website under "Compliance" at https://www.amr.net/about/compliance. Additionally, Access2Care has numerous policies and procedures in place to monitor and detect fraud, waste and abuse. Each transportation network provider must comply with our:

- Code of Business Conduct and Ethics
- Compliance Policies
- Prior Authorization process
- Credentialing and re-credentialing process instituted for Network Transportation Providers

Our program's goal is to help detect and mitigate Fraud, Waste and Abuse (FWA) as stipulated by Centers for Medicare and Medicaid Services (CMS). It is consistent with state and federal law and is also coordinated with our organization's overall compliance plan. One of the primary benefits Access2Care brings to its contracts is the effective control and reduction of fraud. Access2Care will continually identify and eliminate fraudulent activities. We do this through the following methods;

- **Pre-Trip Verification:** A minimum of one percent (1%) random verification of daily beneficiary medical appointment. Results of beneficiaries scheduling fraudulent transportation are tracked, reported and referred to the Focus Audit process.

- **Post-Trip Audit:** A minimum five percent (5%) random daily audit on all pre-payment trips for web and non–web providers, or within contractual requirements. Results of transportation provider submitting fraudulent claim payments are tracked, reported and referred to the Focus Audit process.
- **Full Financial Audits:** This audit is performed on specific transportation providers based on possible contract and/or billing discrepancies. Audit findings may result in either additional payment to a transportation provider or recoupment of funds by Access2Care from a transportation provider.
- **Focus Audit:** This audit can be requested by any member of the Access2Care leadership team, BMS and/or results based monitoring from the pre and post-trip audit processes.

Details on our audit processes can be found in *Policy # 302 Transportation Provider Claims Audits* and Policy # 305 Fraud Waste and Abuse Audit in **Exhibit 7.**

Access2Care employs a dedicated FWA professionals to manage this process. Under the direction of the Compliance and Oversight Director, Access2Care selects random System-selected records on a daily basis and requires verification or documentation to be submitted prior to service being rendered, the claim being paid or recoupment of funds, whichever is applicable to the finding. In addition to the established programs, the FWA team also relies on leads or tips reported by Access2Care associates. This is accomplished through a robust new hire and annual FWA training program, paired with a cognizant, proactive associate culture. Access2Care mitigates and reports identified events in our continuous commitment to partnership and program integrity.

SECTION 4, SUBSECTION 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.

Vendor Response:

The purpose of our Transportation Advisory Committee (TAC) is to identify areas for improving the effectiveness of the West Virginia NEMT program. We propose the following responsibilities fall within the scope of the TAC:

1. Regularly review transportation quality metrics and provide feedback to Access2Care management
2. Review and provide guidance on program policies, procedures and protocols
3. Identify barriers to care that might be overcome through the NEMT program
4. Facilitate communications and education within the community, so that all stakeholders equitably and inclusively benefit from the NEMT program
5. Promote coordination between transportation resources to the benefit of West Virginia communities

Our goal at Access2Care is to form and facilitate an advisory committee whose membership is inclusive and reflective of the communities most impacted by the NEMT program The TAC's membership should be recruited to reflect the diversity of West Virginia, including race/ethnicity, federally recognized Tribes, age, gender identity, sexual orientation, disability, and geographic location. The TAC should promote a collaborative working style among its membership. Private transportation providers will be welcomed and encouraged to participate.

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: BMS1800000001

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)

[X]	Addendum No. 1	[ ]	Addendum No. 6
[X]	Addendum No. 2	[ ]	Addendum No. 7
[ ]	Addendum No. 3	[ ]	Addendum No. 8
[ ]	Addendum No. 4	[ ]	Addendum No. 9
[ ]	Addendum No. 5	[ ]	Addendum No. 10

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that any verbal representation made or assumed to be made during any oral discussion held between Vendor's representatives and any state personnel is not binding. Only the information issued in writing and added to the specifications by an official addendum is binding.

Access2Care, LLC
Company

ORIGINAL
Authorized Signature

28 September 2017
Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.
Revised 6/8/2012

Access2Care has reviewed the following forms:

- PURCHASING AFFIDAVIT
- VENDOR PREFERENCE CERTIFICATE
- Disclosure of Interested Parties to Contracts

We will complete all required and relevant forms upon notification of award.

ATTACHMENT B: MANDATORY SPECIFICATION CHECKLIST

Complete the attached response sheet (Attachment B: Mandatory Specification Checklist). By signing and dating this attachment, the Vendor acknowledges that they meet or exceed each of these specifications as outlined in Section Four: Project Specifications. The State reserves the right to require documentation detailing how each is met at its discretion.

SECTION 4, SUBSECTION 5

List mandatory specifications contained in Section 4, Subsection 5:

SECTION 4, SUBSECTION 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.

Vendor Response:

Access2Care 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 of, or enacted subsequent to, the execution of a resulting contract which in any manner affect the completion of the work. We will 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 .

SECTION 4, SUBSECTION 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 may not reduce staffing without BMS approval.

Vendor Response:

Access2Care 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. We understand in making this determination, the Bureau will evaluate whether Access2Care 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, Access2Care will not reduce staffing without BMS approval.

To assure our call centers are adequately staffed, Access2Care invested over $1 million in a workforce management system and hired an experienced Workforce Management Administrator. Together these resources improve our scheduling efficiency and effectiveness for our clients. By using predictive modeling, the software allows to improve staff scheduling to closely follow unique call patterns by hour of day, day of week. As a result, we are better prepared to achieve consistent speed of answer with low abandonment rates, even during high volume times. With more efficient scheduling, responsive to system need, we are well prepared with required staff to handle incoming call spikes, before they happen, by maintaining appropriate staffing levels and planning

ahead to achieve contract requirements. In addition, employees are given more control over their work schedules, resulting in increased employee satisfaction and improved morale, which leads to better customer service.

SECTION 4, SUBSECTION 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) Quality Services Coordinators, two (2) claims processors, two (2) appointment verification staff.one (1) Business/data analyst.. The Vendor shall 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.

Vendor Response:

Access2Care 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.

Access2Care's Call Center Operations will work closely with our Real Estate, Information Technology, and Telecom Team to locate and establish a suitable call center location prior to the required commencement of operations. Our location will be configured to fully support West Virginia's NEMT operations.

Our Call Center facility will comfortably and effectively house call center operations with telephone lines and computer equipment of the volume and scope required to handle all contract call performance goals per the contract. We estimate that a minimum of 10,000 square feet will be required to provide appropriate space. More information on our location research efforts in our response to *Section 4, Subsection 4.1*.

Access2Care will design its state of the art operations facility in West Virginia within the distance requirement set forth in the RFP. This facility will house the operations, administration staff, and the call center operations staff. We estimate that we will need a facility able to house more than 50 FTEs. It will be suitable to 24/7 operations, and the ability to handle telecommunications services (i.e. adequate number of telephone lines), to comfortably accommodate office space, Call Center activities, on-site training needs. The site will also feature a spacious break room area for local staff that includes refrigerators, microwave ovens, tables/chairs, and other equipment and resources needed to maintain operations with a satisfied and sustained workforce.

The facility will be equipped with a security conscious card access control system .The card access system will be equipped on all entry points of the facility in addition to interior doors that will require access to sensitive areas or locations in where access needs to be limited or monitored. Access2Care will also equip the facility with a surveillance monitoring system that will have appropriate cameras strategically placed throughout the interior and exterior of the facility. The security cameras will monitor the safety and security of the occupants while providing the ability to review access compliance to all required areas. The Information Technology team and expert engineers will oversee the management of these systems to limit access to the appropriate patties set forth in the operating guidelines of this facility.

Access2Care's facility will be equipped with voice and data circuits from our national carriers, Verizon and Level 3. We utilize these national carriers for their robust and worldwide service delivery models. The facility will be equipped with a primary and secondary set of fiber optic circuits from these carriers that are connected to our enterprise private voice and data network. These quality-controlled circuits will allow Access2Care the scalability it will require to handle large amounts of voice and data traffic in and out of this facility. The capacity of these circuits is monitored through a number of redundant levels in our Network Operations Center (NOC).

Access2Care utilizes an enterprise class platform for all of its voice traffic. The inbound and outbound calls are routed through the enterprise Avaya telephony system. The technology backbone infrastructure of this system resides in our enterprise class data center located in Colorado, with a backup data center in Nevada. These locations are co-located data centers that are part of a National Data Center Company that specializes in providing environments that are equipped to handle 100% SLA for power, bandwidth and network services. The Avaya phone network is utilized throughout all of the Access2Care call centers to deliver the reliability, stability, and survivability our call center and clients require.

We will install within this facility a local data center to house the technology requirements for this facility. This climate controlled data center will be equipped with tightly controlled card access, and security camera surveillance to limit and monitor access and all activities. The local dedicated information technology staff will oversee and manage the contents of this data center, with the backup resources of our national information technology team of engineers across the country. In addition to the physical security that will be in place, Access2Care adheres to data security policies for all data that is at rest or in transit. All staff members are required to authenticate when access the enterprise network.

In addition to our main office, we propose to develop two additional regional offices to be the home location of our field based staff, the Network Specialists, Community Liaisons and [Care Coordination staff}. These offices will be located near concentrations of members and transport providers, to facilitate easy and ongoing direct interactions. If possible, these locations will also serve as locations where members can access information and pick up transit passes. Picking up passes can reduce anxiety about receiving them in time for transportation and reduce mailing and distribution costs.

After finalizing the site acquisition, Access2Care will install and pressure test Call Center queues and computer/telecom equipment scaled to more than accommodate required staff and projected peak volume of incoming phone calls and server loads.

Access2Care will create and deploy a capable implementation team including stakeholders from Access2Care departments including Call Center, Information Technology., Telecom, Real Estate, Legal, Network, and Client Services. These teams will report to our National Support Team via our Project Management Team as we work through the tasks and subtasks of our thorough implementation plan (**Exhibit 2**).

In conjunction with call center staff, Staff to be housed at this location will 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) Quality Services Coordinators
- Two (2) claims processors
- Two (2) appointment verification staff
- One (1) Business/data analyst.

We will hire a qualified, innovative, and customer-focused staff of leaders ready to serve West Virginia's Medicaid population. Acces2Care will hire, place, and train, required Call Center leadership and operational staff and train the new team in the processes required to create and manage NEMT trips for members. Our local Call Center leadership team will be fully trained in all policies and procedures, as well as performance and customer service expectations, via our regional Call Center training and leadership team who will be on site before, during, and after the operations start date. This training process will include a pre-launch live call operation period where we will train our staff to handle NEMT calls in a live environment. This live call process will prepare our West Virginia team to be fully dedicated to handling West Virginia NEMT calls upon go live.

We will never route calls outside of the continental United States of America or its territories. Access2Care does not delegate screening, authorization or scheduling duties to NEMT providers and/or subcontractors and will not without prior approval from the Bureau. We understand and agree we may delegate dispatch activities to the NEMT Provider but will retain responsibility for the proper performance of dispatch activities.

SECTION 4, SUBSECTION 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. 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.

Vendor Response:

Access2Care agrees 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. Access2Care will ensure all program changes to include, but not limited to, processes, protocols, flowcharts or any other program administration guideline changes/modifications will receive mandatory approval from BMS prior to changes/modifications being implemented by Access2Care.

Transitions can be difficult and problematic, but Access2Care always devotes considerable effort to minimize any difficulties. We have experience implementing large scale and short-timeline projects on time and within budget. We assign a certified Professional Project Manager to oversee the transition and implementation process and ensure each task is completed satisfactorily, and can aid with de-escalation. We will also work closely with the State to discuss the needed process and communications through routine meetings. These communications will help establish a collaborative environment that assures the State's objectives are met fully.

SECTION 4, SUBSECTION 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 shall enroll as a

West Virginia Medicaid provider and receive payment for services through the State's claim system, Medicaid Management Information System (MMIS).

Vendor Response:

Access2Care will be responsible for reimbursing NEMT Providers. We understand we will not be required to reimburse for unauthorized NEMT Services to out-of-network providers. We will not use NEMT Providers with which Access2Care has not executed a contract.

Access2Care is a true partner in quality transportation with our contracted transportation providers. Since 1998, our contracted providers have been extremely satisfied with this partnership and continually strive to meet our high standards of service. **Access to healthcare is at the center of our name and is at the heart of our operations; we are always seeking providers to join our nationwide network.**

We also recognize the impact prompt reimbursement of clean claims has on the success of our providers' operations. We respect this responsibility and as a result, we are lauded as a conscientious and reliable partner. Access2Care is committed to accurate, timely payment to providers, which improves the commitment of providers to the program, reduces administrative costs for all parties, and reduces provider complaints.

To achieve this, we emphasize electronic submission via each transport provider's secure portal (over 95% of claims are submitted electronically) and electronic payments to the transport providers (over 90% of all payments are electronic), during each weekly payment run. Further, wherever possible we reduce the amount of hard copy documents that must be submitted, and have virtually eliminated all fax submissions, as they are more prone to incompleteness and cause delay in processing.

Our online portal gives providers easy access to the claims process. As reimbursements are critical to cash flows for most providers, our process is design to manage clean claims request expeditiously for timely payment. As a result, missed claims are virtually non-existent. Providers can monitor the process at any time. They are assured of the dates of claims clearance and payment deposits. Through the provider portal, providers can review the status of all trips and claims and manage their anticipated cash flow.

Use of the portal minimizes data entry error and improves accuracy. Tracking transportation provider claims and turnaround time are fundamental to enhancing business interactions with our transportation providers. The claim number and the receipt date to the payment or denial notification measure all turnaround time based.

A dedicated Claims Team of two claims processors will be located in West Virginia. The team will be solely responsible for all West Virginia claims, adjudicating and processing all of them for payment.

Some transportation providers receive reimbursements in as little as seven calendar days as per the payment terms stipulated by the respective client. The majority of our transportation providers opt to be paid via Automated Clearing House (ACH), so the providers receive their payments credited to their respective bank account every Thursday, rather than experiencing the delay of waiting for a check to arrive in the mail up to seven days later.

Access2Care will maintain an appropriate reserve equivalent to ten percent (10%) of the annual contract cost bid for NEMT services during the contract period. We will enroll, upon award notification, as a West Virginia Medicaid provider and receive payment for services through the State's claim system, Medicaid Management Information System (MMIS).

SECTION 4, SUBSECTION 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.

Vendor Response:

At the conclusion of each state fiscal year, Access2Care 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. We understand this ensures that we are not overpaid for services, and serves as cost containment ensuring the successful continuity of the program. We further agree that for the purposes of computing the rebate, losses, if any, in one year will be carried forward to subsequent fiscal years.

Sven K. Johnson

Joined Access2Care in 2016

Contact Information	6200 S. Syracuse Way Greenwood Village, CO 80111	Sven.Johnson@amr.net Phone (480).606.3231

Professional Biography

Sven Johnson is a high energy and results focused Corporate Strategy and Operations professional with a balanced blend of management consulting, operational and industry experience. His extensive experience has focused on working with large corporations and Boards of Directors in highly dynamic business environments to refresh business strategy and restructure / align the corresponding capital and cost structure. Joining Access2Care in 2016, he brings the specific competencies of strategic plan development and implementation, leadership of cross-functional teams, productivity and cost structure optimization, development of cost reduction programs, and strategic growth initiatives.

Current Role

Sven leads the national management and strategic direction for Access2Care and will provide support for the team. He has the authority to bind the company and to make decisions regarding financial investments to fulfill the contract.

Related Experience

Rural / Metro Corporation Scottsdale, AZ
Chief Strategy Officer, Interim CIO 2014-2016
Chief Strategy Officer for $600M revenue national leader in provision of private ambulance and fire protection services from coast to coast. Board level and Senior Management role in corporate strategy, financing and operational restructuring process.

- Key role in sale of Rural Metro and subsequent integration into American Medical Response, (parent company of Access2Care)
- Overall business restructuring resulted in year over year EBITDA improvement of $30M.
- Full P&L responsibility for $80M Fire Protection business, providing both community and industrial services.
- Development responsibility for new line of business focused on providing third party services to industry using company's technical infrastructure.
- Direct responsibility for support functions including: Corporate Strategy, Fleet, Real Estate, Communications, Training, and Fire Marketing.
- Served as Interim Chief Information Officer

Alvarez & Marsal Holdings, LLC Los Angeles, CA
Senior Director / Managing Director – Restructuring 2004-2014
Assist clients with the development of strategic restructuring alternatives, review and development of financial projections and business plans, achieving operational improvements, optimizing working capital, and competitive analysis for variety of service and transportation companies. Roles and engagement highlights include:

- Advisor and Interim SVP of Business Intelligence for specialty retailer
- Financial advisor for large commercial lender, evaluating strategic alternatives related to RMBS liability exposure on more than $1 trillion of original UPB originations.

- Lead role in development and execution of operational restructuring plan for $2.5B building products supplier in addition to negotiation of multiple credit agreements and amendments with both new and existing lenders.
- Interim CFO for $50M beauty products supply company.
- Assisted CRO in development of business plan and negotiation of amended credit facility for $200M mining company. Concurrently performed comprehensive analysis of cost savings alternatives for the business.
- Assistant CRO through the bankruptcy filing and sale of assets of a $500M mortgage lender.
- Financial advisor to secured lenders of $3B door & window manufacturing company.
- Developed long-term cash flow forecasting process for $2B EPCI company.

Ernst & Young Corporate Finance LLC Atlanta, GA
Vice President – Restructuring Advisory Services 2000 – 2004
Consulted for companies and secured lenders on under-performing business operations, implementation of performance improvement initiatives, analyzing strategic alternatives and identifying value maximizing exit strategies. Roles and engagement highlights include:

- Played significant role in the development, coordination and management of relationships with Crisis Management firms and individuals with whom the firm developed strategic relationships.
- Development of strategic/financial plan for $600M revenue airline in bankruptcy. Played central role in business plan development and negotiation of capital infusion during bankruptcy proceedings. Improved financial and operational performance during the bankruptcy case resulted in the first ever airline bankruptcy that provided for payment in full to creditors.
- Developed plan for secured lender refinancing and developed working capital optimization plan for $2B revenue energy services company. Working capital plan identified over $50M reduction in working capital needs.
- Developed short-term cash flow forecasting model and plan to manage liquidity as a $13B revenue energy company's credit rating was repeatedly downgraded.
- Worked on strategic plan in bankruptcy for $30B revenue retailer. Developed implementation plan and metrics for key initiatives including SKU rationalization and process for ensuring availability of core customer retention items.
- Advised senior secured lenders on business plan feasibility of $600 M Telecommunications Company in bankruptcy. Worked with company to develop plan to address operational issues including: sales force reductions, development of network rationalization plan and marketing strategy for next generation technology.
- Secured credit agreement amendment for $700 M revenue equipment Rental Company. Addressed underlying operational issues through the development of reporting tools, defined operational priorities including

Sven K. Johnson

Joined Access2Care in 2016

daily/weekly store management checklist focused on key business metrics and redefined data warehouse criteria to measure performance.

DELTA AIR LINES Atlanta, GA
Project Manager/Revenue Pipeline June 2000 – October 2000

- Project Manager for Data Capture and Performance Measurement teams on $100 million enterprise project focused on reengineering revenue information processes. Managed matrix structure of 15+ people from Delta, Delta Technology and Accenture involved in all phases of the project and ensuring consistent measurement system implemented.

Project Leader/Revenue Analysis July 1999 – June 2000

- Managed analytical group ensuring revenue was adequately protected against errors, control weaknesses and abusive practices through all distribution channels including Travel Agencies, Airport Customer Service and Reservation Sales.
- Leader of team which designed program to reduce revenue leakage and promote customer service, resulted in revenue gains of $200 million in one year.
- Finance representative to enterprise data warehouse committee.

Analyst/Revenue Analysis August 1998 – July 1999

Education and Certifications

Master of Business Administration, Finance and International Business, University of South Carolina Columbia, SC

Ph.D. Student, Chemistry, University of South Carolina Columbia, SC

Bachelor of Arts, Chemistry, University of Rochester *(. May 1994.)* Rochester, NY

Member of Association of Corporate Growth, Turnaround Management Association, Association of Insolvency and Restructuring Advisors and American Bankruptcy Institute.
Formerly Series 7 and 63 licensed, Six Sigma Black Belt, CIRA Certification.

Matt McCormick

Vice President, Access2Care

Joined Access2Care in 2008

Contact Information	6200 S. Syracuse Way Suite 200 Greenwood Village, CO 80111	Matt.McCormick@evhc.net (314) 768-1308

Professional Biography

Matt McCormick is Vice President for Access2Care and Envision Healthcare Corporation. He is the former Chief Executive Officer of Mission Care Services, which included a regional ambulance service generating more than $30 million in annual sales. In 2005, he led the creation of the managed transportation company that evolved into Access2Care. Mr. McCormick joined AMR in 2007 with AMR's acquisition of Access2Care. Throughout 2007, he was responsible for AMR operations in four Midwestern states as well as leading the growth and development of Access2Care. Matt has been responsible for Access2Care's more than doubling in size, the implementation of new contact centers and operations in multiple states, and oversaw the expansion of staff to Access2Care's more than 350 current employees. Of particular note are the enhancements Matt led to the technology and operating processes that have strengthened client satisfaction and emphasis on quality. Matt serves on the board of a St. Louis community hospital and was formerly a member of a judicial nominating commission.

Current Role

Responsible for Access2Care's national operations, for more than 30 contracts, serving 5 million covered lives and delivering more than 6 million trips per year. Oversees the development, implementation and operations of complex medical management programs that integrate local provider network partnerships to achieve client and member satisfaction, and corporate performance goals.

Related Experience

American Medical Response, St. Louis, MO General Manager	2007-2008
Mission Care Services, St. Louis, MO Chief Executive Officer/Owner	2004-2007
Abbott Ambulance, Inc., St. Louis, MO Chief Executive Officer	1996-2004
Samana Design, Inc., St. Louis, MO Vice President of Operations	1984-1996
Missouri State Senate, Jefferson City, MO Administrative Assistant to Senator Roger Wilson,	1983-1984
Boone Hospital Center, Columbia, MO Assistant to Vice President of Government Affairs	1982-1983

Education and Certifications

B.S., .Business, Webster University, St. Louis, MO

Matt McCormick
Vice President, Access2Care

Joined Access2Care in 2008

References

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ADDRESS: 725 FOREST VIEW WAY, MONUMENT, CO 80132 -8227
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NAME/TITLE: JOHANNA WATSON, PROGRAM INTEGRITY AND PROJECT MANAGER
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ADDRESS: 825 NE MULTNOMAH ST., SUITE 1400, PORTLAND, OR 97232
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ADAM R. ALMAGUER

Director, Contract Compliance and Program Oversight

Joined Access2Care in 2013

Contact Information	6200 South Syracuse Way Ste. 200 Greenwood Village, CO 80111	Adam.almaguer@amr.net (303) 495-1279

Professional Biography

A multifaceted project and program manager with over 14 years' experience in the Federal, State, Medicare, Medicaid and Commercial healthcare industry providing decisive leadership to promote and nurture organizational goals and strategic objectives.

- Oversee the proposal process, resource evaluation, implementation and oversight of business operations for Federal, State, Medicare, Medicaid and Commercial contracts
- Execute and maintain program management processes and disciplines in the areas of compliance, budgetary planning, schedule, quality, technical requirements, operation planning, controls and risk management
- Initiate and manage large scale, cross-departmental projects focused on strategic change, new business development, change management, financial objectives and contractual requirements

Current Role

- Direct the quality assurance oversight and performance requirement compliance programs.
- Direct the administration team responsible for complaint and grievance investigation and tracking, service recovery, delegation audits and URAC adherence
- Oversee program implementations including new contracts and the company's internal strategic planning.

Related Experience

Humana Government Business, Inc. December 2008 – June 2013
Sr. Manager, Program Operations and Quality Management
Direct the quality management department. Council with executive leadership team to enhance organizational objectives through strategic business processes.

Humana Veterans Healthcare Services, Inc. December2007– December 2008
Manager, Patient Advocacy
Developed and led the team responsible for strategic business processes that created sustainable competitive advantages and delivered administrative efficiencies

Education and Certifications

M.B.A., Indiana Wesleyan University; Marion, Indiana
B.B.A., University of North Texas; Denton, Texas

Project Management Professional (P.M.P.); Project Management Institute
Six Sigma Black Belt; Humana Strategic Consultancy and Quality Engineering

ADAM R. ALMAGUER
Director, Contract Compliance and Program Oversight
Joined Access2Care in 2013

Access2Care

References

Melissa Ellis, Compliance and Privacy Officer
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Kevin Link, CFCM, CCEP, Contract Compliance & Subcontracts Director
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Bernadette Portman, Operations Manager
Organization: Allstate Inc.
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Email: btrygar@allstate.com

Gregory Scott

National Director Business Continuity/Program Implementation/Emergency Management Evolution Health

Summary

Experienced National Director with a demonstrated history of working in the hospital & health care industry. Skilled in Crisis Management, Disaster Medicine, Government, Emergency Management, and Fire Protection. Strong consulting professional with undergraduate degrees in Nursing and Business as well as a graduate degree in Public Safety.

Experience

National Director Business Continuity/Program Implementation/Emergency Management at Evolution Health
October 2016 - Present

Planning Specialist at US Department of Health and Human Services
2010 - Present

National Director of Medical Operations and Medical Command Centers
June 2015 - September 2016 (1 year 4 months)

Director of Medical Operations
April 2015 - June 2015 (3 months)

EMS Director
September 2006 - May 2015 (8 years 9 months)

State EMS/Trauma Director
2004 - 2006 (3 years)

Bioterrorism Coordinator
2002 - 2004 (3 years)

Regional EMS Coordinator
1998 - 2004 (7 years)

Registered Nurse at Carle Foundation Hospital
1995 - 1998 (4 years)

Education

Capella University

Master's degree, Public Safety, 2007 - 2009

Columbia Southern University

Doctor of Business Administration (DBA), (Course work), 2012 - 2013

Eastern Illinois University

Bachelor's degree, Business, 1995 - 1998

Parkland College

Associate's degree, Nursing, 1990 - 1994

SCOTT GHAN

Director of Finance

Joined Access2Care in 2014

E-mail: Scott.Ghan@amr.net

(480) 253-8102

Contact Information

Professional Biography

Finance professional with expertise in providing solutions to both operational and financial needs. Focused on results by leveraging core competencies and existing assets to capitalize on efficiencies, productivity and increased profits. Exceptional strategist accomplished at defining tactical initiatives to improve cash management, working capital, reduce costs and enhance the value of a company's financial information. Talented leader in challenging environments.

Current Role

Scott is responsible for Budget and Forecasting, Strategic Business Planning, and Business Modeling and Analysis.

Related Experience

AMR, Inc. – Scottsdale, Arizona — October 2014 - Present

Director of Finance, Rural/Metro Fire and Managed Transportation and Integrated Services

- Conceptualized and implemented key metrics to identify and improve sales volume/efficiency
- Established and advanced key initiatives including reporting enhancements, KPI integration and process
- Managed the analysis and research for potential investments and acquisitions
- Analyzed complex financial data and trends to provide recommendations to executive management
- Managed and coordinated monthly, quarterly, and annual consolidation of financial results
- Developed and presented line of business, division and consolidated budgets and forecasts
- Performed benchmarking studies for lines of business
- Analyzed compensation, staffing design, compensation and incentive programs to meet service delivery expectations
- Partner with Chief Strategy Officer to provide M&A support, process improvement and financial management
- Managed the start-up and operation of a strategic subsidiary
- Design and support pricing and analytics
- Improved fee billing/collection process including operational workflow
- Designed and managed the division scorecard
- Advised and participated as a subject matter expert in the review and selection of a new ERP system
- Develop and manage long-range financial planning
- Participate in union negotiations including complex impact analysis and financial modeling
- Manage and monitor key metrics and trends to recommend enhancements to operational performance
- Facilitate divisional operations reviews and communicate opportunities to lever key drivers to improve profitability

TestAmerica, Inc. – Phoenix, Arizona — July 2013 – October 2014

Director of Financial Operations

- Partnered with Senior Leadership to provide guidance and deliver financial commitments
- Provided analysis and support of pricing and client profitability
- Deployed assets efficiently to maximize return on capital
- Managed and monitored key metrics and trends to recommend enhancements to operational performance
- Analyzed financial data and instrument utilization to identify and improve performance and profitability across the network

Teletech Corporation –Tempe, Arizona October 2010 – July 2013

Head of Global Pricing/Senior Manager, Finance – Revana

- Provided complex multi-year price modeling and strategy for new sales ranging in value from $100 Thousand to $20 Million
- Owned complex client pricing, partnering with Business Development to provide pricing strategies that deliver win-win performance driven partnerships
- Acquisition analysis for all new opportunities
- Profit improvement across the enterprise through analysis and financial modeling and partner with leaders to address
- Provided root cause analysis, solution definition and enforced profit parameters
- Performed customer profitability analyses identifying and resolving profitability drivers
- Prepared detailed cost breakdowns, staffing and compensation analysis and various ad-hoc reporting
- Analyzed financials and reports to provide timely recommendations to management for decision-making purposes
- Point of Contact for new business, RFI, RFP and client renegotiations
- Managed two analysts and a Finance Manager

Five Gs, Inc. – Mesa, Arizona April 2005 – October 2010

Director, Financial Consulting - Owned and operated a professional services consulting business

- Provided a wide range of services to Architectural, Engineering, Technology and Services firms
  - ERP system selection, implementation and training for more than 15 Architectural and Engineering firms
  - Developed project-based reports, budgets and forecasting tools for Architects and Engineers
  - Completed system migrations and data validation for Deltek Vision and Great Plains Dynamics
  - Identified and resolved costing, project, payroll and accounting discrepancies
  - Streamlined processes, improved efficiencies and eliminated duplication of work for an IT company
  - Completed a total rework of the balance sheet and income statement including a two-year audit for a merger
- Assisted high-growth organizations with strategic planning and process improvement

Team Health, Inc. – Federal Way, Washington April 2002 – April 2005

Director of Finance

- Directed the finance and accounting for 25 locations, 4 states and $100 million in revenue
- Managed, reviewed and prepared complex physician compensation plans
- Responsible for patient revenue (Contract review, collections analysis and forecasting)
- Together with the Chief Medical Officer provided pricing solutions, staffing models and throughput improvement
- Reduced annual costs by more than $500,000 and provided additional cost saving recommendations
- Migrated to a new accounting solution (Lawson) that improved data accuracy
- Enhanced the company's reporting of key metrics to executives and medical directors

- Prepared and presented company and department budgets, business plans, forecasts and analysis using a variety of analytical tools and presentation methods

Navigant International, Inc. – Seattle, Washington December 1999 – April 2002

Director of Finance and Accounting

- Guided the Finance, Accounting and Information Systems departments for 12 locations in 2 states
- Led a cross-functional team to return company to profitability
  - Analyzed transactional data, business units and departments for cost savings and reengineering
  - Re-priced and communicated new fee schedules to more than 300 clients
  - Saved more than $3 Million annually through consolidation (15 offices to 5), RIFs and productivity gains
  - Redesigned sales commission to promote business development growth
- Increased profit margins by more than 45% thru client profitability analysis and pricing strategies
- Established accounting policies and procedures and managed the RFP (Request for Proposal) process
- Negotiated contracts with hotels and airlines regarding commission and market share incentives
- Managed foreign currency (Japanese Yen) for international tour division
- Owned the company's annual budgeting process and transitioned to an 18 month rolling forecast
- Provided recommendations regarding strategic initiatives and sales objectives

EDUCATION

Bachelors, International Studies	–	University of Washington, Seattle, WA	1994
Masters of Business Administration	–	University of Arizona, Scottsdale, AZ	2013

SOFTWARE KNOWLEDGE

Microsoft Excel, PowerPoint, Word, Project, Access, Visio, Outlook, Lotus Notes
Deltek FMS, Advantage, Vision, Lawson Financial, ORACLE Financials, JD Edwards, MAS 90/200, Microsoft Dynamics, Timberline, Peachtree, Quickbooks, Business Objects, BRIO Metrics Builder, Hyperion, FRx, TM1, SAP EPM

EMILY MIMS

Implementation Manager

Joined Access2Care in 2014

Contact Information	6200 South Syracuse Way Ste. 200 Greenwood Village, CO 80111	Emily.Mims@evhc.net Phone (303)-495-1514

Professional Biography

Emily is a solutions and outcome oriented certified professional project manager. With more than 10 years of project management She is experienced working at all levels of project management including business analysis, requirements gathering, testing, implementation and documentation. Experienced in Agile and Waterfall methodologies, she is a successful change agent through process and project management. She is a Six Sigma Green Belt and since joining Access2Care, has successfully managed implementations of new contracts and managed processes to improve compliance with credentialing requirements nationwide.

Current Role

The Implementation Manager is responsible for assuring the effective on-time implementation of new clients, contracts, and programs. In this role the Manager creates and maintain all project plans, coordinates recurrent internal and joint meetings with clients, and monitors to completion all tasks assigned to appropriate departments and staff. The Implementation Manager must work effectively with all levels of Access2Care and client organizations effectively, building team cohesion and positive relationships oriented to successful completion of each project.

Related Experience

Strategic Project Manager, Standards Integration 2013-2014
Denver Public Schools, Denver CO

- Define scope and developed team to successfully distribute mill levy/bond funds of $10 million to schools and outline appropriate need for devices to enrich learning.
- Responsible for the effective implementation of electronic assessments at 160 schools, as mandated by the Colorado Department of Education.
- Facilitate weekly meetings with multiple departments to redefine processes for inventorying and monitoring current devices in schools.
- Participate in the Project Management Office being defined testing and vetting documents and processes to be used across the Chief Academic Office.

Director of Project Management 2012-2013
LogicTree, LLC, Denver, CO

- Managed the development, scope, budget, risks and timeline of change orders for $12 million IVR project.
- Lead other Project Managers in producing project management plans and timelines to establish processes across the organization.
- Work as a team with Product Development to gather viable requirements from the customer for new applications and functions.
- • Organized and facilitate weekly O&M releases on software bugs; including reducing 490 open tickets down to less than 100 open items in three months.

Senior Project Manager/Business Analyst 2008-2012
Jefferson County Public Schools, Golden, CO

- Served as PM on a curriculum system that is combining the skills of many departments and over $1 million budget. Used Agile Scrum development, with Waterfall implementation. Application is receiving nationwide attention.
- Worked with Data Warehouse (EAA) team to define and build custom system for state

EMILY MIMS
Implementation Manager

Joined Access2Care in 2014

	reporting, staff tracking, and caseload balancing. • Managed Graduation Credit Expansion including rewrite of custom application and reports, and affecting multiple departments within the district. • Led the district in being one of the first in the nation to realign current course catalog with National Center for Education suggestions. Included working with each curriculum content specialist group and creating standardization for current and future courses.
Education and Certifications	BS Computer Information Systems, Magna cum Laude Regis University, Denver, CO PMP #1739145, Project Management Institute Six Sigma Green Belt - Intuit Incorporated, Greenwood Village, CO. Facilitated Leadership Training - Schwartz + Associates, Denver CO. ITIL Foundation IT Service Management - AmerIT Learning.

Kathy Mollohan

Director of Client Services

Access2Care

Joined Access2Care in 2015

Contact Information	16331 Bay Vista Drive Clearwater, FL 33760	Kathy.Mollohan@evhc.net (720) 450-3234
Professional Biography	Kathy Tongs has over fifteen years' experience in Business and Managed Care. She has worked with several health plans, acquiring a comprehensive background in Delegation Oversight, Ancillary Contracting, Compliance, Program Implementation, Accreditation Standards, Regulatory Requirements, Benefit Design/Implementation, Contract Language/Network Builds, Account Management, Provider Relations, Customer Service, and Audit. As a result, Kathy is uniquely qualified to understand what health plans expect from their NEMT broker. Her track record of creating strategies and processes to enhance vendor services, are certain to result in strengthened client relations.	
Current Role	Kathy is responsible for our client relationships, communications and protocols Our Account Executives and Account Managers now report to Kathy	
Related Experience	Integral Quality Care , Director of Operations - Delegation Oversight Implemented 18 vendor contracts for Florida's statewide Medicaid Managed Care program. Had day to day vendor management and contract negotiations. Conducted oversight of vendor's delegated functions performed on behalf of Plan ensuring compliance with state and federal guidelines. Performed ongoing training of vendors in program rules and regulations. Ensured network adequacy of all specialty and ancillary providers, and managed all enhanced benefit networks.	2014-2015
	Freedom Health Plan, Expanded oversight of Delegated Entities by establishing quarterly review meetings, frequent reporting, and annual onsite audits. Revised delegation agreements to ensure accreditation standards were met. Responsible for oversight of adequate network compliance for each contracted entity for all markets. Worked with subject matter experts to ensure audits were performed in compliance with State and Federal guidelines. Chaired Delegation Oversight Committee ensuring all audit results were presented for approval. Participated in compliance activities and site preparation from state, regulatory and accreditation agencies.	2011-2013
	WellCare, Manager, Vendor Oversight (Quality Improvement/Health Services) Manager, Ancillary Vendor Oversight (National Ancillary Contracting) Network Development Specialist (Nat'l Ancillary Contracting) Ancillary Coordinator (National Ancillary Contracting)	 2009-2010 2008-2009 2006-2008 2004-2006
Education and Certifications	Health Administration, Hillsborough Community College, Tampa, Florida	

GEORGE WHITE

Director of Business Integration

Joined AMR/Access2Care in 1994

Contact Information	6200 South Syracuse Way Ste. 200 Greenwood Village, CO 80111	George.white@emsc.net (303) 495-1284

Professional Biography

George White's expertise in transportation systems derives from more than 20 years' experience with AMR and Access2Care. Beginning as an EMT, George has "come up through the ranks" with experience in training, dispatch, account management, and communications. This background has given him unequaled knowledge of how Access2Care's systems must operate to deliver cost-effective, compliant, and excellent service to clients and participants. His notable professional highlights include successful implementation LATOS/Millennium integration project and Phase 1 implementation of three State NEMT and three National Contracts for Access2Care.

Current Role

As Director of Business Integration, George is responsible for the technical infrastructure of the A2C system and technical implementation of NEMT contracts. He manages client representatives and other members of the AMR implementation team in identifying business requirements and rules that are aggregated into a requirements document for system enhancement.

Related Experience

American Medical Response, Greenwood Village CO — May 2007-October 2011

Manager, Business Integration

- Coordination of development efforts for Access2Care and Millennium Software platforms.
- Managed analyst for report generation and contract compliance.
- Project Manager for integration of major client's application to AMR's Millennium system.

American Medical Response, Los Angeles, CA

Communications Manager — July 2006-April 2007

- Managed day to day operations of Torrance Communications Center processing and dispatching 125,000 transports annually, including staff of 45.

Account Manager — February 2003 – April 2007

- Liaison and management of quality initiatives and performance monitoring for largest national client.
- Reviewed QM trends to assist in assuring that quality and performance is being monitored for customers, providers and patients.
- Monitored performance indicators for feedback to local operations, avoiding performance penalties.

Communications Training Supervisor — January 2002 – January 2003

- Training/continuing education for Torrance, San Diego and Rancho Call Center staff.
- Developed training materials, and policies and procedures.

Emergency Medical Dispatcher — October 1994-January 2002

Triage of inbound calls, determination of response need, and dispatch of appropriate resources

GEORGE WHITE

Director of Business Integration

Joined AMR/Access2Care in 1994

Education and Certifications	Emergency Medical Technician, Pasadena City College, Pasadena CA Miller/Heiman Large Account Management Performance Management (Lead U) System Status Management (Lead U) Government Relations 101 (Lead U) EMD-Q Certification, National Academies of Emergency Dispatch Emergency Medical Dispatcher, National Academies of Emergency Dispatch
References	Gregg Chiasson, Principal Organization: Integrity Enterprises Phone: 303-882-6468 Email: greggc1115@gmail.com Nick Caranci, Sales Manager Organization: Wakeboard & Waterski Specialty Phone: 303-910-0018 Email: nick@waterskispecialty.com Tom Coogan, Vice President of Sales Organization: RouteMatch Phone: 404-253-7843 Fax: n/a

JADE WARREN

Director of Public Transportation Services

Joined Acces2Care in 2014

Contact Information	16331 Bay Vista Drive Clearwater, FL 33760	Jade.Warren@amr.net (720)450-3212

Professional Biography	Prior to joining Access2Care, Ms. Warren was the Assistant Director of Treasure Valley Transit (TVT). She played an instrumental role in molding the direction of public transportation in Idaho for over eight years. In 2012 TVT received the Rural Community Transit System of the Year award from the Community Transportation In Association of America. Her contribution towards the utilization of public transportation in Non-Emergency Medical Transportation (NEMT) services in rural communities was crucial to this recognition. During her career, Jade has managed all aspects of transit administration and operations including technical development, strategic planning, mobility management, grants and contracts administration and compliance oversight of laws and government regulations surrounding these services. She continues to work closely with Health and Human Service Agencies, State departments, transportation providers and elected officials to evaluate, enhance and expand accessibility of NEMT services.
Current Role	The Director of Public Transit Services provides complete oversight for all operations relating to public transit in managed transportation programs. She recruits public transit partners and oversees coordination with their services. Her Team is responsible for the distribution of transit passes to those that can safely access and utilize these services. Her Team also assists members/participants facing barriers to using public transit through a process to determine the most appropriate and cost effective level of service is provided. Jade ensures compliance with regulations pertaining to public transit use and provides guidance on ways to enhance services and maximize use of these services in accordance with contractual obligations. The Director also ensures the integrity of all information provided to public transportation agencies, health plans and government agencies.
Related Experience	Treasure Valley Transit, Nampa, ID — 2010-2014 and 2000-2003 Assistant Director Primary responsibilities included: seek and obtain grant funding, manage NEMT service contract, present match funding requests to city officials, participate in local committees and attend community events. Assure compliance in federal/state regulations, labor laws, anti-discriminatory requirements, drug and alcohol testing, driver medical certifications, return to duty reviews and ADA medical accommodation requests. Other areas of oversight included accidents investigations, route/service changes, mobility management, fare and pass sale reconciliations, system safety and security preparedness and employee training incentive programs.

JADE WARREN

Director of Public Transportation Services

Joined Acces2Care in 2014

Access2Care

Related Experience, continued

County of Riverside, Riverside, CA — 2007-2010
Senior Human Resource Representative
Compiled and maintained time sensitive reports for compliance purposes. Responded to employee and agency inquiries about Union MOU's, County policies/procedures and benefit programs. Live Scan new hires, process criminal background reviews and notifications received from DOJ and FBI regarding records request. Oversee department Voluntary Furlough program.

DirectCore Lending, Rancho Cucamonga, CA — 2003-2007
Branch Manager
Managed loan officers who generate, qualify and close purchase, refinance and second mortgages for loan applicants. Maintain a thorough knowledge and assure adherence to loan processing guidelines and procedures.

Education and Certifications

Business Administration Boise State University: Boise, ID
Passenger Service and Safety Certification , Community Transportation Association of America:

Emergency Medical Technician–B CPR Connection
BLS Instructor, American Heart Association
Certified Live Scan Operator Department Of Justice:

References

Terri Lindenberg, Executive Director
Treasure Valley Transit
Phone: (208) 463-9111
Email:Terri@treasurevalleytransit.com

Mark Bathrick, Public Transportation Manager
Idaho Transportation Department
Phone: (208) 334-8210
Email: mark.bathrick@itd.idaho.gov

David Trimble, Director of Transportation Programs
TriMet – Portland Public Transit
Phone: (503) 962-4984
Email: TrimbleD@TriMet.org

Billy Wingfiled II, Operations Director
Valley Regional Transit
Phone: (208) 258-2760
Email: bwingfield@valleyregionaltransit.org

Kevin Taylor, MBA

Director of Member Services at Envision Healthcare - Access2Care

Summary

Highly organized, multifaceted and competent professional equipped with comprehensive experience in customer service management, business administration, project administration, and operations management.

Self-starter, team player, and analytical individual, with the capability of handling diverse sets of responsibilities along with utilizing well-honed experience in solving problems and completing jobs in an efficient manner. Consistently complimented for excellent interpersonal and communication skills; well-versed in written and verbal communication. Proven leader who is skilled at performing and accomplishing assigned duties independently or as part of a team. Effective in multitasking and managing large organizations within a fast-paced environment. Technically proficient with Microsoft Office applications (Word, Access, and Excel), SAP, and Business Analytics System.

Experience

Director of Member Services at Envision Healthcare - Access2Care
September 2016 - Present
Director - Member Services Center

Sr. Manager, Customer Care at Tech Data
August 2012 - September 2016 (4 years 2 months)

Provided leadership to a department of 60 individuals while establishing strategic management initiatives that resulted in Customer Care receiving the highest Customer Satisfaction ratings in the industry

Spearheaded the establishment, analysis, and review of productivity reporting, thereby improving the Customer Service Department as well as the customer's experience

Displayed expertise in planning and achieving established goals by leveraging exceptional experience, education, and decision-making skills

Managed the integration of the Customer Care Team from the Canadian office to the U.S. while controlling costs and generating significant costs savings to the corporation

Rendered keen oversight to the Customer Care Team from the Costa Rica office of Tech Data; prepared reports; and facilitated hiring of individuals up to management level

Earned the Manager of the Quarter Award in 2010 and Managerial Excellence Award in 2012 by demonstrating exceptional internal customer service and achieving customer service goals

SAP Project Management at Tech Data
September 2010 - August 2012 (2 years)

Functioned as an effective subject matter expert and consultant at a SAP Super User Level in collaboration with the Business Process Team

Monitored the efficient delivery of SAP information system by consistently applying sound project management principles

Directly interacted with key internal and external customers to correctly identify the needs, deploy resources, and administer critical deliverables

Created and deployed the SAP system tool for the entire company while maintaining focus on the development system for returns- and invoice-related adjustments

Supported the consultants and developers during system construction phase, implementation, and post go-live phases

Made major contribution to the significant productivity gains which increased employee performance; thus reducing returns costs. Led the successful implementation of a million dollar ERP returns application to the U.S. business which minimized overall returns costs by more than 50%

Supervisor Customer Care at Tech Data

April 2004 - April 2010 (6 years 1 month)

Leveraged exceptional logistics experience that significantly enhanced customer service process flows on processing freight and shipment errors

Successfully enhanced the performance and efficiency of the department by maintaining high level of focus in executing continuous process improvement efforts

Significantly boosted overall customer satisfaction across multiple customer segments by formulating one call resolution strategy

Expertly managed the customer service support for the National Account Division, which consisted of the top 30 accounts at the entire company representing over $500 million in total annual revenue

Offered effectual support in recruiting, developing, and improving the performance of all team members

Maintained close collaboration with the Sales Team to directly support the strategic initiatives involving targeted accounts for future growth

Logistics Coordinator at Tech Data

September 2001 - April 2004 (2 years 8 months)

Administered customer orders for the accuracy of external customer needs

Showed expertise in providing excellent logistics support to internal and external customers

Aided in handling the reporting and resolution of all issues

Assigned tasks to several logistical processes and procedures to improve the overall efficiency

Extensively used exceptional communication skills in analyzing data and comparing cost-efficiency within the department

Assistant HR Manager

September 2000 - September 2001 (1 year 1 month)

Helped in managing and processing employee benefits and compensation

Provided updates to senior management on productivity and performance of all employees

Demonstrated professionalism in counseling employees on enhancing work efficiency and productivity

Facilitated extensive interviews, while providing assistance in improving employee retention and recruitment

Directed the establishment of training program for all new hires

Education

Saint Leo University

Master of Business Administration (M.B.A.), Business Administration and Management, General, 2013 - 2015

University of South Florida

Bachelor of Arts (BA), Communication, General, 1994 - 1998

CHRIS MORRIS

National Director of Network Management

Joined AMR/Access2Care in 1998

Contact Information	16331 Bay Vista Drive Clearwater, FL 33760	Chris.Morris@evhc.net 954-745-2600

Professional Biography

Chris Morris has 17 years' experience with Access2Care and with Medicaid programs. Chris is a versatile leader with experience in multiple facets of the non-emergency transportation and emergency industry. He is engaged with health plan clients, transportation providers, and supervisory staff in order to ensure high-quality service and dedication to clients and members. He is ED-Q certified with the International Academy of Emergency Dispatch. He possesses the tools and understanding to properly evaluate and score the six elements of the Priority Dispatch System.

Current Role

As the National Director of Managed transportation, Chris has managerial oversight for the managed transportation team, the Communications Center and the transportation provider network. He is responsible for all duties and functions within each of his departments with the goal of increasing productivity, quality of work and providing direct interaction with transportation providers.

He is accountable for profitability of transportation contracts within Access2Care, client retention and price negotiations of transportation contracts

Related Experience

American Medical Response, Pompano Beach, Florida — 1998 - Present

Previous Positions as:

- Operations Manager
- Dispatch Communications Manager
- Assistant Communications Manager
- EMD-Q Quality Supervisor
- Dispatch Communications Supervisor
- Call Center Supervisor
- NEMT Operations Supervisor.

Education and Certifications

Avionics and Administration, State University of NY, Farmingdale NY/Stony Brook, NY

Accounting and Data Entry, MTI Business, Brooklyn NY

System Status Management

Emergency Medical Dispatcher (EMD), International Academy of Emergency Dispatching,

Emergency Medical Quality Assurance(ED-Q) International Academy of Emergency Dispatching

CHRIS MORRIS
National Director of Network Management
Joined AMR/Access2Care in 1998

Access2Care

References

Bill Hall, Regional Director
Organization: American Medical Response
Phone/Fax: 954-229-1423 / 954-771-7000
Email: Bill.Hall@evhc.net

Brooke Liddle, Manager of Operations
Organization: American Medical Response
Phone/Fax: 954-229-1373/ 954-771-7000
Email: Brooke.Liddle@evhc.net

Dr. Joseph Nelson, Director of Medicine
Organization: American Medical Response
Phone/Fax: 954-229-1457 / 954-776-5165
Email: Joe.Nelson@evhc.net

|3333 Pasadena Ave S. |South Pasadena, FL 33707|727-415-3528|frank.ganttjr@amr.net|

FRANK A. GANTT JR.

Qualifications:

- Manager with 20+ years of combined experience in fleet management, logistics planning, safety and supervision of military and civilian personnel
- Proven leader providing guidance to organizations ranging from 5 to 1,100 customers
- Built and operated teams in fluid environments to deliver time sensitive projects under budget and on schedule
- Coordinated and executed complex operations requiring significant experience in inventory management, forecasting, distribution and vehicle operations and management
- Recognized for exceptional customer service by internal and external customers

Professional Accomplishments:

Project and Program Management

- Managed weapons training events and projects for nine organizations/1,100 personnel
- Provided data and status of vehicle fleet, personnel, and projects in weekly reports
- Managed over the road line-haul missions; transported $28 million in assets, resulting in cost savings of more than $60,000
- Managed the procurement, operations, and maintenance of $350,000 maritime fleet
- Provided oversight of critical command and control equipment movements
- Ensured the safe and timely delivery of $157 million in cyber assets across 196,000 miles which resulted in a cost savings of over $294,000

Problem Analysis and Solution Development

- Designed and implemented vehicle and associated personnel resource tracking system
- Analyzed customers' requests for training requirements and tailored training for 12 organizations with an annual customer base of over 8,500 customers
- Developed, administered, analyzed and reported results of unit compliance inspections to organizational directors
- Coordinated maritime maintenance training saving organizations over $50,000 annually

Leadership and Communications

- Led Army, Air Force, and civilian personnel; oversaw maintenance and management of a 338 vehicle/equipment fleet valued at $20 million
- Mentored staff and served as technical expert in maritime programs, weapons, and logistics
- Created project plans, facilitated discussions, and established performance elements
- Led integrated team to establish worldwide capable maritime communications capability

- Co-led the acquisition of custom maritime vessels valued over $400,000
- Fostered customer relations with both U.S. and foreign military forces to achieve shared goals
- Oversaw the enforcement and compliance of local, state, and federal regulatory requirements/policies for the transportation of cargo, vehicles, and personnel

Relevant Employment History:

- **Regional Network Manager, South Region** (November 2014 – Present)
  Access2Care – 16331 Bay Vista Dr. – Clearwater, FL 33760

- **Director, Maritime Operations** (January 2012 – November 2014)
  U.S. Air Force Joint Communications Support Element – MacDill Air Force Base, FL

- **Director, Combat Arms Program** (January 2008 – December 2011)
  U.S. Air Force Joint Communications Support Element – MacDill Air Force Base, FL

- **Non-Commissioned Officer In Charge, Combat Arms Training and Maintenance** (August 2002 – December 2007)
  U.S. Air Force 6th Security Forces Squadron – MacDill Air Force Base, FL

- **Assistant Non-Commissioned Officer In Charge, Combat Arms Training and Maintenance** (July 2000 – July 2002)
  U.S. Air Force 31rst Security Forces Squadron – Aviano Air Base, Italy

- **Assistant Non-Commissioned Officer in Charge, Security Forces Armory** (July 1998 – June 2000)
  U.S. Air Force 28th Security Forces Squadron – Ellsworth Air Force Base, SD

- **Combat Arms Instructor, Combat Arms Training and Maintenance** (July 1997 – June 1998)
  U.S. Air Force 8th Security Forces Squadron – Kunsan Air Base, Korea

- **Combat Arms Instructor, Combat Arms Training and Maintenance** (Sept. 1994 – June 1997)
  U.S. Air Force 343 Training Squadron – Lackland Air Force Base, TX

Relevant Education and Certifications:

- **Community College of the Air Force, Maxwell Air Force Base, AL**
  Applied Science of Criminal Justice Program
- **National American University, Rapid City, SD**
  Bachelor of Science – Applied Management Program
- **National Registry of Emergency Medical Technicians**
  Emergency Medical Technician Certification
- **Emergency First Response**
  CPR and Emergency First Responder Instructor
- **Active Federal Top Secret (SCI) Security Clearance as of May 2012**

Relevant Skills:

- Regulatory Compliance
- Strategic Planning/Development
- Performance Evaluation
- Program Management
- Quality Assurance
- Training & Team Building
- Lean Principles
- Process Improvement
- Strategy Development

- Auditing & Investigations
- Budget Design, Analysis, & Forecasting

Data Entry & Analysis

Emergency Medicine

National Corporate Leadership Support

CARRIE SPURLOCK

Interim Director, Claims and Billing

Joined AMR/Access2Care in 2013

Contact Information	6200 South Syracuse Way Ste. 200 Greenwood Village, CO 80111	carrie.spurlock@evhc.net (303) 595-1764

Professional Biography

Carrie supervises and coordinates the daily operations of a large Accounts Receivable Department for a mobile imaging and laboratory company that performs services in 7 states. She has extensive knowledge of ICD-9 and CPT coding, and is proficient with Microsoft Excel, Power point, Outlook, Word and a multitude of billing software systems. Her extensive knowledge of all payers includes Medicare, Medicaid, and commercial insurances. Carrie also has a comprehensive understanding of coding, UB, HCFA and HIPAA guidelines.

Current Role

Oversee and manage the reimbursement and billing of national & multi-regional contracts. Manages the contract and relationship of Third Party Administrator (TPA) services, which includes coordinating the operations between the TPA, AMR, and AMR Client Organizations.

Related Experience

Manager of Claims & Billing
Access2care
August 2014 – Current
Oversee and manage the reimbursement and billing of national & multi-regional contracts. Manages the contract and relationship of Third Party Administrator (TPA) services, which includes coordinating the operations between the TPA, AMR, and AMR Client Organizations. Responsible for the overall client satisfaction of the outcomes relative to reimbursement, as well as, intervene as needed to resolve high level issues impacting these outcomes and/or the relationships. Oversee the implementation of claims & billing processing for national & multi-regional contracts. Responsible for the overall client satisfaction of the outcomes relative to implementation of reimbursements and billings, as well as, to intervene as needed to resolve high level issues impacting these outcomes and/or the relationships. Manages the Billing/Claims and Fraud Waste and Abuse departments consisting of approximately 35 employees.

Billing Supervisor
Access2care
May 2013 – August 2014
Identify and resolve billing application errors and coordinate resolution with multiple departments, verify and correct current and new health plan contract pricing for plan billing, review and update new health plan protocols, coordinate application improvements with business integration and IT departments, train new and established employees on accurate remit posting, health plan reporting, invoicing and claim submissions, point of contact for health plan adhoc report requests and questions, responsible for testing and documenting application updates and changes, point of contact for Account Executives for billing questions and concerns, supervise billing department personnel, approve timesheets/PTO requests, complete annual reviews and responsible for documenting disciplinary actions, develop and initiate departmental policies and procedures, identifies and resolves reimbursement discrepancies and payer trends, and responsible for accurate and timely submission of electronic claim files

Related Experience	Accounts Receivable Manager Schryver Medical, Inc. August 2007 – May 2013 Manage insurance follow up and appeals for up to 16 staff members in 3 departments – Accounts Receivable department, Private Pay department and Overpayment department, responsible for assigning, tracking and performing quality monitoring on employees daily work, responsible for interviewing, hiring and training new and transferred employees, prepare payroll for all staff, responsible for staff development and training to ensure maximum return on outstanding claims, compile PowerPoint presentations for billing and sales trainings, companywide point of contact for billable insurances which includes researching plans and negotiating insurance contracts, develop and implement department and company policies and procedures, educate employees on CMS guidelines and MLN matters changes, identify and resolve reimbursement discrepancies and payer trends with over 400 insurances, liaison with system support identifying and correcting claim submission errors, participant in billing software, and NAPXP conferences for continued education Accounts Receivable Representative Total Pain Care August 2003 - August 2006 Responsible for insurance follow up and appeals with a multitude of insurances, claim submission, charge posting, worked off of aging reports, verified insurance benefits, scheduled office and hospital appointments, obtained authorizations for surgical procedures.
Education	Specialized Associate Degree in Health Information Management May 2001 Ultrasound Diagnostic School

% Time Monthly Implementation	% of Time Monthly Operations
10%	5%

Access2Care

Theresa Reid
Regional Manager Human Resources

Theresa.Reid@rmetro.com

EXPERIENCE SUMMARY

Progressive human resources experience in large multi-state and international HR organizations supporting up to 10,000 employees. Customer-focused, results-oriented professional using a systematic approach to total organizational effectiveness. Self-motivated team player with excellent problem solving through analytical skills.

EDUCATION

- **Business Management**
  - Sierra College - Rocklin, California
  - Phoenix College - Phoenix, Arizona

PROFESSIONAL EXPERIENCE

American Medical Response, Inc. – Scottsdale, Arizona — **October 2014 - Present**

Director of Finance

- Partner with Senior Vice President of Operations to provide M&A support, process improvement and financial management.
- Manage the start-up and operation of a strategic subsidiary.
- Develop and manage the forecast, budget and analysis for $200 million subsidiary.
- Design and support pricing and operational analytics.
- Redesigned fee billing/collection process including operational workflow.
- Designed and managed the division scorecard
- Financial management and delivery of financial/operational reports, presentations to executives and the B.o.D.
- Advised and participated as a subject matter expert in the review and selection of a new ERP system.
- Develop and manage long-range financial planning.
- Participate in union negotiations including complex impact analysis and financial modeling.
- Manage and monitor key metrics and trends to recommend enhancements to operational performance.
- Facilitate divisional operations reviews and communicate opportunities to lever key drivers to improve profitability.

AMERICAN MEDICAL RESPONSE / RURAL METRO CORPORATION — **2006 to Present**

REGIONAL MANAGER HUMAN RESOURCES

Report directly to the Vice President of Human Resources, responsible for managing all human resource functions of Community & Specialty Fire operations and the Patient Advocacy Group for a National Emergency Services Company in 44 states with more than 2 billion in annual revenues.

- Hands on responsibility for all employee relations, claims and litigation, unemployment, severance and enterprise wide strategic metrics.
- Perform all corporate investigations; advise and coach management to ensure compliance and resolution; monitor progress; communicate outcome.
- Manage process of companywide hotline reports to ensure compliance and proper documentation. Direct the reports for investigation and response; review and edit all responses prior to submission; provide advice and assistance to field HR.

- Manage companywide EEOC claims and litigation; collaborate with corporate attorneys on case strategy; provide support to field HR and management; executive reporting on potential liability; and provide quarterly updates for finance/executive review.
- Manage all HR reporting for entire organization, including Affirmative Action, EEO-1, VET-100, OFCCP Compliance Reviews and other critical reports.
- Responsible for the development of company policies, facilitate the Policy Committee meetings as part of the approval process; implement companywide and maintain.
- Led the development of custom HR applications within our intranet portal. These highly successful custom applications included a Performance Management System, Leave Management System, Job Description database, Exit Interview and Goals Management that were used company wide.
- Act in a consultant capacity to field HR Managers and Directors regarding unemployment benefit claims and appeal hearings to ensure proper documentation and federal and state compliances.
- Manage entire severance process; prepare documentation; coach the field presenters; execute for all corporate employees; maintain payment schedule; report liabilities to finance and executives bi-weekly.
- Acted as the Manager of Recruitment for an interim basis, providing direction and advice. Developed custom metrics for senior leadership, which lead to implementing iCIMS applicant tracking system.
- Responsible for partnering with the Senior Director of Compensation to review and grade all corporate roles.
- Assisted in the development of salary bands, benchmarking and researching internal and external market data.
- Own the development and approval process for companywide job descriptions; maintain archives; provide development assistance to management and field HR.
- Expert knowledge of Workday HRIS system. Experience with other HRIS systems such as PeopleSoft.

SIX SIGMA QUALTEC, INC

1999 to 2006

HUMAN RESOURCE MANAGER

Reported to CEO/President and directed all HR functions for an employee and contractor population of 130. Responsible for recruiting employees and contractors, orientations, employee relations, benefits to include negotiations & reconciliations, semi-monthly payroll to include commissions and bonuses, COBRA administration, and:

- Orchestrated reductions-in-force without any subsequent lawsuits.
- Responsible employment litigation matters; attorney communications, research and documentation.
- Provide executive coaching to promote smooth business operation.
- Provide counsel to management or employees regarding workplace conflict to ensure compliance and resolution.
- Responsible for HR services to support a presence in Australia, Japan, United Kingdom and Canada.
- Handled contract negotiations for domestic and international contractors.
- Maintained a successful performance assessment in a virtual environment for the executive management team.
- Manage and improve employee satisfaction by effecting change identified through the development, implementation and analysis of employee surveys.
- Maintain positive employee relations during workforce ramp-up and reduction.
- Researched national and international compensation packages.
- Monitor national trends that effect compensation and performance management.

THE PENSUS GROUP

1997 to 1998

HUMAN RESOURCE MANAGER

Reported to CFO. Directed all HR functions for 140 employees. Responsible for hiring process, retention practices, company policy and procedures, benefits to include negotiations & reconciliations, bi-weekly payroll, employee relations, workers compensation and unemployment.

ALPHAGRAPHICS, INC.

1989 to 1997

HUMAN RESOURCE MANAGER

Reported to Franchise Owner/President. Directed all HR functions for 90 employees. Responsible for recruiting, orientations, company policy and procedures, benefits, COBRA processing, workers compensation, semi-monthly payroll, quarterly commissions, assisted management with employee relations, organized monthly team meetings and special events.

PROFESSIONAL AFFILIATIONS

- National Society for Human Resource Management
- Valley of the Sun Human Resource Association

Barbara Artice

Manager, Member Services at Envision Healthcare Corporation

Summary

N/A

Experience

Manager, Member Services at Envision Healthcare Corporation
April 2014 - Present

Call Center Supervisor at Envision Healthcare Corporation
November 2012 - Present

Manager at Enterprise Holdings
1996 - 2011 (16 years)

Barbara Artice

Manager, Member Services at Envision Healthcare Corporation

LinkedIn

Contact Barbara on LinkedIn

Access2Care

Position Description

Job Title:	**Billing Specialist**	
Reports To:	**Claims Manager**	
Department:	**New Jersey Operations**	**FLSA Status: Non-Exempt**

Position Summary	The Billing Specialist will research and resolve billing issues identified. This position will act as billing contact person. Create and submit required reports and files.

Essential Duties and Responsibilities	• Maintain billing process to ensure accurate and timely billing/claim submissions in many different formats. • Maintain, analyze and compile monthly/quarterly reports in timely manner for submission to client. • Tracks membership and utilization to determine/validate rates of payment for capitated plans. • Responsible for tracking payment and making deposits of money received from clients. • Responsible for issuing ACH/EFT payments to vendors and verifying check status with the bank. • Notify supervisor when there is a change in the client's payors and communicate all changes to affected departments. • Assist pre-billing departments with researching and resolving reimbursement issues specific to clients. • Act as a resource for NJ Operations in answering client specific issues. • Maintain and distribute weekly, monthly and quarterly reports to management for review. • Adhere to all company policies and procedures.

Non-Essential Duties and Responsibilities	Perform other duties as assigned.

Minimum Qualifications

Education	High School diploma or General Education Degree (GED) required.
Licensing	None
Experience	• One to two years accounts receivable experience required. • Previous experience in healthcare billing/coding or claims processing preferred.

Other Knowledge and Skills	• Must be proficient with Microsoft Office applications. • Knowledge of Medicare, Medicaid and third party health plans' rules and regulations. • Effective oral, written and interpersonal communication skills. • Strong alpha-numeric data entry skills. • Strong attention to detail. • Organized, detail oriented with excellent follow through abilities. • Ability to effectively present information and respond to questions from all levels of personnel, both internal and external. • Ability to add, subtract, multiply and divide in all units of measure.

Access2Care

Position Description

Job Title:	**Call Center Manager/Senior Call Center Manager**	
Reports To:	**NJ Operations Director**	
Department:	**New Jersey Operations**	**FLSA Status: Exempt**

Position Summary	This key leadership role is responsible for the supervision, management, coordination and prioritization of all NEMT Call Center activities. This position oversees the trip brokering function and call taking functions of department staff. The Senior Manager is lead among the Call Center Managers.
Essential Duties and Responsibilities	• Directly supervises Call Center Supervisors and/or staff and assists in hiring, training, mentoring and performance of the employees. • Ensure that Call Center Key Performance Indicators are reported and monitored. • Demonstrate strong knowledge of Medicaid rules and NEMT requirements. Work with Information Systems staff to automate business practices to improve call taking efficiency. • Communicate and facilitate problem resolution with transportation providers as issues are escalated to resolve potential service issues in real time. • Work closely with Transportation Network Coordinators to resolve transportation issues as they occur. • Work closely with Quality Assurance staff to monitor performance of operations through complaint management and provider compliance. Monitor staff training needs. • Participates in strategic planning and goals for the department. • Creates procedures and standards for department in order to ensure efficiency and smooth functioning. • Performs telephone support when necessary; provides technical expertise; communicates and negotiates with clients and ensures client satisfaction. • Serve as a Departmental resource to deal effectively with operational difficulties within the call center.
Non-Essential Duties and Responsibilities	Perform other duties as assigned.

Minimum Qualifications

Education	College Degree in business or related field, preferred. Experience may be substituted for education.
Licensing	None
Experience	Minimum of three years of experience supervising high volume inbound call center and/or paratransit operations.

Other Knowledge and Skills	• Must be proficient in Microsoft Office software. • Demonstrated knowledge of medical terminology is preferred. • Healthcare industry experience is preferred. • Must type 40 wpm. • Must have effective oral, written and interpersonal communication skills.

Access2Care

Position Description

Job Title:	**Call Center Supervisor**	
Reports To:	**Call Center Manager**	
Department:	**New Jersey Operations**	**FLSA Status: Exempt**

Position Summary	The Call Center Supervisor's job entails organizing and directing the daily activities of the call center's operation. The main responsibility of a call center supervisor is to manage, train, and guide call center representatives to execute their tasks. By resolving problems and complaints, a supervisor supports the team. The supervisors monitor agents and calculate call center performance, and analyze reports. They prepare and assist in the development of schedules to control adequate staffing levels.
Essential Duties and Responsibilities	• Accept and handle supervisory requests and calls from staff and customers. Provide the Call Center Manager with all information about any extraordinary situations. • Ensure that the staff follows call control procedures at all times and enforce all department and company policies. • Collaborate with the Call Center Manager in the development and implementation of any training for newly hired and existing Customer Service Representatives. • Act as a resource for the Customer Service Representatives. • Maintain accurate performance evaluations of the Customer Service Representatives by reviewing message history, call history, trip setup and recorded calls. • Coordinate and approve the monthly schedule, scheduling requests and call que assignments. • Provide back-up support to the Call Center Manager as necessary. • Assist in the hiring process.
Non-Essential Duties and Responsibilities	Performs other duties as assigned.

Minimum Qualifications

Education	High School Diploma or GED. College Degree preferred.
Licensing	None
Experience	• Must have a minimum of two years of call center experience. • Must have a minimum of two years of supervisory/leadership experience.

Other Knowledge and Skills	• Must be proficient with Microsoft Office software. • Healthcare industry experience is preferred. • Demonstrated knowledge of medical terminology is preferred. • Must type 40 wpm. • Must have effective oral, written and interpersonal communication skills.

Access2Care

Position Description

Job Title:	**Care Coordination Manager**	
Reports To:	**Senior Operations Manager, Client and Beneficiary Services**	
Department:	**New Jersey Operations**	**FLSA Status: Exempt**

Position Summary

This key leadership role is responsible for helping to A2C in building and managing company processes for caring for our client's most vulnerable members. This leader will be interfacing with internal and external customers and will play a significant role in communications between Network Operations and clients. This position will take a major role in development and implementation of all Care Coordination initiatives. In addition, a goal of this position is to enhance the quality of patient management and satisfaction, and promote continuity of care and cost effectiveness through case management and utilization review and management.

Essential Duties and Responsibilities

- Provide oversight for all Care Coordination programs.
- Meet with medical facilities' staff to educate them on program awareness
- Track, record and report transportation costs and savings to the Director
- Establish procedures for care coordination staff to provide first-level case management during incoming requests and outbound calls
- Evaluate trip requests to ensure medical necessity and monitor program functions to protect against fraudulent activities
- Assist the National Director of Care Coordination and the local Operations Director in developing internal and external reporting
- This position requires approximately 20% travel
- Respond to, document and ensure follow up to all service inquiries received from internal and external customers in a timely and thorough manner
- Work with Operations Director in developing communication between network and client requests
- Participate routinely in conference calls with clients as a liaison between clients and the Network
- Review Network reports to clients and provide feedback to the Network Department on format, content and message of network development and improvement programs
- Work with the Network to develop Corrective Action Plans based off of complaint and performance issues and respond to internal and external Corrective Action Plans
- Coordinate meetings with the Network Director to identify opportunities to improve operating deficiencies
- Mentor employees, conduct performance evaluations if applicable, counsel

	and provide disciplinary actions to assigned personnel with a goal of developing a team oriented approach with positive results. Assist in driving performance management. Comply with all employment laws and support equal opportunity and diversity goals • Demonstrate a professional approach
Non-Essential Duties and Responsibilities	Perform other duties as assigned.
Minimum Qualifications	
Education	Bachelors or higher in business, Finance, Healthcare Administration, Nursing or equivalent
Licensing	If Nursing, current license
Experience	• Minimum of 3 years' experience in healthcare in a managed care environment is preferred. • Case Management or network development experience preferred • Demonstrated strong organizational skills with the ability to prioritize and coordinate multiple tasks • Strong oral and written communication skills in order to present to small groups, upper management or vendors who may pose challenging or difficult questions • Experience in contract compliance and negotiations in a transit, EMS, healthcare or related field are preferred. • Preferred minimum of two years of supervisory/leadership experience • Preferred prior budget or financial experience.
Other Knowledge and Skills	• Must be proficient with Microsoft Office applications. • Must type 40 wpm. • Demonstrated knowledge of medical terminology is preferred. • Must have effective oral, written and interpersonal communication skills. • Must have excellent leadership and management skills.

Access2Care

Position Description

Job Title:	**Care Coordinator I**	
Reports To:	**Clinical Care Manager**	
Department:	**New Jersey Operations**	**FLSA Status: Non-Exempt**

Position Summary

The Care Coordinator is responsible for answering all incoming calls and emails from internal and external sources and responding appropriately, while maintaining a professional, courteous demeanor. The Care Coordinator will also confirm eligibility, determine transportation requirements and mode of transportation. Utilizes scheduling software to manage recurring, short notice and future trip scheduling. Troubleshoots and problem solves transportation issues with healthcare facilities and health plan personnel.

Essential Duties and Responsibilities

- Answer/handle incoming phone calls and emails in a timely manner.
- Copying, typing, faxing, sending/receiving and distribution of emails/documents.
- Interact with team members, other Access2Care department personnel, client personnel, beneficiaries, medical providers/health care facilities and transportation providers.
- Learn and develop proficiency with A2C system application.
- Assist with managing recurring, short notice and future trip scheduling.
- Adhere to all company policies and procedures.

Non-Essential Duties and Responsibilities

Perform other duties as assigned

Minimum Qualifications

Education

- High School Diploma or GED
- Preferred Associates Degree in Business or Office Administration plus 2 years administrative office experience or 4 years administrative office experience in lieu of education
- Preferred: Clinical training and experience adequate to review medical documentation and requests.

Licensing

None

Experience

- One year of previous inbound call center experience or dispatcher preferred
- Experience in a high stress and high call volume center preferred
- Prior dispatch/routing experience is preferred

Other Knowledge and Skills	• Effective oral, written and interpersonal communication skills • Excellent organizational skills with attention to detail • Critical thinking/problem solving skills • Ability to manage and provide follow-up on projects/tasks, set priorities • Proficient in Microsoft applications (Word, Excel, and Outlook) • Ability to multi-task with minimal supervision • Ability to learn and understand various computer programs • Excellent customer service skills • Collaborative/Teamwork orientation • Excellent interpersonal skills with ability to maintain effective working relationships with all levels of management and ability to excel in a team environment with internal and external contacts • Knowledge of medical terminology and services preferred • Healthcare industry experience is preferred • Must type 30 wpm • Multilingual capabilities a plus

Access2Care

Position Description

Job Title:	**Claims and Billing Supervisor**	
Reports To:	**Claims Manager**	
Department:	**New Jersey Operations**	**FLSA Status: Exempt**

Position Summary	This key leadership role is responsible for all claims processing, provider payment and financial audit procedures related to the NEMT contract. The reimbursement supervisor follows policies and procedures for expedient payments to the providers, as well as timely billing to the contracting entity for the same services. This position also maintains compliance procedures that assure that any claims received that identify possible fraud or abuse are investigated and acted upon. The Claims and Billing Supervisor will supervise the daily billing, collections cash posting functions and employees related to this function. This position is critical to ensure timely cash flow. This position must ensure accurate and timely financial reporting.
Essential Duties and Responsibilities	• Ensures rapid and accurate billing to the state client. Ensures rapid payment and strong cash flow • Ensures complete contractual compliance in the billing, payment and financial reporting environment for the NEMT operation. This responsibility includes ensuring timely and correct response to all client reviews and audits. • Train, mentor, coach and review the performance of Claims and Billing staff. • Conduct routine transportation provider network training to ensure proper billing through the A2C and all EVHC data systems. • Responsible for the strict compliance of company policy related to the process of releasing funds for all provider payments. • Provides financial and statistical reports to appropriate departments. • Adhere to all company policies and procedures. • Adherence to and compliance with information systems security is everyone's responsibility. It is the responsibility of every computer user to: Know and follow Information Systems security policies and procedures. Attend Information Systems security training, when offered. Report information systems security problems. • Mentor employees, conduct performance evaluations, counsel and provide disciplinary actions to assigned personnel, and works to facilitate individual and team development that drives positive results. Champion affirmative action efforts in all aspects of employment, including but not limited to staffing, training, promotion, etc. Responsible for compliance with and enforcement of company/department policies and procedures.
Non-Essential	Perform other duties as assigned.

Duties and Responsibilities	
Minimum Qualifications	
Education	Associate degree in Accounting or equivalent experience.
Licensing	None
Experience	• Two to four years of experience in a minimum of a supervisor capacity preferred • Two to four years of experience in processing reimbursement;
Other Knowledge and Skills	• Demonstrates good communication skills • Computer literacy in Microsoft Word, Excel and Access.

Access2Care

Position Description

Job Title:	**Claims Team Lead**	
Reports To:	**Claims Supervisor**	
Department:	New Jersey Operations	**FLSA Status: Non-Exempt**

Position Summary	The Team Lead is responsible for performing all job duties of the staff within the Claims Department and also delegating work assignments to staff, overseeing daily work production and providing supervisory assistance and back-up when needed.

Essential Duties and Responsibilities	• Serves as a departmental resource and deals effectively with operational difficulties within the Claims Department. • Act as a liaison between Accounts Payable and Operations to rectify any issues. This includes reviewing adjustment and refund requests prior to submitting to Accounts Payable. • Establish a positive working relationship with providers. • Responsible for motivating staff by training, coaching, counseling, and establishing a positive work environment. • Assists with call taking as needed and responds to escalated calls when assistance is requested by the Claims Adjudicators. • Coordinate with Application Systems Team to identify any system bugs and necessary enhancements. • Identify, investigate and resolve service related issues and reports to management. • Serves as a floor supervisor providing training and assistance as needed. • Completes and submits Key Performance Index reports to team leaders and makes recommendations for operational improvements. • Delegate daily work assignments to staff. • Adhere to all company policies and procedures. • Assist Call Center Manager with training when necessary.

Non-Essential Duties and Responsibilities	Perform other duties as assigned.

Minimum Qualifications

Education	High School Diploma or GED.
Licensing	None

Experience	• Must have a minimum of two years working in the Claims/Billing Department. • One year supervisory/lead experience is preferred. • Experience in a high stress and high call volume center is preferred.
Other Knowledge and Skills	• Knowledge of medical terminology and services is preferred. • Must be proficient with Microsoft Office software. • Must type 40 wpm. • Healthcare industry experience is preferred. • Multilingual capabilities a plus. • Must have effective oral, written and interpersonal communication skills.

Access2Care

Position Description

Job Title:	**Claims Adjudicator**	
Reports To:	Claims Supervisor	
Department:	**NJ Operations**	**FLSA Status: Non-Exempt**

Position Summary	The responsibilities of the Claims Adjudicator are to ensure that all Non-Emergency Medical Transport (NEMT) claims are paid appropriately. This is done through a daily review of claims that meet the criteria for exception, as well as conduct post payment review process that includes verification of provider billing documentation and/or a verification of medical services provided. For example, the Claims Adjudicator will verify that the Medicaid recipient received services at a physician's office, pharmacy services, outpatient rehab, etc. This position is also responsible for supporting customer service inquiries (telephone and written) from providers related to payment
Essential Duties and Responsibilities	• Update accounts after reviewing payment criteria to authorize payment for those transports that hit exception reports, review and verify discrepancies in authorization and billing. (i.e., level of service differs, mileage amount differs, etc.) • Respond to daily inbound/outbound telephone calls to facilitate explanation of payment or non-payment to providers while enhancing and maintaining strong positive customer relations. • Investigate services and/or billing identified as inconsistent with appropriate practice. • Facilitate post payment audit inquiry to either transportation providers or to medical service providers. • Respond to all request or problems in a professional manner. • Maintain confidentiality at all times whether in reference to confidential financial information as well as all medical and/or personal information as required under company policies. • Responsible for proficiency on the policies and procedures of the Department, as well as a thorough understanding of the Millennium call taking and payment system. • Demonstrate a positive attitude in the work environment on a consistent basis. • Demonstrate a willingness to assist as necessary to meet departmental goals and requirements. • Maintain punctual and regular attendance. • Adhere to all company policies and procedures.
Non-Essential	Other duties as assigned

Duties and Responsibilities	
Minimum Qualifications	
Education	High School Diploma/GED
Licensing	None
Experience	• Two years' experience in transportation call taking, health care billing/coding or claims processing is required. • Proficient in typing, communications and mathematics. • Familiar with Medicaid terminology and covered services
Other Knowledge and Skills	• Effective oral, written, and interpersonal communication skills. • Must be computer literate and able to work independently

Access2Care

Position Description

Job Title:	**Community Liaison**	
Reports To:	**Senior Operations Manager, Client & Beneficiary Services**	
Department:	**New Jersey Operations**	**FLSA Status: Exempt**

Position Summary	The Community Liaison will possess exceptional customer service skills, is a team player and has a deep understanding of beneficiary, caregiver, healthcare facilities and providers' needs. This position is responsible for working closely with these entities as well as community organizations to establish and maintain positive relationships.
Essential Duties and Responsibilities	• Works closely with the Operations Director to create and maintain strong community relationships. • Provides expertise in strategic planning including identifying opportunities for additional or improved services to address customer needs. • Establishes and maintains positive working relationships with beneficiaries, healthcare providers, and advocacy groups involved with NEMT services. • Builds and monitors community, customer, and patient perceptions of A2C as the highest quality provider of services. • Maintains comprehensive working knowledge of community resources and assists customers in accessing community resources should services not be provided by A2C. • Provides education on Access2Care Services to the community and potential referral sources • Assist with the coordination of transportation from facility to home • Works closely with Physician and Physician offices to ensure access and coordination of patient services. • Works closely with Access2Care staff to ensure the highest level of communication with patients and community. • Adhere to all company policies and procedures • Adherence to and compliance with information systems security is everyone's responsibility. It is the responsibility of every computer user to: Know and follow Information Systems security policies and procedures. Attend Information Systems security training, when offered. Report information systems security problems.
Non-Essential Duties and Responsibilities	Perform other duties as assigned

Minimum Qualifications	
Education	• Bachelor's Degree in Transportation, Business Administration or similar field. or • High School Diploma and at least 2 years related experience.
Licensing	None
Experience	• Required 1 year of related experience providing dispatching and/or transportation services. • Knowledge and Skills: • Ability to deal tactfully with customers and the community while keeping the delivery of quality patient care as first priority. • Demonstrates excellent communications and public relations skills. • Demonstrates autonomy, organization, assertiveness, creativity, flexibility and cooperation in performing job responsibilities. • Some travel is required. Must have a valid driver's licenses and automobile insurance • Must have a reliable vehicle • Working knowledge of MS Office Suite. • Effective oral, written and interpersonal communication skills.

Other Knowledge and Skills	• Ability to deal tactfully with customers and the community while keeping the delivery of quality patient care as first priority. • Demonstrates excellent communications and public relations skills. • Demonstrates autonomy, organization, assertiveness, creativity, flexibility and cooperation in performing job responsibilities. • Some travel is required. Must have a valid driver's licenses and automobile insurance • Must have a reliable vehicle • Working knowledge of MS Office Suite. • Effective oral, written and interpersonal communication skills.

Access2Care

Position Description

Job Title:	**Contact Center Associate/ Customer Service Representative**
Reports To:	Contact Center Supervisor
Department:	**New Jersey Operations** **FLSA Status:** Non-Exempt

Position Summary	The Contact Center Associate (CCA)/Customer Service Representative(CSR) is responsible for answering all incoming calls from outside sources of a transportation nature and responding to these calls appropriately, while maintaining a professional, courteous demeanor. The CCA will also ensure eligibility, determining transportation requirements and mode of transportation. Utilizes scheduling software to optimize the number of rides and minimize indirect routing
Essential Duties and Responsibilities	• Answer all incoming telephone calls of a transportation nature and confirm eligibility, scheduling and appropriate mode of transportation. • Maintain a professional, courteous demeanor with callers, network providers and any other individual who may contact the business office. • Reviews trips in area of specialization and determines provider assignments. • Assigns reservations to network transportation providers to ensure vehicle resources are used most efficiently. • Tracks specific passengers and trip progress as requested. • Routes trips to providers and prepares manifests. • Completes reports as assigned. • Adhere to all company policies and procedures.
Non-Essential Duties and Responsibilities	Perform other duties as assigned

Minimum Qualifications

Education	High School Diploma or GED
Licensing	None
Experience	• Must have one year of previous inbound call center experience or dispatcher. • Experience in a high stress and high call volume center preferred. • Prior dispatch/routing experience is preferred.
Other Knowledge and Skills	• Knowledge of medical terminology and services preferred. • Healthcare industry experience is preferred. • Must be proficient with Microsoft Office software.

- Must type 30 wpm.
- Multilingual capabilities (especially Spanish, Chinese, Russian) a plus.
- Must have effective oral, written and interpersonal communication skills

Access2Care

Position Description

Job Title:	**Credentialing Coordinator**	
Reports To:	**Provider Network Manager**	
Department:	**New Jersey Operations**	**FLSA Status: Non-Exempt**

Position Summary	The Credentialing Coordinator reviews provider applications, obtains verifications of credentials, validates insurance coverage and confirms that the providers and their employees meet the criteria as established by policy. The Credentialing Coordinator must develop and maintain an excellent working relationship with Network Specialists. They may be expected to assist with special projects.
Essential Duties and Responsibilities	• Reviews Provider Applications and creates credentialing file. • Data entry of providers' information into the database SFDC. • Maintains current documentation and updates in SFDC. • Verifies providers' credentials by primary source, Internet and clearinghouses. • Evaluates data and determines suitability of match with providers • Obtains Insurance Certificates and NPDP-HIPDB self-queries. • Coordinates file review and approval by the Credentialing Committee. • Networks and coordinates the sharing, receipt, and/or update of information among various internal departments and other regions, if requested. • Maintains the SFDC Credentialing database. • Prepares documents as required for audits and Ad-Hoc reports. • Collects and submits documents in response to Significant Events, legal requests and any other special requests from Clients and regulatory agencies. • Obtain copies and/or verifications of expired documents. Uploads copies into SFDC. • Adhere to all company policies and procedures. • Adherence to and compliance with information systems security is everyone's responsibility. It is the responsibility of every computer user to: Know and follow Information Systems security policies and procedures, attend Information Systems security training, when offered. Reports information systems security problems.
Non-Essential Duties and Responsibilities	Perform other duties as assigned.

Minimum Qualifications	
Education	High school diploma, GED, or equivalent certificate of competency and transportation work experience.
Licensing	None
Experience	Credentialing experience preferred.

Other Knowledge and Skills	• Excellent communication skills • Organizational skills are essential. • Detail-oriented and able to multi-task. • Must be able to handle stressful situations and stringent deadlines. • Must have the flexibility to work longer hours to complete projects as needed. • Ability to work in a fast paced environment team environment. • Computer skills required: databases, Microsoft Word, and Excel.

Access2Care

Position Description

Job Title:	EDI Analyst		
Reports To:			
Department:	NJ Operations	**FLSA Status:**	

Position
Summary

Essential
Duties and
Responsibilities

Non-Essential
Duties and
Responsibilities

Minimum Qualifications

Education

Licensing
Experience

Other
Knowledge
and Skills

Access2Care

Position Description

Job Title:	**Human Resources Business Partner (HRBP)**	
Reports To:	**AMR Human Resources**	
Department:	**Located at New Jersey Operations**	**FLSA Status: Exempt**

Position Summary

The HRBP serves as a consultant to management on Human Resource related issues. Consults with management on planning, coordinating, and implementing HR strategies to support the individual assigned operation locations, Regional, National HR initiatives and Access2Care/AMR's Mission and Core Values. Activities include performance management, compensation administration, leadership development, Affirmative Action compliance, etc.

Essential Duties and Responsibilities

- In conjunction with Sr. HRBP and Operations leaders, participates in the budget for human resources operations for assigned locations.
- Responsible for aspects of labor relations including facilitating communication, investigations, grievances, arbitrations, litigations, negotiations, as needed in conjunction with the VP of Labor Relations, HRD and Sr. HRBP.
- Understand legal requirements and government reporting regulations affecting human resources functions and ensure policies, procedures, and reporting are in compliance as well as legislation, court decisions, etc. to assess industry trends and HR practices.
- Communicate with management regarding employee relations' issues to consistently improve employee morale and productivity while being supportive of company policies.
- In conjunction with the Leadership Team, develops and executes proactive strategies that enhance employee morale, lower turnover, meet financial needs of Company, and provide a consistent strategy.
- In conjunction with the Operations Leadership Team, develop, implement, and maintain an effective employee recognition program that inspires employee commitment to individual and organizational success.
- Conduct salary surveys to ensure competitive pay. Review and approve salary increases permitted within budgetary limits and according to established compensation policies.
- Consult legal counsel as necessary.
- Assists employees and leaders in reporting and advocating leaves of absence with third party vendor.
- Responsible for oversight of employee separation notices and related documentation and exit interviews to determine reasons behind separations. Based on exit interviews develop comprehensive solutions

	to reduce attrition while increasing employee morale. • Review, maintain and monitor annual Affirmative Action Plans for Operations. Prepare and Coordinate response to OFCCP audit requests. • Assess the capabilities of management team and conduct leadership training in performance coaching, conflict resolution, recruitment and selection, harassment prevention, etc. As well as individual executive coaching needs. • Assists employees with accessing their relevant employment information through My HR Connection. • Provides day to day performance management guidance to management (coaching, counseling, career development, corrective actions, CBA language interpretation, etc.). • Effective information systems security is a team effort involving the participation and support of every AMR employee who deals with information and/or information systems. It is the responsibility of every computer user to: Know and follow Information Systems security policies and procedures. Attend Information Systems security training, when offered. Report information systems security problems. • Adhere to all company policies, procedures, and protocols.
Non-Essential Duties and Responsibilities	• Perform other duties as assigned.
Minimum Qualifications	
Education	• HS Diploma or GED. • BA, HR Management Certification, preferred. • Professional in Human Resources Certification (PHR), preferred.
Licensing	none
Experience	• A minimum of two (2) years of relevant Human Resources experience including performance management, staffing, compensation administration, safety and risk management, learning and development, EEO/harassment prevention, affirmative action administration, employment law, etc. • Working knowledge of multiple human resource disciplines including compensation practices, organizational diagnosis, employee and union relations, diversity, performance management, federal and state respective employment laws. • Relevant industry experience a plus.
Other Knowledge and Skills	• Working knowledge of MS Office Suite. • Effective oral, written, and interpersonal communication skills. • Excellent consulting skills. • Excellent client management and business literacy skills. • Strong conflict management skills. • Strong interpersonal and negotiation skills. • Develop strong trusting relationships in order to gain support and achieve results.

- Effectively envision, develop, and implement new strategies to address competitive, complex business issues.
- Manage multiple business units in multiple locations.
- Manage multiple conflicting priorities.
- Be flexible and available to interact with employees at all levels.
- Be self-directed and motivated.
- Take initiative to identify and anticipate needs and make recommendations for implementation.

Access2Care

Position Description

Job Title:	**Provider Network Manager**	
Reports To:	**Senior Operations Manager, Network Transportation Provider Services**	
Department:	**New Jersey Operations**	**FLSA Status: Exempt**

Position Summary

This key leadership role is responsible for the supervision, management, coordination and prioritization of the NEMT provider network, Coordination of Transport Coordinators, Coordination of Managed ambulance process, network reporting functions, supervision of all Network positions. This position oversees the training, negotiations and overall functioning of the administrative functions of network provider group as well as contract compliance.

Essential Duties and Responsibilities

- Accountable for profitability of contracts within the region, network provider retention and price negotiations of contracts.
- Build and maintain relationship with network providers. Coordinates and/or resolve issues, and conflicts.
- Responsible for oversight of the non-emergency provider network and to monitor the performance of the providers. Issues any Performance Improvements Plans to the providers as determined by state protocol.
- Serves as an account manager to the providers within the region, including determining the level of customer satisfaction, the renegotiating of contracts and the upgrading of services.
- Active participant in the development of new business within the region.
- Conducts initial and ongoing training with the providers regarding A2C policies and procedures.
- Interacts with the Operations Director as it relates to the provider network and financial performance.
- Mentor employees, conduct performance evaluations, counsel and provide disciplinary actions to assigned personnel, and works to facilitate individual and team development that drives positive results.
- Works with Business Development to create and implement Operational Strategies
- Work with Business Development in developing effective communication
- Work with Claims department to address all Network management issues.
- Provide input and assist with preparation on annual operation budget, goals, and objectives.
- Adhere to all company policies and procedures.
- Act as a resource for Transport Coordinators and Network Specialists
- Coordinate any and all rate negotiations with NEMT Provider Network as needed

Non-Essential Duties and Responsibilities	Perform other duties as assigned.

Minimum Qualifications

Education	High School Diploma or GED.
Licensing	None
Experience	• Must have at least 5 years prior/existing experience in transportation operations. • Experience in contract compliance and negotiations in a transit, EMS, healthcare or related field are preferred. • Must have (1) year Prior Medical Dispatch Experience within a Communications Center • Must have minimum of two years of supervisory/leadership experience • Must have Emergency Medical Dispatcher Quality Assurance Certification (EMD-Q) • Must have prior budget or financial experience. • Bilingual (Spanish/English) required.

Other Knowledge and Skills	• Must be proficient with Microsoft Office applications. • Must type 40 wpm. • Demonstrated knowledge of medical terminology is preferred. • Must have effective oral, written and interpersonal communication skills. • Must have excellent leadership and management skills.

Access2Care

Position Description

Job Title:	**Network Specialist**	
Reports To:	**Network Manager**	
Department:	**New Jersey Operations**	**FLSA Status:** Exempt

Position Summary	This key role is responsible for all aspects and activities of the non-emergency medical transportation (NEMT) provider network and the network's compliance with contractual requirements. Creates and coordinates contract methodology and credentialing to support service needs of the project. The NEMT provider network includes contracted network transportation providers, public transit and volunteer organizations. Specialist provides or coordinates appropriate training with new providers to help organize operations and ensure that they understand project standards and expectations before being assigned passengers to transport.
Essential Duties and Responsibilities	• Completes contract negotiations when provider commits to entering the network for assigned community. • Investigates quality of transportation provider's on time performance, driver's adherence to service requirements and adherence to rider's level of service and/or scheduling requirements. • Monitors the status of provider pool and pursues contracting with other providers as needed. Recruit new providers to support the project on an ongoing, year around basis. • Monitors Key Performance Indicators of providers to assure requirements of NEMT contract are met. • Performs scheduled random visits to contracted transportation providers to verify the level of service and provider adherence to contract standards • Performs vehicle inspections to ensure vehicle compliance with ADA and other federal, state and local regulatory standards. • Creates financial pro-forma to support negotiation of cost effective contractual relationships for each region as assigned. • Creates, manages and/or approves provider improvement plans to ensure system operates as required. • Adhere to all company policies and procedures
Non-Essential Duties and Responsibilities	Perform other duties as assigned.

Minimum Qualifications

Education	High School Diploma or GED required. BA/BS Degree in related field preferred
Licensing	None
Experience	• Must have prior experience in transportation operations. • Demonstrated experience and success in the areas of contract retention and business development. • Ability to effectively present information and respond to questions from groups of employees, managers, customers, and prospects. • Experience in contract compliance and negotiations in a transit, EMS, healthcare or related field are preferred. • Prior supervisory experience preferred. • Prior budget experience preferred.
Other Knowledge and Skills	• Must be proficient with Microsoft Office applications. • Must type 40 wpm. • Demonstrated knowledge of medical terminology is preferred. • Must have effective oral, written and interpersonal communication skills.

Access2Care

Position Description

Job Title:	**Service Recovery Supervisor**	
Reports To:	**Senior Operations Manager, Client & Beneficiary Services**	
Department:	**New Jersey Operations**	**FLSA Status: Non-Exempt**

Position Summary

Organize and direct the daily activities of the Service Recovery team. Manage, monitor, and train the Service Recovery Specialists to execute the tasks required. Contribute to the development and implementation of the Access2Care strategies and processes in relations to complaints.

Essential Duties and Responsibilities

- Direct management of staff in the Service Recovery team in order to monitor individual and team performance, set expectations and take any appropriate corrective action.
- Understand contractual obligations in order to develop action plans and workflows to fulfil performance requirements.
- Ensure that the quality of completed work by the team is to a high standard and is appropriately communicated throughout the organization.
- Work with the Operations Director to ensure that the learning needs of staff in relation to complaints handling are identified and that appropriate training is provided.
- Daily delegation of responsibilities and building of complaint queues for Service Recovery Specialists to maintain contractual compliance with contracted performance metrics.
- Accept and handle requests from Service Recovery Specialist to investigate or resolve escalated customer complaints.
- Gather information necessary to respond to escalating complaints and/or grievances that extend beyond normal channels: complaints on appeal, legislative inquires and issues that meet Access2Care's significant event policy.
- Serve as a liaison between the Service Recovery Specialists, network providers and customers, for resolution of escalated or sensitive complaints pertaining to transportation.
- Assist in categorization of Significant Events, and communication of events if required.
- Correspond with Access2Care management staff regarding customer service complaints including the gathering of data for problem resolution.
- Monitor and track via excel and/or other computer software tools the type and quantity of complaints,
- Oversee preparation for all Fair Hearings
- Monitor trends, highlight risk factors etc to include production of an annual

	report on complaints, monitoring trends, response times, outcomes and action arising from complaints, assisting Reporting staff with data gathering and translation. • When needed, perform the duties of a Service Recovery Specialist. • Adhere to all company policies and procedures.
Non-Essential Duties and Responsibilities	Perform other duties as assigned.
Minimum Qualifications	
Education	High School Diploma or GED required. Bachelor's degree from an accredited educational institution preferred.
Licensing	None
Experience	• Must have a minimum of one year experience as team lead or department supervisor with emphasis in complaint management or quality assurance disciplines. • Ability to deal with complex problems involving a broad scope of issues while under pressure. • Ability to effectively solve customer complaints in a timely manner by utilizing all tools available. • Healthcare experience preferred.
Other Knowledge and Skills	• Must be proficient with Microsoft Office applications. • Must type 40 wpm. • Must have effective oral, written and interpersonal communication skills.

Access2Care

Position Description

Job Title:	**Transport Supervisor**	
Reports To:	**Network Manager**	
Department:	**New Jersey Operations**	**FLSA Status: Exempt**

Position Summary	This leadership role is responsible for the supervision, management, coordination and prioritization of various network management processes. Responsible for certain network reporting functions and supervision of specialized areas such as the, the Data Entry Team, and the Online ordering process.
Essential Duties and Responsibilities	• Accountable for supporting, network provider retention and price negotiations for non-contract rate trips. • Build and maintain relationship with network providers. Coordinates and/or resolve issues and conflicts. • Responsible for oversight of the non-emergency provider network and to monitor the performance of the providers. Issues any Performance Improvements Plans to the providers as determined by state protocol. • Active participant in the development of new providers for under-served areas. • Conducts initial and ongoing training with the providers regarding A2C policies and procedures. • Interacts with the Network Manager as it relates to the provider network and financial performance. • Mentor employees, assists with conduct performance evaluations, counsel and provide disciplinary actions to assigned personnel, and works to facilitate individual and team development that drives positive results. • Work with Claims department to address Network management issues. • Adhere to all company policies and procedures. • Act as a resource for Transport Coordinators and Network Specialists • Coordinate any and all negotiations with NEMT provider Network rates as needed. • Adherence to and compliance with the phrase: "information systems security is everyone's responsibility". It is the responsibility of every computer user to: Know and follow Information Systems security policies and procedures. Attend Information Systems security training, when offered. Report information systems security problems. • Mentor employees, conduct performance evaluations if applicable, counsel and provide disciplinary actions to assigned personnel with a goal of developing a team oriented approach with positive results. Assist in driving performance management. Comply with all employment laws and support equal opportunity and diversity goals.

Non-Essential Duties and Responsibilities	Perform other duties as assigned.

Minimum Qualifications

Education	High School Diploma or GED.
Licensing	None
Experience	• Must have at least (1) one year of experience in transportation operations or its equivalent. • Must have at least (1) one year of experience in contract compliance and negotiations in a transit, EMS, healthcare or related field are preferred. • Prior medical dispatch experience within a communications center preferred. • Bilingual (Spanish/English) preferred.
Other Knowledge and Skills	• Must be proficient with Microsoft Office applications. • Demonstrated knowledge of medical terminology is preferred. • Must have effective oral, written and interpersonal communication skills

Access2Care

Position Description

Job Title:	**Team Lead – Call Center**	
Reports To:	Call Center Supervisor	
Department:	New Jersey Operations	**FLSA Status: Non-Exempt**

Position Summary	The Team Lead is responsible for performing all job duties of the staff within the Call Center Team and also delegating work assignments to staff, overseeing daily work production and providing supervisory assistance and back-up when needed.
Essential Duties and Responsibilities	• Serves as a departmental resource and deals effectively with operational difficulties within the NEMT Call Center. • Responsible for motivating staff by coaching, counseling and establishing a positive work environment. • Assists with call taking as needed and responds to escalated calls when assistance is requested by the Customer Service Representatives. • Identify, investigate and resolve service related issues and reports to management. • Monitors call center incoming calls and staff availability on the phone system. • Serves as a floor supervisor providing training and assistance as needed. • Investigates complaints as referred by Quality Assurance staff. • Completes and submits Key Performance Index reports to team leaders and makes recommendations for operational improvements. • Delegate daily work assignments to staff. • Adhere to all company policies and procedures • Assist Contact Center Manager with training when necessary
Non-Essential Duties and Responsibilities	Perform other duties as assigned
Minimum Qualifications	
Education	High School Diploma or GED.
Licensing	None
Experience	• Must have a minimum of two years working in an inbound call center. • One year supervisory/lead experience is preferred. • • Experience in a high stress and high call volume center is preferred.
Other	• Knowledge of medical terminology and services is preferred.

Knowledge and Skills	• Must be proficient with Microsoft Office software. • Must type 40 wpm. • Healthcare industry experience is preferred. • Multilingual capabilities a plus. • Must have effective oral, written and interpersonal communication skills.

Access2Care

Position Description

Job Title:	**Quality Assurance Coordinator**	
Reports To:	**Service Recovery Supervisor, Senior Operations Manager, Client and Beneficiary Services**	
Department:	**New Jersey Operations**	**FLSA Status: Exempt**

Position Summary

The Quality Assurance Coordinator is responsible for managing, preparing, tracking and trending quality related reports as prepared by Process Improvement Coordinators. Maintain and track policies and procedures and other documents for compliance with contract requirements. Oversee preparations for audits, including Client and URAC and ongoing compliance. May be required to produce ad hoc quality assurance reports as requested by internal and external clients.

Essential Duties and Responsibilities

- Participates in quality improvement activities; assists in monitoring information for compliance with all established customer service standards.
- Assists with tracking performance levels consistent with contractual requirements.
- Assist with monitoring performance standards of the Customer Service Representatives in transportation protocols compliance.
- Ongoing assistance with the development of all Quality Assurance/Improvement processes within the Operations.
- Provide reporting regarding service levels, protocol compliance and other contract requirements.
- Provide support to Management in completing case evaluation on a random selection of CSR call records for review and measurement of protocol compliance. Provide feedback to call center management on call audits.
- Assist as needed with new hire training.
- Serves as a departmental resource for quality compliance and related information.
- Effectively communicates, motivates and promotes high level of morale among employees.
- Prepares written reports and summaries as requested.
- Maintains competency and enhances professional growth and development through continuing education, conferences, and seminars.
- Mentor employees, conduct performance evaluations, counsel and provide disciplinary actions to assigned personnel, and works to

	facilitate individual and team development that drives positive results. Champion affirmative action efforts in all aspects of employment, including but not limited to staffing, training, promotion, etc. Responsible for compliance with and enforcement of company/department policies and procedures.
Non-Essential Duties and Responsibilities	Perform other duties as assigned.

Minimum Qualifications

Education	High school graduate or GED required. Bachelor's Degree in business preferred.
Licensing	None
Experience	Must have two years prior Quality Assurance experience.

Other Knowledge and Skills

- Must have intermediate skills in Microsoft Office Software Applications.
- Excellent time management and organizational skills.
- Ability to perform in a high stress environment.
- Ability to concentrate on fine detail with constant interruption.
- Must have effective analytical skills and be detail oriented.
- Ability to interact effectively with internal and external customers.
- Must be effective working with all levels of employees.
- Effective oral, written and interpersonal communication skills.

Access2Care

Position Description

Job Title:	**Reports Analyst- Business Integration**	
Reports To:	**Senior Operations Manager, Client and Beneficiary Services**	
Department:	New Jersey Operations	**FLSA Status: Exempt**

Position Summary

This position requires assisting with analysis, development and coordination of business, claims management, contractual rules and data for reporting to new and existing clients. Ongoing translation and support of internal and external customer expectations through business rules and data management is required to support the ongoing reporting.

Essential Duties and Responsibilities

- Use of Tableau, Crystal Reports, Business Objectives, MS Access and Excel in report creation.
- Monitors Key Performance Indicators and rules and communicates issues to appropriate management personnel.
- Conducts training for appropriate staff as it relates to contract, systems rules and operational initiatives.
- Supports new customer initiatives and supports new contract implementations through development of standard and *ad hoc* reporting as required by contract and management.
- Management of contractual data and rules for new and existing clients.
- Must be able to effectively interact with all levels of management.
- Applies project management discipline to all assigned projects.
- Adhere to all company policies and procedures.
- Adherence to and compliance with information systems security is everyone's responsibility. It is the responsibility of every computer user to: Know and follow Information Systems security policies and procedures. Attend Information Systems security training, when offered. Report information systems security problems.

Non-Essential Duties and Responsibilities

Perform other duties as assigned.

Minimum Qualifications

Education

Bachelor's Degree preferred. May substitute equivalent work experience.

Licensing

None

Experience

- Minimum of two years of experience in Information Technology field.
- Must be familiar with Business Integration concepts, practices, policies and

procedures.
- Advanced computer background and appropriate analytical skills in data gathering and analysis.

Other Knowledge and Skills	Thorough understanding of SQL and normalized database structure. • Must have advanced skills in SQL, SRSS and Microsoft Software. Familiarity with AION rules, application and functionality is preferred. • Ability to make analytical presentations and have experience with analytical reporting. • Must have effective oral, written, and interpersonal communication skills.

Access2Care

Position Description

Job Title:	**Senior Operations Manager, Transportation Provider Services**	
Reports To:	**New Jersey Operations Director**	
Department:	**New Jersey Operations**	**FLSA Status: Exempt**

Position Summary	Purpose of this position is to manage the day-to-day operations and to meet the values, guiding principles, operating and strategic goals of A2C New Jersey NEMT Operations for the Network Provider and Public Transportation departments, as well as any other assigned function. The Senior Operations Manager must work to meet the business objectives of the organization by ensuring internal and external customer satisfaction and positive community relations, achieving and maintaining profitable performance.
Essential Duties and Responsibilities	• Must maintain a strong understanding of the contractual intent of contracts both with the State and Network providers as they relate to Departments and functions reporting to the Senior Operations Manager. • Lead departments to compliance with all contractual requirements. Oversee department reporting for all required internal and external reports. • Responsible for design and production of Key Performance Indicator reports that allow measurement of contract performance standards, goals and objectives. • Demonstrate that internal customers are as valuable as external customers; project appreciation and respect for all team members. • Understand that if you are not directly serving the client, you are serving someone that is. • Mentor employees, conduct performance evaluations, counsel and provide disciplinary actions to assigned personnel, and works to facilitate individual and team development that drives positive results. • Ensure optimal service levels to Client, Network Providers, Beneficiaries and other stakeholders in the community. • Analyze information regarding customer and provider satisfaction, modify processes, and counsel employees to ensure high levels of customer service. • Keep current on industry trends that have potential impact on the operations. • Plan, control and monitor operating budgets for assigned areas of responsibilities.

	• Prepare and analyze financial and other data reports. Make modifications to operations to contain costs. • Design, implement and maintain processes to maximize quality of operations. • Ensure compliance with A2C policies and procedures. • Ensure continuous quality improvement through all departments. • Establish goals and objectives for the departments based upon communicated goals and strategies for the operation, and clearly communicate these goals and objectives to the appropriate employees. • Work with various management and staff in enhancing project management skills and their respective understandings as to their roles and effect on a particular master project plan. Provide assistance, counsel and service to other members of A2C staff. • Manage employee performance by setting and communicating standards, measuring results and providing feedback. • Adhere to all company policies and procedures.
Non-Essential Duties and Responsibilities	Perform other duties as assigned.
Minimum Qualifications	
Education	Bachelor's degree in business, healthcare or appropriate field of study. Equivalent experience may be substituted for education.
Licensing	
Experience	• Minimum of three years in general management experience, including financial management and employee supervision. Demonstrated effective track record cultivating relationships with internal and external customer-base. • Experience with NEMT network operations, or equivalent
Other Knowledge and Skills	• Must have effective oral, written and interpersonal communication skills. • Must be proficient with Microsoft Office software.

Access2Care

Position Description

Job Title:	**Service Recovery Specialist**	
Reports To:	**Service Recovery Supervisor**	
Department:	New Jersey Operations	**FLSA Status: Non-Exempt**

Position Summary	Directly resolve customer complaints received. Monitor the types of complaints and quantity received. Resolve all complaints within established time frames while ensuring strict adherence to corporate compliance and federal HIPAA regulations.
Essential Duties and Responsibilities	• Review and resolve customer/beneficiary complaints. Respond to customers with resolution up to and including rescheduling of trips. • Correspond with A2C management staff regarding customer service complaints including the gathering of data for problem resolution. • Monitor and track via A2C system or other software tools the type and quantity of complaints. • Serve as a liaison between A2C, network providers, and customers for resolution of all issues. • Gather information necessary to respond to escalating complaints and/or grievances that extend beyond normal channels: complaints on appeal, legislative inquires and issues that meet A2Cs significant event policy. • Serve as a resource for CSRs and Call Center and assist with training and Quality Assurance. Demonstrate job functions and responsibilities. • Produce internal reports on complaints and participant in monthly Quality Assurance meetings. • Participate as needed in preparation for and in Fair Hearings. • •Adhere to all company policies and procedures.
Non-Essential Duties and Responsibilities	Perform other duties as assigned.

Minimum Qualifications

Education	High School Diploma or GED required.
Licensing	
Experience	• Must have a minimum of one year experience working in a heavy volume inbound call center. • Lead or Quality Assurance experience preferred. • Healthcare experience preferred. • Ability to deal with complex problems involving a broad scope of issues while

	under pressure. • Ability to effectively solve customer complaints in a timely manner by utilizing all tools available.
Other Knowledge and Skills	• Must be proficient with Microsoft Office applications. • Must type 40 wpm. • Must have effective oral, written and interpersonal communication skills.

Access2Care

Position Description

Job Title:	**Training Coordinator**
Reports To:	**Senior Call Center Manager**
Department:	**New Jersey Operations** **FLSA Status: Exempt**

Position Summary	Responsible for developing a written training plan, curricula development, scheduling and ensuring all internal staff are trained to meet all requirements of the contract held with our client(s). This position must maintain all documents regarding training history of all internal staff including training plans for each individual. Responsible for ongoing education of staff from a QM perspective on skill set improvement, as well as overall program improvement. Works with Network staff to develop and deliver appropriate Provider Network training. This key role is responsible for all aspects and activities related to training to ensure full contractual compliance and service expectations. Approximately twenty percent travel is expected.
Essential Duties and Responsibilities	• Conduct, supervise and coordinate with operation's personnel the training of all staff and the development of programs for all employees. • Plan, organize, and direct a wide range of training activities, orientation sessions and arrange on-the-job training for new employees in all NJ Operations departments. • Assist Network Staff in development and delivery of training for Network Provider staff. • Implements and creates training and curriculum methodology to support service needs of the project. • Coordinates training with department heads to ensure staff is fully trained and meeting contractual training obligations. • Responsible for reviewing quality trends to assist in assuring that and employee performance meets and exceeds all contractual requirements/commitments. • Work closely with Director and other appropriate management to assign and allocate resources to projects based on priority and resource workloads. • This position requires strong discipline to work independently. • This position requires self-motivation to determine what training types of training are needed, who needs the training and ensure that the proper training needs are ultimately met. • Develop and maintain online training tools. • Maintain and update all department training materials. • Effectively implement training recommendations from Internal and External Auditors. • Provide weekly updates regarding status of new hire training and

recommendations for process improvements.

- Convey and inspire a sense of competence and commitment.
- Mentor peers and staff to meet quality standards.
- Use initiative to learn new skills, enhance personal knowledge and improve communications.
- Demonstrate an ability to work well with team members.
- Provide employees with feedback that is accurate, objective, timely, constructive and diplomatic.
- Provide instructions in clear, concise and engaging manner in oral presentations.
- Meet deadlines working within tight time constraints.
- Meet or exceed and sustain all established standards for productivity and quality.
- Convey thoughts (orally and in writing) in a well-organized, concise manner. Use appropriate grammar and punctuation in written documents.
- Adhere to all company policies and procedures.
- Adherence to and compliance with information systems security is everyone's responsibility. It is the responsibility of every computer user to: Know and follow Information Systems security policies and procedures. Attend Information Systems security training, when offered. Report information systems security problems.

Non-Essential Duties and Responsibilities	Perform other duties as assigned

Minimum Qualifications

Education	A minimum of a BA/BS Degree in related field and/or specific experience in related field required.
Licensing	Certification as a Professional Trainer preferred
Experience	• Must have prior experience as a Professional Trainer required • Ability to effectively present information and respond to questions from groups of employees, managers, customers, and prospects. • Experience in contract compliance and negotiations in a transit, EMS, healthcare or related field are preferred.
Other Knowledge and Skills	• Strong communication skills including writing/reporting skills, oral presentation skills and interpersonal skills. • Must be proficient with Microsoft Office applications. • Must type 40 wpm. • Demonstrated knowledge of medical terminology is preferred.

Access2Care

Position Description

Job Title:	**Transportation Coordinator**
Reports To:	**Transport Supervisor**
Department:	**New Jersey operations** **FLSA Status:** Non-Exempt

Position Summary	The Transportation Coordinator answers and responds appropriately to incoming network transportation provider calls regarding non-emergency transportation services in a prompt, courteous and professional manner

Essential Duties and Responsibilities	• Answer incoming calls from network transportation providers in a prompt and courteous manner. • Coordinate scheduling of trips with network transportation providers. • Negotiate rates with network providers in special circumstances. • Work with the Pending Team to help identify problem areas and providers within all plans. • Problem solve on how to control quality and cost initiatives to reduce cost of trips. • Improve system handling and identify trips that are referred to Dispatch. • Recommend a process to decrease the amount of negotiated trips by customer service representatives. • Serves as a liaison between the patient and transportation providers. • When needed, perform the duties of a Customer Service Representative. • Adhere to all company policies and procedures.

Non-Essential Duties and Responsibilities	Perform other duties as assigned

Minimum Qualifications

Education	High School Diploma or GED required.
Licensing	None
Experience	• Must have a minimum of one year experience working in the transportation industry or in a heavy volume inbound call center. • Must be familiar with local geography. • Supervisory experience preferred. • Healthcare experience preferred. • Ability to deal with complex problems involving a broad scope of issues while under pressure.

	• Ability to effectively solve customer complaints in a timely manner by utilizing all tools available.
Other Knowledge and Skills	• Must be proficient with Microsoft Office applications. • Must type 30 wpm. • Must have effective oral, written and interpersonal communication skills.

D	Task ID	Reference	Task Name	Duration	Predecessors	Start	Finish	Responsible Party for tasks- work may be delegated
1	1		**Implementation West Virginia DHHR award date of 12/1 go-live 3/1**	**219 days**		**Wed 7/26/17**	**Thu 3/1/18**	
2	**1.1**		**Preliminary Implementation Tasks - Pre-Proposal**	**129 days**		**Wed 7/26/17**	**Fri 12/1/17**	
3	**1.1.1**		**Internal Project Management**	**30.25 days**		**Wed 7/26/17**	**Fri 8/25/17**	
4	1.1.1.1		Request Final Pro forma	2 days		Wed 7/26/17	Thu 7/27/17	Scott Ghan
5	1.1.1.2		Start Implementation Checklist	2 days	4	Fri 7/28/17	Mon 7/31/17	Emily Mims
6	1.1.1.3		Review Preliminary Project Implementation Plan	2 days	4	Fri 7/28/17	Mon 7/31/17	Emily Mims
7	1.1.1.4		Finalize Staffing Plan	3 days	6	Tue 8/1/17	Thu 8/3/17	Access2Care Implementation Team
8	1.1.1.5		Kick off exploratory tasks	0.25 days		Fri 8/25/17	Fri 8/25/17	Emily Mims
9	**1.1.2**		**Operations Setup**	**127 days**		**Fri 7/28/17**	**Fri 12/1/17**	
10	**1.1.2.1**		**Site Setup**	**127 days**		**Fri 7/28/17**	**Fri 12/1/17**	
11	1.1.2.1.1		Identify Location Needs and Requirements	4 days	8	Fri 8/25/17	Thu 8/31/17	Greg Scott,John Yeast
12	**1.1.2.1.2**		**Facility Physical Location - Charleston, WV**	**127 days**		**Fri 7/28/17**	**Fri 12/1/17**	
13	**1.1.2.1.2.1**		**Physical Location: Building/Offices/Facility**	**127 days**		**Fri 7/28/17**	**Fri 12/1/17**	
14	1.1.2.1.2.1.1		Identify spacing needs for A2C	40 days	11	Thu 8/31/17	Thu 10/26/17	Matt McCormick,Greg Scott,John Yeast
15	1.1.2.1.2.1.2		Contact Realtor	1 day	14	Thu 10/26/17	Fri 10/27/17	Greg Scott
16	1.1.2.1.2.1.3		Select Top 3 Sites	15 days	15SF+30 days	Mon 11/6/17	Sat 11/25/17	Matt McCormick,Greg Scott
17	1.1.2.1.2.1.4		Receive Floor Plans	3 days	16	Mon 11/27/17	Wed 11/29/17	Greg Scott
18	1.1.2.1.2.1.5		Select Final location	5 days	16	Mon 11/27/17	Fri 12/1/17	Greg Scott,Matt McCormick
19	**1.1.2.1.2.1.6**		**Human Resources**	**6 days**		**Fri 7/28/17**	**Wed 8/2/17**	
20	1.1.2.1.2.1.6.1		Identify Hiring Need	6 days	4	Fri 7/28/17	Wed 8/2/17	Greg Scott,Matt McCormick,Scott Ghan
21	**1.1.2.2**		**Build Transportation Provider Network**	**32 days**		**Fri 8/25/17**	**Tue 9/26/17**	
22	1.1.2.2.1		Build Demand Analysis	5 days	8	Fri 8/25/17	Fri 9/1/17	Greg Scott,Chris Morris
23	1.1.2.2.2		Develop Recruitment Plan	5 days	22	Fri 9/1/17	Fri 9/8/17	Chris Morris,Greg Scott,Matt McCormick
24	**1.1.2.2.3**		**Recruit Current NET Transportation Providers**	**18 days**		**Fri 9/8/17**	**Tue 9/26/17**	
25	1.1.2.2.3.1		Research Local Transportation Resources	12 days	23	Fri 9/8/17	Tue 9/26/17	Greg Scott,Chris Morris
26	**1.2**		**Post Contract Award Implementation Tasks**	**90 days**		**Fri 12/1/17**	**Wed 2/28/18**	
27	**1.2.1**		**Award of Contract**	**20 days**		**Fri 12/1/17**	**Wed 12/20/17**	
28	1.2.1.1		Contract Award Notice Received	1 day		Fri 12/1/17	Fri 12/1/17	Jamie Wike
29	1.2.1.2		Award Review	5 days	28	Mon 12/4/17	Fri 12/8/17	Access2Care Implementation Team
30	1.2.1.3	1-Milestone	Contract Execution	7 days	29	Mon 12/11/17	Tue 12/19/17	West Virginia DHHR
31	1.2.1.4		Distribute Implementation Package to Implementation Team	1 day	30	Wed 12/20/17	Wed 12/20/17	Emily Mims
32	**1.2.1.5**		**Conduct Kickoff Meeting for Implementation**	**4 days**	**28**	**Mon 12/11/17**	**Thu 12/14/17**	
33	1.2.1.5.1		Review A2C Implementation Approach	1 day	29	Mon 12/11/17	Mon 12/11/17	Access2Care Implementation Team,West Virginia DHHR
34	1.2.1.5.2	3-Deliverable	Finalize Implementation Plan - no more than 14 days after contract award	0.5 days	28SF+14 days	Thu 12/14/17	Thu 12/14/17	Access2Care Implementation Team,West Virginia DHHR
35	**1.2.2**		**Protocols, includes Scheduling Methodology**	**22.2 days**		**Mon 12/4/17**	**Tue 12/26/17**	
36	**1.2.2.1**		**A2C Create Protocol Draft**	**3 days**		**Mon 12/4/17**	**Wed 12/6/17**	
37	1.2.2.1.1		Define Protocol draft based on contract	3 days	28	Mon 12/4/17	Wed 12/6/17	Kathy Mollohan
38	**1.2.2.2**		**West Virginia DHHR Review of Protocol Draft**	**14 days**		**Thu 12/7/17**	**Wed 12/20/17**	
39	1.2.2.2.1		West Virginia DHHR reviews and updates Protocols	10 days	28,37	Thu 12/7/17	Wed 12/20/17	West Virginia DHHR
40	**1.2.2.3**		**Combined Protocol Review**	**5 days**		**Thu 12/21/17**	**Mon 12/25/17**	
41	1.2.2.3.1		West Virginia DHHR and A2C Finalize Protocols through review meetings	3 days	39	Thu 12/21/17	Mon 12/25/17	West Virginia DHHR,Greg Scott
42	**1.2.2.4**		**Internal Review of Protocols**	**0.2 days**		**Tue 12/26/17**	**Tue 12/26/17**	
43	1.2.2.4.1		Client Services, Contact Center, Business Integration walk through	0.2 days	41	Tue 12/26/17	Tue 12/26/17	Greg Scott,Kevin Taylor,Shawn Seewald
44	**1.2.3**		**Human Resources**	**73.75 days**		**Mon 12/4/17**	**Thu 2/15/18**	
45	**1.2.3.1**		**Human Resources**	**28 days**		**Mon 12/4/17**	**Fri 12/29/17**	
46	1.2.3.1.1		Post Open Positions	5 days	28	Mon 12/4/17	Fri 12/8/17	A2C Human Resources Team
47	1.2.3.1.2		Contact Recruiting/Temp agency	1 day	28	Mon 12/4/17	Mon 12/4/17	A2C Human Resources Team
48	1.2.3.1.3		Review Resumes	10 days	46	Mon 12/11/17	Fri 12/22/17	A2C Human Resources Team
49	1.2.3.1.4		Define List of Candidates for each position	5 days	48	Mon 12/25/17	Fri 12/29/17	A2C Human Resources Team,Departments
50	**1.2.3.2**		**Hire Staff**	**47.75 days**		**Sat 12/30/17**	**Thu 2/15/18**	
51	**1.2.3.2.1**		**Onsite Management**	**45.75 days**		**Mon 1/1/18**	**Thu 2/15/18**	
52	**1.2.3.2.1.1**		**Project Manager - Operations Manager**	**45.75 days**		**Mon 1/1/18**	**Thu 2/15/18**	
53	1.2.3.2.1.1.1		Interview Qualified Candidates	10 days	49	Mon 1/1/18	Fri 1/12/18	A2C Human Resources Team,Matt McCormick,Greg Scott
54	**1.2.3.2.1.1.2**		**Schedule Screening**	**14 days**		**Wed 1/10/18**	**Wed 1/24/18**	
55	1.2.3.2.1.1.2.1		Drug Screening	10 days	53FS-25%	Wed 1/10/18	Wed 1/24/18	A2C Human Resources Team
56	1.2.3.2.1.1.2.2		Criminal Background Check	10 days	53FS-25%	Wed 1/10/18	Wed 1/24/18	A2C Human Resources Team
57	1.2.3.2.1.1.3		Results from Screening received	0.5 days	56	Wed 1/24/18	Wed 1/24/18	Greg Scott,A2C Human Resources Team
58	1.2.3.2.1.1.4		Offer Extended	1 day	57FS+2 days	Mon 1/29/18	Mon 1/29/18	A2C Human Resources Team
59	1.2.3.2.1.1.5		Offer Accepted	3 days	58	Tue 1/30/18	Thu 2/1/18	Candidate

roject: WV Project Plan - draft v1
ate: Wed 9/27/17

Task
Split
Milestone
Summary
Project Summary
External Tasks
External Milestone
Inactive Task
Inactive Milestone
Inactive Summary
Manual Task
Duration-only
Manual Summary Rollup
Manual Summary
Start-only
Finish-only
Deadline
Progress

ID	Task ID	Reference	Task Name	Duration	Predecessors	Start	Finish	Responsible Party for tasks- work may be delegated
60	1.2.3.2.1.1.6		New Hire Orientation	1 day	59SS+10 days	Fri 2/9/18	Fri 2/9/18	A2C Human Resources Team
61	1.2.3.2.1.1.7		Employee Application Training	1 day	259SS	Wed 2/7/18	Thu 2/8/18	Greg Scott
62	1.2.3.2.1.1.8		Training on Operations/Job Duties	5 days	61	Thu 2/8/18	Thu 2/15/18	Greg Scott
63	**1.2.3.2.1.2**		**Assistant Manager - Account Executive**	**45.75 days**		**Mon 1/1/18**	**Thu 2/15/18**	
64	1.2.3.2.1.2.1		Interview Qualified Candidates	10 days	49	Mon 1/1/18	Fri 1/12/18	A2C Human Resources Team,Matt McCormick,Greg Scott
65	**1.2.3.2.1.2.2**		**Schedule Screening**	**14 days**		**Wed 1/10/18**	**Wed 1/24/18**	
66	1.2.3.2.1.2.2.1		Drug Screening	10 days	64FS-25%	Wed 1/10/18	Wed 1/24/18	A2C Human Resources Team
67	1.2.3.2.1.2.2.2		Criminal Background Check	10 days	64FS-25%	Wed 1/10/18	Wed 1/24/18	A2C Human Resources Team
68	1.2.3.2.1.2.3		Results from Screening received	0.5 days	67	Wed 1/24/18	Wed 1/24/18	Greg Scott,A2C Human Resources Team
69	1.2.3.2.1.2.4		Offer Extended	1 day	68FS+2 days	Mon 1/29/18	Mon 1/29/18	A2C Human Resources Team
70	1.2.3.2.1.2.5		Offer Accepted	3 days	69	Tue 1/30/18	Thu 2/1/18	Candidate
71	1.2.3.2.1.2.6		New Hire Orientation	1 day	70SS+10 days	Fri 2/9/18	Fri 2/9/18	A2C Human Resources Team
72	1.2.3.2.1.2.7		Employee Application Training	1 day	259SS	Wed 2/7/18	Thu 2/8/18	Greg Scott
73	1.2.3.2.1.2.8		Training on Operations/Job Duties	5 days	72	Thu 2/8/18	Thu 2/15/18	Greg Scott
74	**1.2.3.2.1.3**		**Communications Manager**	**45.75 days**		**Mon 1/1/18**	**Thu 2/15/18**	
75	1.2.3.2.1.3.1		Interview Qualified Candidates	10 days	49	Mon 1/1/18	Fri 1/12/18	A2C Human Resources Team,Matt McCormick,Greg Scott
76	**1.2.3.2.1.3.2**		**Schedule Screening**	**14 days**		**Wed 1/10/18**	**Wed 1/24/18**	
77	1.2.3.2.1.3.2.1		Drug Screening	10 days	75FS-25%	Wed 1/10/18	Wed 1/24/18	A2C Human Resources Team
78	1.2.3.2.1.3.2.2		Criminal Background Check	10 days	75FS-25%	Wed 1/10/18	Wed 1/24/18	A2C Human Resources Team
79	1.2.3.2.1.3.3		Results from Screening received	0.5 days	78	Wed 1/24/18	Wed 1/24/18	Greg Scott,A2C Human Resources Team
80	1.2.3.2.1.3.4		Offer Extended	1 day	79FS+2 days	Mon 1/29/18	Mon 1/29/18	A2C Human Resources Team
81	1.2.3.2.1.3.5		Offer Accepted	3 days	80	Tue 1/30/18	Thu 2/1/18	Candidate
82	1.2.3.2.1.3.6		New Hire Orientation	1 day	81SS+10 days	Fri 2/9/18	Fri 2/9/18	A2C Human Resources Team
83	1.2.3.2.1.3.7		Employee Application Training	1 day	259SS	Wed 2/7/18	Thu 2/8/18	Greg Scott
84	1.2.3.2.1.3.8		Training on Operations/Job Duties	5 days	83	Thu 2/8/18	Thu 2/15/18	Greg Scott
85	**1.2.3.2.2**		**Quality and Compliance**	**45.75 days**		**Mon 1/1/18**	**Thu 2/15/18**	
86	**1.2.3.2.2.1**		**Process Improvement Coordinator**	**45.75 days**		**Mon 1/1/18**	**Thu 2/15/18**	
87	1.2.3.2.2.1.1		Interview Qualified Candidates	15 days	49	Mon 1/1/18	Fri 1/19/18	A2C Human Resources Team,Adam Almaguer
88	**1.2.3.2.2.1.2**		**Schedule Screening**	**14 days**		**Tue 1/16/18**	**Tue 1/30/18**	
89	1.2.3.2.2.1.2.1		Drug Screening	10 days	87FS-25%	Tue 1/16/18	Tue 1/30/18	A2C Human Resources Team
90	1.2.3.2.2.1.2.2		Criminal Background Check	10 days	87FS-25%	Tue 1/16/18	Tue 1/30/18	A2C Human Resources Team
91	1.2.3.2.2.1.3		Results from Screening received	0.5 days	90	Tue 1/30/18	Tue 1/30/18	Greg Scott,A2C Human Resources Team
92	1.2.3.2.2.1.4		Offer Extended	1 day	91FS+2 days	Thu 2/1/18	Fri 2/2/18	A2C Human Resources Team
93	1.2.3.2.2.1.5		Offer Accepted	3 days	92	Fri 2/2/18	Wed 2/7/18	Candidate
94	1.2.3.2.2.1.6		New Hire Orientation	1 day	93SS+10 days	Mon 2/12/18	Tue 2/13/18	A2C Human Resources Team
95	1.2.3.2.2.1.7		Employee Application Training	1 day	259SS	Wed 2/7/18	Thu 2/8/18	Adam Almaguer
96	1.2.3.2.2.1.8		Training on Operations/Job Duties	5 days	95	Thu 2/8/18	Thu 2/15/18	Adam Almaguer
97	**1.2.3.2.3**		**Contact Center/Call Center**	**45.75 days**		**Mon 1/1/18**	**Thu 2/15/18**	
98	**1.2.3.2.3.1**		**Contact Center - Manager**	**45.75 days**		**Mon 1/1/18**	**Thu 2/15/18**	
99	1.2.3.2.3.1.1		Interview Qualified Candidates	15 days	28,49	Mon 1/1/18	Fri 1/19/18	A2C Human Resources Team,Kevin Taylor
100	**1.2.3.2.3.1.2**		**Schedule Screening**	**14 days**		**Tue 1/16/18**	**Tue 1/30/18**	
101	1.2.3.2.3.1.2.1		Fingerprinting	10 days	99FS-25%	Tue 1/16/18	Tue 1/30/18	A2C Human Resources Team
102	1.2.3.2.3.1.2.2		Drug Screening	10 days	99FS-25%	Tue 1/16/18	Tue 1/30/18	A2C Human Resources Team
103	1.2.3.2.3.1.2.3		Criminal Background Check	10 days	99FS-25%	Tue 1/16/18	Tue 1/30/18	A2C Human Resources Team
104	1.2.3.2.3.1.3		Results from Screening received	0.5 days	101,103	Tue 1/30/18	Tue 1/30/18	Greg Scott,A2C Human Resources Team
105	1.2.3.2.3.1.4		Offer Extended	1 day	104FS+2 days	Thu 2/1/18	Fri 2/2/18	A2C Human Resources Team
106	1.2.3.2.3.1.5		Offer Accepted	3 days	105	Fri 2/2/18	Wed 2/7/18	Candidate
107	1.2.3.2.3.1.6		New Hire Orientation	1 day	106SS+10 days	Mon 2/12/18	Tue 2/13/18	A2C Human Resources Team
108	1.2.3.2.3.1.7		Employee Application Training	1 day	261SS	Wed 2/7/18	Thu 2/8/18	Kevin Taylor
109	1.2.3.2.3.1.8		Training on Operations/Job Duties	5 days	108	Thu 2/8/18	Thu 2/15/18	Kevin Taylor
110	**1.2.3.2.3.2**		**Contact Center - Supervisor**	**45.75 days**		**Mon 1/1/18**	**Thu 2/15/18**	
111	1.2.3.2.3.2.1		Interview Qualified Candidates	15 days	28,49	Mon 1/1/18	Fri 1/19/18	A2C Human Resources Team,Kevin Taylor
112	**1.2.3.2.3.2.2**		**Schedule Screening**	**14 days**		**Tue 1/16/18**	**Tue 1/30/18**	
113	1.2.3.2.3.2.2.1		Fingerprinting	10 days	111FS-25%	Tue 1/16/18	Tue 1/30/18	A2C Human Resources Team
114	1.2.3.2.3.2.2.2		Drug Screening	10 days	111FS-25%	Tue 1/16/18	Tue 1/30/18	A2C Human Resources Team
115	1.2.3.2.3.2.2.3		Criminal Background Check	10 days	111FS-25%	Tue 1/16/18	Tue 1/30/18	A2C Human Resources Team
116	1.2.3.2.3.2.3		Results from Screening received	0.5 days	113,115	Tue 1/30/18	Tue 1/30/18	Greg Scott,A2C Human Resources Team
117	1.2.3.2.3.2.4		Offer Extended	1 day	116FS+2 days	Thu 2/1/18	Fri 2/2/18	A2C Human Resources Team
118	1.2.3.2.3.2.5		Offer Accepted	3 days	117	Fri 2/2/18	Wed 2/7/18	Candidate
119	1.2.3.2.3.2.6		New Hire Orientation	1 day	118SS+10 days	Mon 2/12/18	Tue 2/13/18	A2C Human Resources Team
120	1.2.3.2.3.2.7		Employee Application Training	1 day	261SS	Wed 2/7/18	Thu 2/8/18	Kevin Taylor

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Task	Project Summary	Inactive Milestone		Manual Summary Rollup		Deadline	
Split	External Tasks	Inactive Summary		Manual Summary		Progress	
Milestone	External Milestone	Manual Task		Start-only			
Summary	Inactive Task	Duration-only		Finish-only			

ID	Task ID	Reference	Task Name	Duration	Predecessors	Start	Finish	Responsible Party for tasks- work may be delegated
121	1.2.3.2.3.2.8		Training on Operations/Job Duties	5 days	120	Thu 2/8/18	Thu 2/15/18	Kevin Taylor
122	**1.2.3.2.3.3**		**Contact Center - CSR/Member Service Associates**	**45.75 days**		**Mon 1/1/18**	**Thu 2/15/18**	
123	1.2.3.2.3.3.1		Interview Qualified Candidates	15 days	28,49	Mon 1/1/18	Fri 1/19/18	A2C Human Resources Team,Kevin Taylor
124	**1.2.3.2.3.3.2**		**Schedule Screening**	**14 days**		**Tue 1/16/18**	**Tue 1/30/18**	
125	1.2.3.2.3.3.2.1		Fingerprinting	10 days	123FS-25%	Tue 1/16/18	Tue 1/30/18	A2C Human Resources Team
126	1.2.3.2.3.3.2.2		Drug Screening	10 days	123FS-25%	Tue 1/16/18	Tue 1/30/18	A2C Human Resources Team
127	1.2.3.2.3.3.2.3		Criminal Background Check	10 days	123FS-25%	Tue 1/16/18	Tue 1/30/18	A2C Human Resources Team
128	1.2.3.2.3.3.3		Results from Screening received	0.5 days	125,127	Tue 1/30/18	Tue 1/30/18	Greg Scott,A2C Human Resources Team
129	1.2.3.2.3.3.4		Offer Extended	1 day	128FS+2 days	Thu 2/1/18	Fri 2/2/18	A2C Human Resources Team
130	1.2.3.2.3.3.5		Offer Accepted	3 days	129	Fri 2/2/18	Wed 2/7/18	Candidate
131	1.2.3.2.3.3.6		New Hire Orientation	1 day	130SS+10 days	Mon 2/12/18	Tue 2/13/18	A2C Human Resources Team
132	1.2.3.2.3.3.7		Employee Application Training	1 day	262SS,260SS	Wed 2/7/18	Thu 2/8/18	Kevin Taylor
133	1.2.3.2.3.3.8		Training on Operations/Job Duties	5 days	132	Thu 2/8/18	Thu 2/15/18	Kevin Taylor
134	**1.2.3.2.4**		**Network**	**47.75 days**		**Sat 12/30/17**	**Thu 2/15/18**	
135	**1.2.3.2.4.1**		**Network Manager**	**45 days**		**Sat 12/30/17**	**Mon 2/12/18**	
136	1.2.3.2.4.1.1		Interview Qualified Candidates	20 days	28,49	Sat 12/30/17	Fri 1/19/18	A2C Human Resources Team,JR Gantt,Greg Scott
137	**1.2.3.2.4.1.2**		**Schedule Screening**	**12 days**		**Mon 1/15/18**	**Fri 1/26/18**	
138	1.2.3.2.4.1.2.1		Fingerprinting	10 days	136FS-25%	Mon 1/15/18	Fri 1/26/18	A2C Human Resources Team
139	1.2.3.2.4.1.2.2		Drug Screening	10 days	136FS-25%	Mon 1/15/18	Fri 1/26/18	A2C Human Resources Team
140	1.2.3.2.4.1.2.3		Criminal Background Check	10 days	136FS-25%	Mon 1/15/18	Fri 1/26/18	A2C Human Resources Team
141	1.2.3.2.4.1.3		Results from Screening received	0.5 days	138,140	Mon 1/29/18	Mon 1/29/18	Greg Scott,A2C Human Resources Team
142	1.2.3.2.4.1.4		Offer Extended	1 day	141FS+2 days	Wed 1/31/18	Thu 2/1/18	A2C Human Resources Team
143	1.2.3.2.4.1.5		Offer Accepted	3 days	142	Thu 2/1/18	Tue 2/6/18	Candidate
144	1.2.3.2.4.1.6		New Hire Orientation	1 day	143SS+10 days	Mon 2/12/18	Mon 2/12/18	A2C Human Resources Team
145	1.2.3.2.4.1.7		Employee Application Training	1 day	263SS	Tue 2/6/18	Wed 2/7/18	JR Gantt
146	1.2.3.2.4.1.8		Training on Operations/Job Duties	5 days	145	Wed 2/7/18	Mon 2/12/18	JR Gantt
147	**1.2.3.2.4.2**		**Network Specialists**	**45 days**		**Sat 12/30/17**	**Mon 2/12/18**	
148	1.2.3.2.4.2.1		Interview Qualified Candidates	20 days	28,49	Sat 12/30/17	Fri 1/19/18	A2C Human Resources Team,JR Gantt,Greg Scott
149	**1.2.3.2.4.2.2**		**Schedule Screening**	**12 days**		**Mon 1/15/18**	**Fri 1/26/18**	
150	1.2.3.2.4.2.2.1		Fingerprinting	10 days	148FS-25%	Mon 1/15/18	Fri 1/26/18	A2C Human Resources Team
151	1.2.3.2.4.2.2.2		Drug Screening	10 days	148FS-25%	Mon 1/15/18	Fri 1/26/18	A2C Human Resources Team
152	1.2.3.2.4.2.2.3		Criminal Background Check	10 days	148FS-25%	Mon 1/15/18	Fri 1/26/18	A2C Human Resources Team
153	1.2.3.2.4.2.3		Results from Screening received	0.5 days	150,152	Mon 1/29/18	Mon 1/29/18	Greg Scott,A2C Human Resources Team
154	1.2.3.2.4.2.4		Offer Extended	1 day	153FS+2 days	Wed 1/31/18	Thu 2/1/18	A2C Human Resources Team
155	1.2.3.2.4.2.5		Offer Accepted	3 days	154	Thu 2/1/18	Tue 2/6/18	Candidate
156	1.2.3.2.4.2.6		New Hire Orientation	1 day	155SS+10 days	Mon 2/12/18	Mon 2/12/18	A2C Human Resources Team
157	1.2.3.2.4.2.7		Employee Application Training	1 day	265SS	Tue 2/6/18	Wed 2/7/18	JR Gantt
158	1.2.3.2.4.2.8		Training on Operations/Job Duties	5 days	157	Wed 2/7/18	Mon 2/12/18	JR Gantt
159	**1.2.3.2.4.3**		**Credentialing Coordinator**	**45 days**		**Sat 12/30/17**	**Mon 2/12/18**	
160	1.2.3.2.4.3.1		Interview Qualified Candidates	20 days	28,49	Sat 12/30/17	Fri 1/19/18	A2C Human Resources Team,JR Gantt,Greg Scott
161	**1.2.3.2.4.3.2**		**Schedule Screening**	**12 days**		**Mon 1/15/18**	**Fri 1/26/18**	
162	1.2.3.2.4.3.2.1		Fingerprinting	10 days	160FS-25%	Mon 1/15/18	Fri 1/26/18	A2C Human Resources Team
163	1.2.3.2.4.3.2.2		Drug Screening	10 days	160FS-25%	Mon 1/15/18	Fri 1/26/18	A2C Human Resources Team
164	1.2.3.2.4.3.2.3		Criminal Background Check	10 days	160FS-25%	Mon 1/15/18	Fri 1/26/18	A2C Human Resources Team
165	1.2.3.2.4.3.3		Results from Screening received	0.5 days	162,164	Mon 1/29/18	Mon 1/29/18	Greg Scott,A2C Human Resources Team
166	1.2.3.2.4.3.4		Offer Extended	1 day	165FS+2 days	Wed 1/31/18	Thu 2/1/18	A2C Human Resources Team
167	1.2.3.2.4.3.5		Offer Accepted	3 days	166	Thu 2/1/18	Tue 2/6/18	Candidate
168	1.2.3.2.4.3.6		New Hire Orientation	1 day	167SS+10 days	Mon 2/12/18	Mon 2/12/18	A2C Human Resources Team
169	1.2.3.2.4.3.7		Employee Application Training	1 day	266SS	Tue 2/6/18	Wed 2/7/18	JR Gantt
170	1.2.3.2.4.3.8		Training on Operations/Job Duties	5 days	169	Wed 2/7/18	Mon 2/12/18	JR Gantt
171	**1.2.3.2.4.4**		**Transport Coordinator/Appointment Verification staff**	**45 days**		**Sat 12/30/17**	**Mon 2/12/18**	
172	1.2.3.2.4.4.1		Interview Qualified Candidates	20 days	28,49	Sat 12/30/17	Fri 1/19/18	A2C Human Resources Team,JR Gantt,Greg Scott
173	**1.2.3.2.4.4.2**		**Schedule Screening**	**12 days**		**Mon 1/15/18**	**Fri 1/26/18**	
174	1.2.3.2.4.4.2.1		Fingerprinting	10 days	172FS-25%	Mon 1/15/18	Fri 1/26/18	A2C Human Resources Team
175	1.2.3.2.4.4.2.2		Drug Screening	10 days	172FS-25%	Mon 1/15/18	Fri 1/26/18	A2C Human Resources Team
176	1.2.3.2.4.4.2.3		Criminal Background Check	10 days	172FS-25%	Mon 1/15/18	Fri 1/26/18	A2C Human Resources Team
177	1.2.3.2.4.4.3		Results from Screening received	0.5 days	174,176	Mon 1/29/18	Mon 1/29/18	Greg Scott,A2C Human Resources Team
178	1.2.3.2.4.4.4		Offer Extended	1 day	177FS+2 days	Wed 1/31/18	Thu 2/1/18	A2C Human Resources Team
179	1.2.3.2.4.4.5		Offer Accepted	3 days	178	Thu 2/1/18	Tue 2/6/18	Candidate

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Task	Project Summary	Inactive Milestone		Manual Summary Rollup		Deadline	
Split	External Tasks	Inactive Summary		Manual Summary		Progress	
Milestone	External Milestone	Manual Task		Start-only			
Summary	Inactive Task	Duration-only		Finish-only			

ID	Task ID	Reference	Task Name	Duration	Predecessors	Start	Finish	Responsible Party for tasks- work may be delegated
180	1.2.3.2.4.4.6		New Hire Orientation	1 day	179SS+10 days	Mon 2/12/18	Mon 2/12/18	A2C Human Resources Team
181	1.2.3.2.4.4.7		Employee Application Training	1 day	266SS	Tue 2/6/18	Wed 2/7/18	JR Gantt
182	1.2.3.2.4.4.8		Training on Operations/Job Duties	5 days	181	Wed 2/7/18	Mon 2/12/18	JR Gantt
183	**1.2.3.2.4.5**		**Public Transportation Coordinator**	**45.75 days**		**Mon 1/1/18**	**Thu 2/15/18**	
184	1.2.3.2.4.5.1		Interview Qualified Candidates	15 days	28,49	Mon 1/1/18	Fri 1/19/18	A2C Human Resources Team
185	**1.2.3.2.4.5.2**		**Schedule Screening**	**14 days**		**Tue 1/16/18**	**Tue 1/30/18**	
186	1.2.3.2.4.5.2.1		Fingerprinting	10 days	184FS-25%	Tue 1/16/18	Tue 1/30/18	A2C Human Resources Team
187	1.2.3.2.4.5.2.2		Drug Screening	10 days	184FS-25%	Tue 1/16/18	Tue 1/30/18	A2C Human Resources Team
188	1.2.3.2.4.5.2.3		Criminal Background Check	10 days	184FS-25%	Tue 1/16/18	Tue 1/30/18	A2C Human Resources Team
189	1.2.3.2.4.5.3		Results from Screening received	0.5 days	186,188	Tue 1/30/18	Tue 1/30/18	Greg Scott,A2C Human Resources Team
190	1.2.3.2.4.5.4		Offer Extended	1 day	189FS+2 days	Thu 2/1/18	Fri 2/2/18	A2C Human Resources Team
191	1.2.3.2.4.5.5		Offer Accepted	3 days	190	Fri 2/2/18	Wed 2/7/18	Candidate
192	1.2.3.2.4.5.6		New Hire Orientation	1 day	191SS+10 days	Mon 2/12/18	Tue 2/13/18	A2C Human Resources Team
193	1.2.3.2.4.5.7		Employee Application Training	1 day	269SS,271SS	Wed 2/7/18	Thu 2/8/18	Jade Warren
194	1.2.3.2.4.5.8		Training on Operations/Job Duties	5 days	193	Thu 2/8/18	Thu 2/15/18	Jade Warren
195	**1.2.3.2.5**		**Claims and Billing**	**45.75 days**		**Mon 1/1/18**	**Thu 2/15/18**	
196	**1.2.3.2.5.1**		**Claims Adjudication Supervisor**	**45.75 days**		**Mon 1/1/18**	**Thu 2/15/18**	
197	1.2.3.2.5.1.1		Interview Qualified Candidates	15 days	28,49	Mon 1/1/18	Fri 1/19/18	A2C Human Resources Team
198	**1.2.3.2.5.1.2**		**Schedule Screening**	**14 days**		**Tue 1/16/18**	**Tue 1/30/18**	
199	1.2.3.2.5.1.2.1		Fingerprinting	10 days	197FS-25%	Tue 1/16/18	Tue 1/30/18	A2C Human Resources Team
200	1.2.3.2.5.1.2.2		Drug Screening	10 days	197FS-25%	Tue 1/16/18	Tue 1/30/18	A2C Human Resources Team
201	1.2.3.2.5.1.2.3		Criminal Background Check	10 days	197FS-25%	Tue 1/16/18	Tue 1/30/18	A2C Human Resources Team
202	1.2.3.2.5.1.3		Results from Screening received	0.5 days	199,201	Tue 1/30/18	Tue 1/30/18	Greg Scott,A2C Human Resources Team
203	1.2.3.2.5.1.4		Offer Extended	1 day	202FS+2 days	Thu 2/1/18	Fri 2/2/18	A2C Human Resources Team
204	1.2.3.2.5.1.5		Offer Accepted	3 days	203	Fri 2/2/18	Wed 2/7/18	Candidate
205	1.2.3.2.5.1.6		New Hire Orientation	1 day	204SS+10 days	Mon 2/12/18	Tue 2/13/18	A2C Human Resources Team
206	1.2.3.2.5.1.7		Employee Application Training	1 day	272SS	Wed 2/7/18	Thu 2/8/18	Carrie Spurlock
207	1.2.3.2.5.1.8		Training on Operations/Job Duties	5 days	206	Thu 2/8/18	Thu 2/15/18	Carrie Spurlock
208	**1.2.3.2.5.2**		**Claims Adjudication Lead**	**45.75 days**		**Mon 1/1/18**	**Thu 2/15/18**	
209	1.2.3.2.5.2.1		Interview Qualified Candidates	15 days	28,49	Mon 1/1/18	Fri 1/19/18	A2C Human Resources Team
210	**1.2.3.2.5.2.2**		**Schedule Screening**	**14 days**		**Tue 1/16/18**	**Tue 1/30/18**	
211	1.2.3.2.5.2.2.1		Fingerprinting	10 days	209FS-25%	Tue 1/16/18	Tue 1/30/18	A2C Human Resources Team
212	1.2.3.2.5.2.2.2		Drug Screening	10 days	209FS-25%	Tue 1/16/18	Tue 1/30/18	A2C Human Resources Team
213	1.2.3.2.5.2.2.3		Criminal Background Check	10 days	209FS-25%	Tue 1/16/18	Tue 1/30/18	A2C Human Resources Team
214	1.2.3.2.5.2.3		Results from Screening received	0.5 days	211,213	Tue 1/30/18	Tue 1/30/18	Greg Scott,A2C Human Resources Team
215	1.2.3.2.5.2.4		Offer Extended	1 day	214FS+2 days	Thu 2/1/18	Fri 2/2/18	A2C Human Resources Team
216	1.2.3.2.5.2.5		Offer Accepted	3 days	215	Fri 2/2/18	Wed 2/7/18	Candidate
217	1.2.3.2.5.2.6		New Hire Orientation	1 day	216SS+10 days	Mon 2/12/18	Tue 2/13/18	A2C Human Resources Team
218	1.2.3.2.5.2.7		Employee Application Training	1 day	272SS	Wed 2/7/18	Thu 2/8/18	Carrie Spurlock
219	1.2.3.2.5.2.8		Training on Operations/Job Duties	5 days	218	Thu 2/8/18	Thu 2/15/18	Carrie Spurlock
220	**1.2.3.2.5.3**		**Claims Adjudicator**	**45.75 days**		**Mon 1/1/18**	**Thu 2/15/18**	
221	1.2.3.2.5.3.1		Interview Qualified Candidates	15 days	28,49	Mon 1/1/18	Fri 1/19/18	A2C Human Resources Team
222	**1.2.3.2.5.3.2**		**Schedule Screening**	**14 days**		**Tue 1/16/18**	**Tue 1/30/18**	
223	1.2.3.2.5.3.2.1		Fingerprinting	10 days	221FS-25%	Tue 1/16/18	Tue 1/30/18	A2C Human Resources Team
224	1.2.3.2.5.3.2.2		Drug Screening	10 days	221FS-25%	Tue 1/16/18	Tue 1/30/18	A2C Human Resources Team
225	1.2.3.2.5.3.2.3		Criminal Background Check	10 days	221FS-25%	Tue 1/16/18	Tue 1/30/18	A2C Human Resources Team
226	1.2.3.2.5.3.3		Results from Screening received	0.5 days	223,225	Tue 1/30/18	Tue 1/30/18	Greg Scott,A2C Human Resources Team
227	1.2.3.2.5.3.4		Offer Extended	1 day	226FS+2 days	Thu 2/1/18	Fri 2/2/18	A2C Human Resources Team
228	1.2.3.2.5.3.5		Offer Accepted	3 days	227	Fri 2/2/18	Wed 2/7/18	Candidate
229	1.2.3.2.5.3.6		New Hire Orientation	1 day	228SS+10 days	Mon 2/12/18	Tue 2/13/18	A2C Human Resources Team
230	1.2.3.2.5.3.7		Employee Application Training	1 day	272SS	Wed 2/7/18	Thu 2/8/18	Carrie Spurlock
231	1.2.3.2.5.3.8		Training on Operations/Job Duties	5 days	230	Thu 2/8/18	Thu 2/15/18	Carrie Spurlock
232	**1.2.3.2.6**		**Complaints**	**45.75 days**		**Mon 1/1/18**	**Thu 2/15/18**	
233	**1.2.3.2.6.1**		**Service Recovery Specialist**	**45.75 days**		**Mon 1/1/18**	**Thu 2/15/18**	
234	1.2.3.2.6.1.1		Interview Qualified Candidates	15 days	28,49	Mon 1/1/18	Fri 1/19/18	A2C Human Resources Team
235	**1.2.3.2.6.1.2**		**Schedule Screening**	**14 days**		**Tue 1/16/18**	**Tue 1/30/18**	
236	1.2.3.2.6.1.2.1		Fingerprinting	10 days	234FS-25%	Tue 1/16/18	Tue 1/30/18	A2C Human Resources Team
237	1.2.3.2.6.1.2.2		Drug Screening	10 days	234FS-25%	Tue 1/16/18	Tue 1/30/18	A2C Human Resources Team
238	1.2.3.2.6.1.2.3		Criminal Background Check	10 days	234FS-25%	Tue 1/16/18	Tue 1/30/18	A2C Human Resources Team
239	1.2.3.2.6.1.3		Results from Screening received	0.5 days	236,238	Tue 1/30/18	Tue 1/30/18	Greg Scott,A2C Human Resources Team
240	1.2.3.2.6.1.4		Offer Extended	1 day	239FS+2 days	Thu 2/1/18	Fri 2/2/18	A2C Human Resources Team
241	1.2.3.2.6.1.5		Offer Accepted	3 days	240	Fri 2/2/18	Wed 2/7/18	Candidate

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Task	Project Summary	Inactive Milestone		Manual Summary Rollup		Deadline	
Split	External Tasks	Inactive Summary		Manual Summary		Progress	
Milestone	External Milestone	Manual Task		Start-only			
Summary	Inactive Task	Duration-only		Finish-only			

ID	Task ID	Reference	Task Name	Duration	Predecessors	Start	Finish	Responsible Party for tasks- work may be delegated
242	1.2.3.2.6.1.6		New Hire Orientation	1 day	241SS+10 days	Mon 2/12/18	Tue 2/13/18	A2C Human Resources Team
243	1.2.3.2.6.1.7		Employee Application Training	1 day	272SS	Wed 2/7/18	Thu 2/8/18	Adam Almaguer
244	1.2.3.2.6.1.8		Training on Operations/Job Duties	5 days	243	Thu 2/8/18	Thu 2/15/18	Adam Almaguer
245	**1.2.3.2.7**		**Care Coordination**	**45.75 days**		**Mon 1/1/18**	**Thu 2/15/18**	
246	**1.2.3.2.7.1**		**Care Management Coordinator**	**45.75 days**		**Mon 1/1/18**	**Thu 2/15/18**	
247	1.2.3.2.7.1.1		Interview Qualified Candidates	15 days	28,49	Mon 1/1/18	Fri 1/19/18	A2C Human Resources Team
248	**1.2.3.2.7.1.2**		**Schedule Screening**	**14 days**		**Tue 1/16/18**	**Tue 1/30/18**	
249	1.2.3.2.7.1.2.1		Fingerprinting	10 days	247FS-25%	Tue 1/16/18	Tue 1/30/18	A2C Human Resources Team
250	1.2.3.2.7.1.2.2		Drug Screening	10 days	247FS-25%	Tue 1/16/18	Tue 1/30/18	A2C Human Resources Team
251	1.2.3.2.7.1.2.3		Criminal Background Check	10 days	247FS-25%	Tue 1/16/18	Tue 1/30/18	A2C Human Resources Team
252	1.2.3.2.7.1.3		Results from Screening received	0.5 days	249,251	Tue 1/30/18	Tue 1/30/18	Greg Scott,A2C Human Resources Team
253	1.2.3.2.7.1.4		Offer Extended	1 day	252FS+2 days	Thu 2/1/18	Fri 2/2/18	A2C Human Resources Team
254	1.2.3.2.7.1.5		Offer Accepted	3 days	253	Fri 2/2/18	Wed 2/7/18	Candidate
255	1.2.3.2.7.1.6		New Hire Orientation	1 day	254SS+10 days	Mon 2/12/18	Tue 2/13/18	A2C Human Resources Team
256	1.2.3.2.7.1.7		Employee Application Training	1 day	272SS	Wed 2/7/18	Thu 2/8/18	Chris Morris
257	1.2.3.2.7.1.8		Training on Operations/Job Duties	5 days	256	Thu 2/8/18	Thu 2/15/18	Chris Morris
258	**1.2.3.3**		**Technology Access Requests**	**6.25 days**		**Tue 2/6/18**	**Wed 2/14/18**	
259	1.2.3.3.1		Process Improvement Coordinator	5 days	93,388	Wed 2/7/18	Wed 2/14/18	Adam Almaguer
260	1.2.3.3.2		Contact Center - Manager	5 days	106,388	Wed 2/7/18	Wed 2/14/18	Kevin Taylor
261	1.2.3.3.3		Contact Center - Supervisor	5 days	118,388	Wed 2/7/18	Wed 2/14/18	Kevin Taylor
262	1.2.3.3.4		Contact Center - CSR/Member Service Associates	5 days	130,388	Wed 2/7/18	Wed 2/14/18	Kevin Taylor
263	1.2.3.3.5		Network Manager	5 days	143,388	Tue 2/6/18	Sun 2/11/18	JR Gantt
264	1.2.3.3.6		Network Specialists	5 days	155,388	Tue 2/6/18	Sun 2/11/18	JR Gantt
265	1.2.3.3.7		Credentialing Coordinator	5 days	167,388	Tue 2/6/18	Sun 2/11/18	JR Gantt
266	1.2.3.3.8		Transport Coordinator	5 days	179,388	Tue 2/6/18	Sun 2/11/18	JR Gantt
267	1.2.3.3.9		Public Transportation Coordinator	5 days	191,388	Wed 2/7/18	Mon 2/12/18	JR Gantt
268	1.2.3.3.10		Claims Adjudication Supervisor	5 days	204,388	Wed 2/7/18	Mon 2/12/18	JR Gantt
269	1.2.3.3.11		Claims Adjudication Lead	5 days	216,388	Wed 2/7/18	Wed 2/14/18	Jade Warren
270	1.2.3.3.12		Claims Adjudicator	5 days	228,388	Wed 2/7/18	Wed 2/14/18	Greg Scott
271	1.2.3.3.13		Service Recovery Specialist	5 days	241,388	Wed 2/7/18	Wed 2/14/18	Carrie Spurlock
272	1.2.3.3.14		Care Management Coordinator	5 days	254,388	Wed 2/7/18	Wed 2/14/18	Carrie Spurlock
273	**1.2.4**		**Operations Setup**	**89 days**		**Sat 12/2/17**	**Wed 2/28/18**	
274	**1.2.4.1**		**Purchasing**	**54 days**		**Mon 12/4/17**	**Fri 1/26/18**	
275	**1.2.4.1.1**		**Workstation**	**50 days**		**Mon 12/4/17**	**Mon 1/22/18**	
276	**1.2.4.1.1.1**		**Furniture including data and electrical wiring for workstations**	**23 days**		**Mon 12/4/17**	**Tue 12/26/17**	
277	1.2.4.1.1.1.1		Identify Furniture Needs	5 days	28	Mon 12/4/17	Fri 12/8/17	Greg Scott
278	1.2.4.1.1.1.2		Order Furniture	1 day	335	Tue 12/12/17	Tue 12/12/17	Greg Scott
279	1.2.4.1.1.1.3		Receive Furniture	10 days	278	Wed 12/13/17	Tue 12/26/17	Greg Scott
280	**1.2.4.1.1.2**		**Phone Lines**	**29 days**		**Mon 12/4/17**	**Mon 1/1/18**	
281	1.2.4.1.1.2.1		Identify 800 Line Requirements	10 days	28	Mon 12/4/17	Fri 12/15/17	John Yeast
282	1.2.4.1.1.2.2		Identify 800 Fax Line Requirements	10 days	281	Mon 12/18/17	Fri 12/29/17	John Yeast
283	1.2.4.1.1.2.3		Order 800 Number	1 day	282	Mon 1/1/18	Mon 1/1/18	John Yeast
284	**1.2.4.1.1.3**		**Computers**	**23 days**		**Mon 12/4/17**	**Tue 12/26/17**	
285	1.2.4.1.1.3.1		Identify Needs	5 days	28	Mon 12/4/17	Fri 12/8/17	John Yeast
286	1.2.4.1.1.3.2		Order Equipment	1 day	335	Tue 12/12/17	Tue 12/12/17	John Yeast
287	1.2.4.1.1.3.3		Receive Equipment	10 days	286	Wed 12/13/17	Tue 12/26/17	John Yeast
288	**1.2.4.1.1.4**		**Desk Phone**	**19 days**		**Mon 1/1/18**	**Fri 1/19/18**	
289	1.2.4.1.1.4.1		Order Desktop Phones	5 days	28,49,287	Mon 1/1/18	Fri 1/5/18	John Yeast
290	1.2.4.1.1.4.2		Order Headsets	5 days	28,49,287	Mon 1/1/18	Fri 1/5/18	John Yeast
291	1.2.4.1.1.4.3		Order Cell Phones including DR	5 days	28,49,287	Mon 1/1/18	Fri 1/5/18	John Yeast
292	1.2.4.1.1.4.4		Receive Phones	10 days	291	Mon 1/8/18	Fri 1/19/18	John Yeast
293	**1.2.4.1.1.5**		**Office Equipment**	**22 days**		**Mon 1/1/18**	**Mon 1/22/18**	
294	1.2.4.1.1.5.1		Identify Needs	5 days	28,49,287	Mon 1/1/18	Fri 1/5/18	John Yeast
295	1.2.4.1.1.5.2		Order Equipment	1 day	294	Mon 1/8/18	Mon 1/8/18	John Yeast
296	1.2.4.1.1.5.3		Receive Equipment	10 days	295	Tue 1/9/18	Mon 1/22/18	John Yeast
297	**1.2.4.1.2**		**Infrastructure**	**45 days**		**Wed 12/13/17**	**Fri 1/26/18**	
298	**1.2.4.1.2.1**		**Access2Care Infrastructure**	**14 days**		**Tue 12/26/17**	**Mon 1/8/18**	
299	1.2.4.1.2.1.1		Identify A2C Gaps to client requirements	4 days	41	Tue 12/26/17	Fri 12/29/17	John Yeast
300	1.2.4.1.2.1.2		Verify Hardware System and Capacity Requirements	6 days	299	Mon 1/1/18	Mon 1/8/18	John Yeast
301	**1.2.4.1.2.2**		**Infrastructure - Network Routers**	**15 days**		**Wed 12/13/17**	**Wed 12/27/17**	
302	1.2.4.1.2.2.1		Order Router	1 day	286	Wed 12/13/17	Wed 12/13/17	John Yeast
303	1.2.4.1.2.2.2		Receive Router	10 days	302	Thu 12/14/17	Wed 12/27/17	John Yeast

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Split	External Tasks	Inactive Summary		Manual Summary		Progress	
Milestone	External Milestone	Manual Task		Start-only			
Summary	Inactive Task	Duration-only		Finish-only			

ID	Task ID	Reference	Task Name	Duration	Predecessors	Start	Finish	Responsible Party for tasks- work may be delegated
304	**1.2.4.1.2.3**		**Infrastructure - Network Switches**	**15 days**		**Thu 12/14/17**	**Thu 12/28/17**	
305	1.2.4.1.2.3.1		Order Switches	1 day	302	Thu 12/14/17	Thu 12/14/17	John Yeast
306	1.2.4.1.2.3.2		Receive Switches	10 days	305	Fri 12/15/17	Thu 12/28/17	John Yeast
307	**1.2.4.1.2.4**		**Infrastructure Data Center Hardware/Servers**	**32 days**		**Tue 12/26/17**	**Fri 1/26/18**	
308	1.2.4.1.2.4.1		Evaluate Systems	10 days	41	Tue 12/26/17	Thu 1/4/18	
309	1.2.4.1.2.4.2		Purchase Systems	1 day	308	Fri 1/5/18	Fri 1/5/18	
310	1.2.4.1.2.4.3		Receive Systems	15 days	309	Mon 1/8/18	Fri 1/26/18	John Yeast
311	**1.2.4.1.2.5**		**Infrastructure - Racks**	**16 days**		**Tue 1/9/18**	**Wed 1/24/18**	
312	1.2.4.1.2.5.1		Define Number and Type Needed	1 day	28,300	Tue 1/9/18	Tue 1/9/18	John Yeast
313	1.2.4.1.2.5.2		Order Rack	1 day	312	Wed 1/10/18	Wed 1/10/18	John Yeast
314	1.2.4.1.2.5.3		Receive Rack	10 days	313	Thu 1/11/18	Wed 1/24/18	John Yeast
315	**1.2.4.1.2.6**		**Infrastructure - UPS/Generator**	**16 days**		**Tue 1/9/18**	**Wed 1/24/18**	
316	1.2.4.1.2.6.1		Define Number and Type Needed	1 day	28,300	Tue 1/9/18	Tue 1/9/18	John Yeast
317	1.2.4.1.2.6.2		Order System	1 day	316	Wed 1/10/18	Wed 1/10/18	John Yeast
318	1.2.4.1.2.6.3		Receive System	10 days	317	Thu 1/11/18	Wed 1/24/18	John Yeast
319	**1.2.4.1.2.7**		**Infrastructure - Card Access System**	**16 days**		**Tue 1/9/18**	**Wed 1/24/18**	
320	1.2.4.1.2.7.1		Define Type/System needed for facility	1 day	28,300	Tue 1/9/18	Tue 1/9/18	John Yeast
321	1.2.4.1.2.7.2		Order System	1 day	320	Wed 1/10/18	Wed 1/10/18	John Yeast
322	1.2.4.1.2.7.3		Receive System	10 days	321	Thu 1/11/18	Wed 1/24/18	John Yeast
323	**1.2.4.1.2.8**		**Infrastructure - Security Camera System**	**16 days**		**Tue 1/9/18**	**Wed 1/24/18**	
324	1.2.4.1.2.8.1		Define Type/System needed for facility	1 day	28,300	Tue 1/9/18	Tue 1/9/18	John Yeast
325	1.2.4.1.2.8.2		Order System	1 day	324	Wed 1/10/18	Wed 1/10/18	John Yeast
326	1.2.4.1.2.8.3		Receive System	10 days	325	Thu 1/11/18	Wed 1/24/18	John Yeast
327	**1.2.4.1.2.9**		**Infrastructure - Cooling System**	**16 days**		**Tue 1/9/18**	**Wed 1/24/18**	
328	1.2.4.1.2.9.1		Define Size/System needed for IT	1 day	28,300	Tue 1/9/18	Tue 1/9/18	John Yeast
329	1.2.4.1.2.9.2		Order System	1 day	328	Wed 1/10/18	Wed 1/10/18	John Yeast
330	1.2.4.1.2.9.3		Receive System	10 days	329	Thu 1/11/18	Wed 1/24/18	John Yeast
331	**1.2.4.2**		**Site Setup**	**67 days**		**Mon 12/4/17**	**Thu 2/8/18**	
332	**1.2.4.2.1**	5-Milestone	**Facility Physical Location - West Virginia DHHR- Charleston, WV within**	**167 days**		**Mon 12/4/17**	**Thu 2/8/18**	
333	**1.2.4.2.1.1**		**Physical Location: Building/Offices/Facility**	**8 days**		**Mon 12/4/17**	**Mon 12/11/17**	
334	1.2.4.2.1.1.1		Negotiate Leasing Agreement	5 days	18	Mon 12/4/17	Fri 12/8/17	Matt McCormick,Greg Scott
335	1.2.4.2.1.1.2		Sign Lease	1 day	334	Mon 12/11/17	Mon 12/11/17	Matt McCormick
336	**1.2.4.2.1.2**		**Furniture and Space Configuration**	**45 days**		**Tue 12/12/17**	**Thu 1/25/18**	
337	**1.2.4.2.1.2.1**		**Build out Specs**	**15 days**		**Tue 12/12/17**	**Tue 12/26/17**	
338	1.2.4.2.1.2.1.1		Send Specs to Contractor	1 day	335	Tue 12/12/17	Tue 12/12/17	John Yeast
339	1.2.4.2.1.2.1.2		Receive Pricing from Contractors	10 days	338	Wed 12/13/17	Tue 12/26/17	John Yeast
340	**1.2.4.2.1.2.2**		**Build Out**	**45 days**		**Tue 12/12/17**	**Thu 1/25/18**	
341	1.2.4.2.1.2.2.1		Building Location Remodel	30 days	335	Tue 12/12/17	Mon 1/22/18	Contractor
342	1.2.4.2.1.2.2.2		Install Furniture	3 days	341	Tue 1/23/18	Thu 1/25/18	Contractor
343	1.2.4.2.1.2.2.3		Electrical Wiring	3 days	341	Tue 1/23/18	Thu 1/25/18	Contractor
344	1.2.4.2.1.2.2.4		Data Wiring	3 days	341	Tue 1/23/18	Thu 1/25/18	John Yeast
345	**1.2.4.2.1.3**		**Telecom and Network Configuration**	**46 days**		**Mon 12/25/17**	**Thu 2/8/18**	
346	**1.2.4.2.1.3.1**		**Telecommunication Hardware and Circuit**	**29 days**		**Mon 1/1/18**	**Mon 1/29/18**	
347	**1.2.4.2.1.3.1.1**		**Phone Lines - Office**	**25 days**		**Tue 1/2/18**	**Fri 1/26/18**	
348	1.2.4.2.1.3.1.1.1		Assign Call Queues	7 days	283	Tue 1/2/18	Wed 1/10/18	John Yeast
349	1.2.4.2.1.3.1.1.2		Create Call Flow	5 days	348	Thu 1/11/18	Wed 1/17/18	John Yeast
350	1.2.4.2.1.3.1.1.3		Record Wave File	5 days	349	Thu 1/18/18	Wed 1/24/18	John Yeast
351	1.2.4.2.1.3.1.1.4		Test 800 Numbers	2 days	350	Thu 1/25/18	Fri 1/26/18	John Yeast
352	**1.2.4.2.1.3.1.2**		**Phone Lines - Call Center**	**24 days**		**Tue 1/2/18**	**Thu 1/25/18**	
353	1.2.4.2.1.3.1.2.1		Create Agent IDs	1 day	283	Tue 1/2/18	Tue 1/2/18	Les Turner
354	1.2.4.2.1.3.1.2.2		Assign Call Queues	7 days	353	Wed 1/3/18	Tue 1/9/18	Les Turner
355	1.2.4.2.1.3.1.2.3		Create Call Flow	5 days	354	Wed 1/10/18	Tue 1/16/18	John Yeast
356	1.2.4.2.1.3.1.2.4		Record Wave File	5 days	355	Wed 1/17/18	Tue 1/23/18	John Yeast
357	1.2.4.2.1.3.1.2.5		Test 800 Numbers	2 days	356	Wed 1/24/18	Thu 1/25/18	John Yeast
358	**1.2.4.2.1.3.1.3**		**Communication Circuits**	**29 days**		**Mon 1/1/18**	**Mon 1/29/18**	
359	1.2.4.2.1.3.1.3.1		Order Communication Circuits	1 day	282	Mon 1/1/18	Mon 1/1/18	John Yeast
360	1.2.4.2.1.3.1.3.2		Install Communication Circuits	1 day	342,343,344	Fri 1/26/18	Fri 1/26/18	John Yeast
361	1.2.4.2.1.3.1.3.3		Test Communication Circuits	1 day	360	Mon 1/29/18	Mon 1/29/18	John Yeast
362	**1.2.4.2.1.3.2**		**Call Center/Office/Workstation Equipment**	**38 days**		**Wed 12/27/17**	**Fri 2/2/18**	
363	**1.2.4.2.1.3.2.1**		**Computers - Call Center**	**38 days**		**Wed 12/27/17**	**Fri 2/2/18**	
364	1.2.4.2.1.3.2.1.1		Configure Equipment	10 days	287	Wed 12/27/17	Tue 1/9/18	John Yeast
365	1.2.4.2.1.3.2.1.2		Install A2C Software	10 days	287FS+1 day	Thu 12/28/17	Wed 1/10/18	John Yeast

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Split	External Tasks	Inactive Summary		Manual Summary		Progress	
Milestone	External Milestone	Manual Task		Start-only			
Summary	Inactive Task	Duration-only		Finish-only			

ID	Task ID	Reference	Task Name	Duration	Predecessors	Start	Finish	Responsible Party for tasks- work may be delegated
366	1.2.4.2.1.3.2.1.3		Test Computer Equipment	10 days	288FS+1 day	Mon 1/22/18	Fri 2/2/18	John Yeast
367	**1.2.4.2.1.3.2.2**		**Avaya Phone - Call Center**	**5.33 days**		**Sat 1/20/18**	**Thu 1/25/18**	
368	1.2.4.2.1.3.2.2.1		Test Avaya Phones	5.33 days	292	Sat 1/20/18	Thu 1/25/18	John Yeast,Les Turner,Kevin Taylor
369	**1.2.4.2.1.3.2.3**		**Computers - Offices/Dispatch**	**15 days**		**Wed 12/27/17**	**Wed 1/10/18**	
370	1.2.4.2.1.3.2.3.1		Configure Equipment/Including Software	10 days	287	Wed 12/27/17	Tue 1/9/18	John Yeast
371	1.2.4.2.1.3.2.3.2		Test Computer Equipment	10 days	287FS+1 day	Thu 12/28/17	Wed 1/10/18	John Yeast
372	**1.2.4.2.1.3.2.4**		**Phones- Offices & DRP**	**12 days**		**Mon 1/22/18**	**Fri 2/2/18**	
373	1.2.4.2.1.3.2.4.1		Test DRP Cell Phones	1 day	292	Mon 1/22/18	Mon 1/22/18	John Yeast
374	1.2.4.2.1.3.2.4.2		Test Desktop Phones	10 days	292	Mon 1/22/18	Fri 2/2/18	John Yeast
375	**1.2.4.2.1.3.2.5**		**Office Equipment - Offices**	**8 days**		**Tue 1/23/18**	**Tue 1/30/18**	
376	1.2.4.2.1.3.2.5.1		Install Equipment	5 days	296	Tue 1/23/18	Mon 1/29/18	John Yeast
377	1.2.4.2.1.3.2.5.2		Test Equipment	1 day	376	Tue 1/30/18	Tue 1/30/18	John Yeast
378	**1.2.4.2.1.3.3**		**Infrastructure Hardware/Systems**	**46 days**		**Mon 12/25/17**	**Thu 2/8/18**	
379	**1.2.4.2.1.3.3.1**		**Network Routers**	**2 days**		**Tue 1/23/18**	**Wed 1/24/18**	
380	1.2.4.2.1.3.3.1.1		Install Router	1 day	303,341	Tue 1/23/18	Tue 1/23/18	John Yeast
381	1.2.4.2.1.3.3.1.2		Test Router	1 day	380	Wed 1/24/18	Wed 1/24/18	John Yeast
382	**1.2.4.2.1.3.3.2**		**Network Switches**	**4 days**		**Fri 12/29/17**	**Mon 1/1/18**	
383	1.2.4.2.1.3.3.2.1		Install Switches	1 day	306,341FS-30 days	Fri 12/29/17	Fri 12/29/17	John Yeast
384	1.2.4.2.1.3.3.2.2		Test Switches	1 day	383	Mon 1/1/18	Mon 1/1/18	John Yeast
385	**1.2.4.2.1.3.3.3**		**Data Center Hardware/Servers**	**12 days**		**Thu 1/25/18**	**Mon 2/5/18**	
386	1.2.4.2.1.3.3.3.1		Upgrades / Setup	5 days	302,379,382	Thu 1/25/18	Wed 1/31/18	John Yeast
387	1.2.4.2.1.3.3.3.2		UAT Environment	2 days	305FS+15 days,390	Thu 2/1/18	Fri 2/2/18	John Yeast
388	1.2.4.2.1.3.3.3.3		Production Server	3 days	341FS-30 days,390	Thu 2/1/18	Mon 2/5/18	John Yeast
389	**1.2.4.2.1.3.3.4**		**Racks**	**15 days**		**Thu 1/25/18**	**Thu 2/8/18**	
390	1.2.4.2.1.3.3.4.1		Upgrades / Setup	5 days	314	Thu 1/25/18	Wed 1/31/18	John Yeast
391	1.2.4.2.1.3.3.4.2		Add in UAT Servers	2 days	387	Mon 2/5/18	Tue 2/6/18	John Yeast
392	1.2.4.2.1.3.3.4.3		Add in Production Servers	3 days	388	Tue 2/6/18	Thu 2/8/18	John Yeast
393	**1.2.4.2.1.3.3.5**		**UPS/Generator**	**31 days**		**Mon 1/1/18**	**Wed 1/31/18**	
394	1.2.4.2.1.3.3.5.1		Upgrades / Setup	5 days	318	Thu 1/25/18	Wed 1/31/18	John Yeast
395	1.2.4.2.1.3.3.5.2		Install Generators/UPS	2 days	305FS+15 days	Mon 1/1/18	Tue 1/2/18	John Yeast
396	1.2.4.2.1.3.3.5.3		Test Generators/UPS	3 days	344	Fri 1/26/18	Tue 1/30/18	John Yeast
397	**1.2.4.2.1.3.3.6**		**Card Access System**	**33 days**		**Mon 12/25/17**	**Wed 1/31/18**	
398	1.2.4.2.1.3.3.6.1		Upgrades / Setup	5 days	322	Thu 1/25/18	Wed 1/31/18	John Yeast
399	1.2.4.2.1.3.3.6.2		UAT Environment	2 days	305FS+15 days	Mon 1/1/18	Tue 1/2/18	John Yeast
400	1.2.4.2.1.3.3.6.3		Production Server	3 days	341FS-30 days	Mon 12/25/17	Wed 12/27/17	John Yeast
401	**1.2.4.2.1.3.3.7**		**Security Camera System**	**33 days**		**Mon 12/25/17**	**Wed 1/31/18**	
402	1.2.4.2.1.3.3.7.1		Upgrades / Setup	5 days	326	Thu 1/25/18	Wed 1/31/18	John Yeast
403	1.2.4.2.1.3.3.7.2		UAT Environment	2 days	305FS+15 days	Mon 1/1/18	Tue 1/2/18	John Yeast
404	1.2.4.2.1.3.3.7.3		Production Server	3 days	341FS-30 days	Mon 12/25/17	Wed 12/27/17	John Yeast
405	**1.2.4.2.1.3.3.8**		**Cooling System**	**38 days**		**Mon 12/25/17**	**Wed 1/31/18**	
406	1.2.4.2.1.3.3.8.1		Upgrades / Setup	5 days	330	Thu 1/25/18	Wed 1/31/18	John Yeast
407	1.2.4.2.1.3.3.8.2		UAT Environment	2 days	305FS+15 days	Mon 1/1/18	Tue 1/2/18	John Yeast
408	1.2.4.2.1.3.3.8.3		Production Server	3 days	341FS-30 days	Mon 12/25/17	Wed 12/27/17	John Yeast
409	**1.2.4.3**		**Access2Care System Software**	**60 days**		**Fri 12/15/17**	**Mon 2/12/18**	
410	1.2.4.3.1		Input Approved Protocols, build existing - A2C Software	2 days	41	Tue 12/26/17	Wed 12/27/17	Shawn Seewald
411	1.2.4.3.2		Gap Analysis	3 days	410	Thu 12/28/17	Mon 1/1/18	Shawn Seewald
412	**1.2.4.3.3**		**FTP Site setup for Data Transfer**	**1 day**		**Fri 12/15/17**	**Fri 12/15/17**	
413	1.2.4.3.3.1		Complete ETSR to create FTP site data file exchange	1 day	32	Fri 12/15/17	Fri 12/15/17	Shawn Seewald
414	1.2.4.3.3.2		Request client to set up FTP site/Access to necessary information (MEVS)	1 day	32	Fri 12/15/17	Fri 12/15/17	Shawn Seewald
415	1.2.4.3.4		Verify GAPS are closed	1 day	414	Mon 12/18/17	Mon 12/18/17	Shawn Seewald
416	**1.2.4.3.5**		**Update Static Data**	**1 day**		**Thu 12/28/17**	**Thu 12/28/17**	
417	1.2.4.3.5.1		Trip Reason	1 day	410	Thu 12/28/17	Thu 12/28/17	Shawn Seewald
418	1.2.4.3.5.2		Cancel Reason	1 day	410	Thu 12/28/17	Thu 12/28/17	Shawn Seewald
419	1.2.4.3.5.3		Denial Reason	1 day	410	Thu 12/28/17	Thu 12/28/17	Shawn Seewald
420	1.2.4.3.5.4		Contract Related Data	1 day	410	Thu 12/28/17	Thu 12/28/17	Shawn Seewald
421	**1.2.4.3.6**		**Obtain Interface Data**	**49 days**		**Tue 12/26/17**	**Mon 2/12/18**	
422	**1.2.4.3.6.1**		**Eligibility Data**	**49 days**		**Tue 12/26/17**	**Mon 2/12/18**	
423	1.2.4.3.6.1.1		Obtain Companion Guide from West Virginia DHHR	3 days	41	Tue 12/26/17	Thu 12/28/17	Shawn Seewald
424	1.2.4.3.6.1.2		Identify Separate Benefit Level	3 days	423	Fri 12/29/17	Tue 1/2/18	Shawn Seewald
425	1.2.4.3.6.1.3		Unit Test	2 days	424	Wed 1/3/18	Thu 1/4/18	Shawn Seewald
426	1.2.4.3.6.1.4		Map to A2C	3 days	425	Fri 1/5/18	Tue 1/9/18	Shawn Seewald
427	1.2.4.3.6.1.5		Develop Interface	14 days	426	Wed 1/10/18	Mon 1/29/18	Jennifer Relfe

ID	Task ID	Reference	Task Name	Duration	Predecessors	Start	Finish	Responsible Party for tasks- work may be delegated
428	1.2.4.3.6.1.6		Test Interface	10 days	427	Tue 1/30/18	Mon 2/12/18	Quality Assurance Application Team
429	**1.2.4.3.6.2**		**Encounter File**	**45 days**		**Tue 12/26/17**	**Thu 2/8/18**	
430	1.2.4.3.6.2.1		Obtain companion Guide from West Virginia DHHR	20 days	41	Tue 12/26/17	Mon 1/22/18	Shawn Seewald
431	1.2.4.3.6.2.2		Unit Test/Requirements	1 day	420	Fri 12/29/17	Fri 12/29/17	Shawn Seewald
432	1.2.4.3.6.2.3		Map to A2C	5 days	431	Mon 1/1/18	Fri 1/5/18	Jennifer Relfe
433	1.2.4.3.6.2.4		Develop Interface	14 days	432	Mon 1/8/18	Thu 1/25/18	Jennifer Relfe
434	1.2.4.3.6.2.5		Test Interface	10 days	433	Fri 1/26/18	Thu 2/8/18	Quality Assurance Application Team
435	**1.2.4.3.6.3**		**West Virginia DHHR Trip Data**	**44 days**		**Tue 12/26/17**	**Wed 2/7/18**	
436	1.2.4.3.6.3.1		Obtain future and recurring trip data	10 days	41	Tue 12/26/17	Mon 1/8/18	Shawn Seewald
437	1.2.4.3.6.3.2		Establish weekly file exchange	17 days	436	Tue 1/9/18	Wed 1/31/18	Shawn Seewald
438	1.2.4.3.6.3.3		Schedule on A2C platform	5 days	437	Thu 2/1/18	Wed 2/7/18	Shawn Seewald
439	**1.2.4.3.7**		**Test the A2C System**	**32 days**		**Fri 12/29/17**	**Mon 1/29/18**	
440	1.2.4.3.7.1		Internal Software Testing	10 days	420	Fri 12/29/17	Thu 1/11/18	Quality Assurance Application Team
441	1.2.4.3.7.2		Software Reading for Training	10 days	420	Fri 12/29/17	Thu 1/11/18	Shawn Seewald
442	1.2.4.3.7.3		Quality Assurance Business Sign Off	2 days	441	Fri 1/12/18	Sat 1/13/18	
443	1.2.4.3.7.4		Network Business Sign Off	2 days	441	Fri 1/12/18	Sat 1/13/18	JR Gantt
444	1.2.4.3.7.5		Call Center Sign Off	2 days	441	Fri 1/12/18	Mon 1/15/18	Kevin Taylor
445	1.2.4.3.7.6		Claims Sign Off	2 days	441	Fri 1/12/18	Mon 1/15/18	Carrie Spurlock
446	1.2.4.3.7.7		Modifications as Necessary	10 days	442,443,444,445	Tue 1/16/18	Mon 1/29/18	Shawn Seewald
447	**1.2.4.4**		**Manuals and Print Materials**	**64.25 days**		**Tue 12/26/17**	**Wed 2/28/18**	
448	**1.2.4.4.1**		**Operations Manual**	**64.25 days**		**Tue 12/26/17**	**Wed 2/28/18**	
449	**1.2.4.4.1.1**		**Update Quality/Compliance Section**	**9 days**		**Tue 12/26/17**	**Wed 1/3/18**	
450	1.2.4.4.1.1.1		Update Section	5 days	41	Tue 12/26/17	Mon 1/1/18	Adam Almaguer
451	1.2.4.4.1.1.2		Submit for Internal A2C Department for Review	1 day	450	Tue 1/2/18	Tue 1/2/18	Adam Almaguer
452	1.2.4.4.1.1.3		Edit	1 day	451	Wed 1/3/18	Wed 1/3/18	Adam Almaguer
453	1.2.4.4.1.1.4		Insert in Operation Manual	0 days	452	Wed 1/3/18	Wed 1/3/18	Adam Almaguer
454	**1.2.4.4.1.2**		**Update Network Section**	**8 days**		**Tue 12/26/17**	**Tue 1/2/18**	
455	1.2.4.4.1.2.1		Update Section	5 days	41	Tue 12/26/17	Sat 12/30/17	JR Gantt
456	1.2.4.4.1.2.2		Submit to Internal A2C Department for Review	1 day	455	Sun 12/31/17	Sun 12/31/17	JR Gantt
457	1.2.4.4.1.2.3		Edit	1 day	456	Mon 1/1/18	Mon 1/1/18	JR Gantt
458	1.2.4.4.1.2.4		Insert in Operation Manual	1 day	457	Tue 1/2/18	Tue 1/2/18	JR Gantt
459	**1.2.4.4.1.3**		**Update Contact Center Section**	**10 days**		**Tue 12/26/17**	**Thu 1/4/18**	
460	1.2.4.4.1.3.1		Update Section	5 days	41	Tue 12/26/17	Mon 1/1/18	Kevin Taylor
461	1.2.4.4.1.3.2		Submit to Internal A2C Department for Review	1 day	460	Tue 1/2/18	Tue 1/2/18	Kevin Taylor
462	1.2.4.4.1.3.3		Edit	1 day	461	Wed 1/3/18	Wed 1/3/18	Kevin Taylor
463	1.2.4.4.1.3.4		Insert in Operation Manual	1 day	462	Thu 1/4/18	Thu 1/4/18	Kevin Taylor
464	**1.2.4.4.1.4**		**Update Communications Section**	**7.5 days**		**Tue 12/26/17**	**Tue 1/2/18**	
465	1.2.4.4.1.4.1		Update Section	2.5 days	41	Tue 12/26/17	Thu 12/28/17	JR Gantt,Greg Scott
466	1.2.4.4.1.4.2		Submit to Internal A2C Department for Review	1 day	465	Thu 12/28/17	Fri 12/29/17	Kathy Mollohan
467	1.2.4.4.1.4.3		Edit	1 day	466	Fri 12/29/17	Mon 1/1/18	Kathy Mollohan
468	1.2.4.4.1.4.4		Insert in Operation Manual	1 day	467	Mon 1/1/18	Tue 1/2/18	Kathy Mollohan
469	**1.2.4.4.1.5**		**Update Claims Section**	**17 days**		**Tue 12/26/17**	**Thu 1/11/18**	
470	1.2.4.4.1.5.1		Update Section	5 days	41	Tue 12/26/17	Mon 1/1/18	Carrie Spurlock
471	1.2.4.4.1.5.2		Submit to Internal A2C Department for Review	4 days	470	Tue 1/2/18	Fri 1/5/18	Carrie Spurlock
472	1.2.4.4.1.5.3		Edit	3 days	471	Mon 1/8/18	Wed 1/10/18	Carrie Spurlock
473	1.2.4.4.1.5.4		Insert in Operation Manual	1 day	472	Thu 1/11/18	Thu 1/11/18	Carrie Spurlock
474	1.2.4.4.1.6	17- Deliverable	Submit Draft to West Virginia DHHR for review of entire Manual - no less th	1 day	667SF-30 days	Mon 1/29/18	Tue 1/30/18	Kathy Mollohan
475	1.2.4.4.1.7		West Virginia DHHR revisions of Operations Manual	10 days	474	Tue 1/30/18	Mon 2/12/18	West Virginia DHHR
476	1.2.4.4.1.8		Correction and inclusion of revisions by West Virginia DHHR	9 days	475	Tue 2/13/18	Fri 2/23/18	Kathy Mollohan
477	1.2.4.4.1.9		West Virginia DHHR approval of revised edition	2 days	476	Mon 2/26/18	Tue 2/27/18	West Virginia DHHR
478	1.2.4.4.1.10		Publish Manual - Department Portals (Cust. Svc, SRT, Network), Training P	0.25 days	477	Wed 2/28/18	Wed 2/28/18	Kathy Mollohan
479	**1.2.4.4.2**		**Update Transportation Provider Manual**	**46 days**		**Tue 12/26/17**	**Fri 2/9/18**	
480	1.2.4.4.2.1		Customize Manual for Contract/Area including but not limited to tasks below	0.25 days	41	Tue 12/26/17	Tue 12/26/17	
481	1.2.4.4.2.2		Submit to A2C Department for Review	2 days	41	Tue 12/26/17	Wed 12/27/17	Greg Scott
482	1.2.4.4.2.3		Edit based on revision recommendations from Departments	1.5 days	481	Thu 12/28/17	Fri 12/29/17	JR Gantt,Greg Scott
483	1.2.4.4.2.4	12-Deliverable	Submit to DMAHS for Approval - No more than 30 days prior to go-live	1 day	667SF-30 days	Mon 1/29/18	Tue 1/30/18	Greg Scott
484	1.2.4.4.2.5		DMAHS Approval of Provider Manual	1 day	483SS+10 days	Thu 2/8/18	Thu 2/8/18	West Virginia DHHR
485	1.2.4.4.2.6		Final Manual Released and Mailed	1 day	484	Fri 2/9/18	Fri 2/9/18	JR Gantt
486	**1.2.4.4.3**		**Update Policies and Procedures**	**14 days**		**Fri 1/26/18**	**Thu 2/8/18**	
487	1.2.4.4.3.1		All P&P to be reviewed and updated for contract - includes the following along with all operation policies	1 day		Mon 1/29/18	Tue 1/30/18	
488	1.2.4.4.3.1.1	19-Deliverable	Quality Assurance Plan	1 day	667SF-30 days	Mon 1/29/18	Tue 1/30/18	Adam Almaguer

Jul 2, '17 S M T W T F S

Project: WV Project Plan - draft v1
Date: Wed 9/27/17

Task	Project Summary	Inactive Milestone		Manual Summary Rollup		Deadline	
Split	External Tasks	Inactive Summary		Manual Summary		Progress	
Milestone	External Milestone	Manual Task		Start-only			
Summary	Inactive Task	Duration-only		Finish-only			

ID	Task ID	Refer...	Task Name	Duration	redecessors	Start	Finish	Responsible Party for tasks- work may be delegated
489	1.2.4.4.3.1.2	7-Deliverable	Post-Transportation Authorization of NEMT Services Policy	1 day	667SF-30 days	Mon 1/29/18	Tue 1/30/18	Adam Almaguer
490	1.2.4.4.3.2		Submit to A2C Department for Review	2 days	489	Tue 1/30/18	Wed 1/31/18	Adam Almaguer
491	1.2.4.4.3.3		Edit based on revision recommendations from Departments	2 days	490	Thu 2/1/18	Fri 2/2/18	Adam Almaguer
492	1.2.4.4.3.4		Submit to WVDHHR for Approval - No later than 30 days prior to go-live	2 days	667SF-30 days	Fri 1/26/18	Tue 1/30/18	Adam Almaguer
493	1.2.4.4.3.5		WVDHHR Approval of Policies and Procedures	2 days	492SS+10 days	Mon 2/5/18	Tue 2/6/18	West Virginia DHHR
494	1.2.4.4.3.6		Final Release and Publication of P&P	2 days	493	Wed 2/7/18	Thu 2/8/18	Adam Almaguer
495	**1.2.4.5**		**Build Transportation Provider Network - NEMT Providers**	**89 days**		**Sat 12/2/17**	**Wed 2/28/18**	
496	**1.2.4.5.1**		**Service Agreements**	**25 days**		**Sat 12/2/17**	**Tue 12/26/17**	
497	1.2.4.5.1.1		Customize Agreement	9 days	23,28	Sat 12/2/17	Sun 12/10/17	JR Gantt
498	1.2.4.5.1.2		Submit for Department Review	4 days	497	Mon 12/11/17	Thu 12/14/17	JR Gantt
499	1.2.4.5.1.3		Department Approval	1 day	498	Fri 12/15/17	Fri 12/15/17	JR Gantt
500	1.2.4.5.1.4		Submit to Legal for Review	5 days	499	Sat 12/16/17	Wed 12/20/17	JR Gantt
501	1.2.4.5.1.5		Legal Approval	4 days	500	Thu 12/21/17	Tue 12/26/17	Legal
502	**1.2.4.5.2**		**Develop Recruitment**	**3 days**		**Sat 12/2/17**	**Sat 12/9/17**	
503	1.2.4.5.2.1		Customized Vehicle and Driver Checklist	2 days	23,28	Sat 12/2/17	Sun 12/3/17	JR Gantt
504	1.2.4.5.2.2		Create Transportation Provider Instruction	3 days	503	Mon 12/4/17	Wed 12/6/17	JR Gantt
505	1.2.4.5.2.3		Identify Volunteer Network Opportunities	3 days	504	Thu 12/7/17	Sat 12/9/17	JR Gantt
506	**1.2.4.5.3**		**Recruit Current NET Transportation Providers**	**12.5 days**		**Sat 12/2/17**	**Thu 12/14/17**	
507	1.2.4.5.3.1		Mail Recruitment Packet to Interested Transportation Provider	1 day	28	Sat 12/2/17	Mon 12/4/17	Greg Scott,JR Gantt
508	1.2.4.5.3.2		Reach out to existing volunteer network	10 days	507	Mon 12/4/17	Thu 12/14/17	Greg Scott,JR Gantt
509	**1.2.4.5.4**		**NEMT Provider Network and Geographic Coverage Report**	**46.5 days**		**Thu 12/14/17**	**Tue 1/30/18**	
510	1.2.4.5.4.1		Build Network Coverage report	2 days	21,506	Thu 12/14/17	Sat 12/16/17	JR Gantt,Kathy Mollohan,Greg Scott
511	1.2.4.5.4.2	4-Deliverable	Submit NEMT Provider Network and Geographic Coverage Report to WV D	0.1 days	667SF-30 days	Mon 1/29/18	Tue 1/30/18	JR Gantt
512	1.2.4.5.4.3	11-Deliverable	Submit NEMT Provider Monitory Plan to WV DHHR - no more than 30 days	0.1 days	667SF-30 days	Mon 1/29/18	Tue 1/30/18	JR Gantt
513	**1.2.4.5.5**		**Credentialing**	**87 days**		**Mon 12/4/17**	**Wed 2/28/18**	
514	**1.2.4.5.5.1**		**Receive Recruitment Packets**	**68 days**		**Mon 12/11/17**	**Fri 2/16/18**	
515	1.2.4.5.5.1.1		Review Recruitment Packets	50 days	508SS+5 days	Mon 12/11/17	Fri 2/16/18	Transportation Network
516	**1.2.4.5.5.2**		**Onsite Vehicle Inspections**	**57 days**		**Mon 12/4/17**	**Tue 1/30/18**	
517	1.2.4.5.5.2.1		Customize Vehicle Inspection Process and Checklist for West Virginia D	2 days	28	Mon 12/4/17	Tue 12/5/17	Chris Morris
518	1.2.4.5.5.2.2	10-Deliverable	Deliver Vehicle Inspection Plan to WV DHHR - no more than 30 days pri	2 days	667SF-30 days	Fri 1/26/18	Tue 1/30/18	Chris Morris
519	1.2.4.5.5.2.3		Schedule On-site Inspections	5 days	517	Wed 12/6/17	Tue 12/12/17	Chris Morris
520	1.2.4.5.5.2.4		Conduct On-site Inspections	30 days	519	Wed 12/13/17	Tue 1/23/18	Chris Morris
521	**1.2.4.5.5.3**		**Driver Record Review and Processing**	**31 days**		**Mon 1/29/18**	**Wed 2/28/18**	
522	1.2.4.5.5.3.1		Enter Transportation Providers into A2C System	15 days	517SS+1 day,519SS	Mon 1/29/18	Fri 2/16/18	Chris Morris
523	1.2.4.5.5.3.2		Audit Transportation Providers files in A2C System	5 days	522	Mon 2/19/18	Fri 2/23/18	Chris Morris
524	1.2.4.5.5.3.3		Audit Sales Force Data	5 days	523	Sat 2/24/18	Wed 2/28/18	JR Gantt
525	**1.2.4.5.6**		**Public Transportation Network**	**66 days**		**Mon 12/4/17**	**Wed 2/7/18**	
526	1.2.4.5.6.1		Identify Fixed and Irregular Route Service	5 days	28	Mon 12/4/17	Fri 12/8/17	Jade Warren
527	1.2.4.5.6.2		Obtain Bus Routes	5 days	526	Mon 12/11/17	Fri 12/15/17	Jade Warren
528	1.2.4.5.6.3		Enter Transit Information in A2C System	3 days	527SS+4 days	Fri 12/15/17	Tue 12/19/17	Jade Warren
529	1.2.4.5.6.4		Load and Test Bus Route	5 days	528	Wed 12/20/17	Tue 12/26/17	Jade Warren
530	1.2.4.5.6.5		Order Bus Tickets	5 days	529	Wed 12/27/17	Tue 1/2/18	Jade Warren
531	1.2.4.5.6.6		Receive Bus Tickets	14 days	530	Wed 1/3/18	Mon 1/22/18	Jade Warren
532	1.2.4.5.6.7		Inventory	5 days	531	Tue 1/23/18	Mon 1/29/18	Jade Warren
533	1.2.4.5.6.8		Customize Distribution Process & Procedure	7 days	532	Tue 1/30/18	Wed 2/7/18	Jade Warren
534	**1.2.4.5.7**		**New Transportation Provider Orientation Material**	**8.75 days**		**Tue 12/26/17**	**Wed 1/3/18**	
535	1.2.4.5.7.1		Customize Training Material for West Virginia area	2 days	40,28	Tue 12/26/17	Wed 12/27/17	Greg Scott,JR Gantt
536	1.2.4.5.7.2		Submit for A2C Internal Department Review	3 days	535	Thu 12/28/17	Mon 1/1/18	Greg Scott,JR Gantt
537	1.2.4.5.7.3		Edit based on revision recommendations from A2C Departments	2 days	536	Mon 1/1/18	Wed 1/3/18	Greg Scott
538	1.2.4.5.7.4		Upload documentation to Transportation Provider Training Portal	0.25 days	537	Wed 1/3/18	Wed 1/3/18	JR Gantt
539	**1.2.4.6**		**Care Management**	**45 days**		**Mon 1/1/18**	**Wed 2/14/18**	
540	**1.2.4.6.1**		**Existing Recurring Trip Scheduling**	**45 days**		**Mon 1/1/18**	**Wed 2/14/18**	
541	1.2.4.6.1.1		Identify Medical Facilities	1 day	28FS+30 days	Mon 1/1/18	Mon 1/1/18	Chris Morris
542	1.2.4.6.1.2		Initial Contact Medical Facilities	3 days	541SS+3 days	Thu 1/4/18	Mon 1/8/18	Chris Morris
543	1.2.4.6.1.3		PEP Team/Members Identified and setup	2 days	542	Tue 1/9/18	Wed 1/10/18	Kathy Mollohan
544	1.2.4.6.1.4		Facility Team setup	2 days	543	Thu 1/11/18	Fri 1/12/18	Chris Morris
545	1.2.4.6.1.5		Receive Trip Information from Facilities	7 days	544	Mon 1/15/18	Tue 1/23/18	Chris Morris
546	1.2.4.6.1.6		Receive Trip Information from TP	7 days	542	Tue 1/9/18	Wed 1/17/18	Chris Morris
547	1.2.4.6.1.7		Enter Information into Spreadsheet	7 days	546SS+3 days	Fri 1/12/18	Mon 1/22/18	Chris Morris
548	1.2.4.6.1.8		Compare list	1 day	547	Tue 1/23/18	Tue 1/23/18	Chris Morris
549	1.2.4.6.1.9		Identify Issue	1 day	548	Wed 1/24/18	Wed 1/24/18	Chris Morris

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Task | Project Summary | Inactive Milestone | Manual Summary Rollup | Deadline
Split | External Tasks | Inactive Summary | Manual Summary | Progress
Milestone | External Milestone | Manual Task | Start-only
Summary | Inactive Task | Duration-only | Finish-only

ID	Task ID	Reference	Task Name	Duration	Predecessors	Start	Finish	Responsible Party for tasks- work may be delegated
550	1.2.4.6.1.10		Load trip information into the A2C System	15 days	549	Thu 1/25/18	Wed 2/14/18	Chris Morris
551	1.2.4.6.1.11		Notify Facility and Members of Transportation Schedule	4 days	550SS+3 days	Mon 1/29/18	Thu 2/1/18	Chris Morris
552	1.2.4.6.1.12		QA Team Audit of scheduled trips	2 days	551	Fri 2/2/18	Mon 2/5/18	Adam Almaguer
553	**1.2.4.7**		**Claims and Billing**	**50.8 days**		**Tue 12/26/17**	**Wed 2/14/18**	
554	**1.2.4.7.1**		**Signed Service Agreements/Contract**	**17 days**		**Mon 1/29/18**	**Wed 2/14/18**	
555	1.2.4.7.1.1		Receive Signed service Agreements/Contracts	10 days	517SS+2 days,518S	Mon 1/29/18	Fri 2/9/18	Carrie Spurlock
556	1.2.4.7.1.2		Upload Contract/Execute	3 days	555	Mon 2/12/18	Wed 2/14/18	Carrie Spurlock
557	**1.2.4.7.2**		**Prepare Claims system**	**4 days**		**Mon 2/5/18**	**Thu 2/8/18**	
558	1.2.4.7.2.1		New Vendor Form	4 days	517SS+10 days,518S	Mon 2/5/18	Thu 2/8/18	Carrie Spurlock
559	1.2.4.7.2.2		W9	4 days	517SS+10 days,518S	Mon 2/5/18	Thu 2/8/18	Carrie Spurlock
560	1.2.4.7.2.3		ACH Form	4 days	517SS+10 days,518S	Mon 2/5/18	Thu 2/8/18	Carrie Spurlock
561	1.2.4.7.2.4		Voided Check	1 day	517SS+10 days,518S	Mon 2/5/18	Mon 2/5/18	Carrie Spurlock
562	**1.2.4.7.3**		**Claims and Billing Process**	**34.8 days**		**Tue 12/26/17**	**Tue 1/30/18**	
563	1.2.4.7.3.1		Define Customized Claims and Billing Process	4 days	43	Tue 12/26/17	Mon 1/1/18	Carrie Spurlock
564	1.2.4.7.3.2	9-Deliverable	Define and Document Validation Plan	3 days	667SF-30 days	Thu 1/25/18	Tue 1/30/18	Carrie Spurlock
565	1.2.4.7.3.3	8-Deliverable	Define and Create NEMT Service Denial Criteria	3 days	667SF-30 days	Thu 1/25/18	Tue 1/30/18	Carrie Spurlock
566	1.2.4.7.3.4	8-Deliverable	Define and Create NEMT Service Denial Letter	2 days	667SF-30 days	Fri 1/26/18	Tue 1/30/18	Carrie Spurlock
567	1.2.4.7.4		Test Claims and Billing process	5 days	563,564,565	Tue 1/30/18	Mon 2/5/18	Claims and Billing Operations
568	**1.2.4.8**		**Complaints and Grievance**	**38 days**		**Tue 12/26/17**	**Thu 2/1/18**	
569	**1.2.4.8.1**		**Define Complaint Resolution Process**	**38 days**		**Tue 12/26/17**	**Thu 2/1/18**	
570	1.2.4.8.1.1		Create appropriate documentation and P&P, verifying OAR alignment	5 days	41	Tue 12/26/17	Mon 1/1/18	Chris Morris
571	1.2.4.8.1.2		Submit Complaint Resolution Process to West Virginia DHHR - no later thai	0.25 days	667SF-30 days	Mon 1/29/18	Tue 1/30/18	Chris Morris
572	1.2.4.8.1.3		West Virginia DHHR Approval of Complaint Resolution Process	3 days	571	Tue 1/30/18	Thu 2/1/18	West Virginia DHHR
573	**1.2.4.8.2**		**Complaint Policies and Procedures Manual**	**38 days**		**Tue 12/26/17**	**Thu 2/1/18**	
574	1.2.4.8.2.1		Create appropriate documentation and P&P, verifying OAR alignment	5 days	41	Tue 12/26/17	Mon 1/1/18	Chris Morris
575	1.2.4.8.2.2		Submit Complaint P&P manual to West Virginia DHHR - no later than 30 da	0.25 days	667SF-30 days	Mon 1/29/18	Tue 1/30/18	Chris Morris
576	1.2.4.8.2.3	18-Deliverable	West Virginia DHHR Approval of Complaint P&P Manual	3 days	575	Tue 1/30/18	Thu 2/1/18	West Virginia DHHR
577	**1.2.4.9**		**Training**	**42.25 days**		**Wed 1/3/18**	**Wed 2/14/18**	
578	**1.2.4.9.1**		**Transportation Provider Training**	**16 days**		**Wed 1/3/18**	**Fri 1/19/18**	
579	1.2.4.9.1.1	13-Deliverable	Submit NEMT Provider Training and Education Plan no more than 30 days	1 day	538	Wed 1/3/18	Thu 1/4/18	JR Gantt
580	1.2.4.9.1.2		Verify TP has access to Provider Training Portal	15 days	579	Thu 1/4/18	Fri 1/19/18	JR Gantt
581	1.2.4.9.1.3		Schedule Training and Notify Providers	5 days	538	Wed 1/3/18	Mon 1/8/18	JR Gantt
582	1.2.4.9.1.4		Attend Training	5 days	581	Mon 1/8/18	Mon 1/15/18	Transportation Provider Drivers/Employees
583	1.2.4.9.1.5	14-Milestone	Certify Training Completed	1 day	582	Mon 1/15/18	Tue 1/16/18	JR Gantt
584	**1.2.4.9.2**		**Member Service Center Associate Training**	**16 days**		**Tue 1/30/18**	**Wed 2/14/18**	
585	1.2.4.9.2.1		Review Protocols	3 days	446	Tue 1/30/18	Thu 2/1/18	Kevin Taylor
586	1.2.4.9.2.2		Schedule Training	5 days	585	Fri 2/2/18	Thu 2/8/18	Kevin Taylor
587	1.2.4.9.2.3		Attend Training	5 days	586	Fri 2/9/18	Tue 2/13/18	Member Service Center Associates
588	1.2.4.9.2.4		Certify Training Completed	1 day	587	Wed 2/14/18	Wed 2/14/18	Kevin Taylor
589	**1.2.4.10**		**Member Service Center (Call Center)**	**14 days**		**Tue 12/26/17**	**Mon 1/8/18**	
590	**1.2.4.10.1**		**Resource Assignment**	**14 days**		**Tue 12/26/17**	**Mon 1/8/18**	
591	1.2.4.10.1.1		Define resources needed for volume	5 days	41	Tue 12/26/17	Mon 1/1/18	Kevin Taylor
592	1.2.4.10.1.2		Build Schedule and Handling Process for volume/time	7 days	591	Tue 1/2/18	Mon 1/8/18	Les Turner
593	**1.2.4.11**		**Establish Advisory Committee/Outreach and Education**	**50 days**		**Tue 12/26/17**	**Tue 2/13/18**	
594	1.2.4.11.1		Establish Advisory Committee	5 days	43,345	Fri 2/9/18	Tue 2/13/18	Greg Scott,Matt McCormick
595	1.2.4.11.2		Define Outreach and Education Plan	35 days		Tue 12/26/17	Tue 1/30/18	
596	1.2.4.11.2.1		Build Plan	15 days	41	Tue 12/26/17	Mon 1/15/18	Greg Scott
597	1.2.4.11.2.2		Submit Draft to A2C Departments for review	5 days	596	Tue 1/16/18	Mon 1/22/18	Greg Scott
598	1.2.4.11.2.3	15-Deliverable	Submit final Outreach and Education Plan to WV DHHR - due 30 days prior	1 day	667SF-30 days	Mon 1/29/18	Tue 1/30/18	Greg Scott
599	1.2.4.11.2.4	16-Milestone	Mail Materials to Members	1 day	667SF-30 days	Mon 1/29/18	Tue 1/30/18	Greg Scott
600	**1.2.4.12**	2-Deliverable	**Turnover Plan**	**11 days**		**Mon 12/4/17**	**Thu 12/14/17**	
601	1.2.4.12.1		Define and Document Turnover plan	5 days	28	Mon 12/4/17	Fri 12/8/17	Access2Care Implementation Team
602	1.2.4.12.2		Submit Final Plan to Bureau - no later than 14 days after award	1 day	28SF+14 days	Thu 12/14/17	Thu 12/14/17	Greg Scott
603	**1.2.4.13**		**Business Continuity and Disaster Recovery Plan-includes Adverse Weather Plan**	**1 day**		**Mon 1/29/18**	**Tue 1/30/18**	
604	1.2.4.13.1	6-Deliverable	Submit Final Adverse Weather Plan to Bureau - no later than 30 days prior to g	1 day	667SF-30 days	Mon 1/29/18	Tue 1/30/18	Greg Scott
605	1.2.4.13.2	20-Deliverable	Submit Final Business Continuity And DR Plan to Bureau - no later than 30 da	1 day	667SF-30 days	Mon 1/29/18	Tue 1/30/18	Greg Scott
606	**1.3**		**Reporting**	**57.6 days**		**Tue 12/26/17**	**Wed 2/21/18**	
607	1.3.1		Building and Customizing of the Reports per contract specifications - also see samp	0.1 days	43	Tue 12/26/17	Tue 12/26/17	Jack Gojan
608	**1.3.2**		**Submit Sample of the following reports no more than 30 days prior to go-live**	**0.1 days**		**Mon 1/29/18**	**Tue 1/30/18**	
609	1.3.2.1	21-Deliverable	Broker Monthly Report Card	0.1 days	667SF-30 days	Mon 1/29/18	Tue 1/30/18	Kathy Mollohan

Jul 2, '17 S M T W T F S

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Task | Project Summary | Inactive Milestone | Manual Summary Rollup | Deadline
Split | External Tasks | Inactive Summary | Manual Summary | Progress
Milestone | External Milestone | Manual Task | Start-only
Summary | Inactive Task | Duration-only | Finish-only

ID	Task ID	Reference	Task Name	Duration	redecessors	Start	Finish	Responsible Party for tasks- work may be delegated
610	1.3.2.2	21-Deliverable	Provider Monthly Report Card	0.1 days	667SF-30 days	Mon 1/29/18	Tue 1/30/18	Kathy Mollohan
611	1.3.2.3	21-Deliverable	Monthly County Level Detail Report	0.1 days	667SF-30 days	Mon 1/29/18	Tue 1/30/18	Kathy Mollohan
612	1.3.2.4	21-Deliverable	Monthly Call Center Report	0.1 days	667SF-30 days	Mon 1/29/18	Tue 1/30/18	Kathy Mollohan
613	1.3.2.5	21-Deliverable	Monthly Staffing Report -Call Center MSA	0.1 days	667SF-30 days	Mon 1/29/18	Tue 1/30/18	Kathy Mollohan
614	1.3.2.6	21-Deliverable	Monthly Customer Service Rep Monitory Report	0.1 days	667SF-30 days	Mon 1/29/18	Tue 1/30/18	Kathy Mollohan
615	1.3.2.7	21-Deliverable	Reservation Summary Report	0.1 days	667SF-30 days	Mon 1/29/18	Tue 1/30/18	Kathy Mollohan
616	1.3.2.8	21-Deliverable	Unduplicated Riders by Level of Service Report	0.1 days	667SF-30 days	Mon 1/29/18	Tue 1/30/18	Kathy Mollohan
617	1.3.2.9	21-Deliverable	Monthly Complaint Summary Report	0.1 days	667SF-30 days	Mon 1/29/18	Tue 1/30/18	Kathy Mollohan
618	1.3.2.10	21-Deliverable	Monthly Complaint Detail Report	0.1 days	667SF-30 days	Mon 1/29/18	Tue 1/30/18	Kathy Mollohan
619	1.3.2.11	21-Deliverable	Monthly Denial Summary Report	0.1 days	667SF-30 days	Mon 1/29/18	Tue 1/30/18	Kathy Mollohan
620	1.3.2.12	21-Deliverable	Monthly Denial Detail Report	0.1 days	667SF-30 days	Mon 1/29/18	Tue 1/30/18	Kathy Mollohan
621	1.3.2.13	21-Deliverable	Monthly Network Report	0.1 days	667SF-30 days	Mon 1/29/18	Tue 1/30/18	Kathy Mollohan
622	1.3.2.14	21-Deliverable	NEMT Services Scheduled Trip Requests Report	0.1 days	667SF-30 days	Mon 1/29/18	Tue 1/30/18	Kathy Mollohan
623	1.3.2.15	21-Deliverable	Provider Training Schedule	0.1 days	667SF-30 days	Mon 1/29/18	Tue 1/30/18	Kathy Mollohan
624	1.3.2.16	21-Deliverable	Accident and Incident Report	0.1 days	667SF-30 days	Mon 1/29/18	Tue 1/30/18	Kathy Mollohan
625	1.3.2.17	21-Deliverable	Biannual Member Satisfaction Survey Report	0.1 days	667SF-30 days	Mon 1/29/18	Tue 1/30/18	Kathy Mollohan
626	1.3.2.18	21-Deliverable	Quarterly Suspected FWA &/or Misues Summary Report	0.1 days	667SF-30 days	Mon 1/29/18	Tue 1/30/18	Kathy Mollohan
627	1.3.2.19	21-Deliverable	Annual Report	0.1 days	667SF-30 days	Mon 1/29/18	Tue 1/30/18	Kathy Mollohan
628	1.3.2.20	21-Deliverable	Records of Vehicle Inspection	0.1 days	667SF-30 days	Mon 1/29/18	Tue 1/30/18	Kathy Mollohan
629	1.3.2.21	21-Deliverable	Monthly NEMT Provider Monitoring Report	0.1 days	667SF-30 days	Mon 1/29/18	Tue 1/30/18	Kathy Mollohan
630	1.3.2.22	21-Deliverable	Excessive Distance Report	0.1 days	667SF-30 days	Mon 1/29/18	Tue 1/30/18	Kathy Mollohan
631	1.3.2.23	21-Deliverable	Monthly Encounter Data and Reconciliation Report	0.1 days	667SF-30 days	Mon 1/29/18	Tue 1/30/18	Kathy Mollohan
632	1.3.2.24	21-Deliverable	Monthly Multi-passenger Trip Report	0.1 days	667SF-30 days	Mon 1/29/18	Tue 1/30/18	Kathy Mollohan
633	1.3.2.25	21-Deliverable	Monthly Behavioral Health Transportation Report	0.1 days	667SF-30 days	Mon 1/29/18	Tue 1/30/18	Kathy Mollohan
634	**1.3.3**		**User Acceptance Testing and Approval of Reports**	**23 days**		**Tue 1/30/18**	**Wed 2/21/18**	
635	1.3.3.1		WVDHHR Reviews Reports	10 days	608,607	Tue 1/30/18	Mon 2/12/18	West Virginia DHHR
636	1.3.3.2		Edit based on revisions from WVDHHR	2 days	635	Tue 2/13/18	Wed 2/14/18	Kathy Mollohan
637	1.3.3.3		Review and West Virginia DHHR Approves of Reports	5 days	636	Thu 2/15/18	Wed 2/21/18	West Virginia DHHR
638	**1.4**		**Readiness Review and Go-Live**	**31 days**		**Tue 1/30/18**	**Thu 3/1/18**	
639	**1.4.1**		**Internal Readiness Review**	**11 days**		**Sat 2/3/18**	**Tue 2/13/18**	
640	1.4.1.1		Transportation Providers Trained & Ready	3 days	659FS-5 days	Sat 2/3/18	Tue 2/6/18	Greg Scott,JR Gantt
641	1.4.1.2		All Transportation Providers Loaded in A2C System	3 days	659FS-5 days	Sat 2/3/18	Mon 2/5/18	JR Gantt
642	1.4.1.3		A2C Staff Trained	3 days	659FS-5 days	Mon 2/5/18	Wed 2/7/18	Greg Scott
643	1.4.1.4		Call system and Staff Ready for Live Calls	3 days	659FS-5 days	Mon 2/5/18	Wed 2/7/18	Kevin Taylor
644	1.4.1.5		Written Material Approved and Mailed	3 days	659FS-5 days	Mon 2/5/18	Wed 2/7/18	Greg Scott
645	1.4.1.6		Web Portal Approved and Accessible	3 days	659FS-5 days	Mon 2/5/18	Wed 2/7/18	Shawn Seewald
646	1.4.1.7		A2C Software Developed and Working	3 days	659FS-5 days	Mon 2/5/18	Wed 2/7/18	Shawn Seewald
647	1.4.1.8		A2C System Signoff	3 days	659FS-5 days	Mon 2/5/18	Wed 2/7/18	Shawn Seewald
648	1.4.1.9		Quality Assurance	3 days	659FS-5 days	Mon 2/5/18	Wed 2/7/18	Adam Almaguer
649	1.4.1.10		Network	3 days	659FS-5 days	Sat 2/3/18	Mon 2/5/18	JR Gantt
650	1.4.1.11		Call Center	3 days	659FS-5 days	Mon 2/5/18	Wed 2/7/18	Kevin Taylor
651	1.4.1.12		Claims	3 days	659FS-5 days	Mon 2/5/18	Wed 2/7/18	Carrie Spurlock
652	1.4.1.13		Subscription/Recurring Trips Entered	3 days	659FS-5 days	Mon 2/5/18	Wed 2/7/18	Chris Morris
653	1.4.1.14		Electronic System Interfaces with Department	3 days	659FS-5 days	Mon 2/5/18	Wed 2/7/18	Shawn Seewald
654	1.4.1.15		Transportation Providers Using A2C software	3 days	659FS-5 days	Sat 2/3/18	Mon 2/5/18	JR Gantt
655	1.4.1.16		Bus Routes Entered & Tickets Ordered	3 days	659FS-5 days	Mon 2/5/18	Wed 2/7/18	Jade Warren
656	1.4.1.17		Reports Completed & Approved	3 days	659FS-5 days	Mon 2/5/18	Wed 2/7/18	Jack Gojan
657	1.4.1.18		Identify-Correct Deficiencies	4 days	640,641,642,643,644	Thu 2/8/18	Tue 2/13/18	All Departments
658	**1.4.2**		**West Virginia DHHR Readiness Review**	**15 days**		**Tue 1/30/18**	**Tue 2/13/18**	
659	1.4.2.1		Conduct Readiness Review	3 days	666FS-10 days	Mon 2/5/18	Wed 2/7/18	West Virginia DHHR
660	1.4.2.2		Correct Deficiencies	3 days	659	Thu 2/8/18	Mon 2/12/18	Access2Care Implementation Team
661	1.4.2.3		**Pass Readiness**	**15 days**		Tue 1/30/18	Tue 2/13/18	
662	1.4.2.3.1	22-Milestone	Bureau Approval of Deliverables 2-20	10 days	34,474,483,488,518,	Tue 1/30/18	Mon 2/12/18	West Virginia DHHR
663	1.4.2.3.2	23-Milestone	Bureau Approval of Call Center Readiness	1 day	650	Thu 2/8/18	Thu 2/8/18	All Departments
664	1.4.2.3.3	24-Milestone	Bureau Approval of Operational Readiness	1 day	660	Tue 2/13/18	Tue 2/13/18	All Departments
665	**1.4.3**		**Operational Cutover**	**15.1 days**		**Wed 2/14/18**	**Thu 3/1/18**	
666	1.4.3.1	25-Milestone	Begin Taking Live Calls, scheduling trips (network and public transport)	0.1 days	667SF-14 days	Wed 2/14/18	Thu 2/15/18	Kevin Taylor
667	1.4.3.2	26-Milestone	Full Cutover	1 day		Thu 3/1/18	Thu 3/1/18	All Departments



QUALITY IMPROVEMENT PLAN
Access2Care, LLC.

A. Overview

Access2Care's Quality Improvement Plan (The Plan) describes specific mechanisms Access2Care will implement or maintain as the member's transportation broker to ensure excellent customer service during the delivery of transportation services. The plan includes quality management activities and initiatives focused on customer satisfaction and workflow improvement of all areas of operations.

The Plan is overseen by the Contract Compliance and Program Oversight (CCPO) department. The CCPO is responsible for promoting, monitoring, and evaluating quality-related activities. Access2Care will work continually to advance Key Performance Indicators (KPIs), enabling Access2Care to track their performance in meeting benchmark criteria.

In addition to the emphasis we place on monitoring and addressing complaints, our Quality Assurance Program consists of layers and methodologies, including both retrospective (reactive) and prospective (proactive) components. If deficiencies are identified, we work with affected departments and parties to remedy the issues.

The Plan is designed to meet the following objectives:

- To identify all Plan specific requirements
- To use a systematic process to objectively assess the quality of services provided to our members.
- To implement corrective action when issues or opportunities for improvement are identified.

The development and operational responsibility for the Quality Improvement Plan ultimately lies with the Vice President of Access2Care.

The Director of Client Services and the local quality assurance staff are responsible for auditing and ensuring compliance with The Plan. This is accomplished through the following activities, but not limited to:

- QA plan implementation
- QA activities monitoring
- QA compliance evaluation
- QA reporting
- Any required follow-up with internal staff or non-emergency medical transportation (NET) providers

B. Continuous Quality Improvement: Full Circle

None of the processes, systems, and information described here will be of any benefit unless they are used to guide the management team in ways to change the system. Providing quality service is not just the responsibility of the CCPO, but rather all Access2Care employees who interact with the various stakeholders of the program. Strategic planning, process management/improvement, and relationships with members, examines from a quantifiable perspective, will allow Access2Care to provide industry-leading customer and transportation services.

C. Responsibilities

- It is the responsibility of the Acess2Care Leadership Team to periodically review and update the Quality Improvement Plan.
- It is the responsibility of the CCPO to ensure that superseding policies or procedures are reflected in this document, and that conflicting policies and procedures are brought to the attention of the CCPO when discovered.
- It is the responsibility of the CCPO to ensure that all appropriate staff read and comply with any new and revised editions of the policy, and its successors.
- It is the responsibility of the Access2Care Vice President to monitor regional compliance of this policy through regular reviews and audits.

D. Elements of the Plan

The Plan's elements are designed to work in tandem with one another to build a strong foundation of continuous quality improvement. A strong Quality Improvement Plan demands involvement and participation from all levels of the organization. The Plan will be performed in accordance with the following staff oversight, scheduled activities, and functions.

The CCPO is responsible for creating an internal Quality Improvement Team (QIT) that will help support all quality related activities and provide educated and experienced perspectives for all aspects provided by Access2Care. The goal of the team is to help identify improvement opportunities and to work closely with leadership to achieve these goals. The team must demonstrate, by example, that continuous improvement is the way to operate and demonstrate support of quality improvement goals.

The QIT is comprised of Access2Care's Operational and Regional Directors, along with their manager level staff. The team meets monthly.

The team's focus is all-encompassing – operational issues, customer service goals, software improvements, telephony system evaluations, etc. Assessing all levels of

services provided and identifying areas needing improvements are just some of the responsibilities of the QIT. The team analyzes and interprets reports, audit results and other data collected within the operation to determine if, and where, issues lie and what action is required to improve or correct any issues. The team will also coordinate additional studies or reviews of trips to identify areas that may impact member access to medical appointments or other program concerns.

The QIT can ask for, and give assistance with, a variety of day-to-day activities; however, the team possesses no disciplinary power and cannot make any personnel decisions regarding disciplinary actions.

E. Customer Service Centers

1. Member Service Representative (MSR) New Hire Training Academy

The New Hire MSR Training Academy is designed to provide the MSR with the knowledge to perform their job duties to the highest level of satisfaction by the callers, network providers, Clients, and Access2Care. Throughout the academy, MSRs are monitored to ensure they comprehend the information presented to them and that the training academy itself is effective in preparing the MSRs to interact with members, network providers, and medical providers.

Access2Care believes that training is not just something that occurs during the new hire phase but as a continuing, never-ending practice. Staff members responsible for training work closely with the quality and leadership teams to evaluate post-training MSR performance in order to continually identify opportunities for enhancing our training programs.

2. Member Service Representative (MSR) Continuing Education (CE)

In addition to the New Hire Training Academy, Access2Care's Continuing Education (CE) program is designed to offer, at a minimum, six (6) hours of training to each MSR annually. CE topics are developed from training and quality audits, as well as at the request of the Client, MSR, or from a member of the Access2Care Leadership Team. Topics include but are not limited to:

- Customer Service
- Company Policy and Procedures Review
- HIPAA
- Client Protocols
- Computer Software Training
- Fraud, Waste, and Abuse Detection, Identification, and Prevention
- Managing Difficult or Hostile Members

3. Monitoring MSR Calls

The Quality staff is responsible for monitoring two (2) recorded calls per agent per month. Call auditing results will be specific to individual MSRs, and as an overall performance percentage for the call center. The Quality staff will review the calls for application of policy, adherence to procedures, customer service, and accuracy of trip authorization requirements. If deficiencies are identified, the Quality staff will work with Call Center leadership to determine, document, and then administer appropriate actions necessary to correct any outstanding issues.

4. Member Service Representative (MSR) Assistance Program

The MSR Assistance Program provides guidelines in assisting MSRs identified as not meeting Access2Care's or the Clients' performance standards will enter a defined period of additional training until such time the standards are achieved.

MSRs will enter the Assistance Program:

- If they fall below call intake performance standards for two (2) consecutive months.
- If they receive three (3) non-compliance reports within a thirty (30) day period.
- If they receive two (2) customer service complaints within a thirty (30) day period.
- At the discretion of Access2Care Leadership.
- Upon the request of the

MSR. Upon placement in the

program:

- MSR and Leadership will discuss the areas that require improvement.
- MSR and Leadership will outline improvement steps to meet defined standards
- Program placement will range from one to five (1– 5) days as determined by Leadership.
- MSR will be assigned a mentor to assist in program completion.
- MSR may be required by Leadership to change shifts to that of their assigned mentor to complete the program.
- Failure to achieve acceptable standards may result in continuation in the program or corrective action up to and including termination.

5. Contact Center Performance

Access2Care will implement a series of quality specific measurements designed to

monitor the performance of the Contact Center. The Contact Center Director is responsible for meeting all call center related quality standards detailed in this plan. The Contact Center Director will monitor telephony performance requirements as described below based on individual Client contracts.

- **Call Talk Time** – Measured by the average length of time to schedule a trip
  - Access2Care standard: Average call time of five (5) minutes or less
- **Service Factor:** Measured by the percent of calls answered in thirty (30) second or less
  - Eighty percent (80%) of calls answered in thirty (30) seconds or required otherwise by current contract obligations
- **Call Abandonment Rate** – Measured by how many callers hang up after twelve (12) seconds and before a call is answered by a MSR
  - Access2Care Standard – A monthly average of less than three (3%)
  - Access2Care Standard _Average call blockage not to exceed (0.5%) one half percent

The trip-scheduling function is a critical integration of the call intake system, contact center staff, operating procedures, and the information provided by members. The key indicators of quality of trip-scheduling functions include:

- **Greeting/Introduction** – MSR Greeted the caller within two (2) seconds with the correct greeting, introduced themselves, if the caller is not a member, identified and documented the relationship of the caller to the member
- **HIPAA** – MSR verified that the caller is the member or has the authorization of the member to access the account making sure to stay within HIPAA guidelines
- **Pickup and Destination Information -** MSR correctly requested and documented appointment information including the correct date, time, pickup and destination details.
- **Special Needs and Level of Service** – MSR confirmed any special needs necessary to determine the correct level of service (LOS) needed
- **Trip Verification (Recap)** – MSR verifies all trip details with the caller to determine that the information has been obtained accurately
- **Documentation** – MSR has documented all important and necessary information into the trip intake system in the correct and appropriate way, additional information was documented accurately and in the correct format in the trip remarks.
- **Customer Service** – MSR addressed the caller by name throughout the call, followed Accessed2Care customer service policy by maintaining a

professional demeanor and resolving caller service questions and issues.

- **Protocol Compliance** – MSR confirmed that all trip details fall within the authorization of the individual Client's protocols and that all authorization was received and documented appropriately, if necessary.
- **Overall Compliance** – Measured by averaging the sections detailed above

MSR trip scheduling performance is subjected to "new hire" compliance standards of eight-five percent (85%) within their first thirty days and ninety-five percent (95%) after their initial thirty
(30) days of on the job training.

Audit Section	< 30 Days	≥ 30 days
Greeting	85%	95%
HIPAA	100%	100%
Pickup & Destination	85%	95%
Special Needs and Level of	85%	95%
Trip Verification	85%	95%
Documentation	85%	95%
Customer Service	85%	95%
Protocol Compliance	85%	95%
Overall Compliance	**85%**	**95%**

Other determining factors of quality that can be measured in the trip scheduling process include, but are not limited to:

- The accuracy of the trip information provided to the member or member's representative.
- The average call length time (talk time)
- The number of complaints received related to the MSRs, call center, or transportation provider.
- Unmet need for transportation assistance

The CCPO will work with the Call Center Director and Network Management team to monitor, identify and remedy any performance issues related to the standards listed in the information above. The CCPO is ultimately responsible for the ongoing performance standards of the NEMT operating business unit.

F. Network Transportation Provider Oversight

Key quality indicators related to actual trip delivery include timely pickup, ride time and drop off, member comforts and safety during transport, vehicle condition, driver appearance, and driver conduct and interaction with the members. The primary quality indicator that summarizes a member's overall level of satisfaction with the transportation provider is the number of complaints received in relation to the number of transports provided.

The CCPO and Network Teams work together to monitor performance data and take necessary corrective action when data shows a failure in meeting Access2Care or client standards. Such data may cause Access2Care to make changes in the overall network structure or in a specific geographic area. For example, the data may identify insufficient specialized motor vehicle resources in a given geographic area causing us to work with network providers in the area to increase the number of resources and/or identify new providers to bring additional vehicles into the area. Access2Care will notify the Client of any substantial changes in the network immediately.

Most of these parameters will be monitored will be monitored by a combination of data from our scheduling and dispatching system and direct reporting from the providers.

In addition Access2Care staff members will review provider manifests, driver records, and dispatch cards to monitor on-time performance and actual pickup and delivery. The Network Team monitors all critical provider documents such as auto liability insurance policies, driver's licenses, and vehicle registrations on a monthly basis to ensure no expirations or lapses in coverage have occurred. All critical expiration dates are logged into our automated tracking systems to allow automated reminders to be generated prior to document expiration. Serious accident or criminal activity will result in the immediate suspension of network privileges.

1. Monitoring Driver Conduct

Access2Care will monitor provider performance based on on-time performance, trip acceptance and no-shows. All driver requirements will be inspected against the criteria presented in the checklists shown in Appendix II of the Transportation Provider Manual. If a complaint is made against a driver, Access2Care will investigate and take appropriate actions including the possibility of removing that

driver from service.

- **Access2Care Standard:** Two (2) or more complaints within a five (5) day period.

2. **Monitoring Vehicles**
   Access2Care will monitor vehicle conditions through random, unscheduled checks of the provider's facilities and vehicles. Vehicles and all components must comply with or exceed

   the manufacturers, federal, and state safety and mechanical operating and maintenance standards for the particular vehicle and models used under this contract. Vehicles must comply with all applicable federal laws including the Americans with Disabilities Act (ADA) regulations.

   - **Access2Care Standard:** Two (2) or more complaints within a five (5) day period will be removed from service until corrective action is taken.

3. **Monitoring Administrative Procedures and Record Retention**
   The transportation provider completes the appropriate paperwork and enters the data into the system for payment. Access2Care subjects the data received from providers to an extensive audit process to ensure that the data is complete and accurate. Providers will maintain source documentation at their office and/or secured and approved off-site storage facility.

   Access2Care quality assurance of administrative processes includes the following:

   - Review dispatch, trip completion, and administrative processes for efficiency and adequate internal controls,
   - Review driver, vehicle, and trip documentation files for completeness, arrangement, security, and accessibility,
   - Select random sample of operators and vehicles for review.

   The quality assurance reviews will be conducted by the Access2Care Quality and Network Teams.

4. **Provider Performance Report**
   Access2Care has created a database for each provider. The database will include all essential provider information, including current rates, capacities, and essential elements Access2Care staff need to know to ensure a good operation. The database will also provide access to the tracking of various performance categories as interfaced with Access2Care's automated system and the requirements of the Client.

G. Claims Audit and Verification Detection and Prevention

Access2Care is committed to preventing, detecting, investigating, and reporting potential Fraud, Waste and Abuse (FWA) violations. The CCPO will oversee and report to the QIT where FWA may have occurred and as appropriate, implement improvements to processes and procedures.

Access2Care has established several procedures to monitor, detect, and prevent occurrences of possible fraud, waste, and abuse. Some examples of FWA high risk areas include mileage reimbursement, public transportation, and member and provider no-shows, to name a few.

Access2Care conducts two types of audits to monitor our own accuracy as well as monitor potential FWA situations. The first audit process is a pre-payment audit that targets transportation providers and verification that the transit services billed meet Access2Care standards for completed services. In addition to transportation providers a Mileage Reimbursement verification process is for all trips over one hundred (100) miles and/or one hundred dollars ($100).

Access2Care recognizes that the majority of transportation providers conduct their business with a high degree of integrity; we believe our trip audit process helps them to be fully attentive to the accuracy of all information submitted. Access2Care will also provide ongoing education for transportation providers on how to obtain a timely and accurate reimbursement. Our claims audit and verification procedures include the following:

1. **Pre-payment Audit**
    - **Trip audits of driver logs/manifests** – a random sample of trip detail and driver manifests maintained by transportation providers will be audited for compliance to standard outlines in the Transportation Provider Manual on a daily basis. The audit includes a review of the driver log and the details that support the services provided claim.
    - **Forensic review of driver logs/manifests** – contained within the random daily audit sample described above, Access2Care will subject logs/manifests to undergo a more thorough review to assure trips are being properly invoiced and paid. When identified, the proper procedural steps are taken to ensure the data is correct. Contact of member and possibly the facility on the log/manifest may be necessary to confirm the completion of the trip. These targeted audits may include items such as:
        - Incomplete logs/manifests submitted for audit.
        - More than one transportation provider indicating they performed the same member's transport.
        - Inconsistencies on log/manifest

- **Mileage Reimbursement targeted audit** – done daily on all trips equal to or above one hundred (100) miles and/or one hundred dollars ($100). This includes a validation of mileage and accurate pricing per mileage.

2. **Facility and Medical Provider Contact**

As stated above, Access2Care will contact a sampling of medical providers and confirm if the member attended their appointment. If the appointment cannot be confirmed, additional samplings of the member's appointments are verified. If a trend of non- confirmed appointments is identified the member's record is updated to indicate the need for monitoring the member and confirming transportation requests on future trips.

The Claims Quality Assurance Supervisor forwards any issues or errors to the responsible leadership in Reimbursement, Call Center, and Network departments.

Additionally, each month a summary report of the audit findings are distributed to the CCPO for review and further analysis.

H. Quality Management

I. Complaint Management

Complaints tell us what the public and the system users think about the system's performance. By tracking complaints, we are able to monitor one of the most important barometers for determining the performance of any one network transportation provider and providing essential information for quality improvement.

While one complaint may refer to an isolated incident, several reports relating to a similar issue may indicate a systematic concern that merits corrective action. Complaints deemed "significant" are complaints that may indicate an unsafe action that may be detrimental and could expose Acess2Care and/or the network Transportation Provider to litigation.

The complaint handler is assigned the responsibility of reviewing call complaints, initiating investigations, alerting members of the management team of potential serious issues, monitoring complaints for trends, or common occurrence while ensuring that all complaints are resolved in an appropriate timeframe from receipt of the complaint or issue.

The Compliance Team oversees the complaint process, including related policy and procedure updating and reporting. Complaint related reports will be generated and

distributed monthly. The Director of Compliance will review report data prior to the dissemination to and takes ultimate overall responsibility for the complaint function.

a. Complaint Intake & Resolution Procedures:

1. Complaints will be reported by the Client on the online portal and will include: name of complainant, contact information, relationship to trip/complaint (member, provider, citizen, etc.), trip number(s), date of occurrence, and a narrative of details.
2. Access2Care Service Recovery Specialists (SRS) review all complaints or issues, initiates an investigation, and sets resolution timelines. The type of resolution depends on the nature of the complaint or issue.
3. Access2Care will resolve all complaints within the timeframe agreed upon by the Client, except when unusual or special circumstances prevent an investigation from being completed within that time frame. In this rare case, the CCPO will closely monitor investigation progress and outline a plan for swift resolution. If required, the Director of Client Services may become involved in the resolution.
4. Once all information is gathered and reviewed, a determination will be made if the complaint is valid or unfounded. This disposition is noted in the call intake system as valid or invalid and included in monthly reports.
5. A response will be provided to the complainant unless providing that information compromises HIPAA compliance.
6. Supporting documentation will be scanned into an electronic repository.
7. Based on trend gathered through the portal and report tracking, the complaint consultation with the CCPO may review current policies and procedures to determine if changes and/or modifications are warranted. If Management determines that changes are required, the Policy Change procedure will be utilized.

b. Significant Events

A Significant Event is an unexpected occurrence that demonstrated a real or potential threat to customer care or staff safety – including serious physical or psychological injury. Significant Events are rare and undesirable occurrences associated with a significant deviation from usual processes. These events are "significant" because they send a signal or sound a warning that requires immediate attention.

All issues investigated by the CCPO or designee will be assigned a preliminary score based on the severity of the incident or event. All events will be analyzed by the Service Recovery Team for tracking, monitoring, and resolution. The team will assign a final severity score. Severity level classifications are:

SIGNIFICANT EVENTS LEVELS AND DEFINITIONS	
Level	**Definition**
0	No issue found. Care/service appropriate
1	Document issues that will be tracked for trend, but additional research or corrective actions of the issues that fall into this category are deemed not
2	An event that is associated with adverse deviations from usual processes. The event is classified as an immediate opportunity for improvement.
3	The event is recognized as a major event has resulted in an unanticipated death, major loss of function to a member, lawsuit, physical abuse, fraud, and related

a. Appeals and Hearings

At no time will Access2Care's complaint process serve as a prerequisite or a replacement for the member's right to use their local state appeal process.

b. Appeals and Hearing Requests

The member is to be referred to their Health Plan to assist with the appeal process, unless delegated to Access2Care.

2. Satisfaction Surveys

a. Member Satisfaction Surveys

Access2Care conduct member satisfaction surveys regarding their transportation and will utilize the reports for monitoring member satisfaction with the services provided. Questions will focus on satisfaction with:

- Call Center etiquette
- Driver punctuality
- MSR and Driver politeness
- Vehicle condition
- Overall satisfaction with the service

3. HIPAA Compliance

Access2Care brings extensive experiences and knowledge in Health Insurance Portability and Accountability Act (HIPAA) compliance. Access2Care provides systems and resources that ensure full compliance with HIPAA privacy, Security and Electronic Data Interchange regulations. The assigned staff includes a Privacy Officer and a Security Officer designated with responsibility for the implementation of policies and procedures to ensure compliance with the regulations.

Access2Care has numerous procedures in place to ensure the privacy of member's

information including Secure2Mail. There are firewalls and data back-up plans that not only provide protection against improper information access but also ensure that integral information will be available for future use.

4. Policies and Procedures Manual

The Corporate Director of Compliance will audit the entire program annually using the Operational Policies and Procedures Manual as their guide.

H. Continuous Quality Improvement: Full Circle

None of the processes, systems, and information described here will be of any benefit unless they are used to guide the management team in ways to change the system. Providing quality service is not just the responsibility of the CCPO, but all Access2Care employees who interact with all the various stakeholders of the program. Strategic planning, process management/improvement, and relationships with our members, examined from a quantifiable perspective, will allow Access2Care to provide industry-leading customer and transportation services.

1. Monitoring Key performance Indicators.

Our system will provide exception reports that focus on failure to meet standards. Our Quality Team will use these reports to follow up with transportation providers and/or internal staff to determine what improvements or corrective actions should be taken to improve performance.

Data from the agreed-upon set of reports will be used by Access2Care management team to spot operational trends and to identify areas for improvement. Trend reports will focus on particular functional areas such as:

- Call center performance
- Network transportation provider performance
- Complaints and grievances

2. Corrective Action

The Director of Contract Compliance and Program Oversight has the responsibility for approving corrective action required to resolve identified quality-related issues.

A performance improvement plan will contain the following:

- What has to be changed
- What is the intended result of the change
- When and how the corrective action will be implemented

- Who is responsible for implementation
- Determine an issue reevaluation timeframe
- Post implementation review timeline and desired outcome

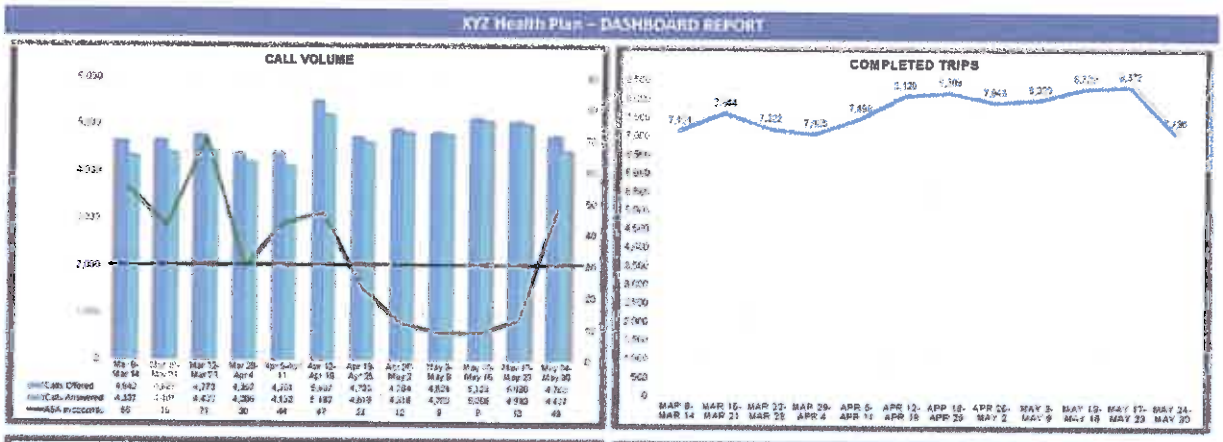
Access2Care

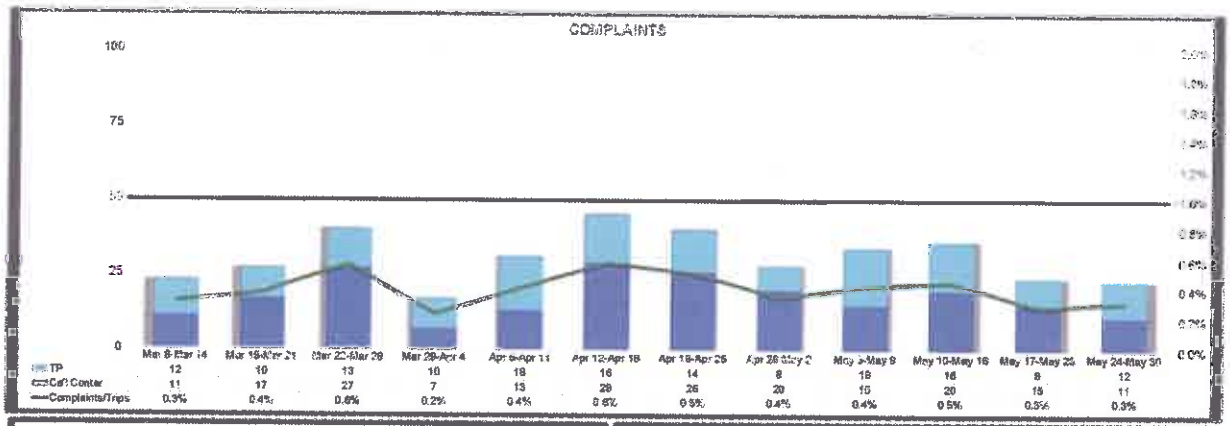
The following is a list of commonly requested data points (of more than 2,100 available) housed in the A2C database that can be provided for reporting via the A2C Client Portal and client ad-hoc requests.

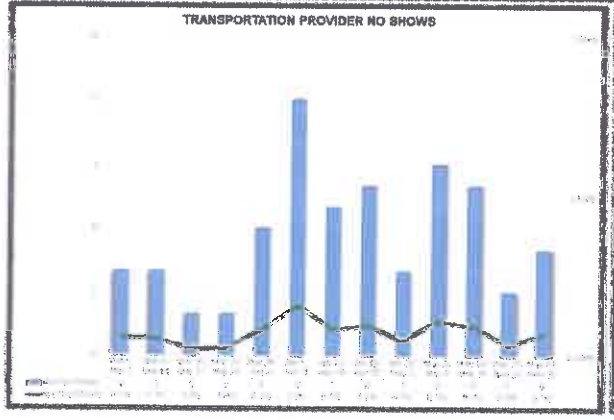
COLUMN	DESCRIPTION
ActualPickupDateTime	Member actual pickup date/time (input by transportation provider via the Provider Portal)
Age at Trip	Member age at trip
BillingCode	Used for claims processing
CallCreated	Date/time when trip entered into A2C
CallerName	Name of caller
CallerType	Who called A2C (Member, Care Coordinator, Clinic, Doctor, Health Plan, etc)
CancelledDate	Date/time trip was cancelled
CancelReason	Reason for trip cancellation (Member cancelled, eligibility, no-shows, exceeds trip limits or distance, etc)
ClientAuth	Auth code used by Call Intake to override trip
Code	Denotes trip leg code
Comments	Detailed member, transportation provider or plan comments as noted in A2C
Complaint	Detailed member, transportation provider or plan complaint as noted in A2C
ComplaintNumber	Complaint # associated with trip (if applicable)
ComplaintResolution	Detailed resolution of 'Complaint' by A2C SRT (Service Recovery Team)
ComplaintType	Category of 'Complaint' (Call Center, Driver, Inquiry, Member, Plan, System, Vehicle)
ComplaintSubType	Category of 'ComplaintType' (behavior, vehicle condition, rudeness, etc)
ContractCode	A2C internal identifier of Health Plan Name
ContractName	Plan Name
Current Age	Current member age at report runtime
D/O Address1	Member dropoff location
D/O Address2	"
D/O City	"
D/O County	"
D/O State	"
D/O ZIP	"
Date_Booked	Date/Time when trip entered into A2C
DateCleared	Date transportation provider finalized trip on portal; used by Claims to initiate paymentprocess
DatePaid	Date the claim was paid
DenialDescription	Trip denial description
DestinationTime	Member actual dropoff date/time (input by tran provider)
EligFrom	Starting date of eligibility
EligTo	Ending date of eligibility
ExtendedCode1	Used to further identify member health plan attributes (if applicable)
ExtendedCode2	"
ExtendedCode3	"
ExtendedCode4	"
ExtendedCode5	"
ExtendedCode6	"
ExtendedCode7	"
FacilityName	Facility name where member transported to

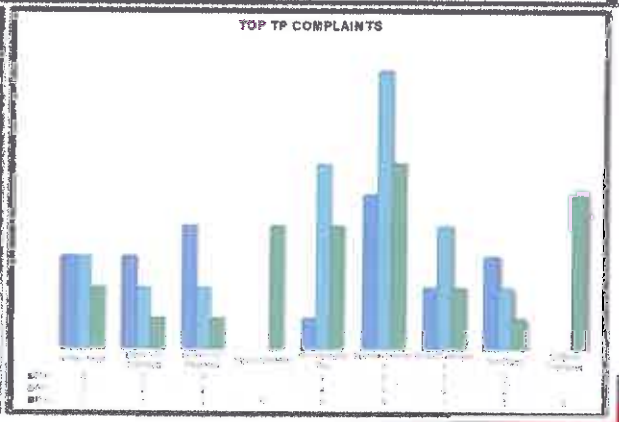
FacilityPhone	Phone number of facility where member transported to
FacilityType	Category of facility (hospital, doctor, dialysis, etc)
FinalLOS	Actual 'Level of Service' assigned to trip
Gender	Member gender
Language	Member's preferred spoken language
Level of Service Distribution	Category of service (VAN, BUS, MRB, etc)
LevelOfService	Initial 'Level of Service' assigned to trip
MedicaidID	Member MedicaidID (via eligibility data from client)
MedicareID	Member MedicareID (via eligibility data from client)
Mem_GroupID	Group identifier (Eligibility)
MemberID	Member ID
MemberDOB	Member Date of Birth
MemberFirstName	Member first name
MemberLastName	Member last name
MemberPhone	Member phone #
MemberRegion	Only applicable to specific A2C plans; otherwise disregard
Mileage	Number of miles for each leg of trip
MTA_Code	Facility code
P/U Address1	Member pickup location
P/U Address2	"
P/U City	"
P/U County	"
P/U State	"
P/U ZIP	"
SchedulePickUpTime	Requested specific pickup time
Sequence	Numeric value of trip leg order (e.g. member pickup = 1, dropoff @ appointment = 2, pharmacy stop = 3, etc)
Special Needs	Member medical conditions or requirements for transportation (e.g. needs assistance, cane, crutches, walker, wheelchair/storage, etc)
Status	Trip status (SCHEDULED, CANCELLED, PAID, etc)
StopID	Trip leg-level identifier (e.g. 1234567T)
TimeZone	Used to calculate various metrics based on other available data (Call Intake processes, On-Time Performance metrics,
TranProvider	Transportation provider of trip
Trip Created	Date/Time value of initial trip creation in A2C
TripCreatedBy	A2C Call Representative who initially created trip
TripDate	Actual appointment date/time
TripModifiedBy	A2C Call Representative who updated trip information after initially created
TripNumber	Top-level trip identifier (e.g. 1234567)
TripOutcome	Trip final disposition (COMPLETED, CANCELLED,MEMBER NO-SHOW, etc)
TripPrice	Cost associated with trip; reflects latest rates in effect at the time of transportation
Trip Reason	Translated text value of 'TripReasonCode' (dialysis, doctor, etc)
TripReasonCode	Numeric value of 'Trip Reason'
Urgent	Indicates urgent trip (if noted)

DASHBOARD REPORTS









Req Appt Date Time
6/1/2015 12:00:00 AM to 5/3..

Contract Name
Multiple Values

State Code
All

TripSummary

Req Appt Date Time

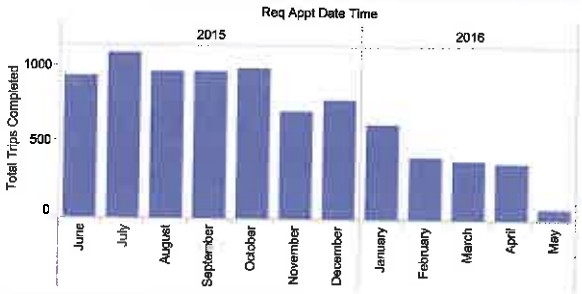
	2015							2016				
	June	July	August	Septemb..	October	November	December	January	February	March	April	May
TotalTripsRequested	1,389	1,684	1,399	1,423	1,404	1,098	1,092	853	561	512	507	387
TotalTripsCanceled	467	614	448	469	431	397	317	241	153	126	114	34
Open Trips	0	0	0	0	0	0	0	0	0	0	0	0
Total Trips Completed	922	1,071	951	954	973	701	775	612	408	384	370	75
Member No Shows	18	16	11	10	9	11	7	7	3	4	3	2
Provider No Shows	5	5	3	1	2	1	1		1	1	1	
% Provider No Shows	0.35997%	0.29691%	0.21444%	0.07027%	0.14245%	0.09107%	0.09158%		0.17825%	0.19531%	0.19724%	

Membership Summary

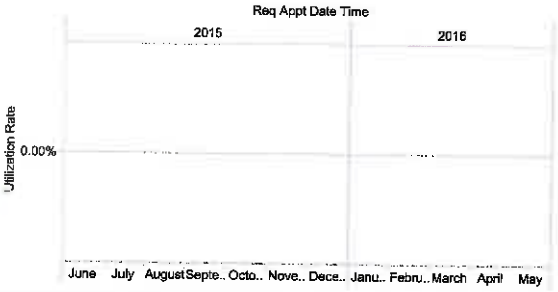
Req Appt Date Time

	2015							2016				
	June	July	August	Septemb..	October	November	December	January	February	March	April	May
Members												
Unique Utilizers	265.0	308.0	288.0	273.0	277.0	226.0	216.0	171.0	94.0	77.0	71.0	23.0
Percent of Members Utilizing												
Trips Per User	3.48	3.48	3.30	3.49	3.51	3.10	3.59	3.58	4.34	4.92	5.21	3.26
Utilization Rate												

Completed Trips



Utilization Rate



Provider Performance

Req Appt Date Time

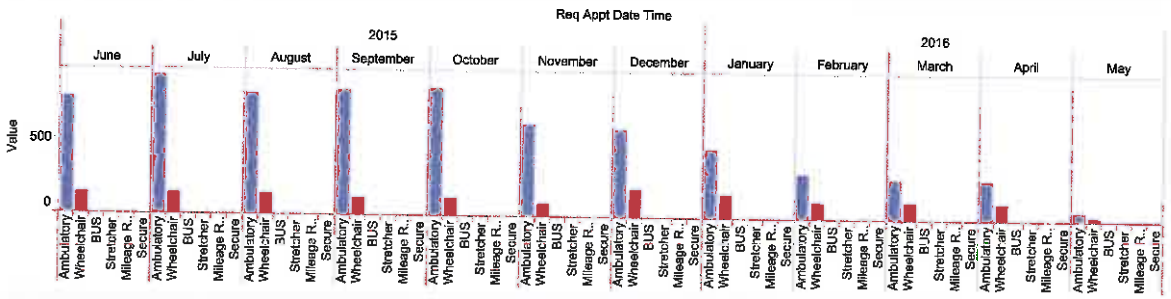
	2015							2016				
	June	July	August	September	October	November	December	January	February	March	April	Ma
On Time	88.7734%	87.3890%	87.4747%	88.0808%	88.7160%	89.0374%	90.7090%	93.7695%	94.5455%	95.7547%	96.9231%	
Within 15 Min..	3.9501%	3.9076%	5.6566%	3.8384%	3.8911%	2.4064%	1.2225%	1.2461%	0.9091%	1.4151%	1.0256%	
15-30 Minutes	3.3264%	1.7762%	2.0202%	1.8182%	2.1401%	1.0695%	1.7115%	0.9346%	0.4545%	0.4717%	0.5128%	

Utilization by Vehicle Type

Req Appt Date Time

	2015							2016				
	June	July	August	Septemb..	October	November	December	January	February	March	April	May
Ambulatory	780.0	932.0	813.0	834.0	856.0	615.0	584.0	459.0	296.0	285.0	284.0	54.0
Wheelchair	142.0	139.0	138.0	120.0	117.0	86.0	191.0	153.0	112.0	119.0	106.0	21.0
BUS												
Stretcher												
Mileage Reimbursement												
Secure												

Utilization by Vehicle Type Chart



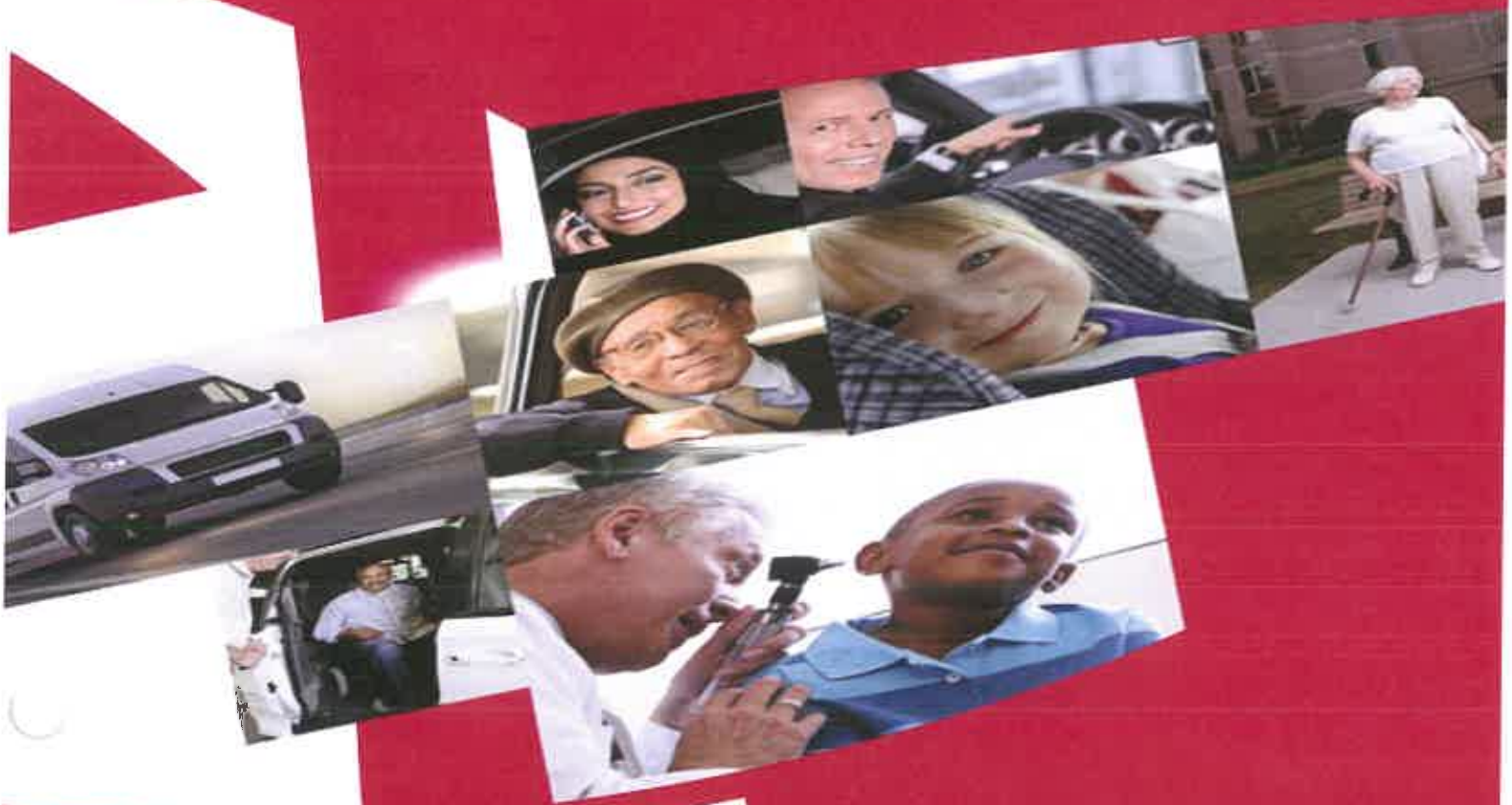
Trips By Distance

Req Appt Date Time

	2015							2016				
	June	July	August	Septemb..	October	November	December	January	February	March	April	May
Less than 1 mile	1.0	2.0	2.0	2.0	2.0	2.0	1.0	2.0	1.0		2.0	
1 - 2 miles	47.0	113.0	90.0	54.0	98.0	79.0	131.0	92.0	53.0	53.0	54.0	8.0
3 - 5 miles	244.0	256.0	206.0	232.0	179.0	155.0	143.0	127.0	124.0	107.0	113.0	22.0
6 - 9 miles	189.0	248.0	213.0	206.0	194.0	182.0	176.0	125.0	88.0	89.0	70.0	16.0
10 - 19 miles	302.0	316.0	277.0	307.0	336.0	187.0	190.0	167.0	100.0	79.0	38.0	10.0
20 - 29 miles	100.0	78.0	104.0	93.0	111.0	51.0	81.0	59.0	21.0	15.0	32.0	4.0
30 - 49 miles	28.0	28.0	30.0	42.0	31.0	25.0	31.0	32.0	18.0	39.0	59.0	14.0
50+ miles	11.0	30.0	29.0	18.0	22.0	20.0	22.0	8.0	3.0	2.0	2.0	1.0

Access2Care

BUSINESS CONTINUITY AND DISASTER RECOVERY PLAN



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BUSINESS CONTINUITY AND DISASTER RECOVERY PLAN

Overview

Business Continuity

Access2Care, a wholly owned subsidiary of American Medical Response, has access to the expertise of providing emergency and non-emergency medical services including call intake, dispatching and vehicle tracking across the country.

Our national network of call centers, dispatch and operations centers are designed to support the failure of one or more centers in the network. Business continuity is of great importance. We use industry best standards, replication and redundant systems in addition to disk and tape based backups.

Access2Care has two Data Centers housed in Aurora, CO and Las Vegas, NV. The primary national data center in Aurora, CO is a level 4 data center offering the latest in data center operations and security.

Our contact centers are located in Clearwater FL, Pompano Beach FL, St. Louis MO, Boise ID, Des Moines IA, and Houston TX. The Access2Care disaster recovery center resides at our corporate headquarters in Greenwood Village, CO.

Disaster Recovery

Access2Care is committed to having a robust, scalable, and fully tested disaster recovery plan in place for critical, facilities and functions. Our disaster recovery (DR) response team is available 24/7 to provide DR execution and failover to our disaster site(s) within four (4) hours of a declared event from our Recovery Leadership Team. (see Disaster Recovery Plan and Execution for greater detail).

The following sections give brief overviews of Access2Care's business continuity and planned disaster recovery and response.

Application Architecture

The A2C application server architecture is designed to continue to operate in the event of any single server failure. This allows the application to continue operation during hardware maintenance and outage situations.

With the exception of our high performance database servers all other application servers are configured to run on virtual servers. This allows us to quickly add additional servers as system load grows. For example, we currently support our application portals on a cluster of Microsoft Internet Information Services (IIS) servers (Microsoft Windows Server 2012 R2 Standard Edition) with a load balancer allocating the load between servers in the cluster. As load grows, we can easily add more servers to this cluster with no interruption in service to our clients. In addition, if one of the servers fails or needs to be removed from the cluster for maintenance, the server can simply be removed from the cluster with no interruption to our users. This architecture extends to other system functions and allows easy system configuration, optimized for the load on the system. The actual A2C application used in our call centers runs on a Citrix processing farm. The number of servers in this farm can be changed on the fly with no interruption in system operations as needs change or maintenance is performed.

Following is a high-level diagram of the A2C application architecture.

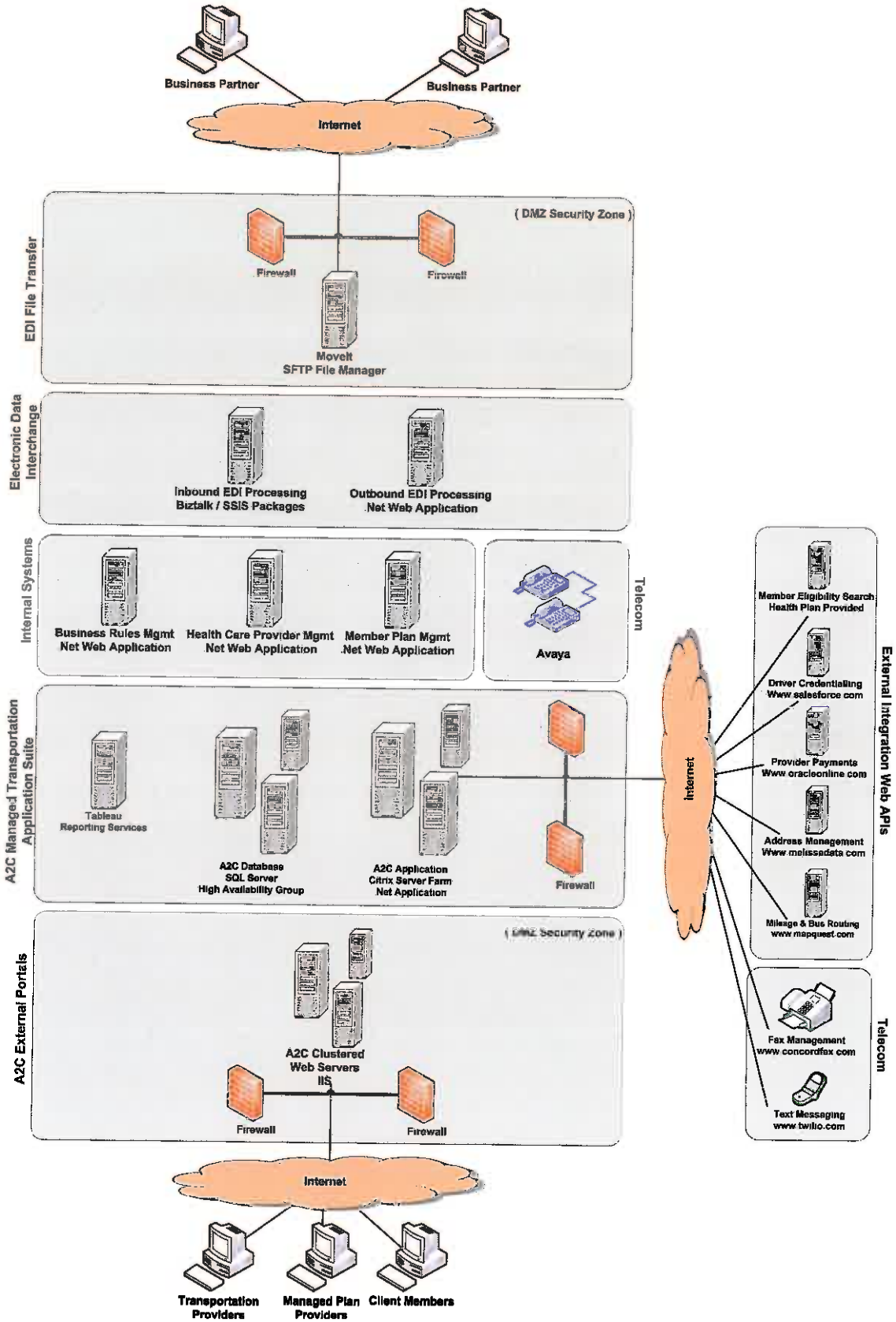

FIGURE 1: A2C APPLICATION ARCHITECTURE

Telecom Infrastructure

We manage contact center telecommunication via redundant Avaya telephone switches from the two data centers.

To ensure business continuity, each data center is capable of ***independently*** managing all telecom requirements for the Access2Care contact centers.

If a contact center needs to be evacuated or is deemed "dark" due to an outage or natural disaster the system transfers the calls to the next, designated, call center.

Each local contact center has a fully redundant telephone switch and can recover from a failure in the local switch or network device.

The contact centers are equipped to roll to cell phones, in the event of an outage or disaster.

The diagram below describes the corporate telecom architecture for a single contact center (each contact center mirrors this architecture). The architecture consists of fully redundant telephone switches and a secondary MPLS/SIP provider.

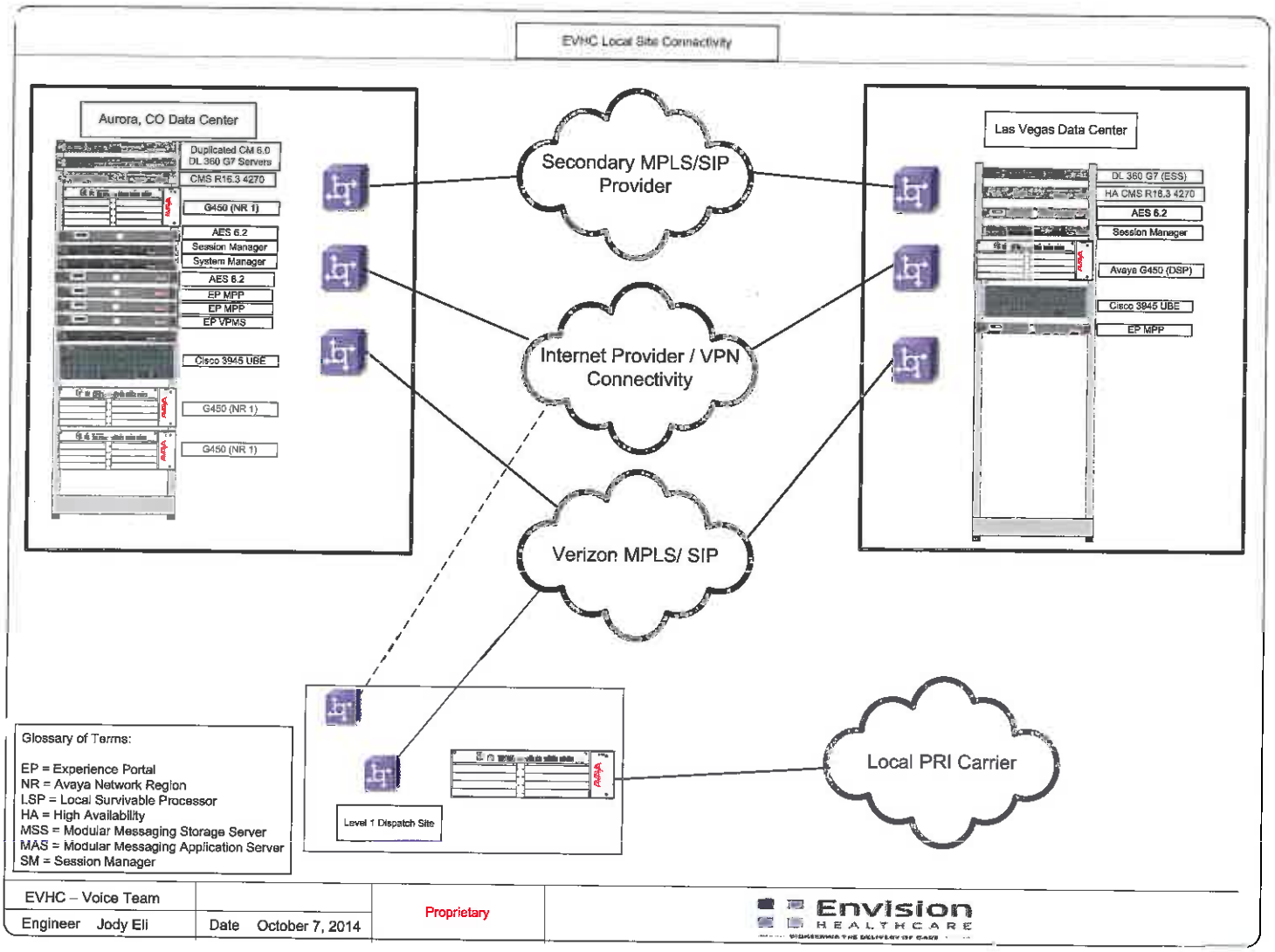

FIGURE 2: SINGLE SITE CONNECTIVITY

Data Center System Redundancy and Security

The primary Access2Care application is run in a level 4 data center with fully redundant data paths and equipment needed to support a mission critical 24/7 call center operation. The primary data center has state-of-the-art physical security, power and environmental controls. In addition, we have built redundancy for our connections with network and telecommunication vendors that allow us to move quickly to another vendor in the unlikely event of a vendor outage.

SECURITY

- Data centers hosting EVHC applications, systems, and databases will have a physical security mechanism in place restricting entry (key card, physical key, keypad, etc.).
- 24x7 access via dual factor authentication
- Physical locks on doors
- Monitored security cameras and intercom system
- Power delivery, generator and diesel fuel infrastructure maintained and under 24x7 surveillance
- Dual-standard SSAE 16 and ISAE 3402 Service Organization Control (SOC) 1 Type II, SOC 2 Type II, and SOC 3 reports to include Operations, physical and environmental security controls. Facility-specific PCI DSS and HIPAA Reports of Compliance for physical security, information security policies and managed firewall services.
- Compliant in the Financial, Healthcare and Federal industries that require regulatory authority of PCI DSS, HIPAA, FISMA and NIST 800-53 Standards.

FIRE DETECTION & SUPPRESSION

- Certified data center smoke detection system
- Certified incipient smoke detection
- Dual-Interlock pre-action dry pipe sprinkler system
- Clean agent fire extinguishers placed throughout the facility

POWER

- Centralized Uninterruptable Power Supply (UPS)
- A and B source power circuit delivery capabilities
- Dual redundant 6.5 Megawatt power utility deliveries with onsite substations
- 10.4 megawatt diesel power generation capacity
- Automatic power switching
- 15,000 kVA UPS system capacity
- Redundant battery strings with monitoring
- Multiple redundant power distribution paths
- Branch Circuit Monitoring

HVAC & ENVIRONMENTAL DESIGN

- All data centers hosting EVHC systems, applications, or databases will comply with the following environmental controls at a minimum:
  Climate Control
  Fire Suppression System
  Raised Flooring
- 3,760 tons of redundant cooling capacity
- Anti-static raised flooring with designated cable runs and cold air delivery
- Hot aisle/cold aisle configuration

- Fully cabled for typical customer applications

NETWORK

Multiple redundant fiber optic telecommunication networks delivered via Telcordia/Bellcore standards with diverse conduit and entrance facilities
Multiple telecommunications providers

Access2Care also has implemented security best practices based on ISO-17799 processes and programs to continuously monitor and improve the electronic security of its systems. In cooperation with an objective, third-party security firm, Access2Care undergoes continuous security monitoring and testing for improved procedures and protection, overseen by the Chief Information Security Officer.

These internal and external security scans produce work lists of issues for resolution and an annual end-of-year electronic security audit that produces a comprehensive view of A2C's infrastructure and its security status.

This program delivers the IT Group a focused set of objectives to accomplish and prioritizes issues based on the severity of the security warnings identified. The IT Group is then able to quickly and effectively address issues related to every network device (firewalls, VPN, routers, and switches), telephone switches, servers, printers and workstations at all locations within the infrastructure. With the scanning program, the engineers immediately can see the results of their actions and fine-tune the infrastructure to further remove any potential for vulnerabilities. All scans within the program are maintained as confidential information and are not shared with anyone outside of the infrastructure team.

Data Architecture and Replication

A2C's data-storage capabilities have been designed to provide for high availability and automatic fail-over in the event of the loss of our primary database server. By using Microsoft SQL server availability groups we can keep our backup site database and reporting database in sync with our production database and switch seamlessly from our primary database server to our backup data base server with no loss of data AND without human intervention. This approach further eliminates the need to restore the database from backup media should a move to the disaster recovery site be required..

Backup and Recovery

A2C's back-up procedures follow industry standards for ensuring that our data is recoverable and secure. We perform full database backups on a weekly basis with daily incremental backups. Transaction logs (the database) is backed up in real time, every 15 minutes. Backup media is moved daily from our production location to a secure, offsite Iron Mountain storage facility. We retain the media per our corporate data retention policies or longer if contractually required. We utilize disk based backup storage for non-database files, these too are stored at the Iron Mountain site. Additionally, all production servers are imaged after any system or application install and these images are retained both in our local data center as well as our disaster recovery location.

Network Fault Tolerance

A2C's network and systems infrastructure is designed to provide fault tolerance in the event of a major issue or problem. Server hard-disk drives are mirrored as a precaution against service interruption or data. Network devices are configured in fail-over mode to maintain continuous operation in the event of hardware or service issues. Enterprise Monitoring and Management software monitors the network and infrastructure and alerts IT staff of

ssues; both pending and immediate. IT business processes are designed to proactively identify and resolve issues before they can affect business operations.

Contact Center

A critical component of the A2C system is the assurance that the IT infrastructure in our contact centers is designed to provide maximum system availability. This requires that we design the local contact center systems to ensure that there are no single points of failure. Following is a brief summary of the approach we have taken to ensure our contact centers are always available when required to support our clients.

- Phone service
- Electrical power
- Building safeguard
- Data safeguards

Phone Service

Within the A2C DR plan, we have defined activities for each location to transfer responsibilities and phone services to an alternate facility in the event of an interruption in local phone service. Our Contact Center agents at back-up locations are trained in the A2C application so they can properly service callers. The established procedures, combined with our daily business processes, allow for a quick and smooth transition of operations from one facility to another so no local problem can hinder our ability to provide services to our customers

Electrical Power

The call center equipment is attached to Uninterruptible Power Supply (UPS) system that provides continuous power delivery in the event of a temporary interruption of power. It allows A2C to condition the power delivered to systems, further protecting those systems from damaging power spikes. The center is attached to a local generator that maintains the call center in the event of a local power outage lasting longer than the UPS systems can bridge. This generator keeps the center running for at least eight (8) hours in the event of a power disruption from the local utility company. Generator power is automatically initiated in the event of an interruption in our data center without the need for manual intervention. The DR plan is tested to failover to our backup generators on a weekly basis.

Building Safeguards

A2C physically secures all data centers, including those in our contact centers, to control access to the critical services and hardware installed therein. Access to the facility and server rooms is controlled with electronic key access that also maintains a log of individuals that access the protected locations.

Data Safeguards

Access2Care has implemented operational safeguards, procedures, and contractual amendments to ensure full compliance with the Health Insurance Portability and Accountability Act (HIPAA). Under HIPAA, Access2Care is deemed a "Business Associate" of its health care-related clients. As such, to the extent Access2Care receives personally identifiable health care information ("PHI") from its clients; Access2Care has undertaken to protect that information in the same manner and to the same degree as that required of its clients. Access2Care has entered into Business Associate agreements with those clients that spell out Access2Care's obligations. As required by the statute and the applicable Business Associate agreement, Access2Care uses or discloses only the minimum necessary PHI to perform its duties. Access2Care employees have been trained in HIPAA requirements and applicable state law confidentiality requirements.

Disaster Recovery Plan and Execution

Preparation

The A2C Application provides multiple layers of redundancy to the Access2Care infrastructure to ensure business continuity in support of our clients. The Access2Care disaster recovery plan includes the information our team requires to execute any DR event. This includes a detailed series of steps per IT Area (software, hardware, networking and server support), the assigned roles and responsibilities and the execution activities to migrate to our designated DR site to provide critical level, operation of A2C systems.

The plan undergoes ongoing support and maintenance. Designated IT Professionals (and designated alternates) are responsible for updating all activities and tasks for a Disaster for each area). This includes updating the tasks and activities, cyclical review of the plan and cyclical updates of the architecture diagrams (whenever hardware, software and/or infrastructure modifications are made).

The A2C Recovery Response team executes the plan, end to end, on a periodic basis to document the event results and fixes any discovered gaps. This is also an opportunity to provide knowledge transfer and refresh the existing response team members on execution of the plan. A Recovery Response Coordinator is responsible, and empowered to carry out any DR event that occurs.

Execution

A disaster recovery incident may be initiated when the A2C system is not available for a period of time sufficient to have a significant impact on the business and requires a complete rollover to an alternate data center. This is inclusive of (but not limited to) natural, hardware, networking, power, interface or component, software, database or human error.

A member of the DR Leadership Team notifies the DR Response team (or is notified by the Access2Care Help Line) of a DR event. The DR The disaster recovery plan is to ensure that the Access to Care business operations can continue to function according to the objectives agreed upon with the business for a critical load of users within a time frame of up to 4 hours of an A2C declared DR event for the application and up to 24 hours of an A2C declared event that impacts Electronic Data Interchange functionality.

- Critical Access2Care Functions:
  - Call-Intake
  - Business Rules
  - Member Eligibility Search
  - Address Management
  - Oracle Interface
  - Transportation Provider Portal
  - Mileage & Bus Routing

In a DR event, the Recovery Response Coordinator provides our Access2Care business representatives with status updates on the DR activities and remaining tasks. This information is communicated in numerous ways: via our Access2Care Help Line, through client pre-designated contact resources, emails and portal website messages (as applicable and available according to the DR event).

Validation

The system is tested and validated by the Access2Care business representative for each of the critical Access2Care functions before the system is made available to the client. This step is a final look and verification that the agreed upon critical functions and requirements have been met (and or exceed) the validation criteria before going to the client.

Closeout Once the DR site is validated and the critical functions are moved to the DR site, the same channels of communication (as described in Execution) are utilized to notify our clients of the move to the DR site.

Access2Care Problem Escalation

Access2Care has a proven problem escalation process to address and report issues against the A2C system. Envision Healthcare, AMR's parent company, operates a 7 x 24 help desk that provides Access2Care user's level one trouble shooting and reporting capabilities. Access2Care has developed a detailed list of questions for the help desk to ask the caller when any issue is reported against this system. This line of questioning allows the support team to determine the severity of the issue and to determine how the issue should be addressed. If the issue is one the help desk can address they do so with the call on the line. Outages or issues affecting multiple users or locations are assigned immediately to our level 2 support team. This team is available 7 x 24 and can address most issues associated with the system. If this team cannot resolve the issue, our tier 3 support team is activated. This team is composed of most senior application and system engineers. Application and outage protocols are followed to ensure that our service agreements with our clients are met.

Access2Care has a proven problem escalation process that has been developed to address and report issues against the system. All critical system outages, of which Access2Care is considered a mission critical system, are reported to both senior IT management and senior Access2Care management. This team determines the actions to be taken and will determine if a rollover to our disaster recovery site is needed to meet our service level commitments.

Access2Care
Transportation
Provider Manual



Member Focused, Customer Centered, and Caregiver Inspired.

Access2Care Transportation Provider Manual

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I. Welcome to Access2Care

Welcome to Access2Care

Congratulations and welcome to the Access2Care, Inc. (Access2Care) network of quality transportation providers. Access2Care specializes in delivering timely, appropriate, and cost-effective non-emergency medical transportation (NEMT) services to health plans, government entities, and health care facilities through a robust network of high quality transportation providers such as your company. Transportation providers prefer working with Access2Care due to our fair practices, supportive staff, and easy-to-use web-based tool called Access2Care.

We are excited about this opportunity; we have provided NEMT services for over 12 years throughout the United States. In fact, we manage approximately 2.6 million trips for over 5 million lives each year. In joining the Access2Care network, you have become a part of a very big family of dedicated professionals, committed to safe, reliable, and high quality service. To learn more about Access2Care, see the summary at the end of this section or visit us on the web at www.Access2Care.net.

We designed this user-friendly manual to provide you with the information necessary to successfully operate as an Access2Care transportation provider. The manual covers important subjects such as:

- Contracting, Credentialing and Re-Credentialing
- Performance Standards and Compliance
- Trip management using the Access2Care web tool
- Retrospective review procedures
- Preauthorization
- Claims processing

II. Introduction

A. Overview of Approach to Management of Provider Network

Access2Care proactively pursues a positive business relationship with the transportation providers that serve our members (often referred to as members, beneficiaries, or recipients' depending on the client's nomenclature). Transportation providers enjoy working with Access2Care because of our attention to detail, our commitment to quality, the responsiveness of our staff, and our sophisticated Access2Care system.

The Access2Care system allows transportation providers to manage trips from a dedicated and secure website, thus increasing efficiency, expediting the payment process, and lowering administrative costs. From the moment a trip is assigned to the time the trip claim is paid, the transportation provider can manage and track all details of the trip online. In most cases, the need for paper claims or invoices is eliminated and makes the process nearly paperless for the transportation provider and Access2Care. We welcome your feedback on the tool. To provide feedback, just click on the Contact Us tab on our web page or contact your Network Specialist.

B. Support Through a Designated Network Specialist

To ensure you receive the support needed for success, we designate a qualified, well-trained Network Specialist to each region we serve. The Network Specialist receives support from our Manager of Business Integration & National Transportation Networks. These individuals will readily work with you to ensure you understand our processes and expectations and to be a resource to answer any questions. Together we will ensure a high level of customer service and performance standards.

Additionally, our Network Specialists will assist transportation providers in managing and tracking all details of trip volume from trip assignment to payment. As needed, Access2Care's Claims Processing staff will also provide insight, support, or answers to questions regarding the claims process. We cover these expectations in more detail throughout this manual.

Availability: We strive to maintain a trip acceptance rate of greater than 97% of the volume offered to our transportation providers. We assign trips based on the input you provide regarding fleet size and capacity (vehicle and drivers). We enter the information into the A2C system and access the information each time we assign a trip to ensure we do not over-book or under-utilize a provider. This is one of the ways we monitor the network size and adequacy.

Responsiveness: We hold our transportation providers to performance standards as set by our clients or Access2Care/Ride To Care internal standards. On-time performance is critical in NEMT for the medical provider as well as for transportation provider. We monitor on-time performance through the claims reconciliation process, on-street observations, GPS reporting (for some contracts) and the complaints process.

Complaint Resolution: Our standard is to keep complaints to less than .5% of completed trips. Complaints monitoring is an effective tool in assessing the quality of services of a transportation provider. We monitor, track, and trend complaints to identify systemic issues and work toward resolution. Our goal is to resolve complaints within five days.

C. Contracting and Credentialing Process

Purpose:

To define expectations and guidelines that must be followed during initial and re-credentialing of Transportation Providers and to outline minimum required file maintenance and the credentialing audit process. The following list is a set of minimum requirements in order to be credentialed with the Acess2Care network. Additional requirements may be required by various state or local jurisdictions or client specific contracts.

Policy:

Access2Care/ Network Specialist shall conduct initial on-site evaluations for transportation providers in areas where a new network is to be built out for our commercial clients. Annual random spot checks will be conducted across our network to ensure that vendors meet or exceed our requirements.

Transportation Providers are required to satisfactorily complete Access2Care initial company, driver, and vehicle credentialing program before being allowed to transport Access2Care members. Access2Care will then re-credential all drivers and vehicles at least annually. Any Transportation Provider found utilizing a driver or vehicle that has not been properly credentialed will have their contract with Access2Care terminated.

The Quality Assurance team will conduct a random audit of Transportation Provider files monthly to ensure all standards are met. The quality team will report audit findings to National Networks or equivalent. Additional audits may be conducted as part of the annual organizational audit. The National Networks or equivalent must review and approve all initial Transportation Provider records before they are permitted to transport Access2Care members.

Procedures:

Business Information:

Access2Care must obtain the following items in order for a Transportation Provider to be considered for inclusion in the Access2Care:

- Transportation Provider Application
- Current rate sheet
- W-9 form
- EFT/ACH documentation & voided check
- Business license as applicable
- Non-driver employee roster
- Driver roster
- Company drug policy

Driver Information:

Credentialing of drivers must be satisfactorily completed before drivers are eligible to provide services. Driver requirements needed for all initial and re-credentialing include:

- Valid driver's license
- Copy of Social Security Card
- An initial 5-year Motor Vehicle Record (MVR) and annually thereafter
- A 10-year criminal background check
- Proof of negative 5-panel drug screen
- Access2Care/Ride To Care will enforce drug and alcohol testing as outlined in the Federal Motor Carrier Safety Administration's alcohol and drug testing rules (www.fmcsa.dot.gov/rules-regulations/topics/drug/engtesting.htm)
- Valid First Aid & CPR certification or completion of driver training that may include but not be limited to: defensive driving techniques, wheelchair tie-down & lift operation, or passenger assistance techniques.
- Office of Inspector General (OIG) Check (htpp://exclusions.oig.hhs.gov)
- Excluded Parties List System (EPLS) check (www.SAM.gov)
- Hack license if applicable
- National & State Sex Offender Registry Check

Vehicle Information:

Vehicle requirements for initial and annual re-credentialing include:

- Current vehicle registration
- Vehicle Roster
- Proof of insurance with Access2Care as additionally insured

Transportation Provider Files:

Network Specialists are required to collect, verify, and retain the following information when credentialing or re-credentialing a transportation provider:

Business Information:

- Transportation Provider Application
- Subcontractor Agreement - fully executed version
- Additional Business Information
- W-9 Form
- EFT / ACH Documentation and voided check

Insurance Information:

- Insurance Certifications (Acord or equivalent) - current and past

Performance/Communication Information:

- Accident/Incident Reports
- Complaint/Significant Event/PIP Documentation
- Court Records (not driver related)
- Performance Scorecards

Driver Records:

- Current driver license (copy)
- Copy of Social Security Card
- Current Motor Vehicle Record
- Drug Screen Results (5-panel)
- Background Clearance Check as referenced above
- Valid First Aid and CPR certification or completion of driver training that may include but not be limited to: defensive driving techniques, wheelchair securement and lift operation, or passenger assistance techniques.
- Office of Inspector General (OIG) Check (http://exclusions.oig.hhs.gov)
- Excluded Parties List System (EPLS) check (www.SAM.gov)
- National and State Sex Offender Registry Check

Vehicle Records:

- Vehicle Inspection Checklists
- Vehicle Registration (copy)
- Proof of insurance

Deficiencies discovered during an audit may trigger a comprehensive audit of all files and records. Drivers/vehicles found out of compliance are not allowed to transport Access2Care members until all documents can be verified by Access2Care.

D. Transportation Grievances (Complaints) – Investigation Process

As part of our quality assurance and continuous quality improvement, Access2Care collects, investigates, and works to resolve grievances from the various stakeholders of the program. We accept grievances from medical providers, transportation providers or their representatives.

Once Access2Care receives a grievance pertaining to an individual's trip, we flag the trip for investigation and notify the provider of the details surrounding the grievance. **The transportation provider must respond to all complaints within two (2) business days (within one (1) business day in Florida)**. Grievances against the transportation provider may include but are not limited to:

- Transportation provider did not show to pick up the individual
- Untimely arrival for pickup (late or before the established pick-up window)
- Cleanliness of a vehicle
- Driver conduct (attitude, politeness, helpfulness)
- Driving safety
- Violations by the driver of contract requirements
- Vehicle safety issues

The Access2Care system supports the grievances management process. We document all information received from the transportation provider and work with all parties involved toward a resolution. A grievance received about a trip will result on a hold being placed on the trip payment. Once the grievance is resolved, we will remove the investigation flag. Based on the

outcome of the grievance investigation, the trip will be paid or denied in accordance with contract provisions.

We review grievance resolution reports daily and work with the involved parties to develop a mutually satisfactory solution. These may include retraining or placing the provider on an improvement plan or as a last resort, removal from the network. If you receive notification that a trip is under investigation, please respond to the grievance with the requested trip information via the provider portal, or to the fax number indicated on the request. Requests that contain Protected Health Information (PHI) can be submitted via the portal as well, but should be mailed by the United States Postal Service (USPS) rather than faxed. Questions related to grievances or investigations should be directed to the Quality Assurance Supervisor.

In no event will Access2Care pay for a trip in which a member missed an appointment because the transportation provider was late and required the rescheduling of the appointment.

E. Performance Compliance

Our clients hold us to specific performance standards, many of which relate to our transportation providers' performance. In addition, we established internal quality metrics that distinguish Access2Care as a company dedicated to provide quality service. We hold our transportation providers to specific performance criteria to meet our clients', as well as Access2Care expectations. We monitor compliance to these standards through a variety of means including claims auditing, on-street observations, complaint process, telephone communications, and on-site visits.

Access2Care monitors transportation providers in a variety of ways including scheduled and random visits. Monitoring includes but is not limited to:

- **Mystery Rider programs** - We randomly schedule Access2Care staff to ride with a transportation provider and observe the driver and the vehicle during transport. The staff member will log all findings and report them to the respective Network Specialist. All trips scheduled through the Mystery Rider program will be reimbursed to the transportation provider at the agreed upon rates. Mystery Rider trips are scheduled through the provider portal the same as all other trips through the portal.
- **Observations** – At times staff will visit common pickup and drop-off points observing driver behavior and vehicle standards from afar. The transportation provider will not be aware of anything unusual and the report will be forwarded to the respective Network Specialist and may provide feedback to the transportation provider(s).
- **On-site visits – Scheduled and Random** - Network Specialists will schedule and make unannounced visit(s) on-site visits with providers to review records, operations, drivers and vehicles.

We look at monitoring activities as an opportunity and tool to support our providers. Any deficiencies are addressed with the transportation provider and given the time and support to

correct. If a deficiency is severe enough, it may require the temporary removal of a driver or vehicle from service until the deficiency is corrected.

Transportation providers must remove any driver or vehicle from Access2Care service if they are found to be out of compliance with any of the requirements listed in the Service Agreement and/or state or federal regulations.

F. Trip Assignments

Provider Portal: Access2Care requests that all transportation providers have Internet access to enable the use of the A2C provider portal. The portal assists in efficient trip assignment and claims processing speeding payments to the transportation provider. Although transportation providers are required to have alternative methods for contact the portal is the contact method utilized. We assign trips to transportation providers directly via the A2C system. Transportation providers will be assigned trips based on the following:

- Level of need of the member (appropriate vehicle type assignment)
- Service delivery area
- Provider fleet hourly capacity
- Lowest cost

When you review your trip assignments, remember:

- You must check your trip assignments daily and accept/reject trips within 24 hours of receipt of the assignment(s).
- When you accept a trip, you have made a commitment to perform the transport. Accepting a trip serves as a confirmation.
- If you do not accept a trip within 24 hours the trip may be removed from your schedule and assigned to another provider.
- Access2Care assigns an authorization number to every trip. Trips performed without Access2Care prior authorization number will not receive payment.
- Verify accepted trips directly with the members up to 24 hours in advance of the appointment to confirm the trip. The trip information on the portal includes the member's contact number on file.
- At times, Access2Care may authorize the transportation provider to negotiate pickup and drop-off times to maximize multi-loading opportunities.
- At no time is a member allowed to travel in a vehicle for more than one (1) hour longer than the average time for direct transport.

Alternate Trip Assignments: If for some reason the transportation provider is unable to utilize the provider portal Access2Care will work with the transportation provider.

G. Trip Management

You play a vital role in helping us verify and update member information. Sometimes, the trip information provided to us by the client via eligibility files, or by the member during the call intake process, may be inaccurate or incomplete. Once assigned a trip, if you discover appointment times, addresses or scheduling times have changed, please let us know by calling the customer service representatives with the details and/or corrected information.

Transportation Provider Requirements

- Agrees not to differentiate or discriminate in the treatment of any member on the basis of sex, marital status, age, race, color, national origin, ancestry, religion, disability, medical condition, veteran status, political affiliation, economical status, or sexual orientation.
- Transportation Provider shall provide identification in accordance with State and contractual guidelines
- Transportation Providers must comply with all applicable State and Federal laws including, but not limited to, the Americans With Disabilities Act (ADA) of 1990; Federal Transit Administration (FTA) regulations (including FTA's drug and alcohol regulations); the Federal Highway Administration's drug and alcohol regulations' Rehabilitation Act of 1973, Section 504; the requirements of 42 Code of Regulations, Part 431, Subpart F; and Title VII of the Civil Rights Act of 1964
- Drivers/attendants/escorts must not smoke while in the vehicle, or while in the presence of any Access2Care/Ride To Care member

H. Transportation Provider Operational Requirement

Transportation Providers must obtain and maintain current status on any and all business licenses, permits, certificates, and registrations that are required by Federal, State or local laws, rules and regulations.

- If a transport happens before or after normal business hours, Access2Care must have a way of contacting the transportation provider /driver during those times when the office is not open.
- All records must be kept in secure files for a minimum of five (5) years and be readily accessible to Access2Care staff within two (2) business days
- Transportation Provider agrees to work with Access2Care to respond to all grievances within two (2) business days
- Transportation Provider understands that not responding to complaints may result in Corrective Action
- Transportation Provider agrees to cooperate in all on-site visits of the Transportation Provider's place of business and inspection of business records and vehicles that are mutually agreed with reasonable advance notice.

- Transportation Provider may not solicit or accept any money from any members you transport for Access2Care.
- Transportation Provider agrees to follow Access2Care accident and incident processes or a process compliant with FTA Grant Award requirements.
- Transportation Provider must report all incidents, accidents and injuries occurring while the Transportation Provider is transporting any Access2Care member(s) immediately after the incident becomes known and the situation permits communication.
- Transportation Provider must have a form to document all information about the accident/incident. This form must be approved by Access2Care.
- Transportation Provider must request a copy of the police report and must forward the report to Access2Care as soon as possible if applicable.

I. Driver Requirements - Compliance with FTA Grant award requirements may be accepted in lieu of this section's individual items.

All drivers must understand NEMT services in general, including reporting forms, vehicle operation, requirements for fraud & abuse reporting, and the geographic area in which drivers will provide service

- All drivers must be at least 21 years of age
- All drivers must have a current valid driver's license with any required endorsements to operate the transportation vehicle to which they are assigned, and must have at least two (2) years of continuous driving experience within the United States.
- Drivers may not have any felony conviction involving physical harm or attempted physical harm to a person
- Within the past ten (10) years, drivers may not have:
  - a felony conviction of any type
  - any suspension or revocation of driver's license that is driving-related, in any jurisdiction
- Within the past five (5) years, drivers may not have:
  - a conviction for any criminal offense involving theft, robbery, burglary, assault, sex crimes, drugs, prostitution, or weapons
  - a conviction for any traffic crime (may include, but not limited to: driving under the influence, reckless driving, attempt to elude a police officer, leaving the scene of an accident)
  - greater than ten (10) traffic infractions
  - greater than five (5) serious traffic infractions

  - greater than five (5) motor vehicle accidents
  - any combination of serious traffic infractions and accidents (i.e. two (2) accidents and three (3) moving violations)
- Within the past twelve (12) months, drivers may not have:
  - more than two (2) traffic infractions of any kind
  - more than four (4) infractions of any kind
- Drivers must not have been convicted of any felony crimes and/or misdemeanors related to health care fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct; elder abuse; member abuse in connection with the delivery of a health care item or service; unlawful manufacture, distribution, prescription, or dispensing of a controlled substance; and any felony or misdemeanor conviction for child abuse, elderly abuse, domestic violence, criminal sexual conduct, drugs or weapons.
- Drivers shall NOT use alcohol, narcotics, medical marijuana, illegal drugs or drugs that impair ability to perform while on duty and shall NOT abuse alcohol or drugs at any time. Drivers shall not drive while fatigued. The transportation provider shall not use drivers who are known abusers of alcohol or known consumers of narcotics or drugs/medications that would endanger the safety of members, whether those drugs are legally prescribed or not.
- Drivers are required to have photo ID.
- Drivers must not smoke while in the vehicle or while in the presence of any Access2Care member.
- Drivers must not wear any type of headphones at any time while on duty, with the exception of hands-free headsets for mobile telephones if this is the company communication device.
- If a non-curbside pick-up is being made, drivers must identify themselves as a transportation provider, show their identification and announce their presence at the entrance of the facility or residence.
- Drivers must assist Access2Care members getting into and out of the vehicle when necessary and confirm that all seat belts are fastened. No Access2Care member will be transported unless all members are buckled up.
- The number of persons in the vehicle, including the driver, must not exceed the vehicle manufacturer's approved seating capacity.
- Drivers must ensure Access2Care members in wheelchairs are properly secured, in accordance with ADA rules, prior to departure and at all times while in transit.

- Upon arrival at the destination, the vehicle should be parked or stopped so that Access2Care members do not have to cross streets to reach the entrance of their destination.
- At the destination, drivers must present all members with a card stating the Transportation Provider's company name and phone number, as well as the phone number of Access2Care, for will call returns or if requested by the member.
- Drivers must not leave members unattended in the vehicle unless it can be done safely.
- Drivers must not touch any member except as appropriate and necessary to assist the Access2Care members into or out of the vehicle, into a seat, to secure the seat belt, or to render first aid or assistance for which the driver has been trained.
- Drivers/attendants/escorts are expected to follow company and broker guidelines for HIPAA compliance by keeping all Access2Care members' protected health information (PHI) confidential. It should not be visible to other members/members, and drivers must not discuss this information with anyone who is not involved with the member's treatment or connected health care services.

J. Required Driver Training - Compliance with FTA Grant award requirements may be accepted in lieu of this section's individual items.

Access2Care requires and is willing to assist transportation providers with establishing an ongoing training program in order to recognize emergencies and understand the CCO's procedures for responding to a member's needs for emergency care should they arise during the ride. This program shall include at a minimum the following:

- Passenger Assistance & Safety (PASS) course or equivalent within six months of the date of hire and at least every three years thereafter
- National Safety Council Defensive Driving course or equivalent within six months of the date of hire and at least every three years thereafter
- Use and methods of handling common assistive devices such as wheelchairs, scooters, walkers, etc.
- Methods of moving, lifting and transferring members with mobility limitations;
- Operation of lifts, ramps and wheelchair securement devices, including unloading and loading the mobility device
- First aid, CPR, and blood-borne pathogen training within six months of the hire date and maintain the certification
- Vehicle emergency evacuation
- HIPAA Compliance: Transportation Providers are required to treat all Protected Health Information (PHI) as confidential. CCOs have written policies and procedures that ensure maintenance of a record-keeping system that includes maintaining the security of records as required by the Health Insurance Portability and Accountability Act (HIPAA). CCOs will be regularly monitoring participating providers' compliance and take any corrective action necessary to ensure compliance. All records need to be secured,

safeguarded, and stored in accordance with applicable Oregon Revised Statutes and Oregon Administrative Rules.

- Transportation providers must maintain sign in sheets or logs of all training provided to all drivers/attendants/escorts. These logs must be included in the staff files and available for review by Access2Care.

K. Vehicle Requirements

A transportation provider shall comply with appropriate local, state, and federal transportation safety standards regarding passenger safety and comfort

- All vehicles must pass Acess2Care inspection prior to transporting Medicaid members.
- All vehicles used to transport members will be inspected annually.
- All vehicles must contain company logo either on vehicle or in a window.
- All vehicles must be equipped with a working form of two-way communication that allows a central dispatcher to communicate with the driver at any time.
- All vehicles must be equipped with adequate and functioning heating and air-conditioning systems defined by temperature readings from the rear of the vehicle, achieving air conditioning to 68 degrees and heating to 72 degrees.
- All vehicles must have a seat for each passenger that is securely fastened to the floor of the vehicle.
- All vehicles shall have functioning, clean, and accessible seat belts for each member seat position.
- All vehicles shall have a useable seat belt for each person being transported.
- Seat belts must be stored off the floor when not in use.
- Each vehicle must have at least two (2) functional seat belt extensions available.
- Each vehicle must be equipped with at least one seat belt cutter within easy reach of the driver.
- Each vehicle shall utilize child safety seats when transporting children of an age specified by State Law. Any child under the age of eight (8) years or under the height of 4'9" must be in a child safety seat or booster seat.
- All vehicles must have the following working features standard on all automobiles:
    - Must have an accurate speedometer and odometer
    - Must have all requisite side and rearview mirrors, including an interior mirror for monitoring the member compartment
    - Must have working horn, turn signals, headlights, tail lights, emergency flashers, and windshield wipers
    - Must have interior lighting
    - Must have emission control equipment
    - Must have functioning doors
- The exterior of the vehicle must be clean; free of broken mirrors or windows; excessive grime; and have no major dents or paint damage that detract from the overall appearance of the vehicle.
- The interior of the vehicle must be clean; free from torn upholstery, floor or ceiling covering; free from damaged or broken seats; free from protruding sharp edges; must also be free of dirt, oil, grease and litter.

- Vehicles will be free of hazardous debris or unsecured items and will be operated within the manufacturers safe operating standards at all times.
- All vehicles shall have the transportation provider's name, and vehicle number prominently placed on the exterior of each vehicle.
- The vehicle number and phone number for the transportation provider must be prominently displayed on the interior of each vehicle.
- All vehicles must have the following signs posted in all vehicle interiors, easily visible to the members: "NO SMOKING" and "ALL PASSENGERS MUST USE SEAT BELTS". Internationally recognized signs are acceptable.
- Smoking is prohibited in the vehicle at all times.
- Vehicles must carry an information packet containing vehicle registration, insurance card, and accident procedures and forms.
- All vehicles must be equipped with the following safety equipment:
    - Secured and operable fire extinguisher
    - Working flashlight
    - Emergency first-aid kit
    - "Spill kit" which includes: liquid spill absorbent, latex gloves, hazardous waste disposal bags, scrub brush, disinfectants and deodorizer
    - Roadside reflective or warning devices
    - Tire traction devices when appropriate
    - Disposable gloves
    - Tie-downs or securement devices to transport members using wheelchairs or stretchers, which must meet the ADA accessibility guidelines
- Wheelchair/stretcher vehicles must adhere to the following:
    - High profile/tall vehicles that have greater ground clearance than an average-sized sedan must have a sturdy, non-skid stepping aid provided to assist in the passenger in entering and exiting the vehicle. This stepping aid must be capable of safely supporting 300 pounds, must be no higher than twelve inches (12") above the ground, with a non-skid top surface not less than eight inches by twelve inches (8" x 12")
    - For all vehicles used for paralift operations, the overhead clearance between the top of the door opening and the raised lift platform, or highest point of the ramp, shall be a minimum of 56 inches, or such other distance as may be required by ADA or other federal or state laws or regulations
    - All wheelchair lifts must have a design load of at least 600 pounds, and all lifts and ramps used for the loading and unloading of passengers must meet ADA accessibility guidelines
- Each vehicle must contain a current map or equivalent of the applicable service area with sufficient detail to locate members and medical providers.
- Non-compliance: Any vehicle or driver found out of compliance with any of these requirements or any State or Federal regulations must be removed from service immediately.

L. Vehicle Maintenance

Network transportation providers must have a comprehensive Preventive Maintenance (PM) program for all vehicles and equipment used for members. The required vehicle maintenance program must include:

- Inspection and service performed in accordance with manufacturer recommendations
- A maintenance file for each vehicle that includes records of all maintenance actions, including: servicing records, preventive maintenance inspections, repairs, brake adjustments, and bodywork
- Repair and replacement of support equipment, such as communication radios.
- If applicable, records of inspections conducted by a regulatory entity with jurisdiction over the service area and certification that the vehicle passed inspection.
- Documented operational and safety checks (pre-and post-trip inspection) at the beginning of each workday. These include a check of:
    - Tires
    - Brakes
    - Lights
    - Horn
    - Fluids
    - Wipers
    - Climate control devices
    - Seat belts
    - Safety equipment
    - Vehicle damage
    - Date and mileage

These records must be stored for a period of at least ten (10) years and must be made available to Access2Care for inspection as requested.

M. Insurance Requirements

- Transportation providers are required to obtain and maintain insurance at limits no less than is required under OAR 410-136-3060, and need to furnish proof of liability coverage and insurance to the Authority upon request.
- Providers are required to have, at a minimum, the following:
    - General Liability: Brokerages must obtain and maintain Commercial General Liability (CGL) insurance with a $1,000,000 per occurrence limit and $2,000,000 aggregate limit.
    - Commercial Auto: Brokerages must obtain and maintain Commercial Auto Liability (CAL) insurance with a $1,000,000 combined single limit (CSL) and a $1,000,000 uninsured/underinsured motorist limit. Hired and non-owned coverage must also be covered under this policy.

- All insurance companies issuing policies under this Section must carry at least an A.M. Best Company rating of A-, VIII or better.

- Insurance coverage for all vehicles must be in force at all times during the contract period in accordance with state and local regulations and contract requirements.
- In compliance with Access2Care and local requirements, all vehicles shall have the minimum of combined single limit insurance coverage for vehicles stated on the contract at all times during the contract period.
- Transportation Provider must supply up-to-date copies of all insurance certificates to Access2Care before they expire. Transportation provider understands that if current copies are not on file with Access2Care the provider will be suspended and no trips will be assigned.
- Transportation Provider shall provide workers' compensation insurance coverage for all workers, unless they meet the requirement for an exemption.

N. Trip Log Requirements

All transportation providers must require each driver to maintain a daily trip log for each trip. The Daily trip log must capture at the minimum the items below.

- Trip number
- Date of service
- Driver's name
- Driver's signature
- Driver's license number and state
- Member's name
- Member's signature, if unable to sign refer to Passenger Unable To Sign (PUTS) policy
- Escort full name (if applicable)
- Escort signature (if applicable)
- Vehicle ID number (VIN)
- Each authorized member's scheduled and actual pick up time
- Each authorized member's scheduled and actual drop off time
- Member no-show indicator
- Actual service level (AMB, W/C, Stretcher) per trip provided

All of the above information must be included on the trip manifest or the provider will not receive payment for the trip. Providers can use the sample form included in this manual or any other form as long as it meets the requirements above.

Each trip log must have a member signature.

- If a member refuses to sign the driver log for any reason, the driver may sign the log with "MEMBER REFUSED TO SIGN". This method is only acceptable if the member has been asked to sign the document and has verbally refused. Driver should notate the reason the member is refusing to sign the trip log. Transportation provider must contact the Access2Care call center so a "claims note" can be added to the members record. Trip logs with this notation will be flagged for an audit so that Access2Care to provide education to the member.
- If member is medically unable to sign the driver log, the driver must attempt to get a signature from the medical facility staff, escort or attendant, or a family member. If a driver exhausts all options and is unable to obtain a signature from any acceptable source, the driver may sign the log with "PUTS" (Passenger Unable to Sign), member unable to sign. This method of signature is only acceptable if the driver has attempted to gather other approved signatures. Trip logs with this in the signature line will automatically be flagged for an audit. Transportation provider is required to send in all trip documentation with the invoice before any payment will be made for these trips. Transportation provider must contact the Access2Care call center so a "claims note" can be added to the members record.

O. Performance Standards

On Time Performance Standards:

- Members may be picked up within the contractually allowed pick up window prior to their appointment time: the standard pick up window is sixty (60) minutes. Additional time may be allowed for multi-loading, high traffic volume, or for long trips.
- At a minimum, 95% of members shall be delivered on time. On-time shall mean that a member arrives at their scheduled destination no later than the scheduled appointment time.
- At a minimum, 97% of members shall arrive at their scheduled destination no later than ten (10) minutes after their scheduled appointment time.
- Return trip pick-up within sixty (60) minutes of notification for "will call" or "call return" trips
- 95% of all trips are to be completed in less than 90 (insert timeframe) minutes. The maximum ride time for a routinely scheduled trip is 90 minutes. .

Provider No-Show Standard:

- Provider must complete no less than 99.8% of all accepted trips. This standard does not apply to member no-shows.

Complaint Ratio Standard:

- Provider will receive no more than two valid complaints, on average, per 1,000 one-way trips measured on a monthly basis.

Trip Acceptance

- At a minimum, Transportation Provider shall accept 98% of all trips offered through the A2C portal

Provider Equipment Standard:

- Transportation providers will maintain their vehicles within the guidelines described in the Transportation Provider Manual or FTA Grant standards, if applicable.

P. Trip Assignment Requirements

Web Portals: Access2Care prefers all transportation providers have Internet access to enable use of the Access2Care provider portal for efficient trip assignment and claims processing. We send trip requests to transportation providers directly via the A2C system. Transportation providers will be assigned trips based on the following:

- Level of need of the member (appropriate mode assignment)
- Provider's capabilities, availably, capacity and service area
- Lowest cost
- Provider's past performance as measured by the performance standards detailed in Section O, above.
- Any factors related to the brokerage's need to maintain sufficient service capacity to meet client needs

- You must check your trip assignments daily and accept/reject the trips within 24 hours of assignment.
- When you accept a trip, you have made a commitment to perform the transport. This includes all legs of a round trip.
- If you reject a trip, it will be removed from your schedule and assigned to another provider.
- Access2Care will assign every trip an authorization or trip number. Trips performed without prior authorization from Access2Care will not receive payment.
- Verify accepted trips directly with the members within 24 hours in advance of the appointment time to ensure no changes have occurred such as a canceled appointment or altered appointment time. The trip manifest includes the member's contact number.
- Provider may confirm the trip with the member twenty-four (24) hours ahead of the scheduled medical appointment to reduce the possibility of a no-show. Driver must wait

at least five (5) minutes after arriving at the pick-up scheduled location, and upon making efforts to contact the member before "no-showing" the member at the pick-up location.

- Provider must immediately inform Access2Care of any breakdown, accident or incident as well as any other problems that might cause a delay of more than fifteen (15) minutes in the trip.
- Provider may negotiate pick-up and drop-off time to maximize multi-loading opportunities.
- All transportation providers are required to have a working fax machine to be used as a back-up for trip scheduling or provide and alternate mode of receiving trip assignments should the existing system fail.
- **Faxed request:** Access2Care assign transports on a temporary basis via fax or telephone until Internet access is established. We will make longer term accommodations for providers who do not have Internet access in their areas.
- For transportation providers without Internet access due to their remote location or for those providers awaiting Internet installation, we have designed efficient processes for trip management and claims reconciliation. Instead of Internet access, this process requires a working facsimile (fax) machine.

Q. Attendants for Children & Special Needs Transports

Parents or guardians must provide an attendant to accompany children under the contractual determined minor required years of age who are eligible for NEMT services while traveling to and from medical OHP-covered medical appointments. The rule also applies to children and young adults with special physical or developmental needs regardless of age.

As applicable, an ambulance provider transports the member for non-emergent services, and is reimbursed at the ambulance transport rate, per contract or non-contracted rate policy. NEMT ambulance transports shall have an attendant when the uses an ambulance to provide wheelchair van or stretcher car rides.

An attendant is described in the contract and may be the member's mother, father, stepmother, stepfather, grandparent, or guardian. The attendant may also be any adult the parent or guardian authorizes. An attendant may also be the member's brother, sister, stepbrother, or stepsister if the attendant is at least 18 years of age, and the parent or guardian authorizes it. CCOs may require the member's parent or guardian to provider written authorization for an attendant other than the parent or guardian to accompany the member.

The member's parent, guardian, or adult caregiver is required to provide and install safety seats. An NEMT driver may not transport a member if a parent or guardian fails to provide a safety seat that complies with state law.

The CCO may not bill additional charges for a member's attendant.

III. Access2Care/Ride To Care Payment Process

A. Invoicing requirements

Providers are strongly encouraged to use the Provider Portal to electronically submit their completed trip claims for processing and payment. Providers are required to keep their completed drivers logs in the event that a specific trip is selected for audit verification. The Claims Department conducts trip verification, prepayment audits and provides support to transportation providers in the processing and adjudication and payment of trip claims.

The requirements for a completed Driver's Log are detailed in the earlier Section N, Trip Log Requirements, and can also be seen in Attachment B with a Sample Driver Log.

Remember that the minimum required information in a driver's log must be legible and must be submitted for verification in the event that the trip is selected for audit. Failure to do so will lead to the trip being denied for payment.

ACCESS2CARE REQUIRES A SIGNATURE FOR EACH LEG OF A TRIP.

If the member is unable to sign, a facility employee, family member, or attendant may sign on their behalf. **Drivers and employees of the transportation provider must not sign the driver log except under the guidelines below.**

Driver logs must also contain the driver's signature. See ***Attachment B*** for a Sample Driver Log. All information must be included in the driver's log or payment will be denied during a trip audit process.

If all the information is included in driver logs, there should not be any delays in processing trip audits.

Our members require payment within a specified number of days of receipt of a clean claim. However, Access2Care typically authorizes payments to transportation provider checks on a weekly basis. A "clean claim" is defined as a trip that has been "cleared in the Provider Portal" by the transportation provider and includes all of the information required to process the trip including any verifications/audits made by the Claims Department.

Every transportation provider is strongly encouraged to clear their trips off the A2C portal every day.

B. Invoicing process

Access2Care will not process payment for any trip that does not have the required driver log documentation. Complete driver logs must be kept on file and are subject to random audits.

Access2Care recognizes the importance of cash flow and prompt payments. In response, we designed our online trip management resource to allow transportation providers to easily accept

and send electronic transactions. See ***Appendix I*** of this manual for a guide on using the online system.

Invoicing with Internet Access:

Once a transportation provider has cleared a trip on the transportation Provider Portal, we will process the trip for payment. Only cleared trips deemed as "clean claims" will be paid. We prefer to make payments through Electronic Funds Transfers (EFT); however, we can send payments via USPS. A detailed description of this process is outlined in the Electronic Trip Management Instruction Manual included as ***Appendix I***.

Invoicing without Internet Access:

Access2Care will send a weekly reconciliation form to the transportation provider. The transportation provider must complete the form for the previous week's trips. See ***Attachment A*** for an example of the Non-Web Trip Reconciliation form.

The transportation provider is required to complete the reconciliation form with the pickup and drop-off times, trip status, and an indication showing if the member's signature was obtained. Fax or scan completed reconciliation forms to the Claims Department using the contact information below. If the provider chooses to e-mail information to Access2Care, you must ensure that it does not contain any PHI. If the items contain PHI, you MUST either send via secured e-mail or mail via the USPS.

We will process all *clean claims* (definition on the previous page) within contractual and regulatory requirements. If all required information or documentation is not submitted, we will notify you of the required documentation. This will slow the reconciliation/payment process. Therefore, to avoid any unnecessary delays, always double-check the form.

Payment: Access2Care will send out a Remittance Report with each check. Checks and EFT information is also viewable on the Transportation provider portal.

C. Contracted Rates & Pricing

Pricing is based upon the contracted rates in the subcontractor Agreement. Access2Care/Ride To Care adheres to all contractual requirements. We only reimburse for compensable, authorized services. Therefore, to avoid misunderstandings about payment, any and all services must be authorized prior to transport.

Trip mileage is predetermined by Access2Care using MapQuest. Mileage is set based upon the shortest distance calculation for each trip. Access2Care does not pay for "no shows," dry runs, or deadhead miles (mileage to pick up a member that is outside the transportation provider's normal service area) unless contractually specified.

D. Trip Audit and Follow-Up

Access2Care must ensure services occur for payments rendered. To ensure we meet the contractual obligations and expectations of our members, we have developed audit and verification processes of trips presented for payment. If Access2Care cannot validate or verify the medical services related to the transportation claim following the audit, we may recoup the amount of the payment.

Access2Care performs random prepayment audits on 5% of the daily trips cleared by each transportation provider. You may see trips flagged for pre-payment audit in your transportation provider portal. Please submit the required information, using the Prepayment Audit Cover Sheet included as ***Attachment C*** of this manual. All audited documentation must be received by Access2Care/Ride To Care within 20 calendar days of the cleared trip date. Failure to submit within 20 days will result in payment denial of the trip. Please send all driver logs to the dedicated Access2Care Claims Department fax at (866) 214-0528 or scan and e-mail* to Access2CareAUDITS@EVHC.NET. We will process the audited trip information within ten business days of receipt. **Please note that the above contact information is only to contact the Audit Department and send the required information.**

Audit Department Contact Information	
Audit Follow Up (USE Only for trips in audit)	Toll free line: 1 (866)-874-0222, Option 2 Access2Careaudits@evhc.net

*If the provider chooses to email information to Access2Care, you must ensure it does not contain any Personal Health Information (PHI). If the items contain PHI, you MUST either send via secured e-mail or mail via the USPS.

When a trip is suspended for audit or follow-up payment, Access2Care will withhold payment following review of the driver log or trip detail sheet, inclusive of the member's signature. Payment will not be made on any trips suspended for audit or follow-up. Typically, the reason for a suspended payment is inconsistent information related to the trip mileage or distance. These types of errors can result in an inaccurate payment.

This statistical review of random trips is one of many approaches Access2Care takes to mitigate fraud and abuse in our continual commitment to program integrity.

E. Payment Denials

If a transport is going to be denied for any reason, you will receive notification on your transportation provider portal. Denials may be based upon failure to adhere to contractual obligations. Other reasons for denial may include but are not limited to:

- **Timeliness:** Transportation providers must clear all trips within 45 days of the date of service or per contractual requirements. Any trip not cleared within the allotted time will be canceled and no payment will be made to the provider, except potentially through the appeals process.
- **No documentation to support service:** When a transportation provider fails to respond to an investigation or follow-up or audit in the allotted time, the trip in question will be denied as no-documentation to support transportation, and no payment will be made to the provider.
- **Member canceled services** prior to the pickup time and transportation provider was notified.
- **Member No-Show Denials**: We will deny the trip if the transportation provider clears a trip as completed and the member was a no-show. This practice may trigger an increase in audited trips for the provider.
- **Transportation Provider No-Show Denials:** We will deny the trip when the member states the driver never arrived and the transportation provider cleared trip as completed without providing proof of documentation of transport as part of the trip audit process.

F. Claims Appeals Process

All transportation providers have the right to submit an appeal for any trip that has been denied. The appeal must be submitted in writing via letter or fax and contain the following information:

- The reason for the appeal.
- Documentation to support the service provided (i.e. driver log with member signature and times of transport).
- All requests must be received within 30 days from the date of denial.
- Appeals are considered based upon information provided.
- The documentation will be reviewed, and the provider will be notified of the payment decision.
- Payment or denial will be made within the contractual or regulatory requirements.

Claims Department Contact Information	
Payment Follow Up **(USE Only when Trips have been CLEARED)** **USPS** **Claims Submission Address**	Toll free line: 1 (866)-874-0222 Access2Careclaimsdenver@emsc.net Access2Care, LLC 6200 S. Syracuse Way, Suite 200 Greenwood Village, CO 80111

G. Fraud, Waste and Abuse

In a 2009 Memorandum titled *Fraud and Abuse Safeguards for State Medicaid Nonemergency Medical Transportation Services*, the Deputy Inspector General for Evaluation and Inspections, Stuart Wright stated, "The Office of Inspector General (OIG) and other entities have identified significant vulnerabilities to fraud and abuse in State NEMT programs." The Memorandum goes on to say, "If a State detects evidence of potential provider fraud, it must refer such a case to the State Medicaid Fraud Control Units (MFCU) or other appropriate law enforcement agency, such

as a local district attorney. The MFCU is responsible for reviewing the referrals it receives from the state Medicaid agency and other sources to determine whether the issues involved merit criminal and/or civil investigation."

Access2Care upholds integrity as an essential business attribute. As the above text denotes, fraud and abuse in the NEMT program will not be tolerated by the OIG, a State's Medicaid Fraud Control Unit, and Access2Care. The transports you provide may be reimbursed by federal and state funds. Because of this, it is important for Access2Care to inform its employees and subcontractors about Federal and State False Claims Acts and the company's procedures for reporting fraud, waste and abuse.

The False Claims Act ("FCA") prohibits anyone from submitting a false or fraudulent claim in order to secure payment from the federal government. The FCA helps the federal government combat fraud and recovers losses resulting from fraud in federal programs, purchases, or contracts. A person or entity may violate the FCA by knowingly:

- Submitting a false claim for payment
- Making or using a false record or statement to obtain payment for a false claim
- Conspiring to make a false claim or get one paid
- Making or using a false record to avoid payments owed to the U.S. Government (the "Government")

Access2Care policy states that any employee who suspects or has knowledge that fraudulent activity may be or has occurred should notify his/her supervisor immediately. Transportation providers must have a similar process in place for reporting such activities.

Access2Care policy also prohibits any retaliation or retribution against any person who, in good faith, reports suspected violations of these laws.

The Program Fraud Civil Remedies Act of 1986 grants federal agencies the right to investigate and assess penalties for the submission of false claims. Any person may be liable if they know or have reason to know that a claim:

- Is false, fictitious or fraudulent
- Includes or is supported by any written statement that asserts a material fact which is false, fictitious, or fraudulent
- Includes or is supported by any written statement that omits a material fact
- Is false, fictitious, or fraudulent as a result of such omission
- Is for payment for the provision of property or services which the person has not provided as claimed

Any suspected false claims may be investigated by the Department of Justice. If further action is deemed necessary, the Department of Justice may issue a complaint regarding the false claim and further legal action may be required.

Access2Care has numerous policies and procedures in place to monitor and detect fraud, waste and abuse. These include but are not limited to:

- Code of Business Conduct and Ethics
- Compliance policies
- Prior Authorization process
- Trip verification
- Random audits
- Credentialing and re-credentialing of transportation providers
- Mystery Rider program and random field observations
- Increased transportation audit percentages

Transportation providers must cooperate fully with any investigation regarding fraud, waste and abuse initiated by Access2Care or at the request of any government agency. Access2Care will send a letter with compiled transportation audit should there be an increase in audit percentages.

IV. Transportation Provider Educational Plan

Access2Care has created this manual and related policies and procedures to assist our network of transportation providers. We are required to ensure that Access2Care and the transportation providers we use are compliant with all requirements of our members. As such, we developed performance improvement plans for instances when a transportation provider is not performing to our standards. It is our goal to work positively with providers. We value our network and will work closely to ensure that our transportation providers continue working with our Clients.

Transportation providers are monitored throughout the programs. Access2Care monitors and documents transportation provider performance through on-street observations, the grievance investigation process, random on-site inspection, annual credentialing, etc. If a provider is found to be non-compliant with any requirements they may enter into the following:

Minor Deficiency – Any deficiency that will not immediately harm the member or drivers and/or any items that does not present a legal risk to Access2Care or the member. An example: Missed or late pickup times, failure to accept/reject trips within a required timeframe.

Major Deficiency – Any deficiency that could harm the member or driver. Items that would increase legal risk to Access2Care and/or the member, for example lack of appropriate insurance, not following accident notification procedures, suspected fraud, using uninsured/non-credentialed vehicles or drivers.

Warning: Would only be issued in the case of minor deficiencies. The network Specialist would contact the provider in writing explaining the deficiencies and the expected time frame for compliance. This is a formal process that will be in the provider's file. If at any time the provider continues to be noncompliant, the issues will be escalated to the next level.

Provider Improvement Plan (PIP): Is used for minor issues. The network Specialist will meet with the provider to explain the deficiencies and work out a plan to help the provider become compliant. The PIP will be documented, have set milestones and time frames and also become part of the transportation provider's file. The network Specialist will monitor the progress of the provider to ensure that improvements are being made. If the provider does not meet the required time frame, he or she may be moved to the next level, or the PIP may be extended.

Corrective Action Plan (CAP): A CAP may be used for both minor and major deficiencies. The CAP process may include more drastic actions such as suspending a provider, driver or vehicles temporarily until the issue can be resolved. It can also mean reducing the number of trips the provider is able to receive. The Network Specialist will meet with the provider to explain the deficiencies and work out a plan to help the provider become compliant. The CAP will be documented, have set milestones and time frames, and become part of the provider's file. The network Specialist will monitor the progress of the provider to ensure that improvements are being made. If the provider does not meet the required time frame, the CAP may be extended, depending on the deficiency, or the provider may be terminated from the network.

Termination: In rare cases, the transportation provider may be completely removed from the network and possibly turned into the Office of Internal Affairs for further investigation. Termination is the most serious action and would be used when a provider has been proven of committing fraud, unwilling to work within the requirements of the contract and/or having prolonged, repetitive issues.

V. Appendices

Appendix I: Access2Care Transportation Provider Portal

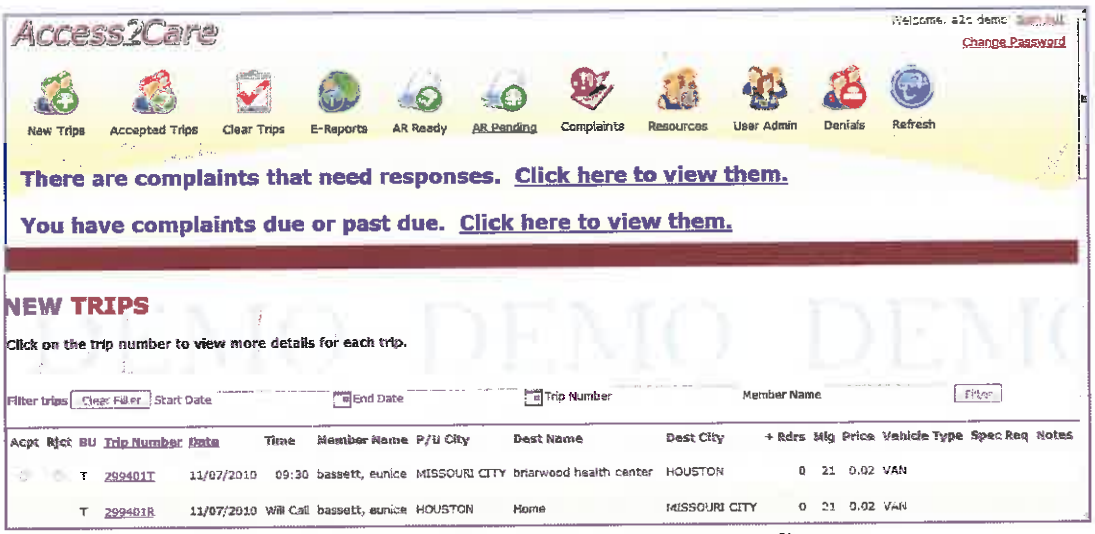
Access2Care Transportation Provider Portal
GETTING TO YOUR PERSONAL WEB PAGE:

- Go to https://a2ctp.emsc.net/login, the Access2Care home page.
- Type in your Username and Password assigned to you during credentialing.
- Press the Enter key or click on Log In.
- The first time you log in, you will be prompted to change your password.
- Password must contain a capital letter, a number, and a special character.



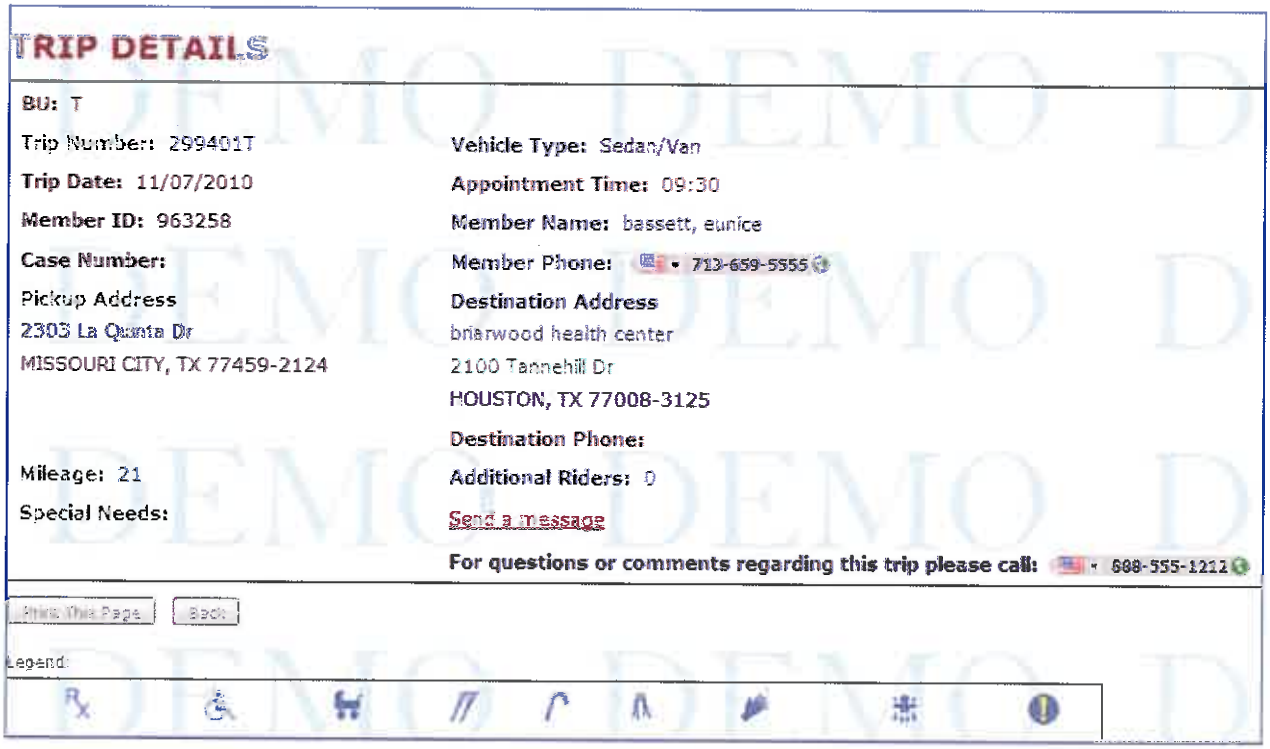
MANAGING NEW TRIPS

- This will open the NEW TRIPS screen. Here, you can view trips that are offered exclusively to you.
- The underlined blue trip number with the "T" behind it is the member's first trip, going TO the destination; and the "R" is the RETURN leg of the same trip. If the member has additional stops, these numbers will have a "1", "2", etc. behind the trip number.



Sample View of New Trip Assignments Screen

- To view the Trip Details, click on the blue trip number. The detail will open in a separate screen and will display all the detail for each trip. You can also print this detail; however, until the trip has been accepted (see below) the trip detail is not "proof" of an accepted trip.



Sample View of Trip Detail Screen

- You can only open the Trip Detail for one trip at a time.
- Click the Accept <Acpt> or Reject <Rjct> button for each trip to accept or reject the trip being offered.
- You cannot accept only one leg of a round trip. If you take the original trip, the return leg and any additional stops will automatically be assigned to you.
- You may accept or reject ALL the trips being offered by scrolling down to the bottom of the list and clicking on Accept All or Reject All.
- If you need to, you can also clear your selections by clicking on <Reset>.
- Once you have selected all the trips you're accepting or rejecting, click <Next>.
- This brings you to the Confirm Trips screen.



Sample View of Confirm Trips Screen

- Carefully verify accepted and/or rejected trips and then click Finish. If you need to make a change, click the Back button to start over. Once you click Finish, your trips are considered accepted and you will be taken back to the NEW TRIPS screen.
- It's important that you accept or reject trips as quickly as possible so we have time to reassign any trips you are rejecting.

NOTE: You ***MUST*** complete this final step in order to accept trips. **Until you press Finish, your trips have not been accepted**.

ACCEPTED TRIPS

- You can click on the ACCEPTED TRIPS button to view and manage your accepted trips.
  - NOTE: Once you have ACCEPTED a trip and "Finished" the process, you **CANNOT** reject trips from your website. You must call Access2Care/Ride To Care to return or "give" the trip back. Call the phone number that appears at the top of the trip detail to speak with a CSR.



Sample View of Accepted Trips Screen

- The Sample View of Accepted Trips screen shot shows all the trips you have accepted, in date order. (Note, at the bottom of this screen you can also see and acknowledge your Canceled Trips.)
- You can use the "Display Trips for" section to view a single date at a time and then click the "View All" to return to all accepted trips.
- IMPORTANT NOTE: ALWAYS VERIFY your trips with the members at least 24 hours prior to the appointment time to confirm that no changes have been made and to inform the member when you will arrive to pick them up.
- Changes to a trip will be highlighted and can include times and/or destinations. If the trip change is less than 48 hours from the appointment time, we will call and notify you. If the change occurs greater than 48 hours from the appointment, we will not call you and the change will be highlighted on your website.
- Changes to trips must be viewed and acknowledged by you. Click on the trip number to view the changes and then click on the "Acknowledge" button. You must acknowledge all changes to trips or you will NOT be allowed to clear the trip.
- You also have the ability to export these trips into Microsoft Excel for easy sorting. You will export ALL Accepted Trips unless a date range is identified in the Display Trips field.

If for any reason you cannot perform a trip that you previously accepted, you **must** call Access2Care/Ride To Care to reject the trip. Call the phone number that appears at the top of the trip detail to speak with a CSR.

MANAGING CANCELED TRIPS

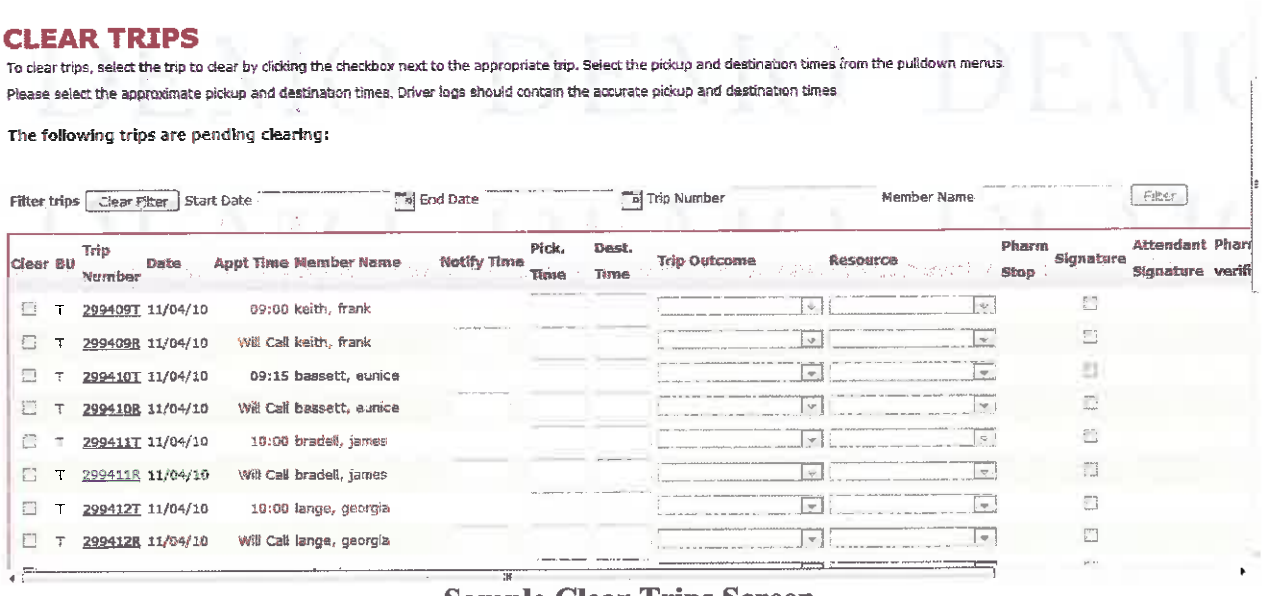
- At the bottom of **both** your NEW TRIPS and ACCEPTED TRIPS screens you will see any previously accepted trips that have been canceled.
- It is important to check for canceled trips regularly and acknowledge them (see the illustration below.)
- If a trip is canceled within 48 hours of the appointment time, we will call to notify you of the change. If it is canceled more than 48 hours before, you will be notified only via the website.
- NOTE: If you run a trip that has been canceled, you cannot clear it as a Member No-Show, so checking for cancellations will help you prevent wasted resources.



Sample View of Canceled Trips Screen

CLEARING TRIPS: (You MUST Clear Trip In Order To Receive Payment)

- A key component to managing your trips is clearing them off the website once the trip is completed. This is a critical step and will allow us to pay you for the trip. Clearing trips daily is recommended and will speed the time it takes for you to get reimbursed.
- There are several options to select in order to successfully clear a trip:
  - First, click the checkbox on the left side of the screen in the "Clear" column to select a trip.
  - Enter the pickup <p/up> time and the destination <dest> time.
  - Notify Time is a REQUIRED field for return trips and additional stops when applicable.
- Choose Trip Outcome to select one of the following:
  - Member No-Show: Select if the member was not at the pick-up location when you arrived. You must enter the pick-up time. (Note: if the trip was canceled and you failed to confirm on your Canceled Trips screen, you **cannot** clear as a Member No-Show.)
  - Member Canceled: If member refused to go upon your arrival.
  - Member did not Confirm Return: Use if member did not call you for the return leg.
  - Vendor No-Show: Use if you failed to show up for any reason, or were late enough to cause the member to miss his or her appointment.
- Resource is a drop down box that displays driver and vehicle assigned to this leg of the trip if required by Access2Care/Ride To Care.
- Pharmacy Stop: (Pharmacy stops MUST be pre-authorized by Access2Care).
- Signature: You must have the member's signature on every driver log or other trip record. The record must also include the trip number, date of service, drop off location and the trip times. All driver logs are subject to audit and MUST be submitted to Access2Care.
- Escort Signature will be required only when there was an additional member associated with this trip as required by Access2Care.



Sample Clear Trips Screen

IMPORTANT! As you finish entering the information for the trips on a page, click Clear Selected Trips before you move on to another page. This will finish the process for those trips. We strongly encourage you do this before you move on to clear another page of trips. If you are called away, or

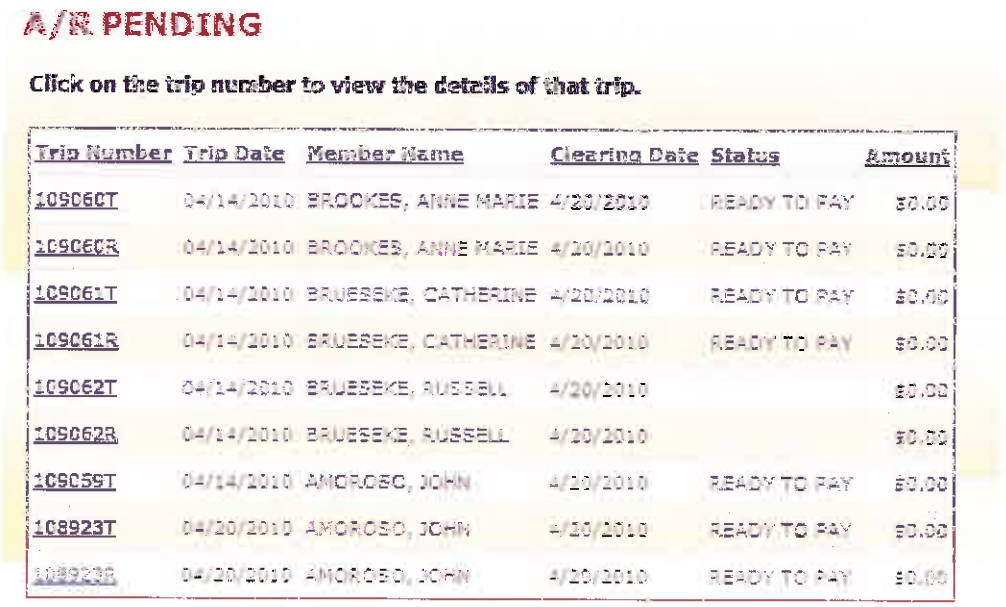
distracted before you finish, you "time out" or have to go to a different screen. This will cause you to lose any data you have entered and you will have to re-enter the information to clear the trips.

Tracking your Accounts Receivable (A/R):

- As previously stated, you do not have to submit an invoice for payment. Once a trip has been cleared on your website, it will be processed for payment, audit or investigation.
- You must have a completed driver log with a member signature for all completed trips. All driver logs are subject to audit.
- We may request additional documentation if a trip is investigated for any reason. Reasons for investigation may include a complaint that has been received about a trip, or if the trip has been selected for a random audit.

A/R PENDING

- Once cleared, all trips will appear on this screen. All trips are sorted by trip date. The trip can be tracked here so you can see when the trip was cleared, the status of the trip, scheduled payment date, and payment amount.


A/R PENDING

Click on the trip number to view the details of that trip.

Trip Number	Trip Date	Member Name	Clearing Date	Status	Amount
109060T	04/14/2010	BROOKES, ANNE MARIE	4/20/2010	READY TO PAY	$0.00
109060R	04/14/2010	BROOKES, ANNE MARIE	4/20/2010	READY TO PAY	$0.00
109061T	04/14/2010	BRUESEKE, CATHERINE	4/20/2010	READY TO PAY	$0.00
109061R	04/14/2010	BRUESEKE, CATHERINE	4/20/2010	READY TO PAY	$0.00
109062T	04/14/2010	BRUESEKE, RUSSELL	4/20/2010		$0.00
109062R	04/14/2010	BRUESEKE, RUSSELL	4/20/2010		$0.00
109059T	04/14/2010	AMOROSO, JOHN	4/20/2010	READY TO PAY	$0.00
108923T	04/20/2010	AMOROSO, JOHN	4/20/2010	READY TO PAY	$0.00
108923R	04/20/2010	AMOROSO, JOHN	4/20/2010	READY TO PAY	$0.00

Sample View of A/R Pending Screen

A/R READY

- Once we have cleared the trip, payment is issued. You can view payment details from this screen.

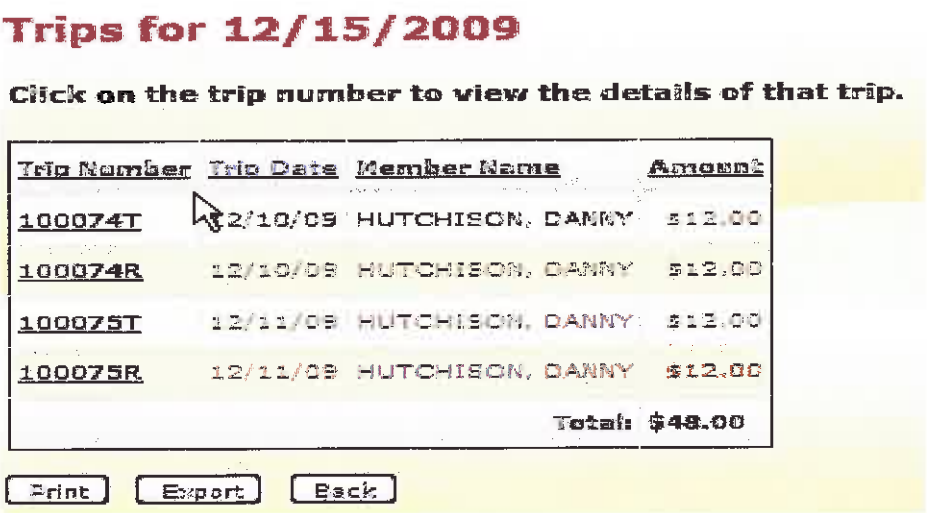

A/R READY

Click on the check date to view the trips for that date.

Check Date	# Of Trips	Amount
12/15/09	4	$48.00

Sample View of A/R Ready Screen

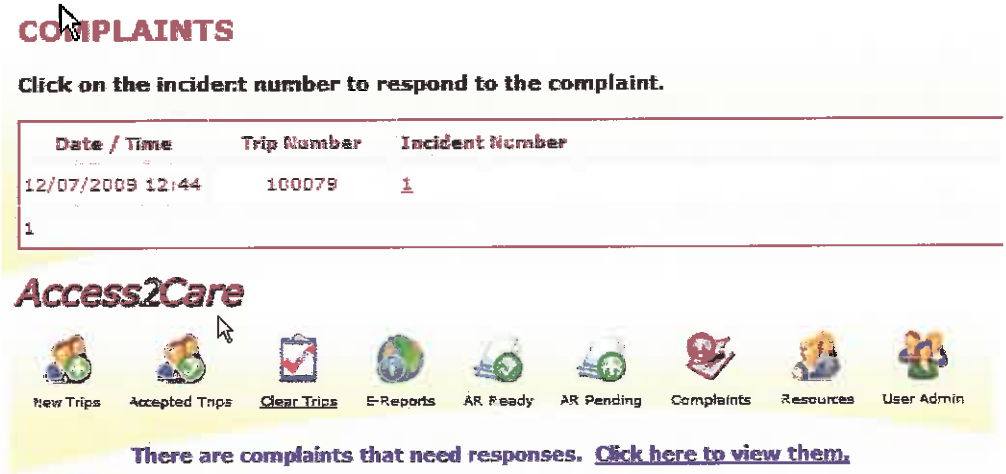
- Click on the "Check Date" to open a list of trips paid on this check. Once opened, it is exportable to Excel.



Sample View of Trip Assignment Screen

COMPLAINTS

- When you have new complaints, a message will be displayed in red on your web page.
  - **All complaints must be responded to within three (3) business days or you may NOT be paid for the trip.**
  - **If a complaint is filed after the trip has been paid, Access2Care has the right to recoup the original trip cost from a future payment if you do not respond within the required timeframe. Once the complaint is resolved, we will remove the investigation flag. Based on the outcome of the complaint investigation, the payment or denial will be scheduled within the contractual or regulatory requirements.**
- To open a complaint, click on the Incident Number. This will open the complaint and allow you to respond to the complaint and attach any requested documentation.
- If you do not have the ability to scan and attach, you can still fax in the required documents but please state so in your reply.



Sample View of Complaint Alert



Sample View of Complaint Detail Screen

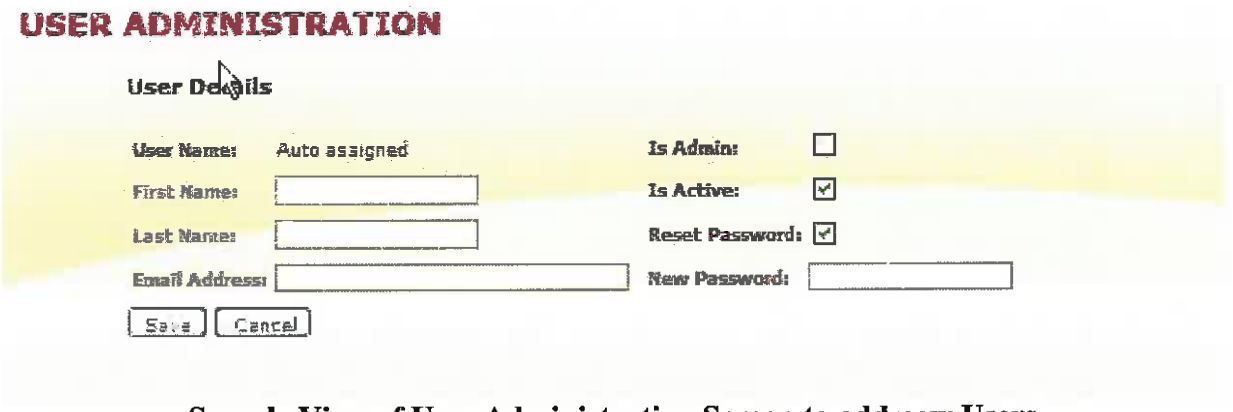
USER ADMIN - Managing Users

- From anywhere in your website you can click on the tab that lets you manage who may access your Web Portal.



Sample View of User Administration

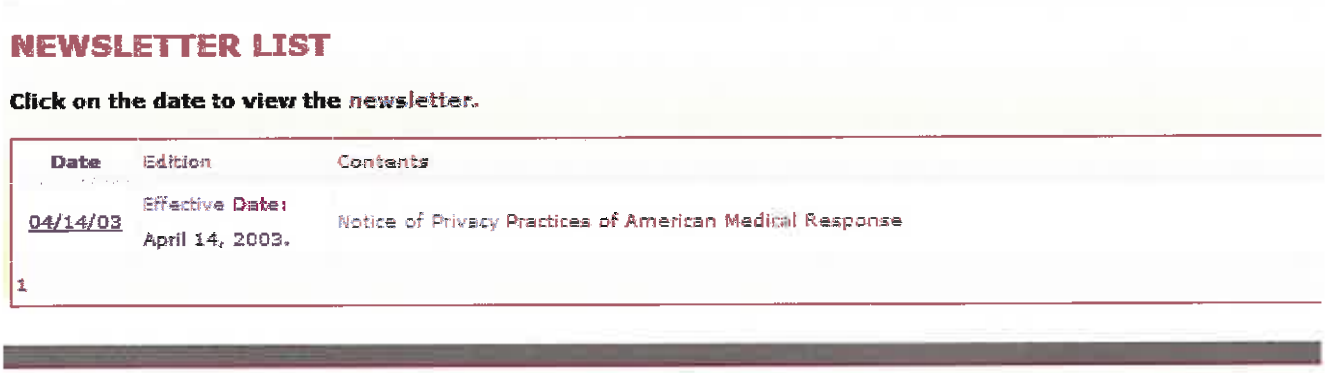
- Click on "Add New" to add additional users and fill in required fields.



Sample View of User Administration Screen to add new Users

On the Road Newsletter

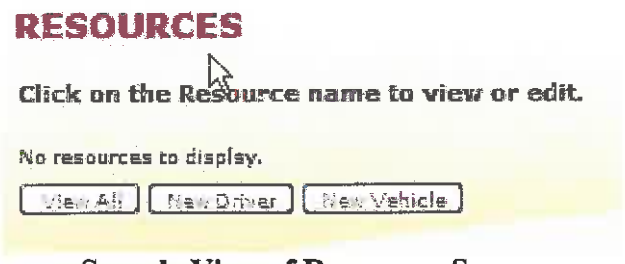
- *On the Road* is Access2Care's transportation provider newsletter. This recently revamped newsletter is filled with helpful tips, interesting facts, and occasionally, important process updates or changes. We distribute *On the Road* via e-mail or you can access *On the Road* from anywhere in your website. We will also maintain archived editions here for easy referral as desired.



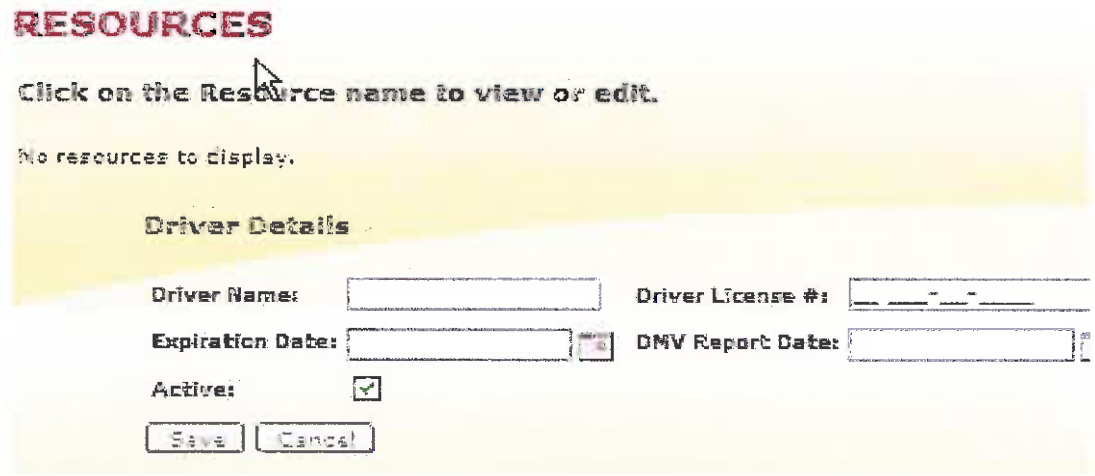
Sample View of Newsletter List

RESOURCES

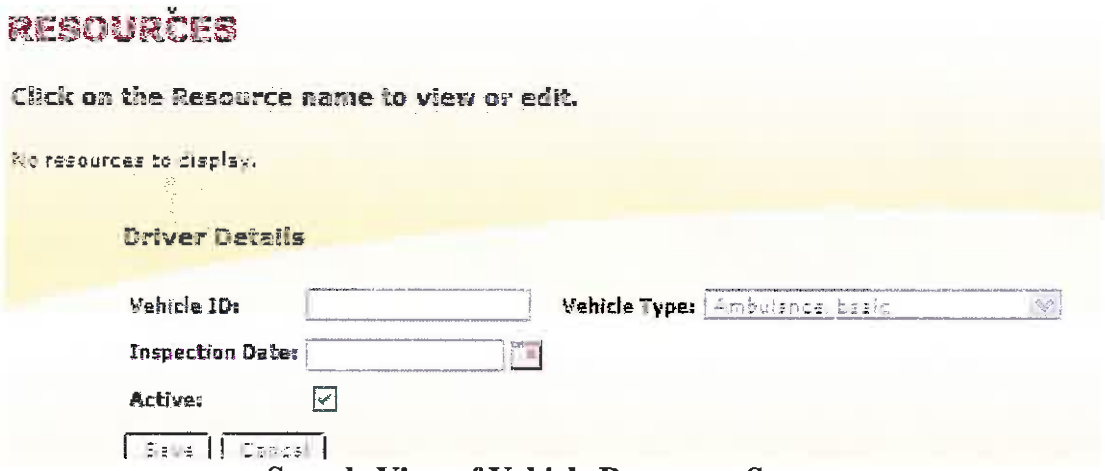
- This is where you can add your list of vehicles and drivers that meet the eligibility requirements.



Sample View of Resources Screen



Sample View of Driver Resources Screen



Sample View of Vehicle Resources Screen

Miscellaneous Information:

Refreshing your screen

- If your website has been open for more than 30 minutes with no activity, it is a good idea to "Refresh" or "Reload" your screen. This will import any recently added New Trips, Cancellations, trip updates, A/R updates or other new information. There are two ways to do this:
  - Click on the Refresh (or Reload) button on your Internet browser's tool bar at the top of your screen. This will update all the information in your site; you will not have to log back in and you will stay right where you were working when you "Refreshed".
  - Log out (or close the site) and log back in. This will update all information, but you will have to re-enter your ID and password and will be taken back to New Trips, no matter where you were when you logged out.
- As the website is updated and new services are added, you may notice changes. We will do our best to keep you informed of any additions to the site through the On the Road publication.

Contact Us:
We are at your service. Click on the contact Access2Care tab on the website for information on how to get in touch with us.

If you have questions about the website or our services, forgotten or need to change your password, please contact your Network Specialist with Access2Care.

We have designed the online system for easy use. If you have any questions, concerns, or suggestions, our team is ready to assist you. We welcome your feedback and are here to help you succeed.



Appendix II: Secured Transports

Secured transport means NEMT services for the involuntary transport of members who are in danger of harming themselves or others. Secure transport provider means a provider approved according to OAR 309-033-0432. Secured transports may be used when the CCO and/or brokerage has verified that the secured transporter has met the requirements of the secured transport protocol and the secured transporter is able to transport the member who is in crisis or at immediate risk of harming themselves or others due to mental or emotional problems or substance abuse.

Standards for the approval for a secure Transport Provider to a Person in Custody or On Diversion to an Approval Holding or Nonhospital Facility:

1. **Approved Secure Transport provider.** A secure transport provider must be approved by the OHA Addictions and Mental Health Division. A secure transport provider approved under this rule may transport the person only to a hospital or nonhospital facility approved under OAR 309-033-0530.

2. **Application for approval.** A secure transport provider shall submit a letter of application to the Division. If approved, a certificate of approval will be issued to the secure transport provider to provide such services. This approval shall be renewed every two years subject to the application of the secure transport provider and review by the Division.

3. Requirements for approval include all of the following:

   a. Secure transport providers must comply with the OAR requirements of Client Rights and Mechanical Restraint.

      - **Client Rights:** A secure transport provider shall maintain written policies and procedures with regard to client rights. The policies and procedures must assure that a client has the right to be treated with consideration, respect, and full recognition of human dignity and individuality. These rights are in addition to any other rights provided for in law.

      - **Mechanical Restraint:** A mechanical restraint may be used by secure transport providers in emergency situations to prevent a person from inflicting immediate and serious harm to self or others, or property. A mechanical restraint shall only be used for health and safety reasons. Mechanical restraint that results in injury to the person requires immediate written notification to the Division.

   b. The governing body of the county in which the secure transport is to be used shall submit a letter formally authorizing the secure transport provider to transport persons in Custody or on Diversion.

   c. The director in the county in which the secure transport is to be used shall submit a letter of recommendation for approval to the Division on behalf of the secure transport provider.

   d. The vehicles of the secure transport provider must:

- Have a secured rear seat in an area separated from the driver
- Have a safety shield that prohibits physical contact with the driver
- Have plexiglass or secured window guards covering any windows in the secured area. The windows must be washable and non-breakable in a secured area.
- Be absent of inside locks or door handles in the secured area.
- Have wrist and ankle restraints (preferably soft non-metal) for use when necessary to control violent or overt behavior.
- Be absent of any foreign item(s) or instrument(s) in the secured area that may be used by the client to inflict harm to self, attendant or person accompanying client;
- Have an operating cellular phone or other communication device for use in transit.
- Have adequate ventilation/heating appropriate to the secured seating.

One additional attendant may accompany the member at no additional charge when medically appropriate, such as to administer medications during the trip or to satisfy legal requirements including, but not limited to, when a parent, legal guardian, or escort is required during transport.

Appendix III: Ground and Air Ambulance Transport

Ambulance or ambulance vehicle means any privately or publicly owned motor vehicle, aircraft, or watercraft that is regularly provided or offered to be provided for the emergency transportation of persons who are ill or injured or who have disabilities.

For NEMT services, the brokerage shall authorize the transport for non-emergent ambulance trips. Brokerages do not arrange emergency transportation. When a member's medical condition is an emergency, emergency ambulance transportation must be used.

As applicable, applications for licenses need to be on forms prescribed by the Authority and need:

- The name and address of the person or governmental unit owning the ambulance service or vehicle.
- If other than the applicant's true name, the name under which the applicant is doing business.
- In the case of an ambulance vehicle, a description of the ambulance, including the make, model, year of manufacture, registration number and the insignia name, monogram or other distinguishing characteristics to be used to designate the applicant's ambulance vehicles.
- The location and description of the principal place of business of the ambulance service, and the locations and descriptions of the place or places from which its ambulance is intended to operate.

As applicable, the following apply to air-ambulance NEMT services:

- The brokerage shall approve air-ambulance NEMT only when another mode of transportation would further jeopardize or compromise the client's medical condition due to the length of time required to transport the client by ground-ambulance, current road conditions preclude the use of ground transportation, or ground-ambulance is not available
- The brokerage may grant air-ambulance transportation if it determines the transportation is cost effective. The brokerage shall document how air-ambulance is more cost effective than ground transportation.

Appendix IV: Certified Master Mechanic Checklist

The checklist below must be completed by an ASE Certified Master Automobile Mechanic and submitted to the City of Portland Revenue Bureau prior to their vehicle inspection. This form, as well as a list of certified mechanics, can be found at:
https://www.portlandoregon.gov/transportation/?c=57910

PFHT ASE VEHICLE INSPECTION CHECK LIST

Inspection must be completed by an **ASE Certified Master Automobile Mechanic.** Invoices for repairs are required for all inspection items marked "Needs Repair" by the mechanic.

Private for Hire Transportation Company Name _____
Vehicle Permit # (if applicable) _____
License # _____ Year _____ Make _____ Model _____
VIN # _____ *Odometer* _____

Is Good	Needs Repair	
		Road Test:
O	O	- Engine Performance _____
O	O	- Transmission Operation _____
O	O	- Emergency Brake _____
O	O	- Brake Operation _____
O	O	Wipers and Washers _____
O	O	Guages, Dash & Interior Lights _____
O	O	Safety Belts _____
O	O	Horn & Back Up Lights _____
O	O	Heater/Air Conditioner _____
O	O	Condition of Seats & Interior _____
O	O	Loose Wires Under Dash _____
O	O	Glass _____
O	O	Mirrors _____
O	O	Body and Subframe _____
O	O	Exterior Lights, T-Sigs & Em. Flashers _____
O	O	Emission Control Equipment/S.e.s. _____
O	O	Engine Drive Belt & Hoses _____
O	O	Battery & Cables _____
O	O	Cooling System _____
O	O	Brake System _____
		Front Pads _____%
		Rear Brakes _____%
		Rotors & Drums _____
O	O	Suspension & Steering Linkage _____
		Shocks & Struts _____
		Ball Joints & Bushings _____
		Tie Rods & St.Gear _____
O	O	Drive Train & Drive Axles _____
O	O	Fluid Leaks _____
O	O	Exhaust System _____
O	O	Tires: LF _____ RF _____ LR _____ RR _____
O	O	Spare Tires _____ Jack _____ Lug Wrench _____ Tie Downs _____
O	O	Lube, Oil, Filter or other service due: _____

Mechanic's Signature _____ Date _____
Mechanic's Name: _____
ASE ID # _____
Repair Shop _____ Phone# _____

Please submit the completed form and ASE certificate to :

City of Portland Revenue Bureau, Attn: Patrick Kramer
503.279.3936 fax or
regulatory@portlandoregon.gov

Revised 12/14/2010

Attachment A: Non-Web Trip Reconciliation Form

Attachment C- Sample Non-web Reconciliation Form

ACCESS2CARE From 01/01/2011 To 06/23/2011

Company Name	Trip ID	Trip Date	Scheduled Pick Up Time	Pick Up Time	AM PM	Drop off Time	AM PM	Mileage	TripPrice	Mode A-ambulatory W-wheelchair S-stretcher	N
Anywhere Transport	123	4/1/2011	1:30 PM						$523.34	S	
Anywhere Transport	456	4/2/2011	12:30 PM						$23.45	A	
Anywhere Transport	789	4/3/2011	8:00 AM						$54.00	W	
Anywhere Transport	100	4/4/2011	9:30 AM						$15.23	A	
Anywhere Transport	101	4/5/2011	10:00 AM						$10.00	A	
Anywhere Transport	106	4/6/2011	3:15 PM						$10.00	A	
Anywhere Transport	1054	4/7/2011	4:00 PM						$10.00	A	

Attachment B: Sample Driver Log

Driver Log

Company Name_____

Date of Service _____ Driver Name _____ VIN #_____ Driver's License #_____

Trip #	Member Name	Service Type	Actual P/U Time	Drop off Time	Signature	No Show

I understand that Access2Care will verify the above information and I certify the information is true, correct, and accurate.

Driver Signature: _____

* In compliance with HIPAA this form should not contain any PHI (Personal Health Information). If PHI is added to this form it must be handled appropriately and within HIPAA guidelines.

Attachment C: Pre-Payment Audit Documents

Audit Cover Sheet

TO: Access2Care Claims FROM:

FAX: 866-214-0528 PAGES:

PHONE: DATE:

E-MAIL: A2CAUDITS@EVHC.NET

Access2Care Audit Cover Sheet

Please include the following information with all audit documentation.

1. A driver log (s) with all of the required information present
2. *Manifests or driver logs with multiple transports*- You must indicate which trips are in audit status.
3. Driver's license number of the driver who transported member for the audited trip
4. VIN number of vehicle used to transport the member for the audited trip

IMPORTANT NOTE: If you do not include the above information the requirements for the audit will not be satisfied. Please remember you must include this Audit Cover Sheet.

If the trip required information is not received within (20) days from the date the trips is cleared, the trip will be denied for payment due to **UNTIMELY FILING** as per your A2C contract.

Please send all driver logs to the dedicated Access2Care Audits Dept. via. fax at 866-214-0528 or email A2Caudits@evhc.net If you would like to itemize your audits for easy identification and processing please use the second page that is attached.

TOTAL AUDITS	TOTAL PAGES

Access2Care
6200 S Syracuse Way, Suite 200
Greenwood Village, CO 80111
Fax: 877-292-4181
Email: A2Cclaimsdenver@emsc.net.

Itemized Audit Information (Optional)

Name: _____ Date Submitted: _____

Phone: _____ Fax: _____

Page: _____

Trip Number	Member Name

Access2Care

Appeals Form

Company Name:

Contact name:

Phone number:

Fax Number:

Denied Trip Number:

Date of Service:

Client Name:

Reason for Appeal:

Denied Trip Number:

Date of Service:

Client Name:

Reason for Appeal:

Denied Trip Number :

Date of Service:

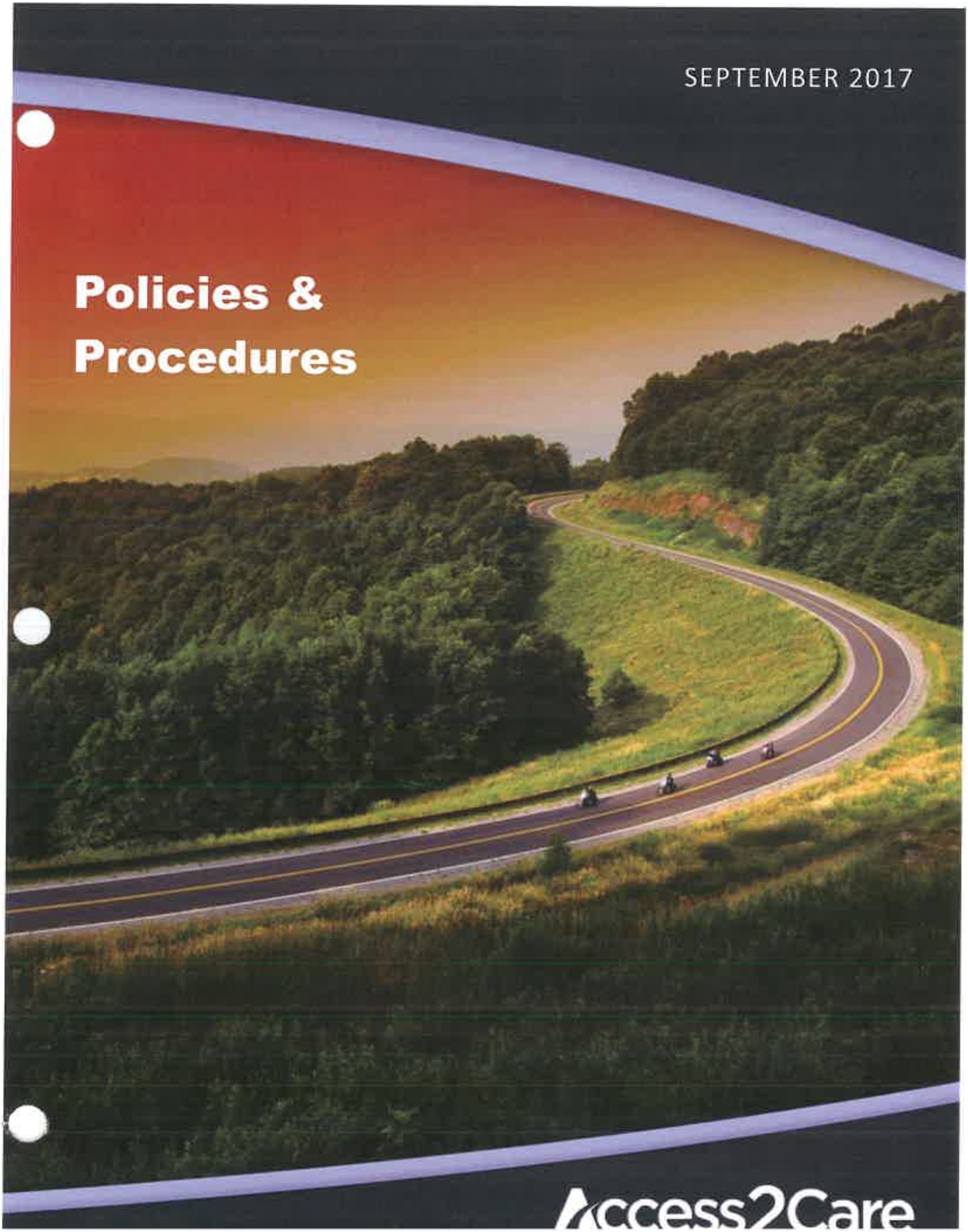
Client Name:

Reason for Appeal:

**Please attach all supporting documentation to the Appeals Form.

SEPTEMBER 2017

Policies & Procedures



Access2Care

Access2Care Master Policy List

Policy #	Name
100	Reporting Potential Issues or Areas of Non-Compliance
101	Non-Retaliation
201	Customer Service
202	Contact Center Associate Assistance Program Policy
203	Scheduling Transportation Policy
204	Public Transportation Policy
205	Calculating Trip Mileage
206	Short Notice Urgent Policy
207	Hospital Discharge
208	Where's My Ride - Trip Inquiry
209	Red Flag Policy
210	Emergency Preparedness Plan
211	Information Change Notification Policy
212	Language Line and Relay Service Policy
213	Cancelling Transport
214	Unassigned Trip Escalation Policy
215	Long Distance/Overnight Stay Transportation Policy
216	Pre Service Trip Denial
217	Verifying Eligibility Policy
219	Mileage Reimbursement Policy
220	Participant/Member Interventions
224	Confidentiality/HIPAA Policy
226	Placing Test Calls in a live Production and Reporting Environment
227	Fraud, Waste, and Abuse
228	Incentive Pay to Employees
229	Consumer Safety
230	Participant Services Access
231	Closest Medical Provider- Denials
236	Adjudication of Long Distance Participant Charges
237	Direct Bill / Invoicing
238	Managing Transplant Requests
239	Transportation for Friends, Family, and Self
240	Media Information Release
249	Staffing Forecast
250	System Issue and Outage
251	Trip Documentation Policy
252	Training Policy
253	Marketing Distribution and Oversight Policy
254	Client Special Event Policy
255	Bariatric Policy
256	Priority Experience Program (PEP)
257	Care Coordination
258	Health Plan Help Desk (HPHD)
259	Systems Risk Assessment
301	Transportation Provider Claims Adjudication
302	Transportation Provider Claims Audits
303	Out of Network Transportation Provider Policy
304	Mileage Reimbursement Policy
305	Claims, Fraud, Waste and Abuse Policy
306	Claims, Denials and Appeals Policy
307	Claims Complaints Investigation Policy
308	Claims and Billing Variance Escalation Policy
401	Transportation Provider Credentialing Policy
402	Provider Services Policy
403	Lyft Requirements
407	Performance Improvement Plan

411	Transportation Management Policy
415	Ambulance NET Policy
420	Client Contract Termination
420a	Terminating Transportation Provider Contracts
421	Credentialing Report Policy
422	Sole Source Provider
423	Passenger Rights, Responsibilities, & Safety
423a	Vehicle Safety
424	Secure Transports
425	Communicable Health Conditions
427	Mobility Device Transports
430	Maintaining Network Adequacy
431	Dispatch Operations
444	Non-Emergency Ambulance Credentialing Policy
451	Transportation Provider Verification Policy
502	Internal Quality Audits
503	Data and Reporting Management
504	Release of Information
505	Customer Satisfaction Surveys and Reports
506	Inter Rated Reliability (IRR) Policy
507	Significant Event
508	Reporting Potential Issues or Areas of Non-Compliance
509	Clinical Staff Credentialing
510	Coordination with External Entities
511	Regulatory Compliance
512	Consumer Communication and Health Literacy
513	Cultural Competency Policy
514	Registered Sex Offenders
515	Records Maintenance and Retention
516	Department of Motor Vehicle (DMV) Checks
517	Quality Management Yearly Program Evaluation
518	Quality Measurement Review Process
520	Contract Compliance and Program Oversight
521	Assessment Review Policy
522	Recruitment and Retention Policy
523	Policy Approval and Review
601	Grievance and Complaint Management Policy
602	Appeals and Hearings

Access2Care Call Center Policies

Policy #	Name	Last Updated	Loaded to Shared Drive
201	Customer Service	6/25/2015	9/22/2016
202	Contact Center Associate Assistance Program Policy	6/25/2015	6/29/2015
203	Scheduling Transportation Policy	6/2/2016	6/2/2016
204	Public Transportation Policy	10/27/2015	9/22/2016
205	Calculating Trip Mileage	6/25/2016	6/29/2015
206	Short Notice Urgent Policy	3/22/2016	3/24/2016
207	Hospital Discharge	6/25/2015	7/8/2015
208	Where's My Ride - Trip Inquiry	6/25/2015	6/29/2015
209	Red Flag Policy	6/25/2015	6/29/2015
210	Emergency Preparedness Plan	3/22/2016	3/24/2016
211	Information Change Notification Policy	6/25/2015	6/29/2015
212	Language Line and Relay Service Policy	4/26/2016	4/26/2016
213	Cancelling Transport	4/26/2016	4/26/2016
214	Unassigned Trip Escalation Policy	Not in SP	6/29/2015
215	Long Distance/Overnight Stay Transportation Policy	6/25/2015	6/29/2015
216	Pre Service Trip Denial	3/22/2016	3/22/2016
217	Verifying Eligibility Policy	6/25/2015	6/29/2015
218	NONE		
219	Mileage Reimbursement Policy	4/26/2016	8/31/2016
220	Participant/Member Interventions	9/30/2015	
221	NONE		
222	NONE		
223	NONE		
224	Confidentiality/HIPAA Policy	6/25/2015	7/28/2015
225	NONE		
226	Placing Test Calls in a live Production and Reporting Environment	6/25/2015	6/29/2015
227	Fraud, Waste, and Abuse	3/22/2016	3/24/2016
228	Incentive Pay to Employees	6/25/2015	9/22/2016
229	Consumer Safety	6/25/2015	6/29/2015
230	Participant Services Access	6/25/2015	6/29/2015
231	Closest Medical Provider- Denials	3/22/2016	3/24/2016
232	NONE		
233	NONE		
234	NONE		
235	NONE		
236	Adjudication of Long Distance Participant Charges	7/1/2012	ID ONLY
237	Direct Bill / Invoicing	6/25/2015	6/29/2015
238	Managing Transplant Requests	6/25/2015	6/29/2015
239	Transportation for Friends, Family, and Self	6/25/2015	6/29/2015
240	Media Information Release	6/25/2015	6/29/2015
241	NONE		
242	NONE		
243	NONE		
244	NONE		
245	NONE		
246	NONE		
247	NONE		
248	NONE		
249	Staffing Forecast	6/25/2015	7/8/2015
250	Contact Center Outages	6/23/2015	1/14/2016
251	Trip Documentation Policy	6/28/2016	9/22/2016
252	Training Policy	6/28/2016	9/22/2016
253	Marketing Distribution and Oversight Policy	6/25/2015	6/29/2015
254	Client Special Event Policy	6/25/2015	9/22/2016
255	Bariatric Policy	6/25/2015	9/22/2016
256	Priority Experience Program (PEP)	6/25/2015	1/28/2016

257	Care Coordination	6/28/2016	9/22/2016
258	Health Plan Help Desk (HPHD)	6/28/2016	9/22/2016

Access2Care Claims Policies

Policy #	Name	Last Updated	Loaded to Shared Drive
301	Transportation Provider Claims Adjudication	3/22/2016	4/26/2016
302	Transportation Provider Claims Audits	7/25/2015	7/28/2015
303	Out of Network Transportation Provider Policy	4/26/2016	9/22/2016
304	Mileage Reimbursement Policy	4/26/2016	9/22/2016
305	Claims, Fraud, Waste and Abuse Policy	7/27/2015	7/28/2015
306	Claims, Denials and Appeals Policy	3/22/2016	3/24/2016
307	Claims Complaints Investigation Policy	6/25/2016	9/22/2016
308	Claims and Billing Variance Escalation Policy	1/1/2016	2/23/2016

Access2Care Network Policies

Policy #	Name	Last Updated	Loaded to Shared Drive
401	Transportation Provider Credentialing Policy	6/28/2016	9/22/2016
402	Provider Services Policy	1/29/2016	9/22/2016
403	NONE		
404	NONE		
405	NONE		
406	NONE		
407	Performance Improvement Plan	8/23/2016	8/26/2016
408	NONE		
409	NONE		
410	NONE		
411	Transportation Management Policy		
412	NONE		
413	NONE		
414	NONE		
415	Ambulance NET Policy	11/24/2015	11/24/2015
416	NONE		
417	NONE		
418	NONE		
419	NONE		
420	Client Contract Termination	1/29/2016	3/24/2016
420a	Terminating Transportation Provider Contracts	3/22/2016	9/22/2016
421	Credentialing Report Policy	6/25/2015	7/8/2015
422	Sole Source Provider	6/25/2015	6/29/2015
423	Passenger Rights, Responsibilities, & Safety	6/25/2015	6/29/2015
424	Secure Transports	6/25/2015	6/29/2015
425	NONE		
426	NONE		
427	Mobility Device Transports	10/21/2015	9/22/2016
428	NONE		
429	NONE		
430	Maintaining Network Adequacy	6/25/2015	9/22/2016
431	Dispatch Operations	1/29/2016	9/22/2016
432	NONE		
433	NONE		
434	NONE		
435	NONE		
436	NONE		
437	NONE		
438	NONE		
439	NONE		
440	NONE		
441	NONE		
442	NONE		
443	NONE		
444	Non-Emergency Ambulance Credentialing Policy	1/14/2016	1/28/2016
445	NONE		
446	NONE		
447	NONE		
448	NONE		
449	NONE		
450	NONE		
451	Transportation Provider Verification Policy	6/28/2016	9/22/2016

Access2Care Quality Assurance Policies

Policy #	Name	Last Updated	Loaded to Shared Drive
501	NONE		
502	Internal Quality Audits	9/22/2015	9/22/2015
503	Data and Reporting Management	6/25/2015	6/28/2015
504	Release of Information	6/25/2015	6/29/2015
505	Customer Satisfaction Surveys and Reports	6/25/2015	6/29/2015
506	Inter Rated Reliability (IRR) Policy	6/25/2015	6/29/2015
507	Significant Event	3/22/2016	3/24/2016
508	Reporting Potential Issues or Areas of Non-Compliance	6/25/2015	6/29/2015
509	Clinical Staff Credentialing	6/25/2015	6/29/2015
510	Coordination with External Entities	6/25/2015	6/29/2015
511	Regulatory Compliance	1/29/2016	9/22/2016
512	Consumer Communication and Health Literacy	2/3/2016	9/22/2016
513	Cultural Competency Policy	4/26/2016	9/22/2016
514	Registered Sex Offenders	6/25/2015	6/29/2015
515	Records Maintenance and Retention	3/22/2016	3/24/2016
516	Department of Motor Vehicle (DMV) Checks	6/25/2015	6/29/2015
517	Quality Management Yearly Program Evaluation	1/29/2016	9/22/2016
518	Quality Measurement Review Process	1/29/2016	9/22/2016
519	NONE		
520	Contract Compliance and Program Oversight	1/29/2016	9/22/2016
521	Assessment Review Policy	6/2/2016	6/2/2016
522	Recruitment and Retention Policy	4/25/2016	9/22/2016
523	Policy Approval and Review	5/6/2015	9/22/2016

Access2Care Complaint Policies

Policy #	Name	Last Updated	Loaded to Shared Drive
601	Grievance and Complaint Management Policy	9/22/2015	9/22/2015
602	Appeals and Hearings	1/29/2016	9/22/2016

Access2Care	Reporting Potential Issues or Areas of Non-Compliance	
	Policy 100	Job Classes: All Operations
		Effective Date: January 1, 2017
		Review: March 30, 2017 Revised: July 1, 2015
		Responsible Party: Compliance

1. **Purpose:**

   For purposes of this policy, all references to "colleague" or "colleagues" include temporary, part-time and full-time employees, independent contractors, clinicians, officers and directors.

2. **Policy:**

   To provide an overview of the responsibilities both colleagues and the Ethics & Compliance Department have to ensure Access2Care operates within the parameters of all applicable healthcare laws and regulations.

3. **Procedure:**

INTRODUCTION

Adherence to the Corporate Ethics & Compliance Program is vital. Accordingly, violations of law or the Program will not be tolerated. Violators will be subject to corrective action in accordance with any applicable collective bargaining agreements and other applicable procedures of the Company. Management is responsible for ensuring that colleagues are aware of and adhere to the provisions of the Code of Business Conduct & Ethics manual (the "Code") and the Ethics & Compliance Program. For clarification or guidance on any point in the Code or related to the Ethics & Compliance Program generally, please contact a member of the Ethics & Compliance Department.

DUTY TO REPORT AND COMPLIANCE OFFICER INVESTIGATIONS

Colleagues are expected to report any suspected violations of the Code, Ethics & Compliance Program, or other irregularities to their supervisor, manager, or a member of the Ethics & Compliance Department. The Company has established a Confidential Disclosure Program enabling colleagues to disclose any practices or procedures that the colleague

Access2Care	Reporting Potential Issues or Areas of Non-Compliance	
	Policy 100	Job Classes: All Operations
		Effective Date: January 1, 2017
		Review: March 30, 2017 Revised: July 1, 2015
		Responsible Party: Compliance

believes may be inappropriate. These issues may relate to possible Medicare and Medicaid Fraud or Abuse; federal, state or local laws or regulations; or Company policies and procedures. The Company requires the internal review of any such disclosure and will ensure that proper follow-up is conducted.

The Company takes all reports of non-compliance seriously. Reports may be made in one of four ways:

- Through the Ethics and Integrity Helpline at 877-835-5267.
- In person, through contact with a supervisor, Human Resources, the Chief Compliance Officer, or other Ethics & Compliance Department colleague.
- By e-mail, to complianceconcerns@evhc.net.
- In writing, to the CCO at:

Chief Compliance Officer
6363 S. Fiddlers Green Circle
Suite 1400
Greenwood Village, CO 80111

No adverse action or retribution of any kind will be taken by the Company against a colleague solely because he or she reports in good faith a suspected violation of the Code, Ethics & Compliance Program or other irregularity by any person other than the reporting colleague. The Company will attempt to treat such reports confidentially and to protect the identity of the colleague who has made a report to the maximum extent consistent with fair and rigorous enforcement of the Code and the Ethics & Compliance Program.

Any manager, supervisor, or other high-ranking colleague who receives a report of a suspected violation or irregularity shall contact a member of the Ethics & Compliance Department.

Upon receipt of the suspected Code or compliance violation, the Ethics & Compliance Department shall immediately begin a detailed investigation.

The investigation by Ethics & Compliance personnel shall include interviews and the review of relevant documents. If the Chief Compliance Officer believes that the integrity of an investigation may be compromised because of the presence of colleagues under investigation, the colleague(s) allegedly involved in the misconduct may be removed from his/her present work activity, with or without pay, pending the outcome of the investigation, and after consultation with the Chief Compliance Officer and relevant management personnel.

CORRECTIVE ACTION

The Ethics & Compliance Department will work with managers and supervisors to inform any colleague of allegations that may have been filed against him or her arising from the Ethics & Compliance Program. Such notification may be delayed pending the outcome of any internal investigation the Chief Compliance Officer deems appropriate. The colleague will be given the opportunity, as appropriate; to state his or her position before any corrective action is imposed.

If the Ethics & Compliance Department determines that a colleague has clearly violated the law, Code or Ethics & Compliance Program, that colleague shall be subject to appropriate corrective action as determined by the immediate supervisor, and Human Resources Department.

The extent of the corrective action will depend on the seriousness of the offense. A record of the event and the corrective action imposed shall be maintained in the colleague's personnel file.

Corrective action will be taken against a violator's manager(s) or supervisor(s) to the extent that circumstances reflect inadequate supervision or a lack of due diligence. In addition, managers and supervisors may be sanctioned for failing to detect non-compliance with applicable policies and legal requirements, where reasonable diligence on the part of the manager or supervisor would have led to the discovery of

any problems or violations and given the Company the opportunity to correct them earlier. A record of the event and the discipline imposed against the manager or supervisor shall be maintained in the colleague's personnel file.

RETALIATION

Retaliation will not be tolerated against any colleague. Corrective action will be taken against any colleague who retaliates, directly or indirectly, against a colleague who makes a good faith report of a violation of law, Code or the Ethics & Compliance Program.

Non-Retaliation

Policy 101	Job Classes: All Operations
	Effective Date: October 1, 2012
	Review: March 30, 2017 Revised: January 1, 2014
	Responsible Party: Compliance

1. **Purpose:**

   Access2Care has adopted this Non-Retaliation Policy to reinforce its commitment to prevent and protect employees from retaliation for reporting, in good faith, suspected wrongdoings and/or for assisting in an investigation.

2. **Policy:**

   As outlined in the Code of Business Conduct and Ethics, it is policy to foster an environment of open communication so that all employees understand their obligations to report compliance concerns and understand that the Access2Care will not tolerate retaliation against those who do so. In addition, reported concerns will be maintained confidentially, to the extent it is possible to do so.

   "Getting even" behavior is not tolerated and all reported allegations of retaliation are fully investigated by the Ethics & Compliance Department with the assistance of other departments, as appropriate. All supervisors are responsible for enforcing this policy. Individuals who violate this policy will be subject to the appropriate and applicable disciplinary process, up to and including termination or dismissal.

3. **Procedure:**

   Employees who believe they have been retaliated against for reporting, in good faith, suspected wrongdoings and/or assisting with an investigation, should report the issue by contacting the Ethics and Integrity Helpline at 877-835-5267 or by calling the Ethics & Compliance Department directly at 303-495-1265. It is important to file the report of retaliation as soon as possible after the occurrence as a delay can impact the effectiveness of the investigation.

   After a report of retaliation has been received, the Ethics & Compliance

Access2Care	Non-Retaliation	
	Policy 101	Job Classes: All Operations
		Effective Date: October 1, 2012
		Review: March 30, 2017 Revised: January 1, 2014
		Responsible Party: Compliance

Department will begin an investigation. The investigation involves interviewing all appropriate individuals and reviewing relevant documentation to determine the validity of the report of retaliation. Corrective action may be warranted pending the outcome of the investigation.

Access2Care	CUSTOMER SERVICE POLICY	
	Policy 201	Job Classes: Operations Effective Date: September 1, 2010
		Review: January 29, 2017 Revised: June 25, 2015
		Responsible Party: Member Service Center

1. Purpose:

In fulfilling its mission, Access2Care strives to provide outstanding customer service at all times. Access2Care staff will offer its services in a fair and professional manner that treats everyone with courtesy and respect.

2. Policy:

Access2Care staff will provide outstanding customer service to its customers, network providers and staff. Access2Care supports these high standards through a plan of employee training, leadership development and opportunities for customer input.

3. Procedures:

3.1. Staff will be patient, respectful, and helpful, even when being firm regarding Access2Care's operating constraints.

3.2. During interactions with Access2Care staff, members can expect to:

- 3.2.1. Be greeted appropriately.
- 3.2.2. Be treated courteously and respectfully.
- 3.2.3. Be valued for their input.
- 3.2.4. Receive prompt and timely service.
- 3.2.5. Receive knowledgeable service and professionalism from all staff.
- 3.2.6. If the MSR cannot answer a members question to their satisfaction and the client request the MSR will promptly find a member of management to assist the client.
- 3.2.7. If the member expresses dissatisfaction with their service, the MSR is to enter a quick entry complaint into the A2C system for investigation and closure.
- 3.2.8. Have their privacy and confidentiality respected. (See Confidentiality- HIPAA Policy 224)

3.3. Customer service training materials will be reviewed bi-annually by staff to ensure effectiveness.

- 3.3.1. All employees will receive initial orientation and training prior to assuming their assigned roles and responsibilities.
- 3.3.2. All employees will receive training on the URAC Accreditation program as part of initial new hire training and during continuing education sessions.
- 3.3.3. Unless required by contract all employees will receive a minimum of twelve (12) hours additional training annually, to maintain professional competency.
- 3.3.4. Should problems with the performance of customer service staff be detected through observation and/or monitoring, corrective action will be promptly taken. (See MSR Assistance Policy 202).

Access2Care	CUSTOMER SERVICE POLICY	
	Policy 201	Job Classes: Operations Effective Date: September 1, 2010
		Review: January 29, 2017 Revised: June 25, 2015
		Responsible Party: Member Service Center

3.4. Customer service policies are reviewed annually, at a minimum, by the Quality Improvement staff.

Access2Care	MEMBER SERVICE REPRESENTATIVE ASSISTANCE PROGRAM POLICY	
	Policy 202	Job Classes: Operations Effective Date: September 1, 2010
		Reviewed: January 29, 2017 Revised: June 25, 2015
		Responsible Party: Member Service Center

1. Purpose:

To provide expectations and guidelines for Access2Care Member Service Representative (MSR) who are not meeting Access2Care performance standards and expectations.

2. Policy:

MSR s failing to meet identified performance standards will enter a defined period of additional training until the standards are achieved.

2.1 95% quality score each month
2.2 Over 20% "unavailable" time (in a "not ready" state)
2.3 Demonstrating poor customer service skills

3 Procedures:

3.1 MSR s will enter the Assistance Program:
- 3.1.1 If they fall below call intake performance standards for two (2) consecutive months.
- 3.1.2 If they receive three (3) non-compliance reports within a thirty (30)-day period.
- 3.1.3 If they receive two (2) customer service complaints within a thirty (30)-day period.

3.2 Upon placement in the Assistance Program:
- 3.2.1 MSR and management will discuss the areas that require improvement.
- 3.2.2 MSR and management will outline improvement steps to meet defined standards.
- 3.2.3 Program placement will range from five-ten (5-10) days as determined by all parties.
- 3.2.4 MSR will be assigned a mentor to assist in program completion.
- 3.2.5 Failure to achieve acceptable standards may result in continuation in the program or progressive discipline up to and including termination of employment.

Access2Care	SCHEDULING TRANSPORTATION POLICY	
	Policy 203	Job Classes: Operations Effective Date: January 12, 2008
		Review: January 29, 2017 Revised: June 02, 2016
		Responsible Party: Member Service Center

1. **Purpose:**

   To provide expectations and guidelines that Access2Care Member Service Representative (MSR) must follow when scheduling transportation.

2. **Policy:**

   Access2Care's Member Service Center is open twenty four (24) hours a day seven (7) days a week including holidays. All calls will be taken within this timeframe, unless dictated otherwise by client requirements and protocols. Callers seeking emergency transportation are to be immediatetly referred to call 911.

3. **Procedures:**

   3.1. Member [Participant] Topic:

   3.1.1. Automated: Callers are prompted to enter the participant/member's (participant) Medicaid number in the IVR. If the information is presented to the MSR, he or she must have the caller verify (see HIPAA policy 224) the participant's first and last name, date of birth, home address, and telephone number before proceeding to set the trip.

   3.1.2. Manual: If the caller did not enter his or her information or the information is not presented to the MSR in A2C, MSRs may search for participant information by using the following information. The MSR must verify four out of five of these identifying pieces of information:

   3.1.2.1. Medicaid number

   3.1.2.2. Participant name

   3.1.2.2.1. Jr. or Sr.: Enter on the same line as the participant's last name

   3.1.2.2.2. Hyphenated names: Enter only one name

   3.1.2.3. Home address

   3.1.2.4. Telephone number

   3.1.2.5. Date of Birth

   3.1.3. Participant not found: If participant file does not populate and the participant states they are eligible (refer to Verifying Eligibility Policy 217).

   3.1.3.1. If participant is eligible, click on add a member:

   3.1.3.1.1. Select search member and select add

   3.1.3.1.2. Enter all participant information

   3.1.3.1.2.1. Name

3.1.3.1.2.2. Home address
3.1.3.1.2.3. Telephone number
3.1.3.1.3. Select Save
3.1.4. Red Flags: Any Red Flags will pop up with a message box "Member Has Red Flags, Would You Like to View?" (See Policy 209 Red Flag)
3.1.4.1. Click to view red flags.
3.1.4.2. Click cancel to advance past red flags.
3.1.5. Trip Reason: Select trip reason from the drop-down.
3.1.6. Confirming Address
3.1.6.1. Confirm participant address including city, state, and zip code
3.1.6.1.1. If address is not correct, select update, enter new address information and select save.
3.1.6.2. Confirm telephone number on file.
3.1.7. Check the verified box
3.1.8. Geo Code
3.1.8.1. If correct, click accept.
3.1.8.2. If not correct, click update.
3.1.8.2.1. Manually update information with zip code and enter geo location. Select manual confirmation, then save.

3.2. Caller Information

3.2.1. Enter Caller Information:
3.2.1.1. If caller is participant:
3.2.1.1.1. Select member from the drop-down box and first and last name will auto-populate.
3.2.1.2. If caller is not the participant:
3.2.1.2.1. Select relationship to caller from drop-down list.
3.2.1.2.2. Enter caller's last and first name.
3.2.1.2.3. Enter caller's telephone number if applicable and different than what auto-populates.

3.3. Location Topic:

3.3.1. Covered Service: Screen will auto-populate if the trip type is valid or invalid.
3.3.1.1. If invalid, refer to (Cancelling Trips Policy 213).

3.3.1.2. If valid, select appointment date from drop-down calendar (if trip date is less than the required business day notice, trip is shown as "urgent." (refer to Short Notice/Urgent Policy 206)

3.3.2. Recurring Trips: If transportation is for repetitive trips, these orders may be scheduled up to ninety (90) days out using the recurring trips button. Select days and time of the recurring appointment.

3.3.2.1. Enter end date and select enter.

3.3.2.2. Enter participant's appt. time.

3.3.3. Trip type: automatically defaults to a round trip. If participant does not require a round trip:

3.3.3.1. If one-way trip, unclick round trip.

3.3.3.2. If a pharmacy stop is requested;

3.3.3.2.1. During Call Intake

3.3.3.2.1.1. Select the Pharmacy Stop checkbox*

3.3.3.2.2. After Medical Appointment

3.3.3.2.2.1. Select the Pharmacy Stop checkbox

3.3.3.2.2.2. Notify the transportation provider of the approved change

*Certain Health Plans require the Pharmacy Stop to be set up as an additional leg to the existing transport. Refer to the Health Plan protocols.

3.4. Pick-up Information:

3.4.1. Participant location will populate with home address

3.4.2. If location is different:

3.4.2.1. Select update, then select search pick-up.

3.4.2.2. Select add, enter location information, and update.

3.4.3. Remarks: Add any additional participant location information.

3.4.4. If requested by the member, enter the scheduled pickup time

3.5. Destination (drop-off) Information:

3.5.1. Automated Search can be selected in one of three (3) ways:

3.5.1.1. Facility or provider name

3.5.1.2. Address location

3.5.1.3. Telephone number

3.5.2. Manual Search provider list for destination address information.

3.5.2.1. A2C will automatically enter the address on file.

3.5.2.2. If address cannot be located:

3.5.2.2.1. Select "Add" and enter destination information.

3.5.2.3. Remarks: Any special instructions to enter/exit location.

3.5.3. Confirm information MSR must confirm the address and telephone number with the caller to ensure that it is current and accurate.

3.6. Scheduled Return Trip Pick-up Information:

3.6.1. If the member requests or a trip has a set pick-up time for the return trip ('R' Leg), enter that time in the "scheduled pick-up time" field.

3.7. Additional Stops "Three-Leg Trip":

3.7.1. Select additional stops tab and select 'Add'

3.7.2. Enter destination information.

3.7.3. Select search to look up provider information.

3.7.4. Select "trip reason."

3.7.5. If trip is not valid (Cancelling Trips Policy 213); If trip is valid:

3.7.6. Enter appointment time.

3.7.7. Enter "save" and exit.

3.8. Additional Passengers:

3.8.1. Additional passenger needed: Ask if participant requires additional passengers (escorts and children must be scheduled when the participant makes the trip reservation to ensure adequate space in the vehicle).

3.8.2. Escort Requirements: MSR will verify that additional passengers meet requirements.

3.8.3. The full names and ages of all additional passengers will be entered on the additional passenger screen.

3.8.4. Remarks: Any special driver and/or passenger instructions.

3.9. Special Needs:

3.9.1. Equipment needs:

3.9.1.1. Participant or escort uses wheelchair, crutches, walker, or cane.

3.9.1.1.1. If no to wheelchair, go to 3.9.1.2
3.9.1.1.2. If yes to wheelchair:
3.9.1.1.3. Are riders able to transfer from a wheelchair into a vehicle?
3.9.1.1.3.1.1. If no, select "wheelchair and wheelchair lift" from the equipment list.
3.9.1.1.3.1.2. If yes, go to 3.8.1.1.3
3.9.1.1.4. Ask what type of wheelchair used: electric or manual?
3.9.1.2. If applicable, advise participant to provide car/booster seats.
3.9.1.3. Remarks: Any special instructions.
3.9.2. Ask the participant if they need to be transported laying down (supine position), if applicable.
3.9.2.1. If no, go to 3.10

3.10. Level of Service (LOS): The level of service will be automatically assigned

3.10.1. Inform participant of the trip level of service (LOS) assignment:
3.10.1.1. If caller utilizes mileage reimbursement (refer to mileage reimbursement Policy 219).
3.10.1.2. Accept Trip Assignment: If participant accepts the level of service, proceed to confirmation screen.
3.10.1.3. Reject Trip Assignment: (not justified) If participant rejects trip assignment because they don't want to ride the approved mode (Cancel Trips/Trips on Hold Policy 213).
3.10.1.4. Reject Trip Assignment: (justified) If participant rejects trip assignment because they CAN'T ride the approved mode. (refer to Cancel Trips/Trip on Hold Policy 213)
3.10.1.4.1. To override LOS for trips:
3.10.1.4.1.1. Select override LOS.
3.10.1.4.1.2. From drop-down box, select new LOS.
3.10.1.4.1.3. From drop-down box, select reason code.
3.10.1.4.1.4. Select the appropriate supervisor approval.

3.11. Verification Screen:

3.11.1. MSR will confirm the following information with all callers:
3.11.2. Appointment day, date, and time
3.11.3. Pick-up location address (including city, state, and zip-code)

3.11.4. Destination information (including city, state, and zip-code)

3.11.5. Participant's contact phone number

3.11.6. Advise participant to be ready one hour prior to scheduled appointment.

3.11.6.1. Member has the option to be opted in for text messaging appointment reminders. Confirm desired cell phone number and select the option within the A2C system.

3.11.7. For "Will Call" Return Trip Pick-up:

3.11.7.1. MSR advises that the transportation provider will provide a phone number to call when the appointment has been completed; and that provider should arrive within sixty (60) minutes.

3.11.8. For Scheduled Return Trip Pick-up:

3.11.8.1. If the return trip was scheduled with a specific pick-up time, the transportation provider will arrive within fifteen (15) minutes of that time.

3.11.9. Transportation Provider Notes: Any special instructions to the transportation provider.

3.12. Member Inquiry for Non-Transportion Related Concern

3.12.1. Refer caller to contact their health plan using the number provided on their ID card.

Access2Care	**PUBLIC TRANSPORTATION POLICY**	
	Procedures 204	Job Classes: Operations
		Effective Date: September 1, 2010
		Review: January 29, 2017 Revised: October 27, 2015
		Responsible Party: Public Transportation

1. **Purpose**:
   To instruct Member Service Representatives (MSR) how and when to set a participant/member's transportation service with public transportation options.

2. **Policy**:
   It is the policy of Access2Care to schedule public transportation when possible, appropriate, and authorized by client directives.

3. **Procedures**:
   When the system has selected public transportation as the option, the MSR will inform the caller that:

   3.1. The system benefit is for the use of public transportation.

   3.2. A sufficient number of tickets/passes will be delivered to the address on record prior to the appointment date.

   3.3. A letter will accompany the mailing with confirmation that the passes are for upcoming medical appointments.

   3.4. Access2Care will provide the most cost efficient option, which may include:

      3.4.1. One (1) day pass per rider per day

      3.4.2. Monthly bus pass for the member

   3.5. Circumstance where Public Transportation may not be scheduled.

      3.5.1. Short notice/urgent trips less than forty eight (48) hours (unless member has valid pass assigned)

      3.5.2. Public transit services are not available in their area.

      3.5.3. Public transportation is contra-indicated for the member's condition, physical or cognitive

      3.5.4. Public transportation is not identified as a primary service based on client service criteria

4. If public transit is identified as a primary level of service but member states they are unable to use fixed route serviced because of a physical or cognitive barrier, member will receive level of service override for all trips booked in following fourteen (14) days.

Access2Care	PUBLIC TRANSPORTATION POLICY	
	Procedures 204	Job Classes: Operations
		Effective Date: September 1, 2010
		Review: January 29, 2017 Revised: October 27, 2015
		Responsible Party: Public Transportation

4.1. The MSR will distribute a LON Form to the member's primary care physician (PCP) to identify the most appropriate level of service.

4.1.1 If the form is completed and returned within the fourteen (14) day grace period, Access2Care will contact member to confimrm the authorized level of service as indicated by their PCP.

4.1.2 If the medical provider approves public transporation restriction member will continue to receive alternative level of service. A red flag indicating approved LOS will be noted in the member file

4.1.3 If Medical Provider denies public transportation override, Member will be notified and LOS reverts back to public transportation. A red flag indicating approved LOS will be noted in the member file.

4.2 If form is not received within fourteen (14) days, member will be notified and level of service may revert back to public transit if primary for trip.

4.3. Member refuses public transportation trip is denied. (see Policy 213 Cancelling Trips or Policy 216 Pre-Service Trip Denial

Access2Care	CALCULATING TRIP MILEAGE	
	Policy 205	Job Classes: Operations Effective Date: Septemeber 1, 2010
		Review: January 29, 2017 Revised: June 25, 2015
		Responsible Party: Member Service Center

1. **Purpose:**
   To establish a manual process for calculating trip mileage when the A2C system is unable to do so.

2. **Policy**
   Trip mileage is always recorded as the shortest distance traveled to an appointment using www.mapquest.com. The method outlined below shall mirror the process the A2C system uses to calculate mileage.

3. **Procedures:**
   Member Service Representatives (MSR) will open Internet Explorer and go to www.mapquest.com .

   2.1. Once on MapQuest, the MSR will choose "Driving Directions."

   2.2. MSRs will accurately enter the complete location and destination addresses.

      2.2.1. Enter the pick-up address in the *From* address location in MapQuest.

      2.2.2. Enter the drop-off address in the *End* location in MapQuest.

   2.3. CCA will click Directions Options and choose Shortest Distance from the menu.

   2.4. Confirm the address location and zip codes.

   2.5. MapQuest will calculate the shortest mileage based on address and zip code information.

   2.6. Shortest distance mileage will be displayed.

   2.7. If unable to enter the mileage information submit information to designated supervisor for system input.

Access2Care	SHORT NOTICE URGENT POLICY	
	Policy 206	Job Classes: Operations Effective Date: September 2010
		Review: January 29, 2017 Revised: March 22, 2016
		Responsible Party: Member Service Center

1. Purpose:

To define a process for Member Service Representative (MSR) to follow when managing trips with less than client required advance days' notice.

2. Policy:

Access2Care defines short notice or urgent trips as any trip that fails to meet the advance notice requirements. MSRs may verify urgent need with medical provider, not including hospital discharges. Health Plans have the ability to schedule short notice or urgent trips on behalf of the member, with or without the member on the phone.

3. Procedures:

For any trips that fall outside the protocol requirement, the MSR may verify the urgency of the trip.

3.1. Approved urgent trips are:

- 3.1.1. Dialysis, Chemotherapy or Radiation treatments
- 3.1.2. Transport to an urgent care facility
- 3.1.3. Health Plan scheduled
- 3.1.4. Hospital discharge (see Hospital Discharge Policy 207)
- 3.1.5. Medical provider confirms urgency

3.2. Denied urgent trips are:

- 3.2.1. A trip where the medical provider states it is not urgent
- 3.2.2. Member forgetting to schedule transportation
- 3.2.3. Member unaware of advance notice requirement
- 3.2.4. Any appointment that conflicts with medical provider's office hours

3.3. To Schedule urgent trips;

- 3.3.1. As required, MSR will verify that the member has an appointment
- 3.3.2. As required, will receive authorization from the Health Plan
- 3.3.3. If appointment is not scheduled and/or health plan does not approve
- 3.3.4. MSR will deny the trip and educate member on Health Plan's scheduling notice.
  - 3.3.4.1. Code the denied trip with appropriate reason code of "Non-Urgent Short Notice Denied"
- 3.3.5. Any approved short notice or urgent trip, MSR will;
  - 3.3.5.1. Offer mileage reimbursement option as authorized by client protocols
    - 3.3.5.1.1. Applicable and member accepts mileage reimbursement, (See Policy 219 Mileage Reimbursement)

Access2Care	SHORT NOTICE URGENT POLICY	
	Policy 206	Job Classes: Operations Effective Date: September 2010
		Review: January 29, 2017 Revised: March 22, 2016
		Responsible Party: Member Service Center

3.4. If appointment is verified and approved and mileage is not accepted or offered by the Health Plan

3.4.1. MSR will scheduled trip and e-mail the urgent trip details to the transportation dispatch team

Access2Care	HOSPITAL DISCHARGE	
	Policy 207	Job Classes Operations Effective Date: September 1, 2010
		Reviewed: Janaury 29, 2017 Revised: June 25, 2015
		Responsible Party: Member Service Center and Network Operations

1. Purpose:

To provide guidelines for Member Service Representatives (MSR) and Network Operations to follow when arranging transportation for participant/members who are being discharged from a facility setting.

2. Policy:

If authorized by health plan protocols, all hospital discharges are same day transportation, unless previously set for non-emergent ambulance.

3. Procedures:

For discharges, MSRs will review protocols to ensure that the health plan offers discharges as an approved benefit. A transportation request for eligible persons received by hospital personnel are automatically approved and do not need verification by a medical provider.

3.1. MSR will ask if the member/participant if the discharge time is known;

3.1.1. If yes, proceed with creating a trip request following Policy 203

3.1.2. If no;

3.1.2.1. Create a trip with the available information

3.1.2.2. Enter in remarks the estimated time of discharge

3.1.2.3. Enter discharge appointment time as 23:59

3.2. Network Operations will schedule the request with a network transportation provider at the contracted rate.

3.3. If unable to locate a provider, approval to negotiate rates must be obtained from the designated Network Operations personnel.

Access2Care	TRIP INQUIRY	
	Procedures 208	Job Classes: Operations
		Effective Date: September 1, 2010
		Review: January 29, 2017 Revised: June 25, 2015
		Responsible Party: Member Service Center

1. **Purpose:**

   To assist all parties with transportation-related issues that may occur during the course of a scheduled trip.

2. **Policy:**

   It is the policy of Access2Care to research and resolve all transportation questions in a prompt and efficient manner.

3. **Procedures:**

   3.1. When a participant, member, medical provider, or transportation provider calls concerning the whereabouts of scheduled transportation, the Member Service Representative (MSR) will:

   3.1.1. Confirm that the trip is scheduled in the A2C system

   3.1.2. Warm transfer the caller to the Dispatch Operations team, who will work with the caller to resolve transportation barriers

   3.1.3. The Dispatch Operations team will speak with the assigned transportation provider and provide the caller with the provider's ETA

   3.1.3.1. Document the information in the remarks section include;

   3.1.3.2. Contact Name

   3.1.3.3. ETA

   3.1.3.4. Date and Time

   3.1.4. Reason for delay

   3.1.4.1. If the timely arrival for the appointment is at risk or the caller has been waiting in excess of an hour following the pickup window for a return ride;

   3.1.4.1.1. Contact alternative transportation providers in the area to request an immediate dispatch. If unable to locate an available transportation provider;

   3.1.4.1.2. Immediately refer the escalated issue to your direct manager.

   3.1.4.1.3. Enter a complaint for a Transportation Provider No-Show (See Policy 604 Complaints, Resolutions, and Appeals)

   3.1.5. Document pertinent information in trip remarks;

   3.1.5.1. Alternative Provider(s) Contacted

   3.1.5.2. Name of Manager the Issue was Referred To

   3.1.5.3. Assigned Provider Reason for No Show

   3.1.5.4. Date and Time the Caller was Provided an Update

Access2Care	**RED FLAG POLICY**	
	Policy 209	Job Classes: Operations Effective Date: September 1, 2010
		Review: January 29, 2017 Revised: June 25, 2015
		Responsible Party: Member Service Center

1. Purpose:

To define the process for noting or highlighting participant/member records with specific information concerning their transportation needs or requirements.

2. Policy

It is policy for Access2Care to note any extra information as a "Red Flag". Red Flags are used to notify Member Service Representatives (MSR) of information and instructions that must be reviewed before scheduling a trip. (See Policy 203 Scheduling Transportation)

3. Procedures:

3.1. During the trip scheduling process, if the MSR needs to add notes, they will utilize the Member [Participant] Profile / Red Flag feature.

3.2. Types of Red Flags:

3.2.1. Level of Service Override – Participant/member states they are unable to use the prescribed level of service.

3.2.1.1. CSR must obtain verification of necessity for level of service requested. (Bus Override Form, DMV Check, etc.). If a medical provider override is requested, the medical provider must specify if the override is temporary or indefinite.

3.2.1.2. If an override is received, a Red Flag is created in Access2Care listing all levels of service approved.

3.2.2. Warning / Caution – Identifies participant/members that have been confirmed as using transportation services in an inappropriate manner.

3.2.2.1. MSR is required to verify all transportation requests.

3.2.2.2. Verify appointment with the medical provider or health plan prior to scheduling a trip.

3.2.3. Protocol Overrides – Identifies situations when a transportation request is outside of published operating guidelines, but the health plan has authorized an exception.

3.2.3.1. MSR verifies transportation request is within guidelines of the exception.

3.3. To Create a Red Flag

3.3.1. Click on "View Member Profile"
3.3.2. Click "Red Flag"
3.3.3. Click "Add"

3.3.4. Enter information that warranted the Red Flag notation
3.3.5. Select Flag Expiration date
3.3.6. Select date from calendar to note Red Flag expiration date.
3.3.7. Select checkbox for "No Expiration" if the information must stay on the account indefinitely.

Access2Care	EMERGENCY PREPAREDNESS PLAN	
	Policy 210	Job Classes: Operations Effective Date: September 1, 2010
		Review; January 29, 2017 Revised: March 22, 2016
		Responsible Party: Operations

1. **Purpose:**

This document outlines the Access2Care strategic response to emergency, natural and man-made, events. This is to provide guideance for immediate response and recovery from unplanned business interruptions.

2. **Policy:**

It is the policy of Access2Care to ensure business continuity and safety of staff and health plan membership. If and when emergency situations occur, the Access2Care leadership team will act as the governing body to provide guidenace and support for the below procedures.

3. **Procedures:**

3.1. The local operation team is responsible for acquiring information on an ongoing basis to determine possible concerns that could impact business operations. This information can be obtained in combination with observation, state highway control websites, local weather forecasters, area law enforcement, and local network provider evaluations.

3.2. Access2Care Leadership team will determine locations and risk levels based on the acquired information.

3.3. Transportation Disruption

3.3.1. Level One: Public transportation and transportation providers are running; non-high-risk riders are either unable and/or unwilling to use originally scheduled transportation because of inclement weather conditions.

3.3.1.1. Offer participant/members mileage reimbursement for a friend or family member to drive, as appropriate

3.3.1.2. Inform rider that required advance notice will be waived to allow them to reschedule their appointment for another day.

3.3.1.3. Member Service Representative (MSR) will make every effort to locate a provider capable of providing the services requested for all urgent requests.

3.3.2. Level Two: Transportation is slowed; public transportation and transportation providers remain operational.

3.3.2.1. For public transportation users, minimum walking distance requirements can be waived at the participant/member's request.

3.3.2.2. Inform rider that required advance notice will be waived to allow them to reschedule their appointment for another day.

3.3.2.3. MSRs will make every effort to locate a transportation provider capable of providing the services for urgent requests.

3.3.3. Level Three: When the area is threatened with or experiencing serious inclement weather and transportation providers notify Access2Care that they are discontinuing service.

3.3.3.1. The operation will immediately notify the client of the stoppage.

3.3.3.2. Access2Care and the transportation provider will make every attempt to notify riders that have already scheduled transportation of the travel restrictions and encourage them to reschedule their appointments.

3.3.3.3. MSRs will begin shifting high-risk trips to providers who remain operational and who will accept new trips.

3.3.3.4. MSRs will make every effort to locate a provider capable of providing services urgent requests.

3.3.3.5. If the rider and the transportation provider agree to a transport, MSRs will verify with the medical provider that the appointment has not been cancelled or delayed before transportation is scheduled. If so, the trip will be cancelled and they will be asked to reschedule the appointment.

3.3.3.6. MSRs will begin cancelling non-essential, non-urgent trips.

3.3.3.7. Inform rider that the required notice will be waived to allow them to reschedule his or her appointment for another day.

3.3.4. Level Four: The state declares a state of emergency.

3.3.4.1. Operations leadership will immediately notify the client of a non-essential transportation stoppage.

3.3.4.2. MSRs will begin cancelling all trips for the next twenty-four (24) hours by notifying all participant/members and transportation providers.

3.3.4.3. Operations leadership and appropriate network personnel will ensure that all transports in progress are completed and riders are returned to their points of origin.

3.4. Member Service Center Network Outage

3.4.1. Short Term –Under Four (4) Hours

3.4.1.1. Notify Helpdesk request a Priority 1 Ticket

3.4.1.2. Notify Member Service & Operations Manager(s)

3.4.1.3. Notify other Commercial Center's to initiate manual trip entry

3.4.1.4. Notify Network Coordinators of the web portal outages

3.4.2. Mid Term-Under twenty four (24) Hours

3.4.2.1. Activate Management Task Force to evaluate outage & prep for long term

3.4.2.2. Activate remote agents in Florida, Missouri, Idaho or Iowa service centers

3.4.2.3. Activate manual trip assignment process

3.4.3. Long Term-Greater than twenty-four (24) hours

3.4.3.1. Activate alternate staffing plan

3.4.3.2. Account manager notify Health Plan(s)
3.4.3.3. Activate manual trip assignment process

3.5. Enterprise Network Outage

3.5.1. Short Term –Under Four (4) Hours
3.5.1.1. Notify Helpdesk request a Priority 1 Ticket
3.5.1.2. Notify Member Service & Operations Manager(s)
3.5.1.3. Initiate manual trip entry
3.5.1.4. Notify Network Coordinators of the web portal outages
3.5.1.5. Local IT staff on-site monitoring and evaluating situation
3.5.2. Mid Term-Under twenty four (24) Hours
3.5.2.1. Activate Management Task Force to evaluate outage & prep for long term
3.5.2.2. Activate remote agents in Florida, Missouri, Idaho or Iowa service centers
3.5.2.3. Activate alternate staffing plan
3.5.2.4. Activate manual trip assignment process
3.5.3. Long Term-Greater than twenty-four (24) hours
3.5.3.1. Activate alternate staffing plan
3.5.3.2. Account manager notify Health Plan(s)
3.5.3.3. Activate manual trip assignment process

3.6. Data Center Outage

3.6.1. Short Term-Under Four (4) Hours
3.6.1.1. Notify Helpdesk request a Priority 1 Ticket
3.6.1.2. Notify Member Service & Operations Manager(s)
3.6.1.3. Notify Network Coordinators of the web portal outages
3.6.1.4. Notification to Health Plan(s)
3.6.1.5. Intiate manual trip entry
3.6.1.6. Local IT staff on-site monitoring and evaluating situation
3.6.2. Mid Term-Under twenty four (24) Hours
3.6.2.1. Activate Management Task Force to evaluate outage & prep for long term
3.6.2.2. Active alternate staffing integration
3.6.2.3. Determine and activate any areas of BCP that are affected by outage
3.6.2.4. Activate manual trip assignment process
3.6.3. Long Term-Greater than twenty-four (24) hours
3.6.3.1. Verify alternate Data Site is online
3.6.3.2. Activate manual trip assignment process

3.7. Phone System Outage

3.7.1. Short Term –Under Four (4) Hours
- 3.7.1.1. Notify Helpdesk request a Priority 1 Ticket
- 3.7.1.2. Notify Member Service & Operations Manager(s)
- 3.7.1.3. Notification to the Health Plan(s)
- 3.7.1.4. Local IT staff on-site monitoring and evaluating situation
- 3.7.1.5. Management to ensure/force out all agents from Avaya
- 3.7.1.6. Failover call routing initiated to unaffected service centers

3.7.2. Mid Term-Under twenty four (24) Hours
- 3.7.2.1. Activate Management Task Force to evaluate outage & prep for long term
- 3.7.2.2. Activate manual trip assignment process

3.7.3. Long Term-Greater than twenty-four (24) hours
- 3.7.3.1. Procure & configure additional disaster recovery phones
- 3.7.3.2. Contact Health Plan(s)of any routing changes needed/required for DR

3.8. Access2Care Scheduling Platform Outage

3.8.1. Short Term –Under Four (4) Hours
- 3.8.1.1. Notify Helpdesk request a Priority 1 Ticket
- 3.8.1.2. Notify Member Service & Operations Manager(s)
- 3.8.1.3. Notify GNS Business Integration group
- 3.8.1.4. Notify Network Coordinators of the web portal outages
- 3.8.1.5. Initiate manual trip entry

3.8.2. Mid Term-Under twenty four (24) Hours
- 3.8.2.1. Activate Management Task Force to evaluate outage & prep for long term
- 3.8.2.2. Notify Network Coordinators of web portal outage
- 3.8.2.3. Account manager notifies Health Plan(s)
- 3.8.2.4. Activate manual trip assignment process

3.8.3. Long Term-Greater than twenty-four (24) hours
- 3.8.3.1. Account manager notify Health Plan(s)
- 3.8.3.2. Activate manual trip assignment process

3.9. Client Web Portal Outage

3.9.1. Short Term –Under Four (4) Hours
- 3.9.1.1. Notify Helpdesk request a Priority 1 Ticket
- 3.9.1.2. Notify Member Service & Operations Manager(s)
- 3.9.1.3. Notify Transportation Coordinators
- 3.9.1.4. Notify National Transportation Manager

3.9.2. Mid Term-Under twenty four (24) Hours
- 3.9.2.1. Activate Management Task Force to evaluate outage & prep for long term

3.9.2.2. Account Manager to notify Health Plan(s) contacts of the situation
3.9.2.3. Activate manual trip assignment process
3.9.3. Long Term-Greater than twenty-four (24) hours
3.9.3.1. Network/Transportation Coordinators coordinate contacting vendor
3.9.3.2. Activate DR Hardware Vendors

3.10. Member Service Center Power Outage

3.10.1. Short Term –Under Four (4) Hours
3.10.1.1. Notify Helpdesk request a Priority 1 Ticket
3.10.1.2. Notify Member Service & Operations Manager(s)
3.10.1.3. Notify local utility company
3.10.1.4. Local IT staff on-site monitoring and evaluating situation
3.10.1.5. Notify other Commercial Center(s)
3.10.2. Mid Term-Under twenty four (24) Hours
3.10.2.1. Activate Management Task Force to evaluate outage & prep for long term
3.10.2.2. Active remote agents in Florida, Missouri, Idaho or Iowa service centers
3.10.3. Long Term-Greater than twenty-four (24) hours
3.10.3.1. Management Task Force to evaluate length of outage
3.10.3.2. Prep alternate sites for re-location of evacuated MSR's
3.10.3.3. Coordinate with the local ooperation of continued fuel delivery

3.11. Building Evacuation Or Emergency Situation

3.11.1.1. Short Term –Under Four (4) Hours
3.11.1.1.1. If appropriate, notify local authorities
3.11.1.1.2. Notify Helpdesk of evacuation
3.11.1.1.3. Notifications to Member Service & Operation Manager(s)
3.11.1.1.4. Notify other Commercial Center's
3.11.1.1.5. Unaffected Location Manager force out associates from evacuated center
3.11.1.2. Mid Term-Under twenty four (24) Hours
3.11.1.2.1. Activate Management Task Force to evaluate outage & prep for long term
3.11.1.2.2. Active remote agents in Florida, Missouri, Idaho or Iowa service centers
3.11.1.2.3. Local IT staff on-site monitoring and evaluating situation
3.11.1.3. Long Term-Greater than twenty-four (24) hours
3.11.1.3.1. Management Task Force to evaluate length of evacuation
3.11.1.3.2. Prep alternate site for re-location of evacuated MSR's

3.12. Severe Weather

3.12.1.1. Short Term –Under Four (4) Hours
- 3.12.1.1.1. Notifications to Member Service & Operations Manager(s)
- 3.12.1.1.2. Tornado Warning or short term event prompts staff relocation to designated safe areas
- 3.12.1.1.3. Notify other Commercial Centers for call overflow

3.12.1.2. Mid Term-Under twenty four (24) Hours
- 3.12.1.2.1. Activate Management Task Force to evaluate outage & prep for long term
- 3.12.1.2.2. Notify other Commercial Centers for call overflow
- 3.12.1.2.3. Active remote agents in Florida, Missouri, Idaho or Iowa service centers

3.12.1.3. Long Term-Greater than twenty-four (24) hours
- 3.12.1.3.1. Management Task Force to evaluate length of outage
- 3.12.1.3.2. Notify other Commercial Centers for call overflow
- 3.12.1.3.3. Evaluate use of alternate site for relocation of affected MSR's
- 3.12.1.3.4. Local IT staff on-site monitoring and evaluating situation

Access2Care	INFORMATION CHANGE NOTIFICATION POLICY	
	Policy 211	Job Classes: Operations Effective Date: September 1, 2010
		Review: January 29, 2017 Revised: June 25, 2015
		Responsible Party: Operations

1. Purpose:

To provide guidelines for notifying clients of changes and/or updates to all approved and published policies and procedures.

2. Policy:

Access2Care realizes the importance of notifying appropriate parties when updates are made to policies and procedures. Updates or revisions may be the result of contractual changes/discussions, or may be identified during routine review. All policies and procedural documents will be reviewed as required but at a minimum of once per year.

3. Procedure:

3.1. Once a request is received to add, change, or delete a current policies and/or procedures, Access2Care staff will follow these steps to implement changes:

- 3.1.1. The request is submitted to the Quality Team.
- 3.1.2. Quality Team assigns a Subject Matter Expert (SME) to develop the new or edited process.
- 3.1.3. The new policy or procedure must be approved by the following leaders in descending order:
  - 3.1.3.1. Quality Manager or Equivalant
  - 3.1.3.2. Corporate Quality
  - 3.1.3.3. Operations
  - 3.1.3.4. Director of Client Services
- 3.1.4. Once approved internally, the request is submitted to the client for approval.
- 3.1.5. If required, changes will be made by the Quality Manager or their designee as agreed to by the client and Access2Care.
- 3.1.6. The approved changes are added to the Policy Manual.
- 3.1.7. The Director of Operations will ensure distribution to appropriate staff and if necessary network transportation providers within five (5) days of the client's approval.

Access2Care	LANGUAGE LINE AND RELAY SERVICE POLICY	
	Policy 212	Job Classes: Call Center Operations Effective Date: August 22, 2011
		Review: January 29, 2017 Revised: April 26, 2016
		Responsible Party: Member Service Center

1. **Purpose:**

   To provide guidelines and procedures for Member Service Representatives (MSR) to provide transportation scheduling, complaint reporting or general customer services for non-English speaking and hearing impared callers.

2. **Policy:**

   It is the policy of Access2Care to ensure that we communicate effectively with our callers and the participant/members we serve. The Language Line translation service is used to assist non-English speaking and *711 Relay Service is used to assist hearing impared callers at no charge and are available 24/7/365.

3. **Procedures:**

   3.1. MSR determines caller is non-English speaking:

   3.1.1. MSR determines the caller is a Spanish speaker, transfer call to the Spanish queue to route call to a Spanish-fluent CSR.

   3.1.1.1 MSR must remain on line with the caller until a Spanish-fluent MSR assumes control of the call.

   3.2. For situations where Access2Care multilingual MSRs are not available, MSR contacts Language Line with the caller on the phone:

   3.2.1. Dial the toll free number 866-874-3972.

   3.2.2. Press 1 for Spanish.

   3.2.3. Press 2 for all other languages.

   3.2.4. Advise the language line operator of the language required, if known.

   3.2.5. Provide Access2Care's ID number: **9 2 4 0 0 1.**

   3.3. For Relay Service calls for the hearing impared;

   3.3.1. The Relay representative will identy themselves and explain the purpose of the call.

   3.3.2. The MSR should provide assistance to the Relay representative as they would the member.

   3.4. The MSR, through the Language Line interpreter or Relay Service, schedules the trip following standard trip guidelines (See Scheduling Transportation Policy 203).

Access2Care	LANGUAGE LINE AND RELAY SERVICE POLICY	
	Policy 212	Job Classes: Call Center Operations Effective Date: August 22, 2011
		Review: January 29, 2017 Revised: April 26, 2016
		Responsible Party: Member Service Center

3.5. When the transportation is set, record the participant's, member, and/or representative language requirements in a "Red Flag" remark. (See Red Flag Policy 209)

Access2Care	CANCELLING TRANSPORT	
	Policy 213	Job Classes: Operations Effective Date: 11/1/2011
		Review: January 29, 2017 Revised: May 23, 2017
		Responsible Party: Member Service Center and Network Operations

1. Purpose:

To define the procedures used to cancel previously scheduled trips and trips cancelled in the A2C system.

2. Policy:

Member Service Representatives (MSR) may cancel trips at the request of a participant/member or medical provider. All trip cancellations require a cancellation code.

3. Procedures:

3.1. There are two (2) types of cancelled trips: a Scheduled Trip Cancelation and Cancelled During Call Intake.
- 3.1.1. Scheduled Trip Cancellation:
  - 3.1.1.1. In trip management screen, select Cancel Trips
  - 3.1.1.2. Document all information leading to the cancellation in Trip Remarks.
    - 3.1.1.2.1. Caller Name (and facility, if applicable)
    - 3.1.1.2.2. Cancel Reason
- 3.1.2. Cancelled During Call Intake:
  - 3.1.2.1. Select the "Cancel Call" icon
- 3.1.3. Choose the correct cancel reason code based on the scenario
  - 3.1.3.1. Cancel codes and descriptions are listed below
- 3.1.4. When cancellation is made by an individual other than the member, verify with the caller that the member is aware or will be made aware of the cancellation.
  - 3.1.4.1. Document call outcome in Trip Remarks

Cancel Reason	Description
Cancelled At Intake	The trip request was not completed prior to call closing. *Example: Member did not have the destination address of the medical provider.*
Does not meet Transpt Protocol	The member requested a trip that did not comply with the health plan protocols. *Example: The member requested a transport for a not approved destination, time, vehicle type or number of attendees.*
Ineligible for Transport	The caller requested a transport and was not found or active on the health plan's eligibility file. *Example: The caller requests a transport and was not in A2C system as a health plan member.*

Access2Care

CANCELLING TRANSPORT

Policy 213	Job Classes: Operations Effective Date: 11/1/2011
	Review: January 29, 2017 Revised: May 23, 2017
	Responsible Party: Member Service Center and Network Operations

Member Cancelled Prior to Trip	The member cancelled the trip prior to the driver arriving for pickup. *Example: The member called the transportation provider or Access2Care to cancel the scheduled transport.*
Member No Show	The member was not at pickup location upon the driver arrival. *Example: The transportation provider was unable to find the member after arriving for transport.*
Vendor No Show	The driver was not at pickup location before the member's appointment time. *Example: The driver was no call - no show for the member's scheduled transport.*
Vendor Cancel- Equip Breakdown	The driver was unable to accommodate the trip because of vehicle breakdown or malfunction. *Example: The transportation company contacted Access2Care to notify their vehicle wouldn't start.*
Vendor Cancel-ResourceUnavail	A transportation provider was unable to accommodate accepted trip. *Example: The transportation provider contacted Access2Care to notify their driver went home sick.*
Vendor Cancel-Traffic/Ex ETA	The driver was unable to accommodate the trip because of traffic related delay. *Example: The transportation provider contacted Access2Care to notify their driver was stuck in traffic and can not transport the member.*
Cancel- by Plan	The Health Plan representative cancelled the trip upon or prior to driver arriving for pickup. *Example: Jane, a member representative at ABC Health, notifies Access2Care that the member will not be attending the appointment.*
Cancel- SocialWorker/Facility	A member's representative cancelled trip upon or prior to driver arriving for pickup. *Exmaple: Sally, the member's mother, notifies Access2Care that the member will not be attending the appointment.*
Cancel- No Vendor Available	Access2Care was unable to locate an available tranportation provider for the requested appointment date. *Example: Access2Care was not able to find a driver/vehicle that could transport the member at the requested time.*
Weather / Disaster	The trip was cancelled because of adverse weather conditions. *Example: A tropical storm has made travel in the service area dangerous.*
Rescheduled Request	The member, medical facility or member representative requested the trip to be cancelled and rescheduled for a different date of service. *Example: Medical facility notifies Access2Care or the Transportation Provider that the scheduled medical appointment changed.*

Access2Care	CANCELLING TRANSPORT	
	Policy 213	Job Classes: Operations Effective Date: 11/1/2011
		Review: January 29, 2017 Revised: May 23, 2017
		Responsible Party: Member Service Center and Network Operations

Unable to Confirm	The member appointment could not be verified with the member or medical facility. *Example: Upon speaking with the medical facility, the member does not have an appointment scheduled.*
Untimely Filing	System use only - Automated claim denial code

Access2Care	LONG DISTANCE/OVERNIGHT STAY TRANSPORTATION POLICY	
	Procedures 215	Job Classes: Operations
		Effective Date: September 1, 2012
		Review: January 29, 2017 Revised: June 25, 2015
		Responsible Party: Operations

1. PURPOSE:

To outline the standards and requirements to manage requests for trips meeting client long distance guidelines.

2. POLICY:

It is Access2Care policy that long distance trips as defined by the health plan protocols be reviewed by the Case Management Department. The following criteria determines a trip that may be case managed for distance purposes:

- Trips over required miles one-way
- Lodging is requested
- Meal reimbursement is requested
- Flights are requested

3. PROCEDURE:

3.1 Call Center:

3.1.1 In the "Trip Intake" Screen:

3.1.2 Assign Case Management (CAS) as the level of service

3.1.3 Choose "Parking Account" as the vendor/transportation provider

3.1.4 Verify that, as required, a medical referral has been received

3.1.4.1 If not, advise the caller that a physician's referral stating the medical necessity to travel outside of the guideline area will be required If yes:

3.1.5 Complete a manual long distance trip form

3.1.6 Member Service Representative (MSR) will confirm the following information with all callers:

3.1.6.1 Appointment day, date, and time

3.1.6.2 Pick up location address (including city, state, and zip-code)

3.1.6.3 Destination information (including city, state, and zip-code)

3.1.6.4 Participant/member's contact phone number

3.1.6.5 Physician's name and referring physician's name, if applicable

3.1.6.6 Duration of trip

3.1.6.7 Special needs

3.1.7 Inform the caller the trip request will be passed on to the long distance team for further case management.

3.1.8 After the call is complete, place the trip request in the designated area.

3.2 Clinical Case Manager or Equivalant

3.2.1 Review the trip request as submitted by the MSR.

3.2.2 Verify if a physician's referral has been received

3.2.2.1 If yes, verify the medical diagnosis and medical necessity to travel out of the home area is clearly stated.

3.2.2.2 If no referral has been received, place the request in the "Waiting for Referral" file

3.2.2.2.1 Contact the participant/member to remind them of the required documentation and that the request is on hold pending notification.

3.2.3 Upon receipt of valid medical referral, ensure request is within Administrative Code/Client guidelines including closest provider of the same type and specialty.

3.2.4 Approve or deny the trip based on guidelines

3.2.4.1 If the trip is approved:

3.2.4.1.1 Assign trip to a Case Assessment Coordinator (CAC) See Section 3.3.

3.2.4.2 If the trip is denied:

3.2.4.2.1 Notify participant/member (or representative) of denial reason and that they will receive a letter notifying them of the decision and of the Appeal process.

3.2.4.2.2 Advise participant (or representative) they can submit any additional supporting documentation to Access2Care for further review within five (5) business days.

3.2.4.2.3 Generate denial letter

3.2.5 If participant/member provides further supporting documentation, submit entire trip request packet, including letter from local physician making the referral, to the Client

3.2.6 If the denial is overturned, document approval information and assign to CAC for trip arrangements to be made

3.3 Case Assessment Coordinator

3.3.1 Research the most cost effective transportation and accommodations based on guidelines and medical needs..

3.3.2 Make all travel arrangements

3.3.3 Air Travel Accommodations

3.3.3.1 Arrange and prepay airfare for participant and authorized travelers though Travel Focus. Trip may be scheduled one-way or round-trip.

3.3.3.2 If applicable, reimburse participant/member and authorized traveler for the cost of one (1) checked bag each, excluding medical equipment.

3.3.3.3 Provide flight information to travelers.

3.3.4 Lodging

3.3.4.1 Arrange lodging for participant and authorized travelers. Lodging may include Ronald McDonald houses, hotels and motels.

3.3.4.2 Provide accommodation information to travelers.

3.3.4.3 Additional expenses with receipts directly related to travel will be considered for reimbursement.

3.3.5 Ground Transportation

3.3.5.1 Arrange ground transportation for participant/member and authorized travelers when possible.

3.3.5.2 Ground transportation, tolls, and parking fees will be reimbursed when accompanied with itemized receipts (See Policy 236 Adjudication of Long Distance Charges).

3.3.5.3 Provide travel documents to travelers.

3.3.5.4 Additional expenses with itemized receipts directly related to travel will be considered for reimbursement.

3.3.6 Meal Reimbursement:

3.3.6.1 Determine the number of authorized meals for the participant/member and authorized travelers.

3.3.6.2 Meals are reimbursed according to guidelines and requirements. Itemized receipts may be required.

3.3.7 The CAC will provide the trip itineraries and documents to track and record trip expenses.

3.3.8 CAC will complete the trip record in A2C system including amended level of service, transportation providers, and notes of travel arrangement and details.

3.3.9 CAC will enter trip information on the long distance spreadsheet.

3.3.10 File trip request packet.

3.3.11 Any Long Distance/Overnight Stay Transportation request that is Urgent or occurs after hours will follow (Policy 206 Short Notice Urgent Policy).

Access2Care	PRE SERVICE TRIP DENIAL	
	Policy 216	Job Classes: Operations Effective Date: September 1, 2010
		Review: January 29, 2017 Revised: March 22, 2016
		Responsible Party: Contact Center

1. **Purpose:**
   To provide guidelines when Access2Care must deny a participant/member's transportation request.

2. **Policy:**
   Access2Care will deny requests for transportation services when the request fails to meet criteria set forth by the client.

3. **Procedures:**
   3.1. All transportation service requests are screened prior to trip authorization.

   3.2. When Access2Care must deny a transportation request, Member Service Representatives (MSR) swill provide the caller with information on why the transportation request must be denied. Denials are determined by client protocols. Trips may be denied for some of the following reasons:

   3.2.1. *Trip Purpose/Other Transportation*

   3.2.1.1. Trip purpose is not a covered service.

   3.2.1.2. member has access to free transportation and client requirements dictate member must use these transportation

   3.2.2. *Requested date of service*

   3.2.2.1. Transport is less than required days' notice and is not deemed urgent.

   3.2.3. *Out of Area/Long Distance*

   3.2.3.1 Trip is not pre-approved as an authorized long distance or overnight trip by the client. (See Policy 228 Long Distance Transportation)

   3.3. For all denials, MSRs will document the denial reason(s).

   3.3.1. Beneficiary has Medicare-B/Alternative coverage
   3.3.2. Additional information requested and was not received
   3.3.3. Expired eligibility
   3.3.4. Non-covered service
   3.3.5. Non-urgent short notice denied
   3.3.6. Not closest provider
   3.3.7. Other available transportation
   3.3.8. Unable to confirm
   3.3.9. Other defined client denial reasons

   3.4. If the contract requires an appeal processes advise that a letter with the denial reasons will be mailed via USPS mail.

3.4.1. All denial letters will be mailed the next business day as required by client contracts

3.5. Inform the member of their right to appeal the decision as delegated by client contract.

Access2Care	VERIFYING ELIGIBILITY POLICY	
	Procedures 217	Job Classes: Operations
		Effective Date: August 22, 2011
		Review: January 29, 2017 Revised: June 25, 2015
		Responsible Party: Operations

1. Purpose:

To describe procedures and guidelines to ensure that only eligible participant/members receive authorized transportation services.

2. Policy:

It is the policy and practice of Access2Care to verify participant/member eligibility for services before arranging requested transportation. Access2Care will update its eligibility files with files provided by the client.

3. Procedures:

3.1.1 Eligibility search returns a match, Member Service Representative (MSR) schedules trip.

3.2 Eligbility search returns a match, but some information must be updated.

3.2.1 If all HIPAA information (See Policy 224 Confidentiality and HIPAA) has been verified, make the requested updates.

3.3 If eligibility cannot be confirmed, the MSR will attempt to verify via the following:

3.3.1 MSR will complete a manual trip form, detailing all trip and participant/member information. The MSR will give the form to a Call Center Lead who will contact the Health Plan or web service to confirm eligibility, as applicable.

3.3.1.1 *If eligible* — MSR will contact the caller to schedule trip request. Participant/member information will be manually added to A2C and notes the account.

3.3.1.2 *If not eligible* — MSR will deny the transportation request.

3.3.1.2.1 MSR will note the reason for denial. (See Policy 216 Pre-Service Trip Denial).

3.3.1.2.2 MSR will inform participant/member of their right to appeal the decision, if required by client contract.

Access2Care	MILEAGE REIMBURSEMENT POLICY	
	Policy 219	Job Classes: Operations Effective Date: September 1, 2010
		Review: January 29, 2017 Revised: April 26, 2016
		Responsible Party: Operations

1. Purpose:

To describe the policy and procedures for Member Service Representatives (MSR) to use when arranging mileage reimbursement for participant/members or their designated payee.

2. Policy:

It is the policy of Access2Care to offer mileage reimbursement for all eligible persons where practical and within the authorized levels of service and guidelines.

3. Procedures:

3.1 For persons who qualify for mileage reimbursement, the MSR will:

- 3.1.1 Gather the driver's first and last name, and the complete address where the mileage reimbursement payment will be mailed.
- 3.1.2 If required by health plan protocols, advise the caller that we are mailing a packet of information that must be complete prior to payments being issued.
- 3.1.3 The packet must be returned with:
  - 3.1.3.1 The IPA form, if applicable containing an original signature, as applicable
  - 3.1.3.2 Copy of a valid driver's license of the driver, as applicable
  - 3.1.3.3 A copy of vehicle insurance (proof of insurance) card, as applicable
- 3.1.4 Advise the caller that the required information must be returned by:
  - 3.1.4.1 USPS
- 3.1.5 The Individual Provider will not be reimbursed for services without appropriate documentation. (See Policy 304 Claims-Mileage Reimbursement)
- 3.1.6 For Mileage reimbursement payees who need to change their information for payment, will submit forms per health plan agreements.

INDIVIDUAL PROVIDER INSTRUCTIONS

(EXAMPLE)

Dear Individual Provider:

Enclosed you will find your Individual Provider Contract.

You must fill out this form prior to transporting any Medicaid participant.

Please read and sign this contract and send the contract along with a copy of your current valid Driver's License and a copy of your current Insurance card to the following address:

Access2Care/AMR
Attn: Claims Department
6363 S Fiddlers Green Circle, 14th Floor
Greenwood Village, CO 80111

Trips submitted without this information on file will not be reimbursed for payment.

TRANSPORTATION SERVICES AGREEMENT

("You") and AMR agree as follows:

1. You agree to provide transportation services as approved by AMR, in accordance with the terms of this Agreement, and in accordance with IDAPA 16.03.09.872.
2. AMR shall compensate You at the rate of $.25 per mile for transportation services provided to participant to and from their Medicaid medical appointment. To receive payment, you need to provide AMR the following:
   a) Photocopy of Your current, valid driver's license from the State of Idaho, or a valid driver's license from a bordering state.
   b) Photocopy of Your current insurance card which shows at least the minimum liability insurance required by Idaho law for the vehicle used to transport participant.
   c) The original of this document signed and dated by You.
3. You also agree that at the time You provide transportation services You will:
   a) Be at least eighteen (18) years of age (unless transportation is provided by a parent who is under eighteen (18) years of age)
   b) Be courteous, patient and helpful to their passenger(s) as well as neat and clean in appearance.
   c) Not smoke while in the presence of the participant or use alcohol, narcotics, illegal drugs, medications or other drugs that impair ability to operate the vehicle
   d) Provide assistance to the participant in the process of being seated and confirm that all seat belts, car and booster seats are fastened properly as well as provide necessary assistance, support, and oral directions. Such assistance will include assistance with participants of limited mobility, and movement and storage of mobility aids and wheelchairs.
   e) Immediately report all accidents to AMR in which the Medicaid participant was involved.
4. You will ensure that Your personal vehicle complies with or exceeds state, federal, and manufacturer's safety and mechanical operating and maintenance standards as well as:
   a) Has functioning and accessible seat belts for each passenger seat position including the utilization of child safety seats when transporting children age six (6). These child safety seats will meet Idaho standards and be used in the appropriate manner.
   b) Has a functioning speedometer, odometer, clock, two exterior rear view mirrors, one on each side of the vehicle, information packet containing vehicle registration and insurance card.
   c) Ensure that the passenger compartment are clean, free from torn upholstery, flooring, or ceiling covering, damaged seats, and protruding sharp edges.
5. You agree to notify AMR if a participant is injured while being transported.
6. Each party shall comply with the privacy provisions of the *Health Insurance Portability and Accountability Act of 1996* and the regulations thereunder ("HIPAA"), and with such other requirements of HIPAA that may become effective during the Term. All participant information will be treated as confidential so as to comply with all state and federal laws.
7. You agree to comply with other such requirements as required by AMR.

AMERICAN MEDICAL RESPONSE, INC.:

By:_____

Print Name & Title:_____

Date: _____

YOU:

By:_____

Print Name:_____

Date: _____

Name(s) of Participants to be transported by this person:

Name: _____ MID #: _____

Name: _____ MID #: _____

Access2Care	PARTICIPANT/MEMBER INTERVENTIONS	
	Policy 220	Job Classes: Operations Effective Date: September 1, 2012
		Review: January 29, 2017 Revised: September 30, 2015
		Responsible Party: Operations

1. **Purpose:**

   To define policy and procedures when taking intervention action with participant/members.

2. **Policy:**

   At times, Access2Care may find it necessary to counsel and educate participant/members who schedule trips and consistently miss appointments ("no-shows") and/or have repetitive reports of unacceptable behavior according to rules and guidelines.

3. **Procedures:**

   The following describes services, standards and guidelines followed when interventions take place.

   3.1. No Shows/Failure to Cancel Transportation Services:

   3.1.1. Interventions are held at the discretion of Access2Care and/or the health plan Intervention and education can occur anytime a participant/member is a "no-show" or fails to cancel transportation services in a timely manner.

   3.1.2. Interventions are held on a case-by-case basis depending on the circumstances

   3.1.2.1. For example, intervention and education may be provided when a person is a "no-show" for a trip that is long distance or was difficult to schedule due to location, etc., whereas, another person may not receive intervention/education until a pattern of "no-show" behavior develops.

   3.2. Failure to Adhere to Days' Notice Trip Scheduling Requirement:

   3.2.1. Excluding urgent trips, repeated failure to follow health plan guidelines by requesting to schedule non-urgent trips with less than the required business hours standard.

   3.3. Unacceptable Caller or Passenger Behavior:

   3.3.1. Behavior issues are handled on a case-by-case basis and may include unacceptable but non-violent behavior.

   3.3.1.1. If disruptive passenger behavior, Access2Care will consult with health plan representatives to determine the best course of action.

3.3.1.2. If disruptive caller behavior, Access2Care may flag the member account and request the health plan to schedule all member future trips via the Health Plan Help Desk

3.4. Lost, Damaged or Stolen Items

3.4.1. If a member alleges that an item is lost, damanged or stolen during transport; Access2Care does not take any responsibility for the item

3.4.2. Access2Care will provide the member the contact information for the transporation provider

3.4.3. If requested, Access2Care will make an attempt to contact the provider to obtain information or help to arrange the return of a lost item.

3.5. Severe/Major Behavior Events:

3.5.1. All validated reports of behavior such as a threat to life or safety that would cause risk of injury to a driver or other passengers.

3.5.2. Access2Care staff will cancel all member future transports and flag the member account only allowing transports to be scheduled by Health Plan staff

3.5.3. Account Manager will contact Health Plan, inform them of the event and request member intervention

3.5.4. A Significant Event may be declared (See Policy 507 Significant Events)

3.6. Guidelines for Participants/Members

3.6.1. If warranted, participants may be asked to:

3.6.1.1. Call Access2Care before a scheduled trip to confirm their intention to utilize transportation

3.6.1.2. Other guidelines as deemed necessary by Access2Care and health plan

3.6.2. For the circumstances warranting guidelines for participant/members, the following actions will take place:

3.6.2.1. The situation and actions taken will be discussed with a member of the Access2Care management team

3.6.2.2. Consultation with health plan representatives to determine best course of action

3.6.2.3. Participant/member/care provider will be advised of guidelines

Access2Care	CONFIDENTIALITY/HIPAA POLICY	
	Policy 224	Job Classes: Operations Effective Date: January 1, 2010
		Review: January 29, 2017 Revised: June 25, 2015
		Responsible Party: Operations

1. **Purpose:**

   To ensure proper handling of all confidential participant information following Health Insurance Portability and Accountability Act (HIPAA) guidelines and company regulations.

2. **Policy:**

   Access2Care will protect participant/member confidentiality and Individual Identified Health Information (IIHI) and has implemented guidelines and procedures to ensure that information is protected, and requires that all employees and subcontractors follow HIPAA requirements and company regulations.

3. **Procedures:**

   3.1. IIHI information may be used to assess the appropriate level of transportation needed for the non-emergency transportation (NET) requests.

   3.2. All employees will be trained on how to handle IIHI they may encounter during the course of their jobs. All employees must sign an agreement upon completion of the new hire training that they understand standards for handling IIHI and HIPAA information.

   3.3. Any materials containing IIHI will be kept strictly confidential and only employees having the need to access that information in order to perform their jobs are permitted to do so.

   3.4. All records and documents relevant to the Contract will be maintained in accordance with the Contract and Records Retention Policy (See Policy 515 Records Retention and Maintenance).

   3.5. Information that cannot be disclosed through a conversation, a note, or an e-mail also cannot be disclosed on a blog or social networking site. Transmission of confidential patient material or other confidential or proprietary information, without the permission of the patient or the company, is prohibited.

   3.6. Access2Care requires that subcontractors safeguard participant/member information in accordance with all HIPAA and Access2Care regulations and guidelines.

   3.7. Subcontractors are required to notify the Access2Care Network Coordinator or equivalent within twenty-four (24) hours of discovery of any violations of HIPAA standards.

3.8. Access2Care Operations Manager or equivalent will notify a client within twenty-four (24) hours of notification of any violation of HIPAA standards.

3.9. Access2Care Operations Manager or equivalent will notify the Quality Manager or equivalent of a HIPAA breach who will then declare a "Significant Event" (See Policy 507 Significant Events).

3.10. Accessing participant/member information that is not required to perform the job is subject to disciplinary action up to and including dismissal.

Access2Care	PLACING TEST CALLS IN A LIVE PRODUCTION AND REPORTING ENVIRONMENT	
	Policy 226	Job Classes: All Operations
		Effective Date: March 23, 2012
		Review: January 29, 2017 Revised: June 25, 2015
		Responsible Party: Operations

1. PURPOSE:

To outline the guidelines and procedures associated with placing "test calls" in a live production and reporting environment.

2. POLICY:

Access2Care's Member Service Manager or equivalent may authorize a member of the leadership team (supervisor, Quality Manager or IT representative) to place a "test call" into a live production and reporting environment for the sole purpose of testing telephone line operability. All other staff members are prohibited from placing "test calls" in a live production and reporting environment.

3. PROCEDURE:

3.1 All requests to place a test call into a live production and reporting environment must be submitted to the Member Service Manager or equivalent for review, consideration, and approval.

3.2 Placing test calls in the live production and reporting environment may only be approved for the following reasons:

- 3.2.1 To investigate a report of telephone line issues/concerns.
- 3.2.2 To confirm resolution of reported telephone line issues/concerns.

3.3 Placing test calls in a live production and reporting environment is not approved for the following reasons:

- 3.3.1 Staff member quality reviews or to monitor MSR behavior.

3.4 Member Service Manager or equivalent must notify the operations IT representative and Director of Operations when test calls have been authorized. The notification must include:

- 3.4.1 Date test call(s) were made in the live production and reporting environment.
- 3.4.2 Total number of calls placed in the live production and reporting environment.
- 3.4.3 A detailed explanation of the reason test calls were necessary.

3.5 Director of Operations will notify all affected clients:

3.5.1 The reason or need for the test calls.
3.5.2 How many test calls were placed on their line.

Access2Care	FRAUD, WASTE, AND ABUSE GENERAL COMPLIANCE	
	Procedures 227	Job Classes: Operations
		Effective Date December 1, 2013
		Reviewed: January 26, 2017 Revised: August 18, 2017
		Responsible Party: All Departments

1. PURPOSE:

To establish guidelines and procedures to monitor, detect, and deter fraud, waste and abuse (FWA) of Medicare and/or Medicaid program funds.

Abuse: Abuse includes provider practices that are inconsistent with sound fiscal, business or medical practices, and result in an unnecessary cost to Medicare, Medicaid, the Client or an enrollee, or in reimbursement for services that are not necessary or that fail to meet professionally recognized standards for health care. Abuse also includes enrollee practices that result in unnecessary costs.

Exclusion: Exclusion means Access2Care will not reimburse a specific provider who has defrauded or abused Access2Care for items or services that the provider furnished.

Fraud: An intentional deception or misrepresentation, whether by act or omission, made by a person with the knowledge that the deception could result in some unauthorized benefit to himself/herself or some other person. It includes any act that constitutes fraud under applicable state or federal law.

Incident: A situation of possible fraud, abuse, or waste.

Suspension: Suspension means that Access2Care will not reimburse a specified provider who has been convicted of a program related offense in a federal, state or local court for items or services that the provider furnished.

Waste: The Office of Inspector General (OIG) defines waste as including incurring unnecessary costs as a result of deficient management, practices, or controls.

2. POLICY:

Access2Care policy requires that employees understand the definitions of fraud, waste, and abuse and their role in the detection and prevention of these activities through new hire orientation, annual training and general practice. Employees are expected to report any suspected fraud, waste, and abuse situations to his/her supervisor or manager. If the employee is unable or unwilling to notify his/her

supervisor or manager, the employee must notify the Ethics & Integrity helpline, 1-877-835-5267. No retaliatory action will take place against any employee who reports incidents of fraud, waste, or abuse.

3. Access2Care prohibits any acts of intentional deceptions or misrepresentations made by a person that knowingly acted with the knowledge that the deception(s) could result in some unauthorized benefit to him/her or some other person. This includes the prohibition of any act that constitutes fraud under applicable federal or state law. Access2Care will not "knowingly" contract with providers that are inconsistent with sound fiscal business or medical practices that result in an unnecessary cost to Access2Care, or in reimbursement for services that are not health plan approved or that fail to meet recognized standards. If Access2Care is already contracted with a provider practice that intentionally commits fraud or abuse it will report the fraudulent activities as outlined in this policy and terminate their contract.

4. Access2Care in its administration and management of services maintains a system of detecting and responding to fraud and abuse allegations. This includes, but is not limited to, the implementation of operational policies and controls, reporting, education efforts, monitoring and auditing. Access2Care will maintain compliance with the following business practices:

   4.1. Annual Compliance Plan
   4.2. Code of Conduct
      4.2.1. Commitment to compliance with all applicable laws, regulations, and requirements.
      4.2.2. Address specific areas of potential fraud such as claims submission process and financial relationships with its cubcontractors.
      4.2.3. Detailed information about the False Claims Act established under Sections 3729 through 3733 of title 31, USC.
      4.2.4. Administrative remedies for false claims and statements established under chapter 38 of title 31, USC.
      4.2.5. State laws pertaining to civil or criminal penalties for false claims and statements.
      4.2.6. Whistleblower protections under such laws with respect to the role of these laws in preventing and detecting fraud, waste and abuse in Federal health care programs as defined in 42 USC 1320a-7b.

5. Access2Care utilizes various risk evaluation techniques to monitor compliance and assist in the reduction of fraud and abuse:
   5.1. Claim audit

5.2. Service Verification
5.3. Quality Improvement activities
5.4. Access2Care employee, subcontractor and subcontractor employee queries through the Office of Inspector General Health and Human Services Exclusions Database, the Excluded Parties List System and various State exclusion queries on a prehire and monthly basis.

6. Access2Care does not contract or reimburse transportation providers for covered services who are currently suspended, debarred or otherwise sanctioned or excluded from participating in Medicaid and or Medicare, or who have been convicted of a felony or misdemeanor related to a crime or violation of Title XVIII, XIX, or XX of the Social Security Act or related laws.

6.1. Any Provider who is currently suspended disbarred, or otherwise terminated or excluded by CMS may not provide services to Client's Members.
6.2. Subcontractors who are suspended or terminated by CMS must report this action within two (2) business days of the decision. Access2Care will in turn report the suspension to the Client.
6.3. Access2Care will assist members in obtaining a new provider in the event that their provider is suspended or terminated.
6.4. Confirmed cases of fraud and abuse carry with them a variety of penalties. Sanctions can include, but are not limited to, the following:
  6.4.1. Suspension: Provider claims can be processed but not paid.
  6.4.2. Exclusion:
    6.4.2.1. Based on State law can exclude a provider from participation for financial misconduct, including not having records to support claims.
    6.4.2.2. Mandatory Exclusion by Federal Government: The Federal Government, through OIG, can impose various administrative sanctions, including civil money penalties and program exclusion.
    6.4.2.3. Termination of Provider Contract.
    6.4.2.4. Termination of Employment.

6.5. Access2Care will review the following prior to initial credentialing and recredentialing for identification of sanctioned providers: OIG/SAM databases and various State databases
6.6. Access2Care will notify the Client's Compliance and Quality Improvement Manager upon identification of a sanctioned provider.

7. The Access2Care compliance program is under oversight and administered through the Envision Healthcare Compliance Office. The Compliance Office is responsible for

the development and implementation of annual education and training programs. Applicaible compliance policies include;

7.1. Policy 1 – Duties of Compliance Personnel
7.2. Policy 3 – Reporting Potential Issues or Areas of Non-Compliance
7.3. Policy 4 – Compliance Committee Policy
7.4. Policy 5 – Exclusion or Debarred Persons or Entities Policy
7.5. Policy 6 – Non-Retaliation Policy

8. Education and Training for Participating Providers and Staff
   8.1. Education and training will be provided during initial orientation period, 90 days, accompanied by an annual training and education program for employees. All employees are charged with ensuring the organization's adherence to each of the standards established for the compliance program.
   8.2. The program shall complement the employee's annual compliance training and will include additional information for:
      8.2.1. Fraud & Abuse Reporting
      8.2.2. Detection and Compliance Responsibilities
      8.2.3. HIPAA
      8.2.4. Changes or updates to relevant policies
      8.2.5. Personal rights and responsibilities under the False Claims Act including whistleblower) laws
      8.2.6. Other topics as identified or required
   8.3. Each employee is responsible for assisting in compliance activities.
      8.3.1. No person will be subject to any retaliation or disciplinary action for good faith reporting under this program, even if allegations made in good faith are found to be groundless. Failure to report known or suspected violations may be grounds for disciplinary action including discharge.
   8.4. Each employee is charged with assisting Access2Care in its efforts to adhere to the highest ethical and professional standards and to correct immediately any deviation from legal or regulatory standards. Specifically, all employees will:
      8.4.1. Comply with all policies and procedures;
      8.4.2. Comply with all applicable state and federal rules and regulations;
      8.4.3. Conduct themselves with the highest standards of honesty and integrity;
      8.4.4. Utilize Access2Care's reporting mechanism and/or anonymous reporting system to report any observed or suspected deviations from the standards and receive initial and annual education on compliance duties and on mechanisms in place to ensure compliance.

9. When to Report Fraud and Abuse

Access2Care	FRAUD, WASTE, AND ABUSE GENERAL COMPLIANCE	
	Procedures 227	Job Classes: Operations
		Effective Date December 1, 2013
		Reviewed: January 26, 2017 Revised: August 18, 2017
		Responsible Party: All Departments

9.1. Access2Care will report verified and/or suspected cases of fraud and abuse, including fraud and abuse or non-compliance conducted by *employees and subcontractors* to the Client or State Agency, as applicable, within 24 hours, following the directives provided within the Significant Event policy 507.

9.2. Access2Care will report verified and/or suspected cases of fraud and abuse, including fraud and abuse or non-compliance conducted by *health plan members* to the Client or State Agency, as applicable, within 24 hours. Access2Care will continuously audit and review suspected member transport requests until such time that a determination is made on the case.

Access2Care	INCENTIVE PAY TO EMPLOYEES	
	Policy 228	Job Classes: Operations
		Effective Date: May 2, 2013
		Review: January 29, 2017 Revised: June 25, 2015
		Responsible Party: Operations

1. **PURPOSE:**

To define expectations and guidelines pertaining to incentive pay to employees.

2. **POLICY:**

Access2Care will not provide incentive pay to employees based on utilization of health care services including the use of Non-Emergency Transportation (NET).

3. **PROCEDURE:**

3.1 Access2Care has not established and will not pay bonuses or incentives to employees centered on utilization of services.

3.2 Access2Care has established and may pay bonuses to employees based on company performance as outlined in the Access2Care Employee Handbook.

3.3 Access2Care does not promote the compromise of services in exchange for monetary compensation.

Access2Care	CONSUMER SAFETY	
	Policy 229	Job Classes: Operations
		Effective Date: June 1, 2012
		Review: January 29, 2017 Revised: June 25, 2015
		Responsible Party: Operations

1. PURPOSE:

To define expectations and guidelines when Access2Care associate receives a call and suspects suspicious circumstances or behavior that may impact consumer safety.

2. POLICY:

If an associate suspects or becomes aware of circumstances or behavior that could impact consumer safety, such as, but not limited to: child, elder abuse, and/or spousal/domestic abuse, they must immediately notify a member of the management team.

3. PROCEDURE:

3.1 CCA assists the caller with the nature of the call and then contacts a member of the Access2Care management team to report the suspected situation within five (5) minutes of the call.

3.2 Access2Care leadership will call the contract's main points of client contact within two (2) hours of receipt of the incident.

3.3 The client will notify all appropriate personnel within their department / state structure as per their request.

3.4 Access2Care will provide trip and or call detail upon request by the client.

3.5 As appropriate, the Quality Manager or equivalent will initiate a potential Significant Event (SE). (See Policy 507 Significant Event)

Access2Care	PARTICIPANT SERVICES ACCESS	
	Procedures 230	Job Classes: Operations
		Effective Date: December 15, 2013
		Review: January 29, 2017 Revised: June 25, 2015
		Responsible Party: Operations

1. PURPOSE:

To define how Access2Care provides access to services offered through the Clients Access2Care Non-Emergency Transportation (NET) program as defined and applicable through each client contract.

2. POLICY:

Access2Care provides multiple avenues of access for the community served by the NET program established in the Agreement with the Client. Business Continuity Plans and disaster recovery plans are in place to minimize service interruptions.

3. PROCEDURE:

3.1 Business hours as defined by client requirements within the health plan protocols

3.2 After hours calls are reserved for urgent trip requests as defined within health plan protocols

3.3 All trips scheduled follow HIPAA verification guidelines

3.4 Contact center performance is tracked 24/7/365 and reported to health plans as defined within the contract or protocols

3.5 Service levels are reviewed to meet or exceed requirements.

3.6 If there is an extended period of time where the call center is not going to meet service levels (for example, due to a phone outage), the Client Services Manager will contact the client to outline a service plan to be enacted during the outage.

3.7 If there is an extended period of time whereby service levels may not be met, the Disaster Recovery / Business Continuity Plan is enacted.

Access2Care	**CLOSEST MEDICAL PROVIDER-DENIALS**	
	Procedures 231	Job Classes: Operations
		Effective Date: January 1, 2012
		Review: January 29, 2017 Revised: March 22, 2016
		Responsible Party: Member Service Center

1. PURPOSE:

To define expectations and guidelines for denying transportation requests when there is a closer provider of the same type and specialty.

2. POLICY:

It is Access2Care's policy to verify that the participant/member is using the closest medical/service provider of the same type and specialty, as applicable by client contract. Closest medical provider is defined by contract and defines mileage that is considered beyond the transportation limits this generally only applies to State Programs who have defined requirements for closest medical provider.

3. PROCEDURE:

3.1 All trips over defined parameters will be verified as the closest medical provider unless there are exceptions:

- 3.1.1 Provider is available within defined guidelines
- 3.1.2 Validate if this is the closest provider of the same type and specialty.
  - 3.1.2.1 If Yes schedule service
  - 3.1.2.2 If No
    - 3.1.2.2.1 Pre-service - First time transporting to this provider: Deny transportation to original requested provider and educate member of closer medical provider.

      Post Service- Educate member on closest medical provider requirement. Member provided letter of medical necessity to be signed. After client defined required days notice of denial.

3.2 Cancel all trips for the proper denial reason advise member that there is a provider referral form that can either be emailed or faxed or, if available, downloaded off the Access2Care

3.3 As delegated by client protocols explain to the member that they will receive a denial letter in the mail that will have instructions on how to file an appeal. (See Policy 216)

3.4 Member Service Representative (MSR) will advise /member that we are denying transportation – not denying service.

Access2Care	CLOSEST MEDICAL PROVIDER-DENIALS	
	Procedures 231	Job Classes: Operations
		Effective Date: January 1, 2012
		Review: January 29, 2017 Revised: March 22, 2016
		Responsible Party: Member Service Center

3.5 All letters of medical necessity submitted may be reviewed by designated reviewers.

3.5.1 If trip denial stands –Member will receive notice that transportation will not be approved to their preferred provider and the appropriate denial will be noted in the system.

3.5.2 If trip denial is overturned- Member will receive notice that transportation will continue to their preferred provider.

3.5.2.1 The file will be noted so no future trips are denied for this provider.

Access2Care	DIRECT BILL / INVOICING	
	Policy 237	Job Classes: Operations
		Effective Date: January 1, 2012
		Review: January 29, 2017 Revised: June 25, 2015
		Responsible Party: Claims and Billing

1. PURPOSE:

To provide for policy and procedures for setting up direct billing / invoicing with vendors.

2. POLICY:

Access2Care will arrange direct billing / invoicing as needed and contractually required, for primarily long distance, participant/members who require services for the Non-Emergency Transportation (NET) program.

3. PROCEDURE:

3.1 Direct Bill Set-up: Provide the following information to the vendor as requested:
- 3.1.1 Direct bill application
- 3.1.2 Credit references for Access2Care

3.2 Obtain the following information from the vendor:
- 3.2.1 W9 tax form
  - 3.2.1.1 Must be a current version of the form
  - 3.2.1.2 Must include appropriate remittance address information
  - 3.2.1.3 Email a scanned copy to the Reimbursement Department
- 3.2.2 IRS Letter
  - 3.2.2.1 Must have company name and TIN

3.3 A copy of all forms will be filed at the Operation.

3.4 Authorization / Pricing: When making a direct bill lodging reservation, the employee will send a "Letter of Authorization" to the lodging facility. The letter will include the following information:
- 3.4.1 Name of the facility
- 3.4.2 Name of participant/member and parent/guardian/attendant (if authorized)
- 3.4.3 Approved date of check-in
- 3.4.4 Approved date of check-out
- 3.4.5 Total number of nights authorized for stay
- 3.4.6 Amount of negotiated rate per day including parking and other approved incidental expenses.

3.5 Once service is rendered, the vendor will bill Access2Care by sending an invoice to the Operations Access2Care office.

3.6 Invoice Requirements: All invoices must include:

3.6.1 A breakdown of the charges billed
3.6.2 Name of the guest
3.6.3 Check-in and check-out date

3.7 All invoices will be notated with:
3.7.1 Participant/Member name
3.7.2 Medicaid ID number
3.7.3 Trip number
3.7.4 Initials of employee who approved the invoice
3.7.5 EMSC Accounts Payable Coding stamp, completed with:
3.7.5.1 The general ledger code
3.7.5.2 Amount
3.7.5.3 Signature of Approver
3.7.5.4 Case Manager or authorized employee
3.7.5.5 Signature of Operations Director or authorized employee

3.8 Once the invoice has been notated, the long distance spreadsheet will be updated to show:
3.8.1 Date invoice was received
3.8.2 Date invoice was sent to the NRC for payment

3.9 Payment: All approved invoices will be mailed with the "Letter of Authorization" to the NRC within fifteen (15) business days of receipt.
3.9.1 Once an invoice has been sent for payment, a copy of the invoice will be notated with the date that the invoice was mailed.
3.9.2 A copy of the invoice and corresponding "Letter of Authorization" will be filed at the Operation.

3.10 The "Letter of Authorization" will be used to validate all invoices.
3.10.1 For invoices that are not paid in the requested amount
3.10:1.1 A note will be made on the invoice indicating the total that is approved for payment.
3.10.1.2 The reason the total approved for payment is different than the invoice total.
3.10.1.3 Initials of employee who approved the invoice
3.10.1.4 The Case Assessment Coordinator (CAC) will notify the vendor of the partial payment.
3.10.2 For invoices that are not approved for payment

3.10.2.1 A note will be made on the invoice indicating why the payment is not approved.

3.10.2.2 Initials of employee who denied the invoice

3.10.2.3 The CAC will notify the vendor that payment has not been approved.

3.10.2.4 The denied invoice will be filed at Operation notated with the date that the invoice was denied.

3.11 Accrual: Each month a total of the lodging expenses will be generated.

3.12 On the first business day of every month, an email will be sent to the designated Financial Analyst, which will include:

3.12.1 Total amount of lodging expenses

3.12.2 Total amount of lodging expenses sent for payment

3.12.3 Total amount of outstanding hotel expenses

3.12.4 The email will include the totals for any month that has an outstanding balance.

Access2Care	MANAGING TRANSPLANT REQUESTS	
	Policy 238	Job Classes: Operations
		Effective Date: January 1, 2014
		Review: January 29, 2017 Revised: June 25, 2015
		Responsible Party: Case Manager

1. PURPOSE:

To establish a procedure for participant/members who are notified that a transplant is available from out-of-the-area facilities.

2. POLICY

Participant/members who are notified that a transplant is available have unique transportation requirements that require unique scheduling. All requests for transportation-related transplant services will be referred to the Case Manager (CM), or designee.

3. PROCEDURE:

Upon notification that the patient has been placed on a transplant list and may need urgent transportation to obtain the transplant, CM will take the following action:

- 3.1.1 Make contact with participant/member and/or care provider.
- 3.1.2 Request a medical referral that confirms placement on the transplant list.
- 3.1.3 Requests transplant coordinator contact information.
- 3.1.4 Determine possible methods of transportation.
  - 3.1.4.1 Collect patient and attendant information needed to make travel arrangements for flights or another common carrier. This information may include full name, date of birth, etc., as it appears on identification documents.
  - 3.1.4.2 Ensure all documents for mileage reimbursement are on file:
  - 3.1.4.3 Individual Provider Agreement
  - 3.1.4.4 Copy of driver's license
  - 3.1.4.5 Copy of insurance
  - 3.1.4.6 If commercial ground transportation is authorized, coordinate with transportation provider.
- 3.1.5 Determine what medical equipment will be needed during travel.
- 3.1.6 Advise participant /member that a doctor's note will be needed to take equipment on board any flights.
- 3.1.7 Document all information in the member profile in the A2C system.

3.2 Contact with Health Plan/State

- 3.2.1 The Case Manager will contact the client's Emergent Transportation Coordinator, or equivalent, and advise them of the pending transplant.
- 3.2.2 The Emergent Transportation Coordinator will notify Access2Care if emergent transport has been pre-authorized in the event that Non-Emergency Transportation (NET) is not feasible.
- 3.2.3 Emergent transportation services through client will only be used in the event that Non-Emergent transportation modalities such as mileage reimbursement or commercial air travel will not facilitate the patient's arrival at the transplant center in the allotted time provided by the center.

3.3 Contact with Transplant Coordinator

- 3.3.1 CM will contact the transplant coordinator and coordinate services for the patient's transportation. This includes explaining the role of the transportation broker in the event the participant/member is contacted for transplant.
- 3.3.2 The transplant coordinator will be supplied with contact information for Access2Care, including after-hours urgent call procedures.
- 3.3.3 The CM will also ensure the transplant coordinator has business-hour contact information for IDHW Emergent Transportation Coordinator.

3.4 Notification of Available Organ

- 3.4.1 Once the participant/member has been notified that an organ is available for their transplant, the participant/member will notify Access2Care. Depending on availability, time sensitivity, and cost effectiveness.
- 3.4.2 All attempts will be made to transport the member in the time allotted by the facility.
- 3.4.3 Transportation may include
  - 3.4.3.1 Mileage reimbursement
  - 3.4.3.2 Commercial or Medical ground
  - 3.4.3.3 Commercial or Medical flight

3.4.3.4 In the event that no means of non-emergency transportation will allow arrival within the time allotted by the transplant facility, the transplant coordinator or participant/member will be instructed to access alternative pre-planned transportation options.

TRANSPORTATION FOR FRIENDS, FAMILY, AND SELF

Policy 239	Job Classes: All Operations Effective Date: November 2, 2013
	Review: January 29, 2017 Revised: June 25, 2015
	Responsible Party: Operations

1. **Purpose:**
To define expectations and guidelines for handling Non-Emergency Transportation (NET) requests for friends, family, and/or self.

2. **Policy:**
Employees will not discuss transportation eligibility nor schedule transportation for friends, family members, or for themselves. These requests must be referred to the main telephone number of the Member Service Center, the Member Service Supervisor, or a member of the Access2Care management team.

3. **Procedures:**

3.1 Employees are prohibited from scheduling transportation for themselves, relatives and/or friends.

3.2 If an Access2Care employee is eligible for the NET program and needs to schedule transportation for him or herself, they must contact the Member Service Supervisor or a member of the management team to complete the trip request.

3.3 If an employee receives a request for transportation while outside of work duties, they will refer the requestor to the main center number. Employees may not schedule transportation for friends or family members (including neighbors, acquaintances, etc.).

3.4 If, while on duty, an employee receives a call for transportation from a friend, family member, etc., they will transfer the call to another employee, the call center lead, or to a member of the management team. Employees may not schedule these transportation requests.

3.5 The lead or manager will verify eligibility (See Policy 217 Verify Eligibility) and schedule transportation in the A2C system.

Access2Care	MEDIA INFORMATION RELEASE	
	Procedures 240	Job Classes: Operations
		Effective Date:January 12, 2012
		Review: January 29, 2017 Revised: June 25, 2015
		Responsible Party: Member Service Center

1. PURPOSE:

To ensure that all communication with media representatives is handled within set guidelines.

2. POLICY:

Requests for information from media representatives will be referred to the Director of Operations for review. Employees will not discuss any information with media personnel on any given topic whether routine or non-routine requests.

3. PROCEDURE:

3.1 Upon receipt of a request for information from a media representative, the receiving employee will:

- 3.1.1 Advise the representative they are not at liberty to discuss any detail of Access2Care operations including information about services, participant/members, employees, or contracts.
- 3.1.2 Offer to transfer the call to the desk phone of the Director of Operations. If unavailable:
  - 3.1.2.1 Refer the request to the highest-ranking level of management.
- 3.1.3 The notified management will determine the proper channels for handling the request.
- 3.1.4 At no time may any employee disclose Protected Health Information (PHI) to media representatives.
- 3.1.5 All interactions with media personnel must stay within HIPAA guidelines.

3.2 For situations or Significant Events where the media may become involved, refer to (Policy 507 Significant Events).

Access2Care	STAFFING FORECAST	
	Policy 249	Job Classes: All Operations
		Effective Date: January 1, 2013
		Review: January 29, 2017 Revised: June 25, 2015
		Responsible Party: Member Service Center

1. Purpose:

To provide information on how call centers determine client call volumes and determine personnel requirements.

2. Policy:

To ensure Access2Care meets client service requirements and to maximize flexibility Access2Care has determined that Member Service Representatives (MSR) will be crossed trained on multiple contracts to meet client demand. Forecasts will be reviewed daily for reliability and predictability to minimize variances.

3. Procedure:

Access2Care has established the following process to meet call requirements.

3.1.1 The Member Service Director and staff will review the IEX software to review call center statistics to determine the number of CCAs required to meet client requirements.

3.1.1.1 Member Service Director and staff will retrospectively review client requirements and as needed adjust CCA's to meet client demand.

3.1.2 Member Service Director and Client Services will review all current and pending contracts and determine additional staffing requirements.

3.1.3 Member Service Director will review the current number of MSRs and determine the adequacy of meeting client requirements

3.1.4 If additional MSRs are required to meet forecasts;

3.1.4.1 Determine number of MSRs required to meet current and future demand.

3.1.4.2 Work with the appropriate Supervisors and trainer(s) to cross train on additional client protocols.

3.1.5 Member Service Staff will review staffing models, call center statistics and identify any potential scheduling gaps.

Access2Care	SYSTEM ISSUE AND OUTAGE	
	Policy 250	Job Classes: All Operations
		Effective Date: January 1, 2013
		Review: January 29, 2017 Revised: June 27, 2017
		Responsible Party: Operations

1. **Purpose:**

To provide information on the proper course of action regarding phone or system outages.

2. **Policy:**

To ensure phone or system outages lasting longer than five (5) minutes are properly communicated and mitigated.

3. **System Outage Procedure:**

Staff are to adhere to the following procedure.

3.1 Notify Supervisor to contact Helpdesk and request a priority one (1) ticket

3.1.1 Supervisor to notify local IT staff, if required

3.2 Supervisor will send an email to the following {see 5. Appendix}:

3.2.1 Director of Contract Compliance and Oversight

3.2.2 Director of Client Services

3.2.3 Member Service Managers

3.2.4 Director of Business Integration

3.2.5 Workforce Manager

3.2.4 Account Executives/Managers

3.3 Notifications will include

3.3.1 Detailed description of the outage with error message examples

3.3.2 Note if it is a phone or and/or A2C outage

3.3.3 Include the priority ticket number and ETA, if available

3.3.4 Call centers affected

3.4 If e-mail is not available, text or call cell numbers {see 5. Appendix}

3.5 Update every thirty (30) minutes until resolved

3.5.1 Client Services will notify Health Plans, as required

3.5 When operations are operating at normally and confirmed send recap of outage start and end to all parties.

4. System Issue or Concern Procedure:

4.1 Notify your supervisor you are having problems with the application

4.1.1 In which call center are you located?

4.1.2 What is the best number to reach you?

4.1.3 What your supervisor's name, phone, and email?

4.1.4 Describe the issue and provide screen prints

4.1.5 Can you log into Citrix (apps.emsc.net)?

4.1.6 Does Access2Care Desktop – PROD open?

4.1.7 What steps/actions were taken to get the error?

4.1.8 What was the outcome of the steps taken?

4.1.9 What was the intended outcome?

4.2 Supervisor to contact the Help Desk at extension 51555 or 866-267-9111 or IT.SupportServices@emsc.net

4.2.1 If the issue is critical, (i.e. agents cannot schedule trips), refer to 3. System Outage Procedure

Access2Care	SYSTEM ISSUE AND OUTAGE	
	Policy 250	Job Classes: All Operations
		Effective Date: January 1, 2013
		Review: January 29, 2017 Revised: June 27, 2017
		Responsible Party: Operations

5. Appendix

Who to Contact & When GOAL: Open a ticket#. Communicate the issue. Resolve!	
First Contacts	• **Notify I.T Support Services (Helpdesk)** requesting a **Priority 1 ticket# at ext 51555 or by calling 1-866-267-9111** • Also, Immediately alert your Local IT Staff, if available.
When to Contact	• When any major outage **5 + minutes in duration** with high customer impact. **Report sooner (ASAP) if negative impact requires it.** (1+ contact center down is a priority 1 ticket.)
Email key A2C management and I.T. staff IMMEDIATELY via Dist List: ***A2C Contact Center Outage Alert***	• Always send an Outage Alert Notice to the Distribution List **A2CContactCenterOutageAlert@evhc.net** Note: The above distribution includes all A2C Contact Center Management, Client Services, I.T Contacts, and Senior Access2Care Management.
Information to include for outage notice	• Detailed description of the outage with **error msg examples**. • Note if it is a Phone, Access2Care outage, or both. • **Include the Priority 1 Ticket#** and ETA, if available. • Which call centers are affected. (call or e-mail to find out)

Access2Care	SYSTEM ISSUE AND OUTAGE	
	Policy 250	Job Classes: All Operations
		Effective Date: January 1, 2013
		Review: January 29, 2017 Revised: June 27, 2017
		Responsible Party: Operations

Call and Text if E-mail is <u>not</u> available	• Texting and Calling available (Cell phones listed below) A. Kevin Taylor Cell# 727-365-7831 (MS Director) B. Barbara Artice Cell# 314-297-8931 (MS Clearwater) C. Kim Barron Cell# 314-399-2393 (MS St. Louis) D. Emilio Ramirez Cell# 208-577-1751 (MS Boise) E. Les Turner Cell# 314-768-1303 (MS Ops All Locations) F. Adam Almaguer Cell# 303-802-7456 (Compliance) G. Crystal Rouse Cell# 503-310-5286 (West Region) H. Greg Scott Cell# 469-662-1155 (South Region) I. Scott Anderson Cell# 515-320-6602 (Central Region) J. Ron Dunbar Cell# 208-789-4223 (West Network) K. George White Cell 303-475-3044 (Escalation)
Frequency of your updates	• Send updates **every 30 <u>min</u> until resolved.** (even if no ETA) • **Note:** Client Services will notify Health Plans as needed.
Send "*All Clear*" alert to all parties	• **Send recap of outage start and outage resolution time to the above distribution after the outage is confirmed as over.**

Access2Care	TRIP DOCUMENTATION POLICY	
	Policy 251	Effective Date: January 1, 2010
		Review: January 29, 2017 Revised: June 28, 2016
		Responsible Party: Operations

1. Purpose:

To define trip remark requirements for all inbound and outbound calls.

2. Policy:

All Access2Care staff speaking with a member or transportation provider; or making changes to a transport are required to document the interaction in trip remarks. The policy applies to both inbound and outbound calls.

3. Procedures:

The following information must be noted on each and every member contact. Date and time stamp are automatically recorded.

3.1 Trip Remarks (Member Notes)

- 3.1.1 All Access2Care staff speaking with or making changes to a member transport are required to review previous documentation regardless of type to ensure that the issue has not already been addressed.
- 3.1.2 At a minimum, Access2Care staff must enter the following information on each member or transportation provider encounter:
  - 3.1.2.1 Access2Care staff first intial and last name
  - 3.1.2.2 Brief summary of the conversation
  - 3.1.2.3 Brief update or change made to the transport
  - 3.1.2.4 Any outcomes of actions taken

3.2 Transportation Provider Notes

- 3.2.1 All Access2Care staff speaking with or making changes to a member transport are required to review previous documentation regardless of type to ensure that the issue has not already been addressed.
- 3.2.2 Only one note should be present per trip and should only contain information pertainent to the trip as relayed by the health plan, member or member's representative.
  - 3.2.2.1 If a trip note exists, add to or edit the information by double clicking on the original note

Access2Care	TRAINING POLICY	
	Policy 252	Effective Date: January 1, 2010
		Review: January 29, 2017 Revised: August 18, 2017
		Responsible Party: All Departments

1. Purpose:

To define the initial and continuing education requirements that is the Access2Care training curriculum.

2. Policy:

It is the policy of Access2Care to provide our clients with our training manual, requirements for audits and new business. At times clients may just request our training outline and expectations. All Access2Care employees are required to complete employee handbook training and General Compliance Training, within 90 days of hire and annually thereafter, in addition to the specific training outline listed below. This policy is in support of those requirements.

3. Procedures:

The trainer will follow the new hire training as outlined below for classroom training. All Member Service Representatives (MSR) are required to sign a training roster which will be part of their employee record. Week two of training will consist of the trainer and mentors working side by side with the trainees. All trainers will determine the structure of daily quizzes and material review based on classroom adult learning theory and incorporates all learning styles.

3.1 MSR New Hire Training.

3.1.1 Introductions
3.1.2 General Compliance Training
3.1.3 Fraud Waste and Abuse Training
3.1.4 A2C Policies and Procedures
3.1.5 A2C Cultrual Compentency Training
3.1.6 A2C Americans with Disabilities Act
3.1.7 A2C Working with Seniors and Disabled Persons
3.1.8 A2C Health, Safety and Welfare
3.1.9 Code of Conduct and Ethic; Vital Signs
3.1.10 A2C Call Center Training Manual
3.1.11 Ice Breakers
3.1.12 Customer Service
3.1.13 "Soft Skill Training"

3.1.14 Quality Overview
3.1.15 URAC training
3.1.16 Telephone training
3.1.17 Commonly Used Web Sites
3.1.18 Call Intake System
3.1.19 Trip Intake
3.1.20 H.I.P.A.A
3.1.21 Location Information
3.1.22 Trip Reason
3.1.23 Trip type
3.1.24 Pick up location
3.1.25 Destination Location
3.1.26 Directions
3.1.27 Additional Passengers
    3.1.27.1 How to properly document
3.1.28 Special needs
3.1.29 Level of Service- Client Specific
3.1.30 Trip Verification
3.1.31 Hospital Discharges
3.1.32 Additional Services
3.1.33 Searching for an Existing Trip
3.1.34 Trip Management
3.1.35 Member Profile
    3.1.35.1 Red Flags

3.1.28 Changing Trips

    3.1.35.2 Modes of Transportation
3.1.36 Short Notice/Urgent Trips
3.1.37 Authorizations
3.1.38 Transportation Providers by County List
3.1.39 Combining skills sets system and 'soft'
3.1.40 Practice Trip Intake

3.2 Discuss and Assign MSRs to Week II of Training: The Mentor Phase
3.3 Introduction to Mentors
3.4 Final Exam
3.5 Exam must be passed at 80% if not

3.5.1 Determine MSR specific next steps

4. Continuing Education Training

4.1 Continuing education is often determine by specific client requirements. The minimum continuing education requirement by Access2Care is six (6) hours per year.

Access2Care	MARKETING DISTRIBUTION AND OVERSIGHT POLICY	
	Procedures 253	Job Classes: Client Services
		Effective Date: January 1, 2015
		Reviewed: January 29, 2017 Revised: June 25, 2015
		Responsible Party: Business Development

1. PURPOSE:

To define expectations and guidelines for oversight, of development and maintenance of sales and marketing materials for Access2Care.

2. POLICY:

It is the policy of Access2Care to standardize and ensure that all materials are developed and maintained to convey standard and consistent branding across all content and across all Access2Care departments.

3. PROCEDURE:

Access2Care Business Development department with appropriate defined partners will create marketing materials and supporting message materials that accurately reflect the company and the current operations. Materials will be developed that reflect the vision of the organization. The Business Development Team will work closely with the appropriate department heads and executive leadership to ensure that information is accurate, up-to-date and presents a positive and consistent message about Access2Care.

3.1 Some of the marketing materials include:

- 3.1.1 Web based materials
- 3.1.2 Conference and tradeshow displays
- 3.1.3 General marketing collateral and brochures
- 3.1.4 Administrative documents such as letterhead and forms
- 3.1.5 Proposal materials and templates
- 3.1.6 Member education materials, as contractually required.

3.2 Materials will be reviewed no less than yearly by the applicable department Leadership

3.3 If materials need corrections and /or updates material will be approved by Access2Care Leadership.

3.4 All member materials will be submitted timely for approval to contracting agency or client as contractually required, and modifications will be made as requested.

3.5 All member materials will be duplicated with required language requirements as dictated by contractual requirements.

3.6 All non-English member materials will be reviewed by appropriate designated party for approval prior to distribution.

Access2Care	CLIENT SPECIAL EVENT POLICY	
	Policy 254	Job Classes: Access2Care Operatio Effective Date: January 6, 2014
		Reviewed: January 29, 2017 Revised: June 25, 2015
		Responsible Party: Client Services

1. Purpose:

To define the process and procedures to be followed when Access2Care Clients request transportation for special events

2. Policy:

It is the policy of Access2Care to assist clients with requests that are not part of the standard transportation requests. These requests are identified as Special Events and will be scheduled by a process that is unique to these requests.

3. Procedure:

3.1 All requests for special events transportation will come from the assigned client Account Executive (AE)

3.1.1 If a call is received by the Member Service Center the Supervisor or Manager will immediately forward to the appropriate Account Executive.

3.2 Upon receipt the AE will forward the request to the designated Lead Network Coordinator.

3.2.1 Information will include name, pick up and destination address, and time.

3.3 Upon receipt the Lead Network Coordinator will work with specific transportation providers to schedule Special Events transportation.

3.4 When the Lead Network Coordinator has completed all arrangements they must notify the AE that the transportation has been scheduled.

3.5 AE will notify the client of the transportation company assigned to provide Special Events transportation.

Access2Care	BARIATRIC POLICY	
	Policy 255	Job Classes: All Operations
		Effective Date: July 1, 2014
		Review: January 29, 2017 Revised: June 25, 2015
		Responsible Party: Member Service Center

1. Purpose:

To provide information on how call centers determine whether participant/members require bariatric transport and proceed based on client and contractual requirements.

2. Policy:

To ensure Access2Care meets client bariatric requirements Access2Care has established minimal bariatric transport requirements and will schedule bariatric transportation with participant/members according to client contractual requirements

3. Procedure:

Access2Care has established the following process to meet bariatric scheduling requirements.

3.1 Member Service Representatives (MSR) will ask a series of questions that will determine if bariatric transport is required.

3.1.1 If a request is for other than basic transportation is requested MSR will ask members height and weight

3.1.2 Determine if Body Mass Index (BMI) is over thirty (30) by utilizing http://apps.usa. gov/bmi-app/ which will calculate BMI using members' height and weight.

If the members' height is unknown then weight will be used as a default for scheduling bariatric transportation

3.1.1.2 Weight greater than three hundred fifty pounds (350) pounds,

3.1.1.1.2 Oregon is three hundred (300) pounds

3.1.3 Determine if bariatric transport is within client protocols

3.1.4 If no, advise member to contact their health plan representative

3.1.5 If yes, schedule transportation (Scheduling Transportation Policy 203)

3.2 Contact Transportation Coordinator to advise of bariatric transport

3.3 MSR will document member information including weight and/or BMI

3.4 MSR will document name, date and time of transportation notification

Access2Care	PRIORITY EXPERIENCE PROGRAM (PEP)	
	Procedures	Job Classes: Client Services
		Effective Date: September 1, 2015
		Reviewed: January 29, 2017 Revised: June 25, 2015
		Responsible Party: Director of Operations

1. PURPOSE:

Provide guidelines and procedures that Access2Care will follow for managing the needs of a small subset of its health plan clients' membership who require an extraordinary level of oversight. The level of oversight is determined by levels and are identified as Tiers one (1) and two (2)

2. POLICY:

Identify health plan client members who require more intense oversight of their transportation; provide an additional level of oversight for these identified members; closely track members' future transportation needs; assure quality of ongoing services; proactively monitor trips in progress and provide appropriate follow-up; and provide more timely and detailed communication to health plan clients regarding members' experiences.

3. PROCEDURE:

Tier 1

3.1 Eligibility criteria for admission to the Priority Experience Program (PEP) Tier 1

- 3.1.1 Members who have been part of a significant event (includes accidents/injuries)
- 3.1.2 Members who have three or more complaints in a ninety (90) day period
- 3.1.3 Members designated by Access2Care Client Services and approved by Care Coordination

3.2 Identification of Members

- 3.2.1 Client Services identifies members meeting the above criteria
- 3.2.2 Client Services gathers vital information, including at a minimum
  - 3.2.2.1 Health Plan (HP) Contact info
    - 3.2.2.1.1 Contact person name, phone number and email address
  - 3.2.2.2 Member information
    - 3.2.2.2.1 Member name, HP/Medicaid ID#, DOB, valid phone number, email address, home/PU address,
    - 3.2.2.2.2 Member special needs/expectations/challenges

3.3 Admission to program

- 3.3.1 PEP Request received from Client Services

3.3.1 Member added to tracking tool
3.3.2 Confirm member is eligible for admission to the program by Care Coordination Director/Manager
3.3.2.1 If not eligible, discuss reasons with referring Client Services staff before denial if denied:
3.3.2.1.1 Client Services will inform Health Plan (HP) contact if request initiated from HP
3.3.2.2 If denied, note in tracking tool and close the referral
3.3.3 Establish program start and end dates

3.4 Future trip monitoring
3.4.1 Identify member upcoming trips from daily report
3.4.2 Contact member and/or HP to obtain details on member/HP expectations, such as pick-up time, return trip pick-up time, special vehicle, special needs and preferred provider
3.4.3 Contact Network to suggest transportation provider (TP) if member does not already have a preferred provider
3.4.4 Contact TP to discuss capacity to handle PEP trip and understanding member's special needs, expectations and wait times
3.4.5 Trip is reviewed again for complete accuracy and provider assignment

3.5 Day of trip/Trips in progress
3.5.1 Contact TP prior to appointment to confirm trip is scheduled and expected pick-up window
3.5.2 Contact member prior to appointment to confirm pick-up window and TP
3.5.3 Contact Medical Provider approximately fifteen (15) minutes after the scheduled appointment to confirm member timely attendance at appointment
3.5.4 Contact TP prior to established return pick-up time to confirm return ride
3.5.5 Contact member following appointment to evaluate success of transport
3.5.6 Document all interactions in tracking tool; enter trip remarks as appropriate in applicable trip in A2C
3.5.7 Repeat above steps for future trips

3.6 When member reaches their program end date, a determination will be made to either discontinue their participation in the program or extend the end date

3.6.1 Notify Client Services of determination decision
3.6.1.1 Client Services will inform HP contact if request initiated from HP
3.6.2 Document end date determination in tracking tool
3.6.3 Document all communications/actions taken
3.7 Criteria for discharge from program
3.7.1 Planned
3.7.2 Discharge upon program end date if member has a complaint-free experience for the duration of program
3.7.3 Unplanned
3.7.3.1 Discharge following validated incident of member misconduct including but not limited to a member no-show

4 Tier 2

4.1 Eligibility criteria for admission to the PEP Tier 2
4.1.1 Members who have been discharged from Tier 1 who would benefi from a transition period of less intensive transportation oversight
4.1.2 Members identified internally by Access2Care who don't meet the Tier 1 criteria but who have an appreciable unsatisfactory experience
4.2 Vital information is gathered, including at a minimum
4.2.1 Member information
4.2.1.1 Member name, HP/Medicaid ID#, DOB, valid phone number, email address, home/PU address,
4.2.1.2 Member special needs/expectations/challenges
4.2.1.3 Prior challenges with transportation if not previously identified in Tier 1
4.3 Admission to Tier 2 program
4.3.1 Member added to tracking tool if not previously added in Tier 1
4.3.2 Confirm member is eligible for admission to the program by Care Coordination Director/Manager
4.3.2.1 If not eligible, discuss reason for denial with referring party
4.3.2.2 If denied, note in tracking tool and close the referral
4.3.3 Establish program start and end dates
4.4 Future trip monitoring
4.4.1 Identify member upcoming trips in A2C

4.4.2 Contact member to obtain details on member expectations, such as pick-up time, return trip pick-up time, special vehicle, special needs
4.4.3 Contact Network to suggest transportation provider (TP)
4.4.4 Contact TP to discuss capacity to handle future PEP trips, understanding of member's special needs, expectations and wait times
4.4.5 Reviews future trips again for complete accuracy and provider assignment

4.5 Post-transportation follow-up
4.5.1 Contact member and/or medical provider weekly to evaluate satisfaction with recent transport(s)
4.5.2 Document all interactions in tracking tool; enter trip remarks as appropriate in applicable trip in A2C

4.6 When member reaches their program end date, a determination will be made to either discontinue their participation in the program or extend the end date
4.6.1 Notify referring party of determination decision
4.6.2 Document end date determination in tracking tool
4.6.3 Document all communications/actions taken

4.7 Criteria for discharge from program
4.7.1 Planned
4.7.1.1 Discharge upon program end date if member has a complaint-free experience for the duration of program
4.7.2 Unplanned
4.7.2.1 Discharge following validated incident of member misconduct including but not limited to a member no-show

Access2Care	CARE COORDINATION	
	Policy 257	Job Classes: Access2Care Operatior Effective Date: June 28, 2016
		Reviewed: January 29, 2017 Revised:
		Responsible Party: Care Coordination

1. Purpose:

To define the process and procedures to be followed by Access2Care's Care Coordination Team.

2. Policy:

It is the policy of Access2Care to develop standard processes for completing specific items that are required to ensure trips and activities that fall outside of the normal practices are handled consistently and appropriately and will be handled through processes that are unique to these activities. Care Coordination activities are primarily focused on members who are high risk, high utilization, high cost and/or high complaint. Care Coordination duties are performed by Care Coordinators.

3. Procedures:

3.1 **Standing Order Trip Scheduling**

3.1.1 Standing orders are recurring trips that are designated for continuous scheduling over an extended period of time due to a chronic health condition that is expected to last indefinitely (i.e. dialysis, adult day care, mental health, Prescribed Pediatric Extended Care a/k/a PPEC)

3.1.2 Recurring trips are trips that occur on a repeating schedule (i.e. each trip occurs on the same days and time, without variation) and continue as long as the member requires the service, is eligible and the trips are within the Health Plan protocol

3.1.3 New standing order members are identified in various ways including but not limited to reports generated from A2C application data, medical facilities and health plan requests

3.1.4 Once new standing order members are identified, they are added to a tracking tool for continuous scheduling

3.1.5 Once members trips are initially scheduled, the trips are renewed approximately one week prior to the member's last recurring trip scheduled (Prior to renewal of the trips, the details of and the ongoing need for the standing order is verified at periodic intervals based on the protocols in each market)

3.1.6 A tracking tool is maintained identifying members on standing orders and the date of their last scheduled recurring trip

3.1.7 The last scheduled trip dates on the tracking tool are used to identify members whose trips are due for extending

3.1.8 The tracking tool is updated and distributed daily to the team members and Director

3.1.9 Recurring trip requests are sent to the Care Coordination team by health plan staff or medical facilities via phone, email and fax and are typically scheduled in

the system the same day or next day, consideration given to the urgency of the request (Members scheduling transportation independently utilize the contact center and do not schedule through Care Coordination)

3.1.10 Members in health plans with trip limits or requiring authorizations from the health plan to continue transportation will be notified prior to the last scheduled trip date that the standing order cannot be continued and the member should contact their health plan

3.1.11 Members with recurring trips who are found to be no longer eligible will be notified to contact their health plan and that trips beyond the last day of eligibility will be canceled

3.1.12 Standing order members are assigned a "preferred provider" for their recurring trips whenever possible for consistency and member satisfaction

3.1.13 Recurring trips should be scheduled using Access2Care established scheduling practices and should not be extended if the trips contain errors, including but not limited to the following:

3.1.13.1 Zero dollar pricing

3.1.13.2 Zero mileage

3.1.13.3 Dollars/miles inconsistent with the trip details

3.1.13.4 Negotiated pricing

3.1.13.5 TNA Level of Service (unless appropriately authorized)

3.1.13.6 Out of protocol trips (i.e. exceeding trip limit without authorization, exceeding mileage limit without authorization, invalid trip reason)

3.1.13.7 Member has not had recent trips or multiple canceled trips without verifying the ongoing need for recurring trips

3.1.14 A daily report of dialysis trips pending a scheduled status is sent to the Access2Care Dispatch Operations in an effort to prioritize assignment of a transportation provider to these recurring trips

3.1.15 For recurring trips requiring health plan authorization, Care Coordination will correct any health plan authorizations not meeting plan standards and/or enter a new authorization, or cancel the unauthorized trips and notify the member

3.2 **Members with Expired Eligibility**

3.2.1 A report from Access2Care Business Integration is sent daily showing all members not on current eligibility files that have future trips scheduled

3.2.2 The eligibility is verified with the Health Plan (HP) by using the HP's online benefit portal or by contacting member services

3.2.2.1 If the member is in fact ineligible, the member is contacted and all future trips are cancelled

3.2.2.2 If the member is still eligible, no action is taken

3.3 **Long and Expensive Trips**

3.3.1 The Cost Control Exception report is pulled daily

3.3.2 Trips that exceed one hundred (100) miles or one hundred ($100) dollars are reviewed. There may be select health plans for which the distance and miles reviewed need to be increased or decreased according to the health plan protocol as appropriate.

3.3.3 The mileage will be validated through MapQuest to ensure there are no errors in the system

3.3.3.1 If there are errors, the information will be updated in the system to calculate the correct mileage

3.3.3.2 If not, the trip will be reviewed for authorization for a long distance trip

3.3.3.2.1 If authorization was needed and not obtained at time of intake, the correct steps will be followed in accordance to the HP's protocols to receive the appropriate authorization

3.3.3.2.2 If authorization is denied or cannot be obtained, the trip will be cancelled and the member will be contacted

3.3.3.2.3 If authorization is obtained, the proper documentation will be added to the trip

3.3.4 **Trip Authorizations**

3.3.4.1 For designated health plans that require authorizations for certain trips, the authorization form is completed by contact center associates at trip intake and emailed to the Care Coordination group email address

3.3.4.1.1 A Care Coordinator sends the authorization form to the health plan per the health plan protocol, the health plan approves or denies the authorization and returns the form via email to the Care Coordination group email address

3.3.4.1.2 Upon receipt of the approved/denied form, a Care Coordinator places a remark in the trip whether approved or denied/reason and the name of the health plan representative. A red flag is entered for future trips approved to the same address.

3.3.4.1.3 If the authorization is denied, the Care Coordinator cancels the trip

3.3.5 **Health Plan Special Event Scheduling**

3.3.5.1 See Policy 254

3.3.6 **Health Plan Help Desk (HPHD)**

3.3.6.1 See Policy 258

3.3.7 **Priority Experience Program (PEP)**

3.3.7.1 See Policy 256

Access2Care	HEALTH PLAN HELP DESK (HPHD)	
	Policy 258	Job Classes: Access2Care Operation Effective Date: June 28, 2016
		Reviewed: January 29, 2017 Revised:
		Responsible Party: Care Coordination Director/Manager

1. **Purpose:**

To define the process and procedures to be followed by Access2Care's Health Plan Help Desk (HPHD).

2. **Policy:**

It is the policy of Access2Care to provide a resource to Health Plan internal staff for direct assistance with various items related to member trips and trip scheduling. The HPHD duties are performed by Care Coordinators.

3. **Procedures:**

3.1 The HPHD is available as a resource to provide assistance directly to Health Plan internal staff only

3.1.1 HPHD staff are not to have contact with members or facilities (i.e. hospitals, SNFs, etc.) except for occasional outbound calls, nor should members or facilities be given the HPHD contact information

3.1.2 If Health Plan staff conference a member in to calls with the HPHD, Health Plan staff should be asked to call back without the member on the line

3.2 The HPHD has a dedicated toll-free number and group email address for use by health plan staff during hours of operation and will accept requests via either method of communication

3.3 The HPHD should expect Health Plan staff to be prepared with all of the necessary trip information prior to placing a call to the HPHD

3.4 HPHD staff are required to verify HIPAA with each request

3.5 The HPHD can be used for the scheduling of urgent, immediate and same day trips (i.e. trips with less than days' notice outlined in Heath Plan protocols) except for hospital discharges

3.5.1 Requests to schedule hospital discharges and future trips or trips that fall within the days' notice outlined in Health Plan protocols should be routed to the contact center and follow the normal scheduling process

3.6 The HPHD can provide ETA's on high priority trips or trips deemed priority by the Health Plan staff

3.7 The HPHD can add red flags to a members account at the request of Health Plan staff

3.8 Red flags or requests to change transportation providers based solely on member preference may not be accommodated

3.9 The HPHD can add authorizations for additional trips at the request of the Health Plan

3.10 For Health Plan complaint inquiries, the HPHD should refer the Health Plan staff to the contact person within their organization that has access to the client portal (Access2Care Client Services keeps an updated list to provide to the HPHD)

Access2Care	SYSTEMS RISK ASSESSMENT	
	Policy 259	Job Classes: All Operations
		Effective Date: July 25, 2017
		Review: Revised:
		Responsible Party: Business Integration

1. Purpose:

The purpose of this process is to identify and evaluate risks within the scope of system operations or access.

2. Policy:

The Business Integration department, in collaboration with IT, shall evaluate potential risk factors through the monitoring of system operations and access reviews. The risk factors will be cataloged and communicated via the Executive Steering Committee for escalation, prioritization according to threats and tolerances resulting in action plan development.

2.1 System Change Communication and Documentation:

The Business Integration department will document and communicate system change processes that may affect the user's environment. Internal stakeholders will be notified via email announcement, while external stakeholders will receive notification from their respective Client Services or Network Management representative.

2.2 Network Monitoring and System Security:

The IT department will monitor and report network and systems security to ensure support systems access, fail-safe capability, vulnerability scans are performed according to policy and schedule.

2.3 System Permission Access and Reviews:

The Business Integration department will perform period reviews of user access on key applications to validate access is commensurate with the individual's job function.

Access2Care	TRANSPORTATION PROVIDER CLAIMS ADJUDICATION	
	Policy 301	Job Classes: Claims Effective Date: August 22, 2011
		Review: January 29, 2017 Revised: May 23, 2017
		Responsible Party: Billing and Claims

1. Purpose:

To describe the process to ensure that claims processing meet all internal, regulatory, and contractual obligations.

2. Policy

Access2Care reimburses transportation providers for authorized completed transportation services. Adjudication and turnaround time (TAT) are monitored and managed to ensure reimbursement requirements are met.

3. Procedure:

3.1.1. The claims team utilizes A2C NET, to adjudicate trips and deem them to be 'clean claims.'

3.1.2. A "clean claim" is defined as a trip that has been "cleared" by the transportation provider and includes all information required to process the trip (see Clean Claims Information Requirements section).

3.1.2.1. Member mileage reimbursement claims are not subject to normal system trip clearing. Each mileage reimbursement claim is not considered a clean claim until verification has been performed. The verification process shall not exceed 14 calendar days from date of trip.

3.1.3. Trip "clearing" information received via secure fax or USPS mail as well as the Non-Web Trip Reconciliation form is considered the receipt of clean claims information.

3.1.4. This also applies to non-contracted Transportation Providers.

3.1.5. All claims submitted electronically via the Transportation Provider Portal are acknowledged and viewable immediately by the transportation provider in their portal.

3.1.6. All manual claims received will be date stamped on day received by the claims team and will be processed as per the stated timeframes below for electronically submitted claims.

3.1.7. All non electronically submitted claims (excluding secondary ambulance claims) that are clean are acknowledged via payment within twenty (20) days of receipt.

3.1.7.1. Any non electronically submitted claims received (excluding secondary ambulance claims) that are not clean will be manually adjudicated and addressed directly with the transportation provider, within ten (10) days to resolved, so that the claim can be processed and paid.

3.1.8. All transportation provider must submit all claims no later than 12 months from the date of service, or within contractual requirements.
3.1.9. All claims are processed and comply with all relevant Federal and State requirements.

3.2. Clean Claim Information Requirements:

3.2.1. Access2Care unique trip number for each leg of transport
3.2.2. Member name
3.2.3. Date of service
3.2.4. Pick-up and drop-off times
3.2.5. Trip status
3.2.6. No-show information (member or provider), if applicable
3.2.7. Pharmacy stop information, if applicable
3.2.8. Signature obtained* (See Patient Unable to Sign (PUTS) Policy)
3.2.9. Any and all audit, investigation, or follow-up flags have been resolved.

3.3. Reimbursement

3.3.1. Access2Care will only pay for completed trips that are authorized by Access2Care at rates defined in the transportation provider executed agreement.
3.3.2. Mileage is predetermined by the A2C system using our current contracted mapping software, MapQuest, using the shortest distance calculation.
3.3.3. The electronic remittance information is viewable on the Web.
3.3.4. Access2Care will pay the transportation provider within ten (10) business days for nursing facility/hospice clean claims, or within contractual requirements.
3.3.5. Access2Care will pay the transportation provider within fifteen (15) calendar days for non-nursing facility/non hospice clean claims, or within contractual requirements.
3.3.6. Access2Care agrees to pay fifty (50) percent of all clean claims within seven (7) calendar days, or within contractual requirements.
3.3.7. Access2Care agrees to pay seventy (70) percent of all clean claims within ten (10) calendar days or within contractual requirements.
3.3.8. Access2Care agrees to pay ninety (90) percent of all clean claims within twenty (20) calendar days or within contractual requirements.
3.3.9. If a check or EFT payment is not received or posted within five (5) business days the transportation provider must contact the claims department.
3.3.9.1. Payments are mailed or electronically transfered one day following the weekly check run
3.3.10. Any exceptions to these policies and procedures must be approved by the Network Provider team.

3.3.11. Access2Care reserves the right to recoup or offset the amount of any overpayment made from future payments or monies owed.

3.3.11.1. In the event of a grievance resulting in payment being held, Access2Care reserves the right to recoup any prior payment 22 business days after resolution to a substantiated grievance.

3.3.12. Access2Care agrees to pay interest as required by individual health plan, state and federal requirements, to contracted and non-contracted providers.

3.3.13. In the event that clean claims are not paid within specific contractual payment timeframes, the interest rates will be periodically reviewed to ensure current rates are utilized. The interest rate used is the simple daily interest calculator from the US Department of the Treasury at https://www.fiscal.treasury.gov/fsservices/gov/pmt/promptPayment/daily_interest.htm

3.3.14. Adjudication and turnaround time (TAT) performance metrics are monitored and reviewed on an ongoing basis and managed to ensure reimbursement requirements are met. Any issues are quickly identified and addressed.

3.4. Adjustments to Previously or Partially Reimbursed Claims

3.4.1. A transportation provider that does not agree with the amount paid for a transport should contact Access2Care Claims Department

3.4.2. Requests can be sent via telephone, fax, or email. Fax and email requests cannot contain protected health information (PHI).

3.4.3. Transportation provider must provide the Access2Care trip number, member name, and amount in dispute at the time of the initial contact.

3.4.4. The Claims Department will research trip data before an adjustment is approved and processed.

3.4.5. If an adjustment is approved, the claim record will be notated with the amount and reason for the adjustment.

3.4.6. A separate payment is mailed for all approved adjustments.

3.4.7. Transportation providers will be notified in writing of additional and/or changes in clean claim elements, attachments, address or telephone number changes sixty (60) days in advance of the change.

3.5 Encounter Data Submissions

3.5.1 Encounter data collection and submission processes are in place so that all required encounters will be submitted in the appropriate standard HIPAA transaction formats to the respective health plans as individual contractual requirements stipulate.

3.5.2 The encounter submission files will be submitted to the respective health plans timely as stipulated per contractual requirements and will be complete and accurate.

3.6.2.1 The files will be submitted via the appropriate electronic medium as required for each respective health plan.

3.6 Payment Suspensions

3.6.1 When the claims department adjudicates trips, and a payment suspension is in place, manual adjudication is required.

3.6.2 The list of trips received from internal or external sources in a suspended status are sent to the transportation network team for review and approval.

3.6.3 The network team reviews all claims in the suspended payment category and if the trip is deemed approved upon review, the claim is then approved. Claims can be suspended for excess miles, higher than negotiated rates, suspension because of suspected fraud, provider overpayment or provider withholds

3.6.4 Denied payments for trips occur as a result of no or insufficient documentation to validate the suspended trip or if the provider is suspended/terminated from the network or if provider payments are to be held per individual contractual requirements.

3.6.5 Providers are notified of these denials via their provider portal where they can visibly see the status as denied.

- Signature not required for Florida AHCA Members

Access2Care	TRANSPORTATION PROVIDER CLAIMS AUDITS	
	Policy 302	Job Classes: Claims Operations
		Effective Date: August 22, 2011
		Review: January 29, 2017 Revised: March 6, 2017
		Responsible Party: Audit

1. Purpose:

All trips submitted for reimbursement to Access2Care's Billing and Claims Department will be subject to trip detail audits to ensure that transportation services were rendered and that reimbursement was accurate.

2. Policy:

It is the policy of Access2Care to perform audits of trip detail to ensure appropriate payment is rendered. This includes review of trip detail received from transportation providers compared against payment rate and reimbursement calculations. All Transportation Providers will be notified within fifteen (15) calendar days of a non-nursing facility or non-hospice claims, or within contractual requirements. Hospice and nursing facilities will be notified within ten (10) business days, or within contractual requirements.

3. Procedures:

3.1 Access2Care's audit processes consist of the following types of audits:

3.1.1 Pre-Payment Audit: A minimum five percent (5%) random audit[1] on all pre-payment trips for web and non–web providers, or within contractual requirements. These audits include all cleared trips.

The following items will be verified for prepayment audits:

3.1.1.1 Member signatures on each leg of the trip, if required

3.1.1.2 Pick-up and drop-off times are compared to those reported by the transportation provider.

3.1.1.3 Elements required per provider agreement and transportation provider manual

3.1.2 Focus Audits: This audit is performed on specific transportation providers based on possible contract and/or billing discrepancies. This audit is performed when contract documents are not implemented in a timely fashion and/or contract rates were loaded incorrectly from the network agreement. Audit findings may result in either additional payment to a transportation provider or recoupment of funds by Access2Care from a transportation provider.

3.1.3 An audit requested by the Project Director, Network Manager, or a member of the Client Services Department, or from a contract representative because of audit response performance, operational performance, complaints, or other identified issues or concerns.

3.2 The type of audit is defined initially based upon the reason the trip is audited (i.e.: random or focus audit).

3.3 Audit trips that have received a response will be processd within five (5) business days.

3.3.1 If auditors require additional clarification or additional documentation, provider has five (5) business days to respond.

3.4 Audit trips that have not received a response within twenty (20) calendar days will be denied as "no documentation received."

3.5 Failure to respond to an audit request may result in actions up to and including termination of the transportation provider contract.

[1] Oregon providers are subject to a minimum of one percent (1%) random audit, with one hundred percent (100%) audit of late transports and provider no-shows.

Access2Care	OUT OF NETWORK TRANSPORTATION PROVIDER POLICY	
	Policy 303	Effective Date: November 13, 2012
		Reviewed: January 29, 2017 Revised: November 29, 2016
		Responsible Party: Claims and Billing Department - Network Operations

1. **Purpose:**

   To provide a process for the reimbursement of transportation services provided to an eligible health plan member by an out of network transportation provider.

2. **Policy:**

   Access2Care, by exception only, could be required to assign transport requests to an out of network provider or be requested to make payment on behalf of a member or facility for a direct scheduled transport. Exceptions to the scheduling process exist when no contracted providers are available due to a short notice transport request, an urgent care transport request, a special request not available through contracted providers or a member transport request received from an extended marketplace. Access2Care staff will be expected to follow this process to handle the processing of out of network provider calls and claims submitted.

3. **Procedures:**

   3.1. Access2Care must schedule or receives notification that a health plan eligible member was transported by an out of network transportation provider;

   3.1.1. Inform the transportation provider that all claims must be submitted to:

   Access2Care Claims Dept.

   6363 S. Fiddler's Green Circle, 14th Floor

   Greenwood Village, CO 80111

   3.1.2. Inform the transportation provider to submit a paper CMS 1500 clean claim with a trip manifest, member's demographic information, phone number and signature, transportation requested date and any other relevant information.

   3.1.2.1. If the member or medical facility scheduled with the transportation provider directly, inform the transportation provider that all future trips must be scheduled in advance by the member calling the Access2Care toll-free number listed on their health plan's benefit information card/manual. Any transportation claims submitted for future trips not scheduled through Access2Care will be denied.

3.1.3. Inform the transportation provider that a member of the Network team will be contacting them to discuss contracting opportunities and company, driver and vehicle credentialing requirements.

3.2. When the transportation provider's clean claim information is obtained;

3.2.1. The Claims Team will adjudicate the transportation provider's claim

3.2.1.1. Payment for an Access2Care scheduled transport will be made at the negotiated rate captured within the A2C system

3.2.1.2. Payment for a Member or Facility scheduled transport will be made at the lowest contracted rate for the service area.

3.2.2. The claim payment date will follow standard Medicare or Medicaid processing guidelines.

3.3. When the eligible member's demographic information is obtained from the clean claim;

3.3.1. An associate from the Care Coordination team will contact the member to schedule all future appointment dates according to Policy 203 – Scheduling Transportation Procedure.

3.3.1.1. The member will be provided the toll free number for future trip scheduling.

3.3.1.2. Any transportation claims for future trips not scheduled through Access2Care will be denied.

3.4. When the out of network transportation provider information is obtained;

3.4.1. A Network Representative will contact the transportation provider, provide a contracting package and begin the appropriate credentialing requirements

Access2Care	MILEAGE REIMBURSEMENT POLICY	
	Policy 304	Job Classes: Claims Effective Date: August 22, 2011
		Review January 29, 2017 Revised: April 26, 2016
		Responsible Party: Billing and Claims

1. **Purpose:**
   To ensure members/participants who request mileage reimbursement for approved medical transportation services are appropriately reimbursed.

2. **Policy:**
   Access2Care policy is to reimburse all eligible members for personal transportation authorized and appropriately used for medical services.

3. **Procedure:**

   3.1 Access2Care reimburses mileage at the agreed upon contractual requirement per mile based upon the MapQuest shortest distance calculations.
   3.2 Dependent upon contractual requirements determines who may receive mileage reimbursement and documentation required .
   3.3 If Access2Care does not receive all of the required information within ninety (90) days, the trip may be cancelled as a timely denial, or per contractual requirements.
   3.4 All trip mileage calculations over one hundred (100) miles and/or one hundred ($100) dollars are verified via MapQuest. unless otherwise defined by contractual requirements.
   3.5 A remittance that includes all trip detail is included with the mileage reimbursement remittance.

Access2Care	AUDIT TEAM - FRAUD, WASTE AND ABUSE POLICY	
	Policy 305	Job Classes: Claims Effective Date: August 22, 2011
		Review: January 29, 2017 Revised: May 23, 2016
		Responsible Party: All Departments

1. Purpose:

To monitor, detect, and deter fraud, waste and abuse of program funds through the Access2Care Claims Department.

Fraud: An intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal and State law.

Waste: Over-utilization of services, or other practice that results in unnecessary costs. Waste is generally not considered to be caused by criminally negligent actions but rather the misuse of resources.

Abuse: Provider practices that are inconsistent with sound fiscal, business, or medical practices, and results in an unnecessary cost to the Medicare-Medicaid program, or in reimbursement for services that are not medically necessary or that fail to meet professionally recognized standards for healthcare. It also includes covered participant practices that result in unnecessary cost to Medicare-Medicaid programs.

2. Policy:

Access2Care policy requires that employees understand the definitions of fraud, waste, and abuse and their role in the detection and prevention of these activities. Employees are expected to report any member or transportation provider suspected fraud, waste, and abuse situations to his/her manager or A2CFraud@evhc.net. Suspected cases will be investigated and resolved within 5 business days, but not to exceed 14 calendar days. The minimum monthly audit will not be any less than 1% of past trip and 4% of future appointment verifications.

3. Procedure:

3.1 Access2Care has numerous procedures in place to combat and prevent fraud, waste, and abuse. These include, but are not limited to:

Member Audit

3.1.2. Perform random audits to verify member attendance at appointments.

3.1.3. Targeted audits towards members suspected of fraudulent behavior of scheduling practices, mileage reibmrusement or public transportation pass reissue.

3.1.4. Encourage health plans to perform comparisons of transportation encounters to medical encouters and inform Access2Care of findings.

Transportation Provider Audit

3.1.5. Monitor claims for accuracy – ensure trip data reflects actual services provided.

3.1.6. Monitor transportation records – ensure documentation reflects services provided.

3.2. Provider Payment Hold or Suspensions

3.2.1. Any member or transportation provider claim under suspicion of a potential FWA violoation will be held in a suspended status until the investigation is complete and resolution determined.

3.2.1.1. If a payment hold or suspension is upheld after review (see Policy 301 – Transportation Provider Claims Adjudication), the Claims supervisor is to inform the Client Services department and Network Operations teams

3.2.1.1.1. The Client Services department will notify the Health Plan in writing of the findings

3.2.1.1.2. The Network Operations team will prevent the scheduling of future transports with the transportation provider in question

3.2.2. For any member trip that cannot be validated with the medical facility or has already been issued three (3) replacement bus passes in a 12 month period, will receive a denial of service and will be referred to their health plan for guideance.

3.2.3. The Claims and Billing department will notate the Transportation Provider account to review future scheduled payments.

4. Process

4.1. Past Trip Verification

4.1.1. Through the A2C Audit Selection tool, randomly selected trips are chosen for audit

4.1.2. The provider is made aware of the audit selection, via the Access2Care Provider Portal, and must return the trip manifest within 20 days

4.1.2.1. If not received, the transport claim is denied

4.1.2.2. If received, the FWA Audit team will verify active driver and/or vehicle credentialing status, or the active Provider status based on contractual data elements, to make a payment decision

4.2. Future Appointment Verifciation

4.2.1. Through the Tableau Future Trip report, randomly selected transports are chosen for audit.

4.2.2. The FWA Audit team will use the medical provider office information provided by the member to confirm the appointment date/time, facility address and ensure the services performed are billed under the health plan benefit.

4.2.2.1. If not able to be confirmed, the transport will be cancelled as Unable to Confirm and the member will be contacted regarding the cancellation

4.2.2.2. If able to be confirmed, the trip will proceed as scheduled

Access2Care	CLAIM DENIALS AND APPEALS POLICY	
	Policy 306	Job Classes: Claims Effective Date: August 22, 2011
		Reviewed: January 29, 2017 Revised: March 22, 2016
		Responsible Party: Billing and Claims

1. Purpose:

To ensure that all denials of payment to transportation providers are clear and consistent and that all appeals received are processed in a timely and consistent manner.

2. Policy:

Access2Care will deny reimbursement for un-authorized trips and/ or claims for transportation services that did not meet standards outlined in the Network Transportation Agreement and/or in the Network Transportation Manual. Transportation Providers have a right to appeal denied claims by following the procedure listed below and in the Network Transportation Manual.

3. Procedure:

3.1. Denials

3.1.1. If reimbursement for a transport is to be denied, the transportation provider will receive notification

3.1.2. . Reasons for denial may include but are not limited to:

3.1.2.1. Timely Denials: Transportation providers are required to clear all trips within Forty five (45) calendar days from the date of service, or within contractual requirements. Any trip not cleared within the allotted time will be denied and no payment will be made to the transportation provider.

3.1.2.2. No Documentation to Support Service: When a transportation provider fails to respond to a complaint, investigation, follow-up, or audit in the allotted timeframe, the trip in question will be denied as no-documentation to support service. Transportation provider has forty five (45) calendar days from the date of service for resubmission of non-clean claims, or within contractual requirements.

3.1.2.3. Transportation Provider No-Show Denials: Reimbursement for a trip is denied when a member states that the driver was a no-show but the transportation provider cleared the trip as a Member No-Show.

3.1.2.4. No Show Denials: Trip is denied if the transportation provider clears a trip as completed and the member was a no-show.

3.1.2.5. All claims will be either paid or denied within sixty (60) calendar days from date of claim receipt (i.e. cleared date, or within contractual requirements

3.1.2.6. Any additions/deletions required for elements of already processed clean claims, in accordance with contractual guidelines, requires the approval by a Supervisor and sign off by the Director.

3.1.3. Access2Care will deny reimbursement for trips when a member misses an appointment because the transportation provider was late and the appointment needed to be re-scheduled.

3.2. Appeals

3.2.1. Transportation providers have the right to submit an appeal for any trip that has been denied. The appeal will be processed within seven (7) business days of receipt. The appeal must be submitted in writing within sixty (60) calendar days from the date of service or denial date via email, letter, or fax, and must contain the follow information:

3.2.1.1. The reason for the appeal

3.2.1.2. Documentation to support the service provided (i.e. driver log with member signature and date and time of transport)

3.2.2. The documentation will be reviewed and the provider will be notified of payment decision.

Access2Care	**CLAIMS COMPLAINTS INVESTIGATION POLICY**	
	Policy 307	Job Classes: Claims Effective Date: August 22, 2011
		Review; January 29, 2017 Revised: June 25, 2016
		Responsible Party: Billing and Claims

1. **Purpose:**

   To ensure that any complaint or investigation that involves a transportation provider's service or performance is resolved and that the final adjudication of the trip meets contractual expectations.

2. **Policy:**

   It is the policy of Access2Care to withhold reimbursement to a transportation provider for any trip with an unresolved complaint. The transportation provider has three (3) business days to respond to the complaint. Payment or denial will be scheduled within seven (7) business days from receipt of the submission of the requested information.

3. **Procedure:**

   3.1. Access2Care may receive a service complaint from a state agency, health plan, medical provider, transportation provider, or a member.

   3.2. Once Access2Care receives a complaint pertaining to an individual's trip, the trip is flagged for investigation and the transportation provider is notified.

   3.3. Complaints are processed daily in order to expedite resolution.

   3.4. If a transportation provider has received notification that a trip is under investigation, they must provide all requested information to Access2Care via secure fax, or USPS as requested.

   3.5. Questions related to complaints or investigations should be directed to the Network Coordinator or the Access2Care Member Service Representatives.

   3.6. If a response is not received within three (3) business days, reimbursement will be denied and withheld from the transportation provider.

   3.7. Complaint issues may include but are not limited to:

      3.7.1. Transportation provider "no shows" (provider has cleared the trip)

      3.7.2. Untimely arrival for pick-up

         3.7.2.1. Arriving late for an appointment that results in a rescheduled appointment

      3.7.3. Cleanliness of a vehicle

      3.7.4. Driver conduct

      3.7.5. Driving action resulting in safety issues

      3.7.6. Driver violations of contract requirements

Access2Care	CLAIMS AND BILLING VARIANCE ESCALATION POLICY	
	Policy 308	Job Classes: All Departments
		Effective Date: January 1, 2016
		Review: January 29, 2017 Revised:
		Responsible Party: All Departments

1. Purpose:

To establish guidelines and procedures to identify, communicate, notify and escalate billing and claim variances which impact Access2Care and/or Health Plan Clients.

2. Policy:

Billing and Claims staff are responsible for the identification and immediate reporting of variances which hold the potential to impact adjudication, reimbursement or encounter/invoice submissions. Reported items will be categorized and reported for visibility and immediate escalation to Access2Care leadership and/or Health Plan Clients.

3. Procedures:

3.1 Reporting suite will be utilized to monitor trending data to identify potential variances. Monitoring includes;
- 3.1.1 Completed and Cancelled Trips by Level of Service
- 3.1.2 Claims Received, Adjudicated or placed in Pending Status
- 3.1.3 Claims Processed for Payment
- 3.1.4 Encounter and Invoice Submissions
- 3.1.5 Reconciliation of Receipts and Denials
- 3.1.6 Reconciliation of Claims Paid to Encounters Submitted
- 3.1.7 Accounts Receivable Aging

3.2 Potential variances will be immediately reviewed and confirmed/denied by the Director of Billing and Claims.

3.3 Upon confirmation, the variance will be logged with the following attributes;
- 3.3.1 Date of variance identification
- 3.3.2 Estimated start of variance, if different from identified date
- 3.3.3 Name of health plan client
- 3.3.4 Summary of variance
  - 3.3.4.1 To include the actions taken, if any
  - 3.3.4.2 To include the communicated client expectations
- 3.3.5 Key individuals or departments involved in the resolution
- 3.3.6 Risk assessment of issue

3.3.7 Anticipated resolution date
3.3.8 Level of Severity
3.3.8.1 Level 4 – Correction required within 30 calendar days
3.3.8.2 Level 3 – Correction required within 15 calendar days
3.3.8.3 Level 2 – Correction required within 7 calendar days
3.3.8.4 Level 1 – Business Critical, Immediate correction required
3.3.9 Final resolution date

3.4 The variance log will be distributed to;
3.4.1 Access2Care Client Services team for immediate notification to the Health Plan Client
3.4.2 Access2Care leadership collaborating on the resolution
3.4.3 Access2Care Vice President and President of Access2Care

Access2Care	TRANSPORTATION PROVIDER CREDENTIALING POLICY	
	Policy 401	Job Classes: Commercial Network Transportation
		Effective Date: September 1, 2013
		Reviewed: January 29, 2017 Revised: May 23, 2017
		Responsible Party: Credentialing Department

1. Purpose:

Define Access2Care's and client-specific guidelines during initial credentialing and continuous credentialing maintenance of Transportation Providers and to outline required credentialing documents.

2. Policy:

Transportation Providers are required to meet Access2Care's national credentialing requirements prior to being approved to transport Access2Care members. Local or state regulations and/or client contract requirements take precedence when they differ from any required Access2Care credentialing requirement. Access2Care may credit those parts of credentialing addressed as part of a local regulatory agency. All documents will be verified via web, phone or hard-copy of the document and documented within the Provider file. Signed attestations may be accepted in lieu of actual documents where internal Provider processes and practices may vary depending on the Provider location, state, or type of service provided.

3. Process

Access2Care established a three-level credentialing approval process as the Access2Care Credentialing Committee in addition to creating a Credentialing Unit that processes all credentialing documents and tracks credentialing status. The Access2Care Credentialing Committee manages the credentialing process at all levels. The National Network Director, Network Manager, and Network Compliance Manager form Access2Care's Credentialing Committee. The Credentialing Committee reviews and approves all steps of the credentialing process up to the execution of a Provider agreement and final authorization to assign trips to the Provider. The Credentialing Committee also manages the Corrective Action Process. Once a Transportation Provider becomes credentialed, drivers and vehicles must maintain credentialed status in order to remain active and continue to receive trip assignments.

4. Credentialing Requirements:

Network Specialists are Access2Care's front line and are responsible for collecting, screening, and submitting company, driver and vehicle credentialing information to the Credentialing Unit to be uploaded in the Credentialing Database.

Transportation Providers must submit current copies of required documents to Network Specialists and complete the initial and subsequent credentialing process. New Providers must complete the initial credentialing process within one hundred eighty (180) days from the date the Provider Application or Contract is signed, whichever is later. After one hundred eighty (180) days, the Provider must submit an attestation verifying the accuracy of the previously submitted information and submit updated information, if applicable. Transportation Providers must submit copies of the following documents:

Company Credentialing

- If applicable, a completed Provider Application
- Subcontractor Agreement
- Provider Contact Sheet
- Completed CMS Disclosure of Ownership Form (must be signed and dated)
    - The states of Kansas, Iowa, New York, Tennessee, Washington and West Virginia require state issued forms.
- Copy of Business License (if applicable)
- Copy of local transportation license (if applicable)
- Company Substance Abuse Testing Policy (must include Initial, Random, Post Accident and reasonable Suspicion Testing; must be signed and dated)
- ACORD Insurance Certificate with Access2Care as additional insured meeting the following liability limits:
    - Insurance limits as outlined in the addendum page included in the last page of this policy, as amended
    - Minimum State requirements where no specific insurance requirements
    - If Self-Insured, a Self-Insurance letter on company letterhead referencing the authorizing statute.

- Copies of Vehicle Registrations
- Daily Vehicle Inspection Attestation
- Non-Driver Employee Roster
- If an FTA Formulary Grant recipient or municipality organization, evidence must be provided demonstrating the specific grant awarded and effective dates. Recipient shall be excluded from applicable elements of Access2Care credentialing requirements
- Company must not be an excluded SAM/OIG entity, prior to activation in SalesForce. Credentialing Unit staff will run the initial SAM/OIG checks and upload a copy of the results page in the Transportation Provider file utilizing direct websites or Streamline Verify vendor application.
- Provider safety and operational policies and procedures
- Handling emergencies and security threats; Security and threat awareness (Attestation)
- Vehicle equipment familiarization including vehicle inspections (Attestation).
- All Provider employees with direct contact with members must be able to communicate in English (Added to the Job Duties Attestation) (Effective July 1, 2015)

Driver Credentialing

- All drivers must be at least 18 years old
- Copy of current, valid Driver's License
- Copy of a recent, no more than 90 days old, MVR check (initially and annually thereafter)
    - Drivers must have no more than two (2) chargeable accidents or two (2) moving violations in the last three (3) years.
    - Drivers must not have a driver's license suspension or revocation for moving traffic violations within the previous five (5) years.
- Proof of DOT Pre-Employment drug test as required in CFR Title 49 chapter 40 and 655. Employees hired prior to the Provider becoming an Access2Care Provider must have a pre-employment drug test as part of

the initial driver credentialing process and before the employee is allowed to work under the Access2Care contract (Effective July 1, 2015).

- Copy of National Background Check, no more than 90-days old, (initial and annually thereafter)
    - Transportation Provider required to go through governmentally-mandated background checks, where records are retained and checked for an extended period of time, may submit an attestation when complying with the statutorily mandated background check;
    - Drivers must not have been convicted of any felony crime and/or misdemeanor in the last seven (7) years related to;
        - Fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct; elder abuse; patient abuse in connection with the delivery of a health care item or service; unlawful manufacture, distribution, prescription, or dispensing of a controlled substance; and any felony or misdemeanor conviction for child abuse, elderly abuse, domestic violence, criminal sexual conduct, drugs or weapons.
- National/State Sex Offender Check, no more than 90-days old
- Employee SAM/OIG Check, no more than 90-days old (
- Driver Attestation attesting that the person is physically and mentally able to drive (Effective July 1, 2015)
- Wheelchair securement tie-down and lift operation training (if applicable)
- Orientation and Training tracking sheet that includes the release of information statement in favor of Access2Care (Required after July 1, 2015)

Additional Training/Documents (Required within 90 days from activation)

- Proof of First Aid/CPR Training (Drivers that hold a current EMT or Paramedic license, or a licensure that requires similar training, will be accepted in lieu of requirements) – 2 year renewal
- Proof of Defensive Driving Training – one time requirement
- HIPAA Training Attestation – annual renewal

- Proof of Fraud, Waste and Abuse Training or Training Attestation (Initial and annual updates) – annual renewal
- Code of Conduct Attestation – annual renewal
- Proof of Passenger Assistance Training – 3 year renewal
- Non-Tobacco/Cell Phone Texting Restriction Attestation – one time requirement

Vehicle Information:

- Current vehicle registration
- All vehicles used to transport Access2Care trips will be inspected during initial credentialing and thereafter based on a regional Provider visit schedule.
- Alternative inspection processes may be used when necessary and approved by the National Manager of Transportation Networks.
- Completed vehicle inspection checklist by Access2Care or approved designated entity
- Wheelchair vehicles must meet ADA standards

5. Credentialing Committee:

Access2Care utilizes a modified three-step Credentialing Committee process tailored to the Non-Emergency Transportation industry. The National Network Director, Network Manager, and Network Compliance Manager form Access2Care's Credentialing Committee. Each position handles a different level within the credentialing process and depends on each other's review and approval to move to the next step through the process until completion. The Credentialing Committee manages the Corrective Action Process as part of the Provider credentialing and retention process.

The Network Manager is responsible for a team of Network Specialist in direct contact with existing and prospective Providers. Network Specialists gather, review, and submit documents up the chain to the Credentialing Unit.

The Network Compliance Manager is responsible for the Credentialing Unit and all aspects of the credentialing process including initial credentialing and re-credentialing of Providers, reporting and record-tracking. The Credentialing Unit staff processes credentialing documents, track document currency and prepares Network responses to Plan Audits.

The National Network Director is responsible for the national network and directs the work of the Network Manager and Network Compliance Manager. The National Network Director has the final authority on contract and rate negotiations, Provider selection, retention and termination and reports to the Vice-President of Operations.

The credentialing process is as follows:

1. Providers submit credentialing documents to their respective Network Specialist.
2. Network Specialists screen and submit documents to the Credentialing Unit.
3. The Credentialing Unit creates a Provider file in Salesforce and uploads the information submitted by the Network Specialists.
4. The Credentialing Unit staff communicates directly with Network Specialists through the process of collecting and review of documents.
5. The Network Compliance Manager guides the Credentialing Unit staff through the review of submitted documents and makes any necessary adjustments for final acceptance of submitted documents.
6. Once the Provider meets primary credentialing requirements, Credentialing Unit staff will send an email to the Network Manager advising that the Provider is "Good-To-Go" in front of the Credentialing Committee for final review. The effective date for Credentialing Committee will be upon approval of the policy by Access2Care's Policy Committee.
7. The credentialing Committee will meet, discuss and ask any questions about the Provider.
8. The Credentialing Committee will decide to accept or reject the application. The decision will be documented in the Credentialing Committee Review and Recommendation Form and the form is uploaded in the Providers file.
9. If rejected, the reason for the rejection will be documented in the Credentialing Committee Review and Recommendation Form. The Provider will be informed of the decision and given an opportunity to correct or amend the application.

10. If approved, the Network Specialists will be given the authorization to initiate contract negotiations.
11. Network Specialists negotiate the contract and rates with the Provider and submit a proposed contract signed by the Provider to the Network Manager.
12. The Network Manager reviews and submits the proposed contract to the National Network Director for approval.
13. When approved, the contract is forwarded to the Network Manager, Network Compliance Manager, Network Specialists, and the Credentialing Unit to be uploaded into the Contract Database.
14. Once the contract is uploaded into the Contract Database and the primary driver credential requirements have been met, Credentialing Unit staff uploads a copy of the executed contract into the Provider's Salesforce file, marks the file "Credentialed", and activates the Provider file.
15. The Network Manager activates the Provider file on the Provider Portal and notifies the Network Specialist, Network Compliance Manager and the National Network Director.
16. Network Specialists conduct a training session with the Provider to train show Provider staff how to use the Access2Care scheduling and credentialing tools. Provider signs an attestation of this training (effective July 1, 2015)
    - The Network Specialists will perform provider in-service visits. At this time the provider will be granted access to the Access2Care training site and the Network Specialist will conduct a review of the provider's driver training program.
17. The Credentialing Unit staff emails the Network Manager, Network Compliance Manager, and Network Specialists giving a "Good-To-Go" for the creation of a Provider file in the Transportation Provider Management system and final activation for the Provider to start receiving trip assignments.
18. Provider files are reviewed on a weekly daily basis to identify any documents due to expire within the following 31 days and to allow Network Specialists enough time to request replacement documents from Providers to maintain credentialed status.
19. Although all files are reviewed on a weekly basis, once a year on the credentialed anniversary, the Provider file is reviewed for re-credentialing purposes.
20. The new Credentialed date is marked on the file as the re-credentialing date.

21. Providers become credentialed on a daily basis as provider files are processed. The Credentialing Committee meeting and processing Providers as needed in an Ad Hoc basis.

Alabama Credentialing Deviations

State General Liability insurance Requirements

Kind of Equipment	Limit for bodily injuries to or death of one person	Limit for bodily injuries to or death of all persons injured or killed in any one accident (subject to max shown in Column 1)	Limit for loss or damage in any one accident to property of others (excluding cargo)
Passenger Equipment seating 5 or less	$25,000.00	$50,000.00	$10,000.00
Passenger Equipment seating 5 - 20 passengers	$50,000.00	$200,000.00	$30,000.00
Passenger Equipment seating more than 20 passengers	$100,000.00	$500,000.00	$50,000.00

PSC license is required for state wide operations. If the transportation company operates in local areas only, the local cities require authority (business license)

California Credentialing Deviations

It does not substitute any Access2Care credentialing requirements.

Delaware Credentialing Deviations

CPCN LICENSE - Exempt Public vehicles, and Ambulances. It does not substitute any Access2Care credentialing requirements.

Florida Credentialing Deviations

(i) commercial general liability insurance with a limit of not less than $1,000,000 per occurrence; (ii) umbrella liability insurance with a limit of not less than $2,000,000 in the aggregate; (iii) automobile liability insurance with a limit of not less than $1,000,000 combined single limit; (iv) workers' compensation insurance with limits sufficient to meet statutory requirements and (v) professional liability insurance with a limit of not less than $1,000,000 in the aggregate and other insurance as is reasonably acceptable to MCO to insure Vendor and its officers and employees acting within the scope of their duties, against any claims for property damage, personal injury or death occasioned directly or indirectly by Vendor or by its officers or employees, in connection with the performance of Vendor's responsibilities under this Agreement.

Georgia Credentialing Deviations

Unless you decide to self-insure your vehicle, you must purchase and maintain liability insurance that includes:
$25,000 per person for bodily injury
$50,000 per accident for bodily injury to two or more people
$25,000 per accident for property damage

Iowa Credentialing Deviations

Unless you decide to self-insure your vehicle, you must purchase and maintain minimum liability insurance that includes:

- $100,000 per person for bodily injury
- $300,000 per accident for bodily injury to two or more people
- $100,000 per accident for property damage

Private Company Providers
Driver Attestation Form – Driver (one-time requirement)
Proof of First Aid/CPR training
Proof of Defensive Driving
HIPAA Training
Non-Tobacco/Cell Phone Texting Restriction Attestation

FWA Attestation Form - Provider (one-time requirement)
Code of Conduct Attestation Form - Driver (one-time requirement)
Passenger Assistance Attestation Form – Provider (one-time requirement)
Vehicle Inspection Attestation Form - Provider (one-time requirement)
Vehicle inspections annually
Regional Transit Agencies (RTA)
Exclusions
MVR check
Proof of Pre-employment drug test
Proof of First Aid/CPR training
Proof of Defensive Driving
HIPAA Training
Proof of FWA Training
Code of Conduct Attestation
Proof of Passenger Assistance Training
Non-Tobacco/Cell Phone Texting Restriction Attestation
Current vehicle registrations
Vehicle inspections checklist

Vehicle inspections annually

New Hampshire Credentialing Deviations

(i) commercial general liability insurance with a limit of not less than $1,000,000 per occurrence; (ii) umbrella liability insurance with a limit of not less than $5,000,000 in the aggregate; (iii) automobile liability insurance with a limit of not less than $1,000,000 combined single limit; (iv) workers' compensation insurance with limits sufficient to meet statutory requirements and (v) professional liability insurance with a limit of not less than $1,000,000 in the aggregate and other insurance as is reasonably acceptable to MCO to insure Vendor and its officers and employees acting within the scope of their duties, against any claims for property damage, personal injury or death occasioned directly or indirectly by Vendor or by its officers or employees, in connection with the performance of Vendor's responsibilities under this Agreement.

Maryland Credentialing Deviations

Maryland requires a Motor Carrier license. It does not substitute any Access2Care credentialing requirements.

Michigan Credentialing Deviations
General Liability is not required in MI. MI does require Bodily Injury & Property Damage insurance, and is a condition of the MDOT Certificate.
Worker's Compensation Insurance is not required if
If sole proprietor, with no employees
Employees are immediate family
Less than 3 employees
Drivers are subcontractors, not employees
3Vehicle Inspections are not required in lieu of a valid MDOT certificate. MDOT does not inspect wheelchair lifts or securement devices. Any vehicle equipped to transport wheelchair members DOES require inspection by Access2Care to ensure compliance with this policy.
Vehicle Insurance Acord is required
General Liability Insurance is waived with a valid MDOT certificate
Worker's Compensation is waived if a valid BWC 337 form is on file; otherwise Worker's Compensation is required.
Inspection checklists are not applicable for non-wheelchair vehicles
Requirement waived in lieu of MDOT certificate

Mississippi Credentialing Deviations
$25,000 per person per single accident
$50,000 per accident for bodily injury
$25,000 per accident for property damage
Business license is not required by the state.

Missouri Credentialing Deviations
Companies, drivers, and vehicles performing service in St. Louis City or St. Louis County require a St. Louis Taxi Cab license. This license supersedes all Access2Care credentialing requirements.

Ohio Credentialing Deviations
Throughout the term of the subcontract with Vendor, and for so long as Vendor Provider is providing Transportation Services in accordance with this Agreement, Vendor

Provider shall obtain and maintain insurance, including but not limited to automobile liability insurance and general commercial liability insurance, as is necessary to provide coverage for losses and liabilities arising out of the acts and/or omissions of Vendor Providers (or their respective employees and/or agents) in the performance of, or injuries sustained during the provision of, Transportation Services to Covered Persons as contemplated in this Agreement. Such insurance coverage shall be in amounts that are in keeping with industry standards and that are acceptable to Vendor and HMO, the minimum amounts of which shall be not less than $100,000 for bodily injury and property damage to one person for any one accident, and $300,000 for bodily injury and property damage to two or more person for any one accident, including coverage for all owned, hired, or non-owned vehicles, as applicable. Such insurance coverage shall list Vendor and HMO as additional insureds, and shall be evidenced by certificates of insurance issued by one or more insurance companies licensed to do business in Ohio, containing a thirty (30) day notice of cancellation endorsement.

Pennsylvania Credentialing Deviations
PUC License is required
The PUC license is at the company level. It does not substitute any Access2Care credentialing requirements.

Texas
No business license required in the state.
Worker's Compensation Insurance is required, or the DWC005 Exemption Form.

Tennessee Credentialing Deviations
The Tennessee Code Annotated (TCA) 55-12-102(12) references minimum limits of liability for the state of Tennessee which currently are:
$25,000.00 for one injury or death
$50,000.00 for all injuries or deaths
$15,000.00 for property damage for one accident

Access2Care	PROVIDER SERVICES POLICY	
	Policy 402	Job Classes: Operations Effective Date: September 09, 2015
		Review: January 29, 2017 Revised:
		Responsible Party: Network Operations

1. **Purpose:**

   In fulfilling its mission, Access2Care strives to provide outstanding customer service at all times. Access2Care staff will offer its services in a fair and professional manner that treats everyone with courtesy and respect.

2. **Policy:**

   Access2Care staff will provide outstanding customer service to its network providers and staff. Access2Care supports these high standards through a plan of employee training, leadership development and opportunities for customer input.

3. **Procedures:**

   3.1. Access2Care will maintain a provider portal for all providers to obtain transport audit and payment information, in addition to training documenation
   3.2. Access2Care will maintain a toll-free number for all providers with questions, concerns or complaints
   3.3. Toll-free number shall be staffed from 8:00am to 5:00pm, Monday through Friday in all timezones, excluding state or federal holidays
      3.3.1. After hours or holiday inquiries should be directed to Network Coordinators
   3.4. Staff will be patient, respectful, and helpful, even when being firm regarding Access2Care's operating constraints.
   3.5. During interactions with Access2Care staff, members can expect to:
      3.5.1. Be greeted appropriately
      3.5.2. Be treated courteously and respectfully
      3.5.3. Be valued for their input
      3.5.4. Receive prompt and timely service
      3.5.5. Receive knowledgeable service and professionalism from all staff
      3.5.6. Have their privacy and confidentiality respected (See Policy 224)

LYFT REQUIREMENTS POLICY

Policy 403	Job Classes: Commercial Network Transportation
	Effective Date: November 29, 2016
	Reviewed: January 29, 2017 Revised: August 9, 2017
	Responsible Party: Credentialing Department

1. Purpose:

Defines the Lyft, Inc. driver and vehicle requirements for acceptance into the company's shared ride driver program.

2. Policy:

Access2Care's partnership with Lyft, Inc. allows for expanded, on-demand network coverage while providing the health plan membership access to industry leading shared ride services. Drivers and vehicles subcontracted through Lyft, Inc. are required to adhere to the following standards; while Lyft, Inc. is to provide Access2Care attestations of completion as well as full access to records, upon request.

3. Lyft Credentialing Requirements:

Vehicle Requirements

- 19-Point vehicle inspection
- Vehicle registration
- In-app vehicle photo and license plate number
- Vehicle identification
- GPS vehicle tracking

Driver Requirements

- Age 21+ with 1 year or more of driving history
- Current driver's license in good standing
- In-app photo identification

Access2Care lyft	LYFT REQUIREMENTS POLICY	
	Policy 403	Job Classes: Commercial Network Transportation
		Effective Date: November 29, 2016
		Reviewed: January 29, 2017 Revised: August 9, 2017
		Responsible Party: Credentialing Department

- Valid personal auto and liability coverage which meets or exceeds state requirements
  - Lyft provides commercial auto liability coverage up to $1M per occurrence
- Acceptance of zero-tolerance drug and alcohol policy
- Non-Exclusion verifications in compliance with 42 U.S.C. 1320a-7(a) performed on a monthly basis
- Motor Vehicle Background check to include;
  - No more than three minor violations in the past 3 years
  - No major or severe violations in the past 3 years (e.g. reckless driving)
- Criminal Background check to include;
  - Social security number trace
  - Nationwide criminal search
  - County court records
  - Federal criminal court records
  - U.S. Department of Justice sex offender registry search

Access2Care	PERFORMANCE IMPROVEMENT PLAN	
	Policy 407	Job Classes: Network Provider Effective Date: January 1, 2012
		Review: January 29, 2017 Revised: August 23, 2016
		Responsible Party: Network Operations

1. **Purpose:**

   To define expectations and guidelines for a Performance Improvement Plan (PIP) for network transportation providers who fail to meet expectations of Access2Care).

2. **Policy:**

   It is the policy of Access2Care to monitor transportation providers for adherence to performance and contractual requirements as defined and outlined in the Network Provider Procedure Manual

3. **Procedures:**

   3.1. Access2Care may require network transportation providers who fall below expected performance standards to enter into a Performance Improvement Program (PIP) for a period of thirty (30) days. The PIP is designed to play a role in correcting performance discrepancies based upon performance and complaint analysis and may be renewed for additional an 30 day period until satisfied. It is a tool to monitor and measure deficient performance, processes and/or behaviors of a provider to improve performance or behavior. Access2Care may execute a PIP with a provider prior to reaching the described thresholds.

   3.2. Providers will be subject to a PIP under the following guidelines:

   3.2.1. On Time Performance Standards:

   3.2.1.1. Arrival within fifteen (15) minutes of recipients scheduled appointment time 95% of the time

   3.2.1.2. Return trip within sixty (60) minutes of notification or within fifteen (15) minutes of recipients scheduled pick up time

   3.3. Provider No-Show Standard:

   3.3.1. Includes: provider arrives late causing a recipient to miss their appointment.

   3.3.2. Provider must maintain a 99.5% monthly compliance

   3.4. Complaint Ratio Standard:

   3.4.1. Complaint ratio no less than 99%

   3.5. Provider Equipment Standard:

   3.5.1. Transportation providers will maintain their vehicles within the guidelines described in the Transportation Provider Manual

   3.5.2. No more than three (3) complaints within a month

   3.6. Unmarked Vehicles Standard

   3.6.1. No more than one (1) complaint

   3.7. Performance Improvement Steps:

   3.7.1. Access2Care will require transportation providers placed in the PIP program to complete and receive approval for their performance improvement plan. Details in the improvement plan will include:

3.7.1.1. Description of the issue/concern
3.7.1.2. Improvement plans and measurements
3.7.1.3. Timelines for completion

3.8. Corrective Action Steps:
3.8.1. Transportation providers placed on a PIP may have some or all of the following corrective action steps taken:
3.8.2. Loss of preferred status
3.8.3. Reduction in transport volume
3.8.4. Retraining
3.8.5. Suspension
3.8.6. Elimination of network eligibility for
3.8.6.1. Vehicle
3.8.6.2. Driver
3.8.7. Any vehicle or driver found out of compliance with Medicare requirements and/or Federal regulations will be immediately removed from service.
3.8.7.1. Further action will be determined on a case by case basis, up to and including termination.

3.9. Reporting of PIPs will be provided to respective clients upon request only and contain the following; Provider Name, Open and Closed date of PIP, and category of issue/concern.

3.10. All providers have a right to appeal decisions.

Access2Care	TRANSPORTATION MANAGEMENT SYSTEM POLICY	
	Policy 411	Job Classes: Operations Effective Date: June 27, 2017
		Reviewed: Revised:
		Responsible Party: Credentialing Unit

1. **Purpose:**

   To provide direction and assign responsibility regarding the maintenence and use of A2C Transportation Management system.

2. **Policy:**

   The Access2Care Credentialing Unit is responsible for the setup, update and maintenance of providers within the A2C Transportation Management system. To ensure system consistency, the Credentialing Unit will be responsible for all aspects of the process including; initial setup, rate entry, service areas, availability, credentialing status as well as maintenence updates to the listed fields.

3. **Procedures:**

   3.1. <u>New Provider Documentation</u>
   - 3.1.1. Credentialing Unit will;
     - 3.1.1.1. Accept receipt of executed provider agreement for the intial entry of key Transporation Provider Management fields and place account in an inactive status
     - 3.1.1.2. Process credentialing documentation according to Policy 401.
   - 3.1.2. Credentialing documentation is updated within SalesForce, pending approval of the account record.
     - 3.1.2.1. Once credentialing approval is received, the SalesForce record is active and the same action is updated within the A2C Transportation Management system.

   3.2. <u>Existing Provider Documentation</u>
   - 3.2.1. Credentialing Unit receives information from Regional Network team or directly from the provider
   - 3.2.2. Credentialing Unit will;
     - 3.2.2.1. Make the appropriate updates as amended within the provider agreement, if applicable
     - 3.2.2.2. Process credentialing documentation according to Policy 401, if applicable
       - 3.2.2.2.1. Credentialing documentation is updated within SalesForce, pending approval of the account record.
   - 3.2.3. Once approval is received, the record is active and the same action is updated with in the A2C Transportation Management system.

   3.3. <u>Monitoring of Reporting Elements</u>
   - 3.3.1. The Credentialing Unit will produce expiration reports according to Policy 421.

3.3.2. Once a record has been identified as expired, the Credentialing Unit will ensure SalesForce and the A2C Transportation Management system are updated to reflect inactive status

3.3.3. The Regional Network team will monitor reports and communicate with providers to obtain updated information.

3.3.4. As updated information is received, the procedure will follow section 3.2 of this policy.

Access2Care	AMBULANCE NET POLICY	
	Procedures 415	Job Classes: All
		Effective Date March 1, 2015
		Reviewed: Janaury 29, 2017 Revised: November 24, 2015
		Responsible Party: Network Operations

1. PURPOSE:

To define the process and procedure for Non-Emergency Transportation (NET) ambulance transportation services for Health Plan contracts that include ambulance service.

2. POLICY:

Access2Care will provide NET ambulance services within Plan, Federal, Local and Contractual guidelines and requirements.

3. PROCEDURE:

3.1. Access2Care managed ambulance service is a non-emergency transportation service although ambulance drivers will retain adequate documentation and details of the transport.

3.2. The appropriate ambulance NET level of service (LOS) is determined by Access2Care

3.3. Transport is provided by an appropriate ambulance licensed provider.

3.3.1. Medical Coordiantors will contact Member if ambulance is late and will provide an expected pick-up time.

3.4. Facilities will request NET ambulance service through a standard toll-free number.

3.4.1. Specific health plans will have a prompt through their NEMT toll-free number

3.5. Medical Coordinators will intake member information including information used to determine the appropriate LOS.

3.6. Medical Coordinators will obtain prior authorization in accordance with Plan requirements and protocols prior authorization is required for:

3.6.1. Eligible Children under twenty-one (21)

3.6.2. Transportation between nursing facilities

3.6.3. Medicaid Baker Act receipients

3.6.4. Out of State NET transports

3.7. Pre authorization approval method will be determined by the Plan and Access2Care upon implementation of NET ambulance contracts.

3.8. NET ambulance provider assignment will be based on different factors including, but not limited to:

3.8.1. Geographic location

3.8.2. Local provider availability

3.8.3. Required LOS

3.8.4. Provider performance history

3.9. All ambulance service providers must be licensed in accordance within applicable Federal, State and/or Local regulations.

3.10. All ambulance service providers are required to meet applicable statutory insurance standards and coverage limits

3.11. Ambulance service providers are held to all Client and Sub Contractor agreements indemnification requirements.

Access2Care	CLIENT CONTRACT TERMINATION	
	Policy 420	Job Classes: Contract Compliance and Program Oversight
		Effective Date: October 27, 2015
		Review: January 29, 2017 Revised:
		Responsible Party: Operations

1.0 PURPOSE:

To describe the process for Clients to be removed from the Access2Care system.

2.0 POLICY:

Access2Care will establish a project plan with definable action steps to remove the Client from Access2Care systems, upon contract termination or expiration.

3.0 PROCEDURE:

Upon termination or expiration notice, Access2Care will be responsible for the following action items;

3.1 Client Services will finalize the official notification and notify the Project Manager and the Director of Contract Compliance and Program Oversight (CCPO).

3.2 Project Manager will assess and establish the scope of the project plan

3.2.1 Information Technology

3.2.1.1 IT will be provided with the end date of services and will be responsible for updating the A2C system

3.2.2 Care Management

3.2.2.1 Review recurring trips that are scheduled past the scheduled end date and cancel the future trips

3.2.2.2 Provide the new transportation company with recurring trip information

3.2.3 Network Operations

3.2.3.1 Advise Transportation Providers of service end date and any related contract end information to expedite trip clearing.

3.2.4 Telephony

3.2.4.1.1 Identify TFN owners and, as appropriate, transfer number or disconnect numbers as of 12:01am on the end date

3.2.5 Reporting

3.2.5.1 Establish final reporting structure and format

3.2.5.2 Finalize end date and final report format

3.2.6 Public Transportation

3.2.6.1 Inventory remaining passes/tickets

3.2.6.2 Dispose of remaining passes/tickets, if applicable

3.2.7 Claims and Billing

3.2.7.1 Agree upon end dates and notify the Client

3.2.7.2 Finalize transportation providers of finalized check amount

Access2Care	TERMINATING TRANSPORTATION PROVIDER CONTRACTS	
	Policy 420a	Job Classes: Network
		Effective Date: August 25, 2015
		Review: January 29, 2017 Revised: October 25, 2016
		Responsible Party: Network Operations

1. **PURPOSE:**

To establish the process and guidelines that Access2Care will follow when terminating a transportation provider's contract.

2. **POLICY:**

Access2Care or Provider may terminate contractual relationships for reasons including but not limited to, non-performance of duties, breech of agreement and internal and/or state or federal standards.

3. **PROCEDURE:**

3.1 Terminating a transportation providers contract with Access2Care

3.1.1 After a termination decision, Network Manager then notifies:

3.1.1.1 Dispatch Team to ensure all future trips are rescheduled with other providers

3.1.1.2 Network Coordinator to end date and terminate the systems access and setup in A2C TP Mgmt and SalesForce

3.1.1.3 Claims Director stating that all audits have been resolved and that final payments can be set

3.1.2 Network Manager, Network Compliance Manager or equivalent completes contract termination letter which is sent certified mail to the transportation provider.

3.1.2.1 If required by contract, member will receive cobranded, state approved provider termination notification letter.

3.2 Network Compliance Manager or equivalent files and archives all records stored in the company's transportation files meeting all standards and requirements as noted in the Records Retention Policy

3.3 The Credentialing Unit will update the contract database with the termination letter, supporting documentation and document the reason for termination

3.4 Transportation providers have the right to appeal the decision of Access2Care to terminate their contract

3.5. All appeals must be received in writing within sixty (60) days of the decision to terminate date.

3.6 Transportation providers have the right to voluntarily terminate a contractual relationship with Access2Care

3.7 Transportation providers must submit in writing their decision to voluntarily end their contractual relationship with Access2Care.

Access2Care	TERMINATING TRANSPORTATION PROVIDER CONTRACTS	
	Policy 420a	Job Classes: Network
		Effective Date: August 25, 2015
		Review: January 29, 2017 Revised: October 25, 2016
		Responsible Party: Network Operations

3.8 When transportation providers are terminated, notification and reason will be provided to the health plan according to contractual requirements.

3.8.1 Medicaid Plans will receive notification within sixty (60) days

CREDENTIALING REPORT POLICY

Policy 421	Job Classes: Network Transportation
	Effective Date: June 1, 2014
	Review: January 29, 2017 Revised: March 6, 2017
	Responsible Party: Credentialing Department

1. Purpose:

To define expectations for the creation and distribution of credentialing reports to ensure contracted Transportation Providers are compliant with Access2Care standards.

2. Policy:

It is the policy of Access2Care to create reports from the credentialing database to ensure transportation providers are compliant with the credentialing standards. Reports are run for both credentials coming due within thirty (30) days and credentials that are out of compliance.

3. Procedures:

The reports listed below are run according to the frequency indicated.

Name	Coming Due Frequency	Out of Compliance Frequency
A2C Blank Date of Birth	Monthly	N/A
A2C Blank Driver License #	Monthly	N/A
A2C Blank Drug Test	Monthly	N/A
A2C Expired Background Check	Monthly	Weekly
A2C Expired Driver's License	Monthly	Weekly
A2C Expired Insurance Gen Liability	Monthly	Weekly
A2C Expired Insurance Vehicle	Monthly	Weekly
A2C Expired Insurance Work Comp	Monthly	N/A
A2C Expired MVR2	Monthly	Weekly
NEXT 30 Background Check	Monthly	Weekly
NEXT 30 Drivers License	Monthly	Weekly
NEXT 30 General Liability	Monthly	Weekly
NEXT 30 MVR	Monthly	Weekly
NEXT 30 Vehicle Insurance	Monthly	Weekly
Health Attestation	Monthly	N/A

CREDENTIALING REPORT POLICY

Access2Care	Policy 421	Job Classes: Network Transportation
		Effective Date: June 1, 2014
		Review: January 29, 2017 Revised: March 6, 2017
		Responsible Party: Credentialing Department

Training and Course Attestation	Monthly	N/A
Vehicle Inspection Report	Monthly	Weekly

Access2Care	SOLE SOURCE PROVIDER	
	Policy 422	Job Classes: Operations
		Effective Date September 1, 2011
		Review: January 29, 2017 Revised: June 25, 2015
		Responsible Party: Network Operations

1. **Purpose:**

   To provide expectations to the Transportation Providers and Access2Care on how to receive and schedule trips run for Sole Source facility providers.

2. **Policy:**

   Sole Source Providers arrange and handle the transportation for members of their facility. These providers are responsible for providing Access2Care with all required trip details so that payments can be rendered.

3. **Procedure:**

   3.1 Sole Source Providers must utilize the Access2Care template for all trip details for provided services

   3.2 Trip details must be sent no later than forty-eight (48) hours prior to the appointment date except in the case of urgent situations.

   3.2.1 Urgent situations are defined as:

   3.2.1.1 Dialysis

   3.2.1.2 Chemotherapy

   3.2.1.3 Radiation

   3.2.1.4 Surgery

   3.2.1.5 Hospital or other facility discharge

   3.3 All reoccurring trips must be identified as reoccurring and these trips will be scheduled ninety (90) days in advance.

   3.3.1 Prior to ninety (90) day reoccurring trip Sole Source Provider is required to send trips that are to be scheduled for the next ninety (90) days.

   3.4 Access2Care is responsible for entering the trip details into the A2C system.

   3.5 Access2Care will accept the trip for the Provider

   3.5.1 The trip will go to the Accepted Trips section of the Provider's portal

   3.6 Sole Source Providers will be subject to Access2Care audit percentages and standards.

3.6.1 The Provider will be notified that a trip is on Audit status and will be required to provide a diver's log and any other requested documentation before payment is submitted

3.7 Access2Care will put past due trips in to the system upon request on a case by case basis

3.7.1 Trips will show up in Cleared trips screen in vendor portal for vendor to clear for payment

3.7.2 Trips over thirty (30) days old will not be put in the system and will show as auto canceled and cannot be cleared by the transportation provider.

Access2Care	PASSENGER RIGHTS, RESPONSIBILITIES, & SAFETY	
	Policy 423	Job Classes: Operations Effective Date: January 14, 2015
		Review: January 29, 2017 Revised: June 25, 2015
		Responsible Party: All Departments

1. **Purpose:**

   To describe the guidelines and expectations for passenger rights, responsibilities, and safety.

2. **Policy:**

   Access2Care or its subcontractors will not deny any member non-emergency transportation services based on race, color, sex, sexual orientation, religion, national origin, creed, marital status, age, health status or the presence of any sensory, mental or physical disability. Members have the right to file a complaint and when required by contract request an appeal when there is a denial or reduction of non-emergency medical transportation. Vehicle used by Access2Care subcontractors will comply with safety standards as outlined in the Transportation Provider Manual.

3. **Procedures:**

   3.1. When scheduling non-emergency transportation services for members, the determination of approval will not be made on the race, color, sex, sexual orientation, religion, national origin, creed, marital status, age, health status or the presence of any sensory, mental or physical disability of the member.

   3.2. Transportation providers cannot deny any member non-emergency transportation services based on race, color, sex, sexual orientation, religion, national origin, creed, marital status, age, health status or the presence of any sensory, mental or physical disability.

Attachment A:

I. Members shall have the following rights:

   A. Be treated with dignity and respect;

   B. Be treated by participating providers the same as other people seeking health care benefits to which they are entitled, and to be encouraged to work with the member's care team, including providers and community resources appropriate to the member's needs;

C. To be free from discrimination in receiving benefits and services to which you are entitled;

D. To receive equal access for both males and females under 18 years of age to appropriate facilities

E. Have a friend, family member, or advocate present during appointments and other times as needed within clinical guidelines;

F. Receive written materials describing rights, responsibilities, benefits available, how to access services, and what to do in an emergency;

G. Have written materials explained in a manner that is understandable to the member and be educated about the coordinated care approach being used in the community and how to navigate the coordinated health care system;

H. Receive culturally and linguistically appropriate services and supports, in locations as geographically close to where members reside or seek services as possible, and choice of providers within the delivery system network that are, if available, offered in non-traditional settings that are accessible to families, diverse communities, and underserved populations;

I. Receive integrated person-centered care and services designed to provide choice, independence and dignity and that meet generally accepted standards of practice and are medically appropriate; to receive the level of service that you expect and deserve, as approved by your providers;

J. Receive assistance in navigating the health care delivery system and in accessing community and social support services and statewide resources including but not limited to the use of certified or qualified health care interpreters, and advocates, community health workers, peer wellness specialists and personal health navigators who are part of the member's care team to provide cultural and linguistic assistance appropriate to the member's need to access appropriate services and participate in processes affecting the member's care and services;

K. Have access to urgent transportation services 24 hours a day, 7 days a week without prior authorization;

L. To know that information in your medical record is confidential, with exceptions determined by law; to receive a notice that tells you how your health information may be used and shared; to decide if you want to give your permission before your health information can be used or shared for certain purposes and to get a report on when and why your health information was shared for certain purposes;

M. To be free from any form of restraint or seclusion (isolation) that is not medically necessary or is used by staff to bully or punish you. Staff may not restrain or isolate you for the staff's convenience.

N. Receive written notices before a denial of, or change in, a benefit or service level is made, unless a notice is not required by federal or state regulations;

O. Be able to make a complaint

Access2Care	VEHICLE SAFETY	
	Policy 423a	Job Classes: Operations Effective Date: January 14, 2015
		Review: January 29, 2017 Revised: September 26, 2017
		Responsible Party: Operations

1. **Purpose:**

   To describe the guidelines and expectations for vehicle safety.

2. **Policy:**

   A transportation provider shall comply with appropriate local, state, and federal transportation safety standards regarding passenger safety and comfort. Vehicle used by Access2Care subcontractors will comply with safety standards as outlined in the Transportation Provider Manual.

3. **Procedures:**

Vehicle Requirements:

1. All vehicles must pass Access2Care inspection prior to transporting Medicaid members.
2. All vehicles used to transport members will be inspected annually.
3. All vehicles must contain company logo either on vehicle or in a window and prominently displayed driver picture ID
4. All vehicles must be equipped with a working form of two-way communication that allows a central dispatcher to communicate with the driver at any time. Electronic devices, such as cellular phones, require usage via a hands free devise.
5. All vehicles must be equipped with adequate and functioning heating and air-conditioning systems defined by temperature readings from the rear of the vehicle.
6. All vehicles must have a seat for each passenger that is securely fastened to the floor of the vehicle.
7. All vehicles shall have functioning, clean, and accessible seat belts for each member seat position.
8. All vehicles shall have a useable seat belt for each person being transported.
9. Seat belts must be stored off the floor when not in use.

Access2Care	VEHICLE SAFETY	
	Policy 423a	Job Classes: Operations Effective Date: January 14, 2015
		Review: January 29, 2017 Revised: September 26, 2017
		Responsible Party: Operations

10. Each vehicle must have at least two (2) functional seat belt extensions available.
11. Each vehicle must be equipped with at least one seat belt cutter within easy reach of the driver.
12. Each vehicle shall utilize child safety seats when transporting children of an age specified by State Law. Any child under the age of eight (8) years or under the height of 4'9" must be in a child safety seat or booster seat.
13. All vehicles must have the following working features standard on all automobiles:
    a. Must have an accurate speedometer and odometer.
    b. Must have all requisite side and rearview mirrors, including an interior mirror for monitoring the member compartment.
    c. Must have working horn, turn signals, headlights, tail lights, emergency flashers, and windshield wipers.
    d. Must have interior lighting.
    e. Must have emission control equipment
    f. Must have functioning doors with handles allowing doors to be opened from the outside/inside
14. The exterior of the vehicle must be clean; free of broken mirrors or windows; excessive grime; and have no major dents or paint damage that detract from the overall appearance of the vehicle.
15. The interior of the vehicle must be clean; free from torn upholstery, floor or ceiling covering; free from damaged or broken seats; free from protruding sharp edges; must also be free of dirt, oil, grease and litter. Interior has adequate sidewall padding and ceiling covering.
16. Vehicles will be free of hazardous debris or unsecured items and will be operated within the manufacturers safe operating standards at all times.
17. Vehicles will have the ability to safely transport member and any accompanying property.
18. All vehicles shall have the transportation provider's name, and vehicle number prominently placed on the exterior of each vehicle.
19. The vehicle number, and toll-free phone number for the transportation provider must be prominently displayed on the interior of each vehicle.
20. All vehicles must have the following signs posted in all vehicle interiors, easily visible to the members: "NO SMOKING" and "ALL PASSENGERS MUST USE SEAT BELTS." Internationally recognized signs are acceptabl

Access2Care	VEHICLE SAFETY	
	Policy 423a	Job Classes: Operations Effective Date: January 14, 2015
		Review: January 29, 2017 Revised: September 26, 2017
		Responsible Party: Operations

21. Smoking is prohibited in the vehicle at all times.
22. Vehicles must carry an information packet containing vehicle registration, insurance card, inspection form and accident procedures and forms.
23. All vehicles must be equipped with the following safety equipment:
    a. Secured and operable multi-purpose fire extinguisher (5 lb)
    b. Working flashlight
    c. Emergency first-aid kit
    d. "Spill kit" which includes: liquid spill absorbent, latex gloves, hazardous waste disposal bags, scrub brush, disinfectants and deodorizer
    e. Roadside reflective or warning devices
        - Van/bus type vehicles must have portable triangular reflectors mounted on stands
    f. Tire traction devices when appropriate
    g. Disposable gloves
    h. Tie-downs or securement devices to transport members using wheelchairs or stretchers, which must meet the ADA accessibility guidelines
    i. High profile/tall vehicles that have greater ground clearance than an average-sized sedan must have a sturdy, non-skid stepping aid provided to assist in the passenger in entering and exiting the vehicle. This stepping aid must be capable of safely supporting 300 pounds, must be no higher than twelve inches (12") above the ground, with a non-skid surface not less than eight inches by 12 inches (8"x12").
    j. Vehicle floor is covered with commercial anti-skid, ribbed rubber flooring, or carpeting for van/bus vehicle type
24. Wheelchair/stretcher vehicles must adhere to the following:
    a. For all vehicles used for paralift operations, the overhead clearance between the top of the door opening and the raised lift platform, or highest point of the ramp, shall be a minimum of 56 inches, or such other distance as may be required by ADA or other federal or state laws or regulations.
    b. All wheelchair lifts must have a design load of at least 600 pounds, and all lifts and ramps used for the loading and unloading of passengers must meet all ADA accessibility guidelines.
25. Each vehicle must contain a current map or equivalent of the applicable service area with sufficient detail to locate members and medical providers.
26. Non-compliance: Any vehicle or driver found out of compliance with any of these requirements or any State or Federal regulations must be removed from service immediately

Access2Care	VEHICLE SAFETY	
	Policy 423a	Job Classes: Operations Effective Date: January 14, 2015
		Review: January 29, 2017 Revised: September 26, 2017
		Responsible Party: Operations

Vehicle Maintenance:

Network transportation providers must have a comprehensive Preventive Maintenance program for all vehicles and equipment used for members. The required vehicle maintenance program must include:

1. Inspection and service performed in accordance with manufacturer recommendations
2. A maintenance file for each vehicle that includes records of all maintenance actions, including: servicing records, preventive maintenance inspections, repairs, brake adjustments, and bodywork.
3. Repair and replacement of support equipment, such as communication radios.
4. If applicable, records of inspections conducted by a regulatory entity with jurisdiction over the service area and certification that the vehicle passed inspection.
5. Documented operational and safety checks (pre-and post-trip inspection) at the beginning of each workday. These include a check of:
    - Tires
    - Brakes
    - Lights
    - Horn
    - Fluids
    - Wipers
    - Climate control devices
    - Seat belts
    - Safety equipment
    - Vehicle damage
    - Date and mileage
6. Tires are pressurized and have appropriated tread depth (3/32 inch) as well as a properly inflated spare tire or proper repair alternative
7. Exhaust muffler is in working condition and free of damage

These records must be made available to Access2Care for inspection as requested.

Access2Care	VEHICLE SAFETY	
	Policy 423a	Job Classes: Operations Effective Date: January 14, 2015
		Review: January 29, 2017 Revised: September 26, 2017
		Responsible Party: Operations

Vehicle Inspection Report

Date:_____

Provider _____ Vehicle #: _____

VIN #: _____

Make: _____ Model: _____ Color: _____ Year: _____

State _____ Expiration: _____ License Plate: _____

Odometer Reading: _____

Requirement Met: Yes/No (Check the appropriate response)

1. Exterior vehicle signage with Provider name and vehicle number. Lettering must be at least 4" high where signage is not locally regulated. Yes _____ No _____
2. Functioning, clean and accessible seat belts and extensions for each passenger seat position and stored off the floor when not in use Yes _____ No _____
3. Two exterior rear view mirrors, one on each side of the vehicle Yes _____ No _____
4. Interior mirror for monitoring passenger compartment Yes _____ No _____
5. Clean interior and exterior. Exterior is free of broken mirrors or windows excessive grime, rust, chipped paint or major dents which detract from the appearance of the vehicle. Interior is free from torn upholstery or floor coverings, no broken or damaged seats. Interior has adequate interior sidewall padding and ceiling covering Yes _____ No _____
6. Vehicle floor is covered with commercial anti-skid, ribbed rubber flooring, or carpeting for van/bus vehicle type Yes _____ No _____
7. Vehicle must be equipped with a seatbelt cutter within reach of the driver, functioning flashlight, and 3 portable triangular reflectors mounted on stands (flares are not permitted) Bus/Van type vehicles only. Yes _____ No _____
8. Vehicle is equipped with multi-purpose fire extinguisher (5lb) and first aid kit. Yes _____ No _____
9. Working heating/cooling system for driver and passengers Yes _____ No _____
10. Interior signage that reads: "No Smoking", "All passengers must wear seat belts" Yes _____ No _____
11. Prominently displayed driver picture ID/vehicle ID documentation where not regulated locally. Yes _____ No _____
12. Vehicle information packet containing vehicle registration, insurance card, inspection form, and accident procedure forms Yes _____ No _____
13. Working signals, head/tail/brake lights, parking brake, windshield wipers, and horn Yes _____ No _____
14. Functional door handles allowing doors to be opened from outside/inside Yes _____ No _____
15. Functional interior lights Yes _____ No _____
16. Tires are pressurized and have appropriated tread depth (3/32 inch) Yes _____ No _____
17. Properly inflated spare tire or proper repair alternative. Yes _____ No _____
18. Exhaust muffler is in working condition and free of damage Yes _____ No _____
19. Acceptable form of two-way communication (radio, cell phone) Yes _____ No _____
20. All required restraints for each wheelchair securement station Yes _____ No _____
21. Wheelchair Lift Type: Hydraulic _____ Electric _____ Manual _____
22. Hydraulic lift-fully operational includes parking brake, engine and interlock system Yes _____ No _____
23. Vehicle pictures: Driver side _____ Passenger side _____ Front _____ Rear _____ Interior _____

Notes / Comments:

_____

_____

Re-Inspection Date: _____

Inspector's Name: _____ Inspector's Signature: _____

Provider's Name: _____ Provider's Signature: _____

Access2Care	SECURE TRANSPORTS	
	Policy 424	Job Classes: All Operations
		Effective Date: February 20, 2015
		Review: January 29, 2017 Revised: June 25, 2015
		Responsible Party: Network Operations

1. Purpose:

To provide guidelines for the National Transportation and supporting functions for secure transports

2. Policy:

In certain conditions and when authorized by client contractual obligations, Access2Care may be required to provide Secure Transports for NET services. These services will follow guidelines and requirements of applicable Federal and State laws and local governances.

3. Procedure:

Access2Care has established the following oversight procedures for secure transportation providers

3.1 Access2Care will only receive the authorization and information for a secure transport from an authorized referring facility,

3.2 Access2Care will not perform the individual member assessment for the requirements of a secure transport.

3.3 Access2Care will keep a roster of transportation providers who are authorized and licensed to perform secure transportation.

3.3.1 All required secure transport authorizations, training and required documentation will be stored in the SharePoint Community site.

3.3.2 All authorized secure transport companies are subject to Access2Care audit requirements.

3.4 Access2Care transportation providers acknowledge and will provide for the safety of each patient and their right according to Patient Safety Policy and Rights (see Policy 423)

3.5 Access2Care transportation providers will not authorize any use of restraint by coercion, discipline, or otherwise

Access2Care	SECURE TRANSPORTS	
	Policy 424	Job Classes: All Operations
		Effective Date: 2/20/2015
		Review: Revised: June 25, 2015
		Responsible Party: Transportation Director

3.6 Inappropriate use of restrain or seclusion will subject the transportation provider to the guidelines and requirements of the Significant Event policy. (see policy Significant Event 507)

Access2Care

Communicable Health Conditions

Policy 425	Job Classes: All Operations
	Effective Date: March 1, 2017
	Review: Revised:
	Responsible Party: Network Operations

1. Purpose:

To provide guidance to Access2Care staff when arranging transport for health plan members when known communicable health conditions are present.

2. Policy:

Access2Care cannot refuse transport to health plan membership or disclose known communicable health conditions to assigned transportation providers. Communicable health conditions include, but are not limited to; bacterial and viral illness as well as insect borne conditions, such as bed bugs, mites and lice.

3. Procedure:

Access2Care has established the following procedure for the transport of health plan membership with known communicable health conditions.

3.1 Access2Care staff arranges nonemergency gurney stretcher transport for the member;

3.1.1 If a covered service under contract, the transport shall be assigned to a provider following established procedures.

3.1.2 If not a covered service under contract, the Network staff shall contact the health plan and request the member transportation be arranged by the health plan using nonemergency gurney stretcher.

3.2 Access2Care staff arranges a routine transport for the member according to the member transport needs.

3.3 On a reoccurring basis, the Network team shall notify the transportation provider community, via mass mail or email, of an increase in reported cases of communicable health conditions with reminder to maintain their vehicles according to Schedule C of their Subcontractor Agreement.

Access2Care	MOBILITY DEVICE TRANSPORTS	
	Policy 427	Job Classes: Network Transportation
		Effective Date: September 2, 2013
		Review January 29, 2017 Revised: October 21, 2015
		Responsible Party: Network Operations and Member Service Centers

1.0 PURPOSE:

To ensure safe and secure transport of all passengers that utilizes a mobility device referred to as wheelchair.

2.0 POLICY:

It is the policy of Access2Care to follow all applicable American with Disabilities Act (ADA) requirements concerning mobility devices that is defined commonly as a wheelchair that is defined as mobility and belong to any class of three or four-wheeled devices whether operated manually or powered. A common wheelchair is a device which does not exceed thirty (30) inches in width and forty-eight (48) inches in length measure two (2) inches above ground, and does not weight more than six hundred (600) pounds when occupied.

3.0 PROCEDURE:

Contact Center

3.1 During trip intake, the Member Service Representative (MSR) through a list of questions will determine if the member and/or any passenger is in a wheelchair device.

- **3.1.1** If yes, the MSR will ask and document if the person can transfer from the mobility device into the vehicle.
- **3.1.2** The MSR will ask if the device is a scooter.
- **3.1.3** If the device is a mobility scooter, the MSR will explain that for safety reasons it is suggested that the member transfer
- **3.1.4** The MSR must document in the notes for the transportation provider if the member or passenger is in a scooter

Transportation Provider

3.2 If the member is in a scooter mobility device the transportation provider will suggest that the member transfer from the motorized scooter into a vehicle seat

- **3.2.1** If the member or passenger refuses to transfer, they cannot be denied transportation per ADA regulations.
- **3.2.2** If the mobility device cannot be secured or restrained satisfactorily, the member cannot be denied transportation per ADA regulations.
- **3.2.3** Provider will attempt to secure member and mobility devise as best as possible and transport

Access2Care	MAINTAINING NETWORK ADEQUACY	
	Procedures 430	Job Classes: Network
		Effective Date: January 1, 2011
		Review: January 29, 2017 Revised: October 25, 2016
		Responsible Party: Network Operations

1. PURPOSE:

To outline the strategy and activities that will be used to ensure and then maintain sufficient transportation provider network capabilities in both number and type of services available in the Access2Care transportation network.

2. POLICY:

Network Coordinator or equivalent will perform a demand analysis, not to exceed an annual basis, to ensure network adequacy. The demand analysis must take into account historical and seasonal trends that could affect network adequacy.

3. PROCEDURE:

3.1 Network Coordinator to complete a demand analysis.
3.2 The demand analysis should include but is not limited to the following:
- 3.2.1 Daily utilization review (trips per day)
- 3.2.2 Use of mapping tool to identify opportunity areas
- 3.2.3 Complaint reports by type and locality
- 3.2.4 Number of trips turned back from providers
- 3.2.5 Rejected trip percentage
- 3.2.6 Trending of membership and locations
- 3.2.7 Number of out of network providers used
- 3.2.8 Average trip cost
- 3.2.9 Review of communicated potential providers
- 3.2.10 Web page listing of available areas
- 3.2.11 Distance and shortest travel times to facilities and provider locations, if this information is provided by the health plan

3.3 Identified areas of deficiencies must be reported to the Project Director or equivalent to identify a course of action.
3.4 If it is determined that additional network recourses must be added to the network, actions taken are to include but are not limited to;
- 3.4.1 Immediate deployment of Network Specialist to the affected area
- 3.4.2 Immediate review of surrounding transport companies
- 3.4.3 Immediate communication to existing network to seek interested participants to move to the affected area

Access2Care	DISPATCH OPERATIONS	
	Policy 431	Job Classes: Operations
		Effective Date: January 3, 2014
		Review: January 29, 2017 Revised: March 6, 2017
		Responsible Party: Network Operations

1.0 PURPOSE:

To provide information on the process of notification to clients on current status of waiting trips.

2.0 POLICY:

The Access2Care Network Operations Department is the overseeing body of the Dispatch Operations team. The Dispatch Operations team is responsible for monitoring and providing assistance with unassigned transports and urgent transport requests. Urgent transport requests include both scheduled and unscheduled.

3.0 PROCEDURE:

The Dispatch Operations team is responsible for multiple functions that include;

3.1 Unassigned Transports

- **3.1.1** The Dispatcher will contact transportation providers to locate an available provider for the date and time of the trip
- **3.1.2** Once located, the Dispatcher will assign the trip to the provider within the portal
- **3.1.3** If not located, the Dispatcher will make every attempt to contact the member to inform them of the scheduling challenges and make a request if the client can arrive beyond the appointment time or, if not possible, offer Access2Care assistance with a rescheduled trip, once the new medical appointment time has been scheduled. The trip notes will be notated of the conversation with the member

3.2 Urgent Transport Requests

- **3.2.1** The Dispatcher will contact transportation providers to locate an available provider for the date and time of the trip. Urgent trips are typically same day or next day trips
- **3.2.2** Once located, the dispatch specialist will assign the trip to the provider within the portal
- **3.2.3** If not located, the Dispatcher will make every attempt to contact the member to inform them of the scheduling challenges and offer Access2Care assistance with a rescheduled trip, once the new medical appointment time has been scheduled. The trip notes will be notated of the conversation with the member

3.3 No-Show Transports

- **3.3.1** The Dispatcher will contact the assigned transportation provider to obtain an ETA on the vehicle.
- **3.3.2** ETA obtained, the dispatch specialist will inform the member of the new time and notate the trip notes

3.3.3 ETA unavailable, the Dispatcher proceed with Section 3.1 of this policy

Access2Care	NON-EMERGENCY AMBULANCE CREDENTIALING POLICY	
	Policy 444	Job Classes: Commercial Network Transportation
		Effective Date: September 1, 2013
		Review: January 29, 2017 Revised: May 01, 2017
		Responsible Party: Credentialing Department

1. Purpose:

To define Access2Care's credentialing and compliance standards of Non-Emergency Ambulance Transportation Providers.

2. Policy:

Non-Emergency Ambulance Transportation Providers are required to meet local and/or state credentialing requirements prior to being approved to transport Access2Care members. The local or state issued Service License will be verified via web or hard-copy and documented within the Access2Care Provider file. The Service License shall certify prehospital or interfacility advanced life support services or basic life support transportation services. Signed attestations may be accepted in lieu of some documents where internal Provider processes and practices may vary depending on the Provider location, state, or type of service provided.

3. Process

Access2Care established a three-level credentialing approval process as the Access2Care Credentialing Committee in addition to creating a Credentialing Unit that processes all credentialing documents and tracks credentialing status. The Access2Care Credentialing Committee manages the credentialing process at all levels. The National Network Director, Network Manager, and Network Compliance Manager form Access2Care's Credentialing Committee. The Credentialing Committee reviews and approves all steps of the credentialing process up to the execution of a Provider agreement and final authorization to assign trips to the Provider. The Credentialing Committee also manages the Corrective Action Process. Once a Non-Emergency Ambulance Transportation Provider becomes credentialed, it must maintain credentialed status in order to remain active and continue to receive trip assignments.

3.1 Ambulance providers must submit current business and paramedic licensure. The licensures cover the following items that will be omitted from the credentialing process.

Access2Care	NON-EMERGENCY AMBULANCE CREDENTIALING POLICY	
	Policy 444	Job Classes: Commercial Network Transportation
		Effective Date: September 1, 2013
		Review: January 29, 2017 Revised: May 01, 2017
		Responsible Party: Credentialing Department

EMT License

- First Aid
- CPR
- Defensive Driving
- HIPAA Attestation
- FWA/General Compliance
- Code of Conduct
- Passenger Assistance

EMT Licensure (OR)

- Background Check*
- First Aid
- CPR
- Defensive Driving
- Passenger Assistance

*All initial and renewal license applications require a criminal history background check.

- Oregon residents who have not lived or been outside the State for more than 60 consecutive days in last 5 years, or since last licensed will be run through Oregon's Law Enforcement Data System (LEDS)

- Non Oregon residents or applicants who have been outside the State for more than 60 consecutive days in last 5 years, or since last licensed will be subject to an FBI fingerprint-based national background check.

- Fingerprint information (How to obtain and submit fingerprints)

4. **Credentialing Requirements:**

Network Specialists are Access2Care's front line and are responsible for collecting

Access2Care	NON-EMERGENCY AMBULANCE CREDENTIALING POLICY	
	Policy 444	Job Classes: Commercial Network Transportation
		Effective Date: September 1, 2013
		Review: January 29, 2017 Revised: May 01, 2017
		Responsible Party: Credentialing Department

and submitting the company Service License and additional Access2Care required items to the Credentialing Unit to be uploaded in the Credentialing Database.

Access2Care	TRANSPORTATION PROVIDER VERIFICATION POLICY	
	Policy 451	Job Classes: Network Transportation
		Effective Date: April 1, 2013
		Review: January 29, 2017 Revised: September 26, 2017
		Responsible Party: Compliance

1. Purpose:

Access2Care has adopted this Excluded or Debarred Persons or Entities Policy in order to ensure compliance with all applicable federal or state laws and regulations related to the employment of individuals or entities that are ineligible to participate in any federal or state healthcare reimbursement program including, but not limited to, Medicare and Medicaid.

2. Policy:

Subcontractors will meet Access2Care's high ethical standards for employment. Access2Care has an affirmative duty to avoid hiring or retaining subcontractors who have engaged in unlawful conduct including fraud or financial irregularities or other conduct which may harm other employees, members, patients, or the general public.

Access2Care will not knowingly contract any individual or entity that is listed by a federal agency as excluded, debarred, or otherwise ineligible for federal programs. Verification checks are to be performed pre-hire and monthly thereafter.

3. Procedures:

SCREENING

Prior to service delivery hire and monthly thereafter, the OIG (Office of Inspector General) List of Excluded Individuals and Entities (LEIE), GSA (General Services Administration) Excluded Parties List (EPLS), Death Master File (DMF) and state databases are reviewed to ensure none are excluded from participating in federal programs utilizing the Streamline Verify[1] program. For new contractors, the exclusion checks may also be conducted by a designee as part of the initial due diligence. This includes all subcontractors' drivers, owners, and key personnel.

3.1 Designated credentialing database administrator runs a current report of contractor employees from the credentialing database.

- 3.1.1 Credentialing Unit to cross reference and upload individuals to SalesForce listed on Disclosure of Ownership forms, Driver Rosters and Managing Staff Rosters
- 3.1.2 Corporate Compliance department to perform business entity verifications using the SalesForce entity listing

Access2Care	TRANSPORTATION PROVIDER VERIFICATION POLICY	
	Policy 451	Job Classes: Network Transportation
		Effective Date: April 1, 2013
		Review: January 29, 2017 Revised: September 26, 2017
		Responsible Party: Compliance

3.1.3 Credentialing Unit notifies of newly contracted or recredentialialed providers requiring a DMF verification[2]

3.2 Upload report to the Streamline Verify Screening Services

3.3 Receive the output file from the Streamline Verify Screening Services.

3.4 Save the output file

3.5 Begin the clearing process by comparing/verifying applicable vital statistics (Name, DOB, SSN) for each employee with a potential match against all potential matches identified for that individual. Every name variation for every database that is identified as a potential match in the report must be verified and cleared.

3.6 If the combination of the name variation, SSN and/or DOB are not verified as a match, the person is not excluded.

3.7 Evidence of the cleared individual search must be retained and communicated to the requesting department, if applicable.

3.8 If the combination of the name variation, SSN and/or DOB are verified as a match within Streamline Verify or any other Federal or State system of record, the person is EXCLUDED. **THEY ARE NOT ALLOWED TO PERFORM SERVICES FOR ACCESS2CARE**

3.9 If found to be excluded

3.9.1 For new subcontractor checks, network personnel to call applicant and notify of status and application/contract termination.

3.9.2 For current subcontractors, network personnel to verify if any services were performed during an excluded timeframe.

3.9.2.1 If results found, notification to be delivered to Contract Compliance and Client Services

3.9.2.1.1.1 If required by contract or State Law, a notification will need to be sent to the client within 20 business days of identification

3.9.2.2 Any health plan members with the subcontractor as a reoccurring or preferred provider will be notified of a change in their service provider

3.9.2.2.1.1 If required by contract, member will receive cobranded, state approved provider termination notification letter.

Access2Care	TRANSPORTATION PROVIDER VERIFICATION POLICY	
	Policy 451	Job Classes: Network Transportation
		Effective Date: April 1, 2013
		Review: January 29, 2017 Revised: September 26, 2017
		Responsible Party: Compliance

[1]Streamline Verify Database Detail

Federal

1) OIG	2) SAM.gov

State

1) AK DHSS	2) AL Medicaid	3) AR DHS	4) AZ AHCCCS	5) CA Medi-Cal
6) CT DSS	7) FL AHCA	8) ID DHW	9) IL OIG	10) KS DHE
11) KY CHFS	12) MA HHS	13) MD DHMH	14) MI MDCH	15) MN MHCP
16) MMAC	17) MS DOM	18) NC DMA	19) NE DHHS	20) NJ DCR
21) NV DHHS	22) NY OMIG	23) OH Medicaid	24) PA Medicheck	25) Quest Hawai'i
26) SC HHS	27) TennCare	28) TX OIG	29) WS HCA	30) WV MMS
31) WY DOH	32) KS DMF	33) IA DMF		

[2]Appendix for State Deviations:

The State of Kansas requires a death master file (DMF) verification for any individual listed within the entity's Disclosure of Ownership and Control Interest statement

Access2Care	**INTERNAL QUALITY AUDITS**	
	Procedures 502	Job Classes: Quality
		Effective Date: January 1, 2012
		Review: January 29, 2017 Revised: December 20, 2016
		Responsible Party: Compliance and Oversight

1. PURPOSE:

To describe methods, process, and the personnel responsible for conducting Internal Quality Audits. Internal Quality Audits are used to validate that all of the Access2Care procedures are following contractual compliance and internal requirements.

2. POLICY:

Auditors from the Access2Care Corporate Compliance and Program Oversight will conduct internal audits on a monthly basis. Compliance to published client and internal Access2Care requirements will be assessed from a targeted process review and review of operational metrics. As required, action plans will be developed and follow up will be conducted when deficiencies are noted.

3. PROCEDURE:

3.1 Internal Quality Audits are conducted by the Access2Care's Contract Compliance and Program Oversight auditor who will review internal process in order to identify a continuous improvement project. The selection of the continuous improvement project will come from the Policy and Oversight Committee.

3.2 Continuous improvement projects will focus on one operational process per month and will capture;

- 3.2.1 Baseline results
- 3.2.2 Procedural, Policy or change
- 3.2.3 90 day follow-up monitoring

3.3 The review and assessment will be based on multiple factors:

- 3.1.1 Client contract requirements
- 3.1.2 Established policy and internal documented proceses or workflows, if necessary
- 3.1.3 Documented non-conformance of activities that are audited and/or noted in previous audits
- 3.1.4 Results of analysis and trends

3.4 Audit Reporting

- 3.1.5 All reports will include any audit samples, the compliance requirements, findings and remediation plans

Access2Care	INTERNAL QUALITY AUDITS	
	Procedures 502	Job Classes: Quality
		Effective Date: January 1, 2012
		Review: January 29, 2017 Revised: December 20, 2016
		Responsible Party: Compliance and Oversight

3.1.6 As appropriate and warranted, information will be shared at the monthly Policy and Quality review meeting

3.1.7 As appropriate and warranted information may be used for additional and/or yearly URAC quality improvement projects.

3.1.8 If appropriate, an action plan will be developed to bring deficient areas into compliance

Access2Care	DATA AND REPORTING MANAGEMENT	
	Procedures 503	Job Classes: Operations
		Effective Date January 1, 2012
		Review: January 29, 2017 Revised: June 25, 2015
		Responsible Party: Client Services

1. PURPOSE:

To provide all reports required by the client using comprehensive data gathered from the A2C system and other resources.

2. POLICY:

All reports required by contract will be submitted to the client within the contractual requirements agreed to by both the client and Access2Care.

3. PROCEDURE:

3.1 By contract, some reports will be provided each month to the client while others are provided on a quarterly basis.

3.1.1 Monthly Reports may include:

- 3.1.1.1 Transportation Summary
- 3.1.1.2 Call Center
- 3.1.1.3 Complaint Resolution and Tracking
- 3.1.1.4 Denial
- 3.1.1.5 Decision Extension

3.1.2 Quarterly Reports may include:

- 3.1.2.1 Transportation Detail
- 3.1.2.2 Accident
- 3.1.2.3 Live Call Monitoring
- 3.1.2.4 Customer Satisfaction Summary

3.2 Access2Care staff will submit draft copies of all reports to the Director of Client Services by the date when the reports are due for review and approval before submitting required reports to the client.

3.3 All reports will be provided in the format requested by the client once approved by the Director of Client Services.

3.4 Personnel will be made available to answer any client data and report related questions made by the client.

Access2Care	RELEASE OF INFORMATION	
	Procedures 504	Job Classes: Operations
		Effective Date: January 1, 2012
		Review: January 30, 2015 Revised: June 25, 2015
		Responsible Party: Director of Operations

1. PURPOSE:

To establish guidelines regarding the release of participant/member information.

2. POLICY:

Access2Care personnel will follow Release of Information procedures prior to releasing any participant/member information.

3. PROCEDURE:

3.1 Employees are not permitted to release, nor verify, any participant/member names or medical information at any time as per HIPAA requirements (See Policy 224 HIPAA and Confidentiality).

3.2 General, non-specific educational information about Non-Emergency Transportation (NET) may be provided to callers.

3.3 If a request for more detailed information is received, employees should refer the requestor to the Director of Operations or designee.

3.3.1 This includes but is not limited to:

3.3.1.1 Program budget information

3.3.1.2 Contract details

3.3.1.3 Specific participant/member information

3.3.1.4 Information requests generated by the media

3.3.1.5 Other information that may be sensitive or confidential to the business

3.3.2 A "General Authorization Form for Use and Disclosure of Health Information" must be signed by the participant and returned to Access2Care prior to any participant/member information being released.

GENERAL AUTHORIZATION FORM
FOR USE AND DISCLOSURE OF HEALTH INFORMATION

AMR is requesting your authorization to use or disclose your health information. The following is information about the health information at issue, to whom it will be disclosed, how we will otherwise use or disclose your health information if you sign this form and your rights with regard to this Authorization. The last page of this form is the signature page that we request you sign to provide us your authorization to use and disclose your health information as described in this form.

1. **Specific description of the health information:**

2. **Persons/classes of persons who are authorized to use, or make the requested disclosure:**

3. **Persons/classes of persons/organizations authorized to receive the health information:**

4. **Expiration Date/Event:** This Authorization will expire on:

5. **Right to Revoke:** I understand that I have the right to revoke this Authorization in writing at any time subject to the exceptions stated below. To revoke this Authorization, I understand that I must make my request in writing and clearly state that I am revoking this specific Authorization. In addition, I must sign my request and then mail or deliver my request to:

_____ with a copy to: _____
_____ _____
_____ _____

Exceptions to Right of Revocation: I understand that my written revocation will not affect the ability of the Organization to continue to use or disclose my health information to the extent that it has already acted in reliance on this Authorization. For example, the Organization cannot rescind disclosures it has already made, and may use my health information as necessary to bill and collect for services rendered.

6. **This Authorization is binding:** The statements made in this Authorization are binding, controlling and I understand that they take precedence over statements made in the Consent form I signed and the Organization's Notice of Privacy Practices.

AUTHORIZATION SIGNATURE PAGE

Authorization Approval:

I hereby authorize the use or disclosure of the health information described in this Authorization. I understand that if anyone who receives my health information is not a health care provider or a health plan, my health information may not be protected by federal privacy laws if my health information is re-disclosed by that recipient person or organization.

Signature: _____
Print Name: _____
Address: _____
_____
Date: _____

Basis for legal authority to sign this Authorization by a personal representative:

_____
(parent, guardian, etc.)

Access2Care	CUSTOMER SATISFACTION SURVEYS AND REPORTS	
	Procedures 505	Job Classes: Operations
		Effective Date: January 12, 2012
		Review: January 29, 2017 Revised: June 25, 2015
		Responsible Party: Operations

1. PURPOSE:

To obtain feedback from participants/members on the quality of service provided by transportation providers and Access2Care Member Service Representatives (MSR), as defined and applicable to client requirements.

2. POLICY:

Access2Care will conduct Customer Satisfaction (C-Sat) surveys for three (3) percent of cleared trips to measure program user satisfaction. Results from the surveys are reported internally monthly and as contractually required to the clients.

3. PROCEDURE:

3.1 Call Center staff will telephone participant/members or representative and ask a set of questions relevant to a completed trip and overall satisfaction with the NET program.

3.2 Results from these surveys will be stored in the A2C system.

3.3 Reports will be generated from the A2C system.

3.4 MSRs will conduct surveys during regular business hours.

3.5 If, during the survey, a participant/member or care provider advises of a problem encountered with the trip, the MSR will:

- 3.5.1 Ask if a complaint has already been filed with Access2Care.
  - 3.5.1.1 If not, a complaint will be entered (See Policy 604 Complaint Management).

3.6 The Quality Assurance staff will monitor results from the C-Sat surveys and report results monthly at the Quality Improvement Meeting.

3.7 The results will be reported as required to the client.

3.8 The Quality Assurance staff will collaborate with managers and the Director of Contract Compliance to address negative trends in customer satisfaction scores.

- 3.8.1 As needed, action plans will be developed to improve and maintain customer satisfaction scores.

INTER RATED RELIABILITY (IRR) POLICY

Policy 506	Job Classes: Operation
	Effective Date: January 1, 2012
	Review: January 29, 2016 Revised: June 25, 2015
	Responsible Party: Member Service

1. Purpose:

To outline the procedures and requirements of Access2Care's process of calibrating personnel who audit Member Service Representative (MSR) interactions with customers.

2. Policy:

It is the policy of Access2Care that staff members responsible for conducting MSR call audits are calibrated to ensure accuracy of the application and replication of policy, practice, and scoring.

3. Procedures:

3.1 Member Service IRR Calibration

3.1.1 Center personnel are expected to monitor the staff responsible for MSR call audits in their respective call centers.

3.1.2 Member Service leaders are responsible for monitoring and performing call audits are required to be calibrated monthly.

3.1.3 Member Service leaders will randomly select and distribute a call to be audited by each center's call auditing team member.

3.1.3.1 Staff must evaluate the call independently of each other and submit their results.

3.1.3.2 Scores will be compiled into the IRR Scoring Analysis document

3.1.3.3 Member Service leaders will review the IRR call score analysis providing feedback on the accuracy of the calibration.

3.1.3.4 Member Service leaders will review trends and discuss and implement improvement opportunities as needed.

Access2Care	SIGNIFICANT EVENT	
	Policy 507	Job Classes: Access2Care Operation Effective Date: January 1, 2012
		Reviewed: January 29, 2017 Revised: July 27, 2017
		Responsible Party: All Access2Care Departments

1. Purpose:

To outline procedures that Access2Care employees must follow when an event or incident occurs that meets the definition of a Significant Event (SE).

1.1. Significant Event: A SE is an unexpected occurrence that demonstrates an alleged or actual safety risk to people, property, or the business with causation linked to provider actions. Events may include but are not limited to:

- Physical or psychological harm to people (employees, participants/members, member's transportation provider personnel, etc.) involved in the Non-emergency Transportation (NET) program.
- Violation of member safety related contractual obligations (background check, exclusions, etc.)
- Damage to or destruction of property.
- Information or events that may potentially represent Access2Care negatively.
- Any other event or series of events deemed significant by Access2Care management staff requiring immediate attention from multiple areas of the business.

2. Policy:

Upon receipt of a potential Significant Event, the Quality Manager or equivalent must be immediately notified of the situation. The Quality Manager or equivalent will notify appropriate stakeholders by email of the potential event and provide an overview of the potential even and provide an initial severity score.

3. Procedure:

3.1. Notification of a potential significant event must be immediately entered as a Quick Entry within the A2C system and emailed to A2CSRSTeam@EVHC.net with the subject line SIGNIFICANT EVENT.

3.2. The Quality Manager or equivalent will assign a preliminary severity score by using one of the following:

3.3. Quality Manager or equivalent must immediately notify the following stakeholders via email:

- 3.3.1. VP Access2Care
- 3.3.2. Director of Contract Compliance and Oversight
- 3.3.3. Quality Analyst or Process Improvement Coordinator
- 3.3.4. Regional Director
- 3.3.5. Ethics and Compliance Department, as necessary
- 3.3.6. Regional personnel (managers, transportation coordinators, etc.)
- 3.3.7. On approval of the Regional Director; notifications may be made to client contacts, as necessary.
- 3.3.8. Transportation Provider (Owner or contact person)

3.4. The Client Services Account Manager or other assigned representative will immediately notify the health plan of the event within the contractually obligated window using the below template or health plan template.

1. Notification of potential Significant Event
2. Incident Number
3. Summary of event
4. Contact Information where more details can be obtained if necessary

3.4.1. Initial and follow-up information provided and detailed enough for the health plan to compile an internal report or State agency level report.

3.4.2. In order to obtain the necessary information, email A2CProvInfo@evhc.net and request the following for those with a Preliminary level of 1,2 or 3:

- Incident Report
- Provider Insurance Acord & Driver Credentials (see Policy 401)
- Police Report, if applicable

3.4.2.1. NOTE: Level 0 does not require documentation requests

3.4.3. Response from involved parties is requested to be returned immediately, with follow up requests at the 48 and 96 hour mark.

Access2Care	SIGNIFICANT EVENT	
	Policy 507	Job Classes: Access2Care Operation Effective Date: January 1, 2012
		Reviewed: January 29, 2017 Revised: July 27, 2017
		Responsible Party: All Access2Care Departments

SIGNIFICANT EVENT PRE-SCORE LEVELS AND DEFINITIONS	
LEVEL	**DEFINITION**
1	• Initial information indicates a potential Significant Event has occurred but exact details unknown.
2	• Initial information alleges an occurrence of safety violations, harm to people/property, verbal/virtual harassment and/or deviations from defined quality standards. • The incident may generate escalations to client(s) or officials. • The incident has caused (or has potential to cause) negative media (press) involvemen
3	• Information indicates that physical abuse and/or neglect has occurred. • An event occurs which constitutes an unauthorized deviation from subcontractor contractual obligations • Initial information alleges the potential of fraud, waste and/or abuse of Medicare/Medica program funds. • A major event resulting in a severe injury or unanticipated death is being reported.

3.5. Based on the severity of the allegations/potential significant event, determine if provider/employee of provider should be suspended. Any allegations concerning drugs, alcohol or sexual/inappropriate contact will deem an immediate and indefinite suspension, pending the outcome of the investigation.

3.6. Any Driver with severity level three (3) will immediately be removed from service and, as applicable, Health Plan notification will be sent.

Any Transportation Company with a severity level three (3) will immediately made inactive pending the outcome of the investigation.

All levels two (2) will result in immediate removal of the driver or suspension of the subcontractor respective to the complaint.

Level zero (0) and one (1) no action taken until investigation and appropriate assignment level takes place

NOTE: All administrative actions are subject to network adequacy that may adversely affect members and based on implementation of a contingency plan.

3.7. Quality Manager or equivalent will schedule an initial incident review meeting with the leadership team no later than seventy-two (72) hours following receipt of a SE notification.

3.7.1. As required by law and/or contractual obligations, Access2Care will report suspected cases of abuse, neglect, and exploitation to local law enforcement and/or state agencies.

3.8. Director of Contract Compliance and Oversight will notify Risk Management as necessary and appropriate.

3.9. Quality Manager or equivalent must produce an initial forensic review report of the incident/event no later than fifteen (15) business days following receipt of an SE notification.

3.9.1. Extensions may be granted by the Director of Contract Compliance and Oversight if details are not readily available.

3.10. The QIT team will make the final determination as to whether a respective event is a Significant Event or not and assign a final severity score according to the Event Final Levels and Definitions chart.

3.10.1. The service recovery resolution shall reflect a summary of all statements, facts, documentation and any other relevant material provided.

3.11. The QIT will:
Identify opportunities for improvement or determine appropriate corrective action based on the forensic review:

3.11.1. Oversee the creation of a Performance Improvement Plan (PIP) or Quality Improvement Project (QIP) and notifications to subcontractor.

3.11.2. Assign resources to complete improvements.

3.11.3. Set and monitor improvement task completion timeframes.

3.12. Quality Manager or equivalent will monitor and track, trend, and report SE data monthly as part of the Quality Improvement Meeting.

3.13. Based on the individual occurrence, the Significant Event will be classified utilizing one category in each of the following 3 charts.

3.14. The definition of 'sexual behavior' applies to verbal, virtual or physical occurrences that are sexual in nature, up to but not including sexual assault.

Access2Care

SIGNIFICANT EVENT

Policy 507	Job Classes: Access2Care Operation Effective Date: January 1, 2012
	Reviewed: January 29, 2017 Revised: July 27, 2017
	Responsible Party: All Access2Care Departments

EVENT FINAL LEVELS AND DEFINITIONS	
LEVEL	**DEFINITION**
0	Review determined no event occurred. A2C will monitor internally for for trends and feedback provi as appropriate. No additional action items required.
1	Review determined event occurrence. A2C will monitor internally for trends and feedback provided appropriate. No additional action items required.
2	Review determined an event occurrence which is associated with adverse deviations from usual processes. Immediate action will be taken which may include corrective action, PIP, QIP up to and including severing contractual relationship with the Subcontractor. Corrective action will be based o event
3	Review determined an event occurrence which is associated with an unanticipated death, major los function to a member, lawsuit, physical abuse, related circumstances that have the potential for adv media involvement and/or violations of contractual obligations with risk to Federal or State complian violations

TYPE OF SE DEFINITION	
LEVEL	**DEFINITION**
A	Vehicle Event
B	Non-Vehicle Event
C	Sexual in nature
D	Not all documents received
E	Other

SUB TYPE OF SE DEFINITION	
LEVEL	**DEFINITION**
i	No injury
ii	Scrapes, Bruises, Minor cuts
iii	Back Pain, Neck Pain
iv	Fractures Dislocations Internal Injuries (torn muscles/ligaments etc)
v	Death Confirmed Brain Damage Confirmed Spinal Damage Permanent Disfigurement
vi	Sexual behavior
vii	Sexual assault

** The administrative actions will be issued based on the circumstances related to each individual event.

Access2Care	SIGNIFICANT EVENT	
	Policy 507	Job Classes: Access2Care Operation Effective Date: January 1, 2012
		Reviewed: January 29, 2017 Revised: September 26, 2017
		Responsible Party: All Access2Care Departments

1. Purpose:

To outline procedures that Access2Care employees must follow when an event or incident occurs that meets the definition of a Significant Event (SE).

1.1. Significant Event: A SE is an unexpected occurrence that demonstrates a real or potential safety risk to people, property, or the business. Events may include but are not limited to:

- Potential harm (physical or psychological) to people (employees, participants/members, member's transportation provider personnel, etc.) involved in the Non-emergency Transportation (NET) program.
- Violation of member safety related contractual obligations (background check, exclusions, etc.)
- Damage to or destruction of property.
- Information or events that may potentially represent Access2Care negatively.
- Any other event or series of events deemed significant by Access2Care management staff requiring immediate attention from multiple areas of the business.

2. Policy:

Upon receipt of a potential Significant Event, the Quality Manager or equivalent must be immediately notified of the situation. The Quality Manager or equivalent will notify appropriate stakeholders by email of the potential event and provide an overview of the potential even and provide an initial severity score.

3. Procedure:

3.1. Notification of a potential significant event must be immediately entered as a Quick Entry within the A2C system and emailed to A2CSRSTeam@EVHC.net with the subject line SIGNIFICANT EVENT.

3.2. The Quality Manager or equivalent will assign a preliminary severity score by using one of the following:

3.3. Quality Manager or equivalent must immediately notify the following stakeholders via email:

- 3.3.1. VP Access2Care
- 3.3.2. Director of Contract Compliance and Oversight
- 3.3.3. Quality Analyst
- 3.3.4. Director of Client Services
- 3.3.5. Ethics and Compliance Department, as necessary
- 3.3.6. Regional personnel (managers, transportation coordinators, etc.)
- 3.3.7. On approval of the Director of Client Services; notifications may be made to client contacts, as necessary.
- 3.3.8. Transportation Provider (Owner or contact person)

3.4. The Client Services Account Manager or other assigned representative will immediately notify the health plan of the event within the contractually obligated window using the below template or health plan template.

1. Notification of potential Significant Event
2. Incident Number
3. Summary of event
4. Contact Information where more details can be obtained if necessary

3.4.1. Initial and follow-up information provided and detailed enough for the health plan to compile an internal report or State agency level report.

3.4.2. In order to obtain the necessary information, email A2CProvInfo@evhc.net and request the following for those with a Preliminary level of 1,2 or 3:

- Incident Report
- Provider Insurance Acord & Driver Credentials (see Policy 401)
- Police Report, if applicable

3.4.2.1. NOTE: Level 0 does not rèquire documentation requests

3.4.3. Response from involved parties is requested to be returned immediately, with follow up requests at the 48 and 96 hour mark.

Access2Care	SIGNIFICANT EVENT	
	Policy 507	Job Classes: Access2Care Operation Effective Date: January 1, 2012
		Reviewed: January 29, 2017 Revised: September 26, 2017
		Responsible Party: All Access2Care Departments

SIGNIFICANT EVENT PRE-SCORE LEVELS AND DEFINITIONS	
LEVEL	**DEFINITION**
1	• Initial information indicates a potential Significant Event has occurred but exact details a unknown.
2	• Initial information alleges an occurrence of safety violations, harm to people/property, verbal/virtual harassment and/or deviations from defined quality standards. • The incident may generate escalations to client(s) or officials. • The incident has caused (or has potential to cause) negative media (press) involvemen
3	• Information indicates that physical abuse and/or neglect has occurred. • An event occurs which constitutes an unauthorized deviation from subcontractor contractual obligations • Initial information alleges the potential of fraud, waste and/or abuse of Medicare/Medica program funds. • A major event resulting in a severe injury or unanticipated death is being reported.

3.5. Based on the severity of the allegations/potential significant event, determine if provider/employee of provider should be suspended. Any allegations concerning drugs, alcohol or sexual/inappropriate contact will deem an immediate and indefinite suspension, pending the outcome of the investigation.

3.6. Any Driver with severity level three (3) will immediately be removed from service and, as applicable, Health Plan notification will be sent.

Any Transportation Company with a severity level three (3) will immediately made inactive pending the outcome of the investigation.

All levels two (2) will result in immediate removal of the driver or suspension of the subcontractor respective to the complaint.

Level zero (0) and one (1) no action taken until investigation and appropriate assignment level takes place

NOTE: All administrative actions are subject to network adequacy that may adversely affect members and based on implementation of a contingency plan.

3.7. Quality Manager or equivalent will schedule an initial incident review meeting with the leadership team no later than seventy-two (72) hours following receipt of a SE notification.

3.7.1. As required by law and/or contractual obligations, Access2Care will report suspected cases of abuse, neglect, and exploitation to local law enforcement and/or state agencies.

3.8. Director of Contract Compliance and Oversight will notify Risk Management as necessary and appropriate.

3.9. Quality Manager or equivalent must produce an initial forensic review report of the incident/event no later than fifteen (15) business days following receipt of an SE notification.

3.9.1. Extensions may be granted by the Director of Contract Compliance and Oversight if details are not readily available.

3.10. The QIT team will make the final determination as to whether a respective event is a Significant Event or not and assign a final severity score according to the Event Final Levels and Definitions chart.

3.10.1. The service recovery resolution shall reflect a summary of all statements, facts, documentation and any other relevant material provided.

3.11. The QIT will:
Identify opportunities for improvement or determine appropriate corrective action based on the forensic review:

3.11.1. Oversee the creation of a Performance Improvement Plan (PIP) or Quality Improvement Project (QIP) and notifications to subcontractor.

3.11.2. Assign resources to complete improvements.

3.11.3. Set and monitor improvement task completion timeframes.

3.12. Quality Manager or equivalent will monitor and track, trend, and report SE data monthly as part of the Quality Improvement Meeting.

3.13. Based on the individual occurrence, the Significant Event will be classified utilizing one category in each of the following 3 charts.

3.14. The definition of 'sexual behavior' applies to 'tangible' or physical occurrences that are sexual in nature, up to but not including sexual assault.

SIGNIFICANT EVENT

Policy 507	Job Classes: Access2Care Operation Effective Date: January 1, 2012
	Reviewed: January 29, 2017 Revised: September 26, 2017
	Responsible Party: All Access2Care Departments

EVENT FINAL LEVELS AND DEFINITIONS	
LEVEL	**DEFINITION**
0	Review determined no event occurred. A2C will monitor internally for for trends and feedback provi as appropriate. No additional action items required.
1	Review determined event occurrence. A2C will monitor internally for trends and feedback provided appropriate. No additional action items required
2	Review determined an event occurrence which is associated with adverse deviations from usual processes. Immediate action will be taken which may include corrective action, PIP, QIP up to and including severing contractual relationship with the Subcontractor. Corrective action will be based o event
3	Review determined an event occurrence which is associated with an unanticipated death, major los function to a member, lawsuit, physical abuse, related circumstances that have the potential for adv media involvement and/or violations of contractual obligations with risk to Federal or State complian violations.

TYPE OF SE DEFINITION	
LEVEL	**DEFINITION**
A	Vehicle Accident
B	Non-Vehicle Accident Event
C	Sexual in nature
D	Not all documents received
E	Other

SUB TYPE OF SE DEFINITION	
LEVEL	**DEFINITION**
i	No injury
ii	Scrapes, Bruises, Minor cuts
iii	Back Pain, Neck Pain
iv	• Fractures • Dislocations • Internal Injuries (torn muscles/ligaments etc)
v	• Death • Confirmed Brain Damage • Confirmed Spinal Damage • Permanent Disfigurement
vi	• Sexual behavior
vii	• Sexual assault
viii	• Unspecified injuries

** The administrative actions will be issued based on the circumstances related to each individual event.

Access2Care	REPORTING POTENTIAL ISSUES OR AREAS OF NON-COMPLIANCE	
	Policy 508	Job Classes: Operation
		Review: January 29, 2017 Revised: June 25, 2015
		Responsible Party: Operations

1. **Purpose:**

Access2Care in conjunction with its parent company Envision Healthcare(EVHC) has adopted this Reporting Potential Issues or Areas of Non Compliance Policy to provide an overview of the responsibilities both the employees and Ethics & Compliance Department have to ensure Access2Care operates within the parameters of all applicable healthcare laws and regulations.

2. **Policy**

Adherence to the Corporate Ethics & Compliance Programs is vital. Accordingly, violations of law or the Program will not be tolerated. Violators will be subjected to corrective action in accordance with any applicable collective bargaining agreements and other applicable procedures of EVHC and its subsidiary, Access2Care. Management is responsible for ensuring that employees are aware of, and adhere to, the provisions of the EVHC Code of Business Conduct & Ethics manual and the EVHC Ethics & Compliance Program.

3. **Procedures:**

3.1 Employees are expected to report any suspected violations of the Code, Ethics & Compliance Program, or other irregularities to their supervisors, manager or to a member of the Ethics & Compliance Department.

3.1.1 Employees who wish to remain anonymous or have exhausted all other reporting options, he or she may submit his/her report through the EVHC Ethics and Integrity Helpline: 1-877-835-5267.

3.2 Any manager, supervisor, or other high ranking employee who receives a report of suspected violations or irregularities shall contact a member of the Ethics & Compliance Department within twenty-four (24) hours of notification.

3.3 No adverse action or retribution of any kind will be taken by the Company against an employee solely because he or she reports in good faith a suspected violation of the Code, Ethics & Compliance Program, or other irregularity by any person other than the reporting employee.

Access2Care	REPORTING POTENTIAL ISSUES OR AREAS OF NON-COMPLIANCE	
	Policy 508	Job Classes: Operation
		Review: January 29, 2017 Revised: June 25, 2015
		Responsible Party: Operations

3.4 Upon receipt of the suspected Code or compliance violation, the EVHC Ethics and Compliance Department shall immediately begin a detailed investigation and the review of relevant documents. If the Company Chief Compliance Officer believes that the integrity of an investigation may be compromised because of the presence of employees under investigation, the employee(s) allegedly involved in the misconduct may be removed from his/her present work activity with or without pay, pending the outcome of the investigation, and after consultation with the Chief Compliance Officer and relevant management personnel.

3.5 The Ethics & Compliance Personnel will strive to keep all concerns/complaints confidential to the extent possible to do so.

3.6 The extent of the corrective action will depend on the seriousness of the offense. Corrective action will be taken against a violator's manager(s) or supervisor(s) to the extent that circumstances reflect inadequate supervision or a lack of due diligence.

3.7 Reports of potential issues or irregularities are subject to the activities outlined in the (Significant Event Policy 507).

Access2Care	CLINICAL STAFF CREDENTIALING	
	Policy 509	Job Classes: Operations
		Effective Date: September 1, 2011
		Review: January 29, 2017 Revised: June 25, 2015
		Responsible Party: Operations

1. PURPOSE:

To define Access2Care's process to verify current and/or changes in clinical licensure or certification for staff whose job description require credentialing and/or licensing.

2. POLICY:

Certifications or licenses held by clinical staff required by published job description(s) must be verified upon hire and thereafter at least every three (3) years.

Access2Care uses a third party vendor to conduct required background examinations. As part of this work verification process, copies of any licenses will be obtained prior to an applicant starting with Access2Care as an employee.

3. PROCEDURE:

3.1 Pre-Employment:

3.1.1 All licenses and certifications will be verified at the time of hire by a third party vendor contracted by Access2Care.

3.1.2 Copies of licenses will be kept in the employee's personnel file.

3.1.3 Licenses and certifications will be re-checked for validity no less than every three (3) years and before the scheduled expiration date.

3.2 Adverse Change:

3.2.1 Should licensed clinical staff experience an adverse change in their credentials, they are required to immediately notify the Director of Operations or equivalant.

3.2.2 Failure to notify Access2Care could lead to disciplinary action up to and including dismissal.

3.2.3 Upon notification of adverse action, Access2Care will take immediate action in order to continue the work effort of the affected individual. Measures may include:

3.2.3.1 Hiring temporary clinical staff through a specialized staffing agency.

3.2.3.2 Utilizing licensed staff from other Access2Care operations.

Access2Care	COORDINATION WITH EXTERNAL ENTITIES	
	Procedures 510	Job Classes: All Operations
		Effective Date: September 1, 2011
		Review: January 29, 2017 Revised: June 25, 2015
		Responsible Party: Operations

1. PURPOSE:

To define how Access2Care promotes collaboration and communication with applicable external entities to coordinate health care services for consumers. External organizations are typically agencies and facilities that coordinate transportation for participants/members to and from approved medical care. Examples of external organizations are Refugee Centers, Medical Clinics, and Developmental Disability Agencies.

2. POLICY:

Access2Care will establish Advisory Committees comprised of representatives of the various groups using the non-emergent medical transportation (NEMT) program (medical and transportation providers, care coordination facilities, etc.). Access2Care will also arrange special meetings to facilitate coordination with specific user groups to address transportation issues and identify solutions (e.g., Refugee Community). Client representatives will be invited to attend these meetings as necessary.

3. PROCEDURE:

3.1 Access2Care will establish Advisory Committees comprised of various groups utilizing the NEMT program.

3.1.1 These Committees will meet no less than quarterly, or designated by client contract.

3.2 Access2Care will arrange special meetings to address transportation issues for specific program users.

3.2.1 These meetings are held on an "as needed" basis.

3.3 Meeting notes will be taken and distributed to the meeting attendees within ten (10) business days following the meeting.

Access2Care	REGULATORY COMPLIANCE	
	Procedures 511	Job Classes: Operations
		Effective Date: June 1, 2013
		Review: January 29, 2017 Revised: March 6, 2017
		Responsible Party: Compliance

1. PURPOSE:

To outline Access2Care's policy on tracking applicable laws and regulations in the jurisdictions where business is conducted.

2. POLICY:

2.1 Access2Care tracks applicable laws and regulations pertaining to the federal and state guidelines for Non-Emergency Medical Transportation (NEMT). This is achieved by:

2.1.1 Monitoring current, proposed, and enacted changes in federal and state regulations and guidelines through public disclosure, news media, website, and letters to participants/members.

2.1.2 Access2Care's clients, notifies Access2Care of any proposed changes and works with Access2Care to determine how those changes impact the Medicaid population utilizing the transportation system.

2.1.3 Notification of changes are communicated by the client to members and, if needed, explained when a member (or representative) calls in to schedule transportation.

2.1.4 Access2Care ensures compliance with applicable laws and regulations by reviewing the applicable requlation(s) and seeking expert and legal interpretation when needed.

2.1.5 Access2Care will notify clients within five (5) business days of the discovery of any officer, director or agent employed by a State Agency.

2.1.6 All employees who work directly on MA, PDP or MAPD related business that includes all employees as well as temporary employees, interns, volunteers, consultants, and sub-contractors will receive FWA training within thirty (30) days and thereafter annually.

2.1.7 All employees will who work directly with MA, PDP or MAPD related business including temporary, intern, volunteer, consultants governing body members, FDR, sub-contractors are not included on either the Office of Inspector General (OIG) and General Services Administration (GSA) system for Award Management (SAM) List of Parties excluded from Federal Programs

2.1.8 All individuals and entities will be screened against the OIG and the SAM listing prior to hire and at least monthly thereafter. Any individual

or entitiy found on either exclusion list will not be offered a position. Any individual will be immediately removed from all MA, PDP or MAPD business and the appropriate sponsor will be notified.

3. PROCEDURE:

Through quality review of incoming phone calls, Member Service Representatives (MSR) are monitored to ensure complaince with all rules and guidelines.

3.1 Changes in policies and procedures occur when adjustments are made to the program.

3.2 Annual audit/review of all documentation ensures that information is current.

3.3 Changes are communicated as requested through:

3.3.1 Monthly client/ Access2Care meetings

3.3.2 Weekly internal operations meetings

3.3.3 Monthly internal training sessions

3.3.4 Ensure that all employees, interns, volunteers, consultants, and sub-contractors receive FWA training upon intial hire and/or contracting within thirty (30) days and annually thereafter.

3.4 Should a change need immediate attention, a special meeting will be scheduled to disseminate information immediately. (See Policy 211 Information Change)

3.5 Fraud, Waste, and Abuse is monitored through a case management process conducted by call center staff (See Policy 227 Fraud Waste and Abuse).

3.6 Fraud, Waste, and Abuse training documentation will be retained for a period of no less than ten (10) years.

3.7 When members or representatives call in requesting transportation through the program, specific questions are asked to verify that no other means of transportation are available as program guidelines outline the program as a benefit *after* other resources have been exhausted. Questions may include:

3.7.1 Is the member (or guardian) able to drive to the appointment?

3.7.2 Is other transportation available to the member?

3.7.3 Is there a more cost effective method of transportation?

3.7.4 Is there a closer provider of the same type and specialty available?

3.8 Access2Care maintains copies of transportation guidelines, allowing MSRs to directly quote the guideline to assist members in understanding program guidelines.

3.9 If through the quality process regulatory issues are detected, prompt and appropriate action will be taken. Actions may Include:

3.9.1 Gaining clarification from client

3.9.2 Re-training customer service personnel

3.9.3 Updating policies and procedures

3.9.4 Communicating changes to staff members

3.9.5 Coaching and counseling employees not performing to standards (See Policy 202 CSR Assistance Program)

3.9.6 Taking corrective personnel action

Access2Care	CONSUMER COMMUNICATION AND HEALTH LITERACY	
	Procedures 512	Job Classes: Operations
		Effective Date: September 1, 2011
		Review: January 29, 2017 Revised: February 3, 2016
		Responsible Party: Director of Operations

1. PURPOSE:

To define expectations and guidelines for communication materials distributed to the community by the Access2Care operation.

2. POLICY:

Access2Care will take into consideration the population served when designing communication and materials for participants of the Non-Emergency Medical Transportation (NEMT) program. All materials will be written no higher than a 4th grade level, using plain language and in such a way that targeted readers can clearly understand the message being communicated. All materials will include a telephone number to ask questions and clarifications on the provided materials.

3. PROCEDURE:

3.1 The Access2Care operations department will coordinate with the Quality Manager or equivalent to develop any resource materials intended for consumers.

3.2 Existing materials will be reviewed no less than annually by the Quality Management Team.

3.3 All materials will be approved internally by the Quality Manager, Director of Operations, and Corporate staff (Director of Corporate Compliance and Program Oversight (DCCPO) and Quality Supervisor).

3.4 Once approved internally, all materials will be sent to the client for review, edits, and approval.

3.5 All materials will be kept in a plain language format and developed for a 6th grade reading level. The information will be clear and concise

3.6 Materials will provide the telephone and TTY numbers where consumers or representatives can call to obtain more information.

3.7 The call center staff will be trained on the topics prior to distribution and will be prepared to answer any participant and caregiver questions.

3.8 Materials will include letters, brochures, website content, etc.

3.9 Content issues will be identified promptly and, as appropriate, consumers will be provided corrected updated documents.

Access2Care	CULTURAL COMPETENCY POLICY	
	Policy 513	Job Classes: All Effective Date: April 26, 2016
		Review: January 29, 2017 Revised:
		Responsible Party: All Departments

1. Purpose:

To ensure that all Access2Care employees understand and adhere to practices that support ethical and moral commitment to provide transportation services to diverse member populations.

2. Policy

Access2Care will employ a training program which will allow our employees to provide services to members of all cultures, age, races, gender, sexual orientation, socio-economic status, language, ethnic backgrounds, religions, spiritual beliefs in a manner that values, respects and preserves the dignity of every person.

3. Procedure:

The Access2Care training program includes, but is not limited to;

3.1 Defining culture and cultural competence.

3.2 Understanding the benefits of clear comminucation.

3.3 Addressing health care for various subcultures and populations.

3.4 Strategies when working with senior populations and people with disabilities.

3.5 Understanding of how to access interpretation services to serve members.

Access2Care	REGISTERED SEX OFFENDERS	
	Procedures 514	Job Classes: Operations
		Effective Date: June 1, 2012
		Review: January 29, 2017 Revised: June 25, 2015
		Responsible Party: All Departments

1. PURPOSE:

To define expectations and guidelines that must be followed when Access2Care becomes aware of a participant/member is a registered sex offender.

2. POLICY:

If Access2Care becomes aware that a member utilizing the Non-Emergency Medical Transportation (NEMT) program is a registered sex offender, steps will be taken to ensure that requested transportation is within the guidelines set forth in the sex offender's registration parameters.

3. PROCEDURE:

3.1 Verify the name and other identifying information in the specific State Police Sex Offender Registration database

3.2 If member is on the database:

3.2.1 Contact the Probation and Parole Office for the member to obtain specific information on the limitations placed on the member.

3.2.2 Contact the scheduled transportation provider and advise them of the situation and details of restrictions.

3.2.3 Arrange transportation that is within the restricted guidelines for member.

3.3 Place a Red Flag in the member profile.

Access2Care	RECORDS MAINTENANCE AND RETENTION	
	Procedures 515	Job Classes: Operations
		Effective Date September 1, 2011
		Review: January 29, 2017 Revised: March 22, 2016
		Responsible Party: All Departments

1. PURPOSE:

To ensure proper maintenance and retention of records.

2. POLICY:

Access2Care will follow all contractual and CMS guidelines for the maintenance and retention of records.

3. PROCEDURE:

3.1 Relevant Documents

3.1.1 Relevant documents include, but are not limited to, the following:

3.1.1.1 Any records within the A2C system structure (transport requests, claims, complaints, audits, etc…)

3.1.1.2 Reports (monthly, quarterly, and on-demand)

3.1.1.3 Member transport documentation

3.1.1.4 Long distance transportation documentation

3.1.1.5 Participant/member reimbursement documentation

3.1.1.6 Public transportation documentation

3.1.1.7 Physician Referral documentation

3.1.1.8 Quality forms and documentation

3.1.1.9 Transportation Provider records

3.1.1.10 Training records

3.1.2 All documentation involving transactions will be retained a minimum of then (10) years from the final date of the contract period, or the completion of any audit whichever is later.

3.2 Audit / Litigation / Action

3.2.1 If an audit, litigation, or other action involving records is initiated before the ten (10) year period has expired, the records will be maintained until all issues arising out of such actions are resolved or until an additional three (3) year period has passed, whichever is later.

3.3 Documents containing Personal Health Information (PHI)

3.3.1 Any documents or materials containing PHI will be handled according to HIPAA guidelines and policies (See Policy 224 Confidentiality and HIPAA)

DEPARTMENT OF MOTOR VEHICLE (DMV) CHECKS

Procedures 516	Job Classes: Operations
	Effective Date: June 1, 2012
	Review: January 29, 2017 Revised: June 25, 2015
	Responsible Party: Operations

1. PURPOSE:

To describe the guidelines and expectations when accessing the electronic Department of Motor Vehicle (DMV) database, as required by contract obligations.

2. POLICY:

The electronic DMV database is to be accessed only by authorized personnel for valid business purposes within the non-emergency medical transportation (NEMT) program and authorized with client input and contractual requirements.

3. PROCEDURE:

3.1 Access2Care is granted limited access to the electronic DMV database for valid business purposes only. Valid business purposes include:

- 3.1.1 Checking for registered vehicles or driver's licenses when determining the appropriate level of transportation service for a participant/member.
- 3.1.2 Reviewing vehicle and driver licensing information for transportation providers.

3.2 Access is limited to authorize personnel only.

- 3.2.1 Member Services Manager or
- 3.2.2 Not more than one assigned designee

3.3 Employees needing information from the database must contact the Member Service Manager or designee.

- 3.3.1 Employee will state why they need to access the database, what information is required, and the purpose of the information. Authorized reasons may include:
  - 3.3.1.1 Checking for registered vehicles or licensed drivers when determining the appropriate level of service for a member.
  - 3.3.1.2 Checking for current registration or driver information for a transportation provider if the records on file are out of date.

3.4 Employees utilizing the electronic database for unauthorized reasons will be subjected to the company disciplinary process.

Access2Care	QUALITY MANAGEMENT ANNUAL PROGRAM EVALUATION	
	Policy 517	Job Classes: All
		Effective Date: May 1, 2015
		Reviewed: January 29, 2017 Revised:
		Responsible Party: Contract Compliance and Oversight

1. PURPOSE:

To describe the management and oversight of Access2Care's Quality Management Plan and program evaluation

2. POLICY:

The Access2Care Compliance and Oversight Committee is comprised of leaders of all Access2Care Departments which are responsible to provide oversight and approval of the Quality Plan. This Committee will provide the final approval and evaluation of Access2Care's quality activities and incorporation into the yearly Quality Plan

3. PROCEDURE:

3.1 The Compliance Committee will review and approve the Quality Management Plan no less than annual

3.2 The Plan will be reviewed for conformance to Client requirements

3.3 The Plan will be monitored throughout the year for actionable items from the monthly Quality Improvement Team meetings.

3.4 The Plan will be reviewed and approved by the Committee and includes

- **3.4.1** Identifying deficiencies in adhering to current internal requirements
- **3.4.2** Reviewing transportation provider performance
- **3.4.3** Reviewing any changes to Client requirements
- **3.4.4** Reviewing any current Client change requests

3.5 Approval by the committee will be documented within the Corporate Policy and Review Committee meeting minutes

3.6 Actionable items and Quality Management improvements will become a part of the yearly Access2Care Corporate Strategic Plan

3.7 The Corporate Strategic Plan will address:

- **3.7.1** Resource constraints
- **3.7.2** Program successes and failures
- **3.7.3** Program support and tools required for the following year Quality Management Plan

Access2Care	QUALITY MEASUREMENT REVIEW PROCESS	
	Policy 518	Job Classes: All
		Effective Date: May 1, 2015
		Reviewed: January 29, 2017 Revised:
		Responsible Party: Contract Compliance and Oversight

1. PURPOSE:

To describe the activities for Access2Care's Year End Quality Review.

2. POLICY:

The Access2Care Compliance and Oversight Committee is comprised of leaders of all Access2Care Departments ensures that a yearly quality review is achieved that adequately demonstrates and evaluates performance measures.

3. PROCEDURE:

3.1 Quality performance measurement will be tracked to clients requirements and includes

- 3.1.1 Daily adherence to client requirements
- 3.1.2 Biweekly flash reports
- 3.1.3 Monthly regional Quality /improvement Team meetings
- 3.1.4 Client report cards

3.2 The information includes:

- 3.2.1 Transportation provider performance
- 3.2.2 Contact Center access measures
- 3.2.3 Complaint data
- 3.2.4 Member survey data, as applicable to health plan
- 3.2.5 Stakeholder feedback (Client, member, transportation provider)

3.3 Client and Internal requirements are reviewed monthly at the regional Quality Improvement Team meeting

- 3.3.1 Failure to meet requirements will result in action items, as appropriate

3.4 Information from the regional Quality Improvement Team meeting be reviewed by the Compliance Committee monthly

3.5 An end of year quality review will be completed

- 3.5.1 As required, new baselines will be established and shared with the regional quality teams
- 3.5.2 New performance data will be added to the bi-weekly flash report

3.6 As warranted, new baseline measurements will be shared with all operations and reviewed at each monthly quality team meetings.

Access2Care	CONTRACT COMPLIANCE AND PROGRAM OVERSIGHT	
	Policy 520	Job Classes: Contract Compliance and Program Oversight
		Effective Date: October 27, 2015
		Review: January 29, 2017 Revised:
		Responsible Party: CCPO

1. PURPOSE:

To provide information on responsibilities and roles for the Contract Compliance and Program Oversight Department

2. POLICY:

The Access2Care Contract Compliance and Program Oversight (CCPO) Department is responsible for monitoring that Access2Care is adhering to all Client requirements and URAC standards. This is achieved through reports, audits, policies and procedures and other items identified as required to achieve the requirements of our Clients.

3. PROCEDURE:

The CCPO Department is responsible for multiple functions that include;

a. Contract Compliance
    i. Policy and Procedures
        1. Facilitating the Policy and Oversight Committee
        2. Create and maintain all policies and procedures
        3. Distributing approved policies and procedures
        4. Validating knowledge based assessments
    ii. Access2Care Audits
        1. Internal audits
            a. Perform monthly quality improvement plans
            b. Baseline data, department actions and outcomes are reported to internal stakeholders
        2. External Audits
            a. Compile information for all desktop and onsite audit requests
            b. Participate in onsite audits, as required
            c. Monitor for CAP responses and timeframes

b. Projects and Implementations
    i. Define Scope of Projects and Implementations
    ii. Document information and store on SharePoint site
    iii. Establish internal project meetings
    iv. Produce a report sharing outcomes of implementations

c. Reports
    i. Internal Oversight
        1. Distribute, as appropriate, required client reporting
    ii. External Clients
        1. Produce reports and archive on SharePoint

iii. Service Recovery (Complaint Resolution)
   1. Performance Enhancement
      a. Monitor and measure performance based on quality goals
      b. Update training and provide continuing education as appropriate

Access2Care	**ASSESSMENT REVIEW POLICY**	
	Policy 521	Job Classes: All
		Effective Date: January 29, 2015
		Reviewed: January 29, 2017 Revised: June 02, 2016
		Responsible Party: Contract Compliance and Oversight

1. PURPOSE:

To outline the review of the organization's assessment review process and procedures.

2. POLICY:

The Access2Care Compliance and Oversight Committee is comprised of leaders of all Access2Care Departments which are responsible to provide oversight and approval of the Access2Care policy and program assessments.

3. PROCEDURE:

3.1 The Compliance and Oversight Department will review and communicate all risks to the organization. These include but are not limited to:

- **3.1.1** Corporate Compliance Audit Findings
- **3.1.2** Internal Audit Findings
- **3.1.3** Health Plan Audit Findings
- **3.1.4** Significant Events Trends

3.2 The assessments findings will be prioritized based on negative risk and organization limits and tolerance factors.

- **3.2.1** Member Safety; including significant events and provider credentialing
- **3.2.2** Contract Obligations; including call and network performance
- **3.2.3** Internal Standards; including training and policy adhereance

Access2Care	**RECRUITMENT AND RETENTION POLICY** Access2Care Supplment to Envision & AMR Handbook	
	Policy 522	Job Classes: All
		Review: January 29, 2017 Revised: April 25, 2016
		Responsible Party: All Departments

1. Purpose:

To state the Access2Care recruitment and retention procedures as practiced by the American Medical Response Human Resources department.

2. Policy

Access2Care associates will adhere to all elements of the American Medical Response Human Resources employee handbook and accepted hiring practices. This policy provides additional definition to minority recruitment and retention, as related to Equal Employment Opportunities and Affirmative Action section.

3. Procedure:

The minority recruitment and retention program includes;

3.1 Equal Employment Opportunity Commission and Affirmative Action

3.1.1 American Medical Response reviews and analyzes the organization's minority representation via the EEO-1 report.

3.2 Recruitment

3.2.1 American Medical Response contracts with CareerBuilder for the recruitment of top quality candidates. CareerBuilder partners with 1,100+ organizations and educational institutions, which include those that represent the interests of minority groups.

Access2Care	**POLICY APPROVAL AND REVIEW**	
	Policy 523	Job Classes: Operations Effective Date: January 1, 2014
		Reviewed: January 29, 2017 Revised: December 20, 2016
		Responsible Party: Contract Compliance and Program Oversight

1. **Purpose:**
The purpose of this policy is to describe the process to develop, review, revise, implement and approve Access2Care's Policies and Procedures.

2. **Policy:**
Access2Care has in place a procedure to ensure that all policies and procedures are approved through the policy committee. The committee is led by the Director of Contract Compliance and Program Oversight (CCPO). All policies have a reviewed, revised and implementation date defined as follows:
   - 2.1.1 Review Date: The date the policies and procedures are reviewed by CCPO, no less than annually. Policies and procedures review that the department is in compliance and the Policies and Procedures are current with State, Federal and Local Regulations and State and Federal Agencies.
   - 2.1.2 Revised Date: This date is modified when changes are made to the policy and approved through the Corporate Policy Committee.
   - 2.1.3 Effective Date: The date the Policies and Procedures are implemented by Access2Care and the department manager verifies the department is utilizing the Policies and Procedures and that they are current with State, Federal and Local Regulations and State and Federal Agencies.

3 **Procedures:**
Access2Care has implemented the following process to add, change, delete, and/or modify Access2Care policies and procedures.
   - 3.1 All policies however identified or initiated whether through new client contracts, changes in applicable laws, client requests, and/or identification through quality improvemen project(s) will follow these guidelines.
     - 3.1.1 When identified the Director of Contract Compliance and Program Oversight will be notified
     - 3.1.2 As required the Director of Contract Compliance and Program Oversight will involve the relevant business owner(s) for input to new, and/or revised policies.
     - 3.1.3 The policy will then be sent to the Quality Supervisor for review for adherence to policy standards
   - 3.2 All policies will be distributed to the Policy Committee prior to the meeting for review and approval is required through a minimum of four person quorum
     - 3.2.1 If approved by committee members, the policy will be appropriately dated and uploaded on the policy website. Department leaders are to notify staff on applicable policy changes
     - 3.2.2 If not approved, information will be sent through the described review process until approved by all members.

Access2Care	POLICY APPROVAL AND REVIEW	
	Policy 523	Job Classes: Operations Effective Date: January 1, 2014
		Reviewed: January 29, 2017 Revised: December 20, 2016
		Responsible Party: Contract Compliance and Program Oversight

3.3 Approved policies will be distributed to the health plans as requested or required by contract

Access2Care	Complaint and Grievance Management Policy	
	Policy 601	Job Classes: Access2Care Operations Effective Date: June 29, 2012
		Review: January 29, 2017 Revised: November 29, 2016
		Responsible: Service Recovery

1. Purpose:

Describes the standards and expectations for delegated complaint and grievance management including, intake, investigation, evaluation, closure, and performance reporting.

2. Policy:

Access2Care (A2C) will investigate and close service related issues. Service related issues received directly from the aggrieved, via telephone, email, fax, mail or in person, or received from the health plan via the client portal, will be automatically assigned to a Service Recovery Specialist. The Service Recovery Specialist will initiate an investigation, evaluate the issue, and escalate to a member of the A2C leadership as appropriate and prior to documenting the proposed closure in A2C system. Complaint notification is conducted in compliance with health plan contracts and closure provided via the client portal.

2.1. Definitions:

2.1.1. **Complaint** - Any oral or written expression of dissatisfaction by an enrollee submitted to A2C, the Health Plan or to a state agency and resolved within contract standards, outlined within the Health Plan protocols. Possible subjects for complaints include, but are not limited to, the quality of care, the quality of services provided, aspects of interpersonal relationships such as rudeness of a provider or employee, failure to respect the enrollee's rights, Health Plan administration or provider claims practices. A complaint is a subcomponent of the grievance system.

2.1.2. **Grievance** - An expression of dissatisfaction about any matter other than an action. Possible subjects for grievances include, but are not limited to, the quality of care, the quality of services provided and aspects of interpersonal relationships such as rudeness of a provider or employee or failure to respect the enrollee's rights.

3. Procedures

3.1. Intake

3.1.1. Upon notification of a service-related issue or concern, the A2C associate will immediately attempt to resolve the issue/concern prior to entering a complaint into the A2C system. If immediate resolution is not obtainable, the A2C associate will enter the complaint in the A2C system.

3.1.2. For service-related issues or concern s received at the Health Plan, the Health Plan designated staff will enter the information into the A2C system for appropriate investigation and closure.

3.1.3. Once closed, Health Plan will have the ability in inquire on detail, if needed, via the Additional Information Request Form.

3.1.4. Key information is logged in the A2C system and will include:

3.1.4.1. Source of service-related issue or concern

3.1.4.2. Member information

3.1.4.3. Service date/time

3.1.4.4. Name of transportation provider, if applicable

3.1.4.5. Complaint code/description

3.1.4.6. Delayed return trip

3.1.4.7. Provider no-show on return trip number

3.1.4.8. Vehicle condition

3.1.4.9. Unsafe driving/accident/incident (see Significant Event Policy 507)

3.1.4.10. Incorrect vehicle

3.2. Processing

3.2.1. Service Recovery Specialist contacts call center, transportation, and/or medical providers for statements and/or supporting documentation as appropriate.

3.2.2. To automatically request documents from a transportation provider, select supporting documents from the drop-down menu in the A2C system.

3.2.3. Service Recovery Specialist will access the call monitoring system and review call interactions as necessary to investigate and/or close the event.

3.2.4. Service Recovery Specialist will contact transportation provider by telephone if they fail to respond to information requests within the specified timeframe.

3.2.5. Service-related issues or concerns deemed "urgent" per the client protocols, require the Service Recovery Specialists to request an immediate response from transportation providers.

3.2.5.1. Urgent include, but is not limited to, those marked as PQI, AHCA, STATE or URGENT within the Health Plan complaint number (HP#) field within the A2C system.

3.2.6. Service Recovery Specialist sets system information trip to "Hold Payment" if a transportation provider fails to respond to the request.

3.2.6.1.1. Hold payment options are not permissible against the client, call center, member, or medical facility.

3.2.6.2. To "hold payment" on a previously "closed" trip requires the Service Recovery Specialist to contact A2C Claims Department for closure.

3.2.7. Service Recovery Specialist records all request activities and issues of non-response in the investigation box in A2C system.

3.2.8. Service Recovery Team (SRT) Supervisor will send a weekly detail report to Operations Leadership for appropriate follow up on closed issues.

3.2.9. Email notification will include:

3.2.9.1. Request a description of the escalation actions being taken or assessed notated in the trip remarks.

3.2.9.2. Detail closure statement

3.2.9.3. Identify Client

3.2.9.4. Member name

3.2.9.5. Nature of service-related issue or concern

3.2.9.6. Transportation provider or Employee name

3.2.10. Service Recovery Specialist notifies the SRT Supervisor of any service-related issue or concern not closed within the required timeline.

3.2.11. Service Recovery Specialists will close complaints according to the timelines specified within the contract and/or Health Plan approvedOperations Manual.

3.2.11.1. If unable to be closed within the contract and protocol timeline, notice will be provided to the Health Plan and internal departments as outlined within the contract between parties.

3.2.12. SRT Supervisor will monitor and track and trend items not closed according to client approved timeline.

3.2.13. Service Recovery Specialist evaluates investigation results and findings and documents a written closure in the A2C system for client retrieval.

3.2.14. As required by health plan contract, the SRT will notify the complainant of the results and findings, in the method required.

3.2.15. Service Recovery Specialist notifies the SRT Supervisor or equivalent by email of any findings that meet the criteria outlined in the Significant Event Policy (see Policy 507).

3.2.16. As directed for urgent items, Service Recovery Specialist will notify and/or provide updates on investigation and resolution to the appropriate Account Manager or equivalent.

3.2.17. Service Recovery Specialist must scan supporting documentation into electronic filing system.

3.3. Verification and Validation

3.3.1. The SRT Supervisor will audit a random sample of all service-related issues or concerns to ensure correct application of protocols and practices.

3.4. Escalation

3.4.1. If a service-related issue or concern cannot be closed by the procedure outlined above, or where the Complainant is not satisfied with the response, the individual has a right to file an Appeal.

3.4.2. In the event that the SRT Supervisor cannot close the service-related issue or concern to the Complainant or Health Plan's satisfaction, the SRT Supervisor, in consultation with the Director, will make recommendations to the appropriate internal and external departments regarding the resolution and appropriate closure.

3.4.3. The communication between the Service Recovery Specialist, SRT Supervisor, and Director can occur at any stage of the process. The initial notice may not raise a significant concern and it may be at the time when the SRT Supervisor receives responses from the Service Recovery Specialist that a serious concern is highlighted.

3.4.4. Service Recovery Specialist notifies the SRT Supervisor or equivalent by email of any findings that meet the criteria outlined in the Significant Event Policy.

3.5. Reporting

3.5.1. All complaint detail and closure information will be documented and accessible to the client via the online portal.

3.5.2. Information will include:

3.5.2.1. Complaint summary report

3.5.2.2. Complaints open

3.5.2.3. Complaints closed

3.5.2.4. Complaints by category

3.5.3. A Complaint Summary Report will be available once a complaint is marked as closed in A2C. Complaint details can be downloaded from the client portal. Complaint report will summarize the following items:

3.5.3.1. Summary of complaints received

3.5.3.2. Date of closure

3.5.3.3. Description of investigation within client specifications

3.5.3.4. Closed complaints

3.5.3.5. Open complaints

3.5.3.6. Summary of complaints by transportation provider

3.5.3.7. Summary of complaints by issue by transportation provider

APPEALS AND HEARINGS

Policy 602	Job Classes:Commercial Operations Effective Date: January 1, 2014
	Reviewed: January 29, 2017 Revised: May 01, 2017
	Responsible Party: Operations

1. Purpose:

To describe the guidelines for appeals and hearings as determined by Health Plan, State and/or Federal contract and requirements.

2. Policy:

As delegated by contract, Access2Care will send a Notice of Action (NOA) letter to the member when an adverse action is taken that results in the member's non-emergency medical transportation services being denied or reduced. An appeal and/or contested case hearing may be filed by the member or member representative following receipt of the NOA. A "member representative" includes a participating provider acting on behalf of a member with written consent from the member, the legal representative of a deceased member's estate, and the health plan. The subsequent appeal and hearing process is conducted in compliance with Health Plan contract and State regulatory statues.

3. Procedures:

3.1. Access2Care will send a Notice of Action (NOA) letter when an adverse action for non-emergency medical transportation services are denied, reduced or terminated. The NOA letter shall be in the contract approved format and approved by the State Agency, if necessary. Notices must include language clarifying that interpretation is available for all languages and how to access it.

- 3.1.1. The NOA letter will state the service that was requested and the reason for denial action.
- 3.1.2. NOA shall be sent within seventy two (72) hours but no more than fourteen (14) days from the date of initial receipt of the request for service.
  - 3.1.2.1. Health Plan must receive documentation within forty eight (48) hours but no more than ten (10) days
- 3.1.3. Fourteen (14) day extension is allowable, if the Member or the Provider requests the extension
  - 3.1.3.1. Extension may be granted if member, provider or if the accepting entities determine it is in the best interest of the member and when allowed
  - 3.1.3.2. If extension is requested by Access2Care, a written notice of the reason for the delay will be sent to the member to inform the member of their right to file a grievance should they disagree with the decision to grant an extension.
  - 3.1.3.3. The NOA shall be mailed not later than the date of Action if:
    - 3.1.3.3.1. Access2Care has factual information confirming the death of the member

3.1.3.3.2. Access2Care receives a clear, written statement signed by the member that they no longer wish services or give information that requires termination or reduction of services and indicates they understand that this must be the result of supplying information

3.1.3.3.3. Member has been admitted to an institution where they are ineligible for covered services

3.1.3.3.4. Access2Care or the Health Plan do not know the whereabouts of the member

3.1.3.3.5. It is established that another state, territory, or commonwealth has accepted the Member for Medicaid services in Appeal

3.1.3.4. NOA shall be mailed five (5) calendar days before the date of the Action for Actions taken because of probable member Fraud.

3.1.3.5 For denial of payment, the NOA shall be mailed at the time of any Action that affects the claim.

3.2. Access2Care will notify health plan upon receipt of member appeal.

3.2.1. Expedited appeals may be filed orally or in writing

3.2.1.1. Member may orally initiate an appeal but must follow up in writing.

3.2.2. Initial process for appeals shall include providing the member, or member's representative, the necessary information to file an appeal and obtain the proper representation during the hearing process.

3.2.3. The Process Improvement Coordinator, or designee, will flag the member's profile indicating the requested transportation as "Under Appeal" in the A2C system and will gather all information about the requested transportation service.

3.2.4. After the appeal has been reviewed by the health plan and a decision reached, an Access2Care secondary notice of decision will be mailed to the member within ten (10) days.

3.2.5. Decision(s) that result in unfavorable member outcome will be provided with all information to contest the decision, as defined within Health Plan, State and Federal guidelines, as applicable.

3.2.6. Access2Care Quality staff will meet with Health Plan staff, as requested.

3.2.7. Access2Care Quality staff will participate in any information reviews or hearings as needed.

3.3. Health plan shall maintain documentation of rides denied and rides provided to members.

3.4. Handling of Appeals

3.4.1. A member who receives an adverse notice of action may file an appeal and a request for a contested case hearing within forty five (45) days of notice date

3.4.1.1. Access2Care shall resolve the appeal within sixteen (16) calendar days and may request an extension of fourteen (14) calendar days providing written notice to the member if;

3.4.1.1.1.It is requested by Access2Care, or

3.4.1.1.2. Access2Care demonstrates to the health plan that the delay is in the member's interest

3.4.2. A member who sends a request for an expedited appeal directly to Access2Care for a hearing Acess2Care will immediately notify and forward the request to the Health Plan

3.4.3. Pursuant to Health Plan contractual requirements Access2Care shall provide reasonable assistance and information requested.

3.4.4. A member may be entitled to continuing benefits and may request and receive continuing benefits in the same manner and amount while an appeal or contested case hearing if pending

3.4.4.1. This must be completed by the tenth (10th) day of the notice

3.4.4.1.1. Effective date of the action proposed in the notice as applicable

3.4.5. Any hearing that is found unfavorable to Access2Care and requires changes, Access2Care will promptly correct and implement stated actions.

3.4.6. All supported expedited appeals will be handled according to the requirements set forth by the Health Plan for notification, both oral and written.

3.4.6.1. Access2Care will resolve each expedited appeal within three (3) working days after receipt of the request.

3.4.6.2. Access2Care may extend the appeal resolution for up to fourteen (14) calendar days, with State approval and written member notice, if the member requests, there is a demonstrated need for additional information which benefits the member.

3.4.6.3. Access2Care may decline the request for an expedited appeal, or approve the expedition but continue to deny the services or items requested in that expedited appeal, but must transfer the appeal within 45 days, notify the member orally and provide written notice within 2 calendar days while forwarding the denial decision to the Health Plan.

3.4.7. Access2Care will provide all information filed by a member or the member's guardian in accordance with contractual requirements outlined.

3.4.7.1. When Handling Appeals Access2Care will provide the member a reasonable opportunity to present evidence and allegations of fact or law, in person as well as in writing. The Provider shall inform the Member of the limited time available for this in the case of expedited resolution

3.4.7.2. Access2Care will provide the Member and Representative opportunity, before and during the Appeals process, to examine the

Member's case file, including medical records, and any other documents and records considered during the Appeal process.

3.5. Hearings

3.5.1. If a member files a Contested Case Hearing, Access2are will provide the member file concerning the appeals information and any representative information to the health plan.

3.5.1.1. Access2Care will continue to provide member services pending the outcome of the hearing or resolution of the appeal at the direction of the health plan.

3.5.2. If an appeal has been completed, Acess2Care will forward to the Health Plan the completed appeal file with accompanying NOA and NOAR within one (1) business day of the request

3.5.3. In an appeal has not been conducted, Access2Care will initiate the appeal review and forward the file with the accompanying NOA and NOAR to the Health Plan

3.5.4. If requested, Access2Care will make themselves available to the Health Plan for all questions.

3.5.5. The following timelines will be followed by Access2Care;

3.5.5.1. Initial NOA request one (1) day after request

3.5.5.2. Standard NOAR resolution ten (10) days after request

3.5.5.3. Expedited NOAR resolution two (2) day after request

3.5.5.4. An extension to NOAR ten (10) days after request

3.5.6. Access2Care will receive notification of the final determination from the Health Plan and take the appropriate and recommended actions.

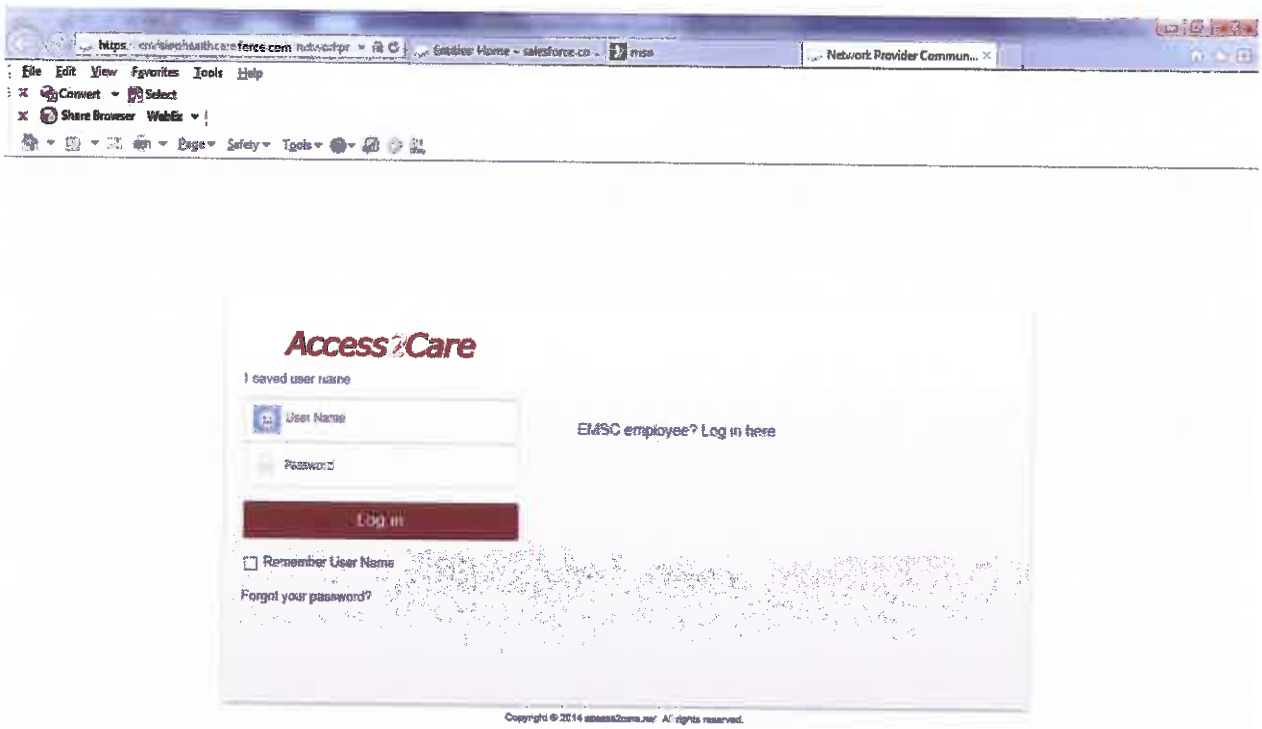
Access2Care Community Credentialing Access Portal

Login Screen

When you receive our invitation to join the Network Provider Community, you will receive a long link with your username and temporary password stored in it. Please click on this link to activate your account. You will be asked to create a unique password, which only you will know. Please take note of the username on this page as well.

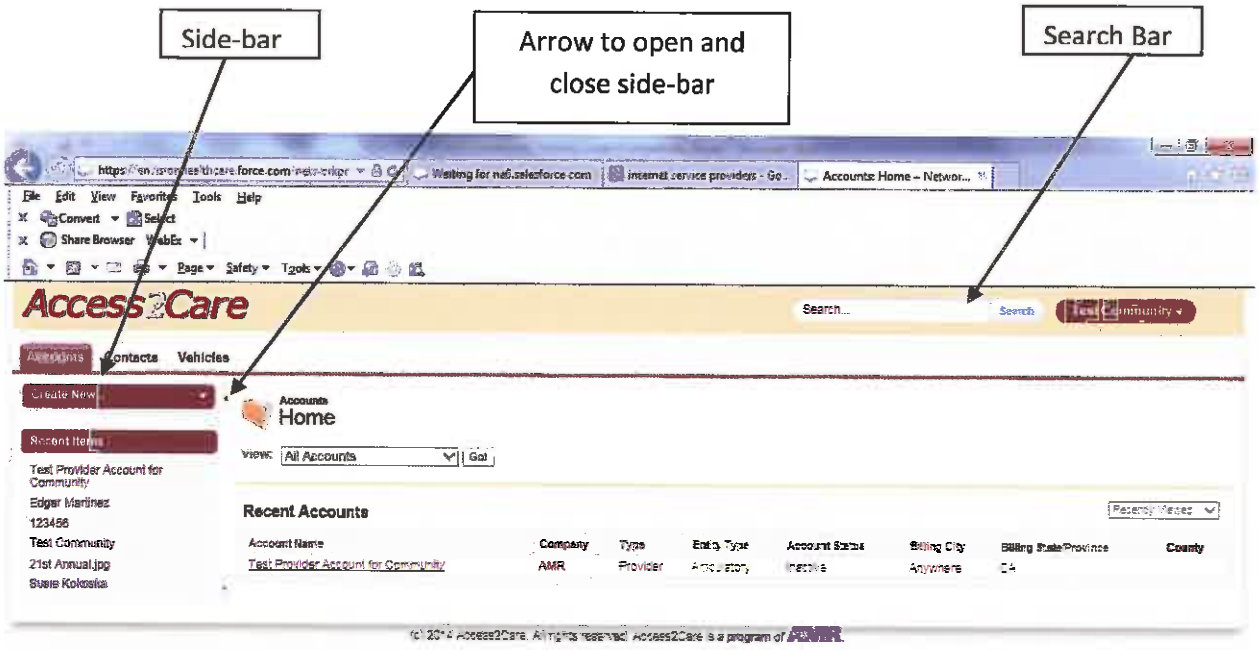
In subsequent visits to the Community, you will need to enter the username and password that you established on your activation. We recommend that you check the box "Remember User Name" so that you do not forget it. Your internet program (Explorer, Firefox, Safari, etc.) may prompt you to remember your password. It is up to you whether or not to check this box and save your password.

If you forget your password or username, please contact our Network Manager at A2C.



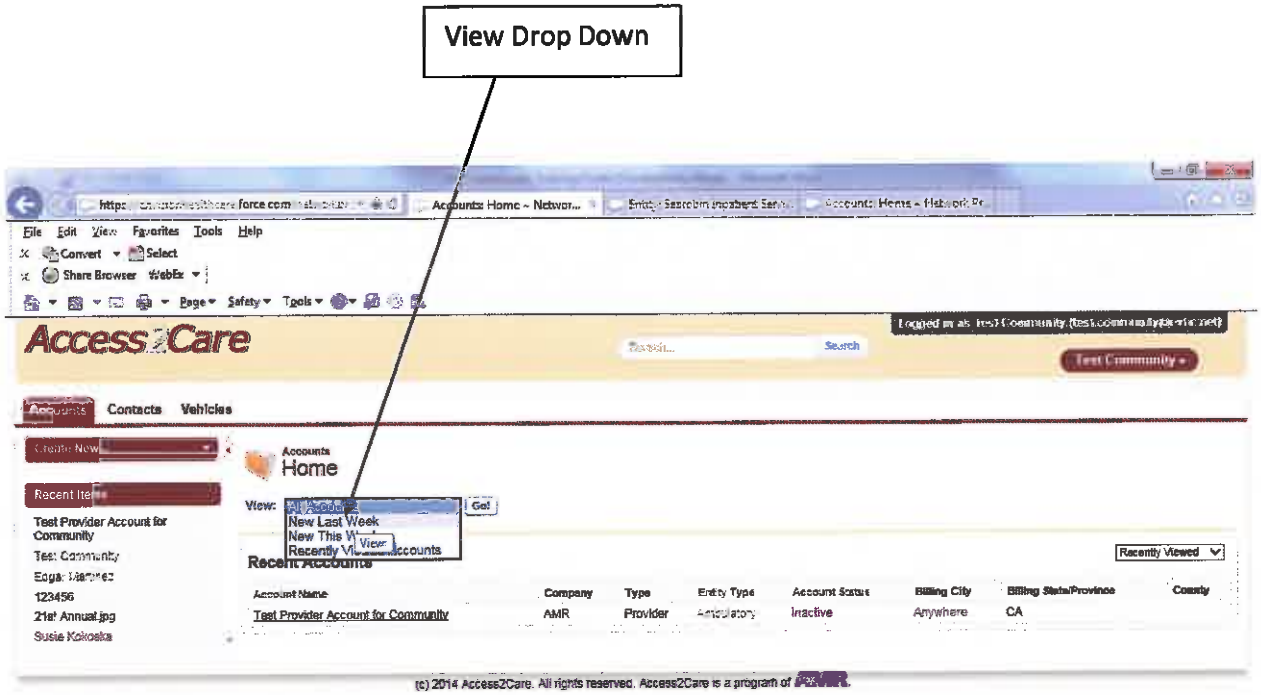
Once you are logged into the system, you will land on the "Accounts" page which is your company record.

There is a collapsible side-bar on the left side of your screen. By clicking the arrow in the oval, you can open and close this feature.



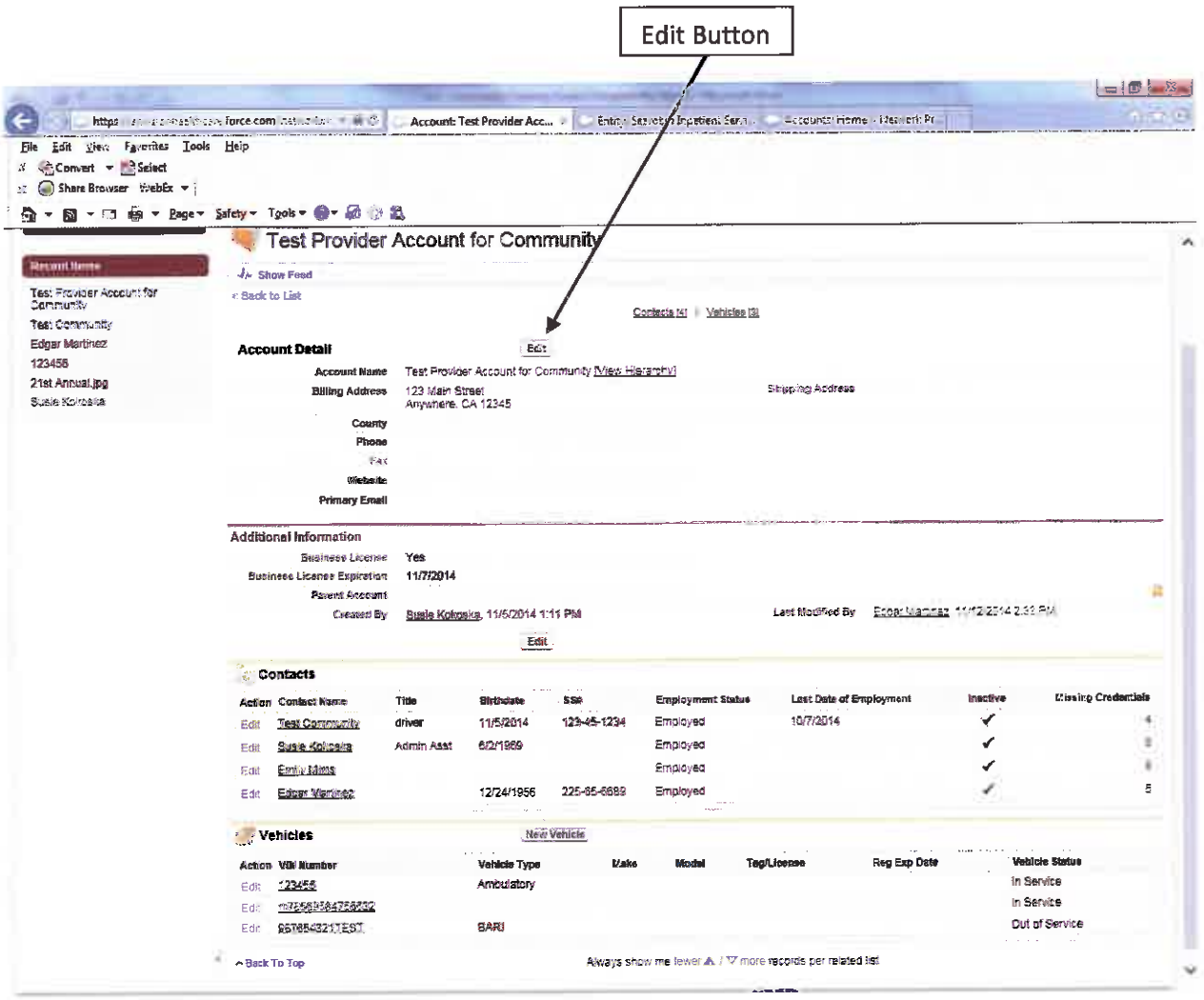
Within the side-bar are two important sections. The "Create New" bar in red allows you to create new vehicle and contact records. The "Recent Items" section shows the last records you have viewed or edited. By clicking these names you can go directly to a record – whether your company's account, a driver or office contact, or a vehicle. There is also a search bar at the top that you can use to search for any record.

On the "Accounts" page, you will see a recent item that includes your company listing if you have previously clicked on your company name. If nothing appears on the page, use the View Drop Down at the top to pull up your company, Select the option "All Accounts" and press the "Go" button.



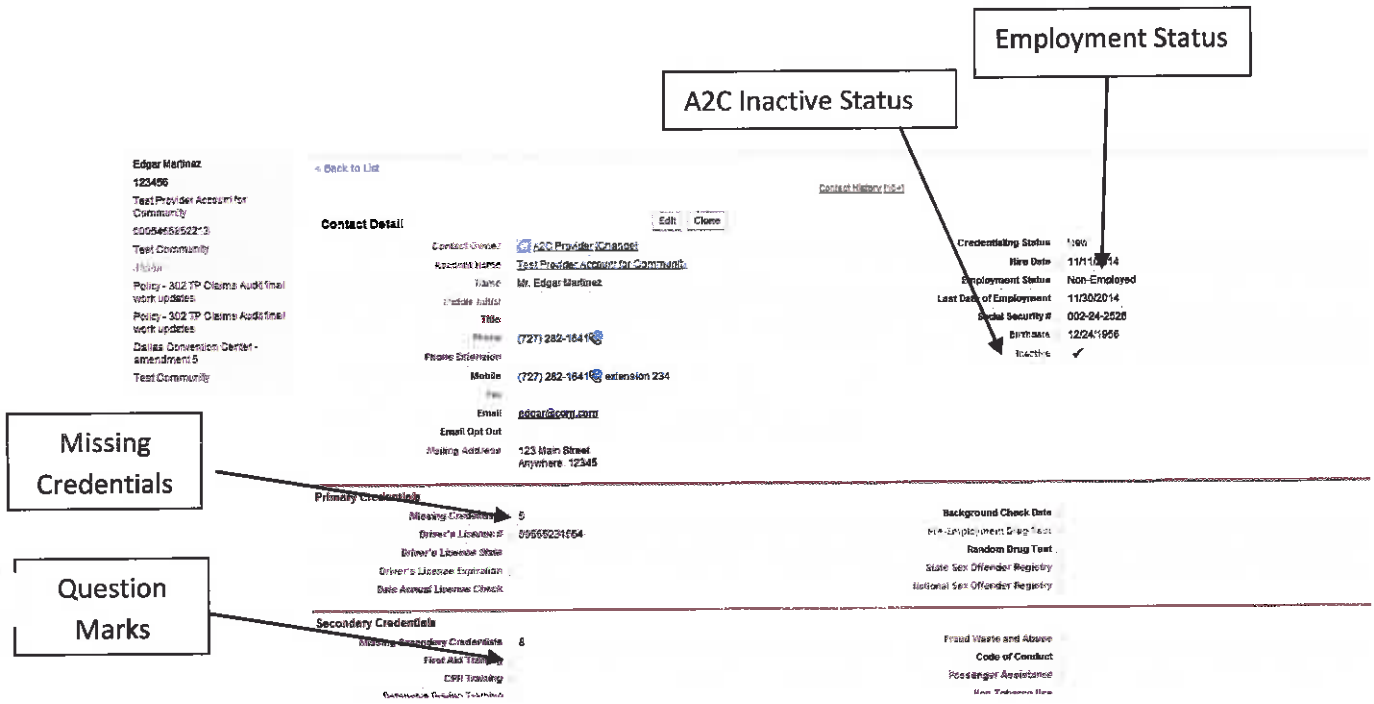
Click on your company name to get to your information.

Your company record format will look like the record below. If you need to edit any of your company's information, such as address, phone or business license information, click the "Edit" button at the top. Make any necessary changes and click "Save" to save your changes.



Below the company information you will see the "Contacts" and "Vehicles" sections. To view a record in one of these sections click on the underlined name of the contact or the underlined vehicle VIN number. You may also use the "Edit" button next to the record and under the "Action" column. It is a better practice to view the record first so that you can see certain fields that are not available in the "edit" mode.

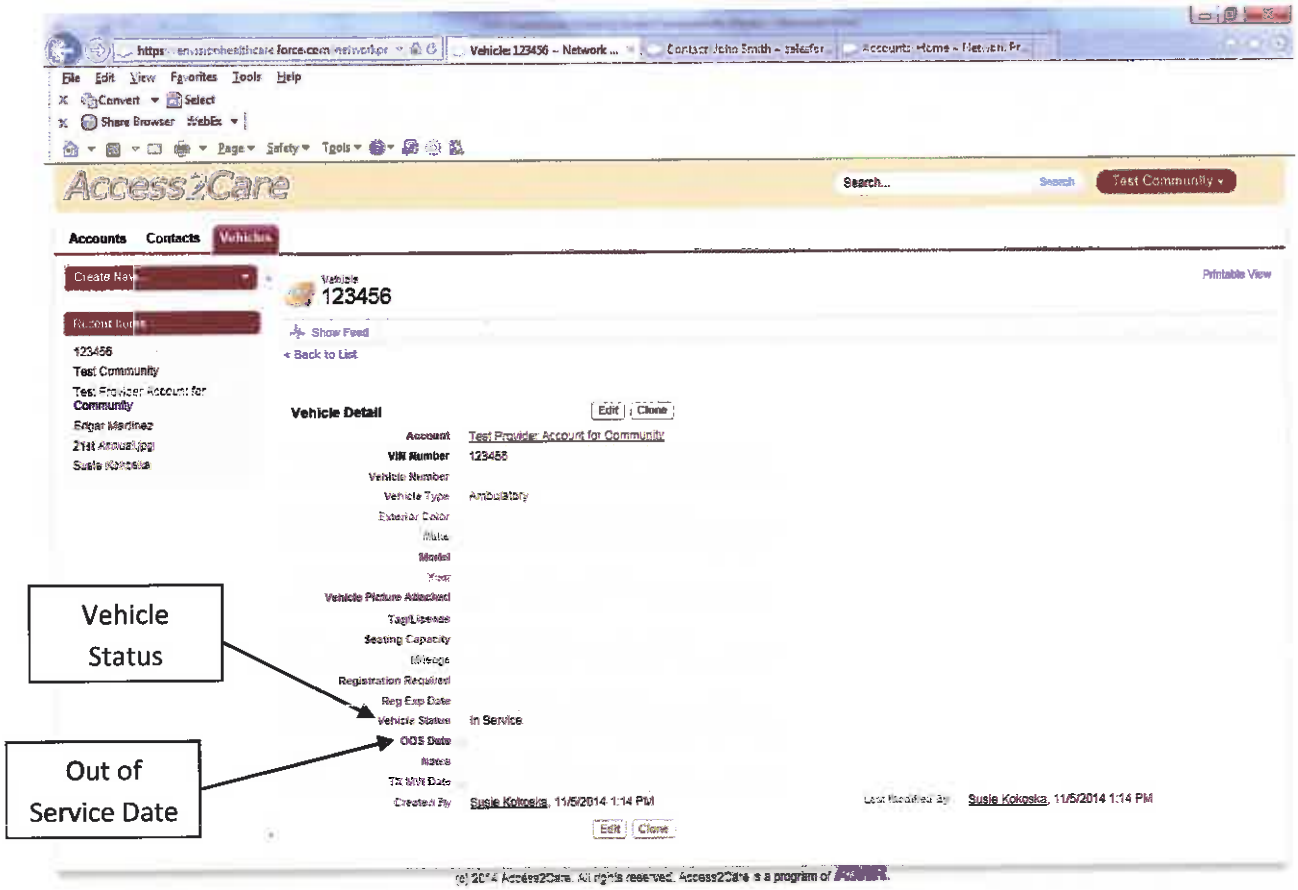
A contact record looks like the record below. You can see the status of the contact as either "Employed" or "Non-Employed" and you have the ability to update this field. If you make a driver "Non-employed", you will be required to fill out the "Last Date of Employment". You can see an "Inactive" checkbox telling you whether a driver is active or inactive in A2C's system. A driver could be Inactive because he or she is not employed, is missing credentials or has been identified as "excluded". If your driver is missing any necessary credentials, you will see a count of those in the "Missing Credentials" field at the top of the Accreditations section.



Next to certain accreditation fields you will see a question mark. When you hover over this question mark you will see notes with information about the specific field. It may state that the information in the field is primary information for the file to be active; may state the information is required within 30 days after activation; and/or provide other help text. Please use these question marks to identify and understand the necessary credentialing fields to become and retain "Active" status.

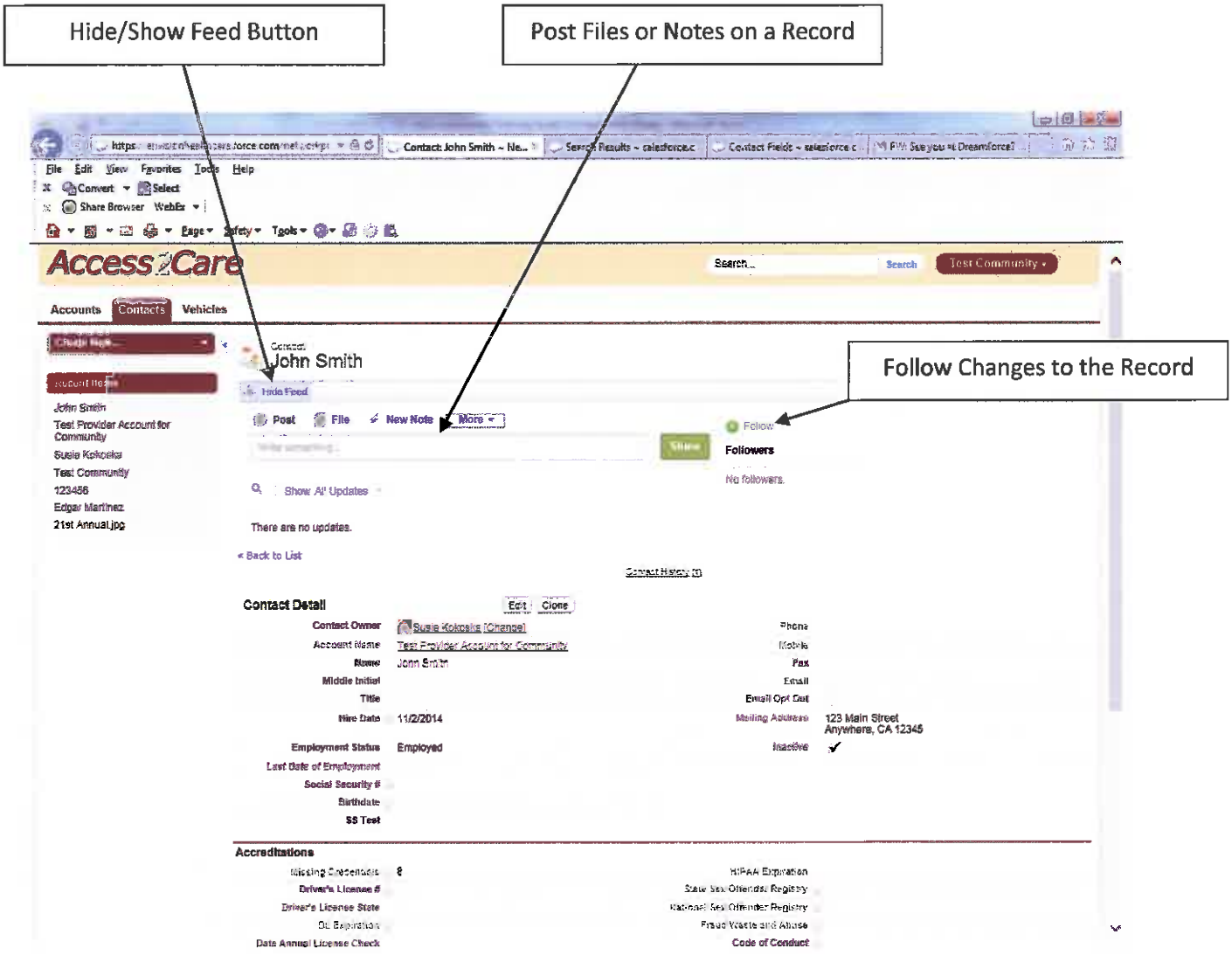
Vehicles

A vehicle record looks like the record below. You have the option to add information and control whether a vehicle is in or out of service. If you select "Out of Service", you will be required to enter an out of service date.



Attaching Documents

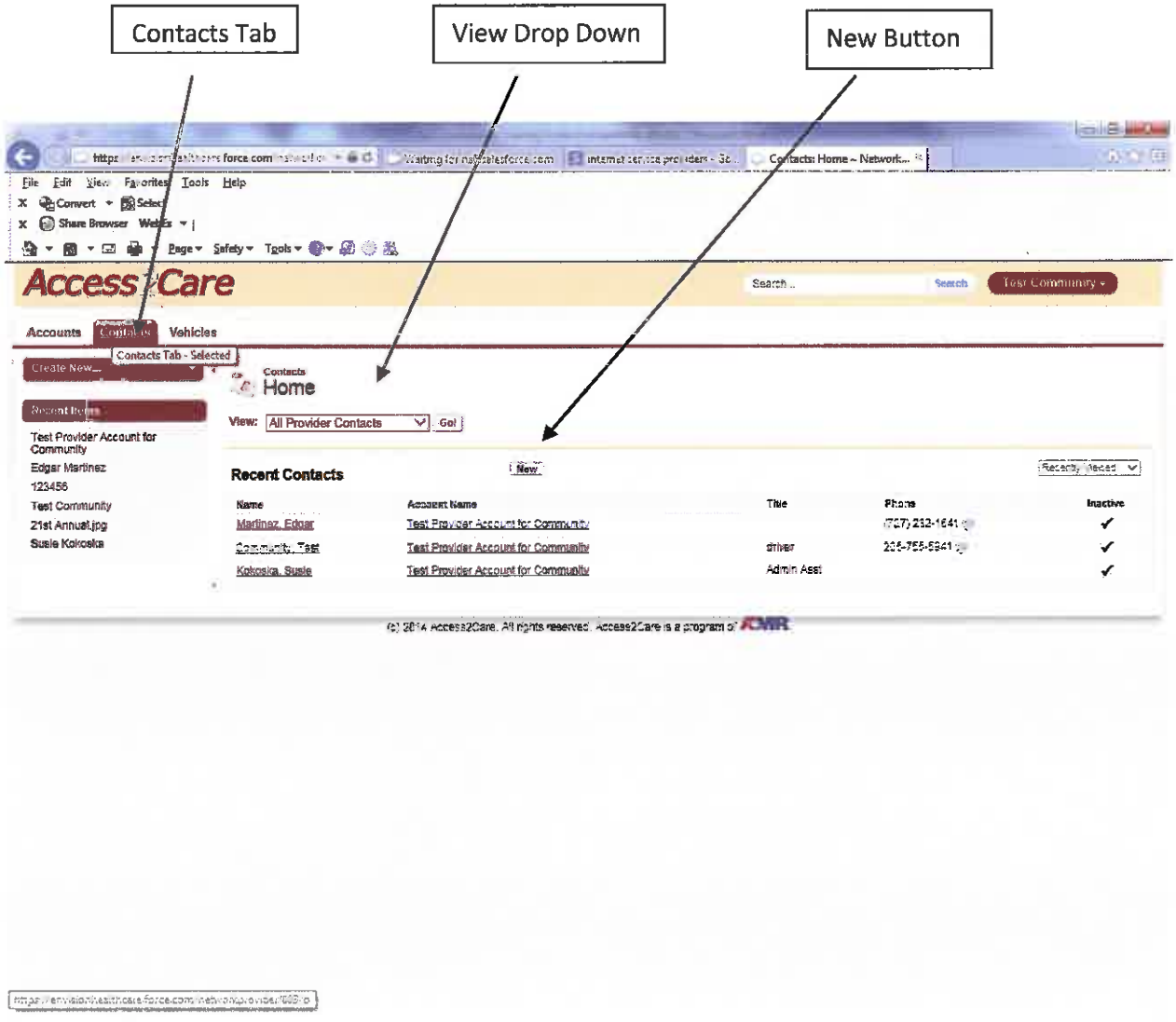
To attach documents to any record – account, contact or vehicle, you need to use the "Feed" section at the top of any record. There is a light blue button that states "Hide Feed" or "Show Feed", depending on the status of your record. Here you will be able to post files and notes on the record. Type in the box and press the green "Share" button to accomplish a file or note posting.



To be notified of any postings or changes to the record, you can "follow" a record by clicking the green "Follow" circle next to the Feed section.

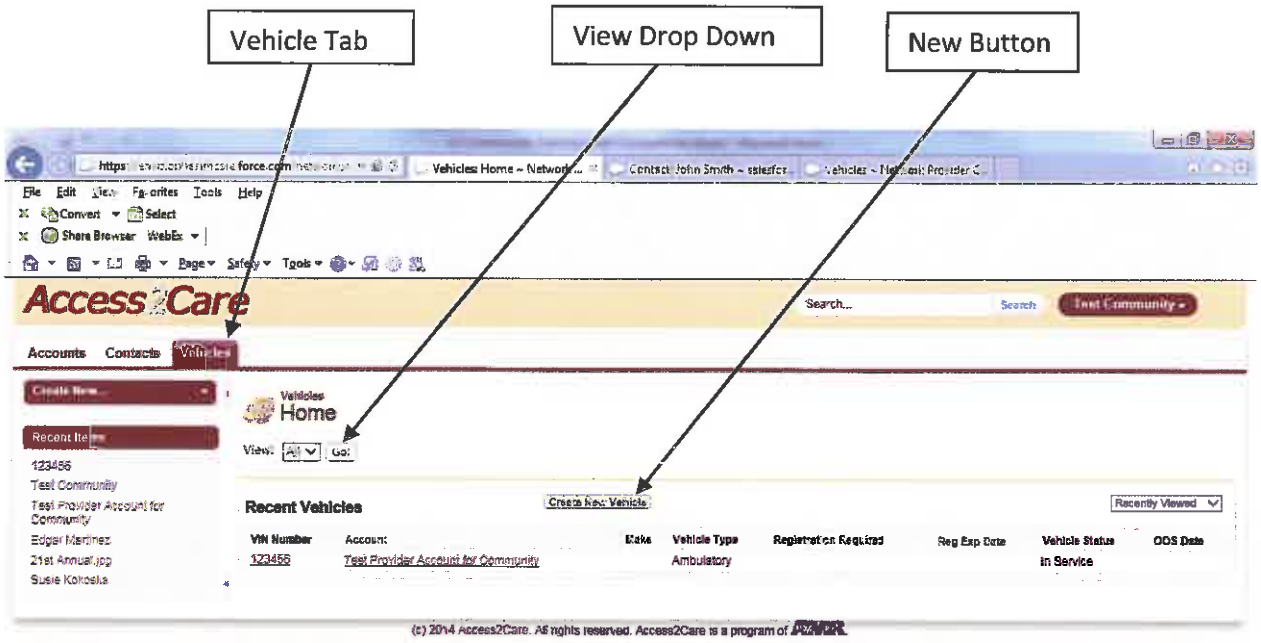
You can navigate to any record by going to a specific tab itself. If you are interested in pulling up lists of contacts (your drivers and office contacts), you can click the "Contacts" tab at the top. Please notice the "New" button at the top of the page where you can create a new driver or contact. It is best to look at your list of contacts prior to creating a new one so that you do not create duplicate records.

By default, the page will show you what you recently viewed. You may use the View Drop Down to pull up lists of your contacts like "All Provider Contacts" or "New This Week". Select an item from the View Drop Down and press the "go" button.



After selecting a view, you will receive the contact records that match the criteria of the list you pull. You can click on the contact name to view the contact or click the edit link next to the record you would like to edit.

If you are interested in pulling up lists of vehicles, you can click the "Vehicles" tab at the top. Please notice the "Create New Vehicle" button at the top of the page used to create a new vehicle record. If you use this button on this page, you will need to look up your company name in the Account Name fields. It is best to look at your list of vehicles prior to creating a new one so that you do not create duplicate records.

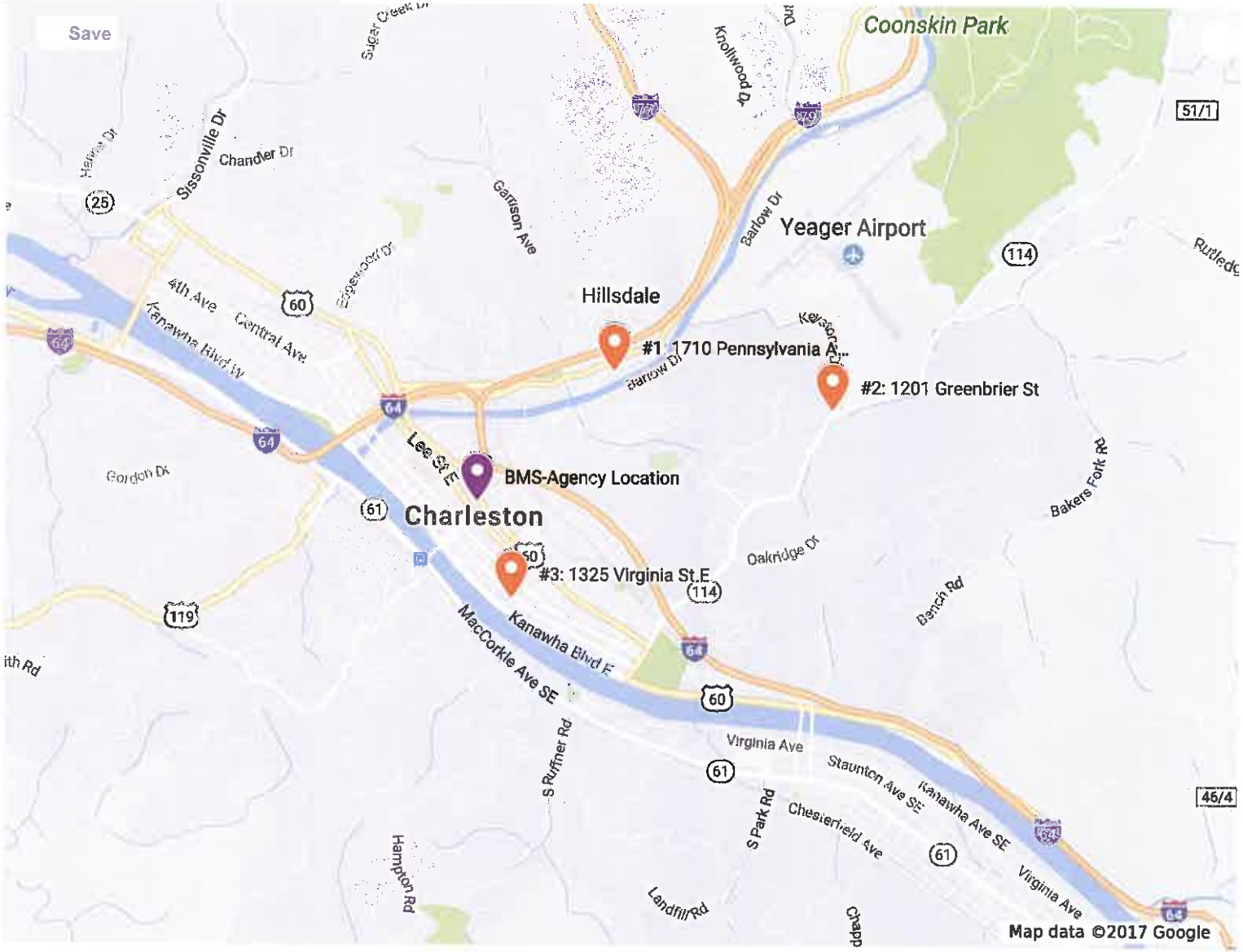


ccess2Care West Virginia NEMT Potential Office Locations

Charleston Locations

- BMS-Agency Location
- #1: 1710 Pennsylvania Ave.
- #2: 1201 Greenbrier St
- #3: 1325 Virginia St E

otember 2017



FOR LEASE

PENNSYLVANIA AVENUE BUILDING

1710
PENNSYLVANIA AVENUE
Charleston, WV 25302



BUILDING FEATURES

FOR LEASE

Two (2) story office building available.

- Approximately 28,364 SF
- $10.00/ SF
- NNN LEASE
- High visibility
- Easy access to I-79, I-64 & I-77
- Less than 5 minutes to downtown Charleston & 9 minutes to Yeager Airport
- Abundant parking-77 on -site spaces & 27 off-site spaces

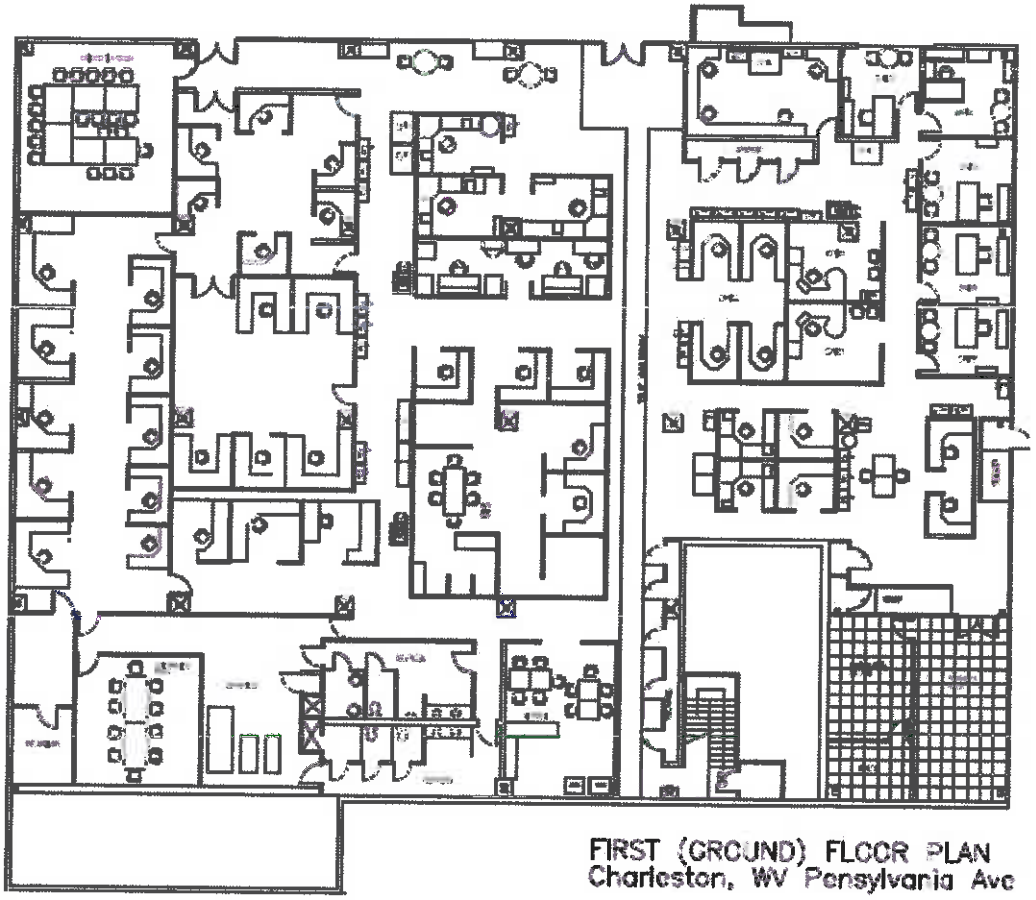


CONTACT US

DAVID DURBIN
Managing Broker
+1 304 720 8499
david.durbin@cbre.com

DEWITT BLUNDON
Senior Associate
+1 304 546 2581
dewitt.blundon@cbre.com

First Floor Plan



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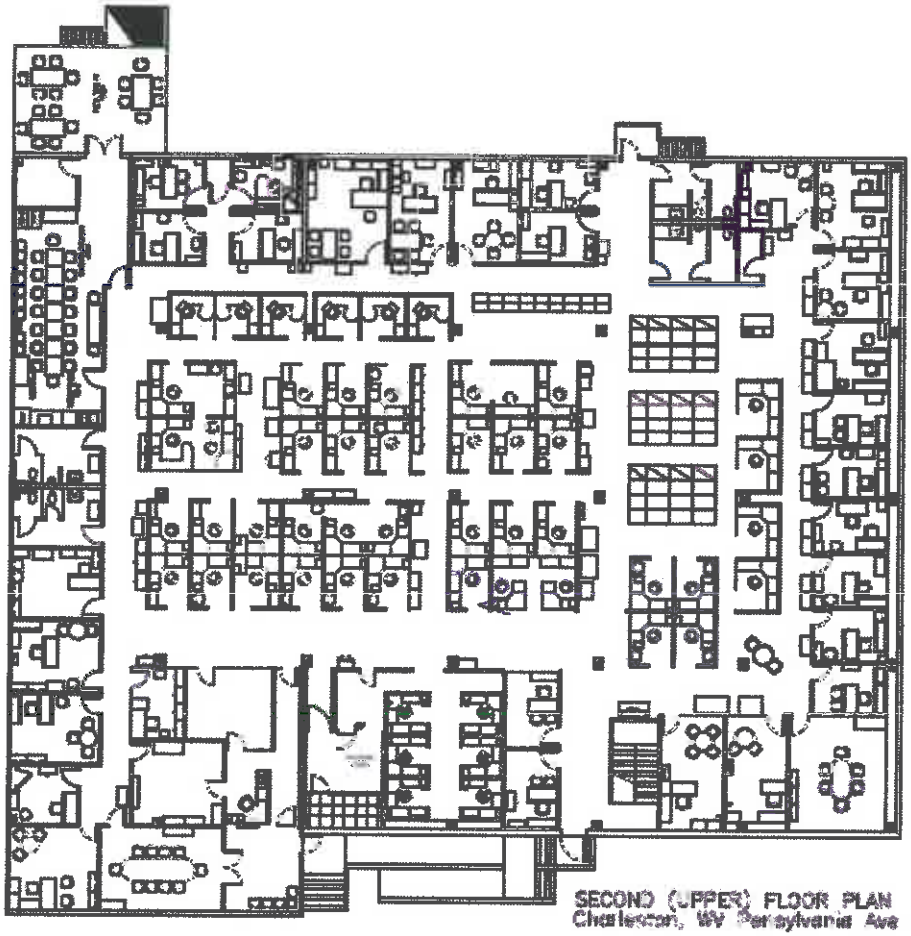
Second Floor Plan



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FOR LEASE

OFFICE BUILDING

1710
PENNSYLVANIA AVENUE
Charleston, WV 25302

TWO STORY BUILDING AVAILABLE

UP TO 28,364 RSF (+/-)





2017 Demographics	1 Mile	3 Miles	5 Miles
Population	4,125	39,638	63,650
Households	1,996	18,585	29,147
Household Income	$52,808	$68,153	$73,172
Businesses	463	3,241	4,250



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FOR LEASE

OFFICE BUILDING

1710
PENNSYLVANIA AVENUE
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CBRE

DeWitt Blundon — *(304) 546-2581*

Office Property For Lease

Pennsylvania Avenue Building

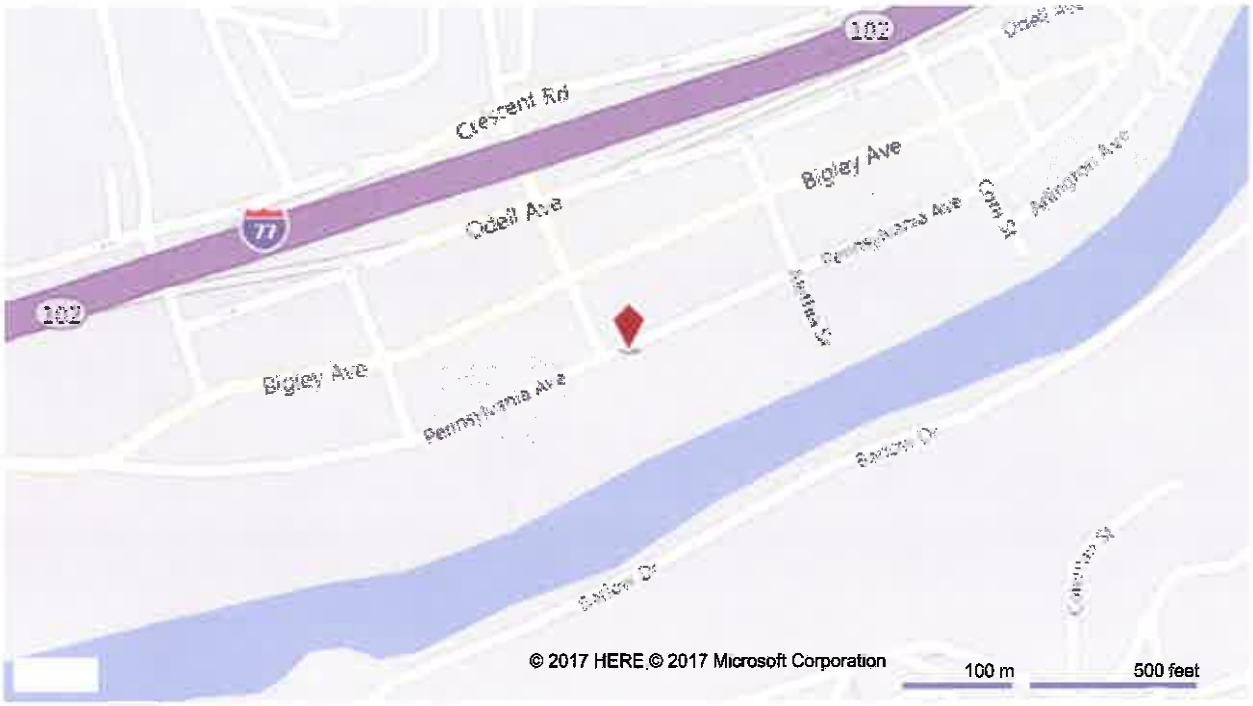
1710 Pennsylvania Ave, Charleston, WV 25302



Rental Rate:	$10 */SF/Year*
Min. Divisible:	14,000 *SF*
Max. Contiguous:	14,182 *SF*
Property Type:	Office
Property Sub-type:	Office Building
Building Size:	28,364 *SF*
Building Class:	B
Lot Size:	104,035 SF
Listing ID	20460133
Last Updated	6 days ago

Find Out More...

Map of 1710 Pennsylvania Ave, Charleston, WV 25302 (Kanawha County)



By searching on LoopNet, you agree to the LoopNet Terms and Conditions.

Berkshire Hathaway HomeServices Great Expectations

Claire Barth — *(304) 444-1370*

Office Property For Lease

Greenbrier Street Office and Flex Space

1201 Greenbrier Street, Charleston, WV 25311



Total Space Available:	18,000 *SF*
Rental Rate:	$8 */SF/Year*
Max. Contiguous:	18,000 *SF*
Property Type:	Office
Property Sub-type:	Office Building
Additional Sub-types:	Flex Space
Building Size:	18,000 *SF*
Building Class:	B
Lot Size:	0.46 AC
Zoning Description:	None
Listing ID	19240219
Last Updated	25 days ago

Find Out More...

Map of 1201 Greenbrier Street, Charleston, WV 25311 (Kanawha County)



By searching on LoopNet, you agree to the LoopNet Terms and Conditions.

REALCORP

Jonathan Cavendish *— (304) 925-7000*

Office Property For Lease

Former WV Regional Jail HQ

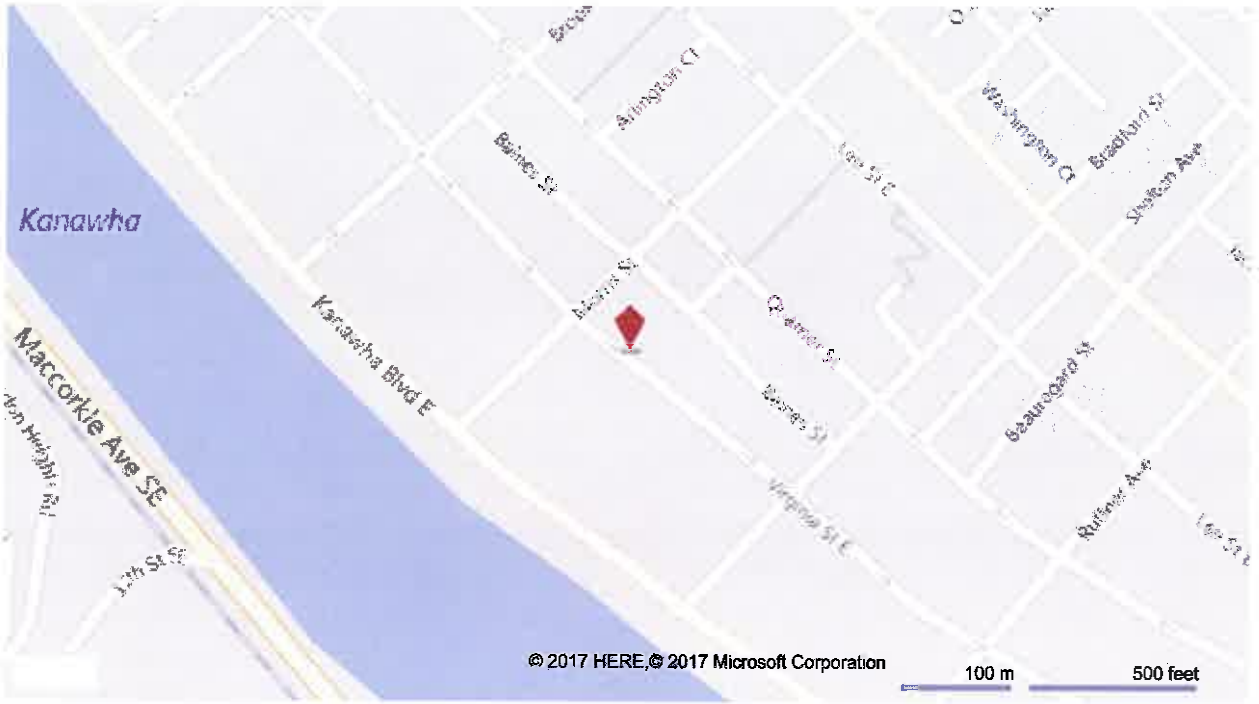
1325 Virginia St E, Charleston, WV 25301



Rental Rate:	$12 */SF/Year*
Min. Divisible:	5,000 *SF*
Property Type:	Office
Property Sub-type:	Office Building
Building Size:	20,000 *SF*
Building Class:	B
Lot Size:	33,500 SF
APN/Parcel ID:	11-20-00640000
Listing ID	20509529
Last Updated	4 days ago

Find Out More...

Map of 1325 Virginia St E, Charleston, WV 25301 (Kanawha County)



Access2Care

Letter of Commitment

Dear Transportation Provider,

Access2Care is interested in bidding to manage the Medicaid non-emergency transportation benefit for the state of West Virginia. We would like to add you to our portfolio of transportation providers to serve this need. Part of the state's bid process is to request ***Letters of Commitment*** from local transportation providers that are interested in providing NEMT services. ***This is not a binding contract*** but simply a letter stating your intent to work with Access2Care. By signing this LOC, you acknowledge and understand this letter does not change the status of services you are currently providing for the state administered program until coverage under the NEMT brokerage program begins. If you are interested in proceeding with this LOC, please complete the following information and email, fax or mail to the address below.

My company intends to work with *Access2Care* to provide non-emergency transportation services, provided that the rates and contract terms are agreeable. Any contract with *Access2Care* for services under the Medicaid brokerage program is subject to the rules and regulations of the state.

List all counties in which you will provide transportation. (use additional space as needed)

1. Harrison
2. Lewis
3.
4. .
5. .
6. .

Number of vehicles by type and capacity

	Number of vehicles	Seating Capacity
Basic Vehicle	5	2@12 2@5
Enhanced Vehicle		
Bariatric		
Non-Emergency Ambulance		

This letter <u>does not</u> bind Access2Care or the transportation provider to any particular terms or conditions.

Name and Title: Vonda Berry, Program Director

Company Name: Central WV Community Action, Inc.

Address: P.O. Box 1070, 106 Frederick St. Clarksburg, WV 26301

City, State and Zip:

Phone: 304-622-8495 Ex. 40 E-mail: Vondab@cwvcaa.org

Signature: Vonda Berry Date: 12/5/13

Please fax, email or mail to: Access2Care
6200 South Syracuse Way, Suite 200
Greenwood Village, CO 80111
Attn: Shawn Seewald

Email: Shawn.Seewald@emsc.net
Fax: 303-495-1295
Phone: 303-495-1579

Access2Care

DEC - 2 2013

Letter of Commitment

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List all counties in which you will provide transportation. (use additional space as needed)

1. NICHOLAS
2. LIMITED SERVICE IN GREENBRIER
3. LIMITED SERVICE IN WEBSTER
4. LIMITED SERVICE IN FAYETTE
5. .
6. .

Number of vehicles by type and capacity

	Number of vehicles	Seating Capacity
Basic Vehicle (VAN)		
Enhanced Vehicle (W/C)		
Bariatric	0	0
Non-Emergency Ambulance	0	0

This letter <u>does not</u> bind Access2Care or the transportation provider to any particular terms or conditions.

Name and Title: WILLIAM T. MAUZY GENERAL MANAGER

Company Name: MOUNTAIN TRANSIT AUTHORITY

Address: 1096 BROAD ST

City, State and Zip: SUMMERSVILLE WV 26651

Phone: 304-872-5872 E-mail: wtmauzy MTA @ yahoo.com

Signature: William T Mauzy Date: 11/22/13

Please fax, email or mail to:

Access2Care
6200 South Syracuse Way, Suite 200
Greenwood Village, CO 80111
Attn: Shawn Seewald

Email: Shawn.Seewald @emsc.net
Fax: 303-495-1295
Phone: 303-495-1579

Access2Care

Letter of Commitment

Dear Transportation Provider,

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List all counties in which you will provide transportation. (use additional space as needed)

1. Grant
2. Hampshire
3. Hardy
4. Mineral
5. Pendleton
6.

Number of vehicles by type and capacity

	Number of vehicles	Seating Capacity
Basic Vehicle	See Attached	
Enhanced Vehicle		
Bariatric		
Non-Emergency Ambulance		

This letter does not bind Access2Care or the transportation provider to any particular terms or conditions.

Name and Title: J. Douglas Carter, General Manager

Company Name: Potomac Valley Transit Authority

Address: 185 Providence Lane

City, State and Zip: Petersburg, WV 26847

Phone: (304) 257-1414 E-mail: jcarter@potomacvalleytransit.org

Signature: J. Douglas Carter Date: 11/22/2013

Please fax, email or mail to:

Access2Care
6200 South Syracuse Way, Suite 200
Greenwood Village, CO 80111
Attn: Shawn Seewald

Email: Shawn.Seewald @emsc.net
Fax: 303-495-1295
Phone: 303-495-1579

POTOMAC VALLEY TRANSIT AUTHORITY
FLEET CHARACTERISTICS

County	Vehicle Type	Number	ADA Compliant	Capacity	Used for NEMT
Grant	Mini-Van	1	Yes	5	Yes
Grant	Mini-Van	1	No	5	Yes
Grant	Cutaway (Pacer)	1	Yes	8	Yes
Grant	Small Bus (CTS)	3	Yes	22	No
Grant	Cutaway	4	Yes	18	Yes
Grant	Cutaway	2	Yes	12	No
Hampshire	Mini-Van	1	No	5	Yes
Hampshire	Cutaway	1	Yes	12	Yes
Hampshire	Small Bus (CTS)	6	Yes	22	
Mineral	Mini-Van	1	No	5	Yes
Mineral	Cutaway	2	Yes	18	Yes
Mineral	Small Bus (CTS)	2	Yes	22	No
Total		26			

Total Fleet:		
	Mini Vans	4
	8 Passenger Cutaway	1
	12 Passenger Cutaway	4
	18 Passenger Cutaway	6
	22 Passenger Bus	11
	Total Vehicles	26

Of the above vehicles, the mini-vans and the eight passenger cutaway are used almost exclusively for NEMT purposes. NEMT services in Hardy and Pendleton Counties have been operated utilizing vehicles located in Grant County. PVTA provides daily services to groups going to a sheltered workshop in Keyser, WV; a sheltered workshop in Romney, WV; and a day treatment site between Petersburg and Moorefield, WV. Vehicles used in the workshop services are:

Keyser	1 Eighteen passenger cutaway
Romney	3 Twenty-two passenger small buses
Romney	1 Eighteen passenger cutaway

Other vehicles in the fleet could be used on an occasional basis for NEMT, but size makes regular use prohibitive.

Access2Care

Company Name: Potomac Valley Transit Authority

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KENTUCKY

King's Daughters Medical Center
Ashland, KY

Our Lady of Bellefonte Hospital
Ashland, KY

Pikeville Methodist Hospital
Pikeville, KY

Three Rivers Medical Center
Louisa, KY

University of Kentucky Hospital
Lexington, KY

MARYLAND

Cumberland Memorial Hospital
Cumberland, MD

Frederick Memorial Hospital
Cumberland, MD

Garrett County Memberial Hospital
Oakland, MD

Johns Hopkins Bayview Medical Center
Baltimore, MD

Washington County Hospital
Hagerstown, MD

NORTH CAROLINA

Duke University Medical Center
Durham, NC

North Carolina Baptist Hospital
Winston-Salem, NC

OHIO

Arthur G James Cancer Hospital and Research Institute
Columbus, OH

Belmont Community Hospital
Bellaire, OH

Cincinnati Children's Hospital Medical Center
Cincinnati, OH

Cleveland Clinic
Cleveland, OH

Columbus Children's Hospital
Columbus, OH

Convalescent Hospital for Children
Cincinnati, OH

East Liverpool City Hospital
East Liverpool, OH

East Ohio Regional Hospital
Martin's Ferry, OH

Holzer Medical Center
Gallipolis, OH

Lawrence County General Hospital
Ironton, OH

Marietta Memorial Hospital
Marietta, OH

Marietta Memorial Rehab Center
Marietta, OH

Ohio State University Medical Center
Columbus, OH

Selby General Hospital
Marietta, OH

Trinity Medical Center
Steubenville, OH

Veteran's Memorial Hospital
Pomeroy, OH

PENNSYLVANIA

Allegheny General Hospital
Pittsburgh, PA

Children's Hospital
Pittsburgh, PH

Magee-Women's Hospital
Pittsburgh, PA

Medical Center
Beaver, PA

Mercy Hospital
Pittsburgh, PA

North Hills Passavant Hospital
Pittsburgh, PA

St Francis Medical Center
Pittsburgh, PA

United Community Hospital
Grove City, PA

University of Pittsburg Medical Center
Pittsburgh, PA

UPMC Presbyterian
Pittsburgh, PA

UPMC Shadyside
Pittsburgh, PA

Western Pennsylvania Hospital
Pittsburgh, PA

VIRGINIA

Buchanan General Hospital
Grundy, VA

Carilion Giles Memorial Hospital
Pearisburg, VA

Carilion Medical Center for Children
Roanoke, VA

Roanoke Community Hospital
Roanoke, VA

Carilion New River Valley Medical Center
Christiansburg, VA

Clinch Valley Medical Center
Richlands, VA

Columbia Allegheny Regional Hospital
Low Moor, VA

Inova Fairfax Hospital
Fairfax, VA

Lewis-Gale Medical Center
Salem, VA

Medical College of Virginia
Richmond, VA

Rockingham Memorial Hospital
Harrisonburg, VA

Shenandoah Memorial Hospital
Woodstock, VA

Tazewell Community Hospital
Tazewell, VA

University of Virginia Health Sciences Center
Charlottesville, VA

Warren Memorial Hospital
Front Royal, VA

Winchester Medical Center
Winchester, VA

WASHINGTON DC

Children's National Medical Center
Washington DC

Please fax, email or mail to: Access2Care
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Attn: Shawn Seewald

Email: Shawn.Seewald @emsc.net
Fax: 303-495-1295

Phone: 303-495-1579

Access2Care

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List all counties in which you will provide transportation. (use additional space as needed)

1. Monongalia County
2. Preston
3. Harrison
4. Marion
5. _____
6. _____

Number of vehicles by type and capacity

	Number of vehicles	Seating Capacity
Basic Vehicle	1 minivan	4-6 (1 w/ wheel)
Enhanced Vehicle	Hightop (2)	8 (2 w/ wheelchair)
Bariatric		
Non-Emergency Ambulance		

This letter <u>does not</u> bind Access2Care or the transportation provider to any particular terms or conditions.

Name and Title: Valerie H Lomer, Executive Directa

Company Name: InTouch & Concerned

Address: 1877 Chaplin Rd,

City, State and Zip: Morgantown, WV 26501

Phone: 304-296-6109 E-mail: admin@itacw.org

Signature: V H Lomer Date: 12/3/13

Please fax, email or mail to: Access2Care
6200 South Syracuse Way, Suite 200
Greenwood Village, CO 80111

Email: Shawn.Seewald @emsc.net
Fax: 303-495-1295

Access2Care

Company Name: In Touch and Concerned

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Ashland, KY

Our Lady of Bellefonte Hospital
Ashland, KY

Pikeville Methodist Hospital
Pikeville, KY

Three Rivers Medical Center
Louisa, KY

University of Kentucky Hospital
Lexington, KY

MARYLAND

Cumberland Memorial Hospital
Cumberland, MD

Frederick Memorial Hospital
Cumberland, MD

Garrett County Memberial Hospital
Oakland, MD

Johns Hopkins Bayview Medical Center
Baltimore, MD

Washington County Hospital
Hagerstown, MD

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Duke University Medical Center
Durham, NC

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Winston-Salem, NC

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Columbus, OH

Belmont Community Hospital
Bellaire, OH

Cincinnati Children's Hospital Medical Center
Cincinnati, OH

Cleveland Clinic
Cleveland, OH

Columbus Children's Hospital
Columbus, OH

Convalescent Hosptial for Children
Cincinnati, OH

East Liverpool City Hospital
East Liverpool, OH

East Ohio Regional Hospital
Martin's Ferry, OH

Holzer Medical Center
Gallipolis, OH

Lawrence County General Hospital
Ironton, OH

Marietta Memorial Hospital
Marietta, OH

Marietta Memorial Rehab Center
Marietta, OH

Ohio State University Medical Center
Columbus, OH

Selby General Hospital
Marietta, OH

Trinity Medical Center
Steubenville, OH

Veteran's Memorial Hospital
Pomeroy, OH

PENNSYLVANIA

Allegheny General Hospital
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Children's Hospital
Pittsburgh, PH

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Pittsburgh, PA

Medical Center
Beaver, PA

Mercy Hospital
Pittsburgh, PA

North Hills Passavant Hospital
Pittsburgh, PA

St Francis Medical Center
Pittsburgh, PA

United Community Hospital
Grove City, PA

University of Pittsburg Medical Center
Pittsburgh, PA

UPMC Presbyterian
Pittsburgh, PA

UPMC Shadyside
Pittsburgh, PA

Western Pennsylvania Hospital
Pittsburgh, PA

VIRGINIA

Buchanan General Hospital
Grundy, VA

Carilion Giles Memorial Hospital
Pearisburg, VA

Carilion Medical Center for Children
Roanoke, VA

Roanoke Community Hospital
Roanoke, VA

Carilion New River Valley Medical Center
Christiensburg, VA

Clinch Valley Medical Center
Richlands, VA

Columbia Allegheny Regional Hospital
Low Moor, VA

Inova Fairfax Hospital
Fairfax, VA

Lewis-Gale Medical Center
Salem, VA

Medical College of Virginia
Richmond, VA

Rockingham Memorial Hospital
Harrisonburg, VA

Shenandoah Memorial Hospital
Woodstock, VA

Tazewell Community Hospital
Tazewell, VA

University of Virginia Health Sciences Center
Charlottesville, VA

Warren Memorial Hospital
Front Royal, VA

Winchester Medical Center
Winchester, VA

WASHINGTON DC

Children's National Medical Center
Washington DC

** Willing to work w/ any trip Pallows as scheduled

Please fax, email or mail to:

Access2Care
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Attn: Shawn Seewald

Email: Shawn.Seewald@emsc.net
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Access2Care

Letter of Commitment

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List all counties in which you will provide transportation. (use additional space as needed)

1. _____ 4. _____

2. _____ 5. _____

3. _____ 6. _____

Number of vehicles by type and capacity

	Number of vehicles	Seating Capacity
Basic Vehicle		
Enhanced Vehicle		
Bariatric		
Non-Emergency Ambulance		

This letter **does not** bind Access2Care or the transportation provider to any particular terms or conditions.

Name and Title: GEORGE LEVITSKY CCTM

Company Name: FAIRMONT-MARION CO. TRANSIT AUTHORITY

Address: 400 QUINCY ST

City, State and Zip: FAIRMONT WV 26554-3185

Phone: 304-366-8177 E-mail: FMCTA@WVDSL.NET

Signature: _____ Date: _____

Please fax, email or mail to:

Access2Care
6200 South Syracuse Way, Suite 200
Greenwood Village, CO 80111
Attn: Shawn Seewald

Email: Shawn.Seewald@emsc.net
Fax: 303-495-1295
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Access2Care

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List all counties in which you will provide transportation. (use additional space as needed)

1. Parkersburg & Vienna, WV only in Wood, CO.
2. _____
3. _____
4. _____
5. _____
6. _____

Number of vehicles by type and capacity

	Number of vehicles	Seating Capacity
Basic Vehicle	–	–
Enhanced Vehicle	–	–
Bariatric w/c Vehicle	21	16-24
Non-Emergency Ambulance	–	–

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Name and Title: Timothy P. Thomas General Manager

Company Name: Mid-Ohio Valley Transit Authority

Address: 520 Julian Street

City, State and Zip: Parkersburg, WV 26101

Phone: 304-422-4100 E-mail: Timothyt@EastRiverBus.com

Signature: Timothy P. Thomas Date: 11/26/13

Please fax, email or mail to:

Access2Care
6200 South Syracuse Way, Suite 200
Greenwood Village, CO 80111
Attn: Shawn Seewald

Email: Shawn.Seewald@emsc.net
Fax: 303-495-1295
Phone: 303-495-1579

Access2Care

Company Name: Mid-Ohio Valley Transit Authority

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Louisa, KY

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MARYLAND

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Cumberland, MD

Frederick Memorial Hospital
Cumberland, MD

Garratt County Memberial Hospital
Oakland, MD

Johns Hopkins Bayview Medical Center
Baltimore, MD

Washington County Hospital
Hagerstown, MD

NORTH CAROLINA

Duke University Medical Center
Durham, NC

North Carolina Baptist Hospital
Winston-Salem, NC

OHIO

Arthur G James Cancer Hospital and Research Institute
Columbus, OH

Belmont Community Hospital
Bellaire, OH

Cincinnati Children's Hospital Medical Center
Cincinnati, OH

Cleveland Clinic
Cleveland, OH

Columbus Children's Hospital
Columbus, OH

Convalescent Hospital for Children
Cincinnati, OH

East Liverpool City Hospital
East Liverpool, OH

East Ohio Regional Hospital
Martin's Ferry, OH

Holzer Medical Center
Gallipolis, OH

Lawrence County General Hospital
Ironton, OH

Marietta Memorial Hospital
Marietta, OH

Marietta Memorial Rehab Center
Marietta, OH

Ohio State University Medical Center
Columbus, OH

Selby General Hospital
Marietta, OH

Trinity Medical Center
Steubenville, OH

Veteran's Memorial Hospital
Pomeroy, OH

PENNSYLVANIA

Allegheny General Hospital
Pittsburgh, PA

Children's Hospital
Pittsburgh, PH

Magee-Women's Hospital
Pittsburgh, PA

Medical Center
Beaver, PA

Mercy Hospital
Pittsburgh, PA

North Hills Passavant Hospital
Pittsburgh, PA

St Francis Medical Center
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Western Pennsylvania Hospital
Pittsburgh, PA

VIRGINIA

Buchanan General Hospital
Grundy, VA

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Pearisburg, VA

Carilion Medical Center for Children
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Roanoke Community Hospital
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Clinch Valley Medical Center
Richlands, VA

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Lewis-Gale Medical Center
Salem, VA

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Shenandoah Memorial Hospital
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Tazewell, VA

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Charlottesville, VA

Warren Memorial Hospital
Front Royal, VA

Winchester Medical Center
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WASHINGTON DC

Children's National Medical Center
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Access2Care

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List all counties in which you will provide transportation. (use additional space as needed)

1. All Counties
2. _____
3. _____
4. _____
5. _____
6. _____

Number of vehicles by type and capacity

	Number of vehicles	Seating Capacity
Basic Vehicle	12	8 Passenger
Enhanced Vehicle		
Bariatric		
Non-Emergency Ambulance		

This letter <u>does not</u> bind Access2Care or the transportation provider to any particular terms or conditions.

Name and Title: Chris Westfall - Owner

Company Name: JCC Transportation

Address: 1916 Main Street

City, State and Zip: Wheeling WV 26003

Phone: 304 232 4580 E-mail: JCC.Transportation@Yahoo.com

Signature: Chris Westfall Date: 11-20-13

Please fax, email or mail to:

Access2Care
6200 South Syracuse Way, Suite 200
Greenwood Village, CO 80111
Attn: Shawn Seewald

Email: Shawn.Seewald@emsc.net
Fax: 303-495-1295

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Access2Care

Company Name: JCC TRANSPORTATION

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Pearisburg, VA

Carilion Medical Center for Children
Roanoke, VA

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Christiansburg, VA

Clinch Valley Medical Center
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Columbia Alleghany Regional Hospital
Low Moor, VA

Inova Fairfax Hospital
Fairfax, VA

Lewis-Gale Medical Center
Salem, VA

Medical College of Virginia
Richmond, VA

Rockingham Memorial Hospital
Harrisonburg, VA

Shenandoah Memorial Hospital
Woodstock, VA

Tazewell Community Hospital
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WASHINGTON DC

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Letter of Commitment

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List all counties in which you will provide transportation. (use additional space as needed)

1. Hancock Co. WV
2. Brooke Co. WV
3. Ohio Co. WV
4. Jefferson Co. OH
5. Belmont Co. OH
6. Columbiana Co OH
7) Allegheny, PA
8) Washington, PA
9) Beaver Co, PA

Number of vehicles by type and capacity

	Number of vehicles	Seating Capacity
Basic Vehicle	2	5
Enhanced Vehicle		
Bariatric		
Non-Emergency Ambulance		

This letter does not bind Access2Care or the transportation provider to any particular terms or conditions.

Name and Title: PAUL Colalella, Assistant Mgr

Company Name: Colalella Corp dba WeirCove Taxi

Address: 3075 Main St

City, State and Zip: Weirton WV 26062

Phone: 740-337-4172 E-mail: paulcolalella@yahoo.com

Signature: Paul Colalella Date: 11-2013

Company Name: WeirCove Taxi

Please fax, email or mail to: Access2Care
6200 South Syracuse Way, Suite 200
Greenwood Village, CO 80111

Email: Shawn.Seewald@emsc.net
Fax: 303-495-1295

Access2Care

Please note- the email/letter sent to us on Thurs + phone call Friday that it was due to Ryan Taylor - ?? Did you wait til last minute?

Letter of Commitment

Dear Transportation Provider,

Access2Care is interested in bidding to manage the Medicaid non-emergency transportation benefit for the state of West Virginia. We would like to add you to our portfolio of transportation providers to serve this need. Part of the state's bid process is to request ***Letters of Commitment*** from local transportation providers that are interested in providing NEMT services. ***This is <u>not a binding contract</u>*** but simply a letter stating your intent to work with Access2Care. By signing this LOC, you acknowledge and understand this letter does not change the status of services you are currently providing for the state administered program until coverage under the NEMT brokerage program begins. If you are interested in proceeding with this LOC, please complete the following information and email, fax or mail to the address below.

if Access2Care is successful bidder, & if they are chosen as bidder

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List all counties in which you will provide transportation. (use additional space as needed)

1. Kanawha
2. Putnam Boarderingle.
3. _____
4. _____
5. _____
6. _____

Number of vehicles by type and capacity

	Number of vehicles	Seating Capacity
Basic Vehicle	9	83 total
Enhanced Vehicle	4 wheelchair	30 total
Bariatric	N/A	
Non-Emergency Ambulance	N/A	

This letter <u>does not</u> bind Access2Care or the transportation provider to any particular terms or conditions.

Name and Title: Paulette Justice, Executive Director

Company Name: Kanawha Valley Senior Services, Inc.

Address: 2478 Kanawha Blvd., East

City, State and Zip: Charleston, WV 25311

Phone: 304-348-0707 E-mail: pjustice@KVSS.org

Signature: Paulette S Justice Date: 11-25-13

Please fax, email or mail to:

Access2Care
6200 South Syracuse Way, Suite 200
Greenwood Village, CO 80111
Attn: Shawn Seewald

Email: Shawn.Seewald@emsc.net
Fax: 303-495-1295
Phone: 303-495-1579

Access2Care

Company Name: KVSS - Kanawha County/WV only

Occasionally, specialized medical services are not available in a member's local area. Below are medical facilities in neighboring states that members may need to be transported to for services. Please circle all medical facilities you are willing to provide transportation to for West Virginia members.

KENTUCKY

King's Daughters Medical Center
Ashland, KY

Our Lady of Bellefonte Hospital
Ashland, KY

Pikeville Methodist Hospital
Pikeville, KY

Three Rivers Medical Center
Louisa, KY

University of Kentucky Hospital
Lexington, KY

MARYLAND

Cumberland Memorial Hospital
Cumberland, MD

Frederick Memorial Hospital
Cumberland, MD

Garrett County Memberial Hospital
Oakland, MD

Johns Hopkins Bayview Medical Center
Baltimore, MD

Washington County Hospital
Hagerstown, MD

NORTH CAROLINA

Duke University Medical Center
Durham, NC

North Carolina Baptist Hospital
Winston-Salem, NC

OHIO

Arthur G James Cancer Hospital and Research Institute
Columbus, OH

Belmont Community Hospital
Bellaire, OH

Cincinnati Children's Hospital Medical Center
Cincinnati, OH

Cleveland Clinic
Cleveland, OH

Columbus Children's Hospital
Columbus, OH

Convalescent Hosptial for Children
Cincinnati, OH

East Liverpool City Hospital
East Liverpool, OH

East Ohio Regional Hospital
Martin's Ferry, OH

Holzer Medical Center
Gallipolis, OH

Lawrence County General Hospital
Ironton, OH

Marietta Memorial Hospital
Marietta, OH

Marietta Memorial Rehab Center
Marietta, OH

Ohio State University Medical Center
Columbus, OH

Selby General Hospital
Marietta, OH

Trinity Medical Center
Steubenville, OH

Veteran's Memorial Hospital
Pomeroy, OH

PENNSYLVANIA

Allegheny General Hospital
Pittsburgh, PA

Children's Hospital
Pittsburgh, PH

Magee-Women's Hospital
Pittsburgh, PA

Medical Center
Beaver, PA

Mercy Hospital
Pittsburgh, PA

North Hills Passavant Hospital
Pittsburgh, PA

St Francis Medical Center
Pittsburgh, PA

United Community Hospital
Grove City, PA

University of Pittsburg Medical Center
Pittsburgh, PA

UPMC Presbyterian
Pittsburgh, PA

UPMC Shadyside
Pittsburgh, PA

Western Pennsylvania Hospital
Pittsburgh, PA

VIRGINIA

Buchanan General Hospital
Grundy, VA

Carilion Giles Memorial Hospital
Pearisburg, VA

Carilion Medical Center for Children
Roanoke, VA

Roanoke Community Hospital
Roanoke, VA

Carilion New River Valley Medical Center
Christiansburg, VA

Clinch Valley Medical Center
Richlands, VA

Columbia Allegheny Regional Hospital
Low Moor, VA

Inova Fairfax Hospital
Fairfax, VA

Lewis-Gale Medical Center
Salem, VA

Medical College of Virginia
Richmond, VA

Rockingham Memorial Hospital
Harrisonburg, VA

Shenandoah Memorial Hospital
Woodstock, VA

Tazewell Community Hospital
Tazewell, VA

University of Virginia Health Sciences Center
Charlottesville, VA

Warren Memorial Hospital
Front Royal, VA

Winchester Medical Center
Winchester, VA

WASHINGTON DC

Children's National Medical Center
Washington DC

Please fax, email or mail to: Access2Care
6200 South Syracuse Way, Suite 200
Greenwood Village, CO 80111
Attn: Shawn Seewald

Email: Shawn.Seewald @emsc.net
Fax: 303-495-1295

Phone: 303-495-1579

Access2Care

Letter of Commitment

Dear Transportation Provider,

Access2Care is interested in bidding to manage the Medicaid non-emergency transportation benefit for the state of West Virginia. We would like to add you to our portfolio of transportation providers to serve this need. Part of the state's bid process is to request ***Letters of Commitment*** from local transportation providers that are interested in providing NEMT services. ***This is not a binding contract*** but simply a letter stating your intent to work with Access2Care. By signing this LOC, you acknowledge and understand this letter does not change the status of services you are currently providing for the state administered program until coverage under the NEMT brokerage program begins. If you are interested in proceeding with this LOC, please complete the following information and email, fax or mail to the address below.

My company intends to work with *Access2Care* to provide non-emergency transportation services, provided that the rates and contract terms are agreeable. Any contract with *Access2Care* for services under the Medicaid brokerage program is subject to the rules and regulations of the state.

List all counties in which you will provide transportation. (use additional space as needed)

1. _____ 4. _____
2. _____ 5. _____
3. _____ 6. _____

Number of vehicles by type and capacity

	Number of vehicles	Seating Capacity
Basic Vehicle	12	5 EACH
Enhanced Vehicle		
Bariatric		
Non-Emergency Ambulance		

This letter does not bind Access2Care or the transportation provider to any particular terms or conditions.

Name and Title: TIM W HALL OWNER

Company Name: OHIO VALLEY CABS / DELIVERY SERVICE LLC

Address: 311 LANCASTER ST

City, State and Zip: MARIETTA OH 45750

Phone: 740-374-8294 E-mail: THALL7014@YAHOO.COM

Signature: _____ Date: 12-5-13

Please fax, email or mail to:

Access2Care
6200 South Syracuse Way, Suite 200
Greenwood Village, CO 80111
Attn: Shawn Seewald

Email: Shawn.Seewald@emsc.net
Fax: 303-495-1295
Phone: 303-495-1579

Access2Care

SUBCONTRACTOR AGREEMENT

THIS SUBCONTRACTOR AGREEMENT is made between Access2Care, LLC ("A2C") and the subcontractor (the "Subcontractor") set out on the signature page of this Agreement. This Agreement is effective as of the Commencement Date as defined in Schedule "A".

WHEREAS, A2C on occasion needs subcontractors to provide medical transportation, non-medical transportation ambulance, paratransit and wheelchair services to A2C customers in various locations;
WHEREAS, A2C manages non-emergency transportation. As such we use subcontractors to provide non-emergency medical transportation for our clients who request such services. ;

WHEREAS, A2C wishes to retain Subcontractor to perform certain tasks in furtherance of this effort as set forth in this Agreement; and

WHEREAS, Subcontractor wishes to perform, and is capable of performing such tasks upon request by A2C.

NOW THEREFORE, in consideration of the foregoing and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

1. **Provision of Services.** Subcontractor will provide the transportation services described in Schedule "A" hereto (the "Services") to Clients or Recipients (collectively referred to as "Recipients") on the conditions, if any, described in Schedule "A" and in the service area(s) described in Schedule "A" (the "Service Area"), only when and as requested by A2C.

2. **Compliance with Laws.** The parties will comply in all material respects with all applicable federal and state laws and regulations, including the federal Anti-kickback statute, and shall submit to the State all documentation necessary for Subcontractor to provide the services more specifically described herein. Subcontractor's vehicles will conform to applicable state regulations and be duly licensed for the transportation of Recipients. All Subcontractor personnel staffing vehicles that provide the Services will be licensed or certified as required by applicable law.

3. **Term.** The initial term of this Agreement shall be one (1) year, commencing on the Commencement Date set out in Schedule "A" hereof, and this Agreement shall automatically renew for subsequent one-year periods thereafter, subject to the termination rights herein. The initial term and all renewal periods shall be cumulatively referred to as the "Term".

4. **Termination.** Each party may terminate this Agreement: (a) at any time without cause and at its sole discretion upon sixty (60) days written notice to the other party; or (b) upon the material breach of this Agreement by the other party if such breach is not cured within thirty (30) days of written notice thereof to the other party. Notwithstanding the foregoing, A2C may terminate this Agreement immediately upon: (i) the failure of Subcontractor to respond to requests by A2C for the provision of Services to Recipients within the Service Area or (ii) following Subcontractor's loss or suspension of licensure necessary for the provision of the Services or reduction or loss of Subcontractor's insurance coverage.

5. **Scheduling of Services**. A2C shall schedule and request any and all Services to be provided by Subcontractor pursuant to this Agreement. All Services will be scheduled according to the procedures provided for in the Network Provider Requirements, as modified from time to time by A2C in its sole discretion and attached hereto as Schedule C and incorporated herein by this reference.

6. **No Utilization Obligation**. A2C does not guarantee any level of utilization of Subcontractor and A2C is under no obligation to utilize Subcontractor for any Services.

7. **Standards for Services.** Subcontractor represents and warrants that (a) any and all Services shall be provided in accordance with prevailing industry standards of quality and care applicable to the Services provided; (b) any and all Services rendered shall be performed in a good and workmanlike manner; (c) Subcontractor shall comply with all requirements of A2C's Network Provider Requirements as may be modified by A2C from time to time and which is attached hereto as Schedule "C" and incorporated herein by this reference; The parties acknowledge and agree that all references to specific sections of the Network Provider requirements are based on the requirements in place at the time of execution of this agreement. In the event a revision to the requirements causes those section references to change, the current and prevailing Network Provider requirements shall prevail.

8. **Trip Management**. Subcontractor acknowledges and agrees that they will satisfy all requirements of the Network Provider Requirements as it relates to the manner in which the services, activities, and tasks are to be performed as well as requirements for pickup and delivery of all participants.

9. **Compensation and Billing.** Prior to or at the commencement of any scheduled Service, A2C shall instruct Subcontractor to bill either: (i) a third-party payor or Patient; or (ii) A2C.

(i) *Services billed to Payors or Patients.* If A2C directs Subcontractor to bill a third-payor or Patient, A2C will provide Subcontractor with Patient billing information, including all documentation available to A2C that is necessary for third-party payor reimbursement and determination of medical necessity when applicable. Subcontractor shall be responsible for all Patient and third party billing and shall bill in accordance with all applicable laws and any applicable membership agreement between a Patient and health plan. Subcontractor shall not seek payment from A2C or A2C's customer for any such Services and neither A2C nor its customer shall have any financial responsibility for such Services.

(ii) *Services billed to A2C.* For any Services for which A2C has accepted responsibility for payment and A2C has provided Subcontractor with an authorization number, A2C shall pay Subcontractor within twenty-one (21) days of receipt of an invoice in a format reasonably acceptable to A2C. Subcontractor shall submit its invoice within forty-five (45) days of the date that Services were provided by Subcontractor – failure to submit its invoice within this time period will result in non-payment by A2C to Subcontractor. Subcontractor shall not seek payment from A2C's customer, the Patient or any third-party payor for any such Services. A2C shall reimburse Subcontractor at the rates set forth in Schedule "B" and Subcontractor shall accept the rates in Schedule "B". Provided that A2C has authorized the Subcontractor to bill the Patient, the preceding sentence shall not preclude Subcontractor from billing a Patient for any Patient responsible amounts under the requirements of the Patient's applicable health plan membership agreement, e.g., co-payment, co-insurance or deductible.

10. **Record Retention.** Subcontractor will retain books and records respecting Services rendered to Patients for the greater of ten (10) years or the time periods required under all applicable laws (including the requirements of the Secretary of Health and Human Services ("HHS")) and allow access to such books and records by duly authorized agents of the Secretary of HHS, the Comptroller General and others to the extent required by law.

11. **Compliance with the terms of A2C's contract with the client.** Subcontractor acknowledges and agrees that Subcontractor shall comply with all mandatory terms and conditions of A2C's contract with the client.

12. **Injury to an A2C Passenger**. If an A2C passenger is injured while being transported, Subcontractor shall submit a claim through their insurance first, and through A2C's insurance if Subcontractor's insurance does not cover the costs associated with the incident.

13. **Audit Rights.** Subcontractor shall, within a reasonable amount of time after written notice from A2C provide representatives of A2C or the U.S. Government (as specified in the notice), with access to all records, documents, fiscal and accounting data, and other information (whether in paper form, microform, electronic media or other form) that relate to this Agreement. This obligation of Subcontractor shall survive for a period of three (3) years following final payment under this Agreement or until such later time as required under applicable law and regulation.

14. **Indemnity**. Each party will indemnify and hold the other party harmless from and against liability claims resulting from or alleged to result from any negligence or willful misconduct of the indemnifying party related to the performance of this Agreement.

15. **Dispute Resolution.** Subcontractor acknowledges and agrees that in the event of a dispute arising out of the relationship between A2C and the Subcontractor and the services provided for herein, Subcontractor shall look solely to A2C to resolve this dispute, and at no time, shall Subcontractor pursue a resolution of any dispute related to this Agreement with either the client or any agency thereof. All disputes involving payment of claims shall be resolved according the procedure outlined in the Claims Appeals Process in the Network Provider Procedure Manual. If necessary, a dispute shall be resolved in a court of competent jurisdiction and according to the laws of the State.

16. **Default by A2C.** In the instance of default by A2C, the Agreements and all rights and obligations associated therewith shall pass to the client or its duly appointed agent for the continued provision of the services more specifically described herein. Subcontractor acknowledges and agrees that in the event the client assumes responsibility for this Agreement, all terms, conditions, and rates established herein shall remain in effect until or unless renegotiated by the client or its agent unless otherwise terminated immediately by the client in its sole discretion.

17. **Insurance**. Subcontractor currently maintains and will maintain during the Term of this Agreement liability insurance policies for claims that may be made against Subcontractor arising out of the Services under this Agreement. Subcontractor shall maintain comprehensive general and automobile liability coverage with limits no less than Insert Amount per occurrence

and Insert Amount annual aggregate and other such coverage as required by the State. Subcontractor shall maintain workers' compensation insurance in the statutory required amounts. Subcontractor shall cause A2C to be added as an additional insured to all such policies. Subcontractor shall provide to A2C upon execution of this Agreement certificates of insurance evidencing coverage. Coverage shall not be changed or modified without at least thirty (30) days prior written notice to A2C. Further, Subcontractor's insurance shall be primary in the event of any claim resulting from Services provided by Subcontractor and shall be exhausted in full prior to any contribution from any other source. Subcontractor shall also be solely responsible for any and all damages or repairs to its owned, leased or contracted vehicles used in providing Services under this Agreement.

18. **Notices**. Any notice required or permitted by this Agreement shall be in writing and shall be delivered as follows, with notice deemed given as indicated: (a) by personal delivery, when delivered personally; (b) by overnight courier, upon written verification of receipt; (c) by facsimile transmission, upon acknowledgment of receipt of electronic transmission; or (d) by certified or registered mail, return receipt requested, upon verification of receipt. Notice shall be sent to the following addresses:

IF TO SUBCONTRACTOR:

Insert Subcontractor Contact
Insert Subcontractor Legal Name
Insert Street Address
Insert City, State, Zip

IF TO A2C:

Government and National Services Dept.
American Medical Response
~~6200 South Syracuse Way, Suite 200~~6363 S. Fiddler's Green Circle, Suite 1400
Greenwood Village, Colorado 80111

With Mandatory Copy to:

Legal Department
American Medical Response, Inc.
~~6200 South Syracuse Way, Suite 200~~6363 S. fiddler's Green Circle, Suite 1400
Greenwood Village, Colorado 80111

19. **Confidentiality.** All information with respect to the operations and business of a party (including but not limited to the rates charged hereunder) and any other information considered to be and treated as confidential by that party gained during the negotiation or Term of this Agreement will be held in confidence by the other party and will not be divulged to any unauthorized person without prior written consent of the other party, except for access required by law, regulation and third party reimbursement agreements. The obligations under this section shall not apply to information which (a) at the time of disclosure is in the public domain or, after disclosure, enters the public domain other than by breach of this Agreement; or (b) is already in the possession of the recipient at the time of disclosure and is not acquired from the other Party; or (c) is later received on a non-confidential basis from a third Party having the right to impart such information; or (d) is independently developed by the recipient's employees who did not have access to such information in connection with this Agreement.

20. **HIPAA Compliance.** Each party shall comply with the privacy and security provisions of the *Health Insurance Portability and Accountability Act of 1996* and the regulations thereunder ("HIPAA"), and with such other requirements of HIPAA that may become effective during the Term. All patient medical records shall be treated as confidential so as to comply with all state and federal laws. The Subcontractor shall report in writing to A2C any use or disclosure of Protected Health Information ("PHI") not provided for or allowed by the SUBCONTRACTOR AGREEMENT immediately upon becoming aware of the same.

21. **CMS Required Contract Provisions-42 CFR 422.** (i) *Privacy and Accuracy of Records*: Providers and suppliers agree to safeguard beneficiary privacy and confidentiality and assure the accuracy of beneficiary health records. 422.504(a)13. (ii) *Hold Harmless for MAs offering SNPs*: For all Medicare Advantage ("MA") organizations with enrollees eligible for both Medicare and Medicaid, such enrollees will not be held liable for Medicare Part A and B cost sharing when the State is responsible for paying such amounts, and inform providers of Medicare and Medicaid benefits and rules for enrollees eligible for Medicare and Medicaid. The MA plans may not impose cost sharing that exceeds the amount of cost sharing that would be permitted with respect to the individual under the XIX if the individual were not enrolled in such plan. Subcontractor will accept the MA plan payment as payment in full, or bill the appropriate State source.

22. **Relationship.** In the performance of this Agreement, each party shall be, as to the other, an independent contractor, and neither party shall have the right or authority, express or implied, to bind or otherwise legally obligate the other. Nothing contained within this Agreement shall be construed to constitute either party assuming or undertaking control or direction of the operations,

activities or medical care rendered by the other. As to either party's employees, nothing contained herein shall be construed in such a manner as to give effect to the notion that either party shall in anyway assume responsibility for the oversight or provision of the other party's employee benefits, including but not limited to the payment of wages, provision of health insurance, or any and all other commonly accepted benefits of employment.

23. **Compliance Program and Code of Conduct**. A2C has made available to the Subcontractor a copy of its Code of Conduct, Anti-kickback policies and other compliance policies, as may be changed from time-to-time, at A2C's web site, located at: www.Access2care.net, and the Subcontractor acknowledges receipt of such documents. A2C warrants that its personnel shall comply with A2C's compliance policies, including training related to the Anti-kickback Statute.

24. **Non-Exclusion.** Each party represents and certifies that neither it nor any practitioner who orders or provide Services on its behalf hereunder has been convicted of any conduct that constitutes grounds for mandatory exclusion as identified in 42 U.S.C.§ 1320a-7(a). Each party further represents and certifies that it is not ineligible to participate in Federal health care programs or in any other state or federal government payment program. Each party agrees that if OIG excludes it, or any of its practitioners or employees who order or provide Services, from participation in Federal health care programs, the party must notify the other party within five (5) days of knowledge of such fact, and the other party may immediately terminate this Agreement, unless the excluded party is a practitioner or employee who immediately discontinues ordering or providing Services hereunder.

25. **Vehicle and Personnel Requirements.** Subcontractor acknowledges and agrees that all vehicles and personnel utilized to provide the Services shall comply with the requirements included within the Network Provider Requirements and any other applicable sections as may be added from time to time by A2C.

26. **Training Requirements**. Subcontractor acknowledges and agrees that all personnel shall be trained and oriented according to the Network Provider Requirements.

27. **Background Investigation**. Subcontractor warrants and represents that it has performed a background investigation on employees that provide patient care services or drive vehicles. The investigation report includes the following:

    a. Social Security Number Verification

    b. Criminal Search

    c. Employment Verification to include reason for separation and eligibility for re-employment for each employer for 7 years

    d. OIG List of Excluded Individuals/Entities

    e. Sex Offender Registry

    f. GSA List of Parties Excluded from Federal Programs

    g. Department of Motor Vehicle Driving History

    h. State and Local Licensure Verification

    i. Drug Screen

    Upon request and from time-to-time, Subcontractor shall provide A2C with a continuing certification.

28. **Referrals**. It is not the intent of either party that any remuneration, benefit or privilege provided for under this Agreement shall influence or in any way be based on the referral or recommended referral by either party of Recipients to the other party or its affiliated providers, if any, or the purchasing, leasing or ordering of any services other than the specific services described in this Agreement. Any payments specified herein are consistent with what the parties reasonably believe to be a fair market value for the services provided. Subcontractor represents and warrants that the rates and pricing that it has accepted do not place it in violation of any federal or state anti-kickback statute.

29. **Other.** During the term of this Agreement and for a period of six (6) months following termination of this Agreement: Subcontractor shall not provide transportation services to any A2C customer that Subcontractor has rendered Services to under this Agreement, either directly or through a network of providers or intermediary other than A2C; or (ii) solicit any such A2C customer to obtain transportation services from Subcontractor either directly or through such other network or intermediary in the Service Area.

30. **Equal Employment Opportunity**. If the provisions of Executive Order 11,246 are applicable to this Agreement, the parties incorporate the equal employment opportunity clause set forth in 41 C.F.R. part 60-1. If the provisions of Executive Order 13,201 are applicable to this Agreement, the parties incorporate the equal employment opportunity clause set forth in 29 C.F.R. part 470.

31. **Miscellaneous.** This Agreement (including the Schedules hereto): (a) constitutes

the entire agreement between the parties with respect to the subject matter hereof, superseding all prior oral or written agreements with respect thereto; (b) may be amended only by written instrument executed by both parties; (c) may not be assigned by either party without the written consent of the other party, such consent not to be unreasonably withheld; (d) shall be binding on and inure to the benefit of the parties hereto and their respective successors and permitted assigns; (e) shall be interpreted and enforced in accordance with the laws of the state where the Services are performed, without regard to the conflict of laws provisions thereof, and the federal laws of the United States applicable therein; (f) may be executed in several counterparts (including by facsimile), each of which shall constitute an original and all of which, when taken together, shall constitute one agreement; and (g) shall not be effective until executed by both parties. In the event of a conflict between this Agreement and any Schedule hereto, the terms of this Agreement shall govern.

[Signature Page To Follow]

IN WITNESS WHEREOF, the parties have hereto executed this Agreement.

Access2Care, LLC

By: _____
Matt McCormick
Vice President, Managed Transportation

Insert Legal Name of Subcontractor

By: _____

Print Name: _____

Print Title: _____

Access2Care

SCHEDULE "A"

I. Services:

A. Transportation Services

If checked, Subcontractor shall provide the following transportation services (the "Services"):

☐ "Advanced Life Support" or "ALS";

☐ "Basic Life Support Service" or "BLS";

☐ "Specialty/Critical Care Transportation" or "SCT" or "CCT" or Neonatal Transports;

☐ "Wheelchair Van" non-Ambulance ground transportation provided for non-ambulatory patients;

☐ "Non-Medical Stretcher Van" non-Ambulance ground transportation provided for non-ambulatory patients;

☐ "Ambulatory Services" non-Ambulance and non-Wheelchair transportation provided to ambulatory patients; or

☐ "Other" _____

II. Service Area:

Services shall be provided in and around Insert Area and in other locations as may be agreed upon by the parties.

III. Commencement Date

The Commencement Date referred to in Section 3 of this Agreement shall be: Insert Start Date .

IV. Scheduling Requirements

In accordance with Section 5 of the Agreement, different or additional Subcontractor scheduling requirements shall be:

Insert Other Requirements or Indicate None

V. Additional Requirements

Additional Subcontractor administrative and operational requirements shall be set forth by in the Manual identified below:

Insert Manual Name or Indicate None

Access2Care

SCHEDULE "B"
RATES

Ambulance Services	HCPC	Rate
BLS Non-Emergency (one way)	A0428	**$ Insert Rate or Insert N/A**
BLS Emergency (one way)	A0429	**$ Insert Rate or Insert N/A**
ALS Non- Emergency (one way)	A0426	**$ Insert Rate or Insert N/A**
ALS-Emergency (one way)	A0427	**$ Insert Rate or Insert N/A**
Specialty/Critical Care Transport-SCT/CCT (one way)	A0434	**$ Insert Rate or Insert N/A**
Mileage, per urban mile	A0425	**$ Insert Rate or Insert N/A**

Other Services	HCPC	Rate
Wheelchair Van (one way)	A0130	**$ Insert Rate or Insert N/A**
Wheelchair Van mileage	S0209	**$ Insert Rate or Insert N/A**
Ambulatory (one way)	A0120	**$ Insert Rate or Insert N/A**
Ambulatory mileage	A0215	**$ Insert Rate or Insert N/A**
Non-Medical Stretcher Van (one way)	T2005	**$ Insert Rate or Insert N/A**
Non-Medical Stretcher Van mileage	T2009	**$ Insert Rate or Insert N/A**
Other	A0999	**$ Insert Rate or Insert N/A**

A2C does not pay for "No Shows", "Dry Runs" or "Deadhead" miles.

Access2Care

SCHEDULE "C"

NETWORK PROVIDER REQUIREMENTS

1.0 Transportation Provider Requirements

1.1 Transportation Provider agrees not to differentiate or discriminate in the treatment of any passenger on the basis of sex, marital status, age, race, color, national origin, ancestry, religion, disability, medical condition, veteran status, political affiliation, economical status, or sexual orientation.

1.2 Transportation Provider shall provide drivers with visible employee picture identification card, picture ID badge or uniform with name for security and identification purposes.

1.3 Transportation Providers must comply with all applicable State and Federal laws including, but not limited to, the Americans With Disabilities Act (ADA) of 1990; Federal Transit Administration (FTA) regulations (including FTA's drug and alcohol regulations); the Federal Highway Administration's drug and alcohol regulations' Rehabilitation Act of 1973, Section 504; the requirements of 42 Code of Regulations, Part 431, Subpart F; and Title VII of the Civil Rights Act of 1964.

2.0 Transportation Provider Operational Requirement

2.1 Transportation Providers must obtain and maintain current status on any and all business licenses, permits, certificates, and registrations that are required by Federal, State or local laws, rules and regulations

2.2 During normal business hours the transportation provider's must be staffed so that all calls from A2C can be answered by a "live" person, not by an answering machine or answering service.

2.2.1 If a transport happens before or after normal business hours, A2C must have a way of contacting the transportation provider / driver during those times when the office is not open.

2.3 All records must be kept in secure files for a minimum of ten (10) years and be readily accessible to A2C staff within 2 business days without additional expense to A2C.

2.4 Transportation Provider agrees to work with A2C to respond to all complaints within[Client Requirements].

2.4.1 Transportation Providers understands that not responding to complaints may result in Corrective Action.

2.5 Transportation Provider agrees to cooperate in all on-site visits of the Transportation Provider's place of business and inspection of business records and vehicles.

2.6 Transportation Provider may not solicit or accept any money from any passengers you transport for A2C.

2.7 Transportation Provider agrees to follow A2C accident and incident process.

2.7.1 Transportation Provider must report all incidents, accident and injuries occurring while the Transportation Provider is transporting any A2C passenger(s) with [client requirements].

2.7.2 Transportation Provider must have a form to document all information about the accident/incident. This form must be approved by A2C.

2.7.3 Transportation provider must request a copy of the police report and must forward the report to A2C as soon as possible.

3.0 Driver/Attendants/Escorts Requirements

3.1 Drivers and attendants/escorts are required to wear visible identification badges or similar items so staff is easily identified as employees of your company;

3.2 All drivers /attendants/escorts must be at least 18 years of age;

3.3 All drivers must have a current valid driver's license to operate the transportation vehicle to which they are assigned;

3.4 Drivers must have no more than one chargeable accidents or two moving violations in the last three years;

3.5 Drivers must not have a driver's license suspension or revocation for moving traffic violations within the previous five years;

3.6 All drivers /attendants/escorts must have a current background checks. Current means no more than 1 year old;

3.7 All drivers /attendants/escorts cannot be on any state or federal Sex Offender Registry;

3.8 Drivers /attendants/escorts must not have been convicted of any felony crime and/or misdemeanor related to health care fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct; elder abuse; patient abuse in connection with the delivery of a health care item or service; unlawful manufacture, distribution, prescription, or dispensing of a controlled substance; and any felony or misdemeanor conviction for child abuse, elderly abuse, domestic violence, criminal sexual conduct, drugs or weapons;

3.9 All drivers /attendants/escorts must be courteous, patient, and helpful to all passengers and be neat and clean in appearance;

3.10 Drivers /attendants/escorts shall NOT use alcohol, narcotics, medical marijuana, illegal drugs or drugs that impair ability to perform while on duty and shall NOT abuse alcohol or drugs at any time. The transportation provider shall not use drivers who are known abusers of alcohol or known consumers of narcotics or drugs/medications that would endanger the safety of recipients, whether those drugs are legally prescribed or not.

3.11 All transportation providers must implement a verifiable 5-panel drug-testing program for drivers. Pre-employment, post-accident, and random drug screens covering more than 50% of the drivers each year shall be mandatory;

3.12 Drivers /attendants/escorts must not smoke while in the vehicle, or while in the presence of any A2C passenger;

3.13 Drivers must not wear any type of headphones at any time while on duty, with the exception of hands-free headsets for mobile telephones if this is the company communication device;

3.14 If a non curbside pick-up is being made, drivers must identify themselves, show their identification and announce their presence at the entrance of the facility or residence;

3.15 Drivers must assist A2C passengers getting into and out of the vehicle and confirm that all seat belts are fastened;

3.15.1 No A2C passenger will be transported unless all passengers are buckled;

3.16 The number of persons in the vehicle, including the driver, must not exceed the vehicle manufacturer's approved seating capacity;

3.17 Drivers must ensure A2C passengers in wheelchairs are properly secured prior to departure and at all times while in transit;

3.18 Upon arrival at the destination, the vehicle should be parked or stopped so that A2C passengers do not have to cross streets to reach the entrance of their destination.

3.19 Drivers must not leave passengers unattended in the vehicle;

3.20 Drivers must not touch any recipient except as appropriate and necessary to assist the A2C passengers into or out of the vehicle, into a seat, to secure the seat belt, or to render first aid or assistance for which the driver has been trained.

3.21 Drivers /attendants/escorts are expected to follow company and broker guidelines for HIPAA compliance by keeping all A2C passengers protected health information (PHI) confidential. It should not be visible to other recipients/passengers, and drivers must not discuss this information with anyone who is not involved with the recipient's treatment or connected health care services.

4.0 Required Training

4.1 A2C requires and is willing to assist transportation providers with establishing an on-going training program that includes at a minimum:

- **4.1.1** Passenger Assistance Training (PAT);
- **4.1.2** Defensive driving;
- **4.1.3** Use of common assistive devices such as wheelchairs, walkers, etc;
- **4.1.4** Methods of handling wheelchairs, scooters;
- **4.1.5** Methods of moving, lifting and transferring passengers with mobility limitations;
- **4.1.6** Operation of lifts, ramps and wheelchair securement devices;
- **4.1.7** CPR and basic first aid;
- **4.1.8** Customer service;
- **4.1.9** Vehicle emergency evacuation;
- **4.1.10** Recognize emergencies (what does an operator need to do in the event of a life-threatening emergency);
- **4.1.11** Behind the wheel training (hands-on operator training to ensure safe driving habits)
- **4.1.12** Handling Blood borne Pathogens;
- **4.1.13** Passenger Assistance – transferring, loading, unloading;
- **4.1.14** HIPAA Compliance

4.2 Transportation providers must maintain sign in sheets or logs of all training provided to all drivers /attendants/escorts . These logs must be included in the staff files and available for review by A2C.

5.0 Vehicle Requirements

5.1 All vehicles must pass A2C inspection prior to transporting Medicaid recipients.

5.2 All vehicles used to transport passengers will be inspected annually.

5.3 All vehicles must be equipped with adequate and functioning heating and air-conditioning systems.

5.3.1 Functionality must be defined by temperature readings from the rear of the vehicle, achieving air conditioning to 68 degrees and heating to 72 degrees.

5.4 All vehicles shall have functioning, clean and accessible seat belts for each passenger seat position. Each vehicle shall utilize child safety seats when transporting children under age six (6).

5.5 Seat belts must be stored off the floor when not in use.

5.6 Each vehicle must have at least two (2) functional seat belt extensions available.

5.7 Each vehicle must be equipped with at least one seat belt cutter within easy reach of the driver.

5.8 All vehicles must have an accurate speedometer and odometer.

5.9 All vehicles must have two exterior rear view mirrors, one on each side of the vehicle.

5.10 All vehicles must be equipped with an interior mirror for monitoring the passenger compartment.

5.11 The exterior of the vehicle must be

5.11.1 clean;

5.11.2 free of broken mirrors or windows;

5.11.3 excessive grime,

5.11.4 have no major dents or paint damage that detract from the overall appearance of the vehicle.

5.12 The interior of the vehicle must be

5.12.1 clean;

5.12.2 free from torn upholstery;

5.12.3 floor or ceiling covering;

5.12.4 free from damaged or broken seats;

5.12.5 free from protruding sharp edges;.

5.12.6 must also be free of dirt, oil, grease and litter.

5.13 Vehicles will be free of hazardous debris or unsecured items and will be operated within the manufacturers safe operating standards at all times.

5.14 All vehicles shall have the transportation provider's name, vehicle number, and the vendor's toll free and local phone number prominently placed within the interior of each vehicle.

5.15 The vehicle license number, the A2C's transportation scheduling toll-free phone number and a local phone number for the broker must be prominently displayed on the interior of each vehicle.

5.16 Smoking is prohibited in all vehicles at all times.

5.17 All vehicles must have the following signs posted in all vehicle interiors, easily visible to the passengers:

5.17.1 "NO SMOKING"

5.17.2 "ALL PASSENGERS MUST USE SEAT BELTS

5.18 Vehicles must carry an information packet containing vehicle registration, insurance card, and accident procedures and forms.

5.19 Vehicles must be equipped with a first aid kit.

5.20 Each vehicle shall contain a current map of the applicable State(s) with sufficient detail to locate recipients and medical providers.

5.21 Vehicles must be equipped with a "spill kit" including: liquid spill absorbent, latex gloves, hazardous waste disposal bags, scrub brush, disinfectant and deodorizer.

5.22 Non-compliance: Any vehicle or driver found out of compliance with any of these requirements or any State or Federal regulations must be removed from service immediately.

5.23 Wheelchair/Stretcher Vehicles

5.23.1 When a Transportation Provider utilizes a high profile/tall vehicle to transport A2C passengers that has greater ground clearance than an average-sized sedan, Transportation Provider must provide a sturdy, non-skid, stepping aid to assist the passenger in entering and exiting the vehicle. This stepping aid must be capable of safely supporting 300 pounds, must be no higher than twelve inches (12") above the ground, with a nonskid top surface not less than eight inches by twelve inches (8" x 12").

5.23.2 For all vehicles used for paralift operations, the overhead clearance between the top of the door opening and the raised lift platform, or highest point of ramp, shall be a minimum of 56 inches, or such other distance as may be required by ADA or other federal or state laws or regulations.

5.23.3 All wheelchair lifts must have a design load of at least 600 pounds.

5.23.4 All ramps used for the loading and unloading of passengers must meet ADA Accessibility Guidelines.

5.23.5 All tie-downs or other securement devices used for paralift operations must meet the ADA Accessibility Guidelines.

6.0 Vehicle Maintenance

6.1 Network transportation providers must have a comprehensive Preventive Maintenance (PM) program for all vehicles and equipment used for members.

6.2 The required maintenance program will include:

6.2.1 Inspected and serviced in accordance with manufacturer recommendations

6.2.2 A vehicle maintenance file for each vehicle that includes records of all maintenance actions, including but not limited to:

6.2.3 Servicing,

6.2.4 Preventive maintenance inspections,

6.2.5 Repairs,

6.2.6 Brake adjustments,

6.2.7 Any bodywork,

6.2.8 Documentation of vehicle inspection,

6.2.9 Repair and replacement of associated equipment, such as radios.

6.2.10 Records of inspections conducted by an entity with jurisdiction, if applicable and certification that the vehicle passed inspection.

6.3 Providers should be able to demonstrate documented operational and safety checks (pre-and post-trip inspection) at the beginning of each workday. These include a check of:

6.3.1 Tires,

6.3.2 Brakes,

6.3.3 Lights,

6.3.4 Horn,

6.3.5 Fluids,

6.3.6 Wipers,

6.3.7 Climate control devices,

6.3.8 Seat belts,

6.3.9 Safety equipment,

6.3.10 Vehicle damage.

6.3.11 Documentation of maintenance actions will include the date and mileage.

6.4 These records must be stored for a period of at least 10 years and must be made available to A2C for inspection as requested.

7.0 Insurance Requirements

7.1 Insurance coverage for all vehicles must be in force at all times during the contract period in accordance with state and local regulations and contract requirements.

7.2 In compliance with A2C and our clients requirements, all vehicles shall have a minimum of $1,500,000 combined single limit insurance coverage for vehicles at all times during the contract period.

7.3 Transportation Provider must supply up-to-date copies of all insurance certificates to A2C before they expire. Transportation provider understands that if current copies are not on file with A2C the provider will be suspended and no trips will be assigned.

8.0 Trip Log Requirements

8.1 All transportation providers must require each driver to maintain a daily trip log for each trip.

8.2 The Daily trip log must capture at the minimum the items below.

8.2.1 Date of service,

8.2.2 Driver's name,

8.2.3 Driver's signature,

8.2.4 Recipient's name,

8.2.5 Recipient's signature,

8.2.6 Escort full name (if applicable),

8.2.7 Escort signature (if applicable),

8.2.8 Vehicle ID number,

8.2.9 Each authorized recipient's scheduled and actual pick up time,

8.2.10 Recipient no-show indicator,

8.2.11 Each authorized recipient's scheduled and actual drop off time,

8.2.12 Actual service level per trip provided,

8.2.13 Mileage for each leg of trip.

8.3 All of the above information must be included on the trip or the provider will not receive payment for the trip. Providers can use the sample form included in their Transportation Provider manual or any other form as long as it meets the requirements above.

8.4 Signatures – each trip log must have a recipient signature.

8.4.1 If a recipient refuses to sign the driver log for any reason, the driver may sign the log with "RECIPIENT REFUSED TO SIGN".

8.4.2 This method is only acceptable if the recipient has been asked to sign the document and has verbally refused.

8.4.3 Driver should notate the reason the recipient is refusing to sign the trip log.

8.4.4 Transportation provider must contact the A2C call center so a "claims note" can be added to the recipients record.

8.4.5 Trip logs with this notation will be flagged for an audit so that A2C to provide education to the recipient.

8.4.6 If recipient is medically unable to sign the driver log, the driver must attempt to get a signature from one or any the following:

8.4.6.1 Medical facility staff,

8.4.6.2 Escort or attendant,

8.4.6.3 Family recipient.

8.4.7 If a driver exhausts all options to unable to obtain a signature from any acceptable source, the driver may sign the log with "PUTS" patient unable to sign.

8.4.8 This method of signature is only acceptable if the driver has attempted to gather other approved signatures.

8.5 Trip logs with this in the signature line will automatically be flagged for an audit.

8.6 Transportation provider is required to send in all trip documentation with the invoice before any payment will be made for these trips.

8.7 Transportation provider must contact the A2C call center so a "claims note" can be added to the recipients record.

9.0 Transportation Provider Performance Standards

9.1.1 On Time Performance Standards:

9.1.1.1 Arrival within fifteen (15) minutes of recipients scheduled pick up time 95% of the time

9.1.1.2 Return trip within sixty (60) minutes of notification for "will call" trips

9.1.2 Provider No-Show Standard:

9.1.2.1 Provider must maintain a 99.5% monthly compliance

9.1.2.2 Includes: provider arrives late causing a recipient to miss their appointment.

9.1.3 Complaint Ratio Standard:

9.1.3.1 Complaint free trips to be no less than 99

9.1.4 Provider Equipment Standard:

9.1.4.1 Transportation providers will maintain their vehicles within the guidelines described in the Transportation Provider Manual

9.1.4.2 No more than three (3) complaints within a month

9.1.4.3 Unmarked Vehicles Standard

9.1.4.4 No more than one (1) complaint

10.0 Trip Assignment Requirements

10.1 **Web Portals:** A2C prefers all transportation providers have Internet access to enable use of the A2C web portal for efficient trip assignment and claims processing. We send trip requests to transportation providers directly via the A2C system. Transportation providers will be assigned trips based on the following:

10.1.1 Level of need of the passenger (appropriate mode assignment)

10.1.2 Lowest cost / highest quality provider

10.2 You must check your trip assignments nightly and accept/reject the trips within 24 hours of assignment.

10.3 When you accept a trip, you have made a commitment to perform the transport.

10.3.1 If you do not accept a trip the trip will be removed from your schedule and assigned to another provider.

10.4 A2C will assign every trip an authorization number. Trips performed without prior authorization from A2C will not receive payment.

10.5 Always verify your accepted trips directly with the recipients within 24 hours in advance of the appointment time to ensure no changes have occurred such as a canceled appointment or altered appointment time. The trip manifest includes the member's contact number.

10.6 You must re-confirms the pick-up with the recipient twenty-four (24) hours ahead of the scheduled medical appointment to reduce the possibility of a no-show.

10.7 You must wait at least ten (10) minutes after the scheduled pick-up time before "no-showing" the recipient at the pick-up location.

10.8 You must immediately inform A2C of any breakdown, accident or incident as well as any other problems that might cause a delay of more than fifteen (15) minutes in the trip.

10.9 At times A2C may authorize the transportation provider the ability to negotiate pick-up and drop-off time to maximize multi-loading opportunities.

10.10 At no time is the member allowed to remain in the vehicle greater than one (1) hour longer than average of the time for direct transport.

10.11 All transportation providers are required to have a working fax machine to be used as a back-up for trip scheduling.

10.12 **Faxed request:** A2C can assign transports on a temporary basis via fax or telephone until Internet access is established. We will make longer term accommodations for providers who do not have Internet access in their areas.

10.13 For transportation providers without Internet access due to their remote location or for those providers awaiting Internet installation, we have designed efficient processes for trip management and claims reconciliation. Instead of Internet access, this process requires a working facsimile (fax) machine.

Access2Care

Operations Manual: Complaints Processing

JUNE 2017

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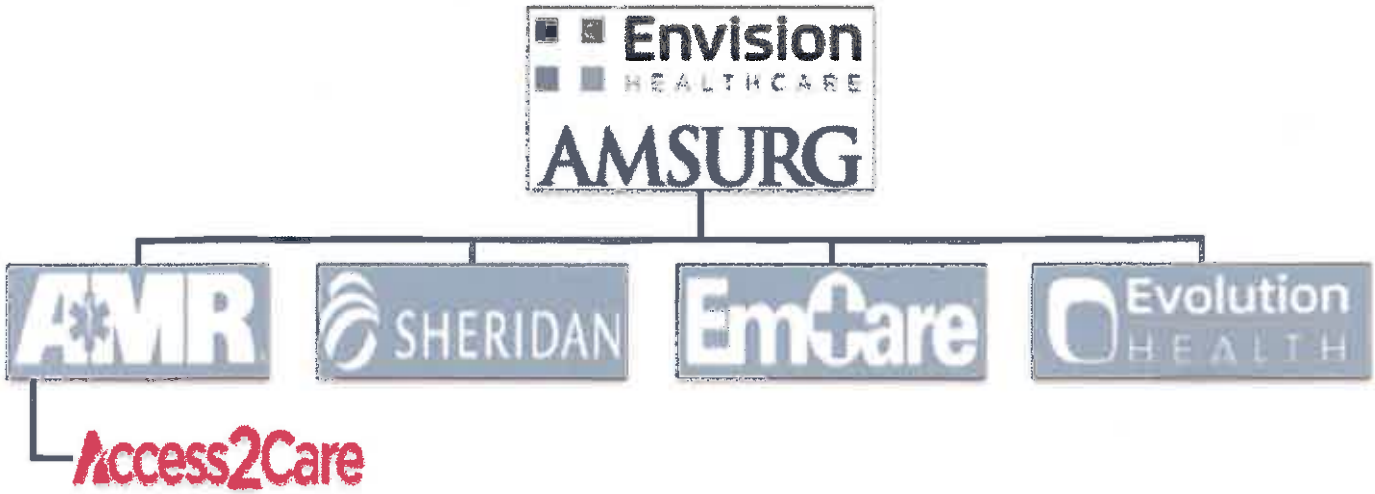
ENVISION AND SUBSIDIARIES

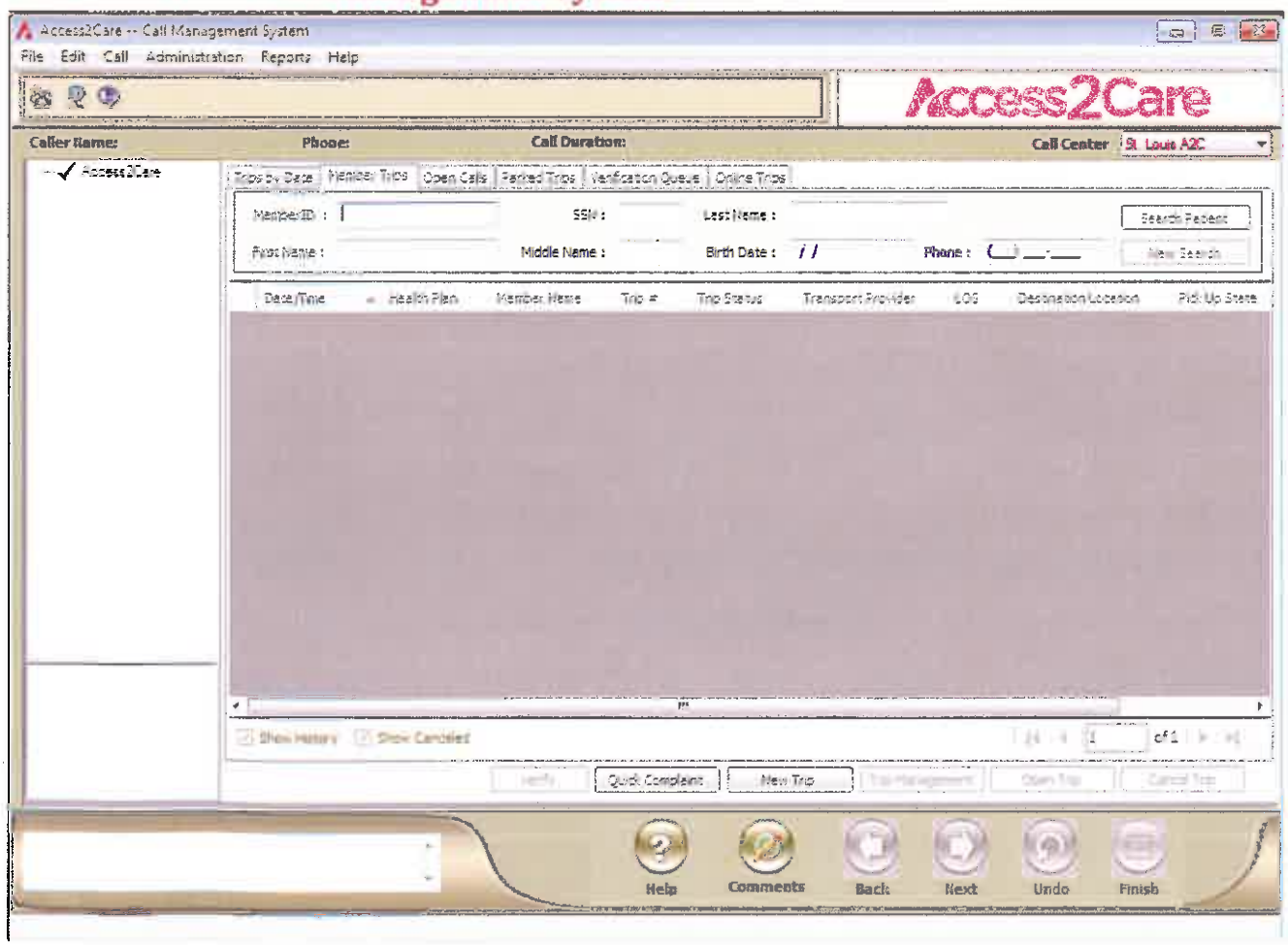


Main Citrix Screens

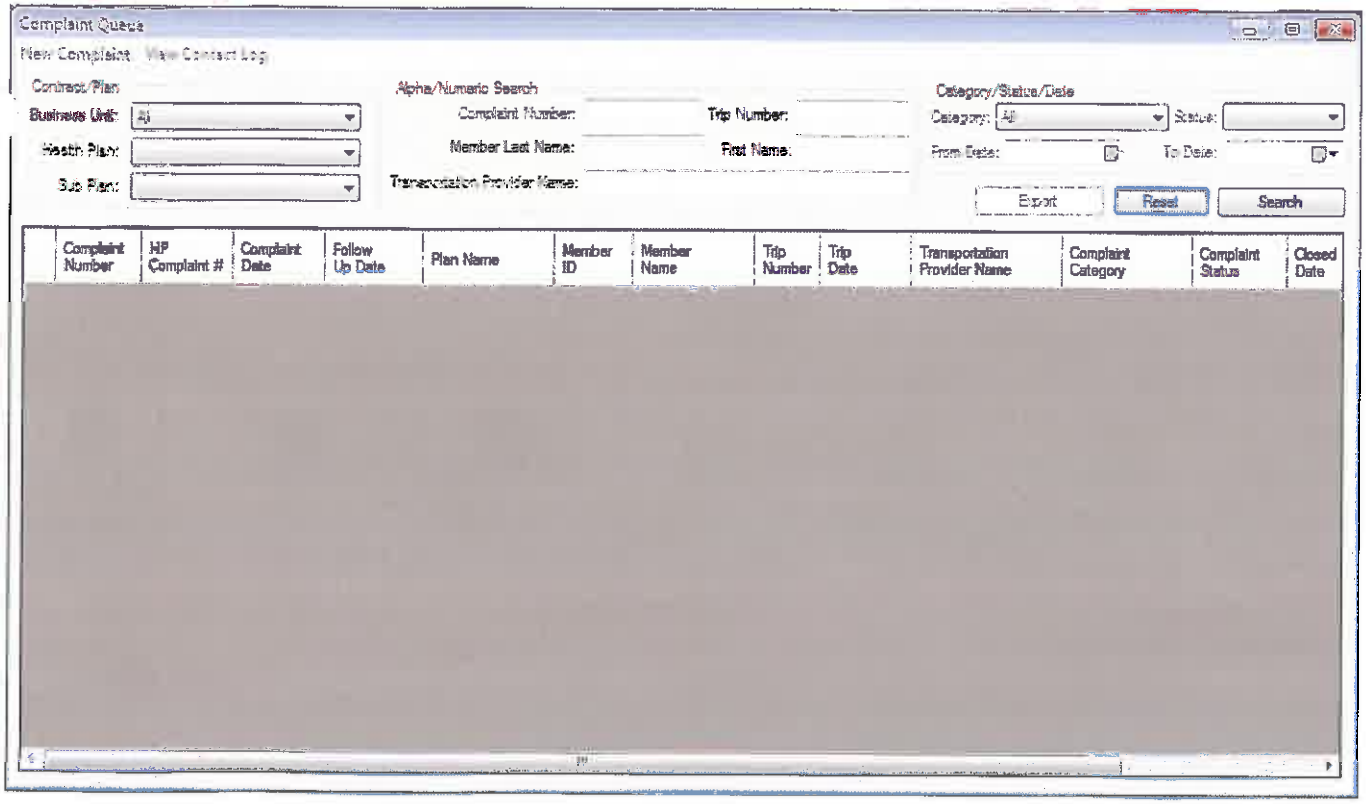
Access2Care Desktop-Prod-Citrix Receiver



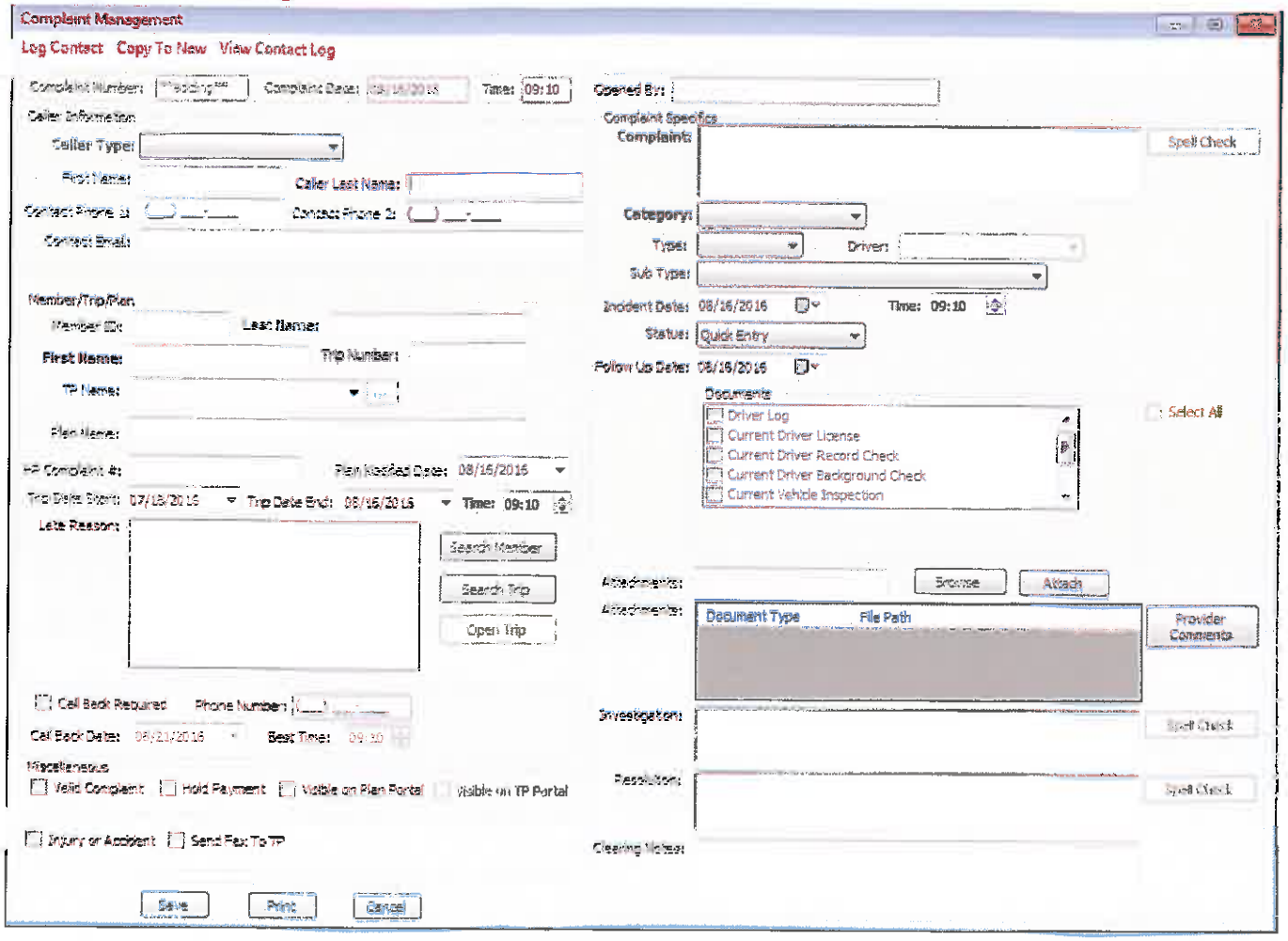
Access2Care- - Call Management System



Complaint Queue



Complaint Management



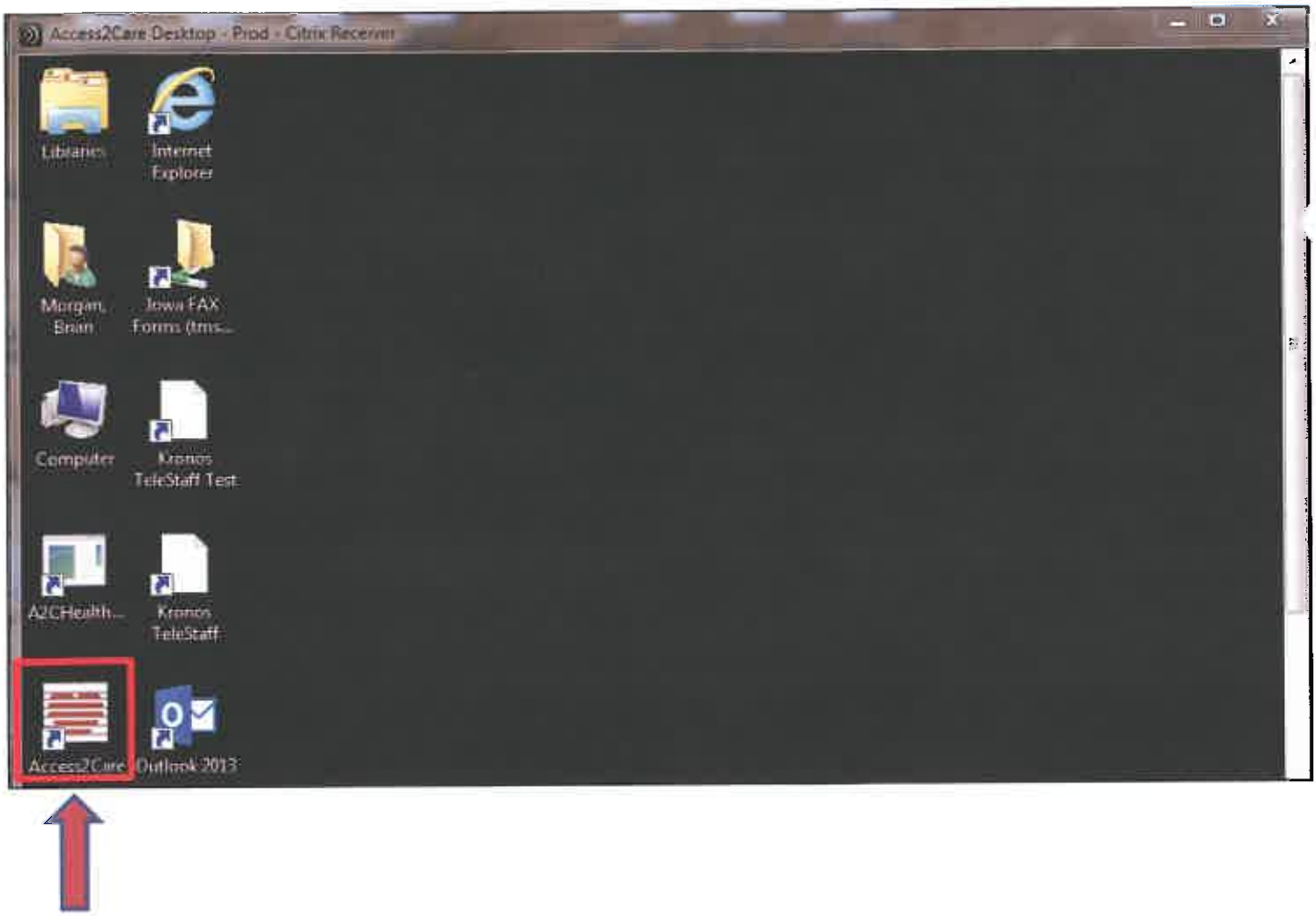
To Open Citrix, Procedures:

- Logon to: http://apps.emsc.net/Citrix/MetaFrame/site/default.aspx

- Select Access2Care Desktop – Prod

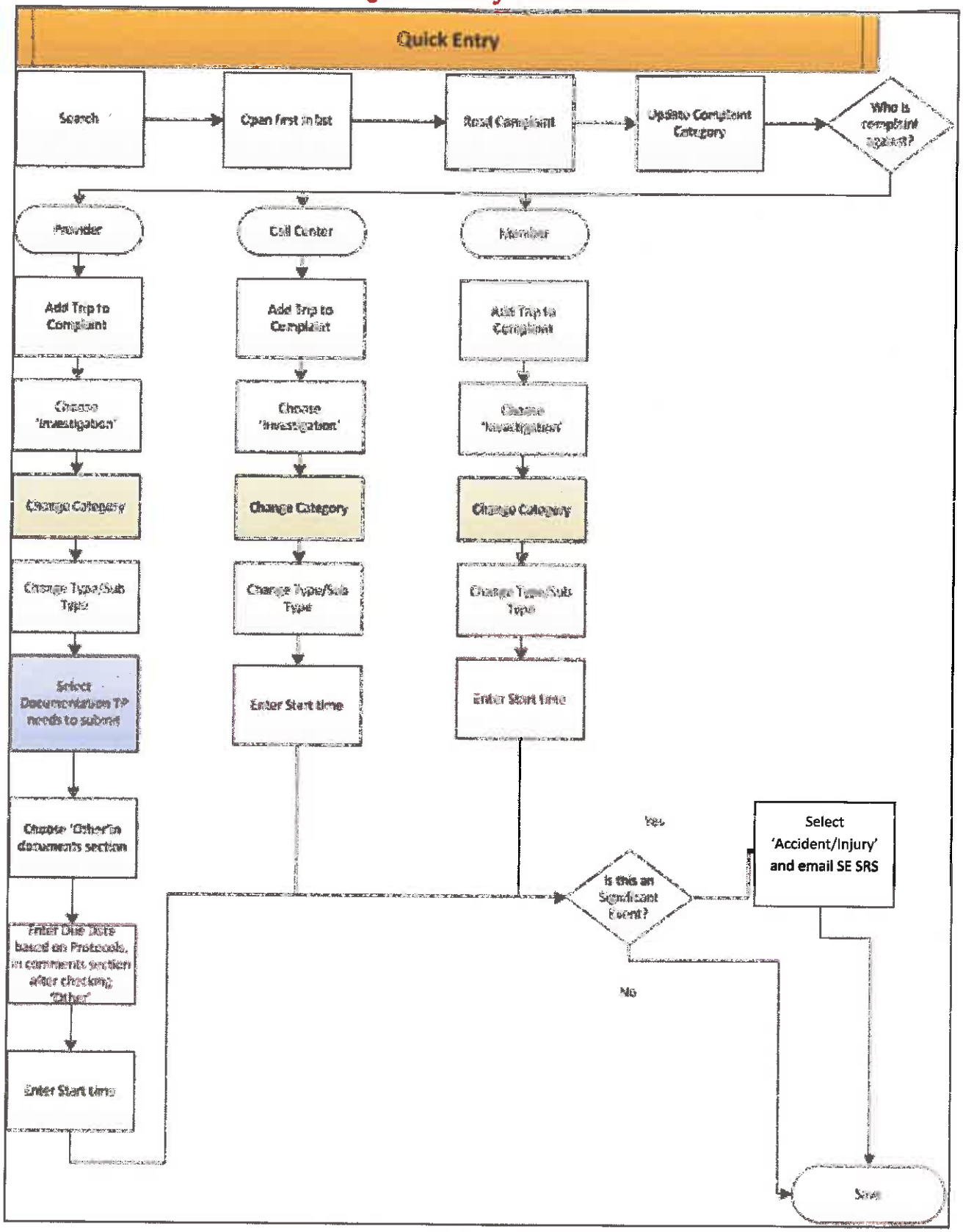


- Select Access2Care Icon



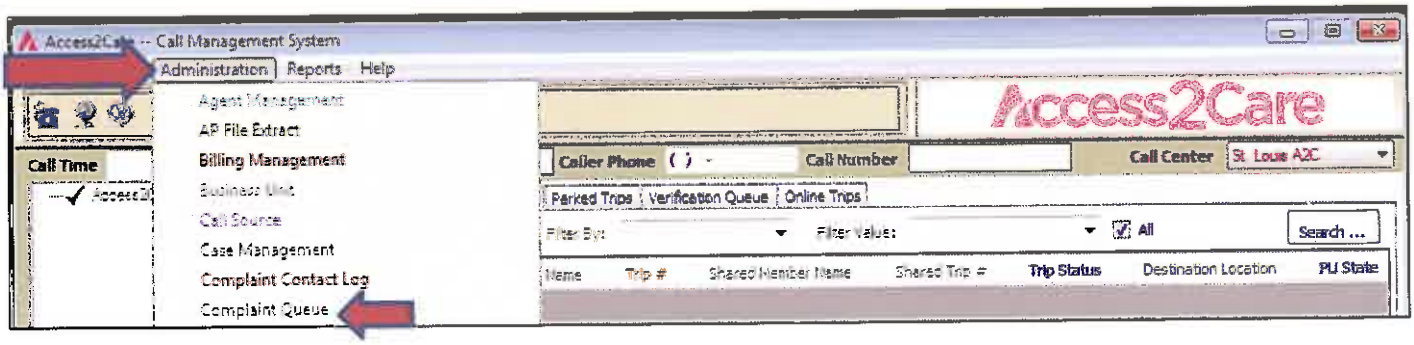
Quick Entries:

Quick Entry Flowchart



Quick Entry Processing

- Select Administration then Complaint Queue

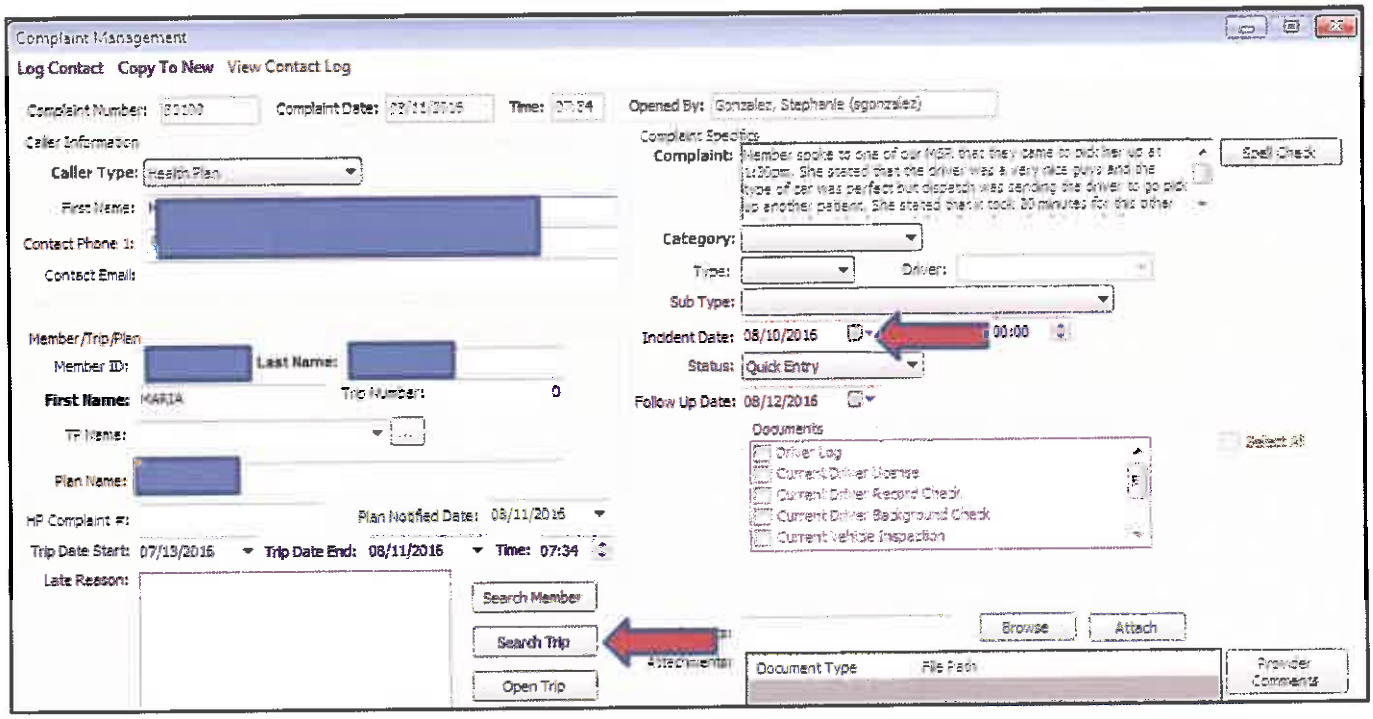


- Change the 'Business Unit' to → Access2Care
- Change the 'Health Plan' to the Health Plan you want to search
- Change status to 'Quick Entry' then click 'Search'
- Double click on complaint to open

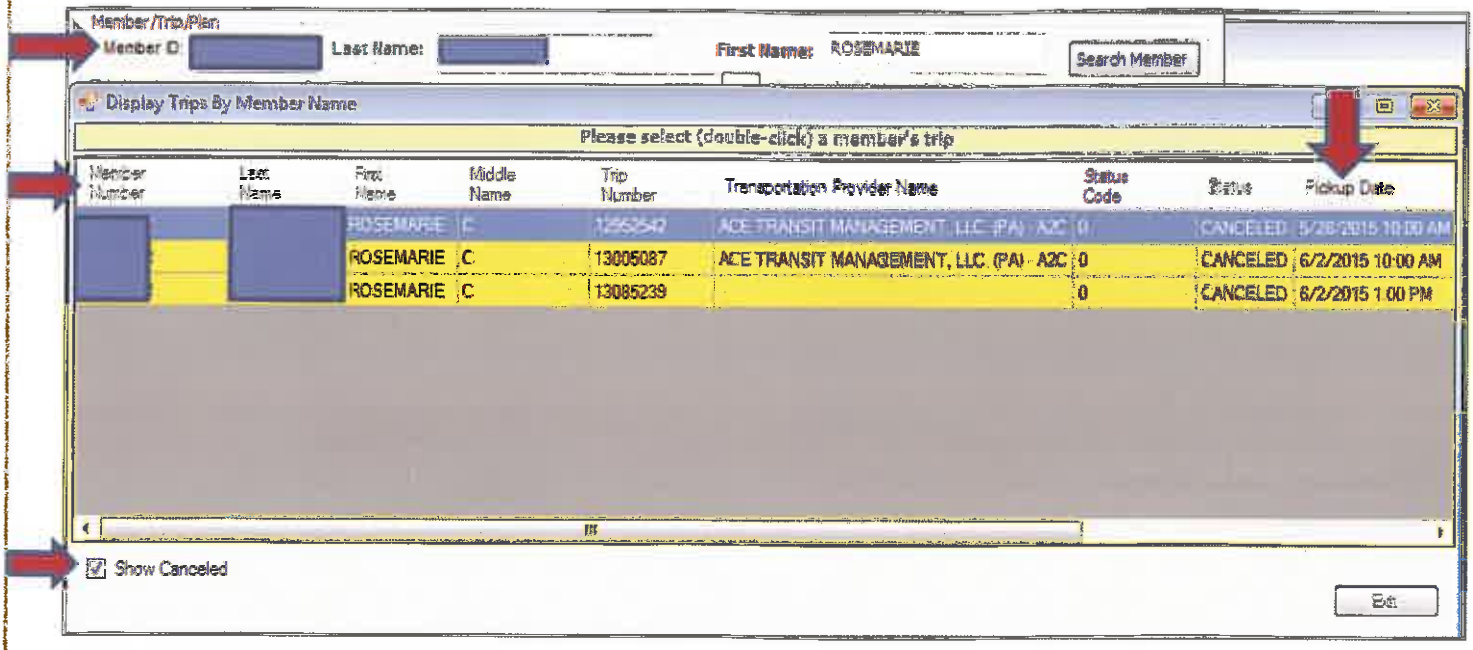


Adding the Trip

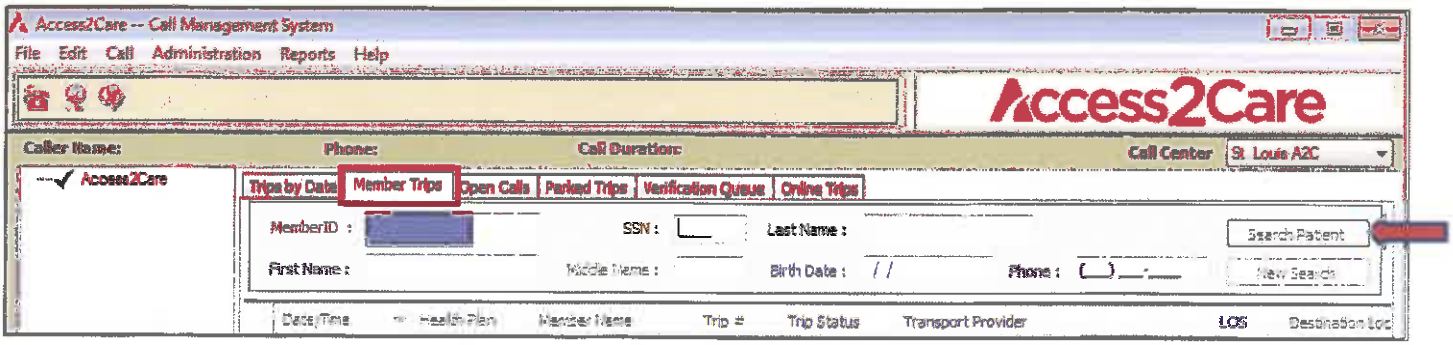
- Read the complaint and check the 'Incident Date' provided.
- Once you know the Incident Date, click on 'Search Trip'.



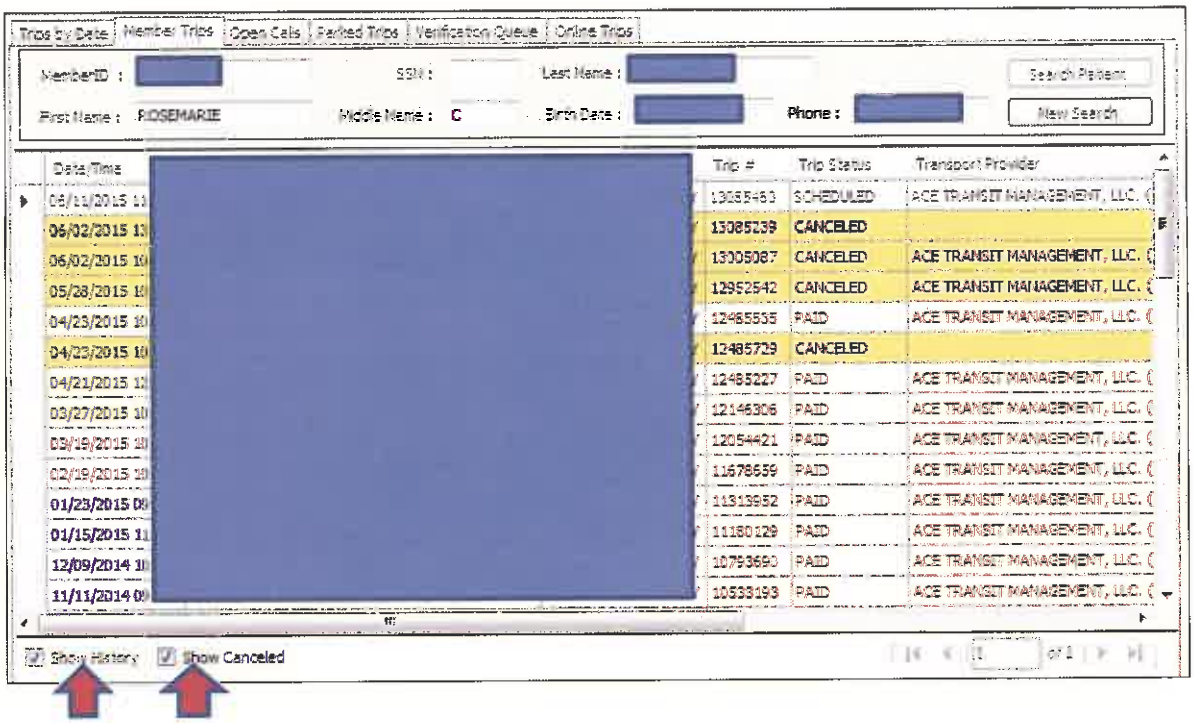
- Double click the correct trip after making sure the 'Pickup Date' and 'Incident Date' in the complaint are the same.
- If the trip display is not showing any trips or the trip you are looking, click on the 'Show Canceled' box.
- When selecting the trip ensure the 'Member Number' matches the Member ID on the complaint.



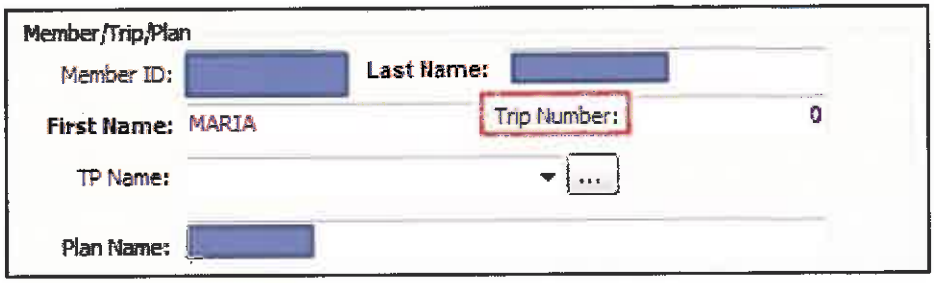
- If you are still unable to locate the trip you will have to check the member's trip's in the Access2Care – Call Management System.
- Click on the second tab labelled 'Member Trips,' enter the member ID # and click on 'Search Patient'.

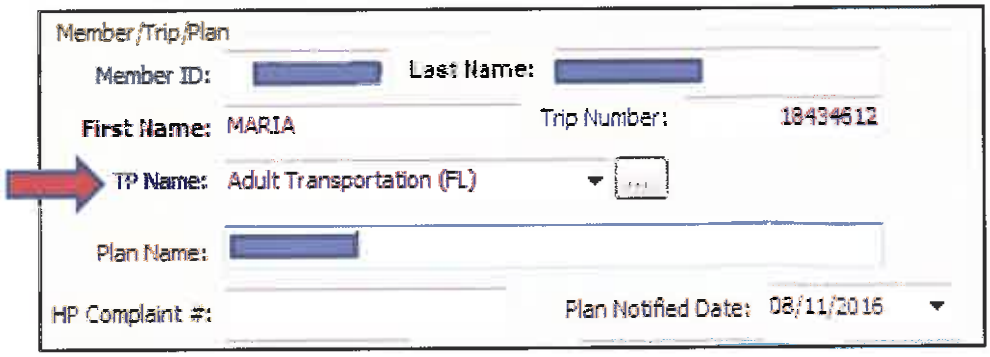


- At this point click on both 'Show History' and 'Show Canceled' at the bottom of the screen; this will pull up all of the member's trips.



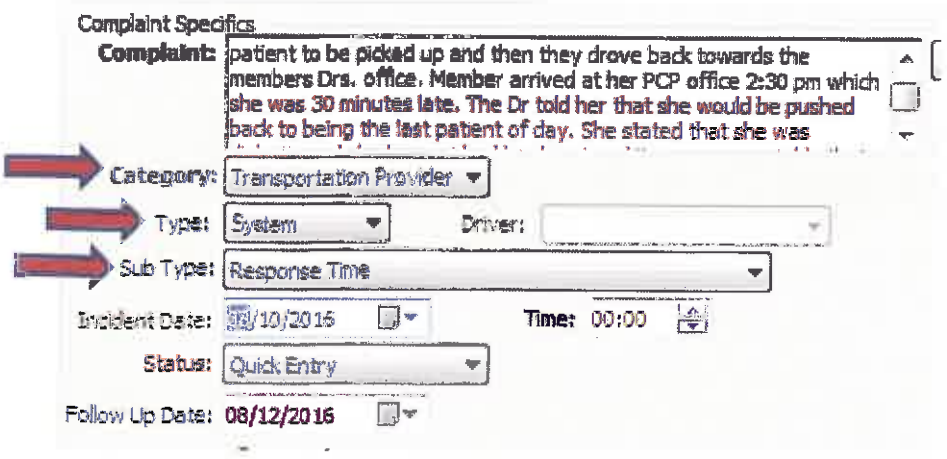
- Locate the trip and enter the 'Trip #' from the Call Management Screen in 'Trip Number' found in the complaint.
- Hit your TAB key, this should populate the 'TP Name'. If it does not populate, click on the drop down box and select the correct vendor (the correct vendor can be found in the edit log of the trip or Call Management Screen).
    - This tells the system where to send the complaint for a response.





Category/Type/Sub Type

- After the Trip Number and TP Name have been entered, the Category/Type/Sub Type needs to be selected using the most appropriate selections.



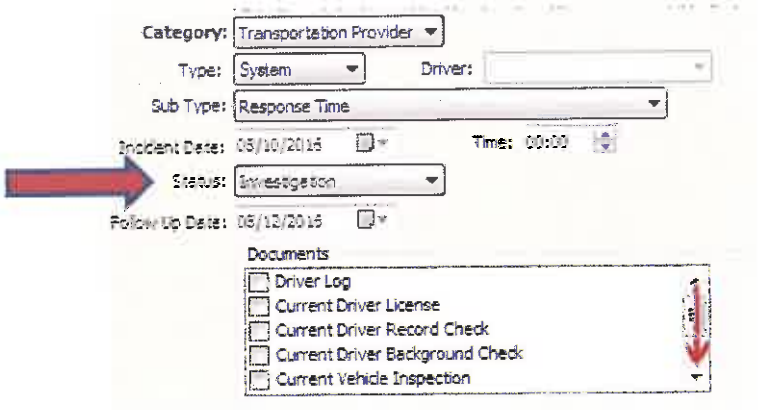
Here are examples to help determine if the complaint is against the Call Center or the Transportation Provider.

(See Appendix for full list)

Determine Category	
Against Call Center	CSR rude
	Appointment not scheduled
	Appointment incorrectly scheduled
	On hold to long
	No follow-up on transport
	Provided incorrect information
	Verify protocols are followed
	Mileage reimbursement
	Incorrect address
Determine Category	
Against Transportation Provider	Response times
	Transportation Provider No-Show
	Routing difficulties
	Incorrect address
	Driver got lost
	Driver rude
	Vehicle break down
	Lack of equipment
	Vehicle dirty
	Unmarked vehicle
	Driver un-kept
	Verify Protocols are followed
	Unsafe driving

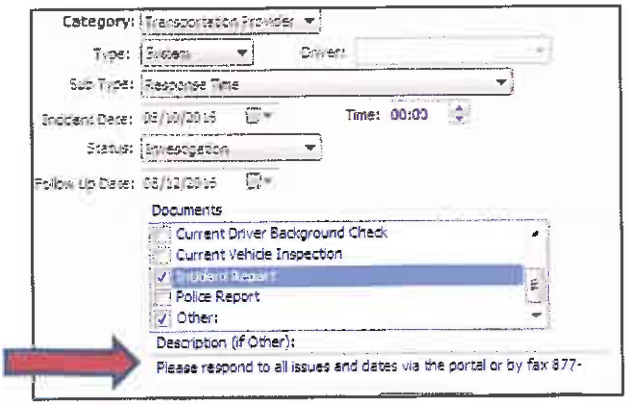
Change Status to Investigation

- Once complete, change the status to 'Investigation'.
- Select the documentation required to investigate.
- **ALWAYS select 'Other'** on all the Quick Entries, this allows you to enter the expiration date/time for the vendor response.



Scroll down for 'Incident Report' and 'Other'

- When you select 'Other' in the Documents section it will give you an area to enter a description.
- Enter **'A response is needed by (TIME) on (DATE). Please respond to all issues/dates and provide request documentation via the portal or fax to 877-221-7219. Thank you.**
    - You will need to enter the date based off of the '# of Days Response' spreadsheet that has each health plan listed.



Requesting Documents

- Below are the possible documents you can request.
- Not all documentation needs to be requested for every complaint. The general rule is to always ask for a Driver's log and Incident report.
    - For example, a police report would not be needed for a vehicle being dirty. (Please Appendix for full list)

Documents
Driver log
Current driver license
Current driver record check
Current driver background check
Current vehicle inspection
Incident report
Police report

    - Do not request documents for Leased or LYFT. These will be requested via email.

What to Enter in 'HP Complaint #'

Comparing Percentages for Region Escalation

- Enter the typical 'request information' as normal.
- Search the vendor in the Flash Report. The vendor must be searched for every vendor complaint.
- If the complaint involves at least ONE of the following...
  - AHCA and DOJ, other State or Federal submissions
  - Horrendous associate behavior requiring immediate coaching and/or intervention (surpassing rude)
  - Leased or Logis
  - Provider with less than or equal to a **99.5%** "Complaint Free" performance rating on the Flash Report.
    - This applies to any type of vendor complaint.
  - Provider with less than or equal to a **95%** "On Time" on a response time complaint only.
    - For the 'On Time' percentage to apply, the complaint must be about arrival time (either leg)
  - Provider with less than or equal to a **99.5%** "No Show" on a no show complaint only.
    - For the 'No Show' percentage to apply, the vendor never arrived (either leg)

...Use these abbreviations in HP Complaint #, according to your Region

S* for South
W* for West
C* for Central

in HP Complaint #' (before 'call' for Oregon)

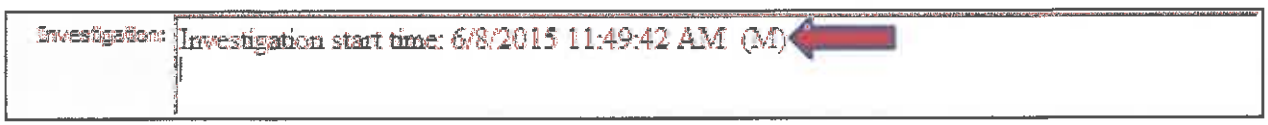
Also in 'HP Complaint #' you will potentially enter one of the following:

- Enter 'Call' for all Prestige MMA complaints.
- For Oregon, enter 'Facility' if the 'Caller Type' is a commercial based entity. For all other Caller Types, enter 'CALL'.
- For any complaint that has the abbreviation 'AHCA' in the body, enter 'AHCA.'
- When the complaint is against LYFT, enter 'LYFT'

Timestamp

- You will now timestamp the start of the investigation. Put this in the 'Investigation' section of the complaint.
  - For example this is what needs to be entered:

Investigation start time: (date) (time including minutes).



Once complete, click the save button.

This will send the complaint to the vendor for a response and move the Quick Entry into Investigation status.

When Quick Entries Require Emailing

AHCA

- Email Johanna Trivino and JR Gantt using the following format:
  - Subject: AHCA COMPLAINT XXXXX
  - Body of email: Complaint, member name, member ID, Trip # and date of service

LEASED South Region

- Email SCareMgmt@evhc.net using the following format:
  - Subject: Leased Complaint XXXXX
  - Body of email: Complaint, Date for Closure, Member Name, DOS and Trip #

LEASED West Region

- Email Briana Service using the following format:
  - Subject: Leased Complaint XXXXX
  - Body of email: Complaint, Date for Closure, Member Name, DOS and Trip #

LYFT South Region

- Email SCareMgmt@evhc.net using the following format:
  - Subject: LYFT Complaint XXXXX
  - Body of email: Complaint, Date for Closure, Member Name, DOS and Trip #

LYFT Central Region

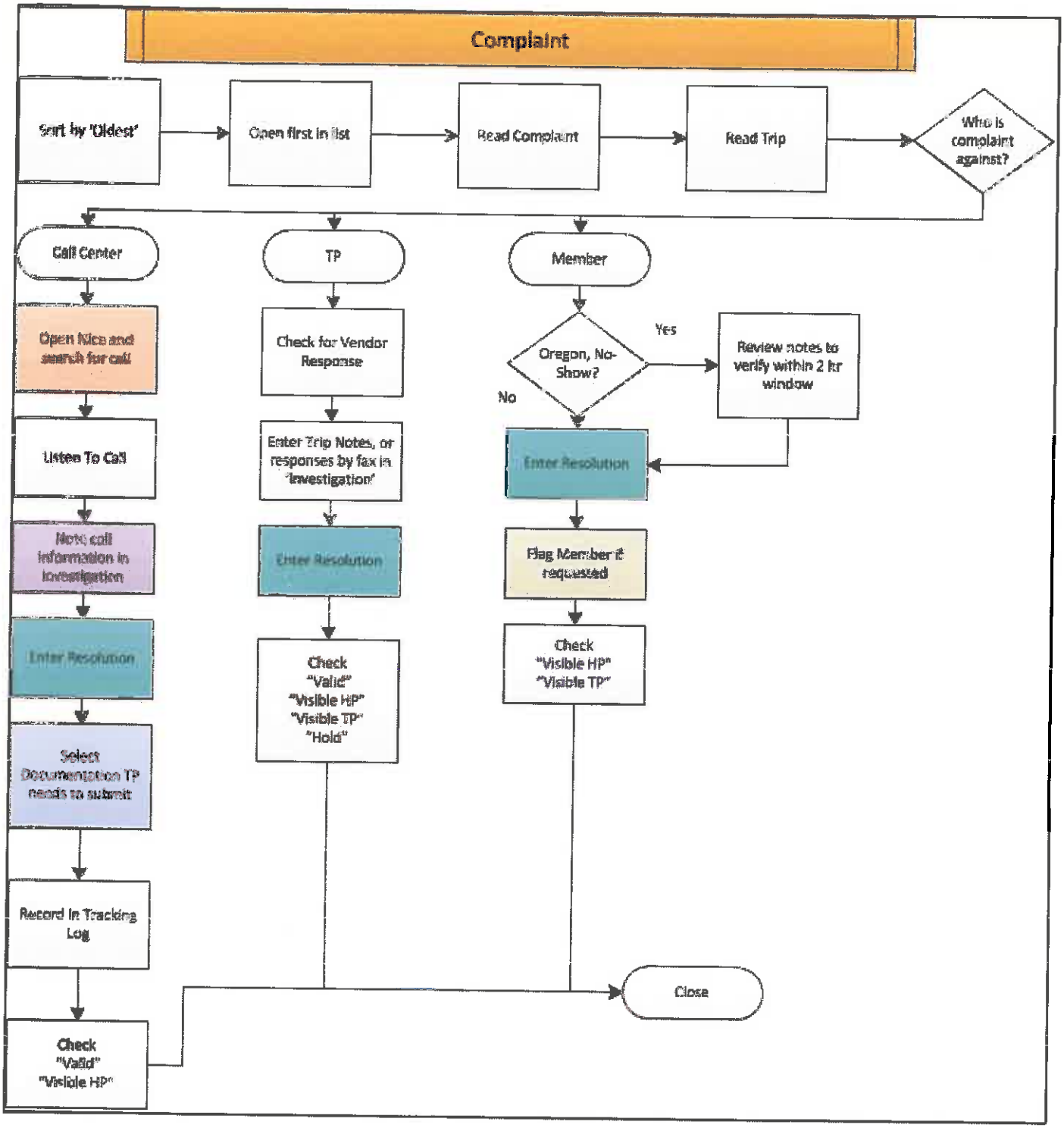
- Email Terra Vestal using the following format:
  - Subject: LYFT Complaint XXXXX
  - Body of email: Complaint, Date for Closure, Member Name, DOS and Trip #

LYFT West Region

- Email Briana Service using the following format:
  - Subject: LYFT Complaint XXXXX
  - Body of email: Complaint, Date for Closure, Member Name, DOS and Trip #

Investigations:

Investigation Flow Chart



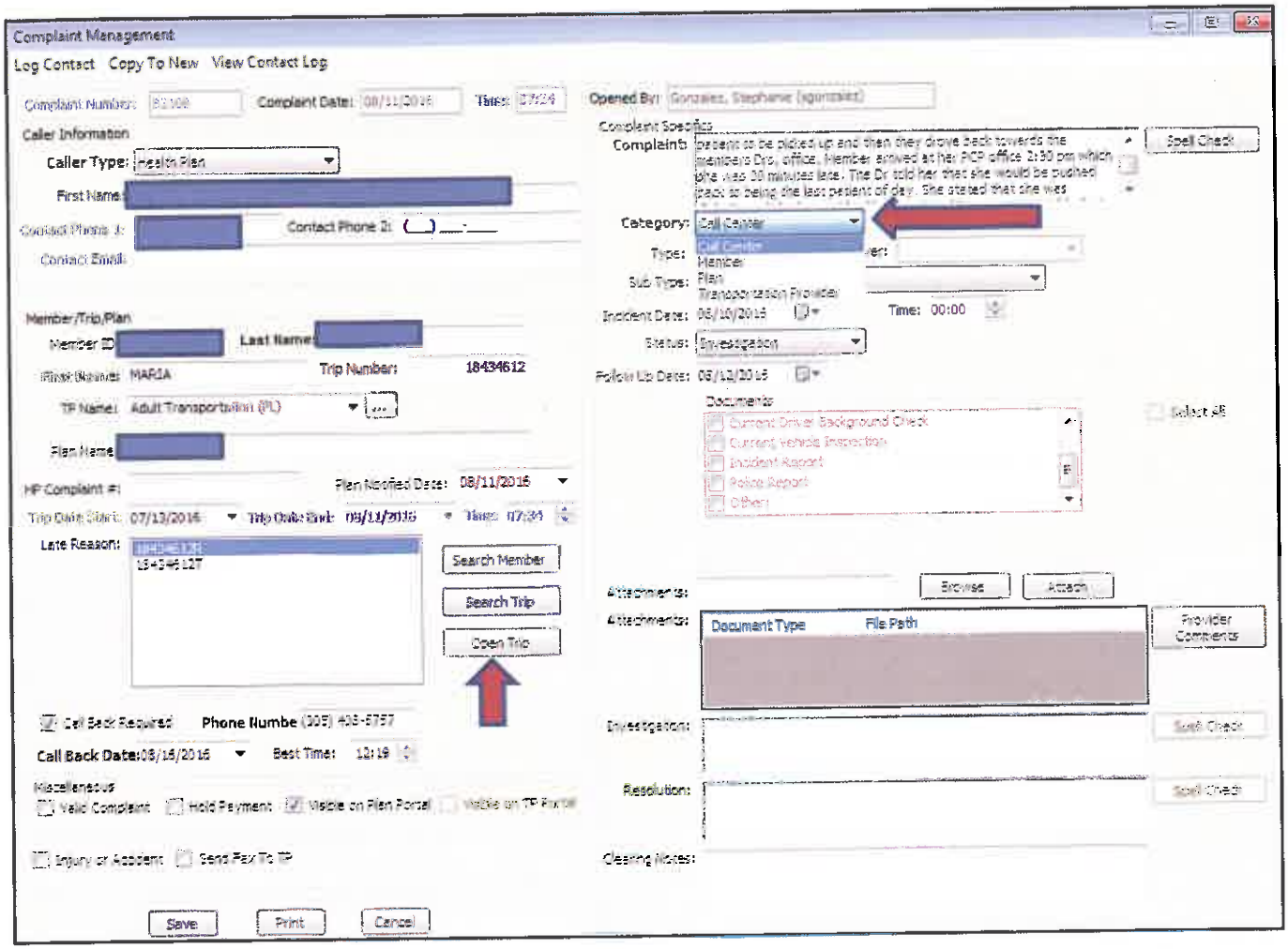
Investigation Processing

- In the 'Complaint Queue' change the 'Business Unit' to 'Access2Care'.
- Select the needed Health Plan.
- Change the status to 'Investigation' and click 'Search'.
- Select the complaint you want by double clicking.



Against Call Center

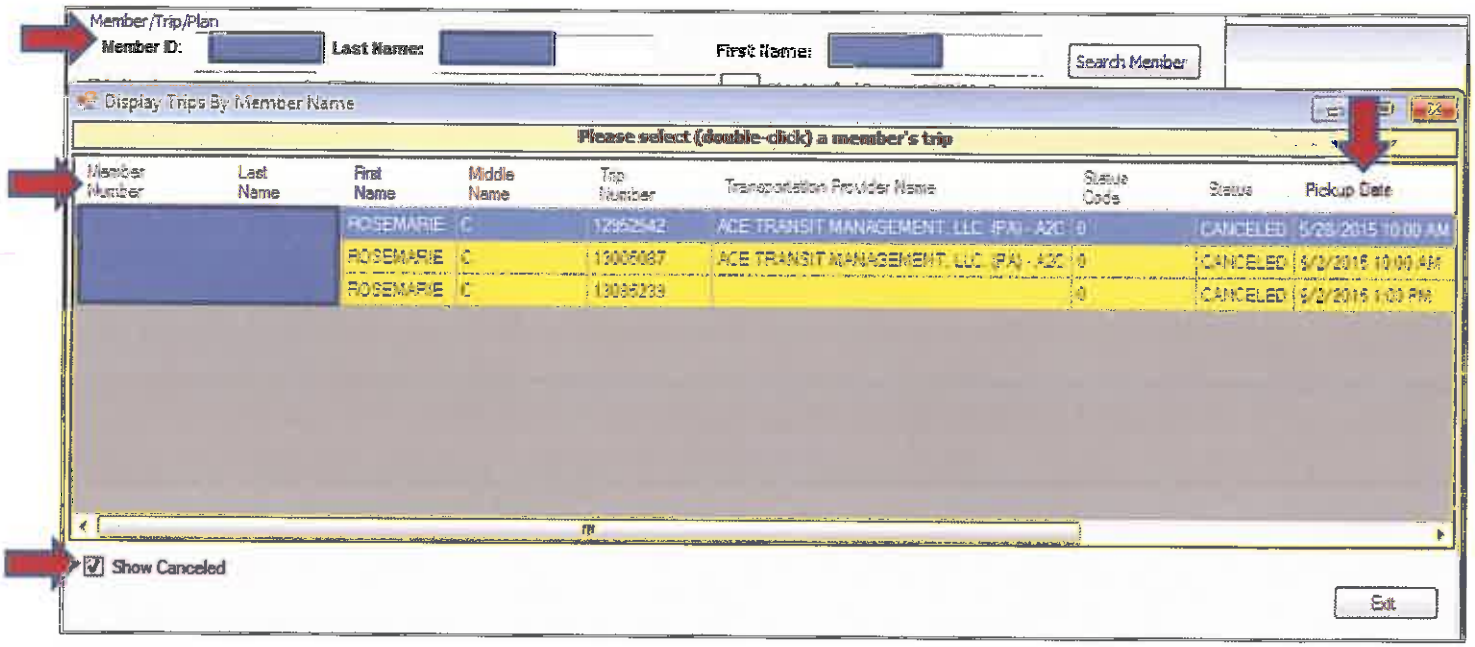
If the complaint is regarding the Call Center and a trip has been entered in the complaint, click on 'Open Trip'.



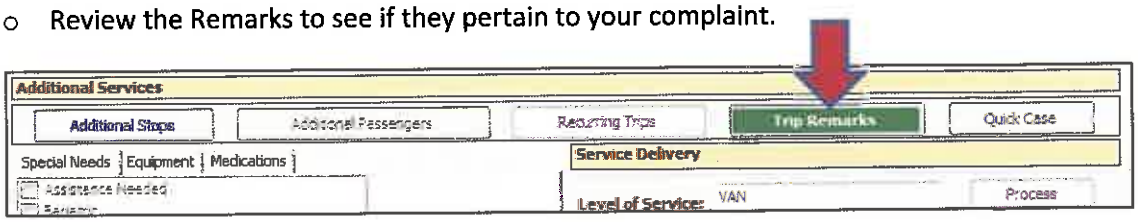
- The trip will open up in the Call Management System.
- Click on the 'Next' button at the bottom of the screen.

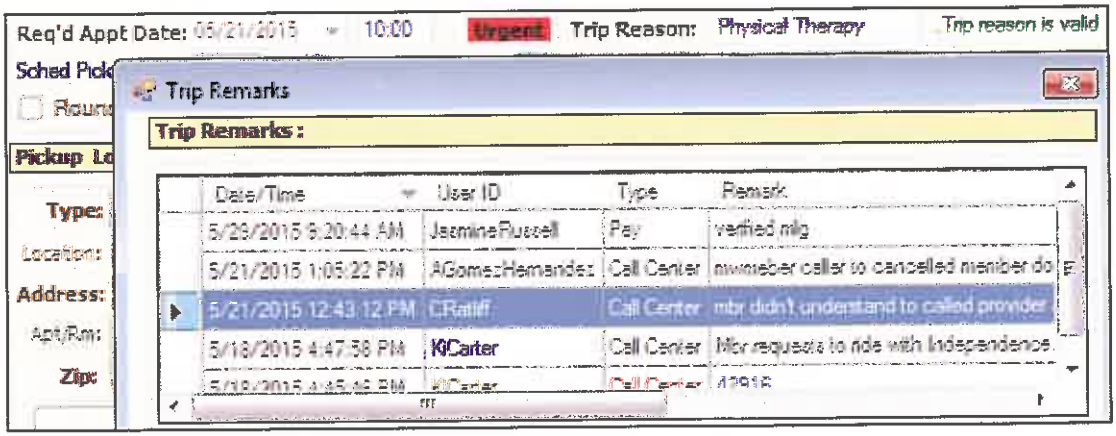


- Double click the correct trip after making sure the 'Pickup Date' and 'Incident Date' in the complaint are the same.
- If the trip display is not showing any trips or the trip you are looking, click on the 'Show Canceled' box.
- When selecting the trip ensure the 'Member Number' matches the Member ID on the complaint.



- Look for notations in the 'Trip Remarks' tab by double clicking.
- Review the Remarks to see if they pertain to your complaint.

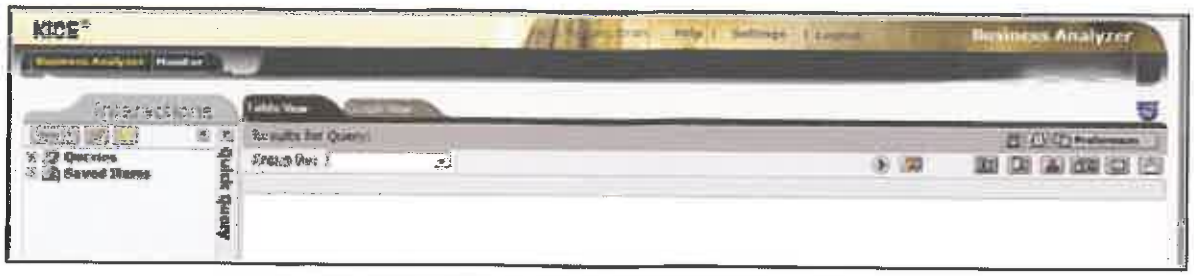




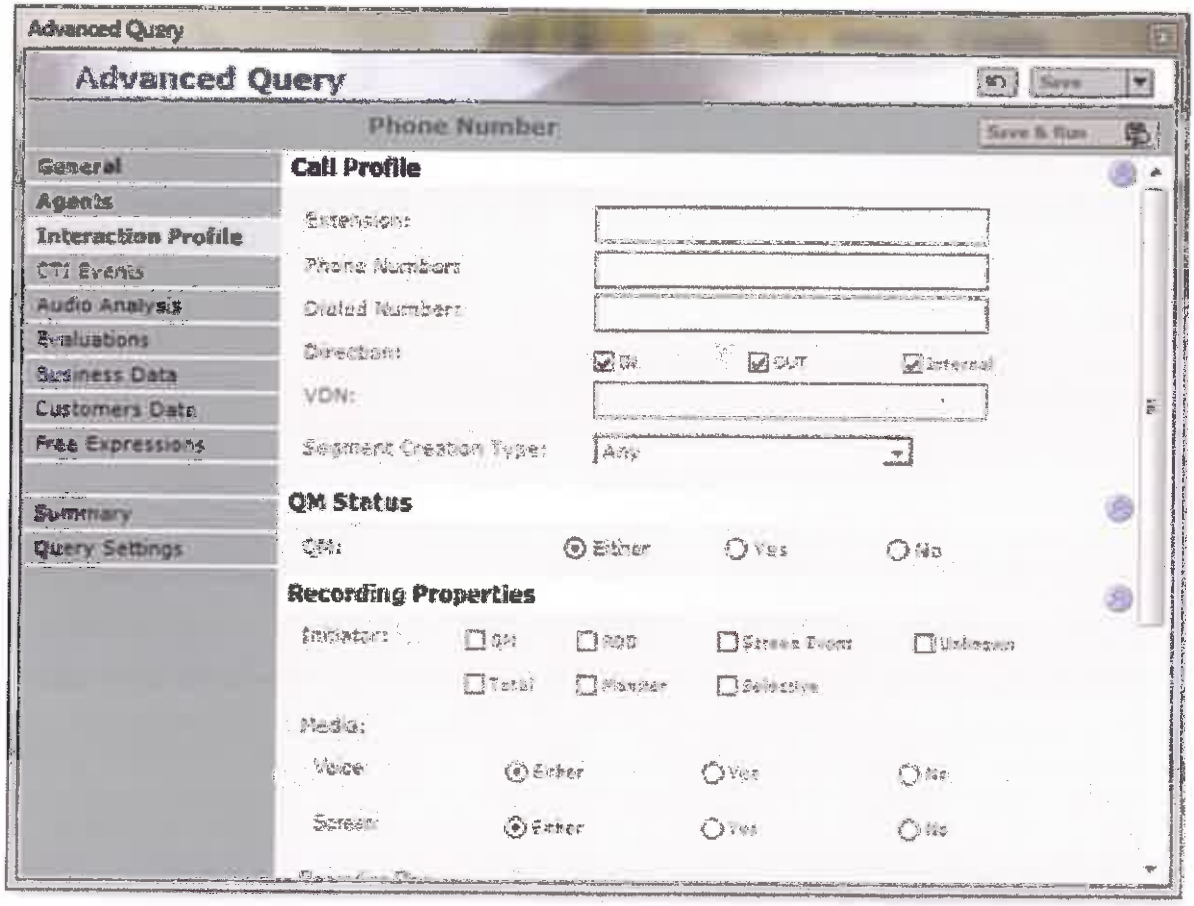
- Copy and paste the related Trip Remarks to your documentation tracking sheet (later it will be entered in 'Investigations' section of the complaint).
  - Remove the Call Center Representative names.
- In most cases reviewing the notes on the trip will help you better understand the complaint.
- Click on the 'Next' button again to review any 'Transportation Provider notes' that were entered.
  - Keep in mind that if the tab is highlighted green it contains information.

Nice and Listening to Calls

Now you will open Nice in order to search for a call to listen and capture the information exchanged.



- Click Queries→ Private→ Phone Number→ choose 'General Tab' to select the call date.
- Next choose 'Interaction Profile'. Here you will enter the phone number you are using to search.
- Save & Run.



- Listen to the call, note the information exchanged in the documentation tracking sheet (later it will be entered in 'Investigations' section of the complaint).
- You should note the information regarding the complaint (such as CSR was rude, incorrectly scheduled trip, etc.)
- Always note the date and time of the call in the documentation tracking sheet. (See Appendix for full list of items to note in Investigation)

Resolution against Call Center

Black font – used in all responses
Blue font – information you add in using your own words

INVESTIGATION SECTION (PET)

1. Summarize phone calls reviewed; include date/time of call
2. Summarize changes to the trip located in the Edit Log
3. Summarize the trip remarks (do not copy and paste)

RESOLUTION SECTION (CODE/HYPE)

Substantiated

Your complaint against Access2Care states (brief description of all the issues within the complaint and incident date). In response to your communication, Access2Care was able to substantiate the complaint.

The CCA (brief summarization of the trip notes and / or phone calls).

Our investigation concluded the CCA (was rude, did not schedule the trip accordingly). This incident was referred to the Contact Center Manager resulting in coaching with the CCA in accordance with the Protocols and/or Transportation Provider Manual.

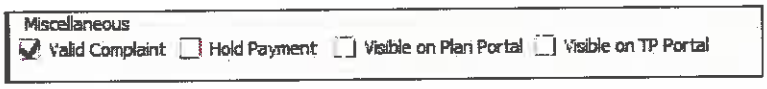
Unsubstantiated

Your complaint against Access2Care states (brief description of all the issues within the complaint and incident date). In response to your communication, Access2Care was unable to substantiate the complaint.

The CCA (brief summarization of the trip notes and / or phone calls).

Our investigation concluded the CCA was in accordance with the Health Plan Protocols and the Transportation Provider Manual.

If it is a **Substantiated complaint reported by the call center**, only check the 'Valid' box. Do not check any other boxes.



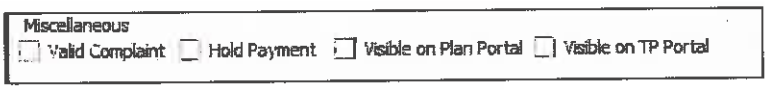
If it is a **Substantiated complaint reported by Health Plan**, check 'Valid' and 'Visible on Plan Portal'.



If it is **Taken as Advisement or General Complaint (OREGON ONLY) and reported by the Health Plan,** check 'Visible on Plan Portal'.

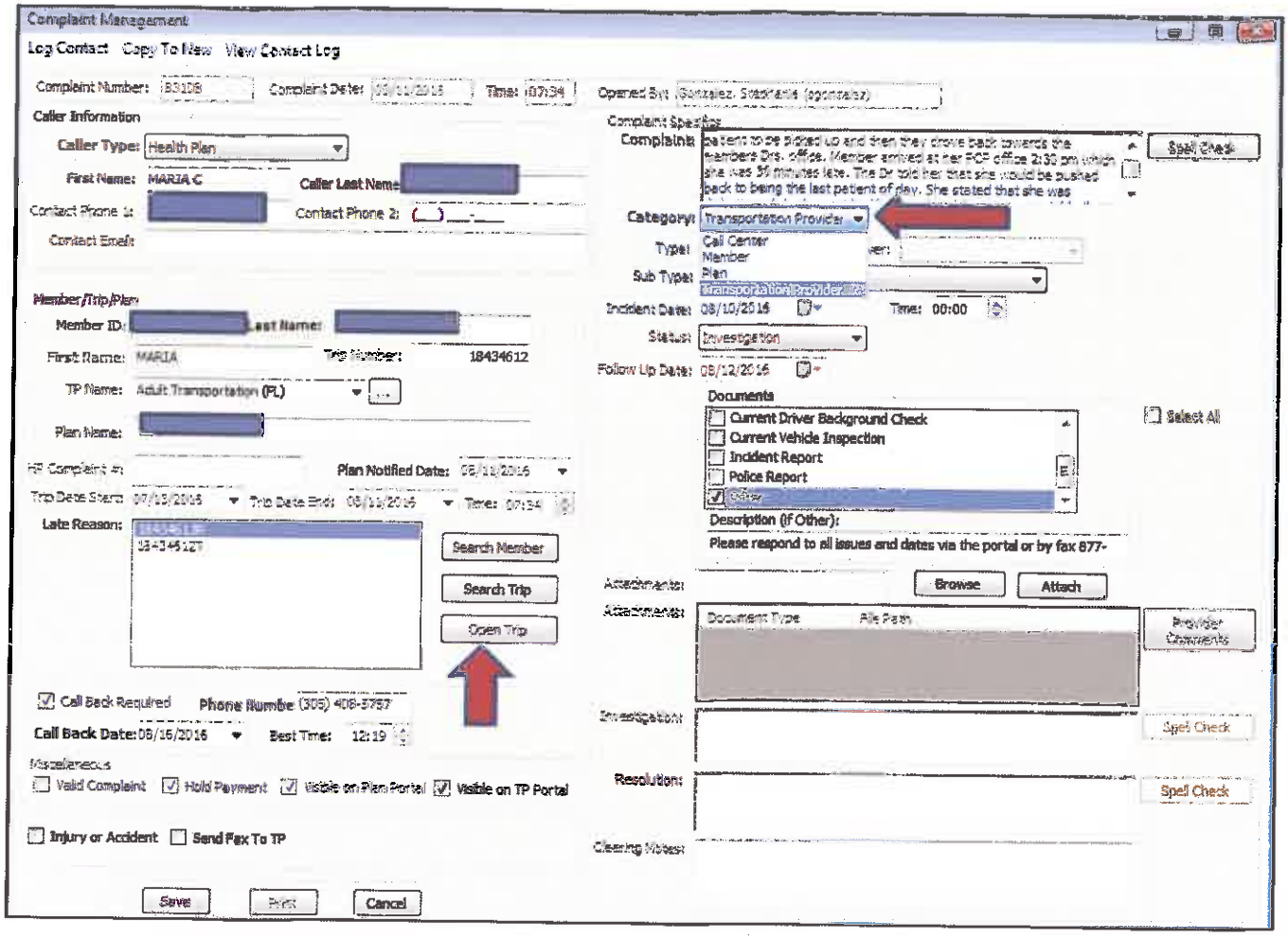


If it is **Taken as Advisement or General Complaint (OREGON ONLY) and reported by the Call Center,** check nothing.



Against the Transportation Provider

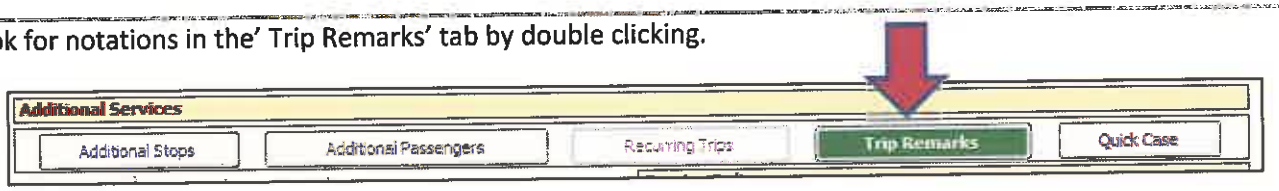
If the complaint is against a Transportation Provider and a trip has been entered on the complaint, click on 'Open Trip'.

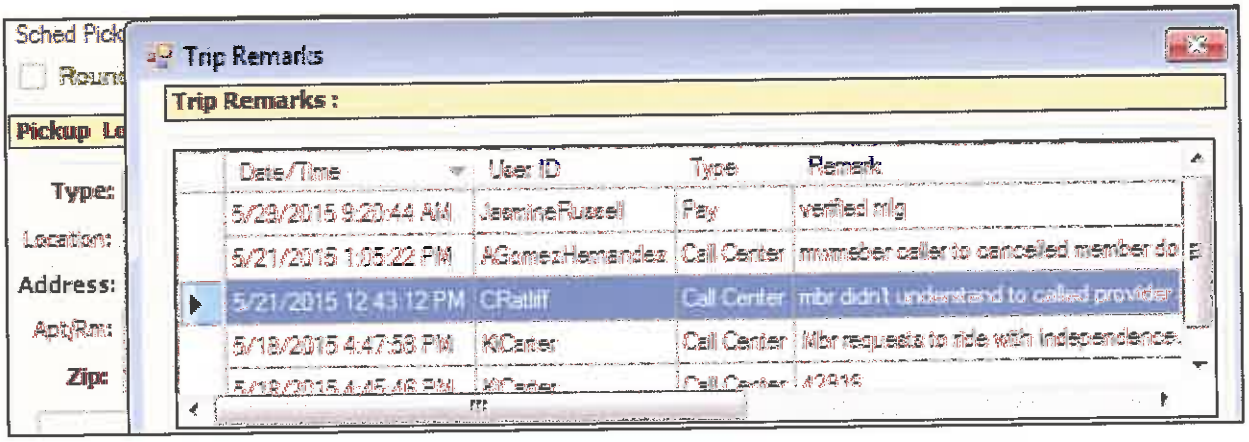


- The trip will open up in the Call Management System.
- Click on the 'Next' button at the bottom of the screen.



- Look for notations in the' Trip Remarks' tab by double clicking.





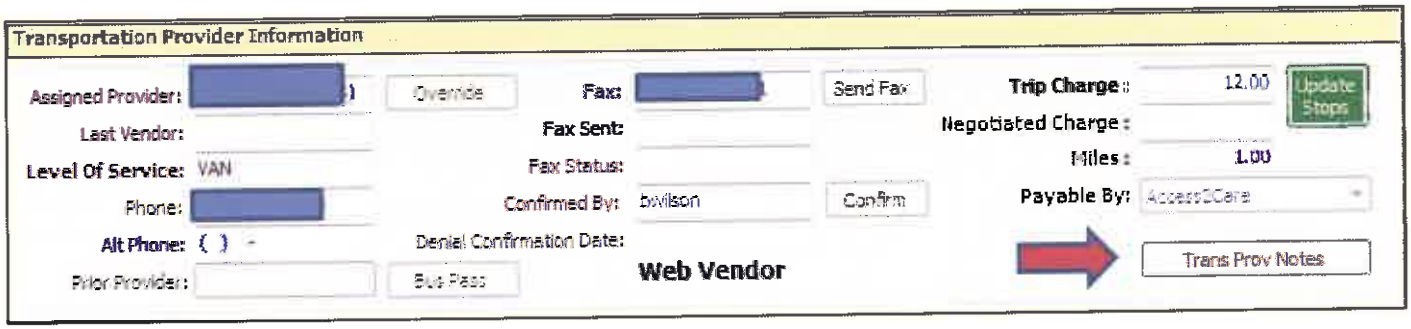
- Copy and paste the notes to your documentation tracking sheet. (later it will be entered in 'Investigations' section of the complaint)
    - Remove the Call Center Representative names.
- In most cases reviewing the notes on the trip will help you better understand the complaint.

- Click on the 'Next' button again to review any 'Transportation Provider Notes.'



- Keep in mind that if the tab is highlighted green there is information in it.

In the instance below there are no notations for the Transportation Provider (tab is not highlighted).



Review Vendor Response

- Once the complaint is open, look to see if the vendor responded in the 'Provider Comments' tab.
  - Keep in mind that if the tab is highlighted green there is information in it.
  - The Transportation Provider can also attach the documentation.
  - If there is documentation attached, double click the attachment and it will open in another screen.
  - Look for the documentation in the other screen by searching with the complaint number.
- If there is nothing attached **check the SRT Fax section on Sharepoint.**



- Once you have all the information on your documentation tracking sheet, copy and paste it to the complaint.
  - (See Appendix for full list of items to note in Investigation)

Resolution against Vendor

Black font – used in all responses
Blue font – information you add in using your own words
Green font - information added depending on situation

INVESTIGATION SECTION (VET)

1. Summarize the vendor response (do not copy and paste), provide both P/U and D/O times per driver log
2. Summarize changes to the trip
3. Summarize the trip remarks; only use notes related to the complaint (do not copy and paste)

RESOLUTION SECTION (CODE/HYPE)

Substantiated

Your complaint against (Transportation Provider Name) states (brief description of all the issues within the complaint and incident date). In response to your communication, Access2Care was able to substantiate the complaint.

The transportation Provider was complaint free for XX.X% of the XXXXX trips completed in (month). (*Only use if 99% or greater) Per (brief summarization of the trip notes and / or Transportation Provider response (do not copy and paste), scheduled/pick up times provided) or The Transportation Provider was unable to provide documentation to dispute the complaint. (*Use exact wording)

Our investigation concluded the Transportation Provider did not adhere to the (Protocol/TP Manual) stating (provide summary). (add red flag info if requested). This incident was referred to the Network Team resulting in coaching with the Transportation Provider in accordance with the Protocols and/or Transportation Provider Manual. (*If the complaint 's regarding Response Time or Provider No Show and they are showing Red on the Flash Report use the following) This ncident was referred to the Network Team Manager resulting in coaching with the Provider and it has been recommended they are placed on a PIP.

Unsubstantiated

Your complaint against (Transportation Provider Name) states (brief description of all the issues within the complaint and incident date). In response to your communication, Access2Care was unable to substantiate the complaint.

The transportation Provider was complaint free for XX.X% of the XXXXX trips completed in (month). (*Only use if 99% or greater). Per (brief summarization of the trip notes and / or Transportation Provider response (do not copy and paste), scheduled/pick up times provided) or The Transportation Provider was unable to provide documentation to dispute the complaint. (*Use exact wording)

Our investigation concluded the member was transported in accordance with the Health Plan Protocols and the Transportation Provider Manual.

- Payment is only held if the Transportation Provider does not respond to the complaint WITH documentation.
    - If they respond by adding 'Provider Comments' only and NO documentation, hold payment.
    - If there is no response at all, hold payment.
    - If the vendor admits to being at fault, DO NOT hold payment (except for vendor no shows)
    - If the Provider responded, did not provide documentation, but the complaint is NOT a provider no show (ex: unsafe driving) DO NOT HOLD PAYMENT
    - If you can close the complaint using just the Trip Remarks AND the Provider did not respond, DO NOT make it substantiated solely because they did not respond. You have your answer in the Trip Remarks; use that to make your determination.

If it is **a Substantiated complaint reported by the call center WITH documentation**, check
- 'Substantiated'
- 'Visible on TP Portal'



If it is **a Substantiated complaint reported by the call center with NO documentation**, check
- 'Substantiated'
- 'Hold Payment'
- 'Visible on TP Portal.'



If it is a **Substantiated complaint reported by the Health Plan WITH documentation**, check
- 'Substantiated'
- 'Visible on Plan Portal'
- 'Visible on TP Portal'

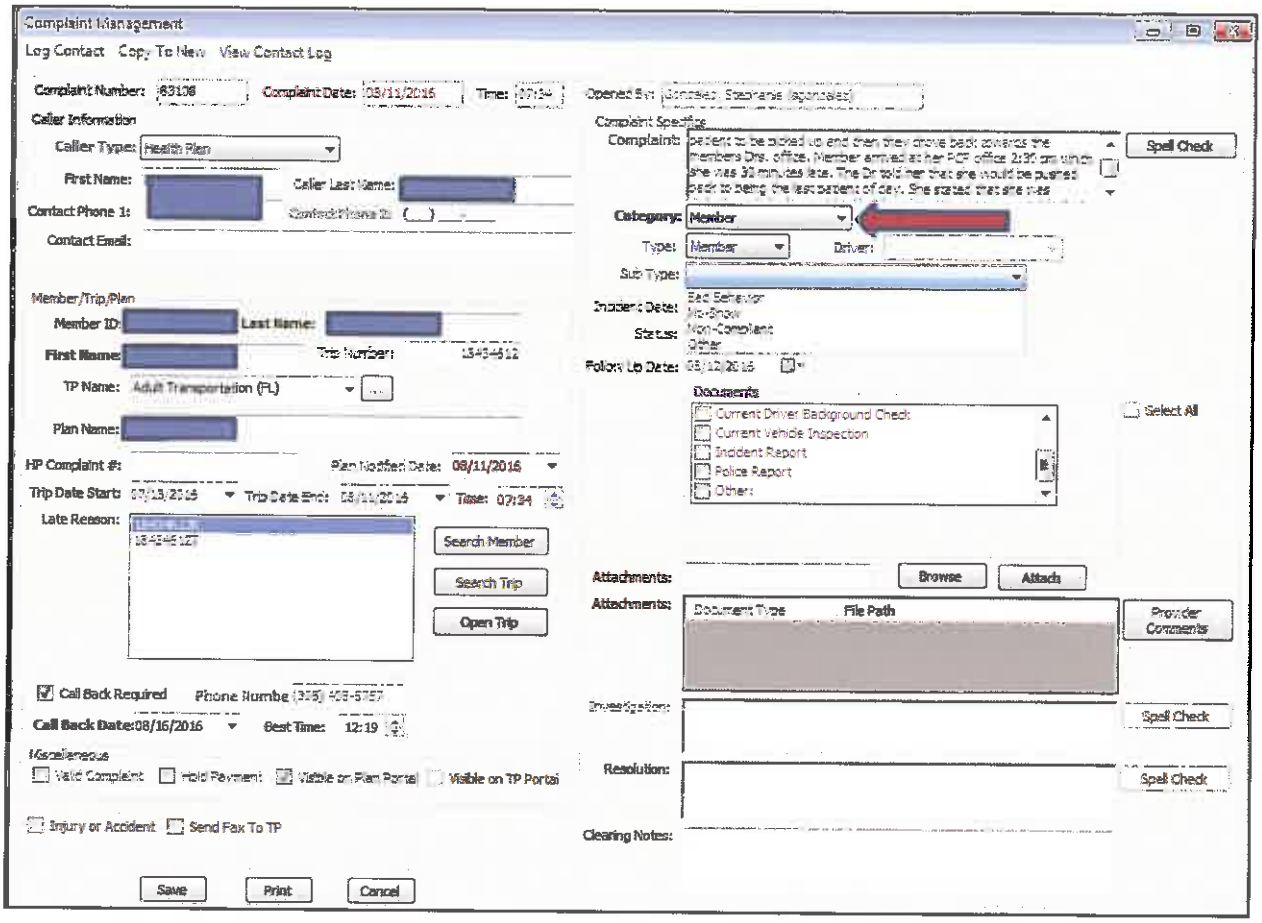


If it is a **Substantiated complaint reported by the Health Plan with NO documentation**, check
- 'Substantiated'
- 'Hold Payment'
- 'Visible on Plan Portal'
- 'Visible on TP Portal'

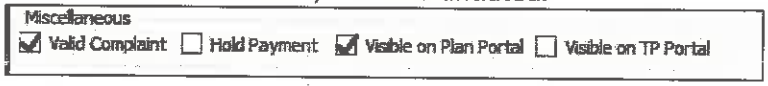


Against Member

If the complaint is against the Member you will not listen to any phone calls.



- **Oregon complaint:** If this is a member No-Show, member is required to cancel 2 hours in advance. If they do not cancel 2 hours in advance, it is substantiated.

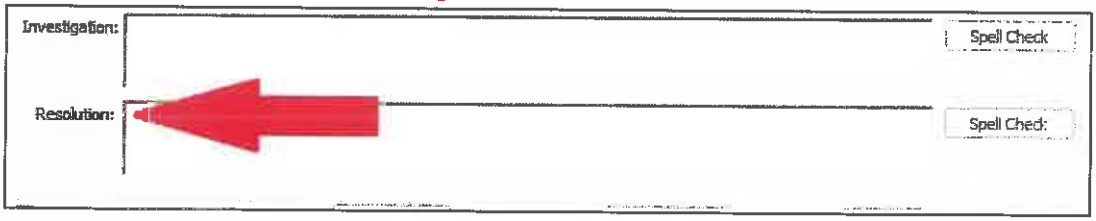


- **All others:** Forward to the Health Plan by checking 'Visible on Plan Portal'. **DO NOT MARK 'HOLD PAYMENT'**



- In the investigation section, note the information will be sent to the Health Plan and Transportation Provider. (See Appendix for full list of items to note in Investigation)

Resolution against Member, NOT OREGON



- Your resolution should provide a brief description of the complaint.
- Indicate that this incident will be forwarded to the Health Plan for review, and mark it as 'Visible on Plan Portal'.

Phone Calls upon Closure

- We are required to call members upon closure for the following accounts:
  - Oregon Health Share and Family Care
  - Prestige MMA

Appendix:

QE Change Categories

Category	Type	Subtype	Examples
Call center	Call Center		
		Appointment Incorrectly Scheduled	Wrong date, Wrong time, Wrong address, Level of Service
		Appointment Not Scheduled	CSR does not save when entering appointment, System down and not re-entered
		CSR was Rude	CSR was inappropriate or unprofessional towards the member
		No Follow-up on Transport	Dispatch Operations did not find vendor or call member the prior day
		On Hold too Long	Member felt they were on hold too long
		Other	Mileage Reimbursements, and other situations that do not fit in the above

Category	Type	Subtype	Examples
Member	Member		**The ONLY time Member is used, when the complaint originates from the TP**
		Bad Behavior	Member Rude to Driver, physically aggressive towards driver, verbally aggressive or rude
		No-Show	Member does not show up for ride
		Non-Compliant	Member refuses to get out of scooter, decline restraints placed on wheel chair
		Other	Other situations that do not fit in above

Category	Type	Subtype	Examples
Plan	Plan		
		Hospital Discharge	If it involves a hospital discharge choose this option always
		Inadequate Coverage	DO NOT USE
		Other	Other situations that do not fit in above

QE Change Categories cont.

Category	Type	Subtype	Examples
Transportation Provider	Driver		If documentation and/or response is needed, this needs to be the choice
		Got Lost	GPS was not working, could not find address, residence
		Rude	Driver was Rude to member, others; physically aggressive towards others, verbally aggressive or rude
		Transportation Provider No-Show	Driver does not show up for trip
		Un-kept	Driver's appearance, odor are not pleasant
		Unsafe Driving	Driver is not following traffic rules, cellphone; member did not feel safe
		Other	Other situations that do not fit in above
Transportation Provider	System		
		Response Time	Driver shows up late; Driver shows up early
		Routing Difficulties	DO NOT USE
		Transportation Provider No-Show	DO NOT USE
		Other	Other situations that do not fit in above
Transportation Provider	Vehicle		
		Breakdown	No AC; Vehicle breaks down, is not operable, flat tires, overheating
		Lack of Equipment	Missing restraints; no step stool, Level of Service cannot be met by vehicle sent
		Tranportation Provider No-Show	DO NOT USE
		Unclean	Vehicle is dirty, pet hair, trash on floor, smells badly - interior or exterior
		Unmarked	No company logo on vehicle that is visible
		Other	Other situations that do not fit in above

Category	Type	Subtype	Examples
Inquiry	Inquiry	DO NOT USE	

Category	Type	Subtype	Examples
Special Situations			
There is a duplicate entry because it was called into the Call Center twice	Member	Member	Other and closed as a duplicate. If it is from both the call center and the Health Plan, keep the Health Plan ticket open, close the Call Center ticket.

Quick Entry Documents to Request

Against Transportation Provider

Document	QE processing	Significant Event processing
Driver Log	Always request this	
Current driver license	reckless driving;	accident or other significant event such as inappropriate behavior
Current driver record check	reckless driving;	accident or other significant event dealing with the operation of the motor vehicle
Current driver background check		inappropriate behavior towards member, inappropriate questions of criminal nature
Current vehicle inspection	complaint vehicle maintence or upkeep	member not restrained, strap did not work and member was injured
Incident report	Always request this	
Police report		accident or other significant event

Investigation Information

Note these in your Investigation

Examples

Document Request:
We requested the required documentation for this complaint by: (time) on (date).

Trip Notations (FYI this is Trip Remarks)
The following notations were reviewed on: (date) (time), MDT.

Transportation Provider Notations:
There are no Transportation Provider notes related to the complaint.

Link to HP Protocols

https://portal.emsc.net/home/access2care/projects/Client%20Information/Forms/AllItems.aspx

Resolution

Category	Type	Subtype	Examples of Reason for Complaint
Call center	Call Center	Appointment Incorrectly Scheduled	o Date and Time of intake call o Date and Time of appointment o No available trips left o **Not Eligible**
		Appointment Not Scheduled	o Date and Time of intake call o Date and Time of appointment o No available trips left o Not Eligible
		CSR was Rude	o Date and Time of call o Indicate if the CSR was rude, could be perceived as rude, argued with member o CSR did not provide accurate o information
		No Follow-up on Transport	o Indicate no vendor is assigned
		On Hold too Long	o Date and Time of call o Indicate if caller was put on hold, for o how long, and/or how often.
		Other	o Dates and Times o Any information that pertains to complaint

Category	Type	Subtype	Examples
Member	Member	Bad Behavior	o NO INVESTIGATION
		No-Show	o Date/Time Trip Notations reviewed for cancellation (OREGON). o If any other plan, NO INVESTIGATION
		Non-Compliant	o NO INVESTIGATION
		Other	o NO INVESTIGATION

Category	Type	Subtype	Examples
Plan	Plan	Hospital Discharge	o Date and Time of call o If vendor showed up within time frame indicated in Health Plan Protocols.
		Other	o Dates and Times o Any information that pertains to complaint

Category	Type	Subtype	Examples
Transportation Provider	Driver	Got Lost	○ Information provided by TP ○ Notes on Trip
		Rude	○ Information provided by TP ○ Notes on Trip
		Transportation Provider No-Show	○ Information provided by TP ○ Notes on Trip
		Un-kept	○ Information provided by TP ○ Notes on Trip
		Unsafe Driving	○ Information provided by TP ○ Notes on Trip
		Other	○ Information provided by TP ○ Notes on Trip
Transportation Provider	System	Response Time	○ Information provided by TP ○ Notes on Trip
		Other	○ Information provided by TP ○ Notes on Trip
Transportation Provider	Vehicle	Breakdown	○ Information provided by TP ○ Notes on Trip
		Lack of Equipment	○ Information provided by TP ○ Notes on Trip
		Unclean	○ Information provided by TP ○ Notes on Trip
		Unmarked	○ Information provided by TP ○ Notes on Trip
		Other	○ Information provided by TP ○ Notes on Trip

Significant Events

Significant Event: An SE is an unexpected occurrence that demonstrates a real or potential safety risk to people, property, or the business. Events may include but are not limited to:

- Potential harm (physical or psychological) to people (employees, participants/members, members transportation provider personnel, etc.) involved in the Non-emergency Transportation (NET) program.
- Violation of member safety related contractual obligations (background check, exclusions, etc.)
- Damage to or destruction of property.
- Information or events that may potentially represent Access2Care negatively.
- Any other event or series of events deemed significant by Access2Care management staff requiring immediate attention from multiple areas of the business.

Examples: Car accidents, injuries, threatening litigation, threatening media action, property damage etc.

To report an SE found in a complaint for any health plan, email/message Sarah Skeens with complaint #.

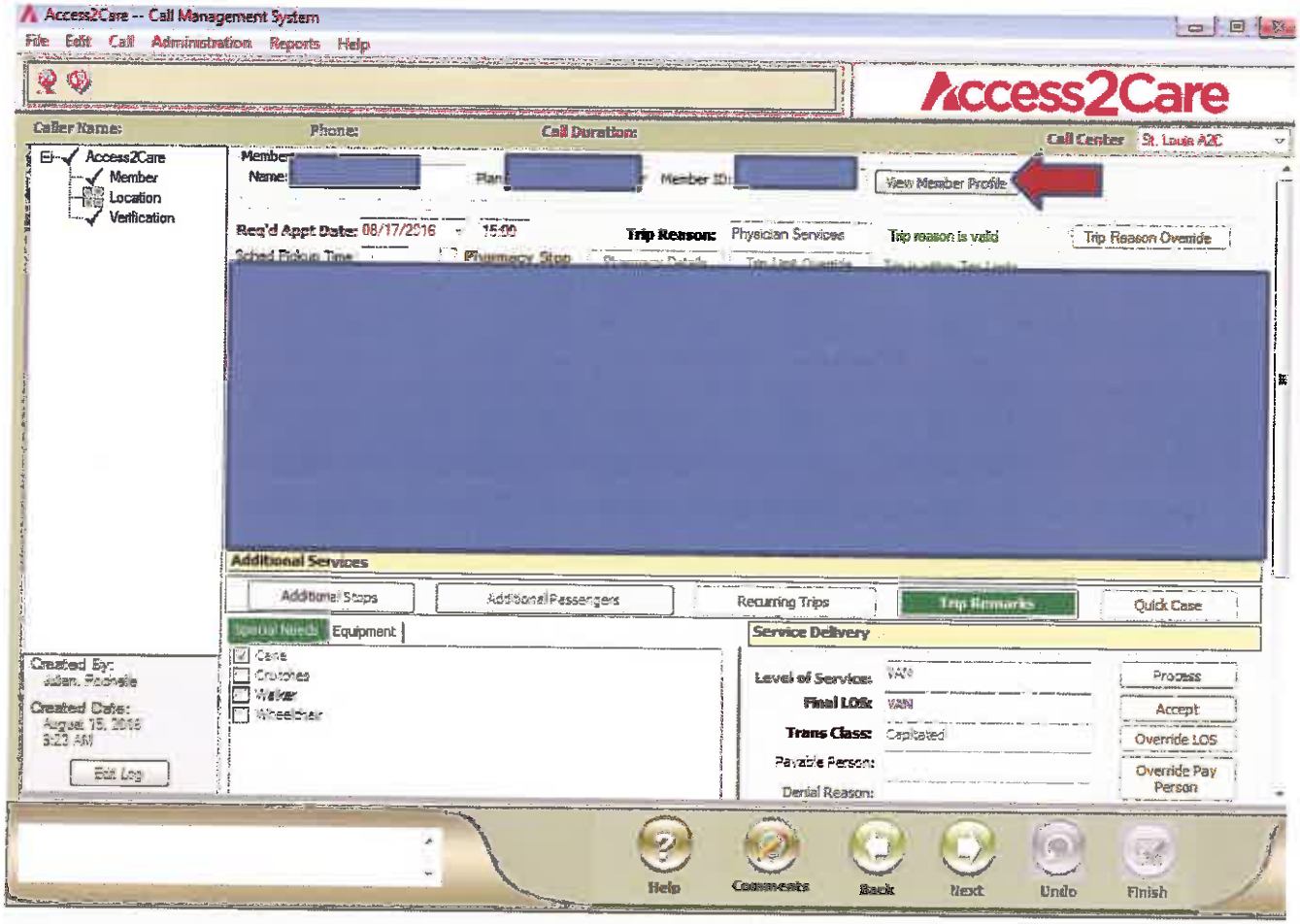
DO NOT close Significant Event complaints, those are handled by Sarah.

How to Flag a Members Account

- Open a trip related to the member.
- Hit the 'Next' button once.



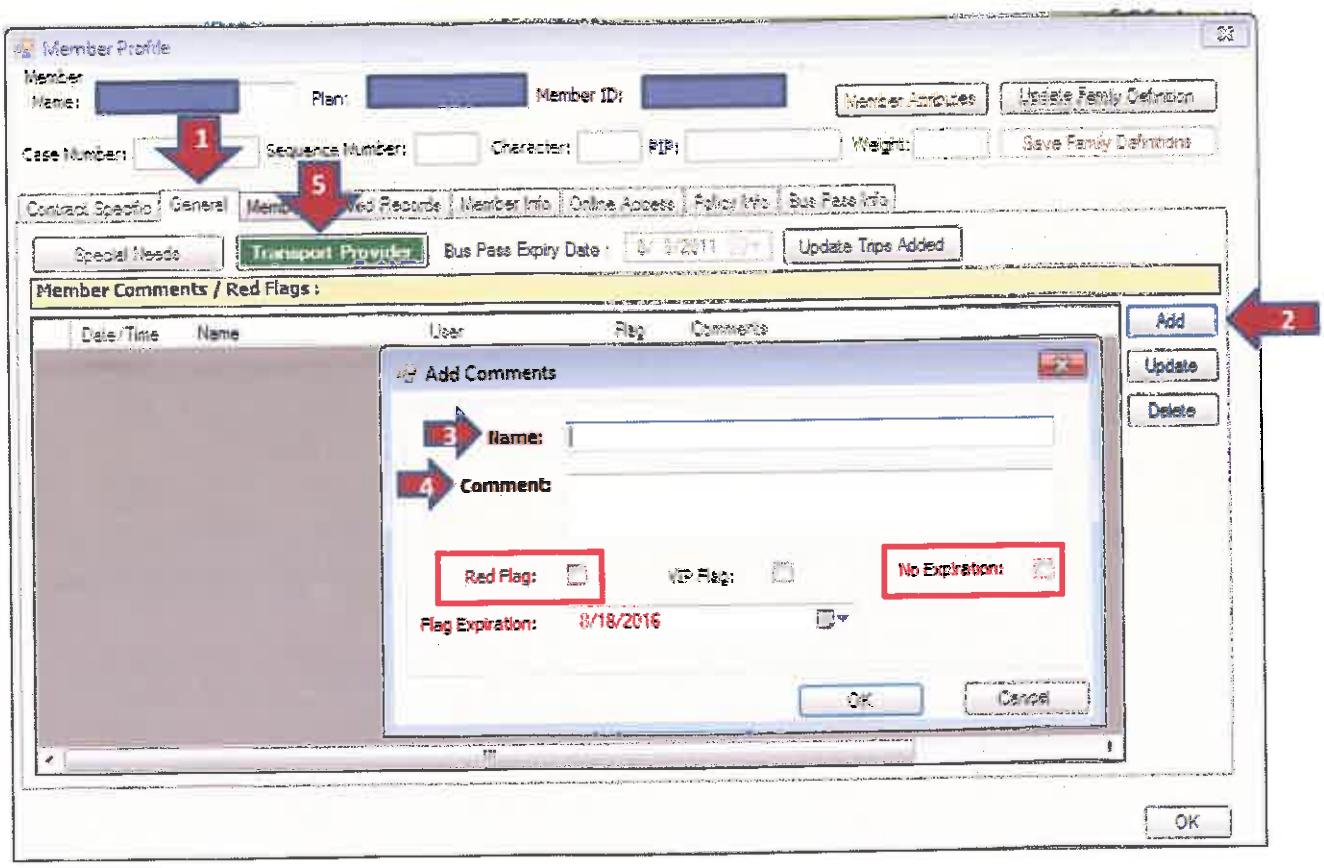
- At the top of the Call Management Screen, page 2, click on 'View Member Profile'



How to Flag a Members Account cont'd

1. Click the 'General' Tab
2. Click 'Add'
3. In 'Name' enter your login name, such as SaSkeens
4. In 'Comment' enter "NO (vendor)". If this is at the request of the vendor, enter "NO (vendor) at request of vendor"
5. Check the 'Red Flag' and 'No expiration' boxes

- In the 'Transport Provider' tab, add the vendor to the 'Do Not Assign Providers' list.



- If member states a preference, repeat all the steps above, except intstead of 'NO (vendor) enter 'PREFERS (vendor)'.

Investigation Template, TRANSPORTATION PROVIDER

Black font – used in all responses
Blue font – information you add in using your own words
Green font - information added depending on situation

Investigation (VET)

Summarize the vendor response (do not copy and paste), provide both P/U and D/O times per driver log

Summarize changes to the trip

Summarize the trip remarks; only use notes related to the complaint (do not copy and paste)

Substantiated – Substantiated (CODE/HYPE)

Your complaint against (Transportation Provider Name) states (brief description of all the issues within the complaint and incident date). In response to your communication, Access2Care was able to substantiate the complaint.

The transportation Provider was complaint free for XX.X% of the XXXXX trips completed in (month). (*Only use if 99% or greater) Per (brief summarization of the trip notes and / or Transportation Provider response (do not copy and paste), scheduled/pick up times provided) or The Transportation Provider was unable to provide documentation to dispute the complaint. (*Use exact wording)

Our investigation concluded the Transportation Provider did not adhere to the (Protocol/TP Manual) stating (provide summary). (add red flag info if requested). This incident was referred to the Network Team Manager resulting in coaching with the Transportation Provider in accordance with the Protocols and/or Transportation Provider Manual. (*If the complaint is regarding Response Time or Provider No Show and they are showing Red on the Flash Report use the following) This incident was referred to the Network Team Manager resulting in coaching with the Provider and it has been recommended they are placed on a PIP.

Unsubstantiated – Unsubstantiated (CODE/HYPE)

Your complaint against (Transportation Provider Name) states (brief description of all the issues within the complaint and incident date). In response to your communication, Access2Care was unable to substantiate the complaint.

The transportation Provider was complaint free for XX.X% of the XXXXX trips completed in (month). (*Only use if 99% or greater). Per (brief summarization of the trip notes and / or Transportation Provider response (do not copy and paste), scheduled/pick up times provided) or The Transportation Provider was unable to provide documentation to dispute the complaint. (*Use exact wording)

Our investigation concluded the member was transported in accordance with the Health Plan Protocols and the Transportation Provider Manual.

Investigation Template, CALL CENTER

Black font – used in all responses
Blue font – information you add in using your own words

Investigation (PET)

Summarize phone calls reviewed; include date/time of call

Summarize changes to the trip located in the Edit Log

Summarize the trip remarks (do not copy and paste)

Substantiated – Substantiated (CODE/HYPE)

Your complaint against Access2Care states (brief description of all the issues within the complaint and incident date). In response to your communication, Access2Care was able to substantiate the complaint.

The CCA (brief summarization of the trip notes and / or phone calls).

Our investigation concluded the CCA (was rude, did not schedule the trip accordingly). This incident was referred to the Contact Center Manager resulting in coaching with the CCA in accordance with the Protocols and/or Transportation Provider Manual.

Unsubstantiated – Unsubstantiated (CODE/HYPE)

Your complaint against Access2Care states (brief description of all the issues within the complaint and incident date). In response to your communication, Access2Care was unable to substantiate the complaint.

The CCA (brief summarization of the trip notes and / or phone calls).

Our investigation concluded the CCA was in accordance with the Health Plan Protocols and the Transportation Provider Manual.

Investigation Template, DISPATCH OPERATIONS

Black font – used in all responses
Blue font - information you add in using your own words

Investigation (PET)

Summarize phone calls reviewed; include date/time of call

Summarize changes to the trip located in the Edit Log

Summarize the trip remarks (do not copy and paste)

Substantiated – Substantiated (CODE/HYPE)

Your complaint against Access2Care states (brief description of all the issues within the complaint and incident date). In response to your communication, Access2Care was able to substantiate the complaint.

The (brief summarization of the Provider Assignment History, Verify trip intake scheduling, appointment date/time changes, and rescheduled appointments).

Our investigation concluded we were unable to locate a Provider to transport the member to their appointment. This incident was referred to the Dispatch Operations Manager resulting in coaching with the Dispatcher in accordance to the Protocols and/or Transportation Provider Manual.

Unsubstantiated – Unsubstantiated (CODE/HYPE)

Your complaint against Access2Care states (brief description of all the issues within the complaint and incident date). In response to your communication, Access2Care was unable to substantiate the complaint.

The (brief summarization of the Provider Assignment History, Verify trip intake scheduling, appointment date/time changes, and rescheduled appointments).

Our investigation concluded Access2Care was able to locate a Transportation Provider for the requested date of service on (Date).

Investigation Template, NO DOS FOUND, NO MEMBER FOUND and NO PERMISSION TO USE NAME

PERMISSION TO USE NAME NOT GIVEN INVESTIGATION

The complaint states we are unable to use the member's name.

PERMISSION TO USE NAME NOT RESOLUTION

Without the members permission to use their name we are unable to investigate the complaint. In order for us to obtain documentation from the Transportation Provider regarding the incident we must provide the trip number. Additionally, the trip number is required by Transportation Provider in order to address any driver or vehicle issues. If the member provides authorization to use their name please resubmit a new complaint. Thank you for your attention to this matter.

(Completed by (YOUR INITIALS) (date)(time))

NO DOS FOUND INVESTIGATION

Unable to locate trip with the incident date provided of **(date)**

NO DOS FOUND RESOLUTION

We are currently unable to locate the member's trip in our system with the given incident date of **(date).** We also reviewed the trips surrounding the incident date and are unable to determine the correct date. Due to this, an investigation cannot be conducted at this time. Please verify the incident date provided and resubmit the complaint when the correct date is obtained. Thank you for your attention to this matter.

(Completed by (YOUR INITIALS) (date)(time))

NO MEMBER FOUND

Unable to locate member by name or member ID provided.

We are currently unable to locate the member in our system. Due to this, an investigation cannot be conducted at this time. Please verify the member's name and member ID provided and resubmit the complaint. Thank you for your attention to this matter.

(Completed by (YOUR INITIALS) (date)(time))

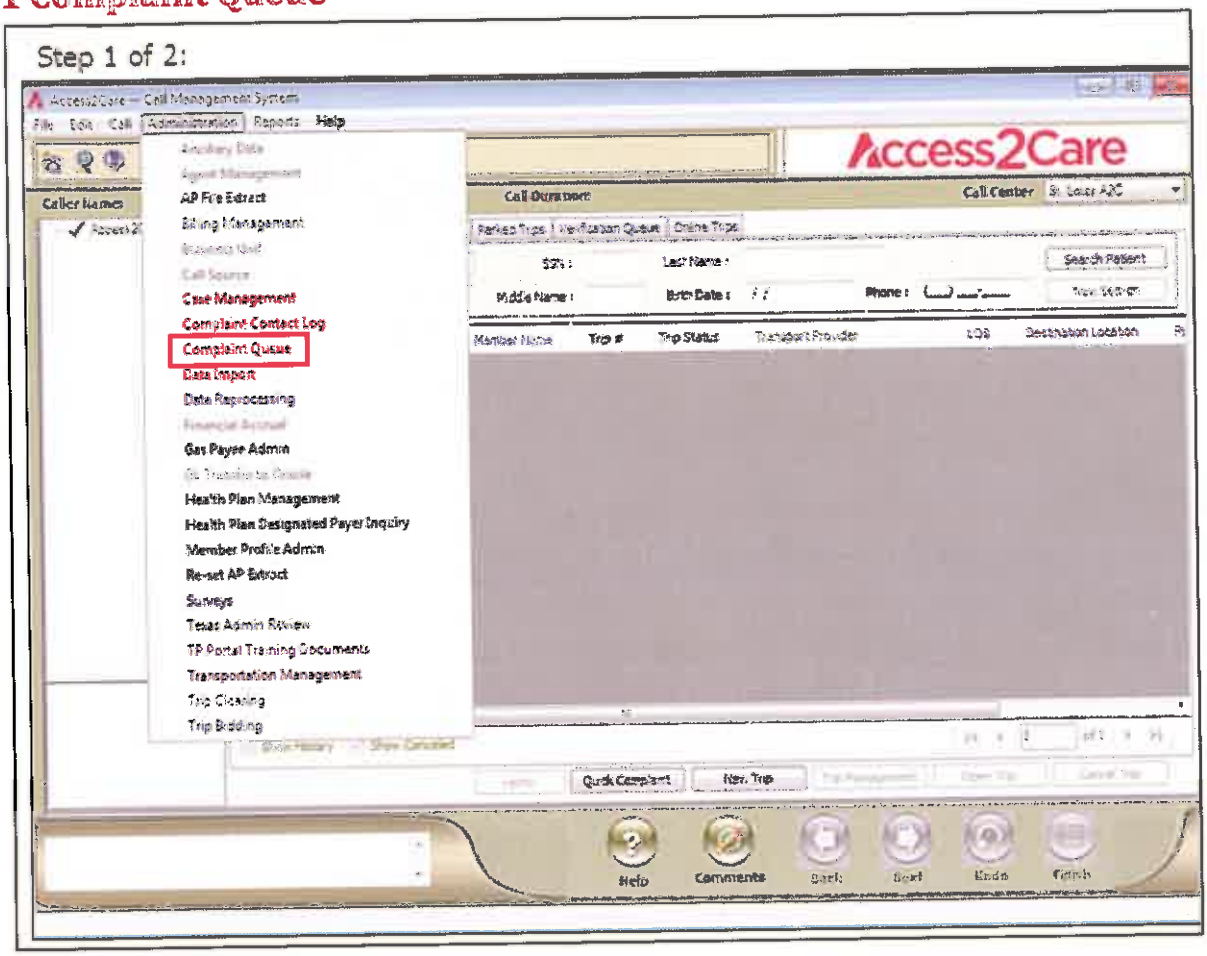
Access2Care

Ways to Create a Complaint

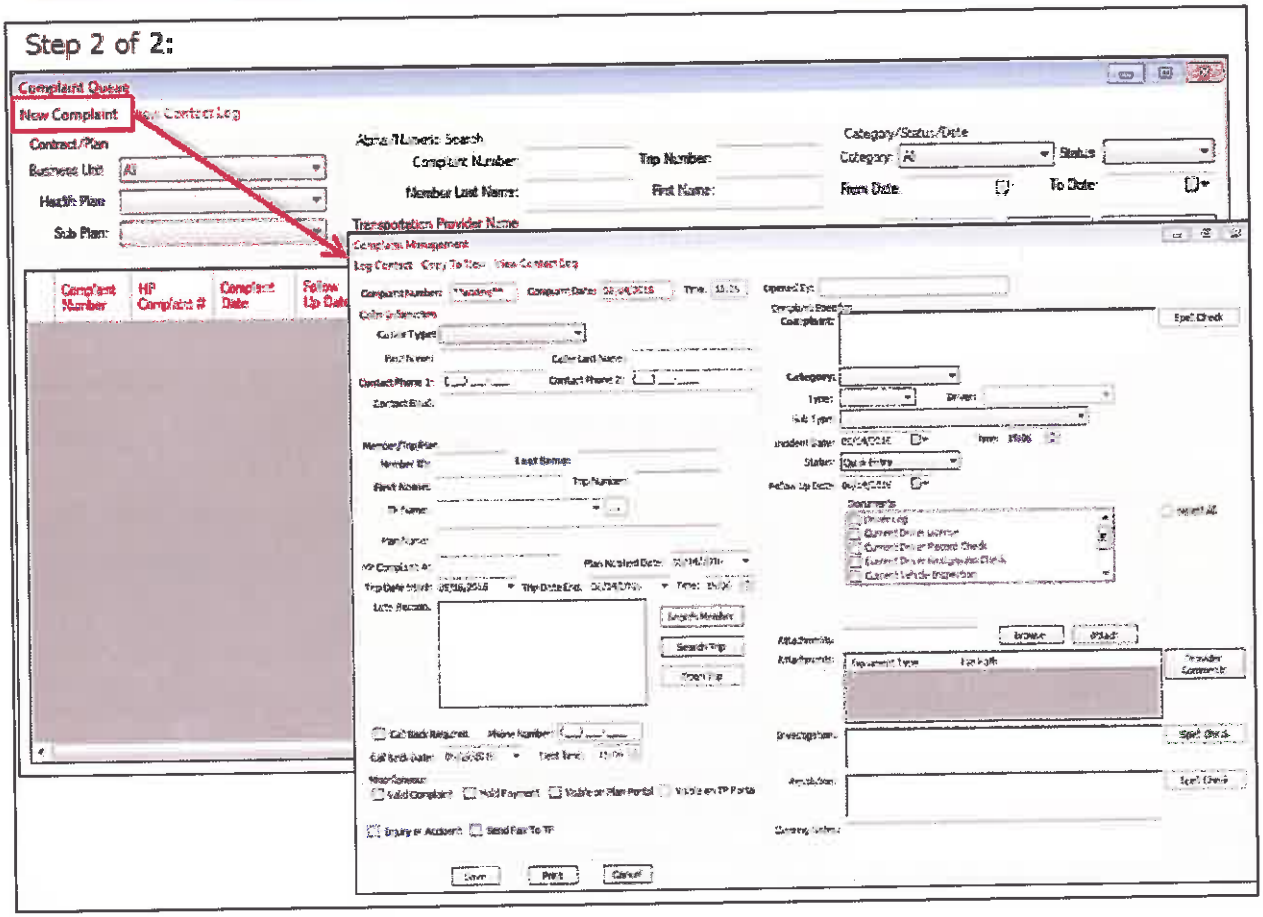
June 2016

Option 1 Complaint Queue

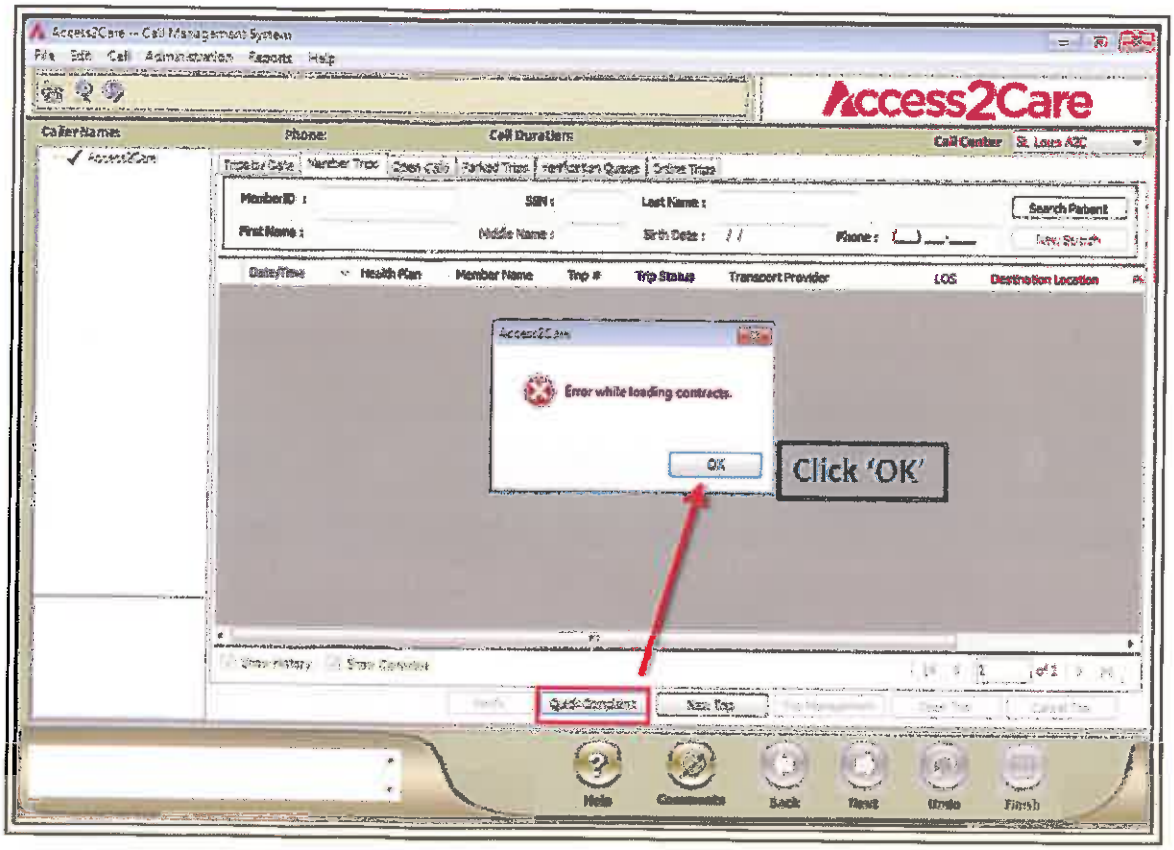
Step 1 of 2:



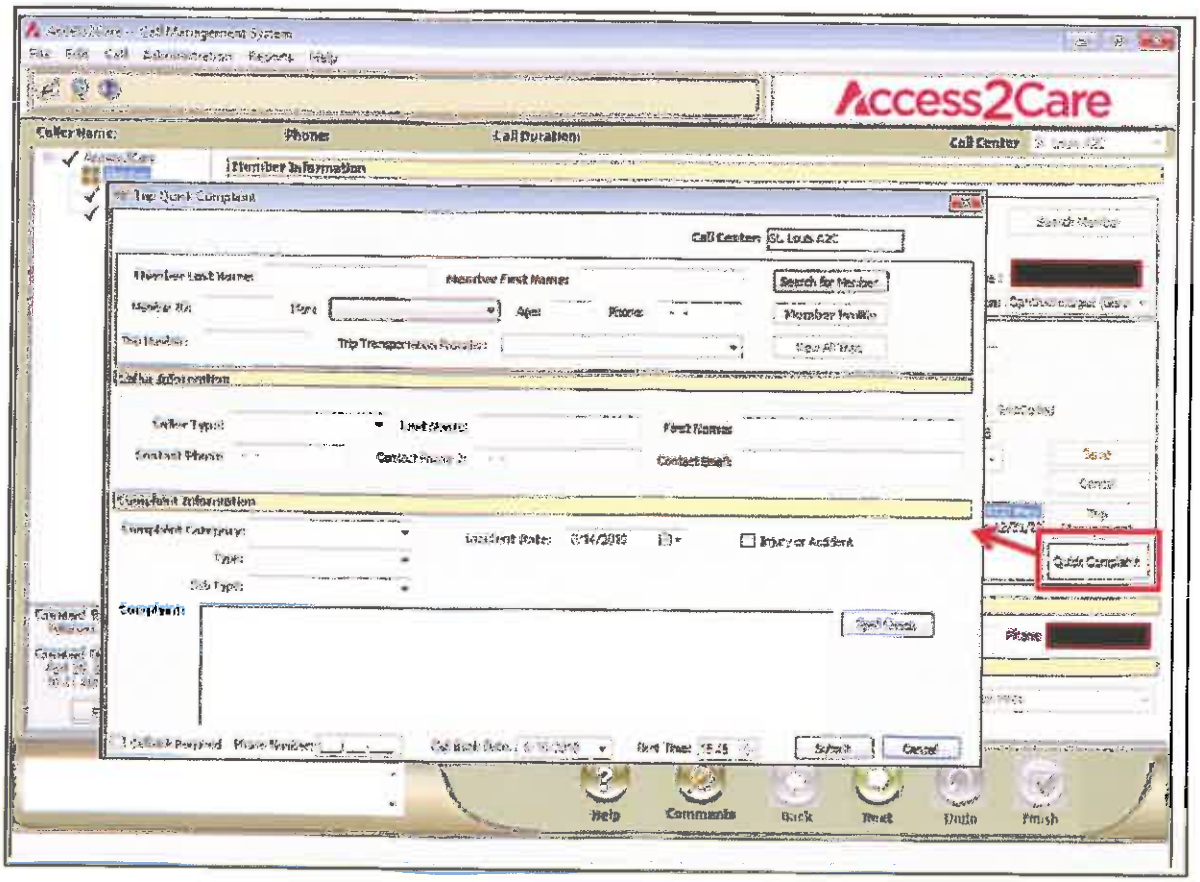
Step 2 of 2:



Option 2 Call Management Screen

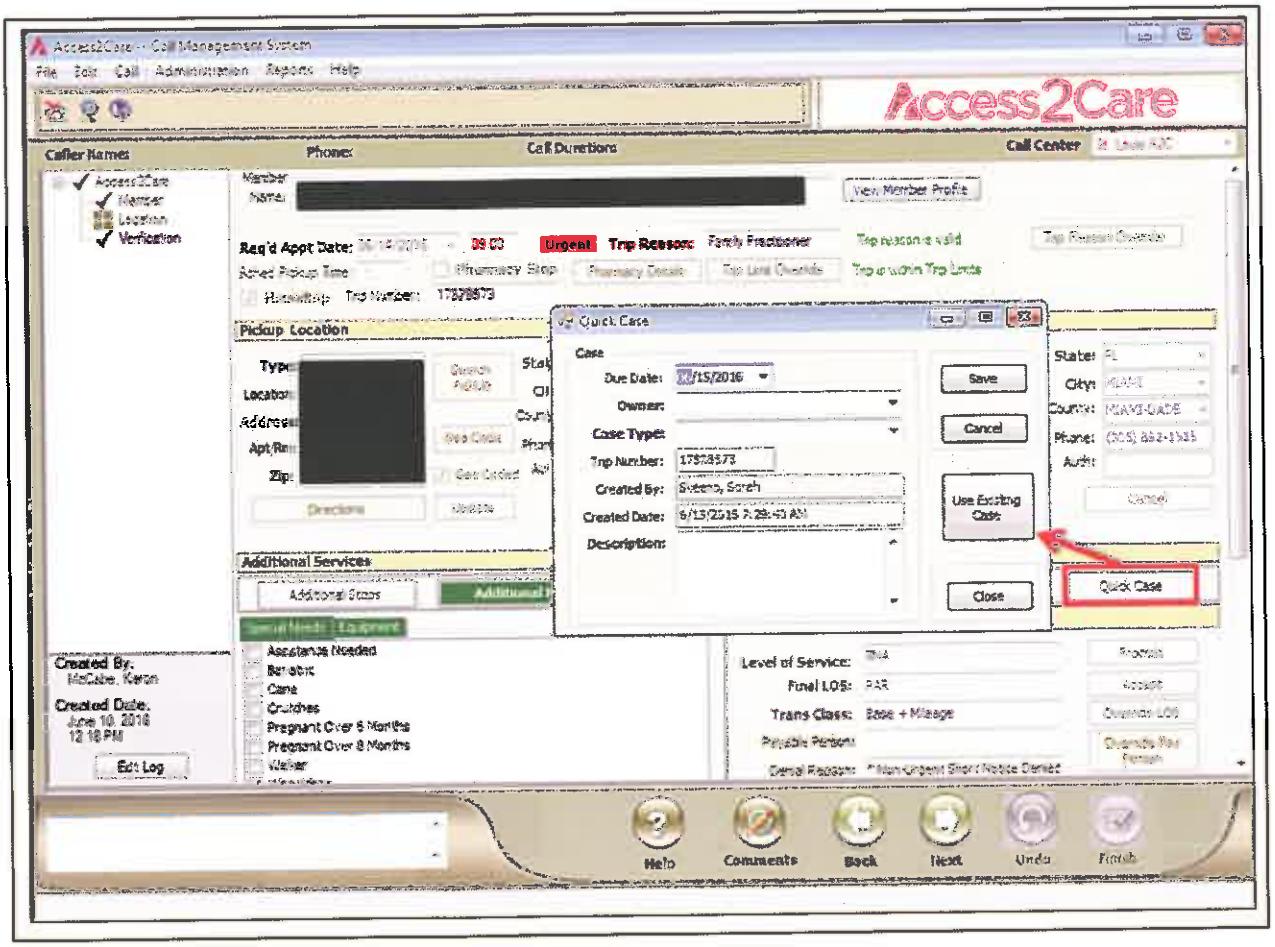


Option 3 Quick Complaint

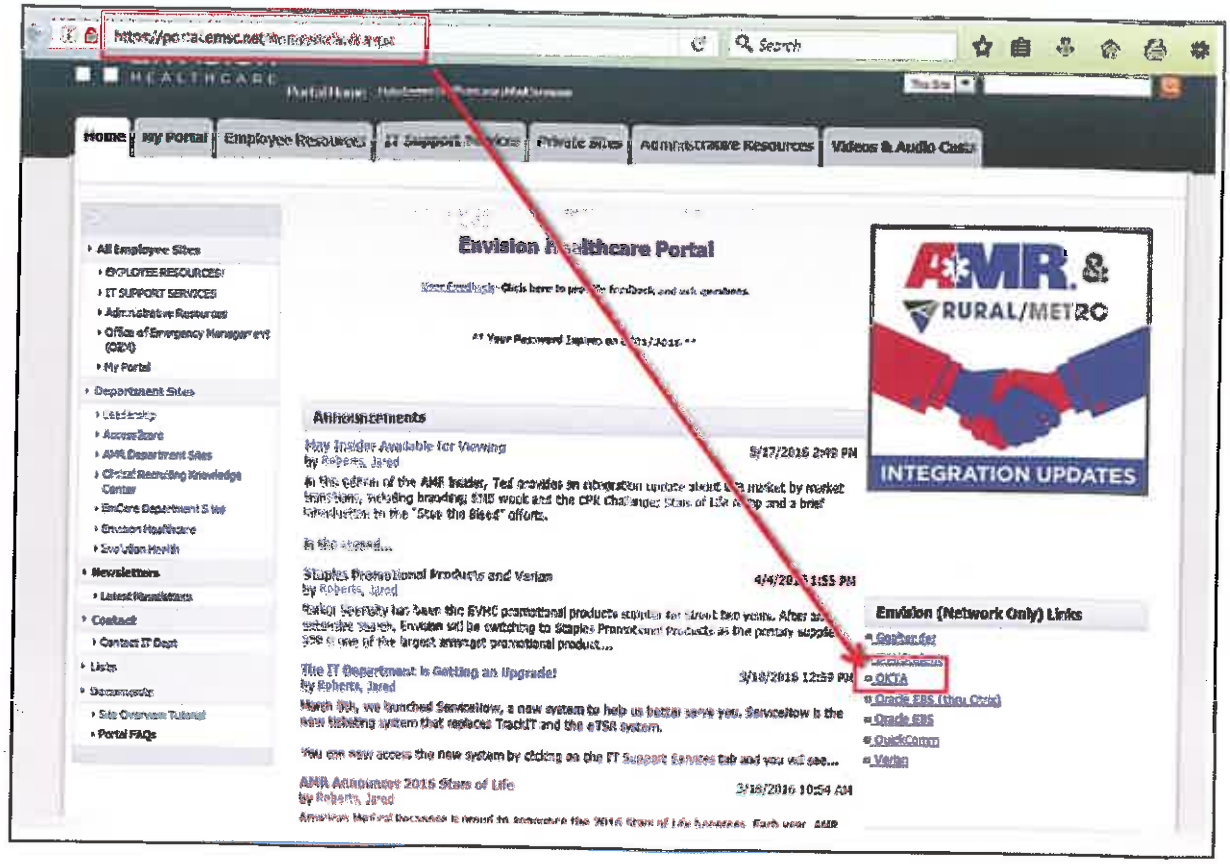


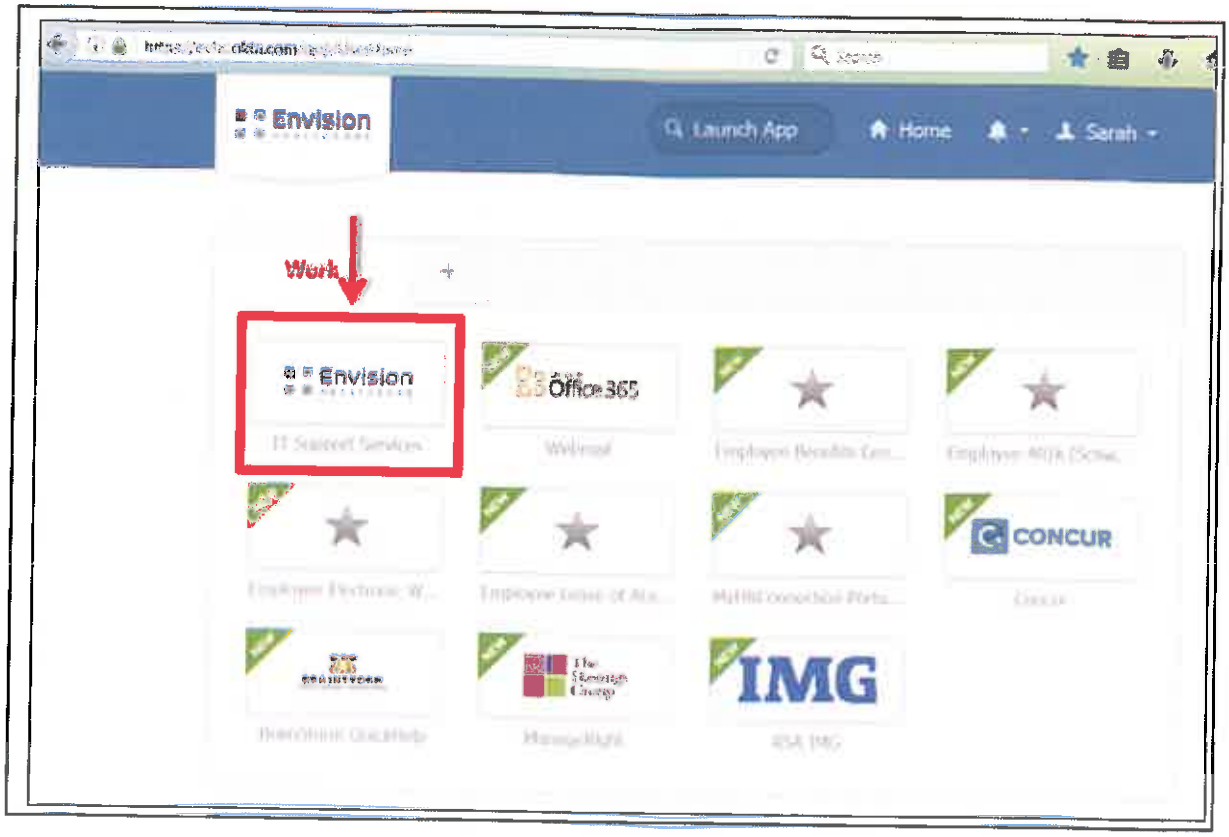
Option 4 Quick Case

(not all health plans allow this)

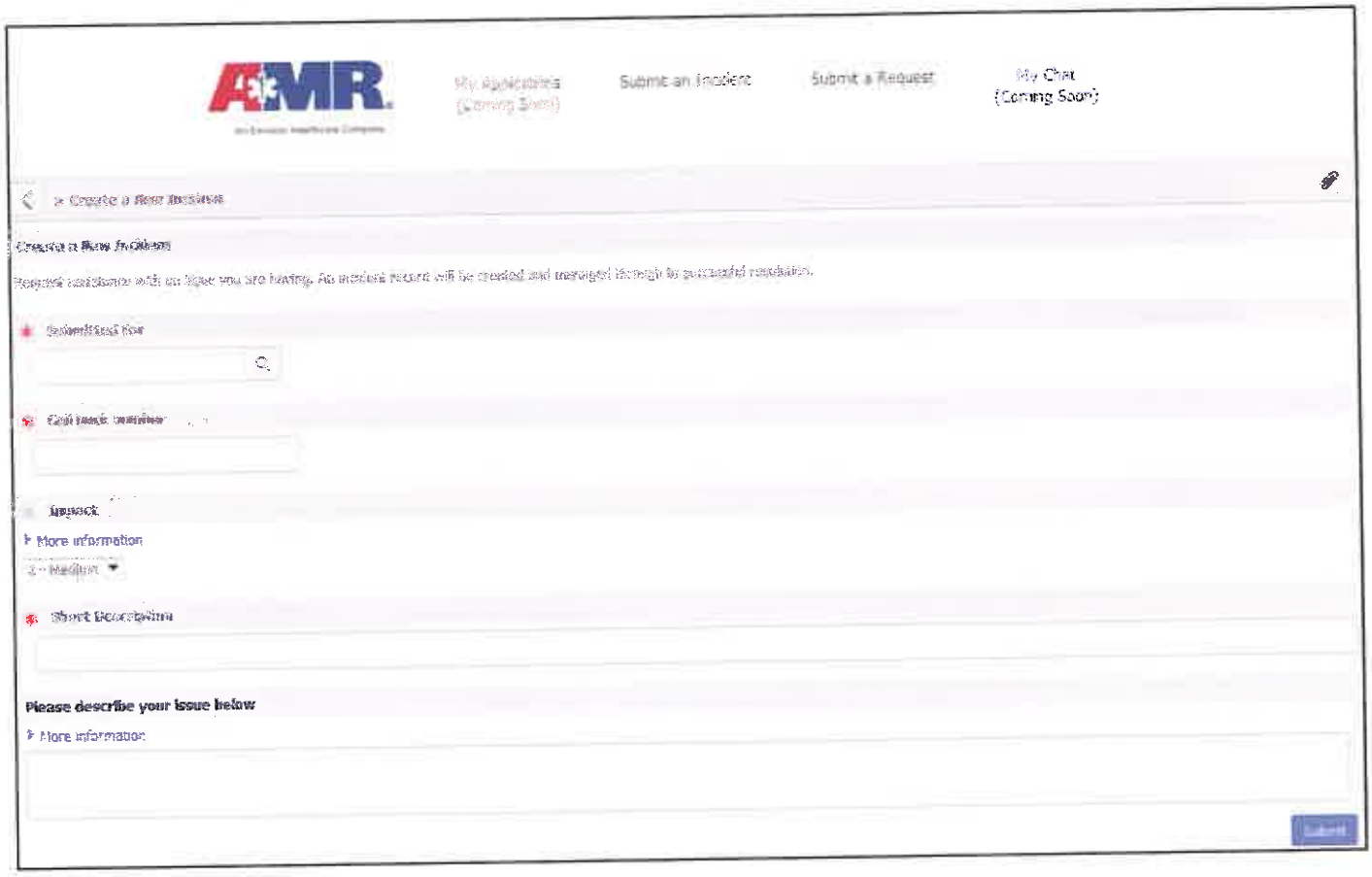


Entering an OKTA Help Desk Ticket





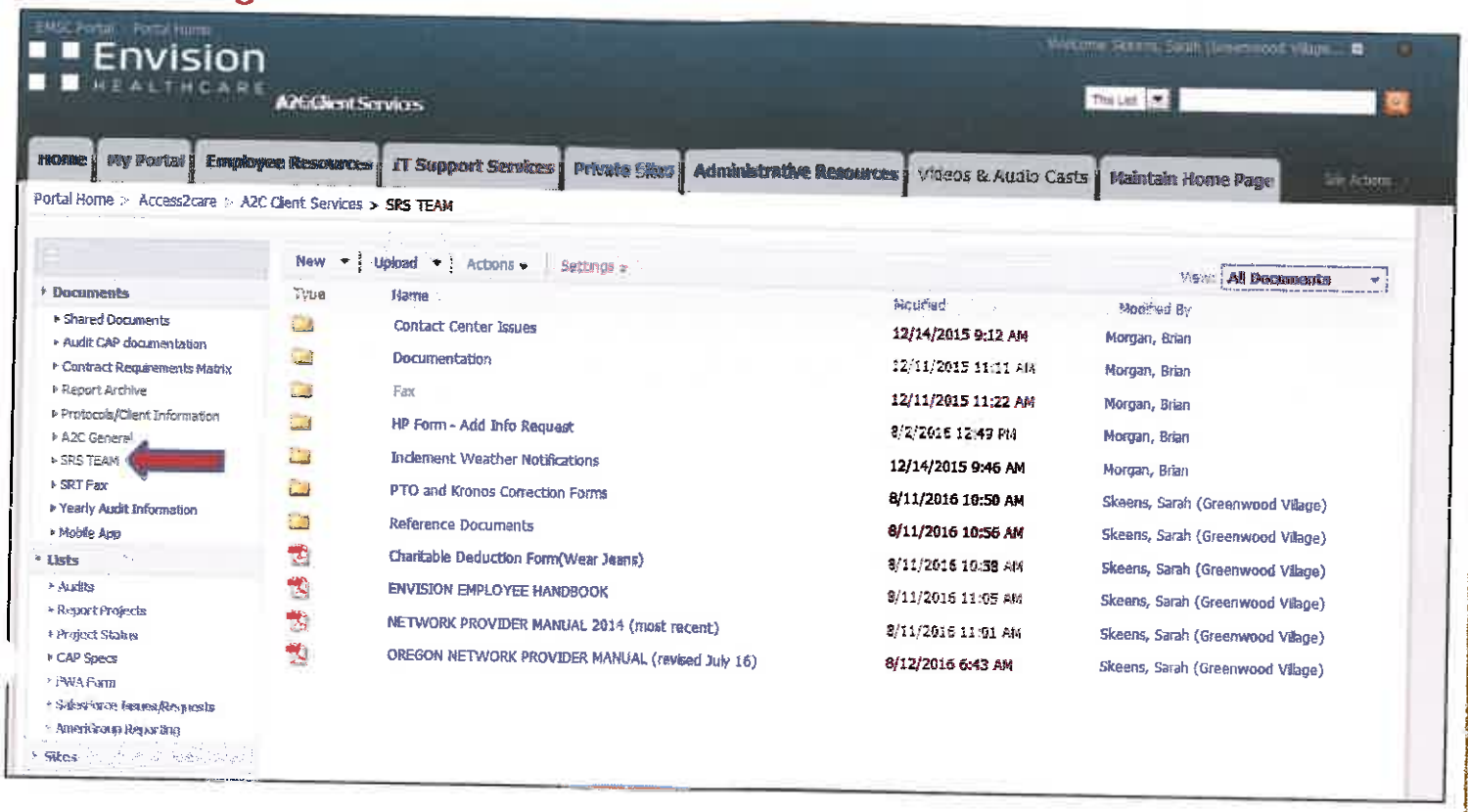

My Applications
(Coming Soon)
Submit an Incident
Submit a Request
My Chat
(Coming Soon)
My Applications
Submit an Incident
Submit a Request
My Chat
My Incidents
My Requests
My Approvals
IT Outages


My Applications
(Coming Soon)
Submit an Incident
Submit a Request
My Chat
(Coming Soon)
Please describe your issue below
More information
Submit

Sharepoint

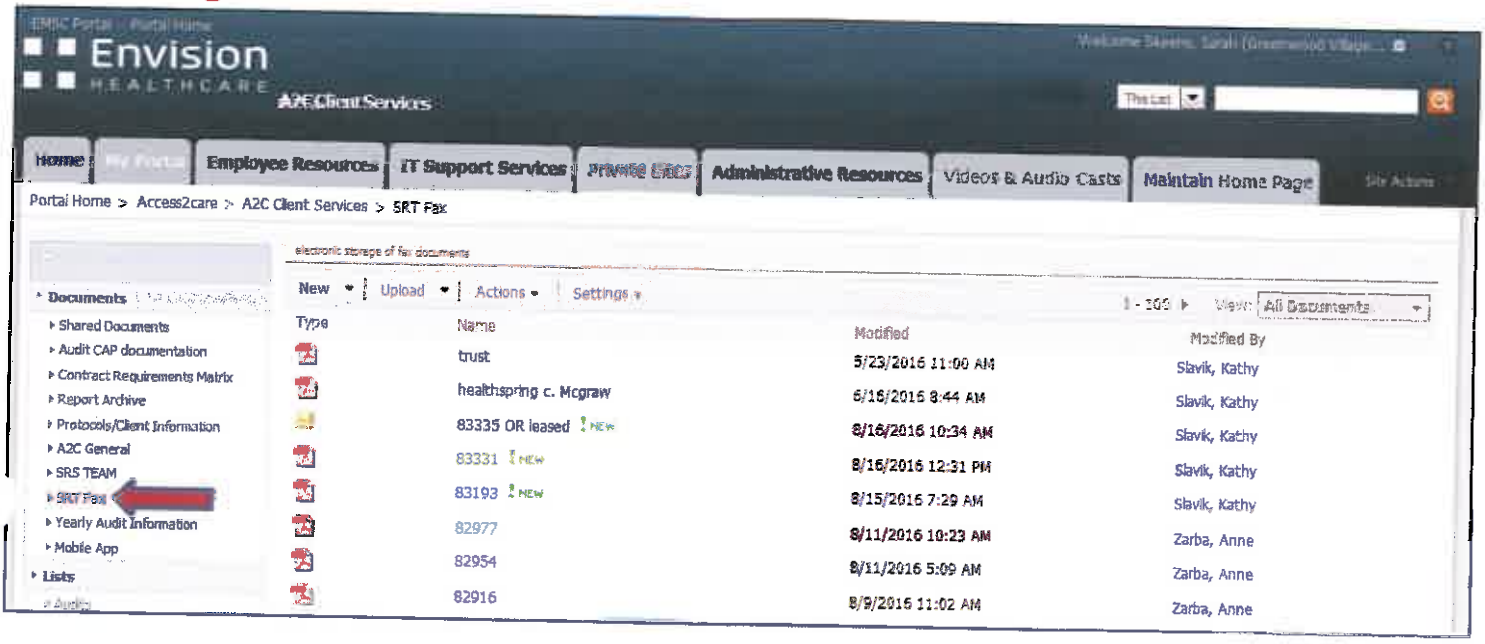
Logon to: https://portal.emsc.net/home/access2care/projects/SRS%20Documentation/Forms/AllItems.aspx

SRS Team Page

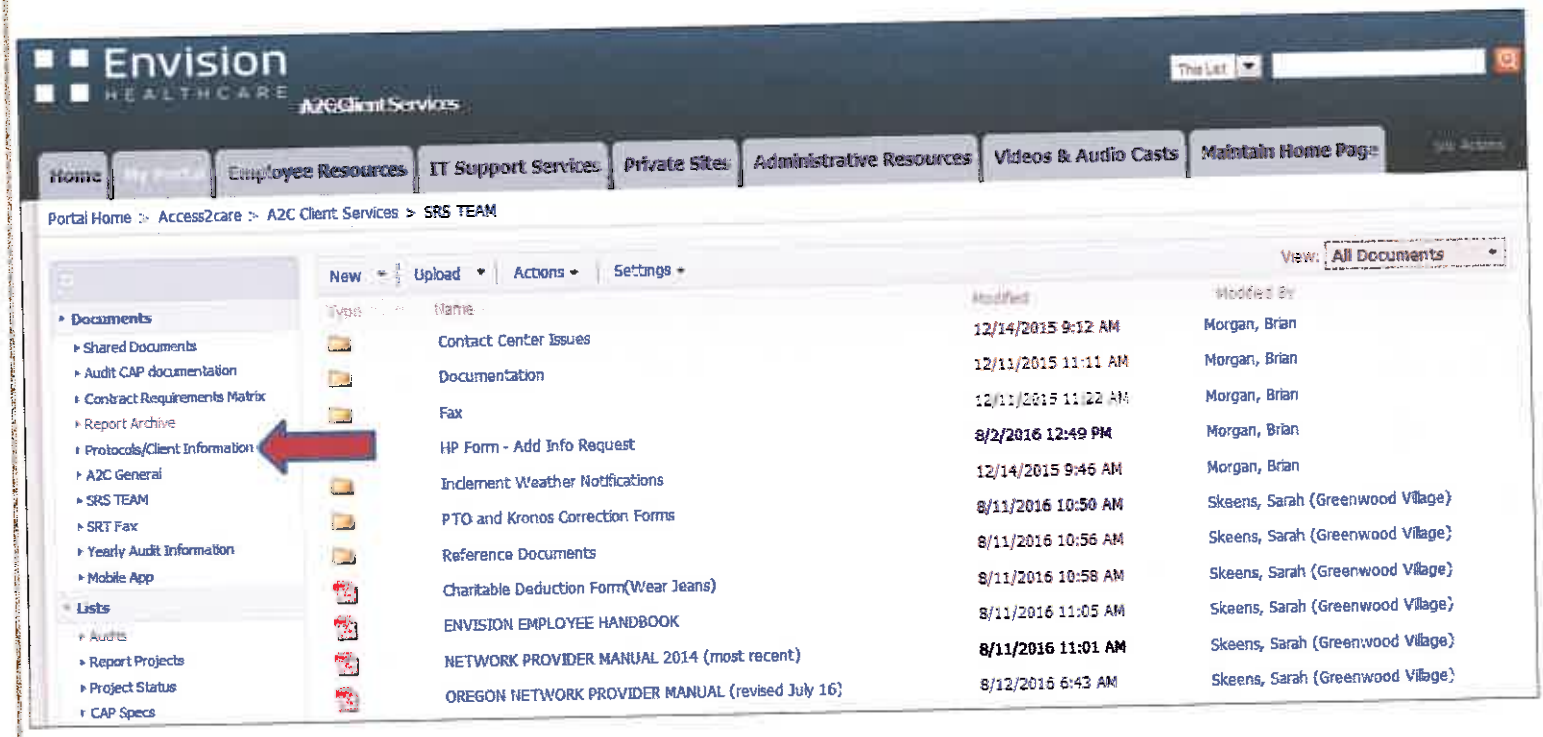


- The SRT Fax page is where you will check for a vendor response if there is none attached to the complaint.

SRT Fax Page



HP Protocols:



Other Helpful Information:

Initialisms:

QE: Quick Entry	SRS: Service Recovery Specialists
TP: Transportation Provider	SRT: Service Recovery Team
HP: Health Plan	A2C: Access2Care
SE: Significant Event	NEMT: Non-Emergency Medical Transportation
CCA: Call Center Associate	NET: Non-Emergent Transportation
MSR: Member Services Representative	CSR: Customer Service Representative