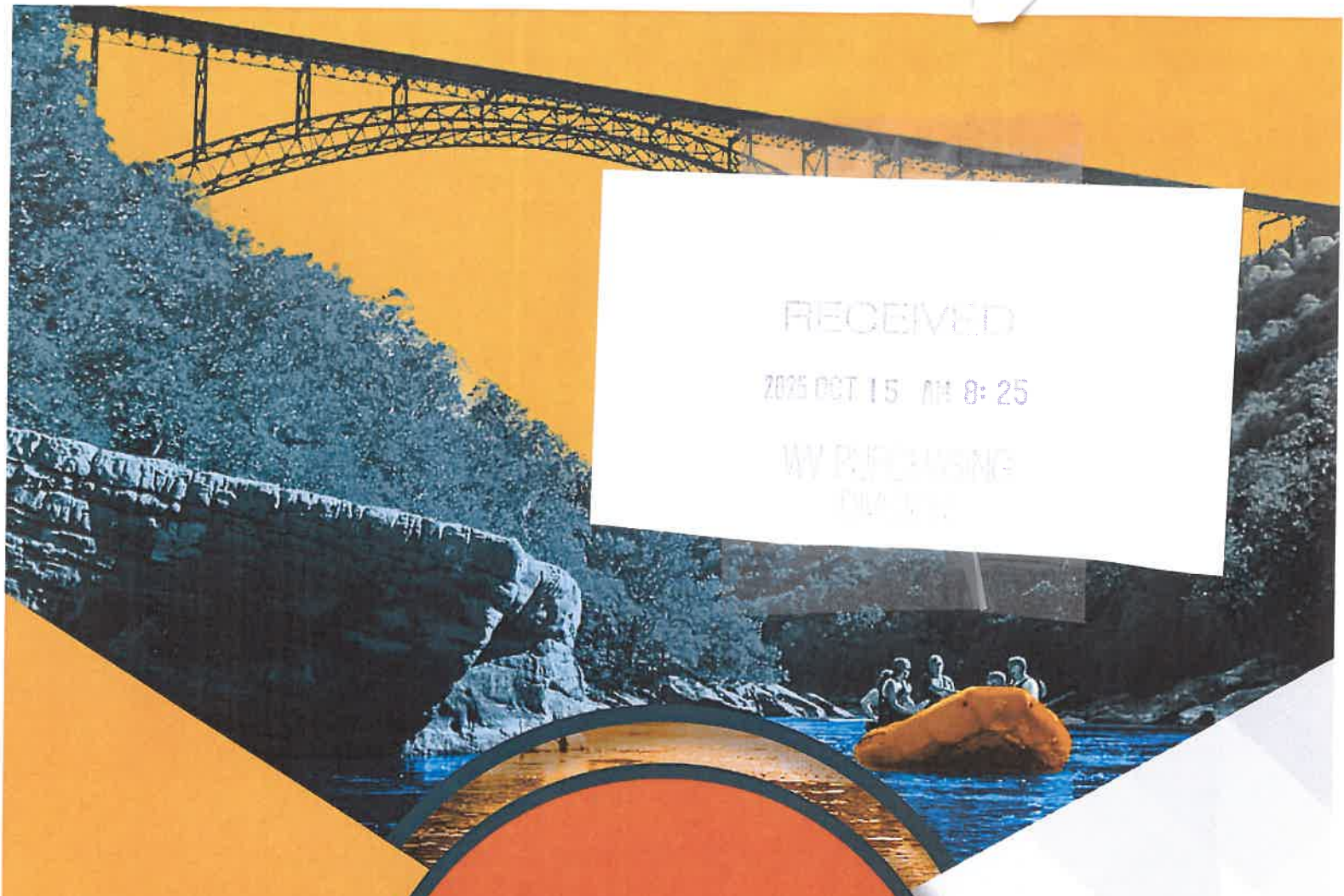

RECEIVED
2025 OCT 15 AM 8:25
WV PURCHASING

VERIDA

STATE OF WEST VIRGINIA
MONTANI SEMPER LIBERI

TECHNICAL PROPOSAL

NON-EMERGENCY MEDICAL TRANSPORTION/ STATEWIDE TRANSPORTATION PROGRAM

October 15, 2025

CRFP 0511
BMS2600000001

Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

State of West Virginia
Centralized Request for Proposals
Service - Misc

Proc Folder: 1544503			**Reason for Modification:**
Doc Description: NON EMERGENCY MED TRANSPORT/STATEWIDE TRANSPORT PROGRAM			
Proc Type: Central Master Agreement			
Date Issued	**Solicitation Closes**	**Solicitation No**	**Version**
2025-08-06	2025-09-16 13:30	CRFP 0511 BMS2600000001	1

BID RECEIVING LOCATION

BID CLERK
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
2019 WASHINGTON ST E
CHARLESTON WV 25305
US

VENDOR

Vendor Customer Code: VS0000020027
Vendor Name : Verida, Inc.
Address : 843
Street : Dallas Highway
City : Villa Rica
State : Georgia **Country :** USA **Zip :** 30180
Principal Contact : Steve R. Adams
Vendor Contact Phone: (404) 290-8581 **Extension:**

FOR INFORMATION CONTACT THE BUYER
Crystal G Hustead
(304) 558-2402
crystal.g.hustead@wv.gov

Vendor Signature X Steve R. Adams **FEIN#** 58-2504845 **DATE** 10/14/2025

All offers subject to all terms and conditions contained in this solicitation

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

(Printed Name and Title) Dena Adams McNeish

(Address) 843 Dallas Hwy; Villa Rica, GA. 30180

(Phone Number) / (Fax Number) (404) 290-8581

(email address) dadams@verida.com

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through *wv*OASIS, I certify that: I have reviewed this Solicitation/Contract in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation/Contract for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that this bid or offer was made without prior understanding, agreement, or connection with any entity submitting a bid or offer for the same material, supplies, equipment or services; that this bid or offer is in all respects fair and without collusion or fraud; that this Contract is accepted or entered into without any prior understanding, agreement, or connection to any other entity that could be considered a violation of law; that I am authorized by the Vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on Vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

By signing below, I further certify that I understand this Contract is subject to the provisions of West Virginia Code § 5A-3-62, which automatically voids certain contract clauses that violate State law; and that pursuant to W. Va. Code 5A-3-63, the entity entering into this contract is prohibited from engaging in a boycott against Israel.

Verida, Inc.

(Company)

Dena M. Adams-McNeish

(Signature of Authorized Representative)

Dena Adams McNeish, Chief Development Officer

(Printed Name and Title of Authorized Representative) (Date)

(404) 290-8581

(Phone Number) (Fax Number)

dadams@verida.com

(Email Address)

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFP BMS2600000001

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:
(Check the box next to each addendum received)

- [x] Addendum No. 1
- [x] Addendum No. 2
- [x] Addendum No. 3
- [x] Addendum No. 4
- [ ] Addendum No. 5
- [ ] Addendum No. 6
- [ ] Addendum No. 7
- [ ] Addendum No. 8
- [ ] Addendum No. 9
- [ ] 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.

Verida, Inc.
Company

Steve R. Adam
Authorized Signature

10/14/2025
Date

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.

Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

State of West Virginia
Centralized Request for Proposals
Service - Misc

Proc Folder: 1544503 **Doc Description:** NON EMERGENCY MED TRANSPORT/STATEWIDE TRANSPORT PROGRAM **Proc Type:** Central Master Agreement			**Reason for Modification:** ADDENDUM 1 TO EXTEND PROPOSAL OPENING DATE
Date Issued	**Solicitation Closes**	**Solicitation No**	**Version**
2025-09-08	2025-10-01 13:30	CRFP 0511 BMS2600000001	2

BID RECEIVING LOCATION

BID CLERK
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
2019 WASHINGTON ST E
CHARLESTON WV 25305
US

VENDOR

Vendor Customer Code: VS0000020027
Vendor Name : Verida, Inc.
Address : 843
Street : Dallas Highway
City : Villa Rica
State : Georgia **Country :** USA **Zip :** 30180
Principal Contact : Steve R. Adams
Vendor Contact Phone: (404) 290-8581 **Extension:**

FOR INFORMATION CONTACT THE BUYER
Crystal G Hustead
(304) 558-2402
crystal.g.hustead@wv.gov

Vendor Signature X Steve R Adams **FEIN#** 58-2504845 **DATE** 10/14/2025

All offers subject to all terms and conditions contained in this solicitation

ADDITIONAL INFORMATION

THE STATE OF WEST VIRGINIA PURCHASING DIVISION FOR THE AGENCY, WEST VIRGINIA DEPARTMENT OF HUMAN SERVICES, BUREAU FOR MEDICAL SERVICES, IS SOLICITING PROPOSALS TO ESTABLISH AN OPEN-END CONTRACT TO PROVIDE FULL-RISK CAPITATION BROKER SERVICES TO DIRECTLY COORDINATE A STATEWIDE NON-EMERGENCY MEDICAL TRANSPORTATION (NEMT) PROGRAM AND A STATEWIDE TRANSPORTATION PROGRAM (STP) UNDER JOBS AND HOPE (OFFICE OF DRUG CONTROL POLICY) AND THE BUREAU FOR BEHAVIORAL HEALTH PER THE ATTACHED DOCUMENTS.

QUESTIONS REGARDING THE SOLICITATION MUST BE SUBMITTED IN WRITING TO CRYSTAL.G.HUSTEAD@WV.GOV PRIOR TO THE QUESTION PERIOD DEADLINE CONTAINED IN THE INSTRUCTIONS TO VENDORS SUBMITTING BIDS

ONLINE RESPONSES ARE PROHIBITED FOR THIS SOLICITATION

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
1	Implementation Cost-NEMT				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Implementation Cost-NEMT (3 months)

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
2	Base Year 1 Cost Per Member Per Month-NEMT				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Base Year 1 Cost Per Member Per Month $-NEMT (9 months)

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
3	Optional Renewal Year 1 Cost Per Member Per Month $-NEMT				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Optional Renewal Year 1 Cost Per Member Per Month $-NEMT

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
4	Optional Renewal Year 2 Cost Per Member Per Month $-NEMT				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Optional Renewal Year 2 Cost Per Member Per Month $-NEMT

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
5	Optional Renewal Year 3 Cost Per Member Per Month $-NEMT				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Optional Renewal Year 3 Cost Per Member Per Month $-NEMT

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
6	Optional Renewal Year 4 Cost Per Member Per Month $-NEMT				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Implementation Cost-Other

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
7	Optional Renewal Year 5 Cost Per Member Per Month $-NEMT				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Optional Renewal Year 5 Cost Per Member Per Month $-NEMT

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
8	Implementation Cost-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Implementation Cost-STP

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
9	Opt. Base Year 1:0-50,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Base Year 1:0-50,000 miles (multiplier of 50,000)-STP

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
10	Opt. Base Year 1:50,001--150,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Base Year 1:50,001--150,000 miles-STP/Multiplier of 150,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
11	Opt. Base Year 1:150,001--250,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Base Year 1:150,001--250,000 miles-STP/Multiplier of 250,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
12	Opt. Base Year 1:250,001--350,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Base Year 1:250,001--350,000 miles-STP/Multiplier of 350,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
13	Opt. Base Year 1:350,001--450,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Base Year 1:350,001--450,000 miles-STP/Multiplier of 450,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
14	Opt. Base Year 1:450,001--500,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Base Year 1:450,001--500,000 miles-STP/Mulitplier of 500,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
15	Opt. Base Year 1:500,001+ miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Base Year 1:500,001+ miles-STP/Multiplier of 500,001

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
16	Opt. Renewal Year 1:0-50,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 1:0-50,000 miles-STP/Multiplier of 50,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
17	Opt. Renewal Year 1:50,001--150,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 1:50,001--150,000 miles-STP/Multiplier of 150,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
18	Opt. Renewal Year 1:150,001--250,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 1:150,001--250,000 miles-STP/Multiplier of 250,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
19	Opt. Renewal Year 1:250,001--350,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 1:250,001--350,000 miles-STP/Multiplier of 350,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
20	Opt. Renewal Year 1:350,001--450,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 1:350,001--450,000 miles-STP/Multiplier of 450,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
21	Opt. Renewal Year 1:450,001--500,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 1:450,001--500,000 miles-STP/Multiplier of 500,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
22	Opt. Renewal Year 1:500,001+ miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 1:500,001+ miles-STP/Multiplier of 500,001

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
23	Opt. Renewal Year 2:0-50,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 2:0-50,000 miles-STP/Multiplier of 50,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
24	Opt. Renewal Year 2:50,001--150,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 2:50,001--150,000 miles-STP/Multiplier of 150,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
25	Opt. Renewal Year 2:150,001--250,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 2:150,001--250,000 miles-STP/Multiplier of 250,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
26	Opt. Renewal Year 2:250,001--350,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 2:250,001--350,000 miles-STP/Multiplier of 350,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
27	Opt. Renewal Year 2:350,001--450,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 2:350,001--450,000 miles-STP/Multiplier of 450,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
28	Opt. Renewal Year 2:450,001--500,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 2:450,001--500,000 miles-STP/Multiplier of 500,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
29	Opt. Renewal Year 2:500,001+ miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 2:500,001+ miles-STP/Multiplier of 500,001

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
30	Opt. Renewal Year 3:0-50,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 3:0-50,000 miles-STP/Multiplier of 50,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
31	Opt. Renewal Year 3:50,001--150,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 3:50,001--150,000 miles-STP/Multiplier of 150,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
32	Opt. Renewal Year 3:150,001--250,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 3:150,001--250,000 miles-STP/Multiplier of 250,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
33	Opt. Renewal Year 3:250,001--350,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 3:250,001--350,000 miles-STP/Multiplier of 350,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
34	Opt. Renewal Year 3:350,001--450,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 3:350,001--450,000 miles-STP/Multiplier of 450,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
35	Opt. Renewal Year 3:450,001--500,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 3:450,001--500,000 miles-STP/Multiplier of 500,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
36	Opt. Renewal Year 3:500,001+ miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 3:500,001+ miles-STP/Multiplier of 500,001

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
37	Opt. Renewal Year 4:0-50,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 4:0-50,000 miles-STP/Multiplier of 50,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
38	Opt. Renewal Year 4:50,001--150,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 4:50,001--150,000 miles-STP/Multiplier of 150,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
39	Opt. Renewal Year 4:150,001--250,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 4:150,001--250,000 miles-STP/Multiplier of 250,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
40	Opt. Renewal Year 4:250,001--350,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 4:250,001--350,000 miles-STP/Multiplier of 350,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
41	Opt. Renewal Year 4:350,001--450,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 4:350,001--450,000 miles-STP/Multiplier of 450,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
42	Opt. Renewal Year 4:450,001--500,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 4:450,001--500,000 miles-STP/Multiplier of 500,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
43	Opt. Renewal Year 4:500,001+ miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 4:500,001+ miles-STP/Multiplier of 500,001

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
44	Opt. Renewal Year 5:0-50,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 5:0-50,000 miles-STP/Multiplier of 50,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
45	Opt. Renewal Year 5:50,001--150,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 5:50,001--150,000 miles-STP/Multiplier of 150,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
46	Opt. Renewal Year 5:150,001--250,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 5:150,001--250,000 miles-STP/Multiplier of 250,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
47	Opt. Renewal Year 5:250,001--350,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 5:250,001--350,000 miles-STP/Multiplier of 350,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
48	Opt. Renewal Year 5:350,001--450,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 5:350,001--450,000 miles-STP/Multiplier of 450,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
49	Opt. Renewal Year 5:450,001--500,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 5:450,001--500,000 miles-STP/Multiplier of 500,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
50	Opt. Renewal Year 5:500,001+ miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 5:500,001+ miles-STP/Multiplier of 500,001

SCHEDULE OF EVENTS

Line	Event	Event Date
1	VENDOR QUESTION DEADLINE	2025-08-20

SOLICITATION NUMBER: CRFP BMS2600000001
Addendum Number: 1

The purpose of this addendum is to modify the solicitation identified as ("Solicitation") to reflect the change(s) identified and described below.

Applicable Addendum Category:

[✓] Modify bid opening date and time

[ ] Modify specifications of product or service being sought

[ ] Attachment of vendor questions and responses

[ ] Attachment of pre-bid sign-in sheet

[ ] Correction of error

[ ] Other

Description of Modification to Solicitation:

1. To extend proposal opening date to 10/01/2025 at 1:30 PM ET

Answers to vendor questions will be provided in a forthcoming addendum

No other changes

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.

2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: BMS2600000001

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:
(Check the box next to each addendum received)

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

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

Verida, Inc.
Company

Steve R. Adams
Authorized Signature

10/14/2025
Date

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

Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

State of West Virginia
Centralized Request for Proposals
Service - Misc

Proc Folder: 1544503 **Doc Description:** NON EMERGENCY MED TRANSPORT/STATEWIDE TRANSPORT PROGRAM **Proc Type:** Central Master Agreement			**Reason for Modification:** ADDENDUM 2 TO EXTEND PROPOSAL OPENING DATE
Date Issued	**Solicitation Closes**	**Solicitation No**	**Version**
2025-09-24	2025-10-08 13:30	CRFP 0511 BMS2600000001	3

BID RECEIVING LOCATION

BID CLERK
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
2019 WASHINGTON ST E
CHARLESTON WV 25305
US

VENDOR

Vendor Customer Code: VS0000020027
Vendor Name : Verida, Inc.
Address : 843
Street : Dallas Highway
City : Villa Rica
State : Georgia **Country :** USA **Zip :** 30180
Principal Contact : Steve R. Adams
Vendor Contact Phone: (404)290-8581 **Extension:**

FOR INFORMATION CONTACT THE BUYER
Crystal G Hustead
(304) 558-2402
crystal.g.hustead@wv.gov

Vendor Signature X Steve R. Adams **FEIN#** 58-2504845 **DATE** 10/14/2025

All offers subject to all terms and conditions contained in this solicitation

ADDITIONAL INFORMATION
THE STATE OF WEST VIRGINIA PURCHASING DIVISION FOR THE AGENCY, WEST VIRGINIA DEPARTMENT OF HUMAN SERVICES, BUREAU FOR MEDICAL SERVICES, IS SOLICITING PROPOSALS TO ESTABLISH AN OPEN-END CONTRACT TO PROVIDE FULL-RISK CAPITATION BROKER SERVICES TO DIRECTLY COORDINATE A STATEWIDE NON-EMERGENCY MEDICAL TRANSPORTATION (NEMT) PROGRAM AND A STATEWIDE TRANSPORTATION PROGRAM (STP) UNDER JOBS AND HOPE (OFFICE OF DRUG CONTROL POLICY) AND THE BUREAU FOR BEHAVIORAL HEALTH PER THE ATTACHED DOCUMENTS. ***QUESTIONS REGARDING THE SOLICITATION MUST BE SUBMITTED IN WRITING TO CRYSTAL.G.HUSTEAD@WV.GOV PRIOR TO THE QUESTION PERIOD DEADLINE CONTAINED IN THE INSTRUCTIONS TO VENDORS SUBMITTING BIDS*** ***ONLINE RESPONSES ARE PROHIBITED FOR THIS SOLICITATION***

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
1	Implementation Cost-NEMT				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Implementation Cost-NEMT (3 months)

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
2	Base Year 1 Cost Per Member Per Month-NEMT				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Base Year 1 Cost Per Member Per Month $-NEMT (9 months)

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
3	Optional Renewal Year 1 Cost Per Member Per Month $-NEMT				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Optional Renewal Year 1 Cost Per Member Per Month $-NEMT

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
4	Optional Renewal Year 2 Cost Per Member Per Month $-NEMT				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Optional Renewal Year 2 Cost Per Member Per Month $-NEMT

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
5	Optional Renewal Year 3 Cost Per Member Per Month $-NEMT				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Optional Renewal Year 3 Cost Per Member Per Month $-NEMT

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
6	Optional Renewal Year 4 Cost Per Member Per Month $-NEMT				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Implementation Cost-Other

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
7	Optional Renewal Year 5 Cost Per Member Per Month $-NEMT				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Optional Renewal Year 5 Cost Per Member Per Month $-NEMT

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
8	Implementation Cost-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Implementation Cost-STP

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
9	Opt. Base Year 1:0-50,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Base Year 1:0-50,000 miles (multiplier of 50,000)-STP

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
10	Opt. Base Year 1:50,001--150,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Base Year 1:50,001--150,000 miles-STP/Multiplier of 150,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
11	Opt. Base Year 1:150,001--250,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Base Year 1:150,001--250,000 miles-STP/Multiplier of 250,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
12	Opt. Base Year 1:250,001--350,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Base Year 1:250,001--350,000 miles-STP/Multiplier of 350,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
13	Opt. Base Year 1:350,001--450,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Base Year 1:350,001--450,000 miles-STP/Multiplier of 450,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
14	Opt. Base Year 1:450,001--500,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Base Year 1:450,001--500,000 miles-STP/Mulitplier of 500,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
15	Opt. Base Year 1:500,001+ miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Base Year 1:500,001+ miles-STP/Multiplier of 500,001

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
16	Opt. Renewal Year 1:0-50,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 1:0-50,000 miles-STP/Multiplier of 50,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
17	Opt. Renewal Year 1:50,001--150,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 1:50,001--150,000 miles-STP/Multiplier of 150,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
18	Opt. Renewal Year 1:150,001--250,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 1:150,001--250,000 miles-STP/Multiplier of 250,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
19	Opt. Renewal Year 1:250,001--350,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 1:250,001--350,000 miles-STP/Multiplier of 350,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
20	Opt. Renewal Year 1:350,001--450,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 1:350,001--450,000 miles-STP/Multiplier of 450,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
21	Opt. Renewal Year 1:450,001--500,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 1:450,001--500,000 miles-STP/Multiplier of 500,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
22	Opt. Renewal Year 1:500,001+ miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 1:500,001+ miles-STP/Multiplier of 500,001

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
23	Opt. Renewal Year 2:0-50,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 2:0-50,000 miles-STP/Multiplier of 50,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
24	Opt. Renewal Year 2:50,001--150,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 2:50,001--150,000 miles-STP/Multiplier of 150,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
25	Opt. Renewal Year 2:150,001--250,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 2:150,001--250,000 miles-STP/Multiplier of 250,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
26	Opt. Renewal Year 2:250,001--350,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 2:250,001--350,000 miles-STP/Multiplier of 350,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
27	Opt. Renewal Year 2:350,001--450,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 2:350,001--450,000 miles-STP/Multiplier of 450,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
28	Opt. Renewal Year 2:450,001--500,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 2:450,001--500,000 miles-STP/Multiplier of 500,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
29	Opt. Renewal Year 2:500,001+ miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 2:500,001+ miles-STP/Multiplier of 500,001

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
30	Opt. Renewal Year 3:0-50,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 3:0-50,000 miles-STP/Multiplier of 50,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
31	Opt. Renewal Year 3:50,001--150,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 3:50,001--150,000 miles-STP/Multiplier of 150,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
32	Opt. Renewal Year 3:150,001--250,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 3:150,001--250,000 miles-STP/Multiplier of 250,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
33	Opt. Renewal Year 3:250,001--350,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 3:250,001--350,000 miles-STP/Multiplier of 350,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
34	Opt. Renewal Year 3:350,001--450,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 3:350,001--450,000 miles-STP/Multiplier of 450,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
35	Opt. Renewal Year 3:450,001--500,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 3:450,001--500,000 miles-STP/Multiplier of 500,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
36	Opt. Renewal Year 3:500,001+ miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 3:500,001+ miles-STP/Multiplier of 500,001

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
37	Opt. Renewal Year 4:0-50,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 4:0-50,000 miles-STP/Multiplier of 50,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
38	Opt. Renewal Year 4:50,001--150,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 4:50,001--150,000 miles-STP/Multiplier of 150,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
39	Opt. Renewal Year 4:150,001--250,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 4:150,001--250,000 miles-STP/Multiplier of 250,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
40	Opt. Renewal Year 4:250,001--350,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 4:250,001--350,000 miles-STP/Multiplier of 350,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
41	Opt. Renewal Year 4:350,001--450,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 4:350,001--450,000 miles-STP/Multiplier of 450,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
42	Opt. Renewal Year 4:450,001--500,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 4:450,001--500,000 miles-STP/Multiplier of 500,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
43	Opt. Renewal Year 4:500,001+ miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 4:500,001+ miles-STP/Multiplier of 500,001

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
44	Opt. Renewal Year 5:0-50,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 5:0-50,000 miles-STP/Multiplier of 50,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
45	Opt. Renewal Year 5:50,001--150,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 5:50,001--150,000 miles-STP/Multiplier of 150,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
46	Opt. Renewal Year 5:150,001--250,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 5:150,001--250,000 miles-STP/Multiplier of 250,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
47	Opt. Renewal Year 5:250,001--350,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 5:250,001--350,000 miles-STP/Multiplier of 350,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
48	Opt. Renewal Year 5:350,001--450,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 5:350,001--450,000 miles-STP/Multiplier of 450,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
49	Opt. Renewal Year 5:450,001--500,000 miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 5:450,001--500,000 miles-STP/Multiplier of 500,000

INVOICE TO	SHIP TO
HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US	HEALTH AND HUMAN RESOURCES BUREAU FOR MEDICAL SERVICES 350 CAPITOL ST, RM 251 CHARLESTON WV 25301-3709 US

Line	Comm Ln Desc	Qty	Unit of Measure	Unit Price	Total Price
50	Opt. Renewal Year 5:500,001+ miles-STP				

Comm Code	Manufacturer	Specification	Model #
81141604			

Extended Description:
Opt. Renewal Year 5:500,001+ miles-STP/Multiplier of 500,001

SCHEDULE OF EVENTS		
Line	Event	Event Date
1	VENDOR QUESTION DEADLINE	2025-08-20

SOLICITATION NUMBER: CRFP BMS2600000001
Addendum Number: 2

The purpose of this addendum is to modify the solicitation identified as ("Solicitation") to reflect the change(s) identified and described below.

Applicable Addendum Category:

[✓] Modify bid opening date and time

[ ] Modify specifications of product or service being sought

[ ] Attachment of vendor questions and responses

[ ] Attachment of pre-bid sign-in sheet

[ ] Correction of error

[ ] Other

Description of Modification to Solicitation:

1. To extend proposal opening date to 10/08/2025 at 1:30 PM ET

Answers to vendor questions will be provided in a forthcoming addendum

No other changes

Additional Documentation: Documentation related to this Addendum (if any) has been included herewith as Attachment A and is specifically incorporated herein by reference.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.

2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: BMS2600000001

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:
(Check the box next to each addendum received)

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

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

Verida, Inc.
Company

Steve R. Adams
Authorized Signature

10/14/2025
Date

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

Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

State of West Virginia
Centralized Request for Proposals
Service - Misc

Proc Folder: 1544503			**Reason for Modification:**
Doc Description: NON EMERGENCY MED TRANSPORT/STATEWIDE TRANSPORT PROGRAM			ADDENDUM 3 TO PROVIDE ANSWERS TO VENDOR QUESTIONS
Proc Type: Central Master Agreement			
Date Issued	**Solicitation Closes**	**Solicitation No**	**Version**
2025-09-24	2025-10-08 13:30	CRFP 0511 BMS2600000001	4

BID RECEIVING LOCATION

BID CLERK
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
2019 WASHINGTON ST E
CHARLESTON WV 25305
US

VENDOR

Vendor Customer Code: VS0000020027
Vendor Name : Verida, Inc.
Address : 843
Street : Dallas Highway
City : Villa Rica
State : Georgia **Country :** USA **Zip :** 30180
Principal Contact :
Vendor Contact Phone: **Extension:**

FOR INFORMATION CONTACT THE BUYER
Crystal G Hustead
(304) 558-2402
crystal.g.hustead@wv.gov

Vendor Signature X Steve R. Adams **FEIN#** 58-2504845 **DATE** 10/14/2025

All offers subject to all terms and conditions contained in this solicitation

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: BMS2600000001

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:
(Check the box next to each addendum received)

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

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Verida, Inc.
Company

Steven R. Adams
Authorized Signature

10/14/2025
Date

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

Department of Administration
Purchasing Division
2019 Washington Street East
Post Office Box 50130
Charleston, WV 25305-0130

State of West Virginia
Centralized Request for Proposals
Service - Misc

Proc Folder:	1544503
Doc Description:	NON EMERGENCY MED TRANSPORT/STATEWIDE TRANSPORT PROGRAM
Proc Type:	Central Master Agreement
Reason for Modification:	ADDENDUM 4 TO EXTEND PROPOSAL OPENING DATE AND PROVIDE CLARIFICATION

Date Issued	Solicitation Closes	Solicitation No	Version
2025-09-26	2025-10-15 13:30	CRFP 0511 BMS2600000001	5

BID RECEIVING LOCATION

BID CLERK
DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
2019 WASHINGTON ST E
CHARLESTON WV 25305
US

VENDOR

Vendor Customer Code: VS0000020027
Vendor Name : Verida, Inc.
Address : 843
Street : Dallas Highway
City : Villa Rica
State : Georgia **Country :** USA **Zip :** 30180
Principal Contact : Steve R. Adams
Vendor Contact Phone: (404) 290-8581 **Extension:**

FOR INFORMATION CONTACT THE BUYER
Crystal G Hustead
(304) 558-2402
crystal.g.hustead@wv.gov

Vendor Signature X Steve R Adams **FEIN#** 58-2504845 **DATE** 10/14/2025

All offers subject to all terms and conditions contained in this solicitation

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: BMS2600000001

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:
(Check the box next to each addendum received)

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

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

Verida, Inc.
Company

Steven R. Adams
Authorized Signature

10/14/2025
Date

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

REQUEST FOR PROPOSAL

CRFP BMS2600000001

Bureau for Medical Services/Office of Drug Control Policy/Bureau for Behavioral Health- Non-Emergency Medical Transportation/Statewide Transportation Program

SECTION 6: EVALUATION AND AWARD

6.1. Evaluation Process: Proposals will be evaluated in two parts by a committee of three (3) or more individuals. The first evaluation will be of the technical proposal and the second is an evaluation of the cost proposal. The Vendor who demonstrates that it meets all the mandatory specifications required, attains the minimum acceptable score and attains the highest overall point score of all Vendors shall be awarded the contract.

6.2. Evaluation Criteria: Proposals will be evaluated based on criteria set forth in the solicitation and information contained in the proposals submitted in response to the solicitation. The technical evaluation will be based upon the point allocations designated below for a total of 700 of the 1000 points. Cost represents 300 of the 1000 total points.

Evaluation Point Allocation:

Project Goals and Proposed Approach (§ 4.2)	
- Approach & Methodology to Goals/Objectives (§ 4.2.1)	(500) Points Possible
- Approach & Methodology to Compliance with Mandatory Project Requirements (§ 4.2.2)	(100) Points Possible
Qualifications and experience (§ 4.3)	
- Qualifications and Experience Generally (§ 4.3.1)	(75) Points Possible
- Exceeding Mandatory Qualification/Experience Requirements (§ 4.3.2)	(25) Points Possible
(Oral interview, if applicable) (§ 4.4)	(0) Points Possible
Total Technical Score:	700 Points Possible
Total Cost Score:	300 Points Possible
Total Proposal Score: 1,000 Points Possible	

6.3. Technical Bid Opening: At the technical bid opening, the Purchasing Division will open and announce the technical proposals received prior to the bid opening deadline. Once opened, the technical proposals will be provided to the Agency evaluation committee for technical evaluation.

6.4. Technical Evaluation: The Agency evaluation committee will review the technical proposals, assign points where appropriate, and make a final written recommendation to the Purchasing Division.

6.5. Proposal Disqualification:

6.5.1. Minimum Acceptable Score ("MAS"): Vendors must score a minimum of 70% (490 points) of the total technical points possible in order to move past the technical evaluation and have their cost proposal evaluated. All vendor proposals not attaining the MAS will be disqualified.

6.5.2. Failure to Meet Mandatory Requirement: Vendors must meet or exceed all mandatory requirements in order to move past the technical evaluation and have their cost proposals evaluated. Proposals failing to meet one or more mandatory requirements of the RFP will be disqualified.

6.6. Cost Bid Opening: The Purchasing Division will schedule a date and time to publicly open and announce cost proposals after technical evaluation has been completed and the Purchasing Division has approved the technical recommendation of the evaluation committee. All cost bids received will be opened. Cost bids for disqualified proposals will be opened for record keeping purposes only and will not be evaluated or considered. Once opened, the cost proposals will be provided to the Agency evaluation committee for cost evaluation.

The Purchasing Division reserves the right to disqualify a proposal based upon deficiencies in the technical proposal even after the cost evaluation.

6.7. Cost Evaluation: The Agency evaluation committee will review the cost proposals, assign points in accordance with the cost evaluation formula contained herein and make a final recommendation to the Purchasing Division.

Cost Evaluation Formula: Each cost proposal will have points assigned using the following formula for all Vendors not disqualified during the technical evaluation. The lowest cost of all proposals is divided by the cost of the proposal being evaluated to generate a cost score percentage. That percentage is then multiplied by the points attributable to the cost proposal to determine the number of points allocated to the cost proposal being evaluated.

Step 1: Lowest Cost of All Proposals / Cost of Proposal Being Evaluated = **Cost Score Percentage**

Step 2: Cost Score Percentage X Points Allocated to Cost Proposal = **Total Cost Score**

Example:

Proposal 1 Cost is $1,000,000
Proposal 2 Cost is $1,100,000

REQUEST FOR PROPOSAL

CRFP BMS2600000001

Bureau for Medical Services/Office of Drug Control Policy/Bureau for Behavioral Health- Non-Emergency Medical Transportation/Statewide Transportation Program

Points Allocated to Cost Proposal is 300

Proposal 1: Step 1 – $1,000,000 / $1,000,000 = Cost Score Percentage of 1 (100%)
Step 2 – 1 X 300 = Total Cost Score of 300

Proposal 2: Step 1– $1,000,000 / $1,100,000 = Cost Score Percentage of 0.909091 (90.9091%)
Step 2 – 0.909091 X 300 = Total Cost Score of 272.727273

6.8. Availability of Information: Proposal submissions become public and are available for review immediately after opening pursuant to West Virginia Code §5A-3-11(h). All other information associated with the RFP, including but not limited to technical scores and reasons for disqualification, will not be available until after the contract has been awarded pursuant to West Virginia Code of State Rules §148-1-6.3.d.

By signing below, I certify that I have reviewed this Request for Proposal in its entirety; understand the requirements, terms and conditions, and other information contained herein; that I am submitting this proposal for review and consideration; that I am authorized by the bidder to execute this bid or any documents related thereto on bidder's behalf; that I am authorized to bind the bidder in a contractual relationship; and that, to the best of my knowledge, the bidder has properly registered with any State agency that may require registration.

Verida, Inc.
(Company)

Dena Adams Mc Neish, Chief Development Officer
(Representative Name, Title)

(404) 290-8581
(Contact Phone/Fax Number)

10/14/2025
(Date)

≥ 600,001 members (600,001 Mulitplier)	12	$	$
Subtotal Optional Renewal Year 3			
Total Section 2: Operation Cost			
Total Cost of Contract (Total Section 1 & Section 2)			

Notes:

1.) Cost information detailed in the RFP must be submitted in a separate sealed envelope. Cost should be clearly marked.

2.) Vendors are to use their business expertise in pricing the work described in this RFP, taking into consideration any intervening steps or activities that must be performed in order to complete the work and offer their rates accordingly, even if BMS does not explicitly identify those intervening steps or activities in this RFP.

3.) The Vendor shall be paid an Implementation price of the amount specified in the Vendor's proposal set forth in Attachment A. Payment of the implementation cost of the contract shall be made by BMS in accordance with Appendix 5 (Milestones, Deliverables, and Payments) during the implementation phase of the contract. The amount paid for implementation costs shall not exceed the amount bid in this section. Implementation period must not exceed 3 months.

4.) The cost proposal will be evaluated based on the Total Cost of Contract. The cost bid should include all anticipated training, travel and related expenses, including supplies and general administrative expenses.

5.) All activities related to implementation must be completed prior to operational start date

6.) The number of months in the operational base year one has been determined to be 9 months to allow for 3-month implementation.

7.) During the Operation Phase of the Contract, the Vendor will be paid on a monthly basis in accordance with the Vendor's bid Per Member Per Month (PMPM) price proposals as set forth in Attachment A, which shall be firm and fixed for the period of the Contract. **The PMPM will be paid based on the actual monthly Medicaid enrollment.** No specific or lump sum payment shall be made by BMS for Close-out and Turnover activities, whether the Vendor performs those activities before or after the date of Contract termination.

8.) Annual totals will be calculated by members (highest number in cell range) X months X PMPM.
Sub-totals will be reached by the addition of all cells in the subsequent section (Base year 1, Optional Renewal year 1, etc.,)

9.) The Vendor must agree to price individual tiers on the pricing page with no more than a 20% variance between the individual tiers.

Verida, Inc.
(Company)

Dena Adams McNeish, Chief Development Officer
(Representative Name, Title)

(404) 290-8581
(Contact Phone/Fax Number)

10/14/2025
(Date)

WV STATE GOVERNMENT

HIPAA BUSINESS ASSOCIATE ADDENDUM

This Health Insurance Portability and Accountability Act of 1996 (hereafter, HIPAA) Business Associate Addendum ("Addendum") is made a part of the Agreement ("Agreement") by and between the State of West Virginia ("Agency"), and Business Associate ("Associate"), and is effective as of the date of execution of the Addendum.

The Associate performs certain services on behalf of or for the Agency pursuant to the underlying Agreement that requires the exchange of information including protected health information protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended by the American Recovery and Reinvestment Act of 2009 (Pub. L. No. 111-5) (the "HITECH Act"), any associated regulations and the federal regulations published at 45 CFR parts 160 and 164 (sometimes collectively referred to as "HIPAA"). The Agency is a "Covered Entity" as that term is defined in HIPAA, and the parties to the underlying Agreement are entering into this Addendum to establish the responsibilities of both parties regarding HIPAA-covered information and to bring the underlying Agreement into compliance with HIPAA.

Whereas it is desirable, in order to further the continued efficient operations of Agency to disclose to its Associate certain information which may contain confidential individually identifiable health information (hereafter, Protected Health Information or PHI); and

Whereas, it is the desire of both parties that the confidentiality of the PHI disclosed hereunder be maintained and treated in accordance with all applicable laws relating to confidentiality, including the Privacy and Security Rules, the HITECH Act and its associated regulations, and the parties do agree to at all times treat the PHI and interpret this Addendum consistent with that desire.

NOW THEREFORE: the parties agree that in consideration of the mutual promises herein, in the Agreement, and of the exchange of PHI hereunder that:

1. **Definitions.** Terms used, but not otherwise defined, in this Addendum shall have the same meaning as those terms in the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160 and Part 164.

    a. **Agency Procurement Officer** shall mean the appropriate Agency individual listed at: http://www.state.wv.us/admin/purchase/vrciagencyli.html.

    b. **Agent** shall mean those person(s) who are agent(s) of the Business Associate, in accordance with the Federal common law of agency, as referenced in 45 CFR § 160.402(c).

    c. **Breach** shall mean the acquisition, access, use or disclosure of protected health information which compromises the security or privacy of such information, except as excluded in the definition of Breach in 45 CFR § 164.402.

    d. **Business Associate** shall have the meaning given to such term in 45 CFR § 160.103.

    e. **HITECH Act** shall mean the Health Information Technology for Economic and Clinical Health Act. Public Law No. 111-05. 111th Congress (2009).

f. **Privacy Rule** means the Standards for Privacy of Individually Identifiable Health Information found at 45 CFR Parts 160 and 164.

g. **Protected Health Information or PHI** shall have the meaning given to such term in 45 CFR § 160.103, limited to the information created or received by Associate from or on behalf of Agency.

h. **Security Incident** means any known successful or unsuccessful attempt by an authorized or unauthorized individual to inappropriately use, disclose, modify, access, or destroy any information or interference with system operations in an information system.

i. **Security Rule** means the Security Standards for the Protection of Electronic Protected Health Information found at 45 CFR Parts 160 and 164.

J. **Subcontractor** means a person to whom a business associate delegates a function, activity, or service, other than in the capacity of a member of the workforce of such business associate.

2. Permitted Uses and Disclosures.

a. **PHI Described.** This means PHI created, received, maintained or transmitted on behalf of the Agency by the Associate. This PHI is governed by this Addendum and is limited to the minimum necessary, to complete the tasks or to provide the services associated with the terms of the original Agreement, and is described in Appendix A.

b. **Purposes.** Except as otherwise limited in this Addendum, Associate may use or disclose the PHI on behalf of, or to provide services to, Agency for the purposes necessary to complete the tasks, or provide the services, associated with, and required by the terms of the original Agreement, or as required by law, if such use or disclosure of the PHI would not violate the Privacy or Security Rules or applicable state law if done by Agency or Associate, or violate the minimum necessary and related Privacy and Security policies and procedures of the Agency. The Associate is directly liable under HIPAA for impermissible uses and disclosures of the PHI it handles on behalf of Agency.

c. **Further Uses and Disclosures.** Except as otherwise limited in this Addendum, the Associate may disclose PHI to third parties for the purpose of its own proper management and administration, or as required by law, provided that (i) the disclosure is required by law, or (ii) the Associate has obtained from the third party reasonable assurances that the PHI will be held confidentially and used or further disclosed only as required by law or for the purpose for which it was disclosed to the third party by the Associate; and, (iii) an agreement to notify the Associate and Agency of any instances of which it (the third party) is aware in which the confidentiality of the information has been breached. To the extent practical, the information should be in a limited data set or the minimum necessary information pursuant to 45 CFR § 164.502, or take other measures as necessary to satisfy the Agency's obligations under 45 CFR § 164.502.

3. Obligations of Associate.

a. **Stated Purposes Only.** The PHI may not be used by the Associate for any purpose other than as stated in this Addendum or as required or permitted by law.

b. **Limited Disclosure.** The PHI is confidential and will not be disclosed by the Associate other than as stated in this Addendum or as required or permitted by law. Associate is prohibited from directly or indirectly receiving any remuneration in exchange for an individual's PHI unless Agency gives written approval and the individual provides a valid authorization. Associate will refrain from marketing activities that would violate HIPAA, including specifically Section 13406 of the HITECH Act. Associate will report to Agency any use or disclosure of the PHI, including any Security Incident not provided for by this Agreement of which it becomes aware.

c. **Safeguards.** The Associate will use appropriate safeguards, and comply with Subpart C of 45 CFR Part 164 with respect to electronic protected health information, to prevent use or disclosure of the PHI, except as provided for in this Addendum. This shall include, but not be limited to:

i. Limitation of the groups of its workforce and agents, to whom the PHI is disclosed to those reasonably required to accomplish the purposes stated in this Addendum, and the use and disclosure of the minimum PHI necessary or a Limited Data Set;

ii. Appropriate notification and training of its workforce and agents in order to protect the PHI from unauthorized use and disclosure;

iii. Maintenance of a comprehensive, reasonable and appropriate written PHI privacy and security program that includes administrative, technical and physical safeguards appropriate to the size, nature, scope and complexity of the Associate's operations, in compliance with the Security Rule;

iv. In accordance with 45 CFR §§ 164.502(e)(1)(ii) and 164.308(b)(2), if applicable, ensure that any subcontractors that create, receive, maintain, or transmit protected health information on behalf of the business associate agree to the same restrictions, conditions, and requirements that apply to the business associate with respect to such information.

d. **Compliance With Law.** The Associate will not use or disclose the PHI in a manner in violation of existing law and specifically not in violation of laws relating to confidentiality of PHI, including but not limited to, the Privacy and Security Rules.

e. **Mitigation.** Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to Associate of a use or disclosure of the PHI by Associate in violation of the requirements of this Addendum, and report its mitigation activity back to the Agency.

f. **Support of Individual Rights.**

i. **Access to PHI.** Associate shall make the PHI maintained by Associate or its agents or subcontractors in Designated Record Sets available to Agency for inspection and copying, and in electronic format, if requested, within ten (10) days of a request by Agency to enable Agency to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR § 164.524 and consistent with Section 13405 of the HITECH Act.

ii. **Amendment of PHI.** Within ten (10) days of receipt of a request from Agency for an amendment of the PHI or a record about an individual contained in a Designated Record Set, Associate or its agents or subcontractors shall make such PHI available to Agency for amendment and incorporate any such amendment to enable Agency to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR § 164.526.

iii. **Accounting Rights.** Within ten (10) days of notice of a request for an accounting of disclosures of the PHI, Associate and its agents or subcontractors shall make available to Agency the documentation required to provide an accounting of disclosures to enable Agency to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 CFR §164.528 and consistent with Section 13405 of the HITECH Act. Associate agrees to document disclosures of the PHI and information related to such disclosures as would be required for Agency to respond to a request by an individual for an accounting of disclosures of PHI in accordance with 45 CFR § 164.528. This should include a process that allows for an accounting to be collected and maintained by Associate and its agents or subcontractors for at least six (6) years from the date of disclosure, or longer if required by state law. At a minimum, such documentation shall include:

- the date of disclosure;
- the name of the entity or person who received the PHI, and if known, the address of the entity or person;
- a brief description of the PHI disclosed; and
- a brief statement of purposes of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure.

iv. **Request for Restriction.** Under the direction of the Agency, abide by any individual's request to restrict the disclosure of PHI, consistent with the requirements of Section 13405 of the HITECH Act and 45 CFR § 164.522, when the Agency determines to do so (except as required by law) and if the disclosure is to a health plan for payment or health care operations and it pertains to a health care item or service for which the health care provider was paid in full "out-of-pocket."

v. **Immediate Discontinuance of Use or Disclosure.** The Associate will immediately discontinue use or disclosure of Agency PHI pertaining to any individual when so requested by Agency. This includes, but is not limited to, cases in which an individual has withdrawn or modified an authorization to use or disclose PHI.

g. **Retention of PHI.** Notwithstanding section 4.a. of this Addendum, Associate and its subcontractors or agents shall retain all PHI pursuant to state and federal law and shall continue to maintain the PHI required under Section 3.f. of this Addendum for a period of six (6) years after termination of the Agreement, or longer if required under state law.

h. **Agent's, Subcontractor's Compliance.** The Associate shall notify the Agency of all subcontracts and agreements relating to the Agreement, where the subcontractor or agent receives PHI as described in section 2.a. of this Addendum. Such notification shall occur within 30 (thirty) calendar days of the execution of the subcontract and shall be delivered to the Agency Procurement Officer. The Associate will ensure that any of its subcontractors, to whom it provides any of the PHI it receives hereunder, or to whom it provides any PHI which the Associate creates or receives on behalf of the Agency, agree to the restrictions and conditions which apply to the Associate hereunder. The Agency may request copies of downstream subcontracts and agreements to determine whether all restrictions, terms and conditions have been flowed down. Failure to ensure that downstream contracts, subcontracts and agreements contain the required restrictions, terms and conditions may result in termination of the Agreement.

J **Federal and Agency Access.** The Associate shall make its internal practices, books, and records relating to the use and disclosure of PHI, as well as the PHI, received from, or created or received by the Associate on behalf of the Agency available to the U.S. Secretary of Health and Human Services consistent with 45 CFR § 164.504. The Associate shall also make these records available to Agency, or Agency's contractor, for periodic audit of Associate's compliance with the Privacy and Security Rules. Upon Agency's request, the Associate shall provide proof of compliance with HIPAA and HITECH data privacy/protection guidelines, certification of a secure network and other assurance relative to compliance with the Privacy and Security Rules. This section shall also apply to Associate's subcontractors, if any.

k. **Security.** The Associate shall take all steps necessary to ensure the continuous security of all PHI and data systems containing PHI. In addition, compliance with 74 FR 19006 Guidance Specifying the Technologies and Methodologies That Render PHI Unusable, Unreadable, or Indecipherable to Unauthorized Individuals for Purposes of the Breach Notification Requirements under Section 13402 of Title XIII is required, to the extent practicable. If Associate chooses not to adopt such methodologies as defined in 74 FR 19006 to secure the PHI governed by this Addendum, it must submit such written rationale, including its Security Risk Analysis, to the Agency Procurement Officer for review prior to the execution of the Addendum. This review may take up to ten (10) days.

l. **Notification of Breach.** During the term of this Addendum, the Associate shall notify the Agency and, unless otherwise directed by the Agency in writing, the WV Office of Technology immediately by e-mail or web form upon the discovery of any Breach of unsecured PHI; or within 24 hours by e-mail or web form of any suspected Security Incident, intrusion or unauthorized use or disclosure of PHI in violation of this Agreement and this Addendum, or potential loss of confidential data affecting this Agreement. Notification shall be provided to the Agency Procurement Officer at www.state.wv.us/admin/purchase/vrc/agencyli.htm and,

unless otherwise directed by the Agency in writing, the Office of Technology at incidentwv.gov or https://apps.wv.dov/othr/Default.aspx.

The Associate shall immediately investigate such Security Incident, Breach, or unauthorized use or disclosure of PHI or confidential data. Within 72 hours of the discovery, the Associate shall notify the Agency Procurement Officer, and, unless otherwise directed by the Agency in writing, the Office of Technology of: (a) Date of discovery; (b) What data elements were involved and the extent of the data involved in the Breach; (c) A description of the unauthorized persons known or reasonably believed to have improperly used or disclosed PHI or confidential data; (d) A description of where the PHI or confidential data is believed to have been improperly transmitted, sent, or utilized; (e) A description of the probable causes of the improper use or disclosure; and (f) Whether any federal or state laws requiring individual notifications of Breaches are triggered.

Agency will coordinate with Associate to determine additional specific actions that will be required of the Associate for mitigation of the Breach, which may include notification to the individual or other authorities.

All associated costs shall be borne by the Associate. This may include, but not be limited to costs associated with notifying affected individuals.

If the Associate enters into a subcontract relating to the Agreement where the subcontractor or agent receives PHI as described in section 2.a. of this Addendum, all such subcontracts or downstream agreements shall contain the same incident notification requirements as contained herein, with reporting directly to the Agency Procurement Officer. Failure to include such requirement in any subcontract or agreement may result in the Agency's termination of the Agreement.

m. **Assistance in Litigation or Administrative Proceedings.** The Associate shall make itself and any subcontractors, workforce or agents assisting Associate in the performance of its obligations under this Agreement, available to the Agency at no cost to the Agency to testify as witnesses, or otherwise, in the event of litigation or administrative proceedings being commenced against the Agency, its officers or employees based upon claimed violations of HIPAA, the HIPAA regulations or other laws relating to security and privacy, which involves inaction or actions by the Associate, except where Associate or its subcontractor, workforce or agent is a named as an adverse party.

4. Addendum Administration.

a. **Term.** This Addendum shall terminate on termination of the underlying Agreement or on the date the Agency terminates for cause as authorized in paragraph (c) of this Section, whichever is sooner.

b. **Duties at Termination.** Upon any termination of the underlying Agreement, the Associate shall return or destroy, at the Agency's option, all PHI received from, or created or received by the Associate on behalf of the Agency that the Associate still maintains in any form and retain no copies of such PHI or, if such return or destruction is not feasible, the Associate shall extend the protections of this Addendum to the PHI and limit further uses and disclosures to the purposes that make the return or destruction of the PHI infeasible. This shall also apply to all agents and subcontractors of Associate. The duty of the Associate and its agents

and subcontractors to assist the Agency with any HIPAA required accounting of disclosures survives the termination of the underlying Agreement.

c. **Termination for Cause.** Associate authorizes termination of this Agreement by Agency, if Agency determines Associate has violated a material term of the Agreement. Agency may, at its sole discretion, allow Associate a reasonable period of time to cure the material breach before termination.

d. **Judicial or Administrative Proceedings.** The Agency may terminate this Agreement if the Associate is found guilty of a criminal violation of HIPAA. The Agency may terminate this Agreement if a finding or stipulation that the Associate has violated any standard or requirement of HIPAA/HITECH, or other security or privacy laws is made in any administrative or civil proceeding in which the Associate is a party or has been joined. Associate shall be subject to prosecution by the Department of Justice for violations of HIPAA/HITECH and shall be responsible for any and all costs associated with prosecution.

e. **Survival.** The respective rights and obligations of Associate under this Addendum shall survive the termination of the underlying Agreement.

5. General Provisions/Ownership of PHI.

a. **Retention of Ownership.** Ownership of the PHI resides with the Agency and is to be returned on demand or destroyed at the Agency's option, at any time, and subject to the restrictions found within section **4.b.** above.

b. **Secondary PHI.** Any data or PHI generated from the PHI disclosed hereunder which would permit identification of an individual must be held confidential and is also the property of Agency.

c. **Electronic Transmission.** Except as permitted by law or this Addendum, the PHI or any data generated from the PHI which would permit identification of an individual must not be transmitted to another party by electronic or other means for additional uses or disclosures not authorized by this Addendum or to another contractor, or allied agency, or affiliate without prior written approval of Agency.

d. **No Sales.** Reports or data containing the PHI may not be sold without Agency's or the affected individual's written consent.

e. **No Third-Party Beneficiaries.** Nothing express or implied in this Addendum is intended to confer, nor shall anything herein confer, upon any person other than Agency, Associate and their respective successors or assigns, any rights, remedies, obligations or liabilities whatsoever.

f. **Interpretation.** The provisions of this Addendum shall prevail over any provisions in the Agreement that may conflict or appear inconsistent with any provisions in this Addendum. The interpretation of this Addendum shall be made under the laws of the state of West Virginia.

g. **Amendment.** The parties agree that to the extent necessary to comply with applicable law they will agree to further amend this Addendum.

h. **Additional Terms and Conditions.** Additional discretionary terms may be included in the release order or change order process.

AGREED:

Name of Agency: _____ Name of Associate: _____

Signature: _____ Signature: _____

Title: _____ Title: _____

Date: _____ Date: _____

Form - WVVBAA-012004
Amended 06.26.2013

APPROVERO TO FORM THIS 210°-
DAY Of_____20 _LL

Patrick morrissy
Attorney General

Appendix A

(To be completed by the Agency's Procurement Officer prior to the execution of the Addendum, and shall be made a part of the Addendum. PHI not identified prior to execution of the Addendum may only be added by amending Appendix A and the Addendum, via Change Order.)

Name of Associate: _____

Name of Agency: WV DHHR

Describe the PHI (do not include any actual PHI). If not applicable, please indicate the same.

All types of PHI in paper, electronic, verbal or any other form.
Including, but not limited to:
Member Eligibility Verification Extract File
Member Name
member ID Number

State of West Virginia

Certificate

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

VERIDA, INC.

has filed the appropriate registration documents in my office according to the provisions of the West Virginia Code and hereby declare the organization listed above as duly registered with the Secretary of State's Office.

Given under my hand and
the Great Seal of West Virginia
on this day of
October 09, 2025

Kris Warner

Secretary of State

Control Number : 0004654

STATE OF GEORGIA

Secretary of State

Corporations Division
313 West Tower
2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF AMENDMENT

NAME CHANGE

I, **Brad Raffensperger**, the Secretary of State and the Corporation Commissioner of the State of Georgia, hereby certify under the seal of my office that

SOUTHEASTRANS, INC.
a Domestic Profit Corporation

has filed articles/certificate of amendment in the Office of the Secretary of State on 12/29/2021 changing its name to

Verida, Inc.
a Domestic Profit Corporation

and has paid the required fees as provided by Title 14 of the Official Code of Georgia Annotated. Attached hereto is a true and correct copy of said articles/ certificate of amendment.

WITNESS my hand and official seal in the City of Atlanta and the State of Georgia on 01/04/2022.

Brad Raffensperger

Brad Raffensperger
Secretary of State

ARTICLES OF AMENDMENT

Electronically Filed
Secretary of State
Filing Date: 12/29/2021 11:26:03 AM

Article 1

Business Name : SOUTHEASTRANS, INC.

Control Number : 0004654

Article 2

The entity hereby adopts an amendment to change its name to the following new business name:

New Business Name : Verida, Inc.

Effective Date : 12/29/2021

Article 3

The date of the adoption of the amendment was: 11/01/2021

Article 3

The amendment was duly adopted by the following method :
The amendment was adopted by the board of directors without shareholder action as shareholder action was not required.

Article 4

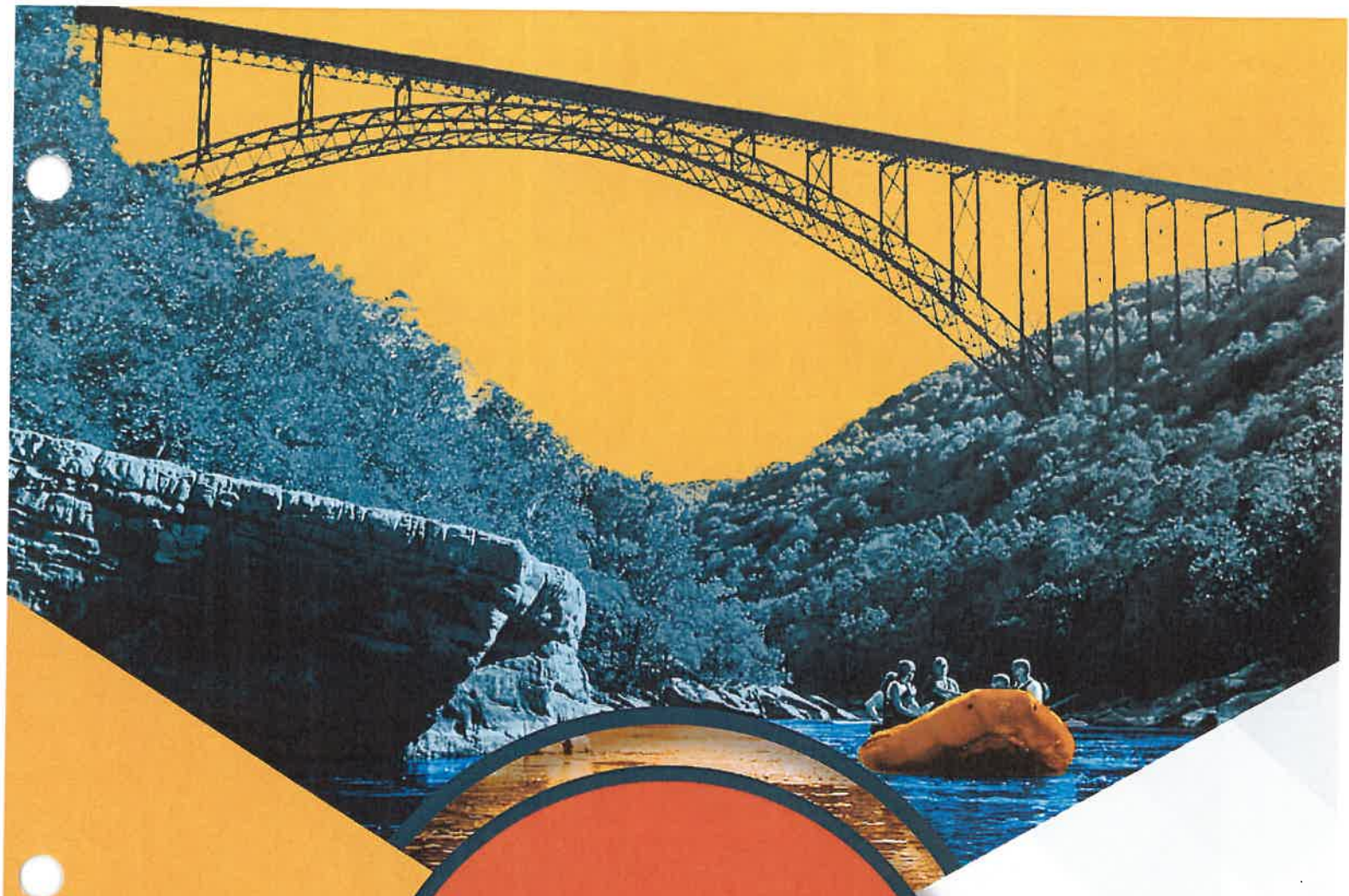
The date of the adoption of the amendment was: 11/01/2021

Article 5

The undersigned does hereby certify that a request for publication of a notice of the filing of articles of amendment to change the corporation's name along with the publication fee of $40.00 has been forwarded to the legal organ of the county of the registered office as required by O.C.G.A. 14-2-1006.1.

Authorizer Information

Authorizer Signature : /joel w. tisinger/ **Authorizer Title :** Attorney In Fact



VERIDA

TECHNICAL PROPOSAL

NON-EMERGENCY MEDICAL TRANSPORTION/ STATEWIDE TRANSPORTATION PROGRAM

October 15, 2025

CRFP 0511
BMS2600000001

Table of Contents

EXECUTIVE SUMMARY 6

4.1 PROJECT GOALS AND MANDATORY REQUIREMENTS 14

4.1.1.1 Appendix 1, Operational Specifications 14

4.1.1.2 Appendix 2, Implementation Specifications 19

4.1.1.3 Subcontractors 23

4.1.1.4 Statewide Database Approach and Methodology 29

4.1.1.5 Report Development Approach and Methodology 32

4.1.1.6 Supplying All Deliverables 35

4.1.1.7 Supplying All Written Materials 39

4.1.1.8 Increased Training of NEMT Providers 41

4.1.1.9 Following Proprietary Formalized Change Control Procedures 43

4.1.1.10 Communication Plan 44

4.1.1.11 Grievance Process 46

4.1.1.12 Contracting with Qualified NEMT Providers 48

4.1.1.13 Screening of Staff and Providers 54

4.1.1.14 Addressing Medicaid Recipients who are Non-Compliant 55

4.1.1.15 Assuring Appropriate Level of Service 57

4.1.1.16 Assuring Member Services Meet Prior Authorization Requirements 60

4.1.1.17 Notifying Providers of Expiring Credentials 61

4.1.1.18 Handling Out of Area Requests 62

4.1.1.19 Identifying Possible Fraud, Waste, Abuse and/or Misuse 64

4.1.1.20 Establishing an Advisory Committee 69

4.1.1.21 Providing Gas Milage Reimbursement Transportation 71

4.1.1.22 Providing Previous Month's Transportation Trips 74

4.1.1.23 Monthly Monitoring Report of Medication Assisted Treatment Trips 75

4.1.1.24 Process when Providers are Not Compliant with Verification 76

Office of Drug Policy – Optional Service 78

4.1.1.25 Engagement Process with the Jobs and Hope Program 78

4.1.1.26 Strategic Plan for a Ride Sharing Solution 80

4.1.1.27 Implementing All Contract Requirements by the "Go Live" Date 82

4.1.1.28 Experience Operating Statewide Transportation Services Programs 82

4.1.1.29 Providing Statewide Services in all 55 Counties 86

4.1.1.30 Providing On-Demand Ride Response Services within 24 Hours 92

4.1.1.31 Providing On-time Rides 92

4.1.1.32 Using Multi-Passenger Trips 94

4.1.1.33 Maintaining On-Time Rate 95

4.1.1.34 Personnel Management Methodology for Adequate Coverage 96
4.1.1.35 Developing and Implementing a Platform for Users 98
4.1.1.36 ODCP Designated Training for Authorized Users 100
4.1.1.37 Monthly Reporting Compliance as Defined by the ODCP 104
4.1.1.38 Partnering with ODCP/BBH on Option to Roll Over After-Hours Calls to Behavioral Health Line 105
4.1.1.39 Partnering with ODCP/BBH on Transportation Options 107
4.1.1.40 Partnering with ODCP/BBH to Recruit Drivers/Driving Services 107
4.1.1.41 Partnering with ODCP to Educate Behavioral Health Providers 108
4.1.1.42 Follow-Up Notification Procedures 108
4.1.1.43 Online/Electronic Process for Urgent, Same-Day Request Submissions 109
4.1.2 Mandatory Project Requirements 111
4.1.2.1 Compliance with Federal, State, and Local Laws 111
4.1.2.2 Increased Staffing Levels 112
4.1.2.3 Call Center Location and Staffing Requirements 113
4.1.2.4 Program Changes 116
4.1.2.5 NEMT Provider Reimbursement 117
4.1.2.6 Reporting Pre-Tax Net Income 120
4.1.2.7 Completing Start-Up Activities 120
4.1.2.8 Monthly Administrative Meeting 121
4.1.2.9 Providing All Data 122
4.1.2.10 Pricing Tiers 123
4.1.2.11 Bound by Service Level Agreements in Appendix 4 123
4.2 QUALIFICATIONS AND EXPERIENCE 130
4.2.1 Qualification and Experience Information 132
4.2.1.1 Organizational Chart 132
4.2.1.2 Staff Roles, Responsibilities, and Skills 133
4.2.1.3 Call Center Staff Job Descriptions and Requirements 143
4.2.1.4 Off-Site or Subcontractor Quality and Timeliness 143
4.2.1.5 Staff Retention 145
4.2.1.6 Methodology to Personnel Management 147
4.2.1.7 Brokerage NEMT Service Experience for Similar Population 152
4.2.2 Mandatory Qualification/Experience Requirements 163
4.2.2.1 Key Staff Positions and Resumes 163
4.2.2.2 Additional Staff Positions and Resumes 167
4.2.2.3 Evidence of Related Experience and References 168
APPENDIX 1 – OPERATIONAL SPECIFICATIONS 174
I. NEMT Service Request Processing 175

A. Screening 177
B. Advance Reservations 188
C. Notification of Arrangements 188
D. Scheduling and Dispatching Trips 189
II. NEMT Providers 202
A. Network of NEMT Providers 202
B. NEMT Provider Contracts 211
C. NEMT Provider Reimbursement 213
D. Geographic Coverage Area 225
III. Modes of Transportation 228
A. Fixed Route 228
B. Private Auto 231
C. Basic Vehicle 231
D. Enhanced Vehicle 232
E. Other Transportation 233
IV. Miscellaneous Operation Rules 235
A. Excessive Distance 235
B. On-Time Arrival 236
C. Travel Time on Board 237
D. Adverse Conditions Plan 238
E. Vendor as a NEMT Provider 242
F. Post-Transportation Authorization Requests 242
G. Accidents and Incidents 243
V. NEMT Service Denials 247
A. Denial Policies and Procedures 247
B. Denial Reasons 249
VI. Timeliness 252
A. Routine NEMT Services 252
B. Non-Routine NEMT Service 252
VII. Validation Checks 254
A. Pre-Transportation Validation Checks 255
B. Post-Transportation Validation Checks 256
C. Fixed Route 258
VIII. Suspected Fraud, Abuse, Waste and Misuse 260
IX. Vehicle Requirements 263
A. Americans with Disabilities Act (ADA) Compliance 263
B. Other Compliance 264

C. Vehicle Inspection 270
X. NEMT Providers' Drivers Policies and Procedures 273
A. Driver Requirements 273
B. Provider Daily Trips Logs 277
C. Trip Manifests 278
D. Real-Time Communication 280
E. Monitoring Plan 281
F. Member Satisfaction Surveys 283
XI. Call Center 287
A. Facility 287
B. Telephone Access 288
C. Language Requirements 290
D. Customer Care 291
E. Automatic Call Distribution System 296
F. Data Analysis 298
G. Multiple Queues 300
H. Sufficient Resources 301
XII. Training and Education 305
A. NEMT Provider Manual 305
B. NEMT Provider and Provider Training and Education 306
C. Member Outreach and Education Plan 315
D. Non-Compliant Member Education 322
XIII. Operations Procedures Manual 325
XIV. Complaint Policies and Procedures 326
A. Member Complaint Resolution and Appeal Process 330
B. NEMT Provider Complaint Resolution and Grievance Process 331
XV. Contract Close-Out and Turnover Procedures 333
A. Turnover Plan 333
B. Turnover Notification and Turnover Period 336
C. Specific Close-Out Requirements 337
D. Agency Access 338
E. Specific Turnover Requirements 338
F. Vendor Response to Questions 339
G. Turnover Meetings 339
APPENDIX 2: IMPLEMENTATION SPECIFICATIONS 340
I. Implementation Work Plan 341
A. Work Plan Tasks 341

II. Quality Assurance Plan 347
III. Operational Readiness Review 350
A. Readiness Review Deliverables 350
B. Call Center Readiness Requirements 352
C. Remediation and Start-Up 355
IV. Data Systems Requirements 356
A. Eligibility Verification 356
B. Data Capture 356
C. Encounter Data 358
D. Audit 360
E. Web-Based Inquiry System 360
V. Business Continuity and Disaster Recovery Plan 363

EXECUTIVE SUMMARY

Verida, Inc. is a proven provider of comprehensive non-emergency medical transportation (NEMT) management services with more than 25 years of experience serving Medicaid populations nationwide. We understand that West Virginia's Department of Human Services (DoHS) seeks a reliable partner to provide critical transportation services for Medicaid members across all 55 counties, operating under a capitated per-member-per-month (PMPM) model with stringent performance requirements including 95% on-time performance standards, while simultaneously managing the innovative Office of Drug Control Policy's (ODCP) Jobs & Hope West Virginia transportation program for substance use disorder recovery participants.

Verida's History

Our Founder, and current President and Chief Executive Officer, Steve Adams has been directly involved in the medical transportation industry for over 50 years. His career began in 1974 as an Emergency Medical Technician with the local ambulance service company in his hometown of Carrollton, Georgia. Three years later, Steve started West Georgia Ambulance and owned and operated the company for 45 years. During that time, he built West Georgia Ambulance into one of the largest county-contracted ambulance services in Georgia.

This frontline healthcare experience provided Steve with an intimate understanding of patient care and the critical role transportation plays in healthcare delivery. In 2000, Steve co-founded Southeastrans, now Verida, Inc., with the mission of specializing in broker management of Medicaid non-emergency transportation services. In that same year, Southeastrans was awarded a contract by the Georgia Department of Community Health to manage the Atlanta Medicaid NEMT Region, leading to the improvement of quality and reliability of transportation services within the Atlanta area. Verida still holds that contract today.

Steve is an engaged leader who likes to personally get to know his clients and hear directly about their needs and what is important to them. He has devoted years of service to local, state, civic, and health care organizations in Georgia and other communities Verida serves across the country. This foundation of healthcare experience and community engagement has shaped Verida's distinctive approach to NEMT management, positioning us uniquely to deliver the comprehensive, integrated dual-program NEMT services West Virginia requires while maintaining our core commitment to being provider-friendly and deeply ingrained in the healthcare ecosystem.

Mission Statement

Verida's mission of connecting life to health aligns perfectly with West Virginia's commitment to providing reasonable access to medical services for all eligible members while supporting recovery and employment goals through the Jobs & Hope program. Our provider-friendly approach, rooted in Steve's five decades of healthcare experience, recognizes that strong partnerships with transportation providers and healthcare facilities are essential to successful program outcomes. We accomplish this through five core tenets that have guided our operations for 25 years:

- We are **Person Centered** – we operate from a place of understanding there is a human being at the core of everything we do. We aspire to never lose sight of each person's needs and unique circumstances.

- We are **Compassionate** – we strive to always listen without judgment, while offering encouragement and support to our colleagues and every person we serve, every mile of the way.
- We are **Innovative** – we never stop learning about the individuals we serve and are diligent in our quest to continuously improve our processes and people-focused technology to advance the wellbeing of everyone.
- We are **Adaptable** – we employ a multifaceted workforce that is able to flex under a myriad of changing conditions and do so with agility and precision.
- We are **Purpose-Driven** – we act "on purpose" to improve and grow, always striving to build a culture that engages people first, then inspires them to exceed expectations.

Proposal Overview

Built on our 25 years of experience in NEMT, Verida's approach emphasizes collaborative partnerships with providers, medical facilities, and state agencies. **We have succinctly outlined our approach to managing every aspect of West Virginia's integrated NEMT and Jobs & Hope transportation programs, including our Charleston-based call center operations, eligibility screening, scheduling, dispatching, and claims processing.** Our provider-friendly methodology focuses on supporting NEMT providers through comprehensive training, technology tools, and prompt payment, recognizing that their success directly impacts member outcomes.

VERIDA'S NEMT PROVIDER NETWORK

Verida manages a robust network of more than 660 NEMT providers across multiple states, supported by nearly 4,300 drivers operating more than 4,500 vehicles.

We offer insight into how we credential and manage local networks of commercial, non-profit, and public transportation providers across all 55 counties, safeguarding that both Medicaid members and recovery program participants have access to the appropriate level of transportation when they need it. Our healthcare-ingrained approach means we understand the clinical importance of reliable transportation and work closely with medical providers, treatment facilities, and behavioral health centers to facilitate seamless coordination of care.

We also offer innovative solutions that add value to the NEMT programs we serve, from a member, NEMT provider, and the Agency's perspective. There are no extra fees or contingencies associated with these solutions. These technologies are scalable, adaptable, and designed to integrate with the latest advancements in the field, positioning us to lead the way in data analysis, trend reporting, and overall program management. Here are brief highlights of the more unique features of our proposal response.

Addressing West Virginia's Three Main Challenges

Verida is committed to delivering innovative, reliable, and community-focused solutions that directly respond to the State of West Virginia's most pressing challenges in NEMT services. With a deep understanding of rural healthcare dynamics, patented fraud prevention protocols, and advanced verification technologies, Verida is uniquely positioned to support the Agency's

goals of equitable access, fiscal integrity, and operational efficiency. The following highlights Verida's strategic approach to each of the three challenges identified in Addendum 3.

Challenge 1: Lack of Medical and Transportation Providers in Rural Areas

To address the shortage of transportation providers in rural regions, Verida proposes incorporating Wingz—a specialized network of independently contracted drivers with strong credentials in healthcare mobility. Unlike traditional TNCs such as Uber and Lyft, which are not permitted to serve Medicaid members, Wingz offers a compliant and tailored alternative. The platform enables members to schedule rides ahead of time, helping to minimize delays and improve predictability. Its effectiveness is especially notable in communities with sparse transit infrastructure. With the Agency's support, Verida plans to launch a pilot program in select rural counties to assess the model's scalability and user experience. Wingz has already demonstrated success in Arkansas, Georgia, and Tennessee, where drivers completed over 172,000 trip legs in 2024 and nearly 186,000 in 2025. The service has maintained outstanding performance, with complaint-free rates exceeding 99.9% in both years—highlighting its dependability and high levels of member satisfaction in areas where conventional transportation options fall short.

Challenge 2: Fraud, Waste, and Abuse in Gas Mileage Reimbursement

Verida is deeply committed to managing Fraud, Waste and Abuse throughout Medicaid NEMT programs. We can effectively apply the technology covered under our U.S. Patent No. 11,403,722 (explained in detail below under Core Operational Solutions) to combat fraud, waste, and abuse in gas reimbursement-based NEMT models by extending the same GPS-enabled compliance system to individual drivers. In this model, Medicaid members or their designated drivers are reimbursed for mileage rather than using traditional transportation vendors. By equipping the driver—or the member with the Verida smartphone app that captures geolocation data at pickup and drop-off points, Verida can validate that trips actually occurred, match them to scheduled medical appointments, and verify mileage claims are accurate. This real-time, geocoded verification process mirrors the patented workflow used in our traditional brokered transportation model but is adapted to self-transport. It provides state agencies with an auditable, tamper-resistant record of services rendered, helping to prevent common gas reimbursement abuse such as phantom trips, mileage padding, and retroactive claims. This scalable application of Verida's technology builds trust in the reimbursement model while safeguarding Medicaid funds.

Challenge 3: Member/Facility Appointment Verification

Verida's fully integrated suite of digital tools—including the Member Portal, member mobile app, and Facility Portal—streamlines the appointment verification process by enabling real-time communication and coordination between members, facilities, and Verida. Through the Member Portal and app, individuals can confirm, reschedule, or cancel appointments with ease, while facilities can use their dedicated portal to validate appointment details and update scheduling changes instantly. These platforms reduce administrative burden, minimize missed trips, and confirm that transportation is aligned with verified appointment times. By centralizing and automating verification workflows, Verida enhances accuracy, accountability, and overall service reliability.

Overcoming Transitional Hurdles

In addition to the three primary challenges outlined above, Verida recognizes two additional areas that may present transitional hurdles if the State of West Virginia elects to switch NEMT brokers: continuity of provider relationships and retention of experienced personnel. Verida is fully prepared to address both with a proactive, inclusive approach that promotes stability, preserves institutional knowledge, and strengthens service delivery from day one.

- **NEMT Provider Network** – First, Verida will prioritize contracting with existing NEMT providers who are currently serving West Virginia members. These providers bring valuable experience, familiarity with local geography, and established relationships with the communities they serve. By integrating them into our network, Verida will maintain continuity of care while enhancing operational efficiency. Our onboarding process will be streamlined to minimize disruption, and we will offer training and support so providers are fully aligned with Verida's standards and expectations.
- **Maintaining Intellectual Knowledge** – Second, Verida is committed to hiring qualified and highly regarded staff from the incumbent organization. We understand the importance of retaining institutional knowledge and leveraging the expertise of individuals who have contributed to the success of the current program. By welcoming these professionals into our team, Verida will support a smooth transition, preserve member trust, and maintain high levels of customer service and operational excellence. This approach reflects our belief that the best outcomes are achieved through collaboration, continuity, and respect for the people and providers who have built the foundation of West Virginia's NEMT program.

By using innovative ideas, advanced technology, proactively engaging current NEMT providers and welcoming experienced staff from the incumbent organization, Verida is committed to delivering a smooth, stable transition that preserves service quality and member trust. These efforts reflect our broader philosophy: that continuity, collaboration, and community knowledge are essential to building a successful NEMT program. Should Verida be awarded the contract, we will leverage these strengths so West Virginia's members experience uninterrupted, high-quality transportation services from day one—while laying the groundwork for long-term innovation and improvement.

Core Operational Solutions

NET InSight™: Our fully integrated, patented, proprietary transportation management system, NET InSight, is HIPAA-compliant, stable, scalable, and flexible enough to adapt to technological advances and the state's specific requirements. It contains the information necessary to manage a member's trip from their first phone call to the moment they arrive home from their scheduled trip. It is the repository for all member data, facility and healthcare provider data, transportation provider data, complaint records and resolutions, and is the source of information for claims processing and all program reporting.

Patented NEMT System: U.S. Patent No. 11,403,722 B2, titled Compliance system for reducing fraud in the provision of non-emergency medical transportation services, was issued to Verida, Inc. on August 2, 2022.

Our patent is a system that is incorporated into NET InSight and is designed to enhance the integrity of NEMT services by utilizing portable data collection devices (smart phones, iPads, etc.) equipped with integrated location determination systems (e.g., GPS). The system operates as follows:

- **Trip Scheduling**: A trip schedule is provided to the portable data collection device, detailing pickup, and drop-off locations, each associated with specific location identifiers (geocodes).
- **Real-Time Monitoring**: As the transportation service is executed, the device records the actual locations and times of pickups and drop-offs. This data is periodically updated and transmitted to a central host system via a wireless communication network.
- **Validation**: The system compares the recorded locations and times with the scheduled geocodes and times to validate the services' accuracy. Discrepancies between the scheduled and actual data can indicate potential fraud or non-compliance.

By implementing this technology, Verida can provide enhanced oversight of:

- **Accurate Billing**: Only services that have been verifiably provided are billed to Medicaid, reducing instances of fraudulent claims.
- **Service Verification**: The system confirms that patients are picked up and dropped off at the correct locations and times, ensuring compliance with scheduled services.

Net Notes: Integrated into NET InSight, Net Notes combines web and mobile technologies to present transportation providers with a fleet management console. It uses GPS locations of vehicles to enable dispatchers to see vehicle locations. Combined with messaging, access to turn-by-turn directions leveraging native navigation applications, traffic alerts, and more, this tool drives on-time performance and fleet optimization. Using this tool Verida dispatchers can select a vehicle, and Net Notes identifies the driver, the passenger, and the details of their trip in real-time which goes a long way toward assuring on-time performance.

Member Portal & App: In addition to scheduling and managing member trip requests, members may use our portal and mobile app, which is also a part of our NET InSight system, to view transportation provider assignments and important messaging which includes health reminders such as open enrollment notifications and flu shots. We also provide access to alerts regarding closures or delays due to adverse weather. Members can access forms, educational videos, and have quick access to request help contained in their Help Center. Mirroring the functionality of the portal, our free Member App functions with any Apple and Android smartphone. The app empowers members by enabling them to manage their own transportation benefit (e.g., scheduling, modifying, cancelling trips, and viewing trip history).

Transportation Provider Tools: Verida is the only broker currently offering mobile devices and an airtime service plan to each contracted transportation provider, at no cost to assist with their management and fulfillment of member transports. In addition to training providers and their drivers on using this technology, we also offer our intuitive Transportation Provider Portal, also a part of NET InSight, which helps reduce the burden on transportation

providers by providing secure access to claims information, claims submission, reports, trip manifests, forms, and other provider-related documentation. When providers process claims using the portal, Verida grants them access to productivity reports that provide statistics pertaining to the number of trips submitted. It also enables them to run and export reports in multiple formats for integration into their business systems.

Client Portal: Our Client Portal, also a part of our fully integrated system, NET InSight, gives the Agency transparent online access into program data on both an individual member basis and in aggregate. DoHS and ODCP's personnel will see the same real-time data that our team sees through our sophisticated platform, NET InSight. Some of the functionality available in the Client Portal includes but is not limited to the ability to access: trip booking functions, self-service reporting of monthly, quarterly, and annual program information; reports on upcoming trips, by location, provider, and date of service; trip history reporting; complaint reports; and reports on predefined performance indicators and other service metrics.

Call Center Systems

In addition to the above solutions, our call centers generate an enormous amount of customer interaction data, and our teams rely on this data for insight into both the performance of our Customer Service Representatives (CSRs) and the satisfaction of our customers. With technology quickly evolving – particularly with artificial intelligence and machine learning (AI/ML) – Verida embraces these advancements to maximize our workflow efficiencies while reducing costs, minimizing errors, and continually improving our service offering.

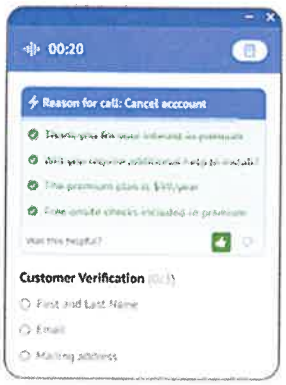
CALL CENTER PERFORMANCE SNAPSHOT
Year-to-date, Verida's call centers handled over 2.4 million calls with an average speed of answer of just 25 seconds and an abandonment rate of only 3.5%. Nearly 87% of calls were answered within 30 seconds, and of the 48,530 requested callbacks, more than 99% were successfully completed—demonstrating our commitment to responsive, member-focused service.

Our Call Center Technology: Our West Virginia call center will feature a complete call center suite that allows us to engage with members through secure communication channels at any work location. It is built upon a cloud infrastructure, so calls, chat interactions and email messages can be managed no matter where CSRs, members, facilities, or transportation providers are located. The system operates on a secure platform, including end-to-end data encryption, which safeguards protected health information (PHI), is HITECH compliant, and meets all Health Insurance Portability and Accountability Act (HIPAA) standards. Real-time AI technology guides our CSRs through the scheduling process, assuring that they complete all necessary steps along the way while engaging in a meaningful dialogue with members.

Artificial Intelligence (AI) Call Center Tools: Every call received in our call centers is recorded and analyzed using our powerful AI tools to help us maintain a great member

experience. Employing speech and natural language technologies and artificial intelligence, these tools support our call center leadership by performing deep analysis of calls and can even detect sentiment and tone of voice of both the caller and our CSR. These tools help our managers get to the root cause of customer service issues quickly so that coaching can be initiated. It also helps identify positive interactions so that top performing CSRs can be recognized.

Realtime Agent Assist: Realtime Agent Assist (RTAA) is one of our top AI projects. The system uses large language models to transcribe inbound calls in real-time. It identifies key topics during calls and offers agents, in real-time, interactive links to relevant procedures and how-to material, eliminating the need to navigate and search through separate systems. This advanced natural speech recognition engine seamlessly integrates with our comprehensive Knowledgebase, empowering agents with real-time support. There are four main components to RTAA that better facilitate compliance, and retention by improving agent performance and confidence on live calls through scripts, prompts, call notes and live supervisor monitoring.



- **Smart Scripts** - Smart Scripts are the checklists that an agent sees in the Real Time Agent Assist window when they are on a call. It has individual items that will be automatically crossed off from the list when the agent talks about it during the call.
- **Dynamic Prompts** - Dynamic Prompts guide agents in handling customer reactions during a call. Dynamic Prompts are triggered by customer words and help answer inquiries by providing related Knowledgebase articles or other helpful documentation, thereby reducing caller hold time.
- **Alerts** - Alerts serve as reminders to the agent while they are speaking to a member. Alerts include: Hold Time Violations, Negative Customer Sentiment, Agent Interruptions or overtalk and Agent Talking too fast.
- **Automated Call Notes** – In addition to a full call recording and transcript, Call Notes are automatically summarized using speech recognition of important moments of the conversation. If some details are not automatically captured, the agent can add them manually. This supports an accurate and complete accounting of what occurred during a call and frees an agent to help the next caller in line much faster.

All four components are completely customizable to West Virginia. These tools drive improvements across the member and CSR experience. Here's how Realtime Agent Assist benefits our program management:

- Enhancing the CSR's ability to be proactive
- Providing the resources CSRs need before and during the various stages of the conversation
- Continuing to improve month-over-month average hold times
- Increasing CSR satisfaction by boosting their competency and confidence

At Verida, we are dedicated to delivering comprehensive and innovative solutions that exceed expectations, ensuring that members experience a seamless and compassionate journey from

the moment they schedule a trip to their safe return home. With a foundation built on decades of hands-on experience, advanced technology, and a person-centered approach, we are confident in our ability to address the unique needs of West Virginia's Medicaid population. We look forward to partnering with DoHS and ODCP to elevate the NEMT program, setting a new standard of quality, efficiency, and accountability.

4.1 Project Goals and Mandatory Requirements

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. Vendor should describe its approach and methodology to providing the service or solving the problem described by meet the goals/objectives identified below. Vendor's response should include any information about how the proposed approach is superior or inferior to other possible approaches.

4.1.1 Goals and Objectives

The project goals and objectives are listed below

4.1.1.1 Appendix 1, Operational Specifications

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

Verida is proud to present a proposal that reflects our capabilities for delivering a seamless, compassionate, and member-focused transportation experience. With more than 25 years of industry leadership, Verida has built a robust infrastructure and cultivated deep subject-matter expertise that enables us to meet and exceed the operational, managerial, and administrative requirements of the West Virginia NEMT Program, in compliance with Appendix 1, Operational Specifications.

Our approach is grounded in innovation, accessibility, and accountability. By implementing a comprehensive full-risk capitation brokerage model, Verida will assume full financial responsibility for NEMT services—providing cost predictability for the state while driving operational excellence and superior service delivery for Agency members.

This model aligns financial incentives with performance outcomes, allowing Verida to:

- **Enhance access** to care through a statewide network of qualified transportation providers.
- **Enable timeliness** and reliability of services via advanced scheduling and dispatch technologies.
- **Improve member satisfaction** through proactive engagement, multilingual support, and continuous quality monitoring.

Verida's solution is designed not only to meet the goals of the West Virginia Bureau for Medical Services (BMS) but to elevate the standard of NEMT services across the state. Our proven capabilities, combined with a deep understanding of the Medicaid population, position us to deliver a program that is efficient, equitable, and responsive to the needs of all stakeholders.

Program Implementation Timeline

Verida's Implementation Work Plan (IWP) is a foundational and adaptive roadmap for launching the NEMT Brokerage Program within the required 13-week implementation timeframe. More than just a checklist, it is a dynamic, living document that evolves throughout the implementation phase to reflect real-time progress, emerging needs, and stakeholder feedback. The plan is designed to guide the project through a logical sequence of activities while maximizing efficiency and resource alignment. By advancing key components—such as staffing, provider contracting, and IT system configuration—in parallel, Verida will confirm that all critical elements

are in place and fully operational within the 13-week window, while maintaining the flexibility to adjust and optimize as needed.

While our comprehensive IWP—provided in response to Appendix 2—provides the detailed implementation framework for Verida's successful launch of the West Virginia NEMT Program, the following table presents a high-level timeline of the primary activities.

Program Implementation Timeline		
Phase	**Deliverable**	**Timeline**
Project Management	Conduct project kickoff, submit final IWP and participate in regular status meetings.	Months 1 - 3
Acquisition of Office Space and Equipment	Site selection, within 15 miles of 350 Capitol Street, Charleston, West Virginia, and installation of all equipment to launch our call center and establish a business office.	Months 1–2
Staff hiring and training	Refine job descriptions, post the jobs, interview and screen candidates, then hire, onboard, and train.	Months 1–3
Network Development	Recruit and credential NEMT providers statewide.	Months 1–2
Vehicle Inspections and Certifications	Establish and enforce vehicle inspection standards, verify provider compliance, and document certification indicating that all vehicles meet program requirements.	Months 1–3
Verify Drivers	Establish driver qualification standards, verify compliance with contract requirements, and document certifications to confirm all drivers meet program expectations.	Months 1–3
System Installation and Configuration	Install and configure transportation management system, including scheduling, reservations, dispatch modules, and system interfaces with call center and provider network.	Months 1-2
Testing of Daily Operational Requirements	Conduct comprehensive system testing by validating call center operations, dispatch functionality, real-time driver communications, and overall system integration.	Months 2–3
Training & Education	Distribute Agency approved notifications and educational materials to members, medical providers, and NEMT providers, and conduct statewide training sessions.	Months 1–3
Deliverable Development	Develop all required documentation and operational plans, including reporting tools, procedure manuals, eligibility and data submission protocols, and quality and continuity strategies.	Months 1–3
Readiness Review	Complete the readiness review process by submitting all required deliverables, participating in the Agency's evaluation, addressing any necessary corrections, and initiating pre-launch call center operations.	Months 2–3
Go-Live	Full operational launch	Month 3
Continuous Improvement	Monitoring, QA, and reporting	Ongoing

Operational Specifications (Appendix 1)

Verida will fully address all operational specifications and deliverables outlined in Appendix 1 by leveraging our decades of experience in NEMT program management and our proven track record of delivering safe, reliable, and member-focused transportation services.

The following diagram illustrates the six core functional areas that shape Verida's statewide NEMT delivery. Each function is supported by operational processes, subject-matter expertise, and robust compliance measures—working together to drive consistent, high-quality, and member-focused transportation services.

Figure 4.1.1.1-1. Verida's Comprehensive Service Framework for the West Virginia NEMT Program.

1. Network Development & Provider Management

Verida will build and maintain a diverse, credentialed provider network that includes private autos, volunteer drivers, and ADA-compliant vehicles to offer safe, timely, and reliable access to care across all 55 West Virginia counties. Our performance-based contracts include timely electronic reimbursements that are supported by robust oversight mechanisms. We enforce vehicle standards through routine inspections, real-time tracking, and certification documentation. Driver qualifications are verified through background checks, training, and daily trip logs, all supported by real-time communication tools.

RFP Alignment:

- NEMT Providers (Network Development, Contracts & Reimbursement)

- Modes of Transportation
- Vehicle Requirements
- Driver Policies

2. Member Engagement & Experience

Every component of our local operations will be designed to support the health, dignity, and independence of West Virginia Agency members. From first contact at the call center to the completion of a trip, we will operate with compassion and responsiveness. We place members at the center of our operations, offering multilingual support through our call center and clear, accessible education materials. We manage transparent denial policies with appeal mechanisms and conduct outreach and training to confirm members understand their transportation benefits and how to access services. Member satisfaction surveys and complaint resolution processes are built into our continuous improvement model.

RFP Alignment:

- Call Center (Language Requirements, Customer Care)
- NEMT Service Denials
- Training and Education
- Complaints and Appeals

3. Utilization Management/Appointment Verification Staff

Verida verifies transportation services are clinically appropriate through automated eligibility screening, an Agency approved call script, and consistent utilization protocols. We coordinate urgent requests 24 hours a day, seven days a week and schedule routine services within 48 hours. Pre- and post-trip validations using GPS and electronic manifests safeguard program integrity and support timely access to care.

RFP Alignment:

- NEMT Service Request Processing (Screening, Reservations, Scheduling, Dispatching)
- Timeliness
- Validation Checks

4. Quality Management & Compliance

Verida's quality assurance program includes real-time monitoring, member feedback, and continuous evaluation of service delivery. We maintain a comprehensive Operations Manual and enforce compliance with ADA and safety standards. Our adverse conditions plan promotes service continuity during emergencies, and our fraud, waste, and abuse detection tools use AI-driven analytics and audit trails to protect program integrity.

RFP Alignment:

- Miscellaneous Operational Rules (On-Time Arrival, Travel Time, Adverse Conditions)
- Fraud, Waste, Abuse, and Misuse
- Operations Manual

- Vehicle & Driver Compliance

5. Client Relations & Program Oversight

Verida will maintain a collaborative relationship with the Agency through transparent reporting, a secure Client Portal, and regular engagement. We will participate in readiness reviews, submit all required deliverables, and address corrections promptly. Our contract close-out procedures include a detailed turnover plan, stakeholder meetings, and full data migration to facilitate a smooth transition and continuity of service.

RFP Alignment:

- Contract Close-Out
- Readiness Review
- Agency Access

6. Technology & Innovation

At the foundation of our operations is NET InSight, our proprietary technology platform. NET InSight manages scheduling, GPS-enabled trip tracking, claims processing, and reporting with precision and efficiency. It also facilitates real-time communication with providers and members, offering the Agency full visibility in performance and program outcomes. Our call center is powered by the NICE CXone platform, which integrates seamlessly with NET InSight to create a unified data environment. This infrastructure captures, stores, and analyzes extensive call activity and trip data, supporting KPI tracking, issue resolution, and transparent reporting. To further enhance operational excellence, we leverage Observe.AI (artificial intelligence-driven customer service insights), Real-Time Agent Assist (RTAA), a Knowledgebase, and an experienced Workforce Management (WFM) team using robust tools to optimize agent performance, support consistent service quality, streamline issue resolution, and maintain staffing efficiency across our operations.

RFP Alignment:

- Call Center (Facility, ACD System, Call Recording and Analysis, Reporting)
- Technology for Scheduling, Dispatch, Validation
- KPI Tracking
- Integrated System Testing

Superiority of Proposed Approach

Verida's leadership model is designed to deliver superior program performance through clear accountability, proactive oversight, and strategic resource allocation. Unlike models that rely heavily on centralized or remote management, Verida's approach is grounded in local leadership that is supported by national expertise—a structure that promotes both responsiveness and scalability.

For the West Virginia NEMT program, Verida will deploy a dedicated, full-time Project Manager based in-state, responsible for day-to-day operations, stakeholder engagement, and contract compliance. This role will be supported by a local operations team with deep knowledge of the region, and further reinforced by Verida's national leadership structure, which enables rapid decision-making, enterprise-level support, and the application of industry-leading practices.

Our leadership team has more than 250 years of combined experience in transportation logistics, healthcare compliance, and customer service. This multi-layered governance model allows us to adapt quickly to changing service demands while maintaining high standards of quality and accountability.

Why Our Approach is Superior:

- **Full-Risk Capitation Model**: Unlike fee-for-service models that may incentivize volume over value, our capitation model aligns financial and service incentives—reducing unnecessary trips, controlling costs, and improving health outcomes.
- **Integrated Technology Ecosystem**: Our proprietary NET InSight platform, combined with NICE CXone, Observe.AI, and WFM tools, deliver real-time scheduling, GPS tracking, automated reporting, and intelligent call monitoring. This integration enhances transparency, operational efficiency, and service quality.
- **Member-Centric Design**: We offer access 24 hours a day, seven days a week, multilingual support, proactive outreach, and easy to use online tools such as our member portal and member app to enable equitable access and help reduce missed appointments—key differentiators from less accessible or reactive models.

4.1.1.2 Appendix 2, Implementation Specifications

The vendor should address Appendix 2, Implementation Specifications, including all deliverables and proposal components described. The Vendor's approach should exhibit an up-to-date knowledge and understanding of the NEMT Brokerage Program and NEMT Services in general, including the requirements of BMS Chapter 524, which can be found at (http://www.medicaid.gov/federal-policy-gudiance /downloads/smd23006.pdf) of the West Virginia State Medicaid Manual for Provider requirements, Chapter 27 of the West Virginia Agency for Family Assistance (BFA) Income Maintenance Manual (IMM) for member eligibility, which can be found at (http://www.gpo.gov/fdsys/pkg/CFR-2011-title42-vol14/pdf/CFR-20211-title42-vol4-sec440-170.pdf)

Verida's Approach to Appendix 2

Verida recognizes the importance of Appendix 2 in outlining the implementation expectations for the West Virginia NEMT program. While a detailed and comprehensive response to each component of Appendix 2 is provided in subsequent sections of this proposal, the following summary offers a high-level overview of our approach. This overview reflects the strength of Verida's operational framework, advanced technology infrastructure, and unwavering commitment to quality and compliance. Throughout our proposal, we demonstrate how Verida's model is purpose-built to deliver a seamless, compliant, and member-focused NEMT solution tailored to the needs of the Agency, Agency members, and other interested parties.

I. Implementation Work Plan

A. Work Plan Tasks

Verida will deploy a comprehensive Implementation Work Plan (IWP) that includes detailed timelines, milestones, and responsible parties for each task. Key components include:

- **Project Kickoff**: Dedicated implementation team and communication protocols supported by our Project Management Office (PMO). The PMO and our Implementation Project Manager will play a key role in supporting the entire team, during implementation and beyond. This centralized team is responsible for creating solid, repeatable best practices based on project successes.

- **Staffing and Training**: Recruiting local personnel and providing comprehensive onboarding, continuous training, and regular refresher courses to maintain compliance with federal and state regulations.
- **Technology Deployment**: Configuring West Virginia's program rules in NET InSight. Set-up of NICE CXone, Observe.AI, and Workforce Management systems to support call center operations.
- **Provider Engagement**: Contracting and credentialing of transportation providers. Verifying NEMT providers meet West Virginia, Medicaid, and federal requirements, including background checks, vehicle inspections, and insurance verification.
- **Member Outreach**: Members will receive Agency-approved outreach through multiple channels, including our call center, member portal/app, and easy-to-understand materials such as mailings, forms, notifications, and letters.
- **Testing and Validation**: Testing system integration to verify all components work seamlessly, conducting mock scheduling to verify workflow accuracy, and initiating trip simulations to validate real-world functionality and service readiness.

II. Quality Assurance Plan

Verida's Quality Assurance Plan facilitates continuous improvement and compliance through:

- **Real-Time Monitoring**: Using Observe.AI and NET InSight to track call quality, trip performance, and member interactions.
- **Performance Dashboards**: KPI tracking across service levels, trip completion rates, and member satisfaction.
- **Audit Protocols**: Regular internal audits and corrective action plans.
- **Feedback Loops**: Member and provider surveys, issue escalation workflows, and root cause analysis.

III. Operational Readiness Review

A. Readiness Review Deliverables

Verida will submit all required deliverables including:

- Staffing rosters and training certifications
- Turnover Plan
- Final Implementation Work Plan
- NEMT Provider Network and Geographic Coverage Report
- Adverse Weather Plan
- Post Transportation Authorization of NEMT Services Policy
- NEMT Service Denial Criteria and Service Denial Letter
- Validation Plan
- Vehicle Inspection Plan
- NEMT Provider Monitoring Plan

- Final NEMT Provider Manual
- NEMT Provider and Provider Training and Education Plan
- Final Member Outreach and Education Plan
- Operations Procedures Manual
- Quality Assurance Plan
- Business Continuity and Disaster Recovery Plan
- Agency-specific Report Samples

B. Call Center Readiness Requirements

Our call center, powered by NICE CXone and enhanced by Observe.AI, RTAA, and our Knowledgebase will meet all readiness requirements:

- Availability 24 hours a day, seven days a week
- Multilingual support
- Call recording and quality assurance
- Workforce Management for staffing optimization

C. Remediation and Start-Up

Verida will implement a structured remediation plan for any gaps identified during readiness review, supporting full operational capability by the go-live date.

IV. Data Systems Requirements

Verida has established a robust, scalable network architecture that forms the backbone of its Non-Emergency Medical Transportation (NEMT) operations. This advanced system integrates every essential component—data, applications, and communication tools—into a unified environment that supports the full lifecycle of transportation management. From the moment a reservation is initiated to the completion of a trip, every step is tracked, verified, and securely stored, empowering our teams to deliver accurate, timely, and compliant services for every member served under the West Virginia program.

Our infrastructure is built with scalability and interoperability at its core. Each layer of the platform—whether for scheduling, provider dispatch, trip tracking, claims processing, or reporting—communicates seamlessly through a secure, cloud-based environment. This design allows Verida to adapt easily to call volume fluctuations, expand into new regions, and integrate new modules without disruption. By connecting our systems with state Medicaid databases, provider management platforms, and compliance tools, Verida delivers a transparent and fully traceable operational ecosystem that supports efficient service delivery and regulatory alignment.

A defining strength of this architecture is how it unites technology with human expertise. Our customer service representatives (CSRs) have real-time access to all relevant data through our proprietary NET InSight platform. Within this environment, the Member Profile screen serves as a powerful command center, giving CSRs immediate visibility into eligibility status, transportation history, provider details, and member preferences at a glance. This interface streamlines call handling, shortens response times, and reduces the chance of data entry

errors—allowing CSRs to focus on what matters most: providing compassionate, accurate assistance.

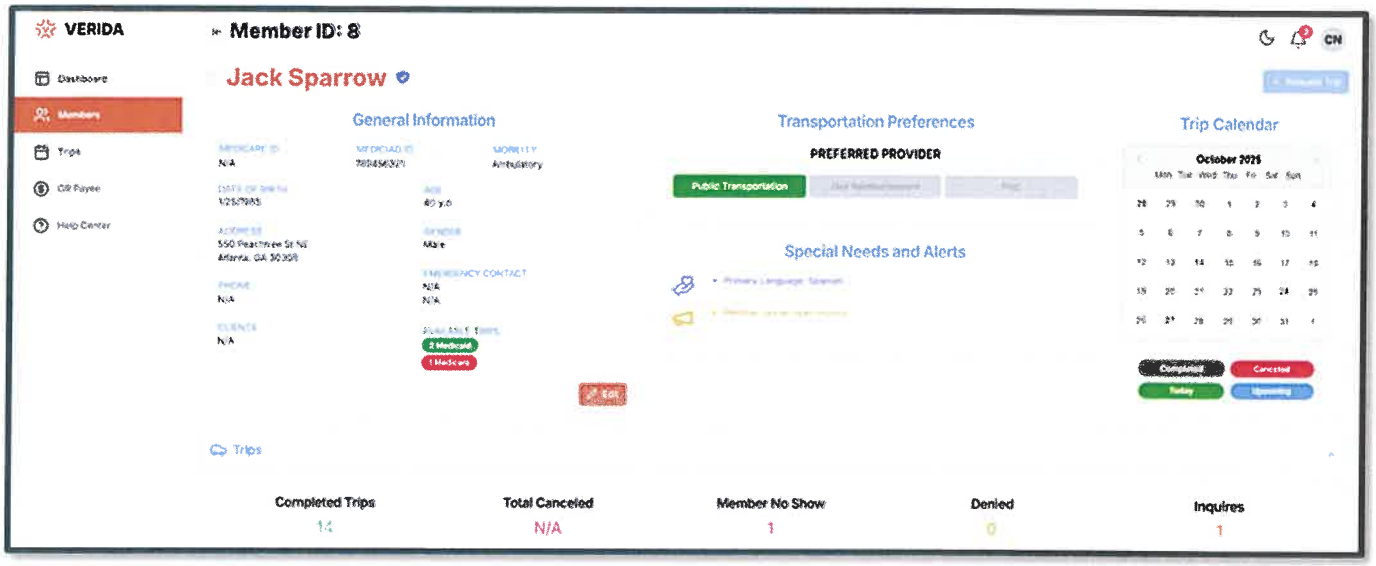


Figure IV-1: NET InSight's Member Profile Screen, which gives our CSRs important member information at a glance (Proprietary and Confidential)

This dynamic framework supports Verida's core commitment to accountability, transparency, and service excellence. Each integrated component plays a critical role in maintaining continuity and accuracy across all levels of operation, as outlined below:

A. Eligibility Verification
Real-time eligibility checks integrated with state Medicaid systems via secure APIs.

B. Data Capture
Automated data capture o

f trip details, call logs, and member interactions via NET InSight and NICE CXone.

C. Encounter Data
Structured encounter data reporting aligned with CMS requirements, including trip purpose, provider details, and member outcomes.

D. Audit
Audit-ready data architecture with role-based access, change logs, and compliance tracking.

E. Web-Based Inquiry System
Member and provider portals and apps for trip scheduling, status updates, and feedback submission, accessible via desktop and mobile.

V. Business Continuity and Disaster Recovery Plan

Verida's Business Continuity Plan includes:

- **Redundant Systems**: Cloud-based infrastructure with failover capabilities.
- **Disaster Recovery Protocols**: Data backup, recovery time objectives (RTO), and recovery point objectives (RPO).

- **Continuity of Operations**: Alternate call center routing, mobile dispatch capabilities, and emergency communication plans.

Regulatory Alignment

Verida's program design is built on a foundation of full regulatory compliance and operational excellence, supporting alignment with all applicable federal and state requirements governing NEMT services. Our approach reflects a deep understanding of the regulatory landscape and a proven ability to operationalize complex requirements across multiple jurisdictions. Specifically, our model aligns with:

- **BMS Chapter 524**: We fully comply with the Bureau for Medical Services' requirements for NEMT provider participation, credentialing, and ongoing oversight. Verida will implement a rigorous provider management framework in West Virginia that includes credential verification, safety audits, and continuous training to confirm all transportation partners meet or exceed West Virginia Medicaid standards.
- **BFA IMM Chapter 27**: Our eligibility verification protocols are designed to uphold the Bureau for Family Assistance's guidance on member eligibility. Verida's systems and staff are trained to apply eligibility criteria accurately and consistently, safeguarding that only eligible members receive services, and that all transportation is authorized and documented in accordance with policy.
- **42 CFR § 440.170**: Verida's program exceeds the federal standards for Medicaid transportation services by offering a comprehensive, brokered model that includes real-time trip tracking, member support, and provider accountability. Our operations are structured to support timely, safe, and medically necessary transportation, with full documentation of travel expenses, attendant needs, and service quality oversight.

Through our approach, Verida will provide the State of West Virginia with a seamless transition, operational readiness, member-centered care, and a transportation program that reflects both the letter of the law and the values of community care.

4.1.1.3 Subcontractors

The Vendor should list all subcontractors that the Vendor intends to use for any administrative functions of the NEMT Brokerage Program, other than NEMT Providers. Additionally, for each subcontractor, the Vendor should:

4.1.1.3.1 List the subcontractor's name, address, contact person, and phone number.

4.1.1.3.2 Detail the exact nature of the subcontractor's responsibility for the NEMT Brokerage Program, and the projected dates the subcontractor will begin and end work.

4.1.1.3.3 Detail the time period, scope of work, and quality of performance for any past work performed by the subcontractor in conjunction with the Vendor.

4.1.1.3.4 Identify the policies and procedures for handling subcontractors when they fail to meet company, State and/or Federal regulations.

4.1.1.3.5 Provide three (3) references for the subcontractor.

4.1.1.3.6 Provide a draft of the proposed subcontract.

We recognize that certain specialized services can enhance our offerings. Verida views subcontractor partnerships as an extension of our mission to connect members with safe, timely, and compassionate transportation services. Therefore, we have strategic partnerships with select service providers who share our commitment to quality. While Verida remains the

sole primary service provider, we subcontract three administrative functions, NEMT Provider training, third-party surveys, and interpretation services:

1. **GenTech** – Through our collaboration, we combine GenTech's industry expertise and tailored instructional capabilities with Verida's high standards in transportation, creating a training program that empowers drivers to consistently deliver safe, reliable, and consumer-centered service. This robust curriculum includes consumer service training to enhance driver-passenger interactions, fostering a service environment rooted in courtesy, sensitivity, and Verida's philosophy of operational excellence.
2. **Forward Strategies** – Our member surveys are conducted by Forward Strategies, an independent third-party firm, who helps us objectively address potential deficiencies in service and maintain high performance standards.
3. **Boostlingo** – Recognizing the need for accessibility, Verida partners with Boostlingo to provide interpretation services, enabling effective communication with non-English speaking members. Boostlingo provides translation services in more than 300 languages.

Verida's organizational structure and resource strategy are designed to provide reliable and high-quality transportation services while maintaining operational flexibility. Verida applies rigorous controls, transparent oversight, and consistent training to maintain excellence in all administrative functions supported by subcontractors. Our approach focuses on Verida as the primary service provider, with select partnerships that support and complement our services.

4.1.1.3.1 – List of Subcontractors

Below is a list of subcontractors Verida proposes to engage for certain administrative functions in support of the NEMT Brokerage Program in West Virginia, pending contract award. Each partner brings specialized expertise that complements Verida's core operations and strengthens our overall service delivery. Their roles are governed by rigorous oversight and performance monitoring, by Verida, to promote accountability and alignment with program standards.

GenTech (NEMT Provider Training)

GenTech Associates, Inc.
11644 North Michigan Road
Zionsville, IN 46077
Contact: Craig L. Smith
Phone: (866) 432-1040

Forward Strategies (Surveys)

Forward Strategies Group, Inc.
811 Essex Drive, Prosper, Texas 75078
Contact: Lisa M. DeMarco
Phone: (404) 918-5882

Boostlingo (Translation Service)

Boostlingo Call Center
98 San Jacinto Blvd, STE 400
Austin, TX. 78701
Contact: Mike Ducusin
Phone: (512) 593-5215

4.1.1.3.2 – Nature of Responsibilities and Projected Dates

Every subcontractor's responsibilities are carefully defined in their agreement to avoid ambiguity and promote accountability. Verida's philosophy is that subcontractors must be integrated seamlessly into the broader operational framework so that their contributions support—not complicate—the member experience. By tightly defining responsibilities, Verida upholds operational excellence and assures that subcontractors strengthen, rather than fragment, the NEMT program. Here is a summary of their respective responsibilities:

GenTech

GenTech Associates is a Certified Service-Disabled Veteran Owned Small Business and 8(a) that is headquartered in Indianapolis, IN, and manages contracts throughout the country. They currently support more than a dozen Federal and civilian agencies, including all branches of the Department of Defense, the Department of Veterans Affairs, the Department of Interior, Centers for Disease Control and Prevention, and the State of Indiana.

GenTech will serve as Verida's exclusive provider of driver training services for the West Virginia NEMT Brokerage Program, beginning at contract implementation and continuing throughout the life of the agreement. Their role encompasses delivery of nationally recognized certifications—including the CTAA PASS program and HSI First Aid, CPR, and AED—as well as Coaching Systems safety modules. In addition to these industry-standard courses, GenTech administers a suite of proprietary training programs developed in collaboration with Verida to reinforce our operational standards and service philosophy. All training content is managed through Verida's Learning Management System (LMS), supporting centralized tracking, compliance, and continuous improvement. Through this partnership, GenTech plays a critical role in preparing drivers to deliver safe, reliable, and member-centered transportation services across the state.

Please note: In addition to the comprehensive training provided by GenTech, Verida will accept comparable training credentials from NEMT providers who are already vetted and actively delivering transportation services within West Virginia. This approach enables continuity of service while honoring the qualifications of existing providers. Verida will review and validate these credentials to confirm alignment with our standards and the requirements of the NEMT Brokerage Program, allowing experienced providers to integrate seamlessly into our network without unnecessary duplication of training.

Forward Strategies

Forward Strategies Group, Inc. will serve as Verida's subcontracted provider for surveys related to customer service monitoring under the West Virginia NEMT Brokerage Program, beginning at contract implementation and continuing throughout the duration of the agreement. Their primary role involves conducting direct outreach to Medicaid members via telephone surveys to assess their experiences with Verida's customer service agents and transportation providers. These surveys provide valuable insights into service quality, member satisfaction, and opportunities for improvement, supporting Verida's commitment to accountability and continuous enhancement.

Since November 2009, Forward Strategies Group has maintained a consistent and productive partnership with Verida, occasionally extending their scope to include surveys of transportation providers regarding their working relationship with Verida (formerly operating as Southeastrans). Their long-standing collaboration reflects a shared dedication to service excellence and transparent performance evaluation. All survey activities are conducted with sensitivity to

member privacy and program integrity, confirming that feedback is both actionable and aligned with the Agency's standards.

Boostlingo

Boostlingo's mission revolves around making high-quality interpretation more affordable and accessible to a wider audience. Boostlingo brings together all the essential components of interpretation technology and workflow. Their goal is to support organizations in managing and coordinating interpretation-related tasks effectively. This, in turn, enables organizations like Verida to expand language access and enhance communication through cutting-edge interpretation technology.

Verida uses Boostlingo to provide on-demand interpretation services in instances where a CSR fluent in a caller's preferred language is not immediately available. For example, if all Spanish-speaking representatives are engaged, an English-speaking agent will handle the call and seamlessly connect with a Boostlingo interpreter to facilitate effective communication. While the vast majority of calls are managed internally by Verida's multilingual staff, Boostlingo has served as a trusted partner since 2019, enabling us to maintain uninterrupted, linguistically inclusive service across more than 300 languages.

4.1.1.3.3 – Past Work Performance

The following section provides a detailed summary of each subcontractor's past work with Verida, highlighting the duration of the partnership, the scope of services delivered, and the quality of performance observed throughout the engagement. These summaries are intended to demonstrate each vendor's reliability, alignment with Verida's operational standards, and their proven ability to support the goals of the NEMT Brokerage Program, as well as their ability to deliver high-quality services under the West Virginia contract.

GenTech

GenTech Associates, founded in 2005, has over two decades of experience delivering professional training services, with a specialized focus on non-emergency medical transportation. As Verida's exclusive driver training partner since 2019, GenTech has played a pivotal role in preparing thousands of drivers across multiple states to meet the rigorous standards of NEMT service delivery. Their virtual training model offers a seamless blend of self-paced online modules, instructor-led webinars, and one-on-one hands-on evaluations—all managed through Verida's Learning Management System (LMS) for centralized tracking and compliance.

The curriculum includes nationally recognized certifications such as PASS 8.0, CPR/First Aid/AED, and Defensive Driving, along with targeted coursework in HIPAA compliance, behavioral health, Verida-specific software, and stretcher operation when applicable. GenTech's consistent performance, instructional excellence, and deep understanding of NEMT safety and regulatory requirements have made them a trusted and high-performing partner throughout our seven-year collaboration.

Forward Strategies

Forward Strategies Group, Inc. was founded in 2006 with a mission to support small and medium-sized businesses through data-driven solutions and customer engagement strategies. The company brings over 40 years of combined experience across industries such as

telecommunications, government, and corporate enterprise, with expertise in call center management, marketing analytics, Six Sigma quality, and sales force effectiveness.

Since November 2009, Forward Strategies Group, Inc. has been a trusted partner to Verida, providing customer service monitoring for the NEMT program through direct outreach to Medicaid members and their representatives. Their role includes conducting timely phone surveys to evaluate member experiences with both the Verida scheduling agents and the transportation providers responsible for delivering services to and from medical appointments. These surveys are typically completed within one day of the service interaction, and never more than five days, in accordance with our agreement. Forward Strategies Group also conducts occasional outreach to transportation providers to assess their working relationship with Verida. This long-standing collaboration reflects their professionalism, reliability, and ability to generate actionable insights that support continuous improvement and uphold high performance standards.

Boostlingo

Boostlingo, founded in September 2016 in San Francisco and now headquartered in Austin, TX, boasts a dedicated global workforce passionate about enhancing language access. Boostlingo is a leading provider of on-demand interpretation services, offering multilingual support across more than 300 languages. Since 2019, Boostlingo has been a reliable partner to Verida, supporting our commitment to accessible and equitable service for all members, including those with limited English proficiency. Their role within Verida's operations focuses on language support, where a three-party line is established between the member, a Verida CSR, and a Boostlingo interpreter. This setup allows our agents to remain on the line and receive translated information in real time, facilitating seamless communication and continuity of care.

While the majority of non-English calls are handled in-house by Verida's multilingual staff, Boostlingo supports several hundred calls per month. Their interpreters are trained to handle sensitive conversations involving protected health information, and Verida has not received any complaints regarding the quality or professionalism of their services. Boostlingo's consistent performance and responsiveness have made them an essential component of Verida's language access strategy, helping us maintain high service standards across a diverse member population.

4.1.1.3.4 – Policies and Procedures for Non-Performance

To safeguard that all subcontractors operate in full compliance with company policies, State requirements, and applicable Federal regulations, Verida maintains a comprehensive oversight framework that includes contractual audits, performance monitoring, and data security protocols. Each subcontractor—GenTech, Forward Strategies Group, Inc., and Boostlingo—are subject to regular reviews to confirm that their operations align with Verida's standards and the expectations of our clients.

To safeguard member privacy and support compliance with HIPAA and other data protection laws, Verida has signed Business Associate Agreements (BAAs) from all subcontractors. In addition, Verida conducts scheduled and ad hoc audits to verify that subcontractors are meeting their contractual obligations and maintaining required documentation. In addition, Verida monitors key performance indicators tailored to each subcontractor's role, such as training completion rates, survey response times, and interpreter availability. Monthly performance reports are generated and reviewed internally.

Addressing Non-Compliance

In the event of non-compliance, Verida will initiate a formal investigation within 48 hours of identifying the issue. Subcontractors will be required to submit a corrective action plan outlining steps to resolve the problem and prevent future occurrences. Verida will closely monitor the implementation of these plans and verify that corrective measures are completed. If non-compliance persists or poses a significant risk to program integrity, Verida will escalate the matter to the Agency and, if necessary, terminate the subcontractor agreement. Contingency plans will be activated for uninterrupted service delivery.

This proactive and transparent approach reflects Verida's commitment to accountability, quality assurance, and regulatory integrity across all aspects of the NEMT Brokerage Program.

4.1.1.3.5 – References

To support a thorough evaluation of subcontractor qualifications and past performance, Verida requested three professional references from each proposed partner. These references are intended to demonstrate the subcontractor's reliability, service quality, and alignment with the standards required for participation in the West Virginia NEMT Brokerage Program.

GenTech Associates provided a complete set of three references, reflecting their extensive experience and long-standing partnerships within the NEMT industry. Forward Strategies Group, Inc. submitted one reference. Boostlingo provided three testimonials. Verida continues to engage with these subcontractors to obtain additional references where appropriate to provide a well-rounded assessment of each organization's capabilities and track record.

GenTech

Clarissa Nowlin
Professional Management Enterprises (PME)
Email: cnowlin@pme-indy.com

Marty Spears
Spears Heating and Cooling
Email: mspears77@hotmail.com

Mario Flores
Contracting Resources Group, Inc. (CRG)
Email: mflores@contractingrg.com

Forward Strategies

Rob Zachrich
Medical Answering Services
Phone: (678) 333-7780

Boostlingo

- Craig (5-star review) – We needed a translation service for a busy, multi-office medical practice in an increasingly cosmopolitan area. We have many patients who speak Spanish, Tagalog, Mandarin, Ukranian, Vietnamese and Boostlingo has been a lifesaver. Additionally, we needed a more affordable option for ASL interpreting which Boostlingo fulfilled. Thank you!

- Stephen (5-star review) – Switching to Boostlingo about three months ago was one of the best decisions we've made! The difference in communication with our patients has been incredible. Their interpreters are professional, reliable, and easy to access — and the platform is user-friendly for both staff and patients. We've seen such a positive impact on patient understanding and comfort, and I honestly don't know how we managed before. Highly recommend Boostlingo to any healthcare provider looking to improve their language access services!
- Yvonne (5-star review) – Our experience with Boostlingo is simply amazing. Their customer service is exceptional and the product exceeded our expectations. I would definitely recommend this product to others.

4.1.1.3.6 – Draft Subcontract Agreement

In response to West Virginia's request for copies of Verida's contracts with our named subcontractors for the NEMT brokerage program, we respectfully refer the Agency to **Exhibit 1**, which contains executed agreements with GenTech and Forward Strategies. Verida does not maintain a formal contract with Boostlingo; however, we have included a copy of our Business Associate Agreement (BAA) with Boostlingo to demonstrate the scope and nature of our relationship.

4.1.1.4 Statewide Database Approach and Methodology

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

Verida's statewide database approach is built on our proprietary platform, NET InSight, which integrates all operational, financial, and compliance functions of the NEMT program into a centralized, secure environment. This platform has been field-tested with multiple Medicaid programs of comparable size and scope to West Virginia and is fully capable of managing the complete life cycle of a trip—from scheduling and dispatch through provider credentialing, trip monitoring, claims processing, and reporting.

Our methodology is grounded in three operational commitments:

1. Accurate, real-time data capture for all elements of the NEMT process.
2. Comprehensive reporting and analytics that meet all state and federal requirements while also providing actionable insights to improve member outcomes.
3. Transparent and collaborative access that gives the Agency direct visibility into program activity at both the granular and aggregate levels.

Centralized Data Architecture and Batch Integration

NET InSight records every data element associated with the NEMT process, including those required by CMS 1500 claims, federal guidelines, and West Virginia NEMT program rules. The database captures:

- Trip details from reservation through completion (including cancellations, denials, re-routes, and standing orders).
- Provider credentialing records, vehicle inspections, and background check statuses.

- Call center interactions, complaints, grievances, and resolution timelines.
- Payment processing and claims adjudication data.

All records are maintained for the life of the contract and retained for 10 years in compliance with state and federal audit requirements.

NET InSight supports batch-mode data submissions, enabling the system to receive eligibility files, provider updates, and encounter data from state or third-party systems. Data is processed through secure transfer methods (SFTP, VPN, or API integration) and in Agency-approved formats (X12, CSV, XML, JSON). This flexibility facilitates seamless interoperability with West Virginia's MMIS and other State-mandated systems.

Advanced Reporting Capabilities and Compliance with Appendix 3

Verida has a dedicated Business Analytics team that oversees the development, quality, and delivery of all contract-required reports. Led by our Corporate Director of Business Analytics, the team specializes in using advanced data warehouse and business intelligence technologies to support Medicaid reporting obligations.

All data flows into Verida's central data warehouse, updated nightly, which supports both routine reporting and custom statistical analysis. We employ SQL Server Reporting Services (SSRS) and Microsoft® Reporting Services to generate reports in multiple formats (Excel, PDF, data files), allowing rapid development of both standardized and ad hoc reports with minimal turnaround time.

Verida's analytics team currently produces the same or similar reports in other states as those required in Appendix 3. At a high level, our reporting methodology addresses the following categories:

- **Broker and Provider Performance (R1–R3)**: Monthly report cards for Verida and each provider, county-level detail reports, SLA compliance tracking, and corrective action documentation.
- **Call Center and Staffing (R4–R6)**: Reports generated from NICE CXone integration, including call volume, abandonment rates, speed of answer, and staffing availability by hour.
- **Reservations and Utilization (R7–R8, R23)**: Reservation summaries, unduplicated rider reports, and encounter data reconciliation, including cumulative fiscal year totals.
- **Complaints and Denials (R9–R12)**: Complaint summary and detail reports, denial summaries and detail by category, and monthly resolution outcomes.
- **Provider Oversight (R13, R15, R20–R22)**: Network listings, training schedules, vehicle inspections, provider monitoring results, and excessive distance monitoring.
- **Safety and Member Experience (R16–R18, R24–R25)**: Accident/incident reports within 24–72 hours, biannual member satisfaction surveys with analysis, quarterly fraud/waste/abuse summaries, multi-passenger ride SLAs, and monthly behavioral health transportation report.
- **Program-Wide Summaries (R19, R26–R28)**: Annual reports with narrative analysis, monthly MCO utilization reports, fraud/misuse financial reporting, and submission of Service Organizational Control (SOC) audit results.

Reports are delivered in Agency-approved formats, titled according to Appendix 3 specifications, and submitted within the contract timeframes. Draft versions of all reports will be delivered 30 days prior to go-live for Agency review and approval.

Business Analytics Team and Quality Oversight

Verida's Business Analytics team plays a central role in both routine and ad hoc reporting. Their responsibilities include:

- Designing, formatting, and validating reports to match Appendix 3 specifications.
- Conducting trend analysis and predictive modeling to identify cost drivers, utilization patterns, and member access gaps.
- Performing quality assurance reviews before submission to verify data integrity, consistency across data sources, and alignment with SLA metrics.
- Responding to agency requests for ad hoc reports, often within hours, by leveraging SQL-based querying tools and the flexibility of our data warehouse.

This team is directly accountable to Verida's executive leadership and collaborates closely with contract management staff, call center leadership, and provider relations to confirm reporting reflects the full scope of program performance.

Client Portal and Real-Time Transparency

To strengthen transparency and collaboration, Verida offers the Agency access to our Client Portal, which provides secure, visibility into NEMT program activities 24 hours a day, seven days a week. Authorized users may access:

- Monthly, quarterly, and annual report packages.
- Key performance indicators (KPIs) and SLA dashboards.
- Provider network listings, contact details, and service coverage.
- Real-time trip status, reservation details, and complaint logs.
- Historical utilization data by member, provider, county, or service level.
- Exportable datasets in charts, tables, and graphs for immediate use in presentations or policy responses.

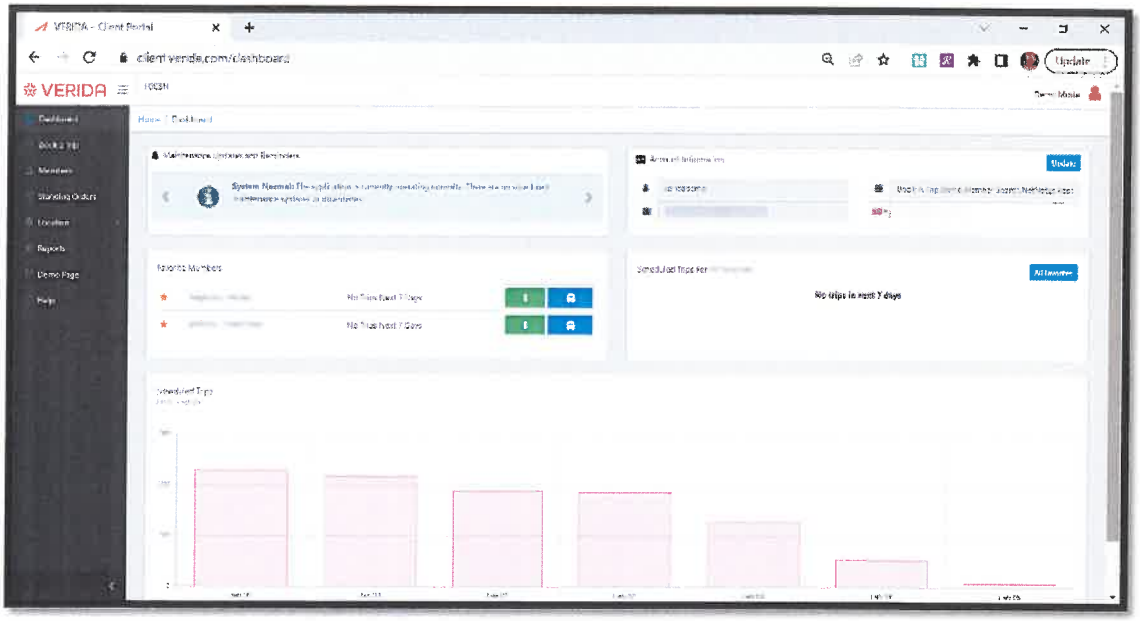


Figure 4.1.1.4-1: *Verida's Client Portal dashboard* *Confidential and Proprietary*

The Client Portal complements—not replaces—formal reporting packages, but it offers the Agency a tool to quickly respond to legislative inquiries, constituent requests, and urgent data needs without delay.

Commitment to Transparency, Community, and Member Care

Verida's database and reporting framework is not only designed to meet compliance requirements; it is intended to support member well-being and strengthen community trust. By capturing the complete trip life cycle, analyzing utilization trends, and making data transparent through both scheduled reporting and real-time dashboards, Verida helps the Agency monitor program integrity while also gaining insight into how transportation supports access to care.

Our analytics-driven methodology provides the Agency with more than compliance—it provides the strategic intelligence needed to allocate resources, address gaps in rural or underserved areas, and continuously improve NEMT operations across West Virginia.

4.1.1.5 Report Development Approach and Methodology

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.

Verida's approach to report development and production is grounded in accuracy, timeliness, and transparency. Reporting is not treated as an administrative exercise but as a strategic function that supports program accountability, member well-being, and effective policy oversight. To achieve this, Verida combines the strength of our proprietary platform, NET InSight and call center technology with the expertise of our Business Analytics team, delivering reports that are reliable, actionable, and tailored to the needs of Medicaid stakeholders.

Report Development Methodology

Our reporting methodology follows a structured, collaborative process designed to deliver high-quality outputs while maintaining compliance with contractual obligations:

1. **Requirements Gathering and Design**
    - Report specifications are reviewed against state contract requirements, including format, frequency, data elements, and submission deadlines.
    - The Business Analytics team works with program managers, call center staff, and provider relations to validate requirements and confirm that data sources align with operational practices.
2. **Data Collection and Warehousing**
    - All relevant data is captured within NET InSight and stored in a centralized data warehouse, which is updated nightly.
    - The warehouse also stores metrics from telephony Systems (NICE CXone, Observe.AI) to provide detailed call analytics including call volumes, response times, abandonment rates, talk time, and CSR quality monitoring.
    - The warehouse consolidates trip scheduling, provider credentialing, complaint records, financial transactions, and call center metrics into a single environment for consistent reporting.
3. **Report Development**
    - Using Microsoft SQL Server Reporting Services (SSRS) and business intelligence tools, reports are built with pre-defined queries, visualizations, and validation logic.
    - Reports are produced in multiple formats (Excel, PDF, CSV, or XML) as required by the state.
4. **Validation and Quality Review**
    - The Business Analytics team performs multi-layer quality checks, cross-referencing reported data against source systems and program metrics.
    - Reports undergo managerial review before submission, adding a final layer of oversight.
5. **Submission and Feedback**
    - Reports are delivered in Agency-approved formats within contract deadlines.
    - Feedback from the Agency is incorporated to refine content, improve clarity, and adapt to emerging needs.
6. **Ad Hoc Reporting**
    - Beyond scheduled reports, Verida will provide the Agency with ad hoc reports upon request. The Business Analytics team is capable of producing tailored analyses within hours or days, depending on scope, supporting legislative inquiries, policy reviews, and urgent operational needs.

Production Capabilities and Team Expertise

Verida's Corporate Director of Business Analytics, Kashif Anwer, leads a team of analysts and data specialists dedicated to reporting and statistical analysis. This team brings decades of combined Medicaid, transportation, and healthcare analytics experience. Their expertise covers:

- Advanced SQL-based data extraction and validation.
- Development of dashboards and key performance indicators (KPIs).
- Predictive modeling for utilization and cost forecasting.

- Trend analysis for complaints, denials, provider performance, and member access.

The team's collaborative approach allows for both routine compliance reporting and strategic analysis that supports community health goals. These examples demonstrate Verida's capacity to manage high-volume, statewide programs with diverse member populations while maintaining strict adherence to reporting timelines and content requirements.

Verida views reporting as a way to foster trust and collaboration among stakeholders. Reports are not only submitted to the Agency but also made accessible through Verida's Client Portal, which provides real-time dashboards, trend analysis, and drill-down capabilities for state users. The platform can generate a full set of data that is available for export or printing, in various formats (charts, graphs, tables). Below are examples of reports available in our Client Portal.

VERIDA

Monthly NEMT Vehicle Listing

Reporting Period: 03/01/2021 - 05/31/2021

Report Date: 06/01/2021

Provider Name	Type of Vehicle	Passenger Capacity	Vehicle Identification Number (VIN)	Vehicle License Plate #	Vehicle Manufacturer	Model	Vehicle Year	Last Inspection Date
A to B Transportation Provider	AMB	4	421XX32X13X1238777	AB09999	Toyota	Camry	2013	03/12/2021
A to B Transportation Provider	AMB	8	421XX32X13X1238555	AB05555	Dodge	Caravan	2014	03/18/2021
A to B Transportation Provider	AMB	7	421XX32X13X1238333	AB12345	Chrysler	Town & Country	2013	04/14/2021
A to B Transportation Provider	AMB	4	421XX32X13X1238999	AB08888	Toyota	Camry	2015	04/14/2021
A to B Transportation Provider	AMB	4	421XX32X13X1238111	AB02222	Toyota	Camry	2014	04/14/2021
A to B Transportation Provider	STR	1	421XX32X13X1238888	AB04444	Dodge	Caravan	2013	05/14/2021
A to B Transportation Provider	WC	2	421XX32X13X1238666	AB06666	Toyota	Sienna	2014	05/14/2021
A to B Transportation Provider	WC	2	421XX32X13X1238444	AB07777	Chrysler	Town & Country	2012	05/29/2021

Figure 4.1.1.5-1: A sample report from Verida's Client Portal (Proprietary and Confidential)

VERIDA

Monthly NEMT Pick-Up and Delivery Standards

Reporting Period: February 2025
Date of Report: 03/15/2025

Transportation Provider	Number of Pick-ups Late by NEMT Provider	Number of Appointments Missed	Number of Drop-offs Late to Appointment	Average amount of Time Late for Scheduled and Unscheduled Pick-ups
A to B Transportion Provider	0	0	0	0.00
XYZ Transportation LLC	1	0	1	10.00
County Ambulance Service	0	0	0	0.00
All Samples Transportation LLC	2	0	0	12.00
Sample Medical Transportation, LLC	0	0	1	0.00
Sample Transportation Inc.	3	0	2	15.00
Sample Transportation, LLC	0	0	0	0.00

Figure 4.1.1.5-2: A sample report from Verida's Client Portal (Proprietary and Confidential)

4.1.1.6 Supplying All Deliverables

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

Verida recognizes that the reporting framework outlined in Appendix 3 and the performance obligations set forth in Appendix 4 form the backbone of West Virginia's statewide NEMT program oversight. Our approach is built on three pillars: timely delivery of all reports, proactive compliance with Service Level Agreements (SLAs), and continuous improvement in collaboration with the State.

Commitment to Deliverables and Timeframes

From the outset, Verida will deliver draft versions of all required reports no later than thirty (30) calendar days prior to the operational start date. This will allow the Agency full opportunity to review, provide feedback, and approve each format. Report templates are designed to capture all specified data elements, presented with clarity and precision, and formatted to meet Agency standards.

Once operations begin, Verida will submit reports according to the strict timelines outlined in Appendix 3. These include:

- **Monthly Reports** such as Broker Monthly Report Card, Provider Report Card, County-Level Detail, Call Center, Staffing, Complaint, Denial, and Network Reports—delivered no later than the 15th or 20th calendar day of the following month, depending on specification.
- **Quarterly Reports** such as Suspected Fraud, Waste, Abuse, or Misuse Summary, delivered within 30 days of quarter end.
- **Biannual Reports** such as the Member Satisfaction Survey Report, with data and analysis submitted within 30 days of each six-month reporting period.
- **Annual Reports** including a full narrative program summary with accomplishments, challenges, and recommendations, delivered within 60 days of contract year close.
- **Immediate Deliverables** such as Accident and Incident Reports, submitted within 24–72 hours depending on severity, and Provider Training Schedules, submitted at least five (5) calendar days prior to each training month.

All reports will be produced using data aggregated from multiple validated sources, including our NET InSight platform for trip and provider performance data, our telephony analytics system for call center reporting, and our member experience and compliance tracking systems for complaint and survey reporting. This integrated approach guarantees consistency across deliverables. Specific delivery timeframes are detailed below:

APPENDIX 3: AGENCY-SPECIFIC REPORTING REQUIREMENTS		
#	Report Name	Frequency/Delivery
R1	Broker Monthly Report Card	Monthly, no later than the 15th day after the report month
R2	Provider Monthly Report Card	Monthly, no later than the 15th day after the report month
R3	Monthly County Level Detail Report	Monthly, no later than the 15th day after the report

		month
R4	Monthly Call Center Report	Monthly, no later than the 15th day after the report month
R5	Monthly Staffing Report	Monthly, no later than the 15th day after the report month
R6	Monthly Customer Service Representative (CSR) Monitoring Report	Monthly, no later than the 15th day after the report month
R7	Reservation Summary Report	Monthly, no later than the 15th day after the report month
R8	Unduplicated Riders by Level of Service Report	Monthly, no later than the 15th day after the report month
R9	Monthly Complaint Summary Report	Monthly, no later than the 15th day after the report month
R10	Monthly Complaint Detail Report	Monthly, no later than the 15th day after the report month
R11	Monthly Denial Summary Report	Monthly, no later than the 15th day after the report month
R12	Monthly Denial Detail Report	Monthly, no later than the 15th day after the report month
R13	Monthly Network Report	Monthly, no later than the 15th day after the report month
R14	NEMT Services Scheduled Trip Requests Report	Within two (2) calendar days of the Agency's request
R15	Provider Training Schedule	Monthly, at least five (5) days before the month of training
R16	Accident and Incident Report	Within 24 hours with injuries / 72 hours without injuries.
R17	Biannual Member Satisfaction Survey Report	Bi-annually, no later than the 30th day after the 6th month
R18	Quarterly Suspected Fraud, Waste, Abuse and/or Misuse Summary Report	Quarterly, no later than the 30th calendar day after the end of each calendar quarter
R19	Annual Report	Annually, no later than the 60th calendar day following the end of the 12 month period
R20	Records of Vehicle Inspection	Monthly, no later than the 15th day after the report month
R21	Monthly NEMT Provider Monitoring Report	Monthly, no later than the 15th day after the report month
R22	Excessive Distance Report	Monthly, no later than the 15th day after the report month
R23	Monthly Encounter Data Reconciliation Report	Monthly, no later than the 20th day after the report month
R24	Monthly Multi-Passenger Trip Report	Monthly, no later than the 20th day after the report month

R25	Monthly Behavioral Health Transportation Report	Monthly, no later than the 20th day after the report month
R26	Monthly MCO Utilization	Monthly, no later than the 15th day after the report month
R27	Fraud, Waste, Abuse, and Misuse Financial Report	Monthly, no later than the 15th day after the report month
R28	Service Organizational Control (SOC) Audit Report	Within 30 days of completion date of the audit.

When establishing the NEMT program, we incorporated the Service Level Agreements (SLAs) set by the Agency into the operational procedures manual, NEMT Provider Manual, and our transportation management platform's Business Rules Engine. Local management uses the listed SLAs to define the key performance indicators we use to evaluate our performance.

APPENDIX 4: SERVICE LEVEL AGREEMENTS (SLAs)	
NEMT Services	
1. On Time Arrival	No more than 5% late or missed per day
2. Travel Time on Board	No more than 45 minutes more than the average travel time
3. Average Wait Time	Waiting time does not exceed 15 minutes for a scheduled appointment, and one (1) hour for a discharge
4. Authorization and Scheduling Timeliness – Three (3) Business Day Turnaround	Schedule 98% of routine NEMT requests within 3 business days
5. Authorization and Scheduling Timeliness – Ten (10) Business Day Turnaround	Schedule 100% of all routine NEMT requests within 10 business days
Transportation Validation Checks	
6. Pre Transportation Validation Checks	Conduct pre-transportation validation checks for no fewer than 6% of NEMT requests
7. Post Transportation Validation Checks	Conduct post-transportation validation checks for no fewer than 4% of NEMT requests
8. Utilization Reporting Submission	Submit report on the day of the week specified
9. Suspected Fraud, Abuse and Misuse Reporting	Report fraud, waste, abuse or misuse within 3 calendar days of the due date
10. All Other Vendor Deliverables Submission	All deliverables as required by the contract
NEMT Provider Reimbursement	
11. NEMT Provider Reimbursement	Pay all clean claims within 30 calendar days from receipt
Call Center Performance	
12. Call Center Downtime	No non-negotiated downtime due to hardware, operating, or software failure during
13. Call Center - Speed of Answer	Answer all calls within three (3) rings
14. Call Center - Average Wait Time	Average queue time after AVR is five (5) minutes or less
15. Call Center – Average Call Abandonment Rate	Average abandonment rate is no more than 5%
Training Outreach and Education	
16. Provider Training and Education	Conduct NEMT Provider and Provider training in at least 5 locations throughout the state. Also conduct ongoing meetings, and update Provider Manual annually

17. Member Outreach, Education & Satisfaction Surveys	Conduct member outreach and education; conduct member satisfaction survey every six (6) months
Driver and Vehicle Validation Checks	
18. Transportation Provider Driver Requirement Validation Checks	Verify NEMT Drivers meet all requirements
19. Vehicle and Vehicle Inspection	Perform initial vehicle inspection and at least every 6 months thereafter
Program Changes	
20. Unauthorized changes	Any changes to processes, protocols, flowcharts, etc. must receive the Agency's approval
21. Implementation of Contract Requirements	Implement 100% of contract requirements no later than three (3) months post "Go Live" date of the contract
22. Annual Financial Report	Within 90 days of end of state fiscal year, report pre-tax net income; return any amount over 7.5% profit within 30 days of audit completion.

Before the start of operations, we will submit a draft of our standard reporting package to the Agency for review and approval.

Jobs and Hope Service Level Agreements

Verida understand the Jobs and Hope program requirements and will adhere to the following service level agreements:

APPENDIX 4: SERVICE LEVEL AGREEMENTS - OFFICE OF DRUG CONTROL PREVENTION	
Transportation Services	
1. Statewide Coverage	Trips shall be available in every area of West Virginia within a 24-Hour timeframe
2. On-Demand Ride Response	No more than 5% of scheduled trips may be delayed more than 24 hours
3. On-Time arrival	Maintain a monthly average of 80% for on-time arrivals
4. Travel Time Onboard	For multi-passenger trips, members will not remain in vehicle for more than 45 minutes longer than the average travel time for direct transport
5. Average Wait Time	Average wait time for a pick-up does not exceed 15 minutes
Ride Booking Application Services	
6. Ride Booking Application Downtime	No non-negotiated downtime due to hardware, operating, or software failure
Training, Outreach and Education	
7. Provider Training and Education	Conduct ride booking application training sessions at least once a year throughout the state
8. Unauthorized changes	Any and all changes must be approved by the Agency
9. Implementation of Contract Requirements	Implement 100% of contract requirements by Go-Live date of the contract.

Monitoring, Accountability, and Collaboration

All deliverables undergo a multi-step validation process prior to submission. The Business Analytics team consolidates data, performs quality checks, and routes draft reports to

compliance and operations leadership for final review. This process minimizes errors and promotes transparency in communication with the State.

Verida also emphasizes collaboration. We maintain an open feedback cycle with state program staff, incorporating recommendations into report formats and data analysis tools. Our Client Portal gives Agency personnel access to near real-time performance data and key metrics outside of formal reporting cycles, promoting transparency and trust.

Timeframe for Full Implementation

- Day 0–30 Prior to Operations: Draft report templates submitted for Agency review.
- Go-Live + First 30 Days: Initial monthly reports (including Broker and Provider Report Cards, Call Center Report) submitted according to timelines.
- Quarter 1: Quarterly FWA Report delivered; full compliance audit of reporting timeliness conducted internally.
- First 6 Months: Biannual Member Satisfaction Survey Report delivered, alongside complaint and trip detail reporting.
- End of Year 1: Annual Report summarizing program activity, challenges, and recommendations delivered within 60 days of contract year close.

This phased approach establishes immediate compliance from contract start and builds a consistent reporting rhythm that strengthens oversight, supports SLA adherence, and advances the shared goal of improving access to care for West Virginia Agency members.

4.1.1.7 Supplying All Written Materials

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

Verida places a strong emphasis on the accuracy, clarity, and accessibility of all written materials that support the operation of our NEMT Brokerage Program. We recognize that written communications—including reports, training materials, provider manuals, and educational documents—are not only tools for program administration but also vital resources for members, NEMT providers, medical providers, and other interested parties. Because these documents carry significant influence on service delivery, compliance, and community trust, Verida has developed a structured methodology for their creation, review, and approval.

Verida commits to delivering all written materials to the Agency at least thirty (30) calendar days prior to distribution, or in the timeframe specified in the RFP. This provides the Agency with adequate opportunity to review, request revisions, and approve materials before they are shared with members, NEMT providers, medical providers, or staff. By adopting this process, we promote transparency, maintain program integrity, and strengthen accountability to the State. Here is a summary of the written materials we will provide and the associated timeframe.

Written Materials		
Deliverable	**Description**	**Submission Timeline**
Turnover Plan	Detailed plan for the orderly and controlled turnover of Verida's	No later than 14 calendar days after the date of Contract award

	responsibilities at the end of the contract period or upon termination of the contract	
Final Implementation Work Plan	Detailed plan that includes all tasks required to successfully begin operations of the NEMT Brokerage Program. Will be maintained and submitted in both electronic and hard copy formats	No later than 14 calendar days after the date of Contract award
NEMT Provider Network and Geographic Coverage Report	A report listing the final subcontracted network to support the West Virginia NEMT program	At least 30 calendar days prior to the operational readiness review
Adverse Weather Plan	A written plan for transporting Agency members who need critical covered services during adverse weather or other hazardous circumstances	No later than two (2) weeks prior to Operations Start Date
Post-Transportation Authorization of NEMT Services Policy	A policy that addresses post-authorization requests, including a timeliness requirement	No later than 30 calendar days prior to the Operations Start Date
NEMT Service Denial Criteria and Service Denial Letter	A written description of how Verida will formally notify an Agency member that their NEMT trip request has been denied, including the reason and appeal rights	No later than 30 calendar days prior to the Operations Start Date
Validation Plan	A written plan for validating that transportation services paid for under the contract are properly authorized and rendered	No later than 30 calendar days prior to the Operations Start Date
Vehicle Inspection Plan	Verida's plan for inspecting all NEMT providers' vehicles prior to the operations start date and at least every six months thereafter	No later than 30 calendar days prior to the Operations Start Date
NEMT Provider Monitoring Plan	Verida's plan for verifying that NEMT providers comply with the terms of their contracts and meet all applicable NEMT program requirements	No later than 30 calendar days prior to the Operations Start Date
Final NEMT Provider Manual	A manual that contains all policies and procedures for the NEMT brokerage program	No later than 30 calendar days prior to the Operations Start Date
NEMT Provider and Provider Training and Education Plan	Verida's plan to educate NEMT providers and medical providers, including conducting training sessions in at least five locations throughout the state no later than 15 business days prior to the Operational Start Date	At least 30 calendar days prior to the Operational Start Date
Final Member Outreach and Education Plan	Verida's plan to educate current and future Agency members and other	No later than 30 calendar days prior to the Operations Start Date

	interested parties on NEMT services in West Virginia, including during the transition of services	
Operations Procedures Manual	A manual detailing all procedures to be used in scheduling and delivery of NEMT services	No later than 30 calendar days prior to the Operations Start Date
Quality Assurance Plan	Verida's plan that defines the structure, processes, and performance measures used to monitor NEMT service delivery, including proper payment, safeguards against fraud, waste, misuse or abuse and adhering to program standards	At least 30 calendar days prior to the Operational Start Date
Business Continuity and Disaster Recovery Plan	Verida's plan to continue to meet all requirements of the Contract in the event of a failure of the Agency's or Verida's data, communication or technical support systems	At least 30 calendar days prior to the Operational Start Date
Agency-specific Report Samples	Verida's Business Analytics and Operations teams will generate a sample of the reports listed in Appendix 3 in the format, medium, and timeframe specified by the Agency	At least 30 calendar days prior to the Operational Start Date

Throughout the life of the contract, we will send updates and/or changes to materials to the Agency for approval before distribution. We understand that written materials are not only compliance documents but also vital tools to build trust with members, NEMT providers, and medical providers. By prioritizing clarity, cultural appropriateness, and accessibility in every material we produce, Verida advances the shared goal of supporting member well-being, strengthening provider relations, and sustaining community confidence in the NEMT program.

4.1.1.8 Increased Training of NEMT Providers

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

Verida views NEMT provider education as an ongoing responsibility that directly impacts member well-being, safety, and satisfaction. While all contracted NEMT providers undergo comprehensive onboarding and recurring training, Verida acknowledges that circumstances may arise where additional training is required. If either Verida or the Agency determines that service quality, compliance, or operational standards outlined in Appendix 1 are not being met, we will implement increased training for NEMT providers at no additional cost to the Agency.

Our approach to enhanced NEMT provider training is data-driven and collaborative, integrating real-time performance monitoring, provider scorecards, and corrective action planning to identify and address performance gaps.

Key components of our increased training plan include:

- **Performance Monitoring and Scorecards:**
  Verida employs a robust NEMT Provider Scorecard that measures and tracks NEMT

provider performance each month. By offering transparent, comparative metrics, the Provider Scorecard acts as both a performance measurement tool and a coaching resource. It gives providers clear visibility into their strengths and areas for improvement. Each provider receives a monthly scorecard that benchmarks their outcomes against other providers in the network. The scorecard includes graphical data on:

  - On-time performance rates
  - Credentialing and background check compliance
  - Trip completion percentages
  - Complaint frequency, type, and resolution timeliness
  - Rates of cancellations, re-routes, and no-shows
  - Overall trip volume and contribution to network coverage

- **Targeted Retraining and Coaching:**
  If a provider's scorecard reflects performance below contractual standards, Verida's Provider Relations and Network Teams collaborate with the NEMT provider to develop a Corrective Action Plan (CAP). This plan may include:

  - One-on-one operational coaching sessions
  - Workflow efficiency training
  - Focused education on compliance requirements (e.g., HIPAA, ADA, safety procedures)
  - Reinforcement of customer service and cultural competency principles

- **Flexible Training Delivery:**
  Training is delivered in multiple formats—including in-person workshops, online modules through the Provider Portal, and virtual webinars—to accommodate statewide participation. This flexibility allows Verida to rapidly deploy retraining when deficiencies are identified.

- **Continuous Validation:**
  Following retraining, provider performance is closely monitored through updated scorecards, trip analytics in NET InSight, and member feedback channels such as satisfaction surveys and complaint resolution tracking. This validation cycle confirms whether training interventions are effective in raising provider performance to contract standards.

- **Integration with Corrective Action Process:**
  For persistent deficiencies, increased training is incorporated into a formal CAP process. Providers are required to demonstrate measurable improvement within specified timelines, with progress tracked through recurring scorecard updates.

Through this structured and transparent methodology, Verida not only addresses immediate performance concerns but also strengthens long-term provider capability. By aligning provider development with member care priorities, Verida's increased training approach promotes safety, reliability, and trust across the West Virginia NEMT program.

NEMT provider education and training activities are included as part of this agreement and provided at no additional cost to the agency.

4.1.1.9 Following Proprietary Formalized Change Control Procedures

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

Verida has established proprietary, formalized Change Control Procedures (CCP) designed to govern all modifications to project scope, whether they arise during the Implementation phase, Operations phase, or as a result of new or amended state and federal requirements. These procedures are an essential component of Verida's project management methodology, safeguarding program stability while allowing for flexibility and compliance with evolving regulations.

Our CCP framework is structured to maintain transparency, accountability, and operational continuity, while providing the Agency with full visibility into all proposed changes. Each change—whether technical, operational, or regulatory—is documented, assessed, reviewed, and approved prior to implementation.

Key elements of Verida's CCP include:

- **Formal Change Requests (CRs):** Any stakeholder (Verida staff, subcontractor, or Agency representative) may submit a CR, which is logged and tracked within Verida's project management system.
- **Impact Assessment:** Each CR undergoes technical and operational evaluation by cross-functional teams to assess implications for scope, budget, compliance, member experience, and reporting requirements.
- **Review and Approval:** All CRs are submitted to Verida's Change Control Board (CCB) for structured review. The CCB, which includes program leadership, compliance staff, and IT representatives, collaborates with the Agency to confirm approval before implementation.
- **Documentation:** Approved CRs are formally documented, including rationale, required resources, timelines, and accountability for execution. All records are retained for audit purposes and available for Agency review.
- **Controlled Implementation:** Changes are scheduled and executed in a manner that minimizes disruption to operations. Where applicable, pilot testing or phased rollouts are used to validate effectiveness before full deployment.
- **Post-Implementation Review:** Each change is evaluated after deployment to confirm that desired outcomes are achieved and no unintended impacts have occurred.

This structured methodology allows Verida to adapt seamlessly to new CMS regulations, state policy updates, or operational refinements requested by the Agency. It also reinforces Verida's commitment to program transparency and member-centered service delivery, safeguarding that changes strengthen the program without compromising compliance or service quality.

4.1.1.10 Communication Plan

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

Verida recognizes that effective communication with all stakeholders of the NEMT program is the backbone of a successful statewide NEMT brokerage program. Open, timely, and transparent communication not only strengthens trust with the Agency but also creates a collaborative environment where issues are identified early, addressed efficiently, and resolved in ways that enhance member care.

Our comprehensive Communication Plan safeguards that we will effectively provide services to people of all cultures, races, ethnic backgrounds, languages, communication needs, and religions as well as those with physical and intellectual disabilities, in a manner that recognizes, values, affirms, and respects the worth of individuals while protecting and preserving the dignity of each. As illustrated in the following table, our Communication Plan includes our strategy for using multiple communication approaches to reach Agency members, NEMT providers and Medicaid providers.

Communication Strategy			
Communication Method	**Agency Members**	**NEMT Providers**	**Medicaid Providers**
Advisory Committee Meetings	X	X	X
Mobile Applications	X	X	
Email/Text Messaging	X	X	X
Introductory Letter	X	X	X
Credentialing Process		X	
Fax		X	X
Interactive Voice Response (IVR)	X	X	X
Mailings	X	X	X
Manuals	X	X	X
On-Line Training Modules		X	X
Phone Consults	X	X	X
Proactive In-Person Outreach	X	X	X
Proactive Written Outreach	X	X	X
Web Portals	X	X	X
Town Hall Meetings		X	X
Webinars		X	X
Agency Member and Provider Workshops	X	X	X

In alignment with the RFP, Verida will maintain open lines of communication with the Agency through face-to-face meetings, video and internet conferencing, and teleconferences to address and resolve administrative and operational matters efficiently.

Corporate and Local Support Integration

As a national organization with decades of NEMT experience, Verida brings the advantage of scale and corporate-level support to all our programs. Key functions such as billing oversight, compliance monitoring, risk management, and reporting are supported by our corporate team, freeing local staff to focus on day-to-day service delivery and relationship-building with West Virginia stakeholders. This structure not only drives operational efficiency but also creates clear communication pathways between corporate experts, local managers, and Agency representatives. Local managers also benefit from structured interstate peer-to-peer meetings, where best practices and problem-solving approaches are exchanged. This shared knowledge network gives Agency partners access to the strength of our national expertise while keeping communication grounded in local needs.

Ongoing Client Relations

Verida has established a reputation with our state Medicaid partners for maintaining open, proactive lines of communication. We will continue this practice in West Virginia by:

- Holding regular face-to-face meetings with Agency leadership to review program performance, discuss compliance issues, and collaborate on new initiatives.
- Conducting standing conference calls or video meetings with Agency staff during both the implementation and operations phases to provide updates, review key metrics, and address emerging issues.
- Providing the Agency with secure Client Portal access to review real-time program information, generate reports, and analyze trends at their convenience.
- Offering escalation channels, including access to Verida's Executive Sponsor and Project Management Office (PMO), to promptly address issues that could impact operations or compliance.

Implementation Phase Communication

During the critical implementation period, Verida will establish an intensive communication schedule to align with Agency expectations and confirm all system, and operational components are fully tested and approved. This includes:

- A kick-off meeting between Verida's implementation team and Agency staff to establish mutual goals, review timelines, and confirm points of contact.
- Weekly—if not daily—video or teleconference sessions during implementation to review project components such as eligibility file exchanges, provider onboarding, and historical data transfers. These meetings will also include reviewing and updating the Implementation Work Plan.
- Documented approvals and sign-offs at key milestones, so both Verida and the Agency maintain shared accountability and progress transparency.

Operational Phase Communication

After implementation, Verida will transition to a steady cadence of communication to maintain alignment with the Agency and other interested parties. This includes:

- Monthly operational review meetings (in person or virtual) to assess performance metrics, member satisfaction trends, and compliance with performance standards.
- Quarterly strategy sessions to review the broader program landscape, identify emerging needs, and discuss innovations or policy changes.
- Annual leadership meetings between Verida's executive leadership and Agency executives to review overall program outcomes, long-term strategies, and opportunities for enhancement.

Multi-Channel Communication Tools

Verida's communication plan leverages a wide range of tools and platforms, including:

- Video conferencing (Microsoft Teams, Zoom) for routine operational and technical meetings.
- Teleconferences for quick issue resolution and daily coordination.
- In-person meetings for performance reviews, relationship-building, and collaborative planning.
- Secure web-based Client Portal for on-demand access to program data, reports, and documentation.
- Formal written communications (letters, memoranda, policy updates) for official notifications and documentation of key decisions.

Through this structured approach, Verida will create a communication environment that is proactive, flexible, and transparent allowing the Agency to stay fully informed while also providing meaningful input into operations. This collaborative model reinforces our commitment to excellence, accountability, and member-focused service delivery across the West Virginia NEMT program.

4.1.1.11 Grievance Process

The Vendor should describe their grievance process to ensure compliance with the Agency's policies and procedures outlined BMS Chapter 800, which can be found at: http://www.dhhr.wv.gov/bms/Pages/Manuals.aspx of the West Virginia State Medicaid Manual for Provider requirements process for Medicaid recipients. Additionally, providers should be afforded a transparent review process.

Verida has developed a comprehensive provider grievance process that aligns with the policies and procedures outlined in BMS Chapter 800 of the West Virginia State Medicaid Manual. Our approach is designed to provide NEMT providers with a transparent, fair, and accessible mechanism for submitting and resolving grievances, while also giving the Agency complete visibility into the process. By structuring grievance management around principles of accountability, timeliness, and regulatory compliance, Verida supports an equitable provider network and protects the integrity of the statewide NEMT program.

Submission and Resolution Protocol

Providers will be offered multiple avenues to file grievances, reflecting our commitment to accessibility:

- Electronically through our secure Provider Portal
- Orally through a dedicated grievance hotline
- In writing via mail or email submissions

Upon receipt, each grievance will be acknowledged in writing within five (5) business days, in accordance with Agency expectations. Grievances will then move through a structured resolution process with a target resolution period of sixty (60) calendar days. Throughout the lifecycle of the grievance, the Agency will be granted oversight through bi-weekly progress reports that document the status of each open case. This approach reflects both the letter and spirit of BMS Chapter 800 by maintaining transparency and affording providers a full and impartial review process.

Tracking and Reporting Through NET InSight

Verida's proprietary NET InSight platform forms the backbone of our grievance tracking and reporting methodology. Each grievance received—whether by phone, portal, or in writing—automatically generates a support ticket with a unique tracking number, date, and time stamp. NET InSight links grievances to the associated member or trip record, allowing for seamless investigation and documentation. Through this system, Verida will:

- Maintain complete grievance records, including summaries of issues, complainant details, date of submission, responses, and final resolution
- Distinguish grievances filed by in-network providers from those involving other providers, allowing for more precise performance analysis
- Generate and share structured bi-weekly grievance reports with the Agency, in compliance with the formats and requirements of BMS Chapter 800
- Maintain an auditable record of all grievances and resolutions to support Agency reviews and any federal compliance audits

Steps to Minimize Provider Grievances

Our 25-plus years of NEMT experience has taught us that most provider grievances stem from two areas: claims processing and member no-shows. To minimize these occurrences, Verida deploys proactive strategies supported by technology and direct engagement:

- **Claims Concierge Service**: Using denial rates and claim submission trends, our Provider Relations Manager identifies providers struggling with clean claims and proactively contacts them to resolve issues. This service often includes training on use of the Provider Portal or mobile app, reducing grievance filings related to billing.
- **Automatic Certification and Payment**: NET InSight automates claim certification, processing, and daily reporting to providers, reducing manual submission errors. Providers receive a daily email summary of certified and flagged trips, with links to

quickly resolve flagged items. This system minimizes claim-related grievances while expediting payments.

- **Automation to Minimize Member No-Shows**: Members receive automated reminders—via phone call or text message—24 hours before their trip, allowing them to cancel if necessary. This reduces provider no-shows, improves operational efficiency, and lowers the incidence of related grievances.

Compliance and Transparency

In keeping with BMS Chapter 800, Verida will submit the grievance policy and procedures to the Agency for approval prior to implementation. This process guarantees that the grievance system reflects all West Virginia Medicaid requirements, supports provider fairness, and maintains Agency oversight. By combining automation, structured reporting, and proactive provider engagement, we deliver a grievance process that is both compliant and transparent—assuring NEMT providers are treated fairly, and disputes are resolved efficiently.

4.1.1.12 Contracting with Qualified NEMT Providers

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

As an experienced NEMT broker, we understand that contracting with qualified NEMT providers is the cornerstone of a successful program. Our approach emphasizes building strong relationships with local providers, creating fair and transparent agreements, and maintaining rigorous oversight to protect members and support long-term program stability.

We believe that NEMT is not just about logistics, it is about people. Providers and drivers form the backbone of the program, and their ability to deliver safe, reliable, and compassionate service directly affects member access to care. For this reason, Verida invests significant effort into recruiting, onboarding, and contracting with qualified providers who share our commitment to quality, compliance, and member-centered service.

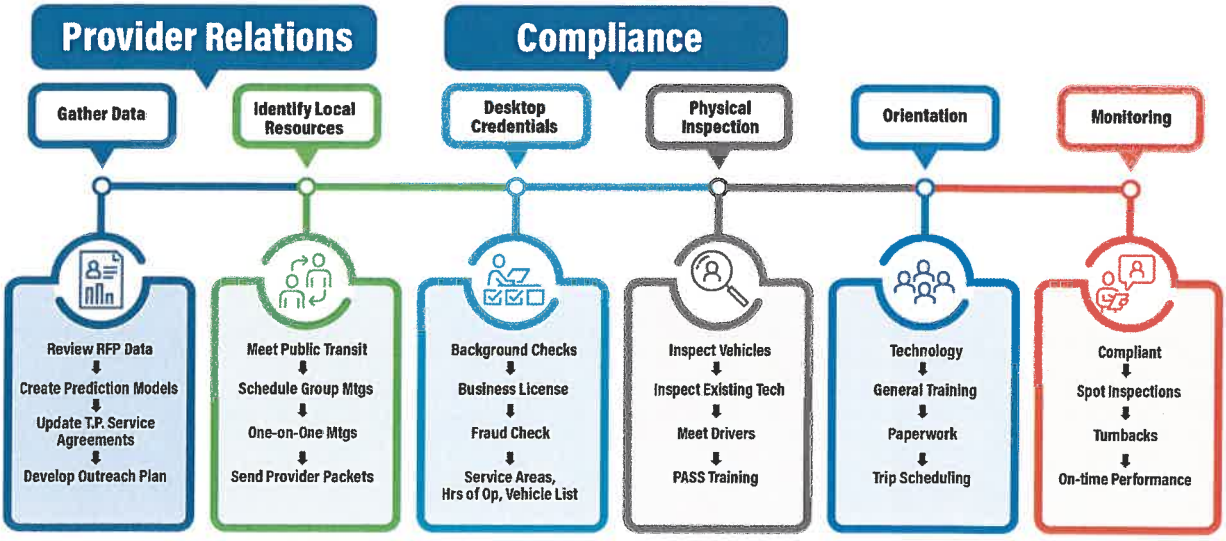


Figure 4.1.1.12-1: Design and development workflow for the process we use to build transportation provider networks. Confidential and Proprietary

The first step in developing a NEMT network in the Mountain State will be to identify the needs across all 55 West Virginia counties. Our Provider Relations team will be responsible for identifying and building a comprehensive network in West Virginia. This team will work collaboratively with other Verida teams to onboard transportation providers in compliance with the Agency's requirements.

Verida will establish contracts with a variety of transportation providers whose vehicle fleets include private sedans or vans, wheelchair capable vehicles including vehicles with a ramp or hydraulic lift and stretcher vehicles.

Contracting Strategy

Our contracting process begins with a comprehensive statewide assessment of trip demand, geographic distribution, and provider resources. This will include reviewing Agency-supplied data, analyzing projected Medicaid membership, and evaluating healthcare facility locations across West Virginia. Based on this analysis, we determine the appropriate mix of providers and vehicle types needed to serve the population effectively.

Once needs are identified, our Provider Relations team will implement a structured contracting process:

- **Engaging Existing Providers**: We actively seek to contract with current providers already serving West Virginia communities. This creates a smooth transition for members and facilities while sustaining the small businesses that form the core of most NEMT networks.
- **Onboarding New Providers**: Where service gaps exist, Verida recruits additional providers to supplement capacity. We utilize grassroots methods such as open houses, community outreach, and collaboration with local medical facilities to attract qualified operators.
- **Credentialing and Compliance**: Every contracted provider undergoes rigorous credentialing, including background checks, insurance verification, and vehicle inspections. Providers must maintain compliance with all Agency requirements throughout the life of the contract.
- **Orientation and Training**: Providers receive thorough orientation covering operational processes, compliance requirements, customer service expectations, and use of NET InSight technology. Drivers also complete training in defensive driving, CPR/first aid, wheelchair securement, and cultural sensitivity.
- **Ongoing Support**: Our Provider Relations team delivers continuous support through training refreshers, operational coaching, and direct access to Verida staff for resolving issues. This partnership-focused model builds long-term stability in the network.

This multi-step process creates a robust and scalable network capable of serving members across both urban and rural areas of West Virginia.

Attracting Providers

Verida has much experience implementing in a new state, and our successes truly lie in our 'grassroots' mindset when it comes to building a network in a new market. This mindset means that our network contracting process starts from the ground up as soon as there is an intent to

award. Verida believes that NEMT is a program built by and for people, and the personal touch to non-emergency care is not just necessary for its success but vital for the health and experience West Virginia's Agency members receive.

That being said, our negotiations with transportation providers are conducted on the principles of partnership, fairness, and honesty, which have contributed to our reputation as the "provider friendly" broker. The table below offers a quick overview of our recruitment methodology.

STEP 1	STEP 2	STEP 3	STEP 4	STEP 5
Geographic Area Assessment	**Selection Requirements**	**Selection Process**	**Provider Orientation/Driver Training**	**Quality Expectations**
Projecting trip volume by area, time/modality, population density/traffic patterns Identifying health care facility locations, geographic distribution Calculating average trip distance Establishing number of providers/ vehicles per modality needed based on data Determining number of trips available per provider /assure provider success	Background checks for owners, staff, drivers including: - Driver's license MVR, drug test - Fraud check on owners, managers, drivers - Staff levels - Sex offender/ background check - Days/hours of vehicle availability - Business documents for provider (license, insurance etc.) - E-Verify for all drivers	Must meet all credentialing/ licensing requirements of Verida and the Agency: - Interview with network development staff - Assess industry experience - Assess vehicles (year, condition, miles, etc.) - Match trip needs of region, by mobility, to provider resources - Vehicle Inspections - Ability for providers to expand	Mobile App/web portal training Complaint resolution, member no shows, pick-up/delivery standards Trip scheduling/ manifest procedures, compliance requirements, accidents/incidents, send backs HIPAA/Confidentiality Prevention/reporting of fraud, waste, and abuse Claims submission Claim denial/dispute resolution Standing order/demand procedures Driver training: - Defensive driving - CPR/first aid - Wheelchair/ stretcher securement - Customer service	Meet compliance/ licensing requirements for owners, drivers, vehicles, and organizations Timely submission of trips for claims Investigate all complaints/ low tolerance for valid complaints On-time performance for pick-up and drop off monitored Performance scorecard reviewed monthly Corrective Action Plans implemented as needed

STEP 1	STEP 2	STEP 3	STEP 4	STEP 5
Geographic Area Assessment	Selection Requirements	Selection Process	Provider Orientation/Driver Training	Quality Expectations
			- Diversity/inclusion/ client sensitivity training, and more	

During our ongoing recruitment activities, our Provider Relations Team will meet face-to-face with existing commercial, public, and nonprofit transportation providers throughout the state. During these 'open house' meetings, we will share information about our collaborative approach to managing transportation provider networks. We will also develop an even greater understanding of the needs, issues, and challenges facing NEMT providers in the area. Transportation providers will have the opportunity to ask questions and view demonstrations of the software tools that will become available to them upon contracting with Verida.

When we need to add new transportation providers, we will leverage the federal NPI registry (NPPES) to identify untapped state and local transportation resources. We will also search for local resources by:

- Gathering a list from the exiting broker(s), the MCOs, and the facilities
- Working with local NEMT associations/coalitions
- Visiting medical communities to identify transportation resources and to speak with the facility staff to gain a better understanding of their needs and recommendations
- Hosting town hall meetings in the local community. We run ads in local papers, place radio ads, and publicize on various websites

Credentialing and Compliance

Once identified, prospective providers must undergo Verida's comprehensive credentialing process before contracts are executed. Credentialing includes:

- Background checks for owners, staff, and drivers.
- Verification of insurance, business licenses, and operating documents.
- Inspections of vehicles for safety, accessibility, and compliance with state and federal standards.
- Review of provider staffing, driver training certifications, and operational capacity.

Only providers that meet all compliance requirements of both Verida and the Agency will be contracted. Ongoing monitoring—including random audits, unannounced inspections, complaint investigations, and monthly scorecard reviews—safeguards that providers continue to meet these standards throughout the contract term.

Provider Orientation and Training

After credentialing, contracted providers receive comprehensive orientation and training. Verida is proud to partner with GenTech Associates, an award-winning Veteran-Owned Business Enterprise and recipient of the U.S. Department of Labor's 2022 Hire Vets Gold Award, to lead our NEMT transportation provider training curriculum. GenTech specializes in staffing and

training development for federal agencies and delivers comprehensive instruction to our network of contracted transportation providers, drivers, and attendants.

Verida's certified PASS "Master" Trainer collaborates with GenTech to facilitate consistent, high-quality training across the network. Their blended training model combines virtual modules with in-person instruction for CPR, first aid, child safety, and wheelchair securement. Through a secure learning management system (LMS), drivers access required training using unique login credentials. Verida will maintain documentation of all certifications for the West Virginia network in our NET InSight system, supporting easy tracking and compliance.

GenTech's comprehensive NEMT training curriculum covers:

- Trip scheduling, manifests, and routing/dispatch procedures
- Member service standards, including timeliness, courtesy, and safety protocols.
- HIPAA compliance and member confidentiality requirements.
- Prevention and reporting of fraud, waste, and abuse.
- Claims submission and reimbursement procedures.
- Driver training in defensive driving, CPR/first aid, wheelchair securement, and cultural sensitivity.

No later than 15 business days prior to the operational start date, our Provider Relations team will conduct NEMT provider and provider training sessions in at least five (5) locations throughout West Virginia. During these meetings, our Provider Relations staff will share information about our collaborative approach to managing transportation provider networks. We will also gain a further understanding of the needs, issues, and challenges facing NEMT providers and medical providers in the area. Both NEMT providers and medical providers will have the opportunity to ask questions and view demonstrations of the software tools that Verida makes available to them. This outreach helps us confirm NEMT providers have the necessary information to adjust their operation to meet on-time performance monitoring and other contractual requirements.

In addition to our face-to-face meetings, other methods of ongoing communication will include quarterly performance meetings, regularly scheduled webinars, newsletters, and blast faxes. Our IT department will support NEMT and medical providers' use of technology (such as our Provider Portal, app, Net Notes and our Facility Portal).

Contract Negotiation and Transparency

As permitted under the RFP, Verida negotiates rates individually with each provider. This flexibility allows us to consider key factors such as service area, fleet size, mobility types, and anticipated trip volume. Our goal is to establish fair, market-appropriate reimbursement rates that sustain provider operations while maintaining program cost-effectiveness.

All negotiated rates are documented in our Transportation Provider Service Agreement through a Rate Sheet signed by both parties. Any adjustments—such as those related to fuel costs or utilization changes—are documented through updated Rate Sheets and appended to the contract. This process provides full transparency for providers and the Agency.

Reasons for Provider Termination

While Verida emphasizes partnership and support in provider relationships, we also maintain strict accountability standards to protect member safety and program integrity. Providers are

expected to maintain compliance with all licensing, credentialing, and performance requirements throughout the life of their contract.

If deficiencies occur, Verida first works with providers through Corrective Action Plans, with clear expectations and defined timeframes for improvement. However, termination of a Transportation Provider Service Agreement may be required in cases such as fraudulent billing, failure to meet credentialing requirements, repeated service failures, unsafe practices, or a pattern of unresolved member complaints.

Timeframes for termination vary depending on the severity of the issue:

- **Immediate removal** is applied in cases where member safety is compromised, such as reckless driving, fraud, or expired insurance.
- **Corrective Action with defined improvement periods** is applied for less severe but recurring issues, with termination following if performance does not improve within the specified timeframe (typically 30 days).

All termination decisions are conducted in coordination with the Agency, and detailed reasons are documented in alignment with contractual obligations.

Examples of Termination Reasons

NEMT providers may be removed from Verida's network for a range of serious violations or consistent underperformance. Termination decisions are made with the approval of the overseeing Agency and are based on the following criteria:

1. Fraudulent Activity

- Submitting false claims, misrepresenting trip details, or manipulating trip logs.
- Billing for services not rendered or inflating mileage/time.
- Any deliberate deception that compromises the integrity of the NEMT program.

2. Member Safety and Well-being

- Any incident that results in physical or emotional harm to a member, including reckless driving, verbal abuse, or neglect.
- Failure to provide adequate support for members with disabilities or special needs, as required by the Transportation Provider Service Agreement.
- Allowing unqualified or uncredentialed drivers to transport members.

3. Credentialing and Compliance Failures

NEMT providers must maintain all required credentials and certifications. Termination may occur due to:

- Inclusion on the Office of Inspector General (OIG) Exclusion List.
- Expired or lapsed insurance coverage (e.g., auto liability, general liability, or workers' compensation).
- Criminal convictions that raise concerns about member safety or trust (e.g., assault, theft, DUI).

4. Failure to Respond to Corrective Action

- Providers who receive performance warnings or corrective action plans and fail to demonstrate measurable improvement may be removed from the network.
- Examples include continued tardiness, poor vehicle conditions, or failure to follow trip assignment protocols.

5. High Volume of Complaints

- A consistent pattern of member or facility complaints—such as rude behavior, missed pickups, or unsafe driving—may trigger disciplinary action.
- Verida may reduce trip assignments, impose liquidated damages, or terminate the provider's contract entirely.

6. Use of Suspended or Unsafe Vehicles

- Operating vehicles that have failed inspection or have been suspended from service is grounds for immediate termination.
- This includes vehicles with expired registration, mechanical failures, or missing safety equipment.

7. Chronic Service Failures

- Repeated failure to meet on-time performance standards, maintain communication, or adhere to routing and scheduling protocols.
- Habitual lateness, no-shows, or failure to complete trips as assigned may result in removal from the network.

Verida maintains strict standards for its NEMT provider network to protect member safety, uphold service quality, and comply with regulatory requirements. All termination decisions are subject to Agency approval and reflect Verida's commitment to reliable and responsible transportation services.

Commitment to a Strong and Stable Network

Our contracting strategy reflects Verida's philosophy that providers are partners in delivering care. We support them with fair contracts, clear standards, and operational tools while holding them accountable to the highest levels of service quality and compliance. Through this balanced approach, Verida will establish and maintain a statewide network of qualified NEMT providers in West Virginia—providing safe, reliable, and member-focused transportation for every eligible Agency member.

4.1.1.13 Screening of Staff and Providers

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

Verida applies a comprehensive and layered screening process for all staff, subcontractors, and transportation providers to safeguard program integrity and protect members. Our approach combines federal and state exclusion checks, fingerprint-based background checks, and ongoing monthly re-screening to confirm that every individual involved in the program is fully qualified and eligible to serve Agency members.

Fingerprint-Based Background Checks

As part of our credentialing process, all employees, providers, and subcontractors are required to undergo fingerprint-based background checks. These checks are conducted through authorized state and federal systems and are used to validate criminal history, verify identity, and identify potential disqualifying offenses. This step is a non-negotiable prerequisite before any individual may begin work under the program.

Exclusion List Screening

Verida enforces a strict compliance framework that prevents the employment or contracting of individuals who have been debarred or suspended from participation in government programs. Screening includes pre-employment and pre-contract checks, as well as monthly automated reviews against multiple exclusion sources:

- U.S. Department of Health and Human Services (DHHS)
- Office of Inspector General (OIG) List of Excluded Individuals and Entities (LEIE)
- U.S. Government System for Award Management (SAM)
- Excluded Parties List System (EPLS)
- State exclusion databases as applicable

In addition, we conduct checks against the Social Security Administration Death Master File (as explained below) as well as criminal background registries, including abuse and sexual offender lists, to uphold safety and compliance standards.

Continuous Compliance Monitoring

To maintain program integrity, Verida performs monthly rescreening of all employees, NEMT providers, and subcontractors. Automated alerts notify our Compliance Department if an individual or entity becomes ineligible, allowing for immediate corrective action. This system prevents lapses between screenings and provides continuous oversight throughout the term of employment or service.

Social Security Administration Death Master File (DMF) Verification

As an additional safeguard, Verida conducts an initial check of the Social Security Administration's Death Master File (DMF) during onboarding for all employees, NEMT providers, and drivers. This prevents fraudulent participation under invalid or deceased identities. An annual DMF search is conducted thereafter to maintain accuracy.

Training and Qualification Verification

Beyond background checks, Verida verifies that all staff, NEMT providers, and subcontractors possess the appropriate training, education, licensure, liability coverage, and experience required for their roles. This verification is part of our structured hiring and credentialing program that emphasizes safety, customer service, and compliance with Medicaid requirements.

4.1.1.14 Addressing Medicaid Recipients who are Non-Compliant

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

Verida recognizes that the safety of Agency members, NEMT providers, and staff is the highest priority in administering NEMT services. While most trips are completed without incident,

situations occasionally arise in which a Medicaid recipient exhibits unsafe, hostile, or aggressive behavior. To address these circumstances, Verida has developed a structured plan that combines prevention, early intervention, and Agency-approved corrective actions.

Proactive Prevention Through Education

From the outset, Agency members are introduced to their responsibilities when accessing transportation services. During the reservation process, CSRs remind members of behavioral expectations, including treating drivers and fellow passengers respectfully, following driver instructions, and maintaining a safe environment within the vehicle. Educational resources—such as Member Guides, website materials, and Agency-approved letters—further reinforce appropriate conduct and set clear expectations for behavior.

Identification and Reporting of Incidents

NEMT providers and facility staff are often the first to observe and report unsafe or hostile behaviors. Verida captures these reports through multiple channels, including the driver mobile app, Provider Portal, Facility Portal, and our call centers, several of which operate 24 hours a day, seven days a week. Each report is logged in our NET InSight system, date- and time-stamped, assigned a tracking number, and linked to the member's profile. This structured documentation enables accurate monitoring of incidents and patterns of behavior.

Root Cause Analysis and Individualized Response

When incidents are reported, Verida initiates a review to understand the nature and cause of the behavior. If the incident appears tied to a temporary clinical, environmental, or situational factor, our team works with the members and their care providers to resolve the issue through education and support. If the behavior reflects a recurring pattern of hostility or aggression, we collaborate with the Agency and, when appropriate, MCO, care manager, or case manager to develop a targeted plan of intervention.

Escalation and Direct Outreach

For members who continue to exhibit unsafe or aggressive behavior, Verida employs a tiered intervention process:

- **One-on-One Outreach:** A Complaints Coordinator or our Report Manager contacts the member directly to discuss the behavior, explain its impact on their access to transportation, and reinforce program policies.
- **Written Notification:** If behavior persists, the member receives Agency-approved written communication outlining the incidents, expectations for change, and potential consequences should the behavior continue.
- **Stakeholder Collaboration:** We engage with medical providers, behavioral health professionals, and case managers when necessary to support the member with wraparound services and reduce the likelihood of future incidents.

Agency-Approved Corrective Measures

Should unsafe or aggressive behavior continue despite education and outreach, Verida, with Agency approval, may implement corrective measures designed to protect providers, staff, and other members. Examples of these measures include:

- Require the member to confirm their trip the day prior to transportation.
- Restricting self-scheduling privileges in the Member Portal or mobile app, directing all reservations through the call center where additional education can be provided.
- Assigning specific providers or escorts for trips if circumstances warrant additional oversight.
- In severe or escalating cases, collaborating with the Agency to review transportation privileges in accordance with Medicaid policies.

Training of Staff and Providers

To manage these sensitive situations effectively, Verida invests in comprehensive training for both call center staff and NEMT providers. Training includes:

- **Soft Skills and De-Escalation:** Active listening, positive communication, and conflict management techniques equip staff to calm situations before they escalate.
- **Safety Protocols:** Guidance on disengagement strategies, contact law enforcement when necessary, and immediately reporting incidents to Verida for documentation and follow-up.
- **Cultural Sensitivity:** Training designed to respect diverse backgrounds while addressing behavioral concerns in a manner that promotes dignity and fairness.

4.1.1.15 Assuring Appropriate Level of Service

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

Verida's approach to assigning the appropriate Level of Service (LOS) is grounded in a structured, Agency-approved process that combines human expertise, standardized scripting, and technology-driven oversight. By weaving together these elements, we will deliver transportation that is medically suitable, cost-effective, and consistent with program guidelines, while also protecting member safety and access to care.

Level of Service Screening and Assignment of Trips

At Verida, we believe that every trip begins with a conversation—one that sets the foundation for safe, reliable, and appropriate transportation. When a member contacts us to request a ride, our CSRs follow an Agency-approved call script that serves as both a guide and a safeguard. This script allows our representatives to ask thoughtful, consistent questions about the member's medical and physical needs, their living environment, and their appointment details. By grounding each call in this structured framework, we create fairness and clarity across all requests. It also gives members confidence that their needs are being heard and that the transportation they receive will truly match their circumstances.

Levels of Service

We understand that the West Virginia NEMT program supports the following levels of service:

1. **Curb-to-Curb Service**: The driver picks up and drops off the member at the curb with no physical assistance.

2. **Curb-to-Curb with Assistance**: Minimal help is provided, such as securing mobility aids like wheelchairs or walkers.
3. **Door-to-Door Service**: The driver assists the member from the outermost door of the pick-up location to the outermost door of the destination.
4. **Door-through-Door Service**: The driver helps the member through the door and into the facility.
5. **Hand-to-Hand Service**: The member is handed off directly to a responsible party at the destination.

The approved script is not just a formality; it is a tool that balances compassion with accuracy. For example, when a member describes mobility challenges, the CSR is prompted to explore whether wheelchair or stretcher transport may be needed. If the member lives in a setting where stairs are present or requires assistance from an attendant, these details are carefully documented so the right level of service can be assigned. In cases where it seems possible for the member to use a lower-cost method—such as public transportation or mileage reimbursement from a family member or friend—the script allows the CSR to explain those options in a respectful and informative way. This not only promotes cost-effectiveness but also strengthens a sense of independence and community for members who can travel with the support of friends, relatives, or familiar public services.

This scripting process is more than a checklist—it establishes consistency, fairness, and clarity for both the member and the program. For example, CSRs are prompted to:

- Verify Medicaid eligibility and confirm that the appointment qualifies as a covered service.
- Ask questions about physical abilities (ambulatory, wheelchair-bound, stretcher-bound), living environment (stairs, ramps, bed location), and support systems (availability of family, friends, or attendants).
- Confirm whether a lower-cost mode such as public transportation or gas mileage reimbursement is feasible before authorizing a higher level of service.

Key capabilities of NET InSight include:

- **Medical Necessity Flags:** When members request a higher level of service than indicated by screening, NET InSight automatically flags the case for UM review and tracks the progress of the Medical Certification Statement.
- **Documentation Storage:** All LOS determinations and certifications are securely stored within the Member's profile, creating a permanent record, and streamlining the scheduling process for future transportation requests.
- **Ongoing Monitoring:** NET InSight continuously monitors trip data for anomalies, such as frequent upgrades to stretcher service or repeated refusals of shared rides, prompting targeted review and intervention.
- **Real-time Feedback to Providers:** Trip manifests sent to NEMT providers include the LOS requirements, so drivers are aware of the member's needs before arrival.

This integration of scripted intake and technology safeguards consistency in LOS determinations and provides the Agency with transparency into every decision made.

Medical Necessity Validation and Collaboration

Verida understands that there are times, however, when a member may request a level of service beyond what the initial screening indicates. In these cases, our process shifts to a more clinical review. CSRs explain, with kindness and clarity, that a Medical Certification Statement is required to move forward. The request is then routed to our Utilization Management (UM) team, which includes our Appointment Verification staff, who contact the member's healthcare provider to confirm whether the higher level of transportation is medically justified. This step is carried out with professionalism but also with an awareness of how important these decisions are to the member's daily life. Medical providers are not only asked for documentation; they are also educated on transportation options and program expectations, which builds understanding and strengthens the partnership between Verida, medical professionals, and the member.

Once a certification is approved, it becomes part of the member's permanent profile within NET InSight, so that future trips can be scheduled quickly and without unnecessary repetition. If a certification is not approved, our UM team communicates directly with the member, explaining the decision and offering alternative transportation that still meets their needs. In these moments, we take great care to handle the conversation with empathy, helping members understand the policy while reminding them that their access to care remains our top priority.

Collaboration is another cornerstone of how we manage the Level of Service process. We work hand in hand with the Agency, its Utilization Management Vendor, and MCOs to review determinations, share insights, and refine processes. NET InSight makes this collaboration seamless by providing full visibility into member profiles, transportation data, and certification records, which allows for joint review and continuous improvement. This shared oversight reflects our belief that transportation is not just about moving people—it is about building a coordinated system of care that serves the broader community.

Our commitment to providers is equally strong. Each trip assignment transmitted through NET InSight includes clear instructions about the member's required level of service, giving drivers and transportation providers the information they need to prepare properly. Whether it is a stretcher transport requiring bed-to-bed assistance or a curb-to-curb ambulatory ride, NEMT providers have the guidance to deliver service that is both safe and respectful. This clarity reduces confusion, supports efficiency, and helps our providers feel like true partners in delivering care.

In practice, our approach means that a member recovering from surgery will not have to worry about climbing into a vehicle unassisted; the system and process already anticipate that need. A member living in a rural area without public transit will not face unnecessary delays or denials, because the Agency-approved call script and NET InSight routing automatically consider geography. And a caregiver arranging transportation for a loved one will know that the level of service requested is being thoughtfully reviewed in partnership with medical professionals, not simply rubber-stamped.

Supporting High-Risk Members

Verida places special emphasis on serving high-risk members. We maintain dedicated operational resources and a specialized support team focused solely on identifying,

coordinating, and monitoring transportation for high-risk populations. Indicators used to identify high-risk members include frequent hospitalizations, behavioral health concerns, specialized medical needs, or historical trip complications.

Verida has developed formal policies and procedures outlining the process for identifying and managing high-risk Members. These include clinical review protocols, flagging processes within our NET InSight system, and escalation pathways for urgent needs. These policies are submitted to the Department for review and approval prior to the Operational Start Date, as required.

Preferred NEMT Provider Assignment

To support consistency, safety, and trust, Verida assigns preferred NEMT providers to high-risk members whenever possible. These providers are selected based on:

- Demonstrated experience with high-risk populations
- History of performance and on-time delivery
- Availability of trained drivers and appropriately equipped vehicles

This continuity of provider helps improve member experience, enhances safety outcomes, and supports coordinated care.

Accountability and Member-Focused Outcomes

Verida will maintain full visibility for the Agency by generating reports that show LOS determinations, Medical Certification Statement requests, approvals and denials, and patterns in service utilization. This transparency allows the Agency to monitor trends, identify potential gaps, and collaborate with Verida on refinements. Regular joint reviews with the Agency and MCOs will further enhance the process, assuring that members receive safe, appropriate, and cost-effective transportation.

Ultimately, Verida's plan to assure the appropriate Level of Service is about more than compliance—it is about dignity, community, and safety. By uniting Agency-approved scripts, advanced technology, and collaborative review, we provide a process that is consistent yet flexible, structured yet compassionate. It is a process that treats every member as more than a trip on a manifest; it treats them as a person whose well-being depends on getting to care in the right way, at the right time, and with the right support.

4.1.1.16 Assuring Member Services Meet Prior Authorization Requirements

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

At Verida, we recognize that safe and appropriate transportation is only one part of a larger care journey. Equally important is confirming that each ride we schedule and pay for is fully authorized under Medicaid policy and clinical guidelines. To accomplish this, we have built a process that combines the consistency of scripted member intake, the intelligence of our NET InSight technology platform, and the strength of active collaboration with the Agency's UM vendor, MCOs, and behavioral health partners.

The process begins at the first point of contact. When a member calls to schedule a trip, our CSRs follow an Agency-approved script. This script prompts the CSR to capture whether the appointment is routine, specialized, or related to behavioral health or substance use treatment. If the request involves a service that requires prior authorization, NET InSight automatically flags the trip as pending authorization, preventing it from being dispatched or paid until confirmation is received.

From there, collaboration becomes central. Our CSRs and UM team, which includes our Appointment Verification staff, work in tandem with the designated UM vendor, the member's MCO, or—when appropriate—the Office of Drug Control Policy and Bureau for Behavioral Health to verify that the service has been approved. NET InSight provides a secure platform for documenting the status of each request, recording when an authorization was received, and embedding that information into the member's profile so that future trips can be scheduled smoothly. This transparency gives all interested parties—state partners, case managers, care managers, and NEMT providers—confidence that every ride is authorized and appropriate.

In situations where documentation is required, such as a Medical Certification Statement for higher levels of service, our UM team reaches out directly to the member's healthcare provider. These calls are conducted with care and clarity, explaining both the transportation request and the authorization process. Providers are given the tools and support they need to complete and return certifications in a timely manner, and once received, the information is uploaded into NET InSight. From that point on, CSRs scheduling trips will see the authorization attached to the member's record, eliminating repeated delays and reinforcing continuity of care.

We also believe communication with members is just as important as communication with agencies and providers. When prior authorization is required, our staff explain the process to members in plain, respectful language so they understand why their trip may be temporarily pending. If the request is denied, our team speaks directly with the members to explain the reason and discuss alternative options, always emphasizing that our goal is to keep them connected to the care they need, even if the mode of transportation changes.

4.1.1.17 Notifying Providers of Expiring Credentials

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

Verida approaches credentialing with the same care and diligence that we bring to all areas of transportation management, because strong credentialing is central to member safety, program integrity, and the reliability of our provider network. From the first day a transportation provider joins our network, every credential—whether for a company, vehicle, or driver—is carefully recorded in our secure Provider Portal and digitally tracked for expiration and renewal. This process not only simplifies credentialing for providers but also gives the Agency confidence that every ride is conducted by fully qualified and compliant personnel.

Using our Provider Portal, transportation providers upload essential documentation such as business licenses, insurance policies, driver's licenses, vehicle registrations, and specialized transportation certifications. Once submitted, the system automatically tracks expiration dates and initiates a series of proactive reminders well in advance of any credential lapsing. These alerts are sent directly to the provider and simultaneously flagged to Verida's network compliance staff, so every expiring credential receives timely attention. This comprehensive process helps safeguard uninterrupted service and regulatory compliance across our network.

Renewal Process

The renewal process is designed to be straightforward and provider friendly. Providers log in to the portal, upload updated documentation and immediately receive confirmation that their records have been received. The updated credentials are digitally stored in the provider's file, where they remain accessible for review by Verida's Compliance Department and available for auditing at any time. Our compliance team is also available to support providers throughout the renewal process, answering questions, clarifying requirements, and helping to navigate more complex updates, such as changes in insurance coverage or specialized certification renewals.

Consequences of Not Recertifying

Despite the collaborative nature of our approach, Verida maintains firm standards for compliance. If a provider fails to recertify by the due date, their ability to transport members is immediately placed under review. Depending on the nature and severity of the lapse, providers may face temporary suspension from receiving trip assignments until updated documentation is received. Persistent or unresolved credentialing deficiencies may trigger progressive disciplinary actions, which can include service restrictions, financial penalties, or, ultimately, termination of the provider's agreement if corrective action is not taken within the designated timeframe. These steps are applied fairly and consistently, with the goal of protecting members while also giving providers the opportunity to correct issues and remain part of the network.

In addition to automated reminders and compliance checks, Verida strengthens accountability through periodic audits and random spot-checks of provider records. These reviews confirm that documents on file are accurate, current, and aligned with federal, state, and program requirements. If new regulations are introduced, Verida takes a proactive role in educating providers about updated standards and guiding them through the renewal process. Training sessions and ongoing communications are used to make sure providers remain fully informed and confident in meeting their responsibilities.

Maintaining Safety Through Credentialing Compliance

At the heart of this process is a shared value: member safety and trust. By rigorously tracking credentials, notifying providers well in advance of expiration, and enforcing renewal requirements, Verida protects the integrity of the transportation network. Members and their caregivers can rest assured that every driver and vehicle sent to transport them are properly licensed, insured, and credentialed. Providers, in turn, benefit from a system that is both supportive and structured, allowing them to focus on service delivery while maintaining confidence in their compliance standing.

Through this blend of technology, communication, and accountability, Verida delivers a credentialing process that safeguards members, supports providers, and upholds the standards expected by the Agency.

4.1.1.18 Handling Out of Area Requests

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

Verida recognizes that members may at times require medically necessary services that are not available within their immediate community or even within the state of West Virginia. Our

approach to handling out-of-area requests is guided by three principles: safeguarding member health, responsibly managing program resources, and maintaining compliance with the Agency's rules and oversight partners.

Handling Out-of-Network/Out-of-State Service Requests

When a request for out-of-area or out-of-state services is received, our trip coordination staff initiates a thorough evaluation to determine whether the requested care is available closer to the member's residence, thereby minimizing unnecessary long-distance travel. Using verified mapping tools within our NET InSight platform, we calculate mileage from the member's home to the nearest qualified and available provider, supporting a consistent and transparent method for identifying the closest appropriate care option. If services are available in-state at a nearer distance, those options are prioritized to reduce travel burdens and enhance program efficiency.

For requests involving providers outside the member's county, contiguous counties, or bordering metropolitan areas in neighboring states (Ohio, Virginia, Pennsylvania, Maryland, and Kentucky), our CSRs follow a verification process to confirm compliance with West Virginia Medicaid guidelines. NET InSight flags such requests, and CSRs assess whether the provider falls within the defined in-network/in-state radius—typically within 30 miles of the West Virginia border—before proceeding with scheduling.

Out of Area Verification Process

When care is not available locally, Verida will utilize a structured process for coordinating out-of-state and long-distance travel. Our trip coordination staff will work directly with the Agency's Utilization Management Vendor, Fiscal Agent, or MCO to confirm whether prior authorization is required. For services requiring authorization, our team compiles the necessary documentation—including Medical Certification Statements, provider referrals, and letters from treating physicians—and submits them to the designated reviewer. We do not schedule or pay for any of these services until prior authorization has been confirmed. This collaborative process protects program integrity and gives members confidence that their travel is fully approved before arrangements are finalized.

Managing Out-of- Area Transport

Once prior authorization is secured, Verida manages all aspects of travel. Our staff schedules transportation, arranges for meals and / or lodging when appropriate, and coordinates closely with out-of-state facilities to align discharge or appointment times with transportation schedules. For long-distance travel, we assess the member's condition to determine the most clinically appropriate mode of transport, taking into account comfort, mobility limitations, and safety requirements. In cases where escorts are authorized, we arrange their travel as well.

Verida's has a clear process for handling discharges from out-of-state hospitals and specialty facilities. We maintain open communication with discharge planners and care coordinators to organize timely return transportation for members, avoiding unnecessary delays in continuity of care. These situations are often sensitive, and our staff approaches them with empathy, urgency, and strong logistical support.

Throughout this process, NET InSight plays a central role in documenting every step, from initial request to final trip completion. This system allows Verida to track compliance with prior authorization requirements, verify mileage and service distances, and provide complete

transparency to the Agency and its partners. Should questions arise, our records provide a full audit trail of how each out-of-area request was handled.

By combining technology-driven processes with compassionate coordination, Verida delivers a plan for long-distance and out-of-state requests that balances member needs, program rules, and cost-effectiveness. Members are supported in accessing care they truly need, while the Agency and its oversight entities retain confidence that every trip is properly authorized, tracked, and managed.

4.1.1.19 Identifying Possible Fraud, Waste, Abuse and/or Misuse

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

Fraud, Waste, Abuse, and Misuse Prevention

At Verida, protecting the integrity of Medicaid resources goes hand-in-hand with protecting members, providers, and communities. Our approach to identifying and preventing fraud, waste, abuse, and misuse will not only protect taxpayer dollars but also help safeguard that members continue receiving safe, timely access to care. We believe that every safeguard should reinforce trust—trust that members' rides are legitimate, trust that providers are paid fairly, and trust that the program is managed with transparency.

To deliver on this commitment, Verida will bring together three pillars: an experienced team, advanced patented technology, and multi-level safeguards.

Experienced Team

With over 15 years of investigative experience—spanning state Medicaid oversight, private-sector fraud detection, and international enforcement—Ben Ford brings a rare depth of expertise to Verida's mission of safeguarding the integrity of our NEMT programs. His career reflects a consistent focus on uncovering and preventing fraud, waste, abuse, and misuse, particularly within Medicaid-funded transportation services.

At Verida, Inc., he currently manages our Program Integrity Unit, where he leads a team effort to identify and address abusive billing behaviors, enforce provider accountability, and collaborate directly with State Program Integrity teams. His hands-on experience with recoupments and data-driven fraud detection makes him uniquely qualified to elevate Verida's internal controls and oversight mechanisms.

Key Strengths and Contributions:

- **Medicaid-Focused Fraud Expertise** Investigates fraud, waste, and abuse specifically within the NEMT space, verifying providers adhere to contractual obligations and ethical billing practices.
- **Data-Driven Oversight** Skilled in identifying abusive billing patterns through data monitoring and analysis, enabling proactive intervention and recoupment strategies.

- **State-Level Collaboration** Maintains active partnerships with state Program Integrity teams and legislators, helping Verida remain aligned with evolving regulatory standards and enforcement priorities.
- **Leadership in Investigations** Managed investigative teams across multiple organizations, including PHENIX Investigations and the State of Indiana, with a focus on complex fraud cases, corporate theft, and embezzlement.
- **Interagency and Interstate Coordination** Built collaborative relationships across state departments and jurisdictions to forecast fraud trends and implement preventative measures.
- **Strategic Vision and Quality Management** Leads quality initiatives and develops strategies to hold providers accountable, enhancing Verida's ability to deliver compliant, high-quality NEMT services.

Ben's investigative acumen, policy fluency, and operational leadership is pivotal in strengthening Verida's ability to detect, prevent, and respond to fraud and misuse—ultimately protecting program resources and safeguarding member safety.

Advanced Patented FWA Detection Technology

Verida's proprietary NET InSight platform is the centerpiece of our fraud prevention and accountability strategy. NET InSight is not simply a scheduling tool—it is a fully integrated system with built-in security, and patented portable data collection capabilities, helping us to virtually eliminate fraud, waste, and abuse in the delivery of NEMT services.

We received our 20-year patent notification in August 2022 for the portable data collection capabilities of our NET InSight platform. For instance, address data entered into NET InSight serves two purposes. Initially, it assists CSRs in identifying the appropriate transportation provider and it also associates geocoded information with the requesting member and the associated appointment location. This geocoded information typically constitutes the longitude and latitude or other geospatial attributes of the location. This enables our system to cross-check the geocodes of the actual locations of the member pick-up and drop-off against the initial itinerary. Should a discrepancy exist between the respective geocodes, our team can investigate potential fraud, waste, or abuse.

Other fraud, waste, abuse and misuse prevention features of NET InSight, include:

- **Eligibility Screening:** Automated validation against the daily Medicaid eligibility file.
- **Trip Verification:** GPS-enabled confirmation of pick-ups and drop-offs through the Driver App.
- **Encounter Data Integration:** Real-time checks that transportation trips align with billed medical services.
- **Predictive Analytics:** Pattern recognition to flag suspicious billing or overutilization before payments are processed.

By embedding all these functions into one seamless platform, Verida gives state agencies and providers alike a real-time, transparent view of how trips are authorized, completed, and billed.

Eligibility and Trip Verification Protocols

NET InSight is designed to validate every request through a multi-step process that balances compliance with member care:

- **Member Eligibility:** Each trip request is matched against the most current Medicaid eligibility file. If the record is not valid, the system immediately blocks the request.
- **Pick-Up and Drop-Off Verification:** GPS validation confirms that the ride occurred as scheduled. The Driver App captures the time, location, and confirmation of both pick-up and drop-off.
- **Covered Service Confirmation:** CSRs reference our Knowledgebase of Medicaid-approved services that is constantly updated. If there is any uncertainty, the request is flagged within NET InSight and escalated to our Utilization Management team for manual review.

This process makes fraud attempts such as phantom trips, unauthorized service requests, or non-covered appointments exceedingly difficult. At the same time, the system is designed to keep the process simple and respectful for members and providers.

Claims Matching as a Tool for FWA Prevention

One of the most powerful safeguards Verida will deploy is claims matching, a data-driven process that connects transportation records with encounter and medical claim data.

Through claims matching, Verida can:

- **Detect Phantom Billing:** Identify claims for trips that do not align with a confirmed medical appointment.
- **Reduce Waste:** Flag claims that exceed service limits, prior authorization requirements, or clinical appropriateness.
- **Spot Abuse by Pattern Recognition:** Use historical data to identify members who may be "doctor shopping" or providers who display abnormal utilization trends.
- **Cross-System Verification:** Match transportation claims with electronic health records (EHRs) to confirm medical necessity.

The value of claims matching is twofold. First, it prevents improper payments before they ever leave the program, sparing the Agency the costly process of attempting recovery later. Second, it reassures members and NEMT providers that every claim is legitimate, appropriate, and tied to actual care.

Multi-Layered Safeguards

We take a multifaceted approach to program integrity by employing a Compliance Department and an Internal Audit Department. Both teams use NET InSight, which includes features designed to identify the types of fraud and abuse that typically occur within NEMT programs. The Compliance and Internal Audit Departments function at the corporate level, with contract-specific compliance personnel employed at the local contract level. The Compliance Department is a function of our Office of Corporate Counsel; while the Internal Audit Department is a function of our Corporate Finance Department and provides program integrity oversight for the company at large.

The Compliance Department's primary focus is provider network development, training, and compliance; while the Internal Audit Department looks at all aspects of our operations, both internally and externally, from a compliance and fraud, waste, and abuse perspective. This structure is unique to our industry and has proven to be unequivocally efficient in identifying and eradicating fraud, waste, and abuse within the programs we manage.

Compliance and Audit Functions

The critical objectives of our Compliance and Audit functions are to:

- Prevent, detect, review, and report member and provider fraud
- Prevent and detect fraudulent and erroneous claims and payments to NEMT providers
- Conduct timely and accurate payment to transportation providers
- Collaborate to share real-time provider and/or member activity, which may affect the integrity of trips.

The following table lists different types of fraud that we monitor:

Combatting Fraud, Waste, Abuse and Misuse		
Medicaid Member	**NEMT Provider**	**Healthcare Facility**
• Falsifying eligibility • Kickbacks • Card loaning to non-members • Repeated no-shows • • Misrepresenting access or need	• Duplicate billing • Falsifying records • Non-medical trips • Falsifying reports/signatures • Use of unauthorized drivers or vehicles	• Non-Medicaid certified facility • Misrepresenting member needs • Misuse of public transportation fare/media

Our driver app works with the NET InSight system to not only track vehicles and members but also record trip details such as driver and vehicle identification, the odometer reading of the vehicle at the time of pick-up and drop-off, and most important, the signature of the member. Signatures are captured electronically by the mobile device at the drop-off location. It would be exceedingly difficult, if not impossible, for a driver to falsify the transportation of a member because the technology provides the time and geo-coded location at the point of every pick-up or drop-off location.

This enables our system to cross-check the geocodes of the actual locations of the member pick-up and drop-off against the initial itinerary. Should a discrepancy exist between the respective geocodes, our team can investigate for potential fraud, waste, abuse or misuse. Our Compliance and Audit staff use these data elements to search for fraudulent activity among transportation providers.

Member and driver signatures **(Figure 4.1.1.19-1)** captured via the driver's tablet can be compared using a customized report that flags signatures with green, yellow, or red indicators. Green indicates a valid signature, yellow indicates a potential anomaly, and red indicates a certain anomaly. The yellow and red flags are subject to a more in-depth review of claims and trip records by a live auditor, to determine if fraud has occurred.

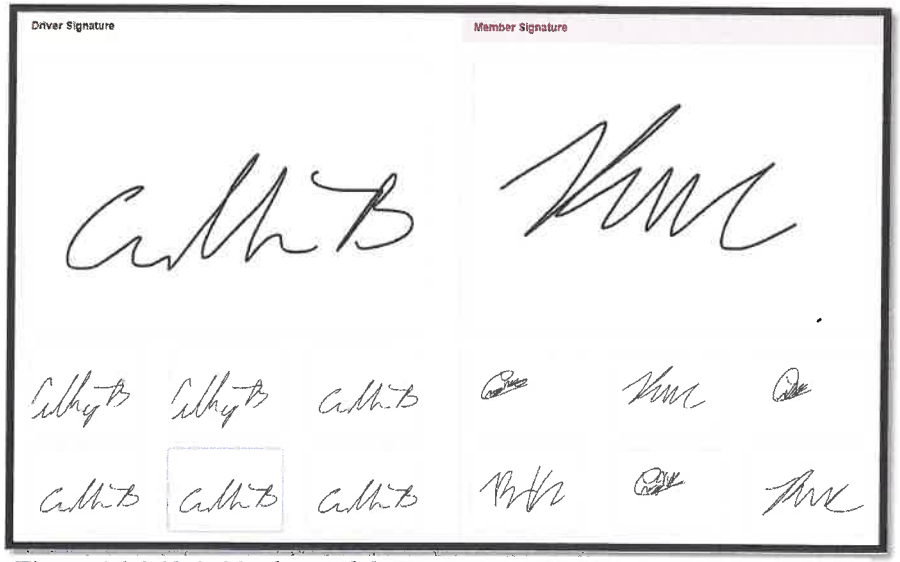


Figure 4.1.1.19-1: *Member and driver signatures are captured via the driver's tablet. In this example, the member signature section is red, indicating a potential false signature.* Confidential and Proprietary

Internal Audit Department – Fraud, Waste, and Abuse Process

Our Internal Audit Department is responsible for three functions: claims audits, internal/risk assessment audits, and fraud, waste, and abuse investigations.

Claims Audits

Claims audits are conducted specific to the Agency's requirements. These audits look at a percentage of total claims processed each month and assess standards as set forth by the Agency. Signature comparison functionality detects and alerts to signature anomalies, including anything from payment accuracy to timely payments. Claims are examined for different components, per each contract, but in general:

- Vehicle and driver compliance
- Correct date of service
- Trip confirmation / leg ID
- Mileage / time of trip
- Member name / signature

Red flags that are noted during a claims audit are communicated to the appropriate Provider Relations Manager and Claims Administrator, along with recommendations for action and a follow-up is conducted every 30 days for a 90-day period to validate that previous issues are no longer occurring.

Internal Audit

Three types of internal audits are conducted, including:

1. Risk Assessment Audits that examine:
    - Process improvement and control implementation identified during claims audits or
    - Fraud, waste, and abuse investigations
2. Quarterly Audits that examine:
    - High Mileage Trips
    - Special Rates
    - Member Trip Frequency
3. Annual Audits that examine:
    - Compliance Department processes
    - Call Center Department(s) processes
    - Company Inventory

Fraud, Waste, and Abuse (FWA) Investigation

Suspected fraud, waste, and abuse can be reported to the Internal Audit Department by anyone, via the FWA email at reportfraud@myverida.com, by phone, through an Agency referral, or even in person. Our process will be customized to the Agency's specifications.

Fraud, waste, misuse and abuse prevention is not just about protecting dollars—it is about protecting people. Through the power of NET InSight technology, detailed claims matching, and layered verification protocols, Verida will create a secure, transparent, and compassionate NEMT program. By honoring our values of member care, community trust, and provider partnership, we will deliver a program that is both technologically advanced and people-centered—one that West Virginia can count on to safeguard resources while supporting those who rely on Medicaid most.

4.1.1.20 Establishing an Advisory Committee

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

Advisory Committee Plan

Verida will establish an Advisory Committee composed of Medicaid members, healthcare providers, NEMT providers, and community representatives, subject to Agency approval. This committee will be a central platform for open dialogue, collaborative problem-solving, and meaningful engagement with those directly impacted by NEMT services. Its purpose will go beyond meeting a contractual requirement—it will embody Verida's philosophy that members, providers, and community voices are essential to shaping a transportation program that is not only efficient and compliant but also compassionate and community-centered.

Verida's West Virginia Advisory Committee will:

- **Strengthen Communication:** Provide a structured channel for open dialogue among members, NEMT providers, healthcare partners, and other interested parties.

- **Identify Program Improvements:** Surface both immediate and long-term opportunities to improve service delivery.
- **Highlight Shortcomings:** Offer a safe and constructive forum where issues can be raised and solutions can be discussed collaboratively.
- **Promote Shared Ownership:** Empower the community to take an active role in shaping NEMT services, promoting transparency and trust.

The Advisory Committee will meet quarterly, with additional meetings scheduled if critical concerns arise. Each meeting will be structured yet welcoming, encouraging honest feedback and diverse perspectives. Agendas will be prepared in advance with Agency input and approval, and meeting minutes will be documented and shared to promote transparency. To maximize participation across the state, Verida will offer both in-person and virtual attendance options, allowing members from rural and suburban areas to contribute just as easily as those in urban centers. This inclusivity is central to Verida's approach of designing programs that reflect the unique needs of all communities.

The Committee will focus on identifying both strengths and shortcomings of the NEMT program, giving equal weight to celebrating what is working well and addressing areas that require improvement. Members and providers will be encouraged to speak candidly about their experiences with call center interactions, ride scheduling, transportation quality, and overall satisfaction. Healthcare partners will be able to share insights into how transportation services support—or occasionally hinder—care coordination, while community members will bring the broader perspective of how NEMT services impact the daily lives of those they serve.

In addition to structured reviews and improvement, the Advisory Committee will help build relationships. For members, it offers a safe and respectful place to be heard. For NEMT providers, it serves as a forum to share challenges and successes with peers and partners. For healthcare staff, it creates a bridge to transportation operations that directly affect patient care. And for the community at large, it signals that the NEMT program is designed not only to move people from one location to another, but to reflect the voices and values of those it serves.

Quality Management Committee (QMC) Integration

In addition to the Advisory Committee, Verida will engage its Corporate Quality Management Committee (QMC) to act as a structured oversight and quality improvement body. The QMC will regularly review feedback from Advisory Committee meetings, identify recurring issues, and recommend targeted quality improvement initiatives.

The QMC will serve as the operational and quality oversight body that translates committee feedback into structured improvement initiatives. By analyzing survey results, complaint trends, and the issues surfaced in Advisory Committee meetings, the QMC will identify patterns that point to systemic challenges. When necessary, the QMC will initiate corrective actions, policy reviews, or quality improvement projects. This integration means the Advisory Committee will not simply be a listening forum—it will be part of a continuous improvement cycle, where community voices lead directly to measurable changes in operations and member experience.

The QMC will also:

- Review policy and procedure updates in light of community input.
- Analyze survey results alongside Advisory Committee feedback to identify trends.
- Propose corrective actions when systemic challenges are identified.

- Work with operations teams to implement improvements and monitor outcomes.

By tying Advisory Committee discussions directly into the QMC's structured review and improvement process, Verida will create a feedback loop that is both responsive and accountable. This approach blends grassroots input with enterprise-level quality oversight, allowing the Agency to see both the community voice and the measurable results of improvement actions.

Role of Technology

NET InSight will support Advisory Committee operations by providing real-time reporting and data visualization. During meetings, participants will be able to review metrics such as on-time performance, complaint patterns, and rural provider coverage. This transparency will help committee members anchor discussions in both lived experience and hard data. Moreover, NET InSight will allow Verida to track progress on action items raised during meetings, demonstrating accountability and follow-through to the Agency and participants alike.

Community Impact

The Advisory Committee, supported by Verida's QMC and technology tools, will embody Verida's values of care, collaboration, and community. Members will feel heard and respected, providers will have an outlet to share their experiences, and healthcare partners will gain confidence that transportation services support broader care goals.

Through this inclusive model, Verida will not only maintain compliance with contractual expectations but also cultivate a culture of transparency, accountability, and continuous improvement that benefits the entire West Virginia Medicaid community.

4.1.1.21 Providing Gas Milage Reimbursement Transportation

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

Verida will implement a comprehensive and member-friendly Gas Mileage Reimbursement (GMR) program that not only supports Medicaid members but also extends to other individuals designated by the Agency, such as Beneficiary Advisory Council (BAC) participants traveling to covered events in Charleston, West Virginia. Our approach will combine technology, personal assistance, and strict compliance with state

FWA PROTECTION IN GAS MILEAGE REIMBURSEMENT

To combat FWA in the GMR program, we will deploy Verida's patented GPS-enabled compliance technology to validate self-transport trips in real time. By capturing geolocation data at pickup and drop-off through our smartphone app, we can confirm trip occurrence, match it to scheduled appointments, and verify mileage claims—creating a tamper-resistant, auditable record that protects Medicaid funds from phantom trips, inflated mileage, and retroactive claims.

requirements to provide a smooth, transparent, and reliable experience for all who use this option.

At its heart, Verida's GMR program reflects our commitment to community, flexibility, and empowerment. We recognize that family members, friends, and community supporters often play a vital role in helping individuals access healthcare and participate in important community activities like the BAC quarterly meetings. By offering mileage reimbursement as a structured option, we are making it easier for those who provide rides to offset their fuel costs while helping members or designated participants travel safely and reliably.

Cost Savings, Flexibility, and Reliability

Gas mileage reimbursement represents one of the most cost-efficient transportation solutions in the NEMT program. Because members can often travel with family members, friends, or trusted community contacts, GMR reduces the need for broker-dispatched vehicles while still providing dependable access to care or covered events. This lowers costs for the program as a whole, safeguarding Medicaid funds, while simultaneously giving members greater freedom and convenience. For many, especially those in rural areas or those who must travel long distances, this approach provides the most reliable option. The flexibility of being able to coordinate travel on their own schedule—without having to wait for a transport vendor—further enhances the appeal of GMR.

Collaborative Member Engagement to Promote GMR

During scheduling interactions, Agency members may be connected to one of our Gas Reimbursement Coordinators (GRCs) in one of three ways:

1. Directly, if the call is answered by a GRC in the shared queue
2. Through Interactive Voice Response (IVR) routing
3. Via CSR-facilitated transfer to a GRC

Once connected, GRCs ask thoughtful questions to determine if the member has access to a personal vehicle or a trusted individual who can provide transportation. If so, they explain the benefits of GMR—including cost savings, flexibility, and reliability—and encourage its use. For members concerned about fuel or parking costs, GRCs reassure them that these expenses are offset through reimbursement at the State mileage allowance rate.

Education, Support, and Simplified Coordination

GRCs provide ongoing guidance throughout the member's participation in the program. This includes:

- Assisting with enrollment and explaining how to use the reimbursement system
- Helping members download or access trip logs
- Answering questions to make the process simple and unintimidating

For facilities or groups coordinating transportation for multiple participants—such as BAC-designated groups—Verida offers clear instructions and materials to simplify logistics and support community involvement in covered events.

By promoting GMR when feasible, Verida helps reduce reliance on provider-dispatched trips, enhances member autonomy, and supports budget-conscious travel without compromising service quality or timeliness.

Technology-Driven Enrollment and Processing

To make the process as seamless as possible, Verida will utilize a paperless GMR enrollment and claims submission system, available through our Member Portal and mobile app. Participants designated by the Agency, such as BAC members, will be enrolled into the program thirty (30) days prior to the covered event. Once enrolled, they will be able to submit mileage claims electronically, track the status of their reimbursement, and receive payments promptly. This approach reduces administrative burden, eliminates paper forms, and provides participants with greater transparency and convenience.

Prior to releasing reimbursement funds, Verida's Utilization Management team will confirm the legitimacy of each trip. For medical-related mileage, this will include verifying with the healthcare provider that the visit occurred. For Agency-designated trips such as BAC meetings, Verida will verify attendance against the approved participant roster provided thirty (30) days in advance. Mileage will be validated using the participant's trip origin and destination street address when available, or zip code if not. This dual-verification process prevents misuse of the program while making certain that legitimate participants are reimbursed promptly.

Oversight and Continuous Improvement

Verida's Business Analytics team will monitor usage patterns, reimbursement trends, and participant feedback to identify opportunities for improvement. Data from the GMR program will be integrated into NET InSight, our proprietary technology platform, allowing us to generate real-time reports for the Agency and monitor for anomalies that may indicate errors or misuse. In addition, our Compliance and Program Integrity departments will conduct audits to confirm accuracy and program integrity, safeguarding both Medicaid funds and participant trust.

Verida's Gas Mileage Reimbursement program will provide a simple, reliable, and community-friendly way for Medicaid members and Agency-designated participants—such as BAC members—to travel to covered events. By combining advanced technology, personal assistance, cost savings, and proactive encouragement by CSRs, we will create a program that reduces barriers, supports community participation, and reflects Verida's values of safety, fairness, and service. Through this approach, participants will have confidence that their travel is supported, their reimbursement is accurate and timely, and their role in important community initiatives like the Beneficiary Advisory Council is respected and valued.

Streamlining GMR Payments

Verida is committed to streamlining the reimbursement process for individuals participating in our Gas Mileage Reimbursement program. We understand the importance of timely access to funds, especially when transportation is essential for attending appointments. To meet this need, we have introduced two key innovations that help facilitate quicker access to funds:

- **Reloadable Debit Cards for Frequent Payees**
    - Verida provides reloadable debit cards to individuals who are frequently reimbursed, allowing for faster and more flexible payments.

- With Agency approval, cards can be preloaded with funds prior to a scheduled trip, so payees have access to fuel when needed.
- This method offers a convenient and efficient way to advance or reimburse funds outside of the standard payment timeframe.

- **Paperless Reimbursement Process via Member Portal and App**
  - Verida has developed a fully digital reimbursement system that streamlines enrollment, claims submission, and payment.
  - Members can enroll and manage claims through our secure portal or mobile app, which geocodes appointment arrivals and captures required signatures electronically.
  - Claims are automatically submitted for payment to the reloadable card, reducing processing time and minimizing fraud risks.

4.1.1.22 Providing Previous Month's Transportation Trips

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

Verida will provide the Agency with a complete and accurate monthly report of all transportation trips from the prior month. This report will be generated directly from our NET InSight platform, which integrates trip-level data from reservations, provider manifests, and adjudicated claims to create a fully reconciled record of every completed encounter. Each record will include all data elements specified by the Agency, including recipient identification, date of service, medical provider served, and any additional fields the Agency designates.

Our approach will balance efficiency with accuracy. Encounter data will be collected in real time during trip scheduling and updated once the provider confirms trip completion. This dual-layer process allows Verida to validate the accuracy of member IDs, dates, and provider information before the monthly report is generated. Every report will be produced in a format aligned with Agency specifications and submitted through a secure, HIPAA-compliant channel.

To safeguard integrity, Verida will implement multiple internal reconciliation and validation checks prior to submission. These checks will confirm that summary totals align with the detail-level data, reducing the likelihood of rejections and minimizing the need for resubmissions. If discrepancies are ever identified, our Encounter Data team will resolve them quickly and resubmit corrected reports within Agency-required timelines.

This monthly reporting process reflects Verida's commitment to transparency, accountability, and operational integrity. It will give the Agency a clear and reliable record of all transportation activity, providing the foundation for oversight and informed decision-making. Beyond compliance, it supports the broader value of community accountability—helping the Agency see not only how trips were performed, but also how transportation services are being delivered fairly and consistently to West Virginia Agency members.

Client Portal

At Verida, we are always striving to enhance our technology to meet the ever-changing needs of our clients and other interested parties. As a result, we offer a Client Portal, which gives State and Agency employees as well as designated contractors unprecedented online access into

NEMT program activities **(Figure 4.1.1.22-1)**. This technology is designed for authorized individuals to access information on both an individual-member basis and in aggregate. Authorized representatives will have access to the data, at their convenience, 24 hours a day, seven days a week. However, the reports available through the portal do not replace the official reporting package we are required to submit to the Agency on an agreed upon schedule.

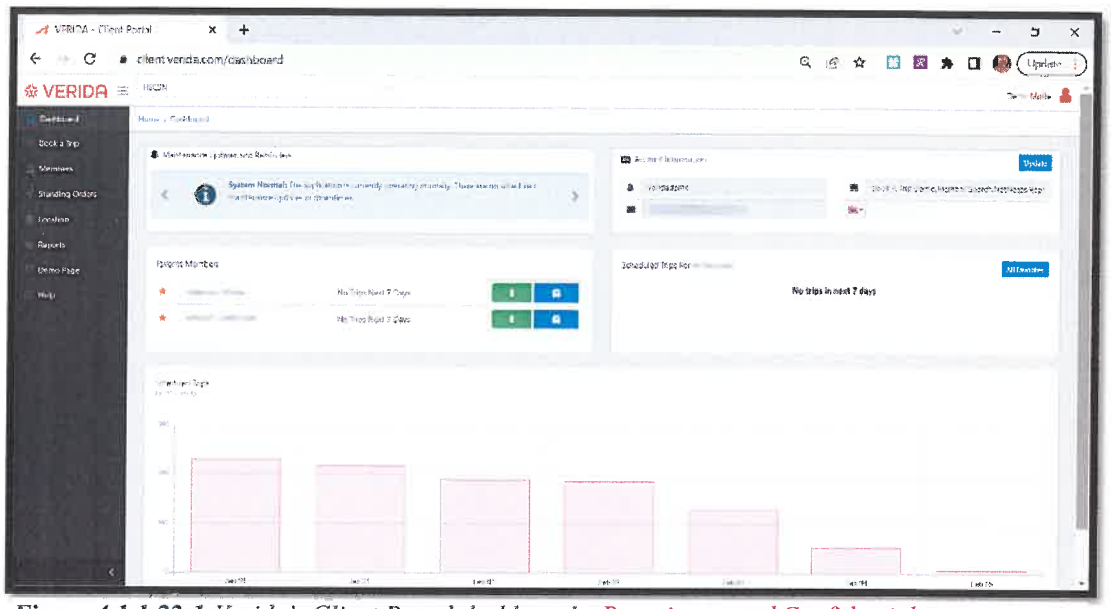


***Figure 4.1.1.22-1**: Verida's Client Portal dashboard* *Proprietary and Confidential*

We find that our clients often need to respond to legislative inquiries, constituent inquiries, or have other time-sensitive needs for program data. By offering this online access to program activities and data via our Client Portal, they can quickly access needed information on demand. The platform can generate a full set of data that is available for export or printing, in various formats (charts, graphs, tables).

4.1.1.23 Monthly Monitoring Report of Medication Assisted Treatment Trips

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

Verida recognizes that transportation access for members receiving Medication Assisted Treatment (MAT)—including methadone and buprenorphine—requires careful monitoring to support continuity of care and community well-being. To meet this need, Verida will develop a monthly monitoring report dedicated to tracking MAT transportation trips. This report will highlight both increases and decreases in trip volume, providing the Agency with clear visibility into utilization trends that may affect treatment continuity and member outcomes.

The MAT monitoring report will be generated through NET InSight's analytics and reporting modules, which draw from real-time trip data captured at scheduling and reconciled with provider confirmations. Data elements will include recipient identifiers, date of service, origin and destination, and type of treatment being accessed. Using this information, Verida's Business Analytics team will produce a report that goes beyond raw counts to identify meaningful patterns—such as sustained increases in demand for certain treatment facilities, geographic shifts in MAT access, or sudden decreases that may indicate barriers to care.

To further enhance the utility of these reports, Verida will incorporate graphical trend lines and comparison tables that make it easier for Agency staff to interpret the data. For example, month-over-month trend lines will highlight gradual shifts in demand, while year-to-date summaries will provide broader context on service utilization. These visual elements will be accompanied by narrative explanations that frame the data in terms of member access, provider capacity, and community health outcomes.

By monitoring MAT transportation in this way, Verida will help the Agency identify both opportunities and challenges in real time. For example, if the data reflects a decrease in trips for a particular region, Verida can collaborate with the Agency to investigate whether members are encountering barriers such as lack of provider availability, transportation shortages, or policy-related issues. Conversely, identifying rising trends can inform planning for resource allocation and community outreach.

This proactive reporting process not only fulfills contractual requirements but also embodies Verida's values of care, community, and partnership. Members receiving MAT are among those who most-often rely on consistent, reliable transportation to sustain treatment and recovery. By tracking their trips closely and presenting the Agency with clear, actionable data, Verida will play an important role in supporting their health, stability, and participation in their communities.

4.1.1.24 Process when Providers are Not Compliant with Verification

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

Verida understands the importance of confirming that every trip provided under the Medicaid NEMT program is directly tied to a medically necessary service. To protect members, the Agency, and the integrity of the program, Verida will maintain a structured process for identifying, addressing, and reporting instances when providers fail to comply with verification requirements.

Our process begins with technology-driven safeguards. Through NET InSight, trip records are electronically linked to appointment details, member eligibility data, and provider information at the time of scheduling. This connection allows us to confirm that the transportation request aligns with a medically necessary service. Providers are then required to verify trip completion using driver manifests, electronic check-in/check-out tools, or other approved verification methods. If this verification is missing, incomplete, or inconsistent with the scheduled medical purpose, the trip is flagged by our system for review.

Once a potential non-compliance is identified, Verida's Provider Relations and Compliance teams will initiate a two-step response. First, the provider will be contacted promptly to allow for clarification or correction. Many issues can be resolved through quick communication, such as submitting a missing verification record or correcting a data entry error. If the provider cannot resolve the discrepancy or if repeated non-compliance is observed, we will escalate the matter.

For escalated cases, Verida will formally document the incident in our compliance tracking system and prepare a report to the Agency. This report will include:

- Provider name and identifier
- Date(s) of service in question
- Member ID(s)

- Nature of the non-compliance (e.g., no verification submitted, inconsistent documentation, or unconfirmed medical necessity)
- Steps taken by Verida to correct or clarify the issue
- Recommended corrective actions

Reports will be transmitted to the Agency through secure, HIPAA-compliant channels, and Verida will remain available to discuss findings, provide supporting documentation, or participate in follow-up actions.

To promote long-term program integrity, Verida's Business Analytics team also reviews patterns of provider non-compliance on a recurring basis. These reviews help identify systemic issues, training needs, or potential fraud, waste, and abuse (FWA) concerns. NET InSight's claims-matching feature is an additional safeguard that compares trip data to adjudicated claims, helping us detect situations where transportation was billed without proper linkage to a medical service. When these discrepancies occur, they are documented and shared with the Agency for joint resolution.

Transportation Provider Service Agreement

Verida's transportation provider network is governed by the Transportation Provider Service Agreement, which informs them of the regulations and standards of conduct they are contractually obligated to meet, and the disciplinary actions incurred when they or their drivers fail to do so. The service agreement is the basis for all training, management, and discipline of our transportation network, including any suspension, reduction or termination of a NET provider's privileges.

While we hold providers responsible for compliance, we also prioritize education and partnership. Our Provider Relations team will offer training and technical support to help providers understand and meet verification requirements, reducing future errors while maintaining reliable service access for members.

This balanced process—driven by technology, reinforced by compliance oversight, and guided by our values of transparency and community care—keeps the Agency informed when providers fall short, while also fostering an environment where providers are supported in meeting expectations.

Office of Drug Policy – Optional Service

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

4.1.1.25 Engagement Process with the Jobs and Hope Program

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

Verida is a nationally recognized NEMT broker with a long-standing reputation for delivering dependable, compliant, and member-centered transportation services. As we prepare to enter the West Virginia market, we want to sincerely express how deeply we respect and appreciate the work the Jobs and Hope program is doing to support and make such a positive impact to the substance abuse crisis. The Jobs and Hope program offers so much more than recovery. The program offers counseling, career training and ultimately a new life. We look forward to working with the Jobs and Hope program to do our part to contribute to such a great cause.

A successful engagement plan between Verida and the Jobs and Hope program will focus on communication, standardized scheduling procedures, and cooperative problem-solving. The process enables individuals participating in the Jobs and Hope program have access to reliable transportation to access treatment, job training, interviews, and other non-medical needs.

Key components of the engagement plan

1. Communication and collaboration

- **Designated contact number**: Verida will establish a dedicated telephone number for Transition Agents to schedule transportation.
- **Dedicated point of contact:** Verida will provide dedicated points of contact for the Jobs and Hope Transition Agents to streamline communication and resolve issues promptly.
- **Regular meetings**: Verida will hold regular scheduled check-ins to discuss program updates, review performance, and address any service challenges. This maintains an open channel for feedback and continuous improvement.
- **Centralized communication portal**: Verida will provide access to the Verida Provider Portal for the Jobs and Hope Transition Agents responsible for scheduling transportation for easy reference and tracking of requests, changes, and follow-ups.

2. Scheduling and transportation authorization process

- **Training and onboarding**: Conduct training session for Transition Agents on the scheduling system and procedures. This helps all parties understand the process from the start.
- **Standardized intake script**: Verida will provide a universal form (script) for Transition Agents to submit trip requests. This 'script" will include all necessary details, such as the participant's name, pickup and drop-off locations, date, time, and purpose of travel.

- **Eligibility verification**: Verida will work with the Jobs and Hope program to develop a specific process for verifying the eligibility of Jobs and Hope program participants for non-medical travel, as defined by the program's guidelines.
- **Scheduling confirmation**: Verida will provide a unique trip id to the requesting Transition Agent.

3. Real-time support and issue resolution

- **Real-time status updates**: Verida will provide Transition Agents with access to the Verida Facility Portal which offers real-time tracking of trip status, which helps in managing expectations for participants.
- **Escalation protocol**: Verida will provide a clear escalation path for any issues that arise, such as a driver not arriving on time, a last-minute cancellation, or a special request.
- **Dedicated support line**: Verida will provide a specific phone number and email address for Transition Agents to use for urgent, time-sensitive matters related to trip scheduling.

4. Service quality and monitoring

- **Data sharing and reporting**: Verida will work with the Jobs and Hope program administration team to establish a system for sharing non-confidential, aggregated data on service metrics, such as on-time performance, ride completion rates, and feedback.
- **Feedback mechanism**: Verida will provide a feedback loop where Transition Agents can provide input on the service. This information is critical for Verida to maintain quality and address any recurring issues.
- **Continuous improvement plan**: Verida will use the data and feedback from the Transition Agents for ongoing improvements to the scheduling and transportation process.

5. Contingency planning

- **Backup transportation**: Verida will provide a plan for alternative transportation options in case of service disruptions or the need for a last-minute ride.
- **Policy on changes and cancellations**: Verida will provide procedures for requesting changes or cancellations and communicate any associated deadlines or limitations.

6. Compliance & Data Integrity

- **HIPAA-Compliant Systems:** Verida will handle all member and transportation data in accordance with HIPAA and applicable state regulations, ensuring privacy and security.
- **Audit-Ready Documentation:** Verida will maintain comprehensive records of all Jobs and Hope program trip data, available for review upon request.

7. Verida Opportunities

- **Employment Opportunities:** Verida will, with the Agency's approval, work with Transition Agents to identify potential employment opportunities for individuals within the Jobs and Hope Program.

- **Fuel Reimbursement:** Verida will, with the Agency's approval, offer gas reimbursement options for individuals participating in the Jobs and Hope Program who want to provide transportation for others in the program.
- **Business Opportunity:** Wingz is not a typical rideshare company—it is a network of highly credentialed independent drivers who specialize in healthcare-related mobility. Each driver meets state Medicaid NEMT requirements, including rigorous vehicle inspections, credentialing, and training standards. With our partnership with the Jobs and Hope program, participants who are eligible will have an opportunity to join Wingz to begin their journey to own their own NEMT Transportation business.

Verida is committed to supporting the Jobs and Hope program with a thoughtful, member-first approach that provides continuity of service and strengthens existing relationships. We understand the importance of a smooth transition and pledge to work collaboratively with all interested parties to preserve the integrity and success of this vital program. We welcome the opportunity to discuss this proposal further and look forward to partnering with the Jobs and Hope Transition Agents and the Agency.

4.1.1.26 Strategic Plan for a Ride Sharing Solution

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

Verida is committed to delivering a modern, efficient, and compliant ride-sharing solution tailored to the unique needs of West Virginia's Medicaid population. Ride sharing involves grouping eligible Medicaid members with similar appointment times and locations into one vehicle—whether a specialized multi-passenger van, an approved non-ambulance transport vehicle, or, where appropriate, a Transportation Network Company (TNC) such as Uber or Lyft. The goal is to maximize vehicle usage, reduce transportation costs, and maintain timely service delivery. Our approach leverages proven technology, operational expertise, and member-centric design to provide safe, cost-effective, and timely transportation.

1. Design Phase: Building the Foundation

- **Needs Assessment & Stakeholder Engagement**
  Verida will conduct a comprehensive analysis of West Virginia's geographic, demographic, and healthcare access challenges. We will engage with the Agency, local providers, and community organizations to confirm our solution reflects real-world needs.
- **Platform Architecture**
  Verida's NET InSight system will serve as the foundation for scheduling and managing ride-sharing trips. This system seamlessly integrates the following:
  - Real-time scheduling and dispatch
  - GPS tracking and geofencing
  - Member and driver mobile apps
  - Medicaid-compliant billing and reporting tools
- **Compliance & Accessibility**
  The system will meet all West Virginia NEMT program and CMS requirements, including

HIPAA compliance, driver credentialing, vehicle standards, and accessibility for individuals with disabilities. TNCs engaged by Verida for the Jobs and Hope Program (ODCP/BBH) will be held to the same operational, safety, and compliance standards as NEMT providers in West Virginia, including adherence to driver credentialing, background checks/fingerprinting, insurance requirements, and service quality expectations as defined by state and program guidelines.

2. Development Phase: Technology and Operations Integration

- **Digital Enrollment and Trip Management**
  Members will enroll and manage trips via Verida's secure Member portal or mobile app. The app will geocode appointment arrivals, capture digital signatures, and automatically submit claims for reimbursement.

- **Ride Matching Algorithm**
  Verida will deploy a dynamic ride matching engine that groups riders based on location, appointment time, and vehicle capacity—optimizing routes and reducing costs. For ODCP and BBH program members only, the algorithm may also assign TNCs, such as Uber or Lyft, where appropriate, reliable, or requested—expanding flexibility and responsiveness within approved program parameters.

- **Integration of TNCs**
  Verida has partnered with Lyft and Uber for over a decade, holding nationwide contracts with both. TNCs are engaged when permitted by state and client guidelines, and when they meet the member's needs. This includes use cases such as the Jobs and Hope Grant within ODCP, and—with programmatic approval—potential expansion to the BBH program. TNCs offer a scalable, on-demand option that enhances member access and complements traditional ride-sharing models.

- **Fraud Prevention Tools**
  Our platform includes geolocation verification, digital documentation, and audit-ready reporting to minimize fraud and promote accountability.

3. Implementation Phase: Launch and Continuous Improvement

- **Pilot Program**
  Verida will initiate a pilot in select counties to test system performance, gather feedback, and refine operations before statewide rollout to all 55 West Virginia counties.

- **Training and Support**
  Verida contracts with GenTech, a nationally recognized leader in transportation training, to deliver comprehensive instruction for NEMT providers. GenTech's Passenger Assistance, Safety, and Sensitivity (PASS) certification provides an in-depth foundation for defensive driving, First Aid/CPR/AED, passenger sensitivity, mobility aid securement, and emergency response—components critical for transporting vulnerable populations safely and respectfully. Their curriculum also reflects a deep understanding of accessibility laws, behavioral health, and cultural competency, which Verida integrates into every stage of driver development.

- **Performance Monitoring**
  Verida will track KPIs such as on-time performance, member satisfaction, and cost efficiency. Data will be available to DHHR via our Client Portal, with exportable charts, graphs, and tables for legislative or constituent inquiries.

- **Scalability and Innovation**
  Our solution is designed to scale across urban and rural regions, with future enhancements including AI-based route optimization, integration with public transit systems, and expanded use of TNCs where appropriate.

Providers participating in ride sharing must meet specific state and federal requirements, including driver licensing, insurance coverage, and vehicle safety standards. Multi-passenger van drivers must also be certified in first aid and CPR.

Verida's Ride Sharing program offers a practical and impactful solution to transportation challenges faced by our members. By reducing the number of individual trips, it not only lowers costs but also contributes to a cleaner environment through decreased vehicle emissions. Most importantly, it expands access to reliable transportation—especially in underserved or rural areas—safeguarding that more members can reach their appointments safely and on time.

4.1.1.27 Implementing All Contract Requirements by the "Go Live" Date

The Vendor implements all contract requirements by the "go live' date of the contract.

To facilitate a seamless and efficient "go live", Verida will manage implementation using a comprehensive Implementation Work Plan (IWP) to confirm each contractual requirement has been fulfilled prior to the "Go Live" date. In addition, Verida will verify that operational plans, manuals, policies and procedures, and all required deliverables requiring approval by the Agency are submitted for approval on time as required. Verida will have all operations ready to perform during the readiness review.

4.1.1.28 Experience Operating Statewide Transportation Services Programs

The Vendor should provide documentation of their experience withinthe last five (5) years' operating a statewide Transportation Services program(s).

Verida's comprehensive NEMT service delivery experience spans 25 years of coordinating transportation across diverse populations, geographic challenges, and service requirements. Our approach to providing NEMT services encompasses complete program management from basic ambulatory transport to complex multi-modal coordination including wheelchair-accessible vehicles, stretcher transport, and commercial air travel arrangements.

Our service delivery experience demonstrates the full spectrum of transportation coordination West Virginia requires. We manage transportation for members with varying mobility needs, medical conditions, and geographic locations, coordinating services across urban centers, rural communities, and remote areas with limited infrastructure. This experience includes managing emergency discharge transportation, coordinating specialty care appointments requiring long-distance travel, and arranging complex multi-day medical trips requiring overnight *accommodation. Our healthcare transportation foundation enables us to understand the clinical importance of reliable transportation and work closely with medical providers, treatment facilities, and healthcare systems to facilitate seamless care coordination.*

Georgia Department of Community Health

Our 25-year Georgia partnership serves as the foundation for every capability West Virginia requires. Verida first contracted with the Georgia Department of Community Health in 2000 as the Medicaid NEMT broker in the Atlanta region and in 2005 as the broker in the North region. When we were awarded the Atlanta region in 2000, it was plagued with Medicaid transportation fraud and abuse, poor service, and an excessive number of complaints from members and healthcare providers. The previous broker had been unable to establish an effective NEMT provider network or to address problems concerning on-time performance. Verida immediately identified and addressed a wide range of deficiencies within the transportation provider network.

These contracts were competitively bid in 2006 and 2011 and were re-awarded to Verida in both procurements. Verida also won the Central region contract in 2006 and served that region through the end of the contract period. The Central region was awarded to another broker in the 2011 re-procurement based solely on their lower bid price.

Georgia Emergency Management and Homeland Security Agency

Since 2015, Verida has proudly supported Georgia Emergency Management and Homeland Security Agency (GEMA/HS) in emergency preparedness and disaster response, providing critical NEMT services when Georgia communities need it most. GEMA/HS plays a vital role in developing the state's comprehensive emergency response plan, working in coordination with local, state, federal, and private sector partners to respond to natural and man-made disasters. Verida, as one of the select private-sector partners, has been entrusted with responsibilities to support GEMA/HS in both planning and active response phases. Our team is consistently engaged in GEMA/HS-led training, disaster drills, and coordinated exercises, keeping us ready to mobilize when emergencies arise. *Since we began our partnership, Verida has helped coordinate the evacuation of more than 300 vulnerable coastal residents during hurricanes.*

Georgia Department of Human Services

In September 2024, we further expanded our Georgia operations by implementing a new contract with the Georgia Department of Human Services for their Coordinated Transportation Services program. This program supports the Division of Aging Services (DAS), Division of Family and Children Services (DFCS), Division of Child Support Services (DCSS), the Georgia Vocational Rehabilitation Agency (GVRA), and the Department of Behavioral Health and Developmental Disabilities (DBHDD). This partnership demonstrates our ability to serve multiple state departments with overlapping service areas—directly relevant to West Virginia's integrated agency approach. The Georgia Coordinated Transportation Services program and West Virginia's Jobs & Hope program share a common mission of improving access to essential services and promoting self-sufficiency among vulnerable populations. Our multi-departmental experience showcases our capability to manage distinct programs for different state agencies while maintaining operational efficiency and avoiding service conflicts.

All of *Verida's Georgia contracts and operations are managed directly from our headquarters in Villa Rica, Georgia. This centralized, in-person call center model demonstrates our ability to provide comprehensive oversight and high-quality member service across multiple regions and contracts, while maintaining operational consistency and responsiveness.*

Indiana Family and Social Services Administration

Our Indiana relationship showcases our comprehensive statewide implementation capabilities. Seven years ago, *when we began our contract with the Indiana Family and Social Services Administration (FSSA) in June 2018, the state did not have a brokered NEMT model or an established network of credentialed NEMT providers. Within just one month, we onboarded more than 160 Ambulatory/Wheelchair and EMS providers in preparation for launch and completed over 339,000 trips in the first six months. This was accomplished despite a significantly underestimated trip volume in the original RFP and a provider community unfamiliar with the brokered model or new credentialing standards.*

Our ability to activate, credential, and support a robust provider network demonstrates our ongoing commitment to thoughtful, responsive network development planning. Today, our processes continue to evolve in collaboration with FSSA to support access to high-quality, compliant NEMT services for Indiana's FFS Medicaid population. In 2024, Verida was re-awarded the contract for another four (4) years (with two optional 1-year renewals), affirming our successful performance and long-term value to the state. Our Indiana call center and operations team are located in-person in Indianapolis, Indiana.

Arkansas Department of Human Services

Verida contracted with the Arkansas Department of Human Services/Division of Medical Services as the Medicaid NEMT broker in Regions 7 and 12 in February 2013. A sole source contract to manage Region 4 was added in July 2013 until the region could be competitively bid in the fall of 2013. Verida was awarded a long-term contract in Region 4 during the re-procurement but lost Region 7 to the local Area Agency on Aging based solely on bid price.

When the State re-procured the NEMT contracts in 2018, the regions were reconfigured and renamed Regions A, B, C, D, E, F, and G. Verida was awarded Region D during the re-procurement. In January of 2019, the State of Arkansas approached us to take over Regions A, B, C, and G due to a failed implementation on the awarded broker. We took over the four additional regions within a 16-day accelerated implementation.

Arkansas Division of Developmental Disabilities

In 2020, the Department of Human Services expanded our existing contracts to include transportation services for the Division of Developmental Disabilities Services in Regions A, B, C, D, and G. This expansion added Medicaid coverage for transportation to and from Early Intervention Day Treatment facilities and Adult Developmental Day Treatment centers. While this serves the same Medicaid beneficiaries as our other services, it specifically supports their access to specialized day treatment programs.

This dual-program experience directly parallels West Virginia's integrated Medicaid NEMT and Jobs & Hope requirements, showcasing our ability to manage populations with different operational needs through unified systems and processes.

Our Arkansas services are supported by local call center agents and operations team located in-person in Little Rock, Arkansas.

Louisiana Department of Health

Louisiana's partnership spans over a decade, beginning in 2014 when we first partnered with the Louisiana Department of Health (LDH) to manage prior authorization services for the Department's Medicaid NEMT program. This initial relationship grew into comprehensive statewide operations as we demonstrated our capability to navigate Louisiana's complex

regulatory environment and diverse geographic challenges. We currently operate both the LDH Fee-For-Service contract and an MCO contract, showcasing our ability to manage multiple program structures simultaneously within the same state.

Managing statewide Medicaid services across Louisiana's 64 parishes—many with limited healthcare infrastructure, dispersed populations, and challenging geographic conditions including swamplands, rural agricultural areas, and economically disadvantaged communities—required innovative provider recruitment strategies and specialized service delivery models. Our evolution from prior authorization services to comprehensive NEMT program management demonstrates our systematic approach to expanding operations while maintaining service quality and regulatory compliance.

Complete Contract Portfolio

The following table demonstrates the full scope of our NEMT brokerage experience across all active contracts:

Verida's Contract Portfolio		
State	**Contract**	**Service Period**
Arkansas	Department of Human Services (Medicaid)	Feb. 2013 - Present
	Division of Developmental Disabilities (Medicaid)	Jan. 2018 - Present
	Arkansas Blue Cross Blue Shield (Medicare)	Jan. 2023- Present
District of Columbia	Health Services for Children with Special Needs (HSCSN)	Nov. 2011 - Present
Georgia	GA Department of Community Health (Medicaid)	Mar. 2000 - Present
	GA Emergency Management and Homeland Security Agency (Disaster Recovery)	Aug. 2015 - Present
	GA Department of Human Services (Coordinated Transportation)	Aug. 2025 - Present
Indiana	Family and Social Services Administration (Medicaid)	Jun. 2018 - Present
Louisiana	AmeriHealth Caritas (Medicaid)	Apr. 2018 - Present
	Louisiana Department of Health (Medicaid)	Apr. 2014 - Present
Mississippi	Shared Health Mississippi (BlueCare) (Medicare)	Jan. 2020 - Present
Tennessee	Blue Care Tennessee (Medicaid, DNSP, Medicare)	Sept. 2008 - Present
Texas	Shared Health Mississippi (BlueCare) (Medicare)	Jan. 2025 - Present

This portfolio represents more than operational statistics—it demonstrates our proven ability to adapt our core competencies to meet the unique requirements of each state while maintaining the consistency and reliability that state Medicaid agencies require.

Verida's comprehensive NEMT service delivery experience spans 25 years of coordinating transportation across diverse populations, geographic challenges, and service requirements. Our approach encompasses the full spectrum of transportation services West Virginia requires, from basic ambulatory transport to complex multi-modal coordination including wheelchair-accessible vehicles, stretcher transport, and commercial air travel arrangements.

Trips – By the Numbers (2024)

State	Contract	Brokered Trips
Arkansas	Department of Human Services (Medicaid)	390,312
	Division of Developmental Disabilities (Medicaid)	494,885
	Arkansas Blue Cross Blue Shield (Medicare)	434
District of Columbia	Health Services for Children with Special Needs (HSCSN)	60,151
Georgia	GA Department of Community Health (Medicaid)	1,607,804
	GA Department of Human Services (Coordinated Transportation)	N/A
Indiana	Family and Social Services Administration (Medicaid)	452,366
Louisiana	AmeriHealth Caritas (Medicaid)	226,080
	Louisiana Department of Health (Medicaid)	943
Mississippi	Shared Health Mississippi (BlueCare) (Medicare)	28,754
Tennessee	Blue Care Tennessee (Medicaid, DNSP, Medicare)	745,319
Texas	Shared Health Mississippi (BlueCare) (Medicare)	N/A

2024	ALS/BLS/Stretcher	Ambulatory	Wheelchair
Companywide	96,007	3,430,405	373,138

4.1.1.29 Providing Statewide Services in all 55 Counties

The vendor should provide a plan as to how they will provide statewide transportation services in all fifty-five (55) counties of West Virginia.

Verida will use a systematic methodology for determining and maintaining the size and vehicle capacity of the statewide transportation network of West Virginia. Through our network development algorithms, we can predict the number of trips per month and by day. These calculations are a cornerstone of our recruitment strategy, to provide continuous network coverage. Our operations team analyzes past trip data to establish utilization patterns based on the following:

- Data provided as part of the RFP
- Anticipated West Virginia Agency member and Jobs and Hope member populations
- Numbers and types (in terms of training, experience, and specialization) of transportation providers required to furnish services
- Mobility type and seating capacity
- Number of vehicle types (ambulatory, wheelchair, taxi, shared ride, stretcher, etc.)
- Geographic information by city, county, and zip codes
- Chronological trip history to determine the need for transportation provider resources
- GPS availability within each county for tracking and recording trips
- Number of medical facilities/offices in an area

Because transportation plays a critical role in providing eligible Medicaid members access to healthcare services covered by Medicaid, we will build a robust transportation network to accommodate and serve locations such as practitioner offices, hospital outpatient departments, independent clinics, dialysis facilities, ambulatory surgery centers, and Federally Qualified Health Centers, (FQHC).

Attracting Providers

Verida has much experience implementing in a new state, and our successes truly lie in our 'grassroots' mindset when it comes to building a network in a new market. This mindset means that our network contracting process starts from the ground up as soon as there is an intent to award. Verida believes that NEMT is a program built by and for people, and the personal touch to non-emergency care is not just necessary for its success but vital for the health and experience West Virginia NEMT members receive.

That being said, our negotiations with transportation providers are conducted on the principles of partnership, fairness, and honesty, which have contributed to our reputation as the "provider friendly" broker. The table below offers a quick overview of our recruitment methodology.

STEP 1	STEP 2	STEP 3	STEP 4	STEP 5
Geographic Area Assessment	**Selection Requirements**	**Selection Process**	**Provider Orientation/Driver Training**	**Quality Expectations**
Projecting trip volume by area, time/modality, population density/traffic patterns Identifying healthcare facility locations, geographic distribution Calculating average trip distance Establishing number of providers/ vehicles per modality needed based on data Determining number of trips	Background checks for owners, staff, drivers including: - Driver's license MVR, drug test - Fraud check on owners, managers, drivers - Staff levels - Sex offender/ background check - Days/hours of vehicle availability - Business documents for provider	Must meet all credentialing/ licensing requirements of Verida and the Agency: - Interview with network development staff - Assess industry experience - Assess vehicles (year, condition, miles, etc.) - Match trip needs of region, by mobility, to provider resources - Vehicle Inspections	Mobile App/web portal training Complaint resolution, member no shows, pick-up/delivery standards Trip scheduling/ manifest procedures, compliance requirements, accidents/incidents, send backs HIPAA/Confidentiality Prevention/reporting of fraud, waste, and abuse Claims submission Claim denial/dispute resolution	Meet compliance/ licensing requirements for owners, drivers, vehicles, and organizations Timely submission of trips for claims Investigate all complaints/ low tolerance for valid complaints On-time performance for pick-up and drop off monitored Performance scorecard reviewed monthly

STEP 1	STEP 2	STEP 3	STEP 4	STEP 5
Geographic Area Assessment	**Selection Requirements**	**Selection Process**	**Provider Orientation/Driver Training**	**Quality Expectations**
available per provider /assure provider success	(license, insurance etc.) - E-Verify for all drivers	- Ability for providers to expand	Standing order/demand procedures Driver training: - Defensive driving - CPR/first aid - Wheelchair/ stretcher securement - Customer service - Diversity/inclusion/ client sensitivity training, and more	Corrective Action Plans implemented as needed

During our ongoing recruitment activities, our Network Development Team will meet face-to-face with existing commercial, public, and nonprofit transportation providers throughout the state. During these 'open house' meetings, we will share information about our collaborative approach to managing transportation provider networks. We will also develop an even greater understanding of the needs, issues, and challenges facing NEMT providers in the area. Transportation providers will have the opportunity to ask questions and view demonstrations of the software tools that will become available to them upon contracting with Verida.

When we need to add new transportation providers, we will leverage the federal NPI registry (NPPES) to identify untapped state and local transportation resources. We will also search for local resources by:

- Gathering a list from the exiting broker(s), the MCOs, and the facilities
- Working with local NEMT associations/coalitions
- Visiting medical communities to identify transportation resources and to speak with the facility staff to gain a better understanding of their needs and recommendations
- Hosting town hall meetings in the local community. We run ads in local papers, place radio ads, and publicize on various websites

Addressing Transportation Challenges

West Virginia's diverse geography presents unique transportation barriers, especially for members in rural and underserved communities. To expand our reach and enable equitable access to care, Verida is committed to a multi-pronged strategy that blends traditional partnerships with innovative solutions.

We will continue to collaborate with 5310 and 5311 providers—those focused on enhanced mobility for seniors, individuals with disabilities, and rural populations—to strengthen our presence in hard-to-reach areas. However, we recognize that formal networks alone are not enough. That is why we are layering in flexible, community-driven options to meet members where they are.

- **Gas Mileage Reimbursement**: Transportation by family or friends remains one of the most cost-effective and reliable options, particularly for rural members traveling long distances. Our call agents proactively assess eligibility for this option during every scheduling call.
    - Members are asked whether they have access to a vehicle through personal connections.
    - If they do, but cannot afford fuel or parking, they are introduced to our mileage reimbursement program.
    - Agents provide step-by-step guidance on downloading, completing, and submitting the trip log, which must be signed by the treating provider.
    - Facilities placing standing orders receive the form directly or instructions to access it online.
    - Before reimbursement is issued, our Utilization Review team confirms appointment attendance with the provider.
- **Volunteer Driver Network**: To further support members without access to personal transportation, Verida will implement its volunteer driver program, particularly in areas underserved by commercial providers. By way of example, we manage a successful community-based volunteer driver program in Mississippi. These drivers offer a compassionate, flexible, and cost-effective solution that complements our broader transportation strategy. The program in Mississippi demonstrates strong performance and member satisfaction. In calendar year 2024, volunteer drivers in Mississippi completed 4,806 trips, followed by 3,413 trips year-to-date in 2025. Remarkably, the complaint-free rate for both years held steady at 99.9%, underscoring the reliability and quality of service provided by these community-based drivers. This data reflects the program's continued value in regions where traditional transportation options may be limited. Here are some of the highlights of our program.
    - Volunteers are recruited through local outreach efforts and vetted for safety and reliability.
    - Members benefit from familiar faces and flexible scheduling.
    - This model fosters community engagement while easing pressure on formal transportation networks.
- **Wingz: A Rural-Focused Innovation**: Recognizing that traditional Transportation Network Companies (TNCs) such as Uber and Lyft are not allowed to provide NEMT services to Medicaid program Agency members, Verida is proposing the integration of

Wingz—a network of highly credentialed independent drivers who specialize in healthcare-related mobility.

- Similar to traditional transportation providers, Verida is able to schedule rides in advance to Wingz, reducing member uncertainty and wait times.
- The platform is especially effective in areas with limited transit infrastructure.
- With the approval and collaboration with the Agency, Verida will pilot Wingz in select rural counties to evaluate scalability and member satisfaction.

Verida uses the Wingz network in Arkansas, Georgia, and Tennessee. Collectively, in 2024, independent drivers completed a total of 172,390 trip legs across these three states. That number rose to 185,914 in 2025, reflecting increased utilization and member demand. The service has consistently delivered exceptional performance, with complaint-free rates of 99.93% in 2024 and 99.97% in 2025. These metrics underscore the reliability and member satisfaction associated with Wingz, particularly in areas where traditional transportation options may be limited or inconsistent.

- **Community Outreach**: Our outreach efforts remain central to building trust and expanding access. We actively seek partnerships with:
  - Veteran organizations
  - Senior centers
  - Religious organizations
  - Clinics and nursing homes
  - Local nonprofits and advocacy groups

These relationships help us identify transportation deserts, recruit volunteers, and connect members to services they feel comfortable using.

This integrated approach means every member is supported—whether they live in a remote area or a bustling town center.

Maintaining Providers

A network this size will need people on the ground identifying resources, meeting local transportation companies, and identifying local providers willing to expand. Our staffing plan includes a Provider Relations Manager. Additionally, Verida has a seasoned management team who will be on the ground in West Virginia to assist with network development. With our team in place to recruit, here are a few examples of things we believe keep our providers incentivized to stay within our network:

- **Free Mobile App and Mobile Devices**: Verida provides mobile devices and an airtime service plan to each contracted transportation provider, at no cost. If a transportation provider prefers to use their own devices for NEMT, we offer a free app they can easily install. Our technology platform is easy and adaptable which allows it to integrate directly with transportation provider's platform should they decide to keep theirs.
- **Claim Concierge**: Our Claims Concierge Service eases the burden of claims submission and certification for transportation providers and assists those with ongoing

claims submission or processing issues. Our Network Development/Claims Teams proactively monitor claims for error trends and patterns and reach out to associated transportation providers to assist them, making certain they are paid for all eligible, clean claims in a timely way.

- **NEMT Insurance:** We have witnessed the difficulty and sometimes devastating expense our NEMT providers face when acquiring and maintaining insurance. As a solution, we have partnered with a peer organization to form a captive insurance company, NEMT Insurance, LLC – strictly for the purpose of supporting the needs of our transportation providers. NEMT Insurance offers coverage exclusively to the NEMT industry.
- **Robust Training:** Verida offers a suite of training that is thorough and convenient. We understand that training is an ongoing need, which is why in addition to our standard training procedures – supplemental training opportunities are available upon request for providers.
- **Operational Support**: Verida provides technical support and financial assistance to many transportation companies by helping them establish operations, make their businesses more efficient, create relationships with financial institutions, and purchase vehicles. For instance, we have used our own resources to make low-interest loans to help transportation providers to expand their fleets.
- **Celebration and Communication**: Verida sends out a quarterly NEMT provider newsletter as well as email, and fax blasts to keep our providers informed. Additionally, through these channels Verida recognizes providers that have performed well and reinforce training.

Transportation Success

Verida will implement an innovative and proven recruitment strategy to attract and retain transportation providers in all 55 counties throughout West Virginia. Our recruitment methods have led to significant transportation provider increases in several of our contracts, including those with areas identified as transportation deserts. Listed below are some of the ways we've successfully attracted new transportation providers over the past five years:

- Job Board listings with virtual onboarding
- Radio Advertising in targeted areas promoting opportunities to become a NEMT transportation provider
- Facebook Advertising to targeted areas promoting opportunities to become a NEMT transportation provider
- Email marketing campaigns to active local transportation providers in an area
- Recruiting via online job sites like Indeed and Glassdoor
- On site recruiting fairs
- Mobile recruiting events at local malls (promoted via radio advertising)
- Focus on recruiting through local churches to their communities (flyer distribution)
- Mobile Advertising
- Sponsoring, promoting, and providing education on transportation opportunities by partnering with the State Army National Guard

Verida understands that one of the biggest challenges in successful recruitment is simply reaching an adequate number of transportation providers and informing them of opportunities for work. Our recruitment events and campaigns have proven to be highly effective in attracting

providers with an interest in working with Verida. Here are some of our recruitment event and campaign results:

- Onsite recruiting events set at a goal of garnering at least 75 attendees: Over 200 attendees at each event (Georgia/Atlanta, Tennessee/Memphis, Tennessee/Nashville recruiting events)
- 2019 Arkansas recruitment campaign via email marketing: 74 percent (74%) email open rate and 60 percent (60%) attendance rate
- 2018 Memphis recruitment campaign via email marketing: 48 percent (48%) email open rate and 75 percent (75%) attendance rate

4.1.1.30 Providing On-Demand Ride Response Services within 24 Hours

The vendor should provide a plan as to how they will provide on-demand ride response services with responses occurring within a maximum of one 24-hour period.

Verida understands that medical care does not have regular operating hours. Transport needs can be unpredictable, especially when members are dealing with an urgent situation. All West Virginia members need to know is that they will have access to transportation in a timely *manner.*

Verida will have *staff available to assist West Virginia Members 24 hours a day, seven days a week for urgent issues, which greatly enhances service delivery, predictability, and safety of the members. As such, we will provide a determination for urgent authorization requests, and verbal notice immediately.*

Discharges from hospitals, psychiatric residential treatment facilities (PRTF), and other inpatient facilities as well as and new appointments with medical providers scheduled with insufficient time for routine scheduling will also be considered "Urgent".

Verida will verify and confirm urgency with the treading medical provider of service that the need for urgent care transportation exists.

4.1.1.31 Providing On-time Rides

The vendor should provide a detailed plan outlining its strategy to arrive on time per the scheduled booking.

Our NET InSight technology is the foundation of our method for maintaining and improving our transportation network performance. The NET InSight platform takes into consideration the providers' vehicle fleet, geographic service areas (e.g., specific county/area), days and hours of service availability and their rates. This level of automation enables our network providers to optimize their routes and schedules, reduce late and missed trips, and consistently meet on-time performance standards, while enabling us to manage costs.

The following tools are integrated into NET InSight to enable a smooth process, facilitate on time transportation services while helping to minimize no shows and improve performance:

- **Auto Dispatch:** Auto dispatch is based on algorithms that select the most economical and efficient transportation provider for a member's trip. The platform offers a simple

dashboard for dispatchers to manage incoming ride requests. Our transportation providers have complete control over whether to "Accept" or "Reject" a ride from their pending queue. This functionality enables our transportation routers to quickly know where there are gaps and to proactively find alternative transports.

- **Net Notes:** Our technology platform combines web and mobile technologies to present users with a comprehensive fleet management console. The console uses GPS-enabled technology, to accurately document and capture pick-up and drop-off times and geo-coded locations for each leg of a trip. During the trip, our platform captures GPS coordinates to verify the pickup and drop off locations were within 3/4 mile of what was recorded at the time of booking. If these points do not match, the ride is flagged and sent to an exception queue and the transportation provider is contacted to submit additional documentation.
- **Geo-Tracking Technology:** Using Geo-tracking technology, our platform verifies the member's trip is timely. It features a sophisticated alerting system that issues a late warning alert for any ride that exceeds its estimated time of arrival. This alert allows dispatch, members, and/or their representatives, and facilities to know this ride will be late and provides a new estimated time of arrival. These notifications are made by call, text, or the Mobile App.
- **Digital Driver Trip Log:** A digital driver trip log lives within the platform for every single trip, showing GPS tracking and actual pick-up and drop-off times. We can produce a full audit log of every aspect of each trip, including phone calls and texts.

Robust Reporting Data

Our comprehensive, integrated reporting and business analytics capabilities enable us to achieve maximum program effectiveness and meet West Virginia performance requirements. Using data from call logs, driver trip logs, complaints, and surveys, we manage on-time performance and transportation provider service levels.

Verida offers extensive experience in meeting the pick-up time requirements specified by West Virginia. These standards will be clearly outlined in our Transportation Provider Agreement with each of our network providers. Additionally, to reinforce our commitment to safe and timely transports, we reiterate our expectations in relation to transportation provider achievements by transportation provider scorecards; quarterly transportation provider meetings; post trip surveys; random on-site field observations; and vehicle inspections.

By carefully examining trip request volume, on-time performance, service complaints, send-back trends, missed trips, and transportation provider management issues, our experienced network team knows when and where to look to improve our providers' performance.

This process is streamlined through NET InSight. Our technology gives us the ability to look deep into our network's fleets, service areas, credentialing, and performance status; project future member transportation needs; and mitigate risk by responding to potential network coverage problems, often before they occur. Because of our network monitoring and management capabilities, we can mitigate the risk of on-time performance issues.

Year-Over-Year On-Time Performance Results

Year over year we have been able to provide consistent on-time performance. Below are results from a current client.

- 95% on-time pickup
- 98% on-time drop off
- Pickup within 15 minutes of appointment time
- Drop off on-time
- Will call pickup within 60 minutes
- Hospital Discharge:
    - Urban – 3 hours
    - Rural – 4 hours

4.1.1.32 Using Multi-Passenger Trips

The vendor should describe how they will use multi-passenger trips when possible.

During the trip scheduling and assignment process, Verida assigns trips to NEMT providers in a manner that promotes the most efficient use of multi-loaded vehicles while adhering to all applicable standards, including trip duration and member comfort. Our NET InSight technology platform gives dispatchers advanced tools to analyze pickup and drop-off locations, calculate total route distance, and evaluate how long each member will be in the vehicle before assigning any shared ride. This process not only optimizes routing but also supports punctual arrivals and minimizes ride times for all passengers.

A key enhancement that contributes to this efficiency is Verida's Linked Member Profiles feature. This capability connects related members—such as family members or individuals living in the same household—within NET InSight, allowing dispatchers and CSRs to instantly recognize relationships and coordinate shared rides with accuracy and ease. For example, when two or more members in the same family are traveling to similar or nearby medical appointments, our system identifies the connection and automatically presents the option to schedule them together. This reduces redundant trips, improves scheduling precision, and fosters a more convenient experience for both members and providers.

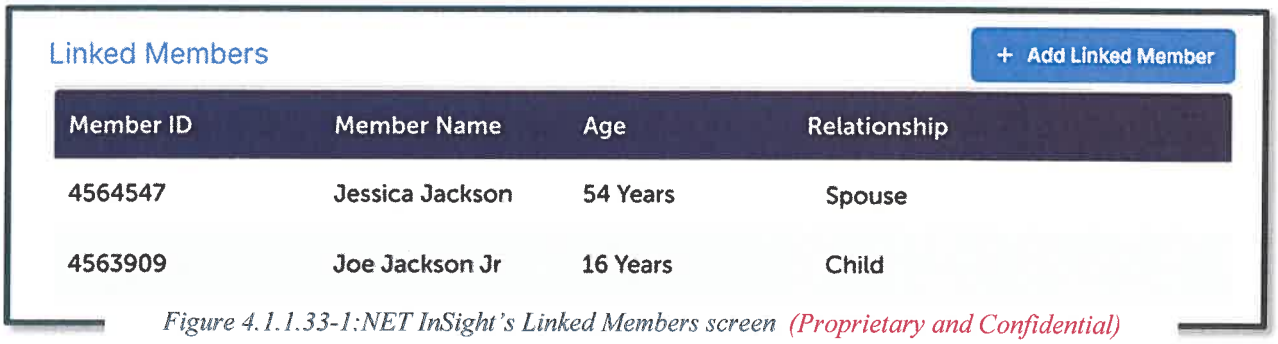


Figure 4.1.1.33-1:NET InSight's Linked Members screen (Proprietary and Confidential)

By combining intelligent routing, linked family coordination, and continuous trip monitoring, Verida's scheduling process strengthens both operational performance and

the member experience. This integrated approach reflects Verida's commitment to community, compassion, and responsible resource management—delivering transportation solutions that are both efficient and centered on the well-being of the people we serve.

4.1.1.33 Maintaining On-Time Rate

Vendor should provide a plan as to how they will maintain an eighty (80) percent on-time rate for all rides authorized using the ride booking platform.

Verida will manage and coordinate NEMT services that are timely, respectful, and compliant with the West Virginia NEMT program requirements. Our protocols are designed so that drivers adhere to strict standards for pick-up procedures, communication, and documentation, supported by advanced technology and real-time tracking.

Verida's contracted drivers will be trained to announce their arrival at the Agency member's pick-up location and wait a minimum of five (5) minutes after notification before initiating a no-show report. This waiting period enables the member to have a fair opportunity to present for transport and helps reduce unnecessary missed trips.

If the member does not present or refuses transport, the driver must report the incident using one of the following methods:

- Verida's driver app
- Integrated provider app
- Direct call to the dispatcher

Our system uses geo-tracking to document the driver's arrival time and location. After the required waiting time, the driver records the no-show or refusal directly in the app, which is timestamped and location verified. This process promotes accuracy and accountability. Importantly, it is impossible for drivers or providers to manipulate the assigned pick-up time when using our app, preserving the integrity of trip records.

Communication and Schedule Integrity

Drivers are prohibited from changing the assigned pick-up time without prior approval from Verida. If a provider anticipates a delay, they must notify Verida or contact the member or their representative directly. This provides transparency and allows members to adjust accordingly.

Performance Monitoring and Exceptions

Verida agrees to monitor provider performance daily to confirm that no more than five percent (5%) of scheduled trips are late or missed. Our NET InSight platform tracks punctuality and generates performance reports to identify and address issues proactively.

In cases of unforeseen circumstances—such as flooding, snowstorms, or security threats—Verida will work with the Agency to determine if the five percent threshold should be waived. We understand these exceptions are evaluated based on geographic impact and severity and may include situations where a state of emergency is declared by the Governor.

Commitment to Member Experience

Verida's approach to driver conduct and timeliness reflects our broader commitment to member dignity, safety, and satisfaction. By enforcing clear protocols, leveraging real-time technology,

and maintaining open communication, we confirm that transportation services are delivered with consistency, compassion, and reliability.

4.1.1.34 Personnel Management Methodology for Adequate Coverage

The vendor should provide an approach and methodology to personnel management that include contingency plans to ensure adequate coverage of program needs and requirements.

The vendor should provide an approach and methodology to personnel management that include contingency plans to ensure adequate coverage of program needs and requirements.

Verida is at the forefront of innovative technology implemented in our service centers. We will provide multiple local and toll-free numbers for this contract. All lines will be supported by CSRs and SSRs 24 hours a day, seven days a week, with the ability to accept additional call volume without affecting speed of answer, abandonment rate, and other RFP requirements. The line capacity will easily enable us to answer 80 percent (80%) of all incoming calls, including TDD/TTY capabilities, within an average of three minutes.

Our cloud-based call center management solution is state-of-the-art. In fact, we implemented it in 2022. It is integrated with our proprietary transportation management system, NET InSight.

West Virginia Agency members will benefit from our IVR and intelligent ACD because it seamlessly routes calls to live operators based on agent skill and proficiency. This helps assure the most appropriate staff member is selected to assist the needs of each member.

Sufficient Staffing

Companywide, Verida manages approximately 2.4 million calls annually across its NEMT operations. To meet this demand with consistency, accuracy, and efficiency, we have built a sophisticated Workforce Management (WFM) framework that blends technology, analytics, and expert oversight. At the core of this framework is our Corporate Director of Workforce Management, who leads a dedicated WFM team in partnership with other internal departments. Together, these teams translate complex call center dynamics into actionable staffing strategies that balance the needs of members, the State, and Verida's service requirements.

Increased Efficiency
Since implementing our enhanced WFM Solution in 2022, we have increased the efficiency of Calls Per Agency by 180%.

Our process begins with a comprehensive analysis of call demand spanning weeks, months, and even years. This allows our team to develop forecasts that predict the exact staffing levels required by day of the week and hour of the day. Seasonal changes, historical anomalies, and unexpected disruptions—such as those brought on by the COVID-19 pandemic—are factored into each forecast to maintain accuracy and responsiveness. Forecast data is then applied to build optimized call center schedules that not only match call volumes but also strategically schedule breaks, lunches, and offline activities such as training sessions or staff meetings.

To support this methodology, Verida uses a powerful workforce optimization tool that enhances WFM accuracy and productivity. Some of the key features and benefits of this system include:

- Uses more than 45 algorithms, supported by AI, to increase the accuracy of forecasts.

- Streamlines WFM processes and improves efficiency with customized configuration and rules-based actions and automation.
- Boosts agent engagement with personalized displays and easy access.
- Safeguards business continuity with global coverage and disaster recovery protection.
- Provides advanced reporting with flexible export capabilities.
- Offers the best security protections with rigorous, comprehensive third-party penetration testing.

With these tools, Verida's WFM team not only builds accurate long-term forecasts but also manages real-time call and agent data through intuitive dashboards and automatic intraday reforecasting. This allows our team to identify staffing mismatches immediately and communicate directly with staff about changes in schedules, unexpected call surges, or revised service needs. These proactive adjustments help us maintain optimal service levels, minimize wait times, and maximize resource utilization.

By coupling State-provided data such as call volume trends and handle times with our own historical and real-time analytics, Verida's WFM process aligns every scheduling decision with the operational priorities of both the State and the members we serve. The result is a workforce that is engaged, agile, and consistently available to deliver timely, courteous service. This technology-driven approach increases efficiency, maximizes the capability of every resource, reduces operational costs, and strengthens Verida's commitment to delivering reliable, member-centered service.

Trunk line and Telephone Line Capacity

Because our telecommunications platform is built upon a cloud infrastructure, our system does not use a traditional high-speed connection via a phone line routed through a central office on a telephone network. Cloud telephony differs from traditional private branch exchange (PBX) telephony in several ways:

- It does not use one server or a single-server cluster, but rather several server clusters
- It is limitless, giving cloud telephony the freedom to extend anywhere, while also providing the best latency
- It provides redundancy to our business phone lines
- Calls can be managed no matter where CSRs, members, facilities, or transportation providers are located
- Our system operates on a secure platform, including end-to-end data encryption, which safeguards PHI, is HITECH compliant, and meets HIPAA standards. Linking our infrastructure to the cloud enables us to work faster, save money, and avoid capacity restrictions.

The West Virginia call center will use a state-of-the-art call management system that enables comprehensive call center management. Its cloud-based infrastructure means that calls to the West Virginia toll-free numbers can be managed no matter where CSRs, members, facilities, or transportation providers are located. The system operates on a secure platform, including end-to-end data encryption that safeguards PHI and meets all HIPAA standards. The system offers the following:

1. Member access to a user-friendly IVR system, which allows the caller to select from a menu of options and routes calls to the appropriate queue or advises them to hang up and dial 911 if they are experiencing an emergency situation.
2. Ability to receive transferred calls from other IVR systems such as calls from the Agency's Fiscal Agent, and other West Virginia vendors, etc.
3. Ability to warm transfer (e.g., to the Agency/other Agency partners or Qualified Health Plans in West Virginia)
4. Ability to immediately transfer calls to a direct contact with a service representative on a priority basis without the caller having to listen to menu options
5. Conferencing capability
6. Overflow capability
7. Call back capability (rather than holding)
8. Voicemail capability

While our system does provide a voice mailbox for after-hours callers to leave messages, our back-up call center is sufficiently staffed all day and night, every day of the year. The need for a caller to leave a voicemail message is rare and those calling our centers simply do not encounter a busy signal. During heavy call volume, rather than waiting, callers can select an option to be called back when an agent is available. This allows them the convenience of not remaining on the line, while also not losing their place in the queue.

Call Flow

Those contacting Verida are presented with a simple menu of IVR choices that streamline the call process. In fact, when the automated attendant answers each call, the system requests that the member enter or speak their Member ID. When the member provides the number, the system populates the CSR's computer screen to show member-specific information. This technology creates efficiencies that allow our CSRs to manage each call more quickly. In fact, company-wide our average hold time is less than 30 seconds. The call management system captures every piece of information that is exchanged during a call from every keystroke a CSR makes, to the duration of the call, to the call outcome, as well as a recording and analysis (via artificial intelligence) of each interaction. While we track and report a standard set of data points required by the Agency, we can provide documentation on just about anything a person would want to know about a single call center interaction – from start to finish.

The call management system is integrated with Net InSight, linking call and trip data, whether the call is from a member, a transportation provider, or a facility. This integration enables CSRs to quickly schedule transportation without having to jump between systems.

Contingency Plan

In the event of an outage in the West Virginia call center, calls will be routed automatically to an alternate call center within Verida's environment to facilitate a seamless failover to provide ongoing service.

4.1.1.35 Developing and Implementing a Platform for Users

The Vendor should provide a plan as to how they will develop and implement a platform for users with the following services:

4.1.1.35.1 Ride scheduling and dispatch platform for participants by an Authorized User.

4.1.1.35.2 Coordinated transportation network services.

4.1.1.35.3 Network intelligence application (analytics and reporting tools).

4.1.1.35.4 In person training and on-boarding of Authorized Users.

Verida recognizes that West Virginia's Medicaid members come from diverse backgrounds, and our goal is to make every interaction with the NEMT program accessible, respectful, and culturally appropriate.

Ride Scheduling and Dispatch Platform

Using an Agency-approved call script and guided questioning built into our proprietary trip scheduling platform, NET InSight, our CSRs can quickly identify Agency members who qualify for fixed route transportation. NET InSight includes a dedicated module that flags trips potentially eligible for public transit based on route proximity and schedule compatibility.

Coordinated Transportation Network Services

Our operations are built around a strong foundation of basic vehicle service. On average, across our NEMT contracts, we manage more than 340,239 trip legs monthly using sedans and vans, which comprise the majority of our NEMT transit volume. These vehicles are specifically designated for members who do not require special care during transport. However, when appropriate, members using Basic Vehicle services may receive curb-to-curb assistance, which includes help entering and exiting the vehicle to provide a safe and comfortable experience.

To support this service in West Virginia, we will establish a network of credentialed NEMT providers equipped with compliant motorized vehicles. Each provider will be vetted to confirm:

- Vehicles are properly licensed, insured, and maintained to meet safety and comfort standards.
- Drivers are trained in customer service and non-emergency passenger assistance.
- Vehicles are equipped to deliver reliable and timely basic transportation services.

Our NET InSight system will match Agency members to the most appropriate basic vehicle provider based on location, availability, and trip type. Real-time monitoring and performance tracking will safeguard consistent service quality and compliance with state guidelines.

By leveraging our extensive experience, operational infrastructure, and commitment to service excellence, Verida is well-positioned to deliver high-quality basic vehicle transportation to West Virginia Agency members.

Analytics and Reporting Tools (Network Intelligence Application)

Verida recognizes that the heart of a high-performing NEMT program lies not only in answering calls and coordinating rides, but also in understanding the story behind the data those calls generate. Every phone interaction provides valuable information about member needs, call patterns, wait times, satisfaction levels, and overall system performance. Our approach to data analysis transforms these raw details into actionable insights that directly inform operational improvements, workforce planning, and program accountability.

Our call center operates on the NICE CXone platform, which integrates seamlessly with our proprietary NET InSight transportation management system. Together, these platforms provide a robust data environment capable of capturing, storing, and analyzing vast amounts of call

activity and trip information. This infrastructure allows us to monitor call flow in real time while also building long-term data sets that highlight recurring trends.

Each month, Verida's Data Analytics Team carefully reviews call system data to identify strengths and opportunities for improvement. This includes a comprehensive evaluation of call quantity, call duration, wait times, abandonment rates, transfers, and the frequency of complaints. The analysis is not limited to volume metrics; instead, we dig deeper into patterns such as when peak calls occur, how quickly calls are resolved, and how often members request assistance in languages other than English. By examining these metrics together, we gain a holistic view of call center performance and member experience.

In addition to operational metrics, Verida leverages Observe.AI to incorporate advanced sentiment analysis into our data review for quality assurance. Every recorded call is transcribed and analyzed for tone, compliance, and caller satisfaction. This analysis helps identify when a member may have experienced frustration, confusion, or distress, even if the issue was resolved. These insights are invaluable for refining CSR training, updating call scripts, and enhancing member engagement strategies. For example, if data reveals repeated negative sentiment in calls involving ride delays, Verida can adjust dispatch protocols or introduce new communication strategies to address the issue at its root.

Reporting is another critical element of our data analysis plan. Monthly reports will be prepared and submitted to the Agency, providing detailed insight into all required performance indicators such as call volume, abandonment rate, hold times, transfers, complaint trends, and resolution rates. These reports will not only include raw data but also Verida's interpretation of what the trends mean and what corrective actions, if any, should be taken. Our Data Analytics Team will also be prepared to generate ad hoc reports upon Agency request, offering flexibility to address emerging issues or specific inquiries.

What sets Verida apart is our commitment to using this data to actively improve service delivery rather than simply meeting reporting requirements. Our Workforce Management (WFM) team works hand-in-hand with the Data Analytics Team to adjust staffing schedules based on call volume trends. For instance, if analytics reveal that call abandonment spikes on Monday mornings, schedules can be adjusted to increase agent availability during that period. This coordination between analytics and workforce management safeguards that members receive prompt service and helps minimize frustration caused by long wait times.

Furthermore, data analysis is woven into our culture of accountability and continuous improvement. Every month, the Executive Management Committee (EMC) reviews call center performance data to evaluate compliance with service level agreements and to identify any areas of concern. This leadership oversight drives a top-down commitment to quality, transparency, and timely responsiveness.

In Person Training

Verida will host virtual, in-person, and offer pre-recorded orientation sessions to explain the scope of NEMT services including trip scheduling processes. These sessions will be supplemented with written materials—including brochures, FAQs, and quick-reference guides—distributed via mail and email and made available on Verida's websites.

4.1.1.36 ODCP Designated Training for Authorized Users

The vendor should provide a plan as to how they will conduct training and education about the application to Authorized Users as designated by the Office of Drug Control Policy (ODCP).

The role of education is essential in the administration of a strong NEMT program is crucial to its success. Verida's plan to educate current and future Agency members and other NEMT program stakeholders across West Virginia is designed to provide a seamless transition of service administration and promote widespread understanding of the NEMT brokerage program. This comprehensive outreach initiative will begin with early engagement of facilities, local human service agencies, licensed behavioral health centers, NEMT providers, and medical professionals through targeted communications and state-wide briefings.

Verida will host virtual and in-person orientation sessions to explain the scope of NEMT services, procedural updates, and the transition process from the previous vendor, as outlined in Appendix 1, Section XV(A). These sessions will be supplemented with written materials—including brochures, FAQs, and quick-reference guides—distributed via mail and email and made available on Verida's websites. All materials will be crafted at a 5th-grade reading level, translated into Spanish, and formatted for accessibility to individuals with intellectual, visual, or hearing impairments. Verida will establish a dedicated implementation and outreach team to respond to stakeholder questions and provide real-time guidance throughout the turnover period. This proactive, multi-channel approach safeguards that all parties are informed, prepared, and supported during the transition and beyond.

Written and Verbal Instructions to Educate Agency Members

Verida has developed and implemented numerous educational initiatives for NEMT recipients over the last 25 years. Prior to disseminating materials for member consumption – regardless of their format, media, or use – we will submit them for the Agency's review and approval.

Today, we deliver NEMT educational and communication experiences for members in the following ways:

- **Call Center Contact:** Our CSRs are person centered. They are trained to engage members in a reassuring way, helping them through the NEMT scheduling process, answering their questions, and making certain they understand their rights and responsibilities, including how to file a complaint. Call center communication will be managed through an Agency-approved call script that is developed specifically for West Virginia's program. The script assures that all CSRs are engaging with members in an equitable, consistent, and culturally sensitive way. The CSR assures that the most appropriate, cost-effective mode of transportation is provided for the member and that they are educated about alternative travel options such as public transit and mileage reimbursement.
- **Website and Member Portal:** Our online presence supporting members includes a public informational website, which serves as a common entry point to our secure portals for members and other programs stakeholders like transportation providers, healthcare facilities, and even the Agency. The Member Portal allows Medicaid members to log in securely, request transportation, and manage trip requests. In addition, they may also view the provider assigned to their upcoming trips and important messaging including health reminders (e.g., flu shots) or alerts (e.g., closures or delays due to adverse weather), access to forms, the member guide, educational videos, quick ways to request help, and an avenue for filing a complaint. As an example, please see our Indiana Member Portal represented in **Figure App1-XII-C-1**.

Figure App1-XII-C-1: Images of Verida's Member Portal. *Confidential and Proprietary*

- **Member App:** The Member App mirrors the features of the Member Portal with just a few clicks on an iPhone or Android device. It can also be used to push out educational notifications and surveys, such as queries related to social determinants of health, that would assist the Agency in identifying emerging needs of their members.
- **Ride Assistance Line:** We provide a separate, toll-free ride assistance line so members may inquire about the arrival time of their scheduled transportation provider. If it is determined the transportation provider will not arrive in time to deliver the member to their appointment at their scheduled time, the answering CSR will call the medical provider on the member's behalf to inform them of their delayed late arrival.
- **Text:** As a courtesy to members, we offer appointment reminders – either by phone or text **(Figure App1-XII-C-2)**, depending on the member's preference – one day prior to their transport. We have found these reminders aid in on-time arrivals, as members who receive them tend to be ready for transport more often when their driver arrives. Text messaging can also be used to let the member know their driver is enroute, as well as release educational information and for post trip surveys.

***Figure App1-XII-C-2**: Ride status via text messaging. Confidential and Proprietary*

- **In Transit via Driver's App:** Verida offers a Mobile App for transportation providers and drivers. It makes the driver's job easier and provides step-by-step instructions for managing their assigned trips successfully, with no paperwork. When members are settled in a driver's vehicle, they are asked to sign an electronic form on the driver's tablet acknowledging that they have been picked up for their trip. Upon doing so – member specific messaging can be pushed to the tablet for a member's viewing. For example, the app can display messages reminding members of the importance of the annual physical, or reminders about NEMT specific scheduling requirements.
- **Member Guide:** Our operations professionals, along with our Marketing Department, are experienced in developing informative and easy-to-understand member education/communication materials, including a member guide. Our guides are available for download from the Member Portal. Our Manager of Outreach, Education and Training also provides hard copies to healthcare facilities for distribution. Member guides are developed in English and Spanish but can be offered in most any prevalent language needed. They will be written at the 5th-grade reading level to provide easy to understand information about the members' NEMT benefits and how to access them, including:
    - Our toll-free numbers (scheduling, ride assistance, complaints)
    - Eligibility for NEMT services
    - Trip Scheduling (routine, urgent, standing orders, etc.)
    - Timeliness standards for pick-up and drop-off
    - Member rights and responsibilities
    - Complaint process

VERIDA

Medicaid Non-Emergency Medical Transportation (NEMT) Guide

Transportation Provider Standards

- Drivers should be wearing an ID badge.
- Transportation vehicles should be marked with their company name.
- Transportation is considered on time if you arrive within 15 minutes of your appointment time.
- When picking-up, drivers are only authorized to wait 10 minutes.
- Provider has one hour from your "I am ready to return home" call to pick you up.
- Drivers must transport safely and follow all traffic laws.

If the provider fails to meet any of these standards please contact Verida.

Key Contact Information:

To talk to someone about your transportation experience, please contact:

Toll-Free Reservation Line
1-855-325-7586

Customer Service - press option 1
Where's My Ride - press option 2
Spanish - press option 9

Quality Assurance Line
1-888-833-4154

The Verida Team

While Verida strives to provide the highest level of service possible, we realize unforseen things can happen. Contact us should you have any questions.

Figure App1-XII-C-3: An excerpt from our Indiana Member Guide indicates the standards members should expect from our transportation providers, as well as key phone numbers. Confidential and Proprietary

- **Other Outreach Materials:** Other easy to understand materials Verida produces for member education/communication includes mailings, forms, notifications, letters, etc. Outreach materials—both written and verbal—will clearly explain service availability, eligibility, standing orders, documentation requirements, and how to request and use NEMT services. All materials will be written at a 5th-grade reading level, available in English and Spanish, and provided in alternative formats to accommodate individuals with intellectual, visual, or hearing impairments. We will work with the Agency to understand the types of materials preferred, as well as the methods and timeframes for delivery. These communication pieces include but are not limited to instructions for filing complaints as well as written responses to their complaints, information about public transit and gas reimbursement programs, and denial letters (in English and Spanish) with information on how to file an appeal.

4.1.1.37 Monthly Reporting Compliance as Defined by the ODCP

Vendor should outline their approach to meeting the monthly reporting requirements set forth by ODCP. These reports should facilitate effective monitoring of service level agreements to ensure compliance.

Verida recognizes that the reporting framework outlined in Appendix 3 and the performance obligations set forth in Appendix 4 form the backbone of West Virginia's statewide NEMT program oversight. Our approach is built on three pillars: timely delivery of all reports, proactive compliance with Service Level Agreements (SLAs), and continuous improvement in collaboration with the State.

Commitment to Deliverables and Timeframes

From the outset, Verida will deliver draft versions of all required reports no later than thirty (30) calendar days prior to the operational start date. This will allow the Agency full opportunity to review, provide feedback, and approve each format. Report templates are designed to capture all specified data elements, presented with clarity and precision, and formatted to meet Agency standards.

Once operations begin, Verida will submit reports according to the strict timelines outlined in Appendix 3. These include:

- **Monthly Reports** such as Broker Monthly Report Card, Provider Report Card, County-Level Detail, Call Center, Staffing, Complaint, Denial, and Network Reports—delivered no later than the 15th or 20th calendar day of the following month, depending on specification.
- **Quarterly Reports** such as the Suspected Fraud, Waste, Abuse, or Misuse Summary, delivered within 30 days of quarter end.
- **Biannual Reports** such as the Member Satisfaction Survey Report, with data and analysis submitted within 30 days of each six-month reporting period.
- **Annual Reports** including a full narrative program summary with accomplishments, challenges, and recommendations, delivered within 60 days of contract year close.
- **Immediate Deliverables** such as Accident and Incident Reports, submitted within 24–72 hours depending on severity, and Provider Training Schedules, submitted at least five (5) calendar days prior to each training month.

All reports will be produced using data aggregated from multiple validated sources, including our NET InSight platform for trip and provider performance data, our telephony analytics system for call center reporting, and our member experience and compliance tracking systems for complaint and survey reporting. This integrated approach guarantees consistency across deliverables.

4.1.1.38 Partnering with ODCP/BBH on Option to Roll Over After-Hours Calls to Behavioral Health Line

The Vendor should describe their plan to partner with ODCP/BBH on the option to roll after-hours calls over to a 24/7 behavioral health line.

Verida is committed to delivering a responsive and accessible NEMT experience for all West Virginia members, providers, and facilities. To support this, we will operate multiple toll-free telephone lines tailored to the unique needs of each stakeholder group. Members and their authorized representatives will have access to a statewide toll-free number for routine trip scheduling, general inquiries, and program information. Additionally, a dedicated Ride Assist Line will allow members to check the status of their transportation if it is delayed by more than 15 minutes. These contact numbers will be prominently displayed in the Member Guide, on Verida's website, and within the Member App to provide ease of access.

Live operators will staff these lines in West Virginia Monday through Friday, from 7:00 a.m. to 6:00 p.m. Eastern Standard Time, with adjustments for daylight savings time as required. Outside of standard operating hours, we propose using our flagship call center in Villa Rica, Georgia for after-hours calls. The Villa Rica call center operates 24 hours a day, seven days a week, and is staffed with professionals who will be trained to handle West Virginia-specific trip scheduling, complaint intake, and urgent transportation requests.

Supporting Members and Staff Members with Mental Health Challenges

Mental health is a crucial aspect of overall well-being, yet it is often overlooked and stigmatized in our society. As a result, many individuals struggle with mental health challenges without receiving the necessary support and resources. At Verida, we recognize the importance of addressing mental health and substance use challenges among adults and are committed to helping those struggling in these areas through our Mental Health First Aid (MHFA) training program.

Our MHFA training equips staff with the necessary skills and knowledge to identify, understand, and respond to signs of mental health and substance use challenges. Not only are employees who receive this training able to provide support to members experiencing such challenges, but also to their co-workers and families as well. By investing in our employees' education and development, we assure that they are well-equipped to provide the best possible support to those in need. Our enhanced Mental Health Awareness Training includes:

- Mental Health First Aid
- Trauma-Informed Care
- Reinforced De-escalation Techniques

In alignment with the Agency's goals to enhance behavioral health access, Verida will partner with ODCP and BBH to implement an after-hours call rollover option to a Behavioral Health Assistance Line that is answered 24 hours a day, seven days a week. Verida will work collaboratively with ODCP/BBH to define call triage protocols, eligibility criteria, and escalation procedures so that members experiencing behavioral health crises or requiring urgent support are seamlessly connected to qualified professionals. This integration will be supported by our IVR system, which will include a dedicated prompt for behavioral health assistance after hours. Verida will also confirm that all scripts, call flows, and data-sharing protocols are reviewed and approved by ODCP/BBH to maintain compliance and protect member privacy.

Verida will never route calls outside of the continental United States. All toll-free numbers, including those for members, facilities, providers, and ride assistance, will be transferred to the Agency or its successor vendor at the termination of the contract. This guarantees continuity for members and providers, even during program transitions.

4.1.1.39 Partnering with ODCP/BBH on Transportation Options

The Vendor should describe their plan to partner with ODCP/BBH on options for people to receive transportation to a behavioral health level of care not eligible for NEMT; for example, those leaving one level of SUD treatment service (e.g., residential treatment, crisis service, hospital, etc.) to be transported to another level of care, such as recovery residences; or to the safest and most secure location for interim services while the person waits for another level of residential service or receives outpatient treatment services.

Verida is committed to supporting West Virginia Agency members who receive behavioral health services by verifying that transportation is scheduled only to appropriate, licensed providers. To streamline this process and maintain compliance with Agency requirements, Verida offers a system-based approach that integrates verification directly into our scheduling workflow.

At the core of our solution is a centralized database of approved Medicaid behavioral health providers and facilities throughout West Virginia, which is securely maintained within NET InSight. This database will enable our dispatch and customer service teams to quickly verify that a trip request is associated with a licensed behavioral health center or provider.

When a trip request is received for behavioral health services, our system automatically:

- Cross-references the destination against the stored list of approved behavioral health providers
- Flags any discrepancies or unverified destinations for manual review
- Confirms appointment type to verify it aligns with covered behavioral health services under Agency programs

Additionally, Verida maintains open communication with behavioral health facilities to confirm appointment details, coordinate pick-up and drop-off times, and address any special transportation needs. Our dispatch and scheduling teams are trained to handle behavioral health trip requests with sensitivity and discretion, so that members are transported safely and respectfully.

4.1.1.40 Partnering with ODCP/BBH to Recruit Drivers/Driving Services

The Vendor should describe their plan to partner with ODCP/BBH on optional initiatives to recruit drivers/driving services or other methods to increase acceptance call rates in counties with a history of unsuccessful trips.

Provider Assignment and Member Requests

While members cannot choose their provider directly, Verida's NET InSight system includes a member profile module that allows us to capture and store provider preferences. When a member expresses a preference for a specific NEMT provider enrolled with Verida, our system records this information and flags it during the trip scheduling process. This enables our dispatch team to prioritize preferred provider assignments when:

- The provider is available and appropriately equipped for the trip
- The trip parameters (location, timing, vehicle type) align with the provider's capacity
- The assignment does not conflict with Medicaid regulations or operational constraints

By integrating provider preferences into the member profile, Verida promotes continuity of care and strengthens trust between members and transportation providers. Additionally, Verida

actively works to build and maintain relationships between members and NEMT providers through:

- Consistent provider assignment for recurring trips, when possible
- Feedback collection from members regarding their experience with providers
- Provider performance monitoring to confirm quality, professionalism, and reliability

These efforts help foster familiarity and comfort for members, particularly those with chronic conditions or behavioral health needs who benefit from consistent transportation experiences.

4.1.1.41 Partnering with ODCP to Educate Behavioral Health Providers

The Vendor should describe their plan to partner with ODCP, as part of their Education for Providers, to educate behavioral health providers on the process for "urgent" protocols in which the receiving facility verifies the individual's visit as both urgent and requiring services within a certain number of hours.

The role of education is essential in the administration of a strong NEMT program is crucial to its success. Verida's *will partner with ODCP to educate current and future Agency members and other NEMT program stakeholders including Behavioral Health Providers across West Virginia designed to provide a seamless transition of service administration and promote widespread understanding of the NEMT brokerage program. This comprehensive outreach initiative will begin with early engagement of facilities, local human service agencies, licensed behavioral health centers, NEMT providers, and medical professionals through targeted communications and state-wide briefings.*

Verida will host virtual and in-person orientation sessions to explain the scope of NEMT services, procedural updates, and the transition process from the previous vendor, as outlined in Appendix 1, Section XV(A). These sessions will be supplemented with written materials—including brochures, FAQs, and quick-reference guides—distributed via mail and email and made available on Verida's websites. All materials will be crafted at a 5th-grade reading level, translated into Spanish, and formatted for accessibility to individuals with intellectual, visual, or hearing impairments. Verida will establish a dedicated implementation and outreach team to respond to stakeholder questions and provide real-time guidance throughout the turnover period. This proactive, multi-channel approach safeguards that all parties are informed, prepared, and supported during the transition and beyond.

4.1.1.42 Follow-Up Notification Procedures

The Vendor should describe the option for its procedures for follow-up with individuals within the same business day of urgent trips, re-routed trips, or refused/declined trips, via notification of a method approved by the individual such as a call from an approved call line, peer worker, receiving facility's outreach worker, or family member or friend.

Typically, our CSR verbally confirm transportation arrangements with the Agency member, their family members, guardians, or representatives of the transportation arrangements during the phone call requesting the NEMT service. This includes providing the Agency member/caller with a confirmation number as well as details about the trip such as the window of pick-up and drop-off, the date and time for the appointment, pick-up and drop-off addresses, phone numbers, and any other salient facts. If for some reason we are unable to provide the details before ending the initial reservation call, a member of our team will contact the Agency member, their family members, guardians, or representatives by phone call, text message, facsimile, or letter prior to the date of the service.

To further strengthen communication and peace of mind for members and their loved ones, Verida's MyCircle feature, illustrated in the figure below, keeps designated family members, caregivers, or guardians informed throughout the transportation process. Through MyCircle, these approved contacts receive real-time updates such as appointment reminders, pick-up and drop-off alerts, and live trip status notifications. This feature keeps each member's support network connected and engaged, allowing them to track transportation progress without needing to call the contact center. MyCircle is especially valuable for members who require additional monitoring, have disabilities, or rely on caregivers for daily coordination, as it promotes safety, reassurance, and transparency throughout every trip.

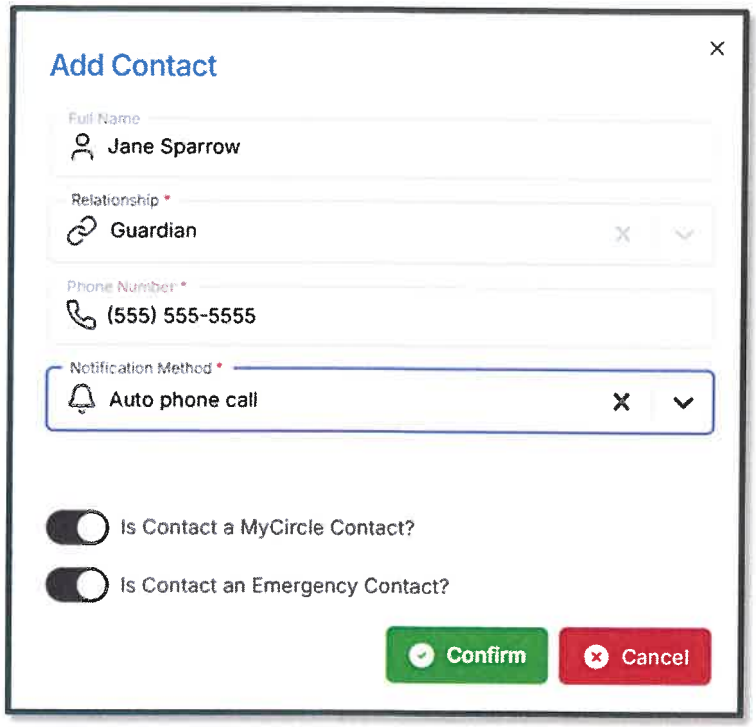


Figure 4-1-1-42.1-1: Verida's MyCircle contact screen
(Confidential and Proprietary)

When communicating with Agency members after the initial call, we capture their preference in our system and communicate directly in that manner (e.g., phone call, text, facsimile, letter). If notifying by letter, it will be sent in time for the member to receive it at least two (2) calendar days before the scheduled NEMT service date. The letter will be written at approximately a fifth (5th) grade reading level to comply with state standards and be clearly and simply worded so it can be easily understood.

As an added convenience, Agency members with access to a mobile device can opt-in to receive reminder SMS text messages. Twenty-four hours before the scheduled trip, the Agency member receives a text notification about their trip, including vehicle information and the time of pickup. Agency members can also elect to receive a text message when their driver is approaching. All texts include an option for the Agency member to reply to cancel their trip.

4.1.1.43 Online/Electronic Process for Urgent, Same-Day Request Submissions

As part of the secure, web-based inquiry system for NEMT providers to access NEMT Services trip authorization information, the Vendor should describe its online/electronic process for urgent, same-day request submissions to be merged with the Agency data file; and to assign a "ODCP/BBH Transport Charity Care" number prior to when the Medicaid ID number is assigned or otherwise who do not have NEMT eligibility on the date of service.

Verida will expand our web-based Provider Portal and NET InSight platforms to support the handling of urgent, same-day transportation requests from ODCP/BHH, allowing them to compliantly serve as central hubs where Transportation Providers can securely access trip authorization information, view urgent assignments, and carry them out with accuracy.

When ODCP or BBH designates a transportation episode as urgent or charity care, NET InSight will assign a unique ODCP/BBH Transport Charity Care number for participants without an

active Medicaid ID at the time of service. This unique identifier will allow the trip to be merged with Agency data files once eligibility is established, while still allowing the ride to be scheduled, dispatched, and completed without delay.

Key functions of the Provider Portal and integrated driver app will include:

- **Secure Trip Authorization Access:** Providers will log in to the HIPAA-compliant portal to access all trip details, including pick-up and drop-off locations, member identifiers, and urgency status.
- **Real-Time Updates:** Urgent or same-day trips will be flagged for priority handling and immediately visible to assigned providers through the portal and driver app.
- **Automated Communication:** Dispatch staff will use NET InSight to send electronic notifications, confirmations, and real-time updates to providers, helping expedite trip completion and reduce communication gaps.
- **Charity Care Number Assignment:** The system will generate a temporary tracking number for members not yet tied to a Medicaid ID, supporting accurate reconciliation and reporting.
- **Trip Monitoring:** Providers will document trip progress electronically, with geo-coded timestamps and status updates flowing back into NET InSight to support compliance, reporting, and transparency.

This process will be available 24 hours a day, seven days a week and will provide ODCP and BBH with a reliable, technology-driven approach to managing urgent or charity-care transportation in West Virginia. By using our Provider Portal and integrated mobile tools, Verida will support timely response, transparency, and accurate tracking of these critical trips.

4.1.2 Mandatory Project Requirements

The following mandatory requirements relate to the goals and objectives and must be met by the Vendor as a part of its submitted proposal. Vendor should describe how it will comply with the mandatory requirements and include any areas where its proposed solution exceeds the mandatory requirement. Failure to comply with mandatory requirements will lead to disqualification, but the approach/methodology that the vendor uses to comply, and areas where the mandatory requirements are exceeded, will be included in technical scores where appropriate. The mandatory project requirements are listed below.

4.1.2.1 Compliance with Federal, State, and Local Laws

The Vendor must observe and comply with federal and State of West Virginia laws, local laws, ordinances, orders, and regulations existing at the time of, or enacted after, the execution of a resulting contract which in any manner 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 Agency's exclusions.

Verida affirms our commitment to full compliance with all applicable federal, State of West Virginia, and local laws, ordinances, orders, and regulations, both existing and enacted during the term of the contract. Specifically, we will adhere to:

- **Chapter 524 of the West Virginia State Medicaid Manual**, which outlines the Bureau for Medical Services (BMS) requirements for emergency and non-emergency medical transportation services, including provider participation, broker responsibilities, and covered services
- **Chapter 27 of the West Virginia Bureau for Children and Families Income Maintenance Manual**, which governs eligibility and procedural standards for Medicaid and related assistance programs
- **42 CFR § 440.170**, which defines transportation as a covered Medicaid service and permits states to implement cost-effective brokerage programs for non-emergency medical transportation
- **Agency-specific exclusions and directives**, including those outlined in recent audits and operational guidelines for the NEMT program

To stay informed of regulatory changes, Verida monitors legislative and regulatory developments through various trusted sources, including:

- The Medical Transportation Access Coalition (MTAC)
- Health Management Associates (HMA)
- Lexis Nexis resources through our Corporate Counsel's office
- The Society for Human Resources Management (SHRM) through our Human Resources Department

Moreover, we maintain close working relationships with our clients to stay aware of and responsive to any changes. For example, in Louisiana, we meet monthly with the Louisiana Department of Health and three times a week with AmeriHealth Caritas Louisiana. In Mississippi, we meet monthly with Shared Health, in Indiana we meet weekly and monthly with Family and Social Services Administration, and in Arkansas, our team has regular meetings with the Department of Human Services/Division of Developmental Disabilities Services and the Department of Human Services/Division of Medicaid.

Additionally, Verida participates in various ad hoc projects, such as a NEMT Work Study in Louisiana with the Health and Welfare Committee, a TNC Work Study in Arkansas, and the NEMT Commission in Indiana. This proactive engagement helps us remain well-positioned to navigate changes and contribute to advancing NEMT services.

4.1.2.2 Increased Staffing Levels

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 Agency. In making this determination, the Agency will evaluate whether the Vendor is meeting deliverable dates, producing quality materials, maintaining high quality and production rates and meeting contract standards without significant re-work or revision. Beginning thirty (30) calendar days prior to the operations start date and commencing through the end of the contract, the Vendor will not reduce staffing without Agency approval.

Verida fully acknowledges and accepts the requirement to provide increased staffing levels at no additional cost to the Agency if performance standards, timelines, or quality expectations are not achieved. We understand that this determination will be made solely at the Agency's discretion and will be based on our ability to meet deliverable dates, maintain high production and quality standards, and minimize the need for revision.

The number of call center staff assigned will be determined based on projected call and trip volume, with support from Verida's Workforce Management team, who will monitor traffic patterns and performance data to adjust staffing levels in real time. This approach helps maintain timely response to scheduling requests, trip modifications, and same-day transportation needs.

To support proactive workforce management and provide operational excellence, Verida employs a dedicated Director of Workforce Management, Richard Price. Richard has extensive experience managing enterprise level omni channel solutions and workforce management platforms.

Richard leads a skilled team that uses advanced forecasting tools and data analytics to anticipate future call volumes based on historical trends and business intelligence. By analyzing variables such as seasonal fluctuations, marketing initiatives, and service changes, the team accurately predicts demand and aligns staffing levels accordingly. This strategic approach enables Verida to maintain optimal staffing levels, minimize wait times, and consistently meet performance standards.

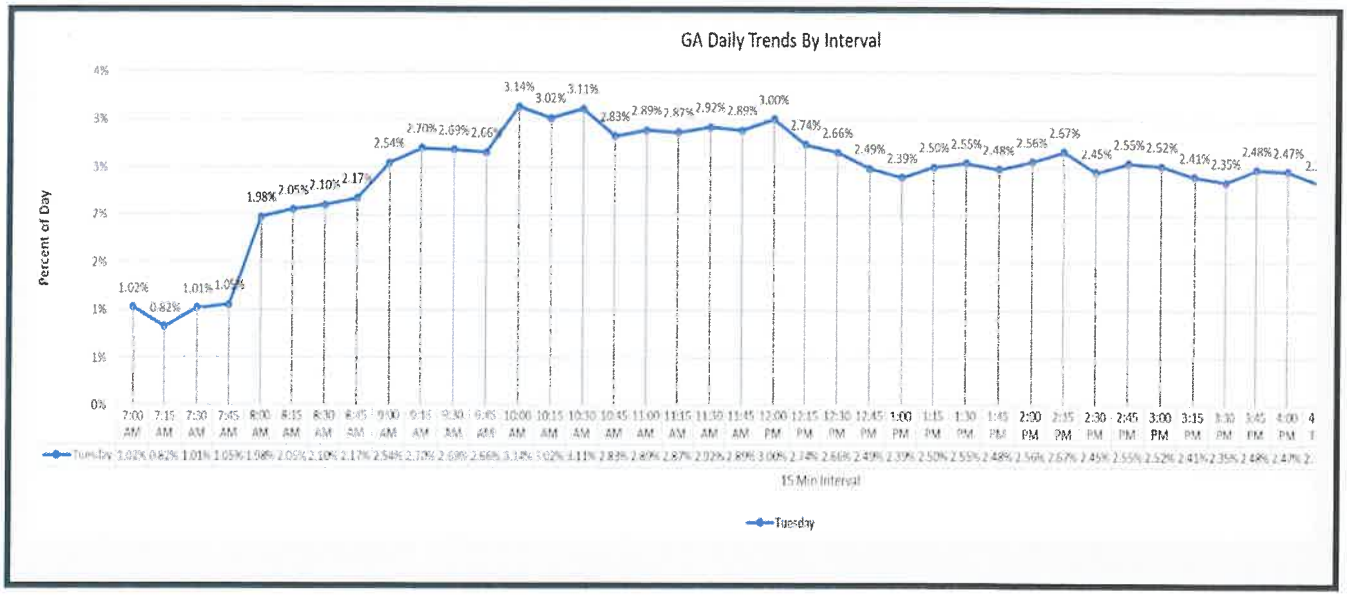


Figure: 4.1.2.2-1: Example of daily call center trends by interval. Chart is Confidential and Proprietary

Our team uses state-of-the-art workforce management systems and tools that allow us to:

- Monitor real-time staffing levels and productivity.
- Forecast workload fluctuations and adjust staffing accordingly.
- Track performance against key deliverables and quality benchmarks.
- Identify and resolve staffing gaps before they impact service delivery.

Beginning thirty (30) calendar days prior to the operations start date and continuing through the life of the contract, Verida will not reduce staffing levels without prior approval from the Agency. Our commitment to transparency and collaboration means that any staffing adjustments are clearly communicated and approved in advance.

This approach reflects our dedication to maintaining high standards of service and accountability throughout the contract term.

4.1.2.3 Call Center Location and Staffing Requirements

The Vendor must agree to establish and operate the NEMT Call Center within a fifteen (15) miles radius of the West Virginia State Medicaid agency located at 350 Capitol Street, Charleston, WV to facilitate the Agency's ability to conduct on-site monitoring and oversight activities. The call center must be staffed with personnel who reside within the State of West Virginia. At a minimum, the following key personnel must be physically housed at this Call Center location:

- *Project Manager*
- *Provider Manager*
- *Provider Relations Manager*
- *Call Center Manager*
- *Exceptions Manager*
- *Mass Transit Coordinator*
- *Report Manager*
- *Two (2) Fraud, Waste, Abuse and Misuse Claims Reviewers*
- *Two (2) Complaint Coordinators*
- *Two (2) Appointment Verification Staff,*

- *Two (2) Field Service Specialists*
- *Two (2) Claims Processors*

All inbound and outbound calls related to the Reservation, Ride Assist, Exceptions, and Provider Support Lines must be handled within the State of West Virginia, except during approved after-hours operations. The after-hours call handling location must be approved in advance by the Agency.

Under no circumstances shall the vendor route any calls outside the continental United States of America or its territories. Additionally, the vendor shall not delegate screening, authorization, or scheduling responsibilities to transportation providers or subcontractors without the Agency's written approval. While the vendor may delegate dispatch functions to NEMT providers, the vendor shall remail fully responsible for the proper execution and performance of all dispatch-related activities.

Verida fully understands and accepts the requirement to establish and operate a dedicated NEMT Call Center within a fifteen (15) mile radius of the West Virginia State Medicaid Agency, located at 350 Capitol Street, Charleston, West Virginia.

In anticipation of expanding operations into the West Virginia market, Verida's Corporate Facility Manager proactively conducted a comprehensive evaluation of multiple potential sites in Charleston. This effort was aimed at identifying the most suitable location for our Central Business Office and statewide Call Center. Among the top candidates is Class A building located 1600 Pennsylvania Ave, Charleston, West Virginia, 25302. This facility is situated approximately 2.5 miles from 350 Capitol Street, offering convenient access for on-site monitoring and oversight. The building is a well-maintained commercial property with ample parking, multiple office suites, and infrastructure suitable for call center operations. A photo of the building is included to provide visual context for the proposed site.

***Figure 4.1.2.3-1**: Proposed NEMT Call Center location at 1600 Pennsylvania Avenue, Charleston, WV—strategically situated within 2.5 miles of the State Medicaid Agency for convenient oversight and accessibility.*

This facility was selected for its strategic accessibility, infrastructure readiness, and alignment with our operational needs. It will be equipped with modern telecommunications infrastructure,

secure data systems, and real-time monitoring tools to support all inbound and outbound call operations related to Reservation, Ride Assist, Exceptions, and Provider Support Lines.

Staffing Commitment

The call center will be staffed exclusively with personnel who reside within the State of West Virginia, reinforcing our commitment to local job creation and community engagement. At a minimum, the following key personnel will be physically housed at the Charleston-area call center:

- Project Manager
- Provider Manager
- Provider Relations Manager
- Call Center Manager
- Exceptions Manager
- Mass Transit Coordinator
- Report Manager
- Two (2) Fraud, Waste, Abuse, and Misuse Claims Reviewers
- Two (2) Complaint Coordinators
- Two (2) Appointment Verification Staff
- Two (2) Field Service Specialists
- Two (2) Claims Processors

These roles are critical to the successful execution of the contract and will be filled by experienced professionals with relevant expertise in Medicaid transportation services, customer service, compliance, and data reporting.

Call Handling and Delegation

All inbound and outbound calls related to the core service lines will be handled exclusively within the State of West Virginia, except during approved after-hours operations. Outside of standard operating hours, we propose using our flagship call center in Villa Rica, Georgia for after-hours calls. This includes handling urgent transportation needs such as hospital discharges, same-day trip requests, and vehicle replacements. The Villa Rica call center operates 24 hours a day, seven days a week, and is staffed with professionals who will be trained to handle West Virginia-specific trip scheduling, complaint intake, and urgent transportation requests.

In addition to Villa Rica, we have fully equipped facilities in Indianapolis, Indiana; Baton Rouge, Louisiana; Little Rock, Arkansas; and Chattanooga, Tennessee that are also available to support overflow or serve as alternative locations when needed. All Verida call centers operate on a unified, cloud-based telephony system integrated with our proprietary transportation management platform, NET InSight. When calls are routed to Villa Rica—or, if necessary, to another one of our call centers—CSRs have immediate access to West Virginia's program rules, workflows, and approved call scripts through the NET InSight interface and Real-Time

Agent Assist (RTAA) tool. RTAA is an AI tool that offers dynamic prompts and scripting based on caller context and helps guide CSRs through the Agency-approved call script.

This configuration supports continuity of service and program-specific accuracy, no matter which location handles the call. All calls are managed by Verida employees located within the United States. Under no circumstances will Verida route calls outside the continental United States or its territories. Additionally, we will not delegate screening, authorization, or scheduling responsibilities to transportation providers or subcontractors without the Agency's explicit written approval. While dispatch functions may be delegated to NEMT providers, Verida will retain full responsibility for the proper execution and performance of all dispatch-related activities.

Any after-hours call handling location will be submitted to the Agency for prior approval, in full compliance with contract terms.

4.1.2.4 Program Changes

The Vendor must agree to provide NEMT services described in the RFP from the operational start date until service delivery is turned over to a successor vendor at the end of the contract, including any optional renewal periods. Program changes to include, but are not limited to, processes, protocols, flowcharts or any other program administration guideline changes/modifications must receive approval from the Agency prior to changes/modifications being implemented by the vendor. All program changes affecting member benefits must be communicated to members, through an Agency approved written communication, no less than thirty (30) calendar days prior to implementation of program change.

Verida agrees to provide uninterrupted NEMT services as described in the RFP, beginning on the operational start date and continuing through the end of the contract term, including any optional renewal periods. We recognize the importance of maintaining consistent service delivery and will fully support a seamless transition to any successor vendor at the conclusion of the contract. We outline our turnover approach in Section XV of Appendix 1, which is included in this proposal.

In accordance with RFP requirements, Verida will obtain prior written approval from the Agency for any proposed changes or modifications to program administration. This includes updates to processes, protocols, flowcharts, and other operational guidelines.

To accomplish this, Verida employs a formal change management process that includes:

- **Internal Review and Documentation**: All proposed changes are first reviewed internally by operational and compliance teams to assess impact, feasibility, and alignment with contractual obligations. Depending on the proposed change, the internal review, when applicable, may also involve legal counsel and executive management.
- **Agency Submission and Approval**: Detailed documentation of the proposed change—including rationale, implementation plan, and anticipated outcomes—is submitted to the Agency for review and written approval.
- **Member Communication Planning**: For any changes affecting member benefits, Verida will prepare Agency-approved written communications to be distributed to members at least thirty (30) calendar days prior to implementation, facilitating transparency and adequate notice.
- **Technology and Reporting Support**: Verida leverages advanced systems to track and report on program changes, supporting audit readiness and compliance with federal and state regulations.

Our team will work closely with the Agency to confirm messaging is clear, accessible, and compliant with all applicable standards.

4.1.2.5 NEMT Provider Reimbursement

The Vendor will be responsible for reimbursing NEMT Providers. The Vendor will not be required to reimburse unauthorized NEMT Services to out-of-network providers. The Vendor will not use NEMT Providers with which the Vendor has not executed a contract. The Vendor must maintain an appropriate reserve equivalent to ten percent (10%) of the annual contract cost bid for NEMT services during the contract period. The vendor will enroll as an Agency provider and receive payment for services through the State's Medicaid claim system, Medicaid Management Information System (MMIS).

Verida acknowledges and fully accepts the responsibilities and requirements outlined in the West Virginia NEMT RFP, including provider reimbursement, contractual integrity, financial reserve maintenance, and enrollment in the State's Medicaid Management Information System (MMIS). Our approach is as follows:

Reimbursement of NEMT Providers

Verida will be solely responsible for reimbursing contracted NEMT providers for authorized services rendered. We negotiate rates individually with each transportation provider to promote fair, market-appropriate, and sustainable reimbursement structures. Our standard model includes a base rate plus mileage, tailored to provider capabilities and regional needs.

Verida processes over five million claims annually, encompassing ambulatory, wheelchair, and enhanced vehicle transports. All provider and gas mileage reimbursement rates are securely stored in our NET InSight platform, organized by approved procedure codes. Mileage payments are calculated using geo-coordinated mapping tools that verify trip distance and confirm alignment with negotiated rates. This automated process enhances accuracy and reduces manual errors.

Easy Claims Submission

We offer a streamlined and transparent reimbursement process designed to support timely and accurate payments, fully aligned with Medicaid guidelines and service authorizations. To minimize the administrative burden on transportation providers, Verida has developed innovative strategies that simplify trip completion, claim submission, and resubmission of corrected claims. NEMT providers can submit claims through multiple easy-to-use channels, including:

- **Verida's secure online portal**, which offers step-by-step guidance and real-time claim tracking
- **Mobile app**, allowing providers to submit trip data directly using GPS-enabled devices
- **Electronic Data Interchange (EDI)** for providers with existing fleet management systems
- **Manual upload via PDF or spreadsheet**, for providers who prefer traditional formats

Each method is supported by intuitive tools and comprehensive training to confirm accuracy and reduce delays. Our system automatically validates trip details, applies negotiated rates, and flags incomplete or duplicate entries before submission. This multi-channel approach empowers providers to choose the method that best fits their workflow while maintaining compliance and efficiency.

Gas Mileage Reimbursement Program and FWA Prevention

Verida recognizes the unique vulnerabilities within gas mileage reimbursement programs and has implemented robust safeguards to prevent fraud, waste, and abuse:

- **Geo-Verification of Trip Routes** Each trip submitted for mileage reimbursement on our mobile platform is validated using GPS-based geocoding to confirm the member's origin, destination, and route. This helps safeguard that mileage claims reflect actual travel distance and prevents inflation.
- **Digital Trip Logs and Signature Capture** Members must digitally confirm trip completion through our mobile app, including signature verification and timestamped location data. This documentation is stored for audit purposes and cross-referenced with submitted claims as part of our patented business process.
- **Pattern Analysis** Verida's analytics an dashboards visualize unusual patterns—such as duplicate claims, or inconsistent mileage submissions—for manual review. These alerts trigger targeted audits and provider outreach.
- **Member Eligibility and Service Validation** Reimbursement is only issued for trips that meet Medicaid eligibility criteria and have prior authorization. Our system cross-checks member status, appointment type, and service codes before processing any payment.

Claims Submission and Provider Support

Verida offers multiple submission pathways for NEMT providers and gas mileage reimbursement members, with a strong preference for electronic claims. We provide comprehensive training on:

- Understanding the Claims Process
- Electronic Claims Submission
- Completing Trip Reimbursement Forms
- Identifying Common Errors
- Denial Codes and Resubmissions
- Timely Filing Guidelines
- Reimbursement Calendars
- Reconciliation of Reimbursement Reports

To reduce administrative burden, Verida has streamlined the claims workflow, enabling providers to complete trips, submit claims, and track payment statuses with minimal effort. Our platform offers real-time access to remittance advice, payment dates, and claim status updates.

Technology Integration and Transparency

Verida is the only broker providing mobile devices and airtime service plans to contracted NEMT providers at no cost. Providers may also opt-in to our Bring Your Own Device program using our

secure, GPS-enabled mobile app. This technology captures trip data electronically and transmits it instantly to Verida, supporting transparency and accountability.

Audit-Ready Reporting and Internal Reviews

All claims are subject to ongoing internal audits. Verida's Claims Team conducts regular reviews to identify anomalies, enforce compliance, and verify documentation integrity. Our Claims Specialists are held to a 98% accuracy standard, and our Training Team provides targeted education based on audit findings.

Unauthorized and Out-of-Network Providers

Verida understands we will not have to reimburse for unauthorized NEMT services or services provided by out-of-network providers. NET InSight includes robust controls to verify provider network status and service authorization prior to reimbursement, supporting compliance with contract terms and Medicaid regulations.

Call Center procedures confirm that only valid trip requests are authorized. To validate a member's request, we verify their eligibility and confirm that the requested transport is for a covered service. All authorized trips are scheduled in NET InSight and are given a unique confirmation number, which is provided to the provider for submitting claims.

Our Compliance Department is responsible for credentialing, training, and monitoring transportation providers. By utilizing the interactive database within NET InSight, the Compliance Department manages each transportation provider's profile digitally. The system also verifies the status of all drivers and vehicles, promptly notifying the claims team of any unauthorized driver or vehicles at the time of service.

Contracted Provider Network

Verida will exclusively use NEMT providers with whom we have executed formal contracts. NEMT providers are governed by our Transportation Provider Service Agreement. This agreement contains all policies, procedures and requirements applicable to NEMT providers, drivers and vehicles. Additionally, Verida's agreement includes detailed Rate Sheets, which are signed by both parties and formally incorporated into the executed Transportation Provider Service Agreement.

Rate negotiations are guided by the following principles:

- Compliance with state and federal Medicaid reimbursement policies
- Consideration of provider capacity, service area, vehicle type, and trip volume
- Awareness of market conditions, including rising operational costs and service demand

Verida maintains an open dialogue with transportation providers and conducts periodic rate reviews. When adjustments are required, a revised rate sheet is generated, mutually approved, and appended to the existing provider agreement.

Financial Reserve Requirement

Verida will maintain a financial reserve equivalent to ten percent (10%) of the annual contract cost bid for NEMT services throughout the contract period. This reserve will be held in a dedicated account and managed in accordance with applicable financial and regulatory standards to support fiscal responsibility and contract compliance.

Enrollment and Payment through MMIS

Verida will enroll as an Agency provider with the State and will receive payment for NEMT services through the State's Medicaid Management Information System (MMIS). We are experienced in working with MMIS platforms and will confirm accurate claims submission, reconciliation, and reporting in accordance with State Medicaid requirements.

Using our approach, Verida will deliver a compliant, efficient, and high-quality NEMT program that meets the needs of West Virginia Agency members and aligns with the State's goals for access, accountability, and fiscal stewardship.

4.1.2.6 Reporting Pre-Tax Net Income

At the conclusion of each state fiscal year (June 30), the vendor will report pre-tax net income, of the West Virginia NEMT Program (Medicaid services only), to The Agency, Any amount over 7.5% profit will be returned to the state within thirty (30) days of the completion of the audit, which must be completed within ninety (90) days of the end of the state fiscal year. This serves as cost containment, ensuring the successful continuity of the program. For purposes of computing rebate, the vendor may carryover, from the prior reporting period only, any expenses (losses) in excess of 100% of premium revenue received, not to exceed 5% of total loss amount (e.g. revenue received is $100; expenses are $110; vendor may carryover %.50 for rebating calculation in following year). The vendor must provide documentation that the carryover amount is in compliance with contractual standard via reporting completed by an independent auditor.

Verida acknowledges and accepts the requirement to report pre-tax net income for the West Virginia NEMT Program, specific to Medicaid services, at the conclusion of each state fiscal year (June 30). Verida's finance department will work with external auditors to confirm the fairness and reasonability of the profit margins used in rebate calculations.

Annual Financial Reporting

Verida will complete an independent audit of the NEMT Program's financial performance within ninety (90) days of the end of each state fiscal year. The audit will detail pre-tax net income derived from Medicaid services and will be submitted to the Agency in accordance with RFP requirements.

Profit Rebate Compliance

Should audited pre-tax net income exceed 7.5% of total revenue for the fiscal year, Verida will return the excess amount to the State within thirty (30) days of audit completion.

Loss Carryover Provision

Verida will apply the allowable loss carryover provision as outlined in the RFP. If expenses in the prior reporting period exceeded 100% of premium revenue received, we will carry forward up to 5% of the total loss amount for rebate calculation purposes in the subsequent year.

Audit Documentation and Verification

All carryover amounts will be substantiated through documentation provided by an independent auditor. Our finance department will collaborate with the audit team to confirm profit calculations meet contractual standards.

4.1.2.7 Completing Start-Up Activities

Vendor must complete all start-up activities within three (3) months prior to go live of contract award date.

If awarded this contract, Verida will complete all start-up activities within three (3) months prior to the go-live date of the contract award. We are well-prepared to meet this timeline and have a proven track record of successfully assuming operational responsibilities from incumbent vendors with minimal disruption to service continuity.

A current example is the work we are doing under an emergency contract for the state of Georgia's Coordinated Transportation Services program. While not NEMT, the Georgia Coordinated Transportation Services program and West Virginia's Jobs & Hope program share a common mission of improving access to essential services and promoting self-sufficiency among vulnerable populations. Georgia's program, administered by the Department of Human Services, provides cost-effective transportation for older adults, individuals with disabilities, and others with limited mobility, enabling them to access health care, employment, and social services. It operates through a regional structure with coordinated planning and oversight to eliminate service duplication and maximize resource efficiency.

Similarly, West Virginia's Jobs & Hope program is a statewide initiative designed to support individuals recovering from substance use disorder by helping them overcome barriers to employment. Through a collaborative network of agencies, the program offers career training, educational support, and access to services such as transportation and legal aid, ultimately guiding participants toward meaningful employment and community reintegration.

Both programs emphasize interagency collaboration, resource coordination, and individual empowerment, using transportation and support services as tools to foster independence, improve quality of life, and strengthen community ties.

General Approach for Completing Start-Up Activities

Our approach is guided by a comprehensive Implementation Work Plan, which outlines all critical milestones, deliverables, and stakeholder engagement activities necessary for a seamless transition. This plan includes:

- **Detailed project timelines** with clearly defined phases for onboarding, system integration, provider network contracting, staff training, and stakeholder communication.
- **Risk mitigation strategies** to proactively identify and address potential challenges during the transition period.
- **Dedicated implementation team**, including an implementation manager, leads from each functional area (call center, facility outreach and education, provider relations, etc.), technical experts, our project management office, and an experienced actuary, to confirm all financial and operational components are aligned with State expectations.
- **Regular status reporting** to the Agency, including progress updates, issue tracking, and resolution timelines.

Our successful history of transitioning services from existing vendors demonstrates our ability to mobilize quickly, coordinate effectively with interested parties, and deliver operational readiness on schedule. We are confident in our ability to meet or exceed the three-month start-up requirement and facilitate a smooth launch of the West Virginia NEMT Program.

4.1.2.8 Monthly Administrative Meeting

The vendor will have monthly administrative meetings with the Agency staff to provide program updates to include, but not limited to: program cost, utilization trends, issues, program accomplishments/deficits, and other data as requested by the Agency.

We are committed to maintaining a transparent, collaborative, and data-driven relationship with the Agency throughout the duration of the West Virginia NEMT contract. To support this commitment, we will conduct monthly administrative meetings with designated Agency staff to provide comprehensive program updates and facilitate ongoing dialogue around performance, challenges, and opportunities for improvement.

These meetings will be structured to include key topics such as:

- **Program Cost**: Detailed financial reporting including expenditures, budget adherence, and cost-efficiency measures.
- **Utilization Trends**: Analysis of trip volumes, service types, geographic distribution, and member demographics to identify patterns and inform strategic planning.
- **Operational Issues**: Identification and resolution of service delivery challenges, complaints, provider performance concerns, and system-level barriers.
- **Program Accomplishments and Deficits**: Highlights of successes such as improved access, Agency member satisfaction, and innovations, as well as areas requiring corrective action or enhancement.
- **Agency-Requested Data**: Responsive reporting tailored to specific Agency inquiries, including ad hoc analyses and supplemental documentation.

To provide consistency and accountability, Verida's Project Manager will lead these meetings and coordinate input from relevant departments including finance, operations, quality assurance, and technology. Meeting materials will be prepared in advance and shared with Agency staff, and follow-up actions will be tracked through a centralized issue log and performance dashboard.

Support from Verida's Project Management Office

Our Project Management Office (PMO) will play a critical support role in aiding the success of monthly administrative meetings with the Agency. Working in close coordination with the Project Manager, the PMO will assist in preparing meeting materials, compiling and analyzing key performance data—including program cost, utilization trends, and operational metrics—and tracking follow-up actions. The PMO will also verify that reporting is timely, accurate, and aligned with contractual requirements.

By leveraging standardized project management tools, dashboards, and communication protocols, the PMO will help maintain consistency, transparency, and accountability across all meeting engagements. This collaborative structure enables the Project Manager to focus on strategic oversight while the PMO facilitates operational readiness and documentation integrity.

Our team has a successful track record of managing complex Medicaid transportation programs and engaging state partners through structured, solution-oriented communication. We view these monthly meetings not only as a contractual obligation, but as a strategic opportunity to align goals, share insights, and continuously improve the NEMT program for West Virginia Agency members.

4.1.2.9 Providing All Data

The vendor must provide all data, including data the vendor may consider proprietary, as requested for any State and/or Federal audit.

Verida agrees to provide all requested data—including proprietary data—as part of any State and/or Federal audit related to the West Virginia NEMT Program. We are committed to full transparency and compliance with all audit protocols and regulatory standards.

Our organization is supported by a knowledgeable and experienced Business Analytics team that specializes in Medicaid transportation programs. This team is equipped to extract, analyze, and present complex datasets in a clear and audit-ready format. They work closely with operations, finance, and compliance teams to confirm that all data is accurate, complete, and aligned with contractual and regulatory expectations.

We use integrated systems that capture end-to-end data points across the entire NEMT service lifecycle—from trip scheduling and provider dispatch to Agency member feedback and financial reconciliation. These systems are designed to support robust standard and ad hoc reporting capabilities, enabling us to respond quickly and thoroughly to audit requests. Our data architecture supports secure storage, traceability, and version control, so that historical and real-time data can be retrieved and validated as needed.

In the event of an audit, Verida will provide all requested data—including proprietary information—within the required timelines and formats. Our Business Analytics and compliance teams will work in coordination with the auditing entity to confirm that all documentation is complete, well-organized, and responsive to the scope of the audit.

4.1.2.10 Pricing Tiers

The Vendor must agree to price individual tiers on the pricing page with no more than 20% variance between the individual tiers.

Verida acknowledges and agrees to the requirement that individual tier pricing for capitated PMPM brokerage services will reflect no more than a 20% variance between tiers, as specified in the RFP. We are committed to maintaining a fair, transparent, and data-driven pricing structure that supports the Agency's cost containment goals while supporting equitable access to high-quality NEMT services.

Our pricing strategy has been developed through close collaboration between our in-house actuary, our Chief Financial Officer, and stakeholders throughout the company. The actuary, a key member of our finance team, brings deep expertise in rate setting, risk modeling, and cost forecasting. Working alongside Verida's experienced NEMT professionals, the actuary will verify that each pricing tier is actuarially sound, reflects historical and projected utilization patterns, and complies with the 20% variance requirement.

4.1.2.11 Bound by Service Level Agreements in Appendix 4

The Vendor must agree to be bound by all Service Level Agreements (SLA) included in Appendix 4.

Verida is deeply committed to meeting and exceeding the Service Level Agreements (SLAs) outlined in Appendix 4 of the West Virginia NEMT RFP. We recognize that SLA compliance is essential to delivering safe, timely, and high-quality transportation services to Agency members.

With over 25 years of experience in the NEMT industry, Verida will leverage its knowledgeable and experienced team—spanning executive leadership, operations, compliance, legal, business analytics, and provider management—to confirm every aspect of service delivery aligns with

contractual standards. SLA oversight is embedded throughout Verida's organizational structure, from the Executive Management Team and Quality Management Committee to the Project Management Office and Compliance Team, each playing a strategic role in monitoring performance, driving continuous improvement, and resolving challenges proactively.

Verida's robust framework includes real-time data analytics, rigorous provider oversight, legal review of contractual obligations, and operational excellence across call center and workforce management functions. This integrated approach reflects Verida's unwavering dedication to accountability, transparency, and superior service delivery for the West Virginia NEMT program.

SLA Oversight Framework

Executive Oversight

- **Executive Management Team**
  Verida's corporate executive management team (EMT), including our Chief Executive Officer, Steve Adams, will play a pivotal role in driving SLA compliance across the West Virginia NEMT program. This team of seasoned executives brings deep transportation industry and healthcare expertise and are actively engaged throughout the contract lifecycle—from implementation to ongoing performance management. Their oversight supports strategic decision-making, cross-departmental coordination, and timely resolution of operational challenges. By regularly reviewing SLA metrics and aligning resources to meet contractual standards, Verida's leadership team reinforces a culture of accountability and positions SLA performance as a core organizational priority.
- **Quality Management Committee**
  Verida's Quality Management Committee (QMC), composed of executives, department managers, front-line personnel, and the Director of Business Analytics, plays a central role in maintaining compliance with all SLAs. Operating under the authority of the Executive Management Committee and the Board of Directors, the QMC designs and oversees Verida's Quality Assurance Plan, which defines the structure, processes, and performance measures used to monitor NEMT service delivery. Through regular reviews, data analysis, and targeted improvement initiatives, the QMC helps align Verida's operations with contractual standards and supports consistent, high-quality service across all functional areas.

Project Management Office (PMO)

- Verida's PMO will support West Virginia's SLA compliance by leading the initial implementation process and aligning operational workflows with contract requirements. The PMO facilitates collaboration across departments, tracks milestone progress, and drives continuous improvement efforts tied to SLA performance. In addition, the PMO works closely with functional leaders to develop key operational documents, including the Operational Procedures Manual and the NEMT Provider Manual, which serve as foundational tools for consistent service delivery and adherence to program standards.

Compliance Team

- Verida's Compliance Team, led by the Vice President of Corporate Compliance, plays a critical role in supporting SLA compliance by overseeing regulatory adherence, managing client audits, and coordinating documentation across departments. The team interprets SLA requirements, develops internal policies, and conducts routine audits to

verify performance. It also manages NEMT provider credentialing (e.g., licensing, certifications, training, background checks), vehicle inspections, and incident investigations, while supporting both internal and external reporting to maintain transparency and accountability throughout the program.

Transportation Provider Management

- Verida will safeguard compliance with SLAs related to its NEMT provider network through a comprehensive performance management and engagement strategy. Each month, a detailed "Provider Report Card" is generated for every NEMT provider, capturing key metrics such as on-time performance, travel time on board, trip send backs, and complaints. Verida closely monitors these metrics, and Provider Relations Managers conduct regular one-on-one meetings with providers to review and address performance trends. To reinforce expectations around safe and timely transports, Verida maintains consistent communication and accountability through quarterly provider meetings, regional town halls, random on-site field observations, newsletters, and refresher training sessions. This multi-pronged approach supports providers and confirms alignment with SLA requirements while working to continuously improve service delivery.

Call Center Operations

- Verida's Operations team will play a pivotal role in supporting compliance with West Virginia's SLAs for the NEMT program. Call Center leadership will actively monitor key performance indicators such as speed of answer, average wait time, abandonment rate, scheduling timeliness, and system uptime to maintain high standards in call handling. The Workforce Management (WFM) team enhances SLA adherence through strategic staffing optimization, accurate forecasting of call volumes, and precise agent scheduling. Leveraging advanced WFM tools, the team maintains real-time visibility into queue performance and agent availability, enabling swift adjustments to uphold service levels. Additionally, the Operations team collaborates with the Marketing Department to develop member-facing communications—including denial letters and appeal notices—that meet SLA requirements for timeliness and clarity, confirming that all aspects of service delivery align with program expectations.

Utilization Management

- Verida's Utilization Management team will be instrumental in supporting the achievement of key SLAs for the West Virginia NEMT program. To meet the pre-transportation validation check SLA, the team will proactively audit at least six percent (6%) of NEMT requests before service delivery, verifying eligibility, trip necessity, and provider assignment accuracy. For the post-transportation validation check SLA, the team will review no fewer than four percent (4%) of completed trips to confirm service delivery, trip documentation, and adherence to Medicaid guidelines. The team will also support timely utilization reporting by submitting comprehensive reports on the designated day of the week, using automated tracking and scheduling tools to maintain consistency. Additionally, Verida's Utilization Management team will monitor for suspected fraud, abuse, and misuse, investigating flagged cases and submitting detailed reports within three calendar days of the due date, in alignment with program integrity standards. This

structured and responsive approach safeguards compliance, transparency, and continuous quality improvement across all NEMT operations.

Finance/Claims Processing

- Verida's claims processing department, which operates as a key component of the finance team, will comply with West Virginia's NEMT program SLAs through a structured and accountable approach. To meet the NEMT Provider Reimbursement SLA, the claims team will process and pay all clean claims within 30 calendar days of receipt, using automated workflows and validation tools to confirm accuracy and timeliness. Working in tandem with the finance team, which includes an actuary, the department verifies that provider payments are aligned with negotiated rates and actuarial projections, maintaining fiscal integrity and operational transparency. This collaboration supports both regulatory compliance and provider satisfaction across the NEMT network. The finance department will prepare and submit the Annual Financial Report within 90 days of the end of the state fiscal year, detailing pre-tax net income and coordinating with internal audit teams to return any excess profit over 7.5% within 30 days of audit completion.

Data Analytics & Reporting

- Verida's Business Analytics team plays a vital role in supporting SLA compliance by leveraging tools such as SQL Server reporting services and Microsoft Power BI for report development and statistical analysis to manage program activities and deliver real-time data visibility. Using an Administrative Dashboard, the team tracks key SLA metrics—including on-time arrival, travel time, authorization turnaround, validation checks, and reimbursement timelines—through high-level summaries and detailed drill-downs. The Director of Data Analytics participates in weekly status meetings with operations and EMT leadership to review performance, address concerns, and align priorities. In addition to submitting reports to the Agency on the required schedule, the team analyzes survey and complaint data to identify trends, collaborates with the QMC to determine root causes, and supports the development of corrective action plans to drive continuous improvement.

Legal Department

- Verida's internal Legal Department plays a key role in supporting SLA compliance by verifying all contractual and regulatory obligations are met. Our General Counsel will revise our Transportation Provider Service Agreement to align with the specific requirements of the West Virginia NEMT contract. Additionally, the General Counsel conducts thorough reviews of SLA language and evaluates any proposed changes to contract deliverables, verifying that Verida's operations remain fully compliant with both regulatory standards and contractual commitments. This proactive legal oversight helps safeguard the integrity of service delivery and reinforces Verida's commitment to meeting all SLA expectations.

Commitment to SLAs in Appendix 4

The following SLAs represent the performance standards from Appendix 4 for which we are fully committed. Our goal is not only to meet these benchmarks but to consistently exceed them, by providing reliable, timely, and high-quality transportation services for West Virginia Medicaid

members. These SLAs reflect our dedication to operational excellence, member satisfaction, and continuous improvement:

APPENDIX 4: SERVICE LEVEL AGREEMENTS (SLAs)	
NEMT Services	
1. On Time Arrival	No more than 5% late or missed per day
2. Travel Time on Board	No more than 45 minutes more than the average travel time
3. Average Wait Time	Waiting time does not exceed 15 minutes for a scheduled appointment, and one (1) hour for a discharge
4. Authorization and Scheduling Timeliness – Three (3) Business Day Turnaround	Schedule 98% of routine NEMT requests within 3 business days
5. Authorization and Scheduling Timeliness – Ten (10) Business Day Turnaround	Schedule 100% of all routine NEMT requests within 10 business days
Transportation Validation Checks	
6. Pre Transportation Validation Checks	Conduct pre-transportation validation checks for no fewer than 6% of NEMT requests
7. Post Transportation Validation Checks	Conduct post-transportation validation checks for no fewer than 4% of NEMT requests
8. Utilization Reporting Submission	Submit report on the day of the week specified
9. Suspected Fraud, Abuse and Misuse Reporting	Report fraud, waste, abuse or misuse within 3 calendar days of the due date
10. All Other Vendor Deliverables Submission	All deliverables as required by the contract
NEMT Provider Reimbursement	
11. NEMT Provider Reimbursement	Pay all clean claims within 30 calendar days from receipt
Call Center Performance	
12. Call Center Downtime	No non-negotiated downtime due to hardware, operating, or software failure during
13. Call Center - Speed of Answer	Answer all calls within three (3) rings
14. Call Center - Average Wait Time	Average queue time after AVR is five (5) minutes or less
15. Call Center – Average Call Abandonment Rate	Average abandonment rate is no more than 5%
Training Outreach and Education	
16. Provider Training and Education	Conduct NEMT Provider and Provider training in at least 5 locations throughout the state. Also conduct ongoing meetings, and update Provider Manual annually
17. Member Outreach, Education & Satisfaction Surveys	Conduct member outreach and education; conduct member satisfaction survey every six (6) months
Driver and Vehicle Validation Checks	
18. Transportation Provider Driver Requirement Validation Checks	Verify NEMT Drivers meet all requirements
19. Vehicle and Vehicle Inspection	Perform initial vehicle inspection and at least every 6 months thereafter
Program Changes	
20. Unauthorized changes	Any changes to processes, protocols, flowcharts, etc. must receive the Agency's approval

21. Implementation of Contract Requirements	Implement 100% of contract requirements no later than three (3) months post "Go Live" date of the contract
22. Annual Financial Report	Within 90 days of end of state fiscal year, report pre-tax net income; return any amount over 7.5% profit within 30 days of audit completion.

Optional Service – Jobs and Hope Program

The following SLAs outline the key performance standards that guide our delivery of transportation services for participants in the Jobs & Hope program. These SLAs reflect our commitment to providing dependable, responsive, and participant-centered service. By adhering to—and striving to exceed—these benchmarks, we aim to support the program's mission of removing barriers to employment and education through reliable mobility solutions.

APPENDIX 4: SERVICE LEVEL AGREEMENTS - OFFICE OF DRUG CONTROL PREVENTION	
Transportation Services	
1. Statewide Coverage	Trips shall be available in every area of West Virginia within a 24-Hour timeframe
2. On-Demand Ride Response	No more than 5% of scheduled trips may be delayed more than 24 hours
3. On-Time arrival	Maintain a monthly average of 80% for on-time arrivals
4. Travel Time Onboard	For multi-passenger trips, members will not remain in vehicle for more than 45 minutes longer than the average travel time for direct transport
5. Average Wait Time	Average wait time for a pick-up does not exceed 15 minutes
Ride Booking Application Services	
6. Ride Booking Application Downtime	No non-negotiated downtime due to hardware, operating, or software failure
Training, Outreach and Education	
7. Provider Training and Education	Conduct ride booking application training sessions at least once a year throughout the state
8. Unauthorized changes	Any and all changes must be approved by the Agency
9. Implementation of Contract Requirements	Implement 100% of contract requirements by Go-Live date of the contract.

Technology-Driven Monitoring

Verida's transportation management system, NET InSight, serves as a centralized platform for capturing and managing all data elements associated with the NEMT process, including services provided to both the Medicaid and Jobs and Hope populations. The system tracks the full lifecycle of each trip—from scheduling and dispatch to completion and claims payment—while also recording critical events such as denials, cancellations, and re-route requests through advanced auditing functionality. All trip and payment records are securely stored for the duration of the contract, enabling Verida's Business Analytics and Operations teams to generate both standard and ad hoc reports in the format, medium, and timeframe specified by the Agency. This robust data infrastructure provides transparency, accountability, and ongoing compliance with SLA requirements.

Verida's NET InSight platform is configured to:

- Track and timestamp key performance indicators (e.g., trip scheduling, call handling, validation checks)
- Trigger alerts when SLA thresholds are approached or exceeded
- Organize data for timely reporting and audit readiness

Continuous Improvement

Verida conducts regular SLA performance reviews across departments. These reviews are used to refine processes, enhance training, and improve service delivery. Any SLA-related deliverables or updates are submitted to the Agency for approval in accordance with contract requirements.

4.2 Qualifications and Experience

Vendor should provide information and documentation regarding its qualifications and experience in providing services or solving problems similar to those requested in this RFP. Information and documentation should include, but is not limited to, copies of any staff certifications or degrees applicable to this project, proposed staffing plans, descriptions of past projects completed (descriptions should include the location of the project, project manager name and contact information, type of project, and what the project goals and objectives where and how they were met.), references for prior projects, and any other information that vendor deems relevant to the items identified as desirable or mandatory below.

The Vendor should propose a staffing plan that can address the unique needs of members while guaranteeing services provided in the most economical manner. In their proposal, the vendor should describe how the staffing plan will provide the skills necessary to meet the requirements of the project throughout the life of the contract.

Verida approaches NEMT as a people-first, data-anchored service. Our methodology blends compassionate customer care with disciplined operations, so every interaction—from the first phone call to claim settlement—moves smoothly and predictably. With over 25 years of experience managing large-scale NEMT programs that blend technology, provider development, and member-first service, our work across diverse Medicaid populations has shaped a methodology that balances compliance, operational efficiency, and compassion.

We've launched and run full-brokerage programs for large, diverse populations—urban, rural, and frontier—often under tight timelines. Those launches share a common playbook: early engagement with community partners, a strong push to recruit and credential local transportation providers, and a rigorous "test–measure–refine" cycle fueled by our Business Analytics team. The result is a steady operational rhythm: scripted, member-friendly call flows; right-sized levels of service; reliable trip assignment; live GPS accountability; and claims that reconcile cleanly to encounters.

We've applied this methodology to multiple statewide and regional contracts that parallel the size and complexity of West Virginia's NEMT program:

- **Indiana Family and Social Services Administration (FSSA):** When Indiana first introduced a brokered NEMT model in 2018, Verida was selected to build the program from the ground up. In just one month, we credentialed more than 160 ambulatory, wheelchair, and EMS providers, coordinated over 339,000 trips within the first six months, and quickly stabilized operations despite underestimated trip volumes. Our ability to activate a robust provider network and implement NET InSight across a new Medicaid program demonstrates how we successfully navigate large-scale implementations.
- **Georgia Department of Community Health:** Since 2000, Verida has managed NEMT brokerage services across multiple regions of Georgia. When we assumed responsibility for the Atlanta region, it was plagued with fraud, poor service, and high complaint volumes. Through aggressive provider recruitment, fraud detection protocols, and strong member service practices, we rebuilt the network and dramatically improved performance. Today, Georgia remains one of our cornerstone partnerships, supporting hundreds of thousands of members annually.
- **Arkansas Department of Human Services:** In 2019, Arkansas called on Verida to assume responsibility for four NEMT regions within just sixteen days due to a failed

implementation by another broker. Leveraging our surge capacity, cross-trained workforce, and established recruitment methodology, we completed the accelerated launch and immediately stabilized services for members across a wide swath of the state. This experience underscores our ability to respond to urgent state needs with speed and precision.

- **Louisiana Department of Health:** Since 2014, Verida has managed NEMT services statewide, covering both Fee-for-Service and MCO-based models. Louisiana's diverse geography—ranging from swamplands to remote rural parishes—required innovative provider recruitment strategies and specialized service delivery models. Our experience here highlights our ability to adapt to geographic and cultural challenges while maintaining compliance and member satisfaction.

Across these contracts, Verida has shown the ability to manage millions of trips annually, coordinate thousands of drivers, and deliver reliable, cost-effective transportation for vulnerable populations. We bring the same tools, processes, and community-centered values to West Virginia.

Our West Virginia staffing plan is designed to mirror personnel expertise of these contract models. Leadership brings deep NEMT and Medicaid experience; contact center teams are locally recruited and trained; and specialized functions (utilization management, compliance and program integrity, provider relations, analytics, claims) work in sync. Retention is treated as a strategic advantage—career pathways, ongoing coaching, and a culture of recognition keep tenure high and knowledge on the floor. Mental Health First Aid training prepares staff to support members and colleagues with sensitivity and skill.

Highlights of our Operating Approach

- **Member-centered service:** Scripted but conversational calls, privacy-first identity checks, cultural sensitivity, and clear explanations of rights, responsibilities, and travel options.
- **Technology that guides every step:** NET InSight for eligibility, LOS determination, dispatch, GPS trip verification, claim–encounter tie-outs, and analytics; CXone/IVR for smart routing and self-service; Observe.AI for QA and coaching.
- **Provider-friendly network management:** Credentialing support, no-cost mobile tools, prompt and accurate payments, and performance scorecards with collaborative coaching.
- **Program integrity throughout:** Exclusion screening, monthly re-checks, FWA analytics, and documented response protocols—integrated with claim/encounter data and GPS-stamped trip events.
- **Continuous improvement:** QMC governance, KPI dashboards, member/provider surveys, root-cause reviews, and targeted Quality Improvement Projects.

4.2.1 Qualification and Experience Information

Vendor should describe in its proposal how it meets the desirable qualification and experience requirements listed below.

Verida's qualifications are anchored in both deep operational expertise and a methodology that emphasizes member care, provider support, and program integrity. Below we describe how our experience and capabilities align directly to the requirements of this section.

4.2.1.1 Organizational Chart

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 structure, including all parent entities. This chart should show the relationship of the vendor's proposed project organization to its overall organizational structure. The vendor should provide a revised organizational chart, within thirty (30) calendar days, at any time during the contract period that a change is made in the organizational structure.

Verida understands the importance of having a strong, capable local management presence and being a part of the community in which it operates. That is why our Key Staff Members will be located in Charleston, West Virginia. This team will be directly responsible for overseeing the day-to-day operations of the Statewide NEMT Program and services to support the ODCP and BBH Statewide Transportation Program. Verida operates a structured and decentralized staffing model to ensure flexibility, local responsiveness, and efficient service delivery across all our state contracts. While we leverage shared corporate services to streamline key functions such as human resources, legal, and finance, each state in which we operate functions independently to meet the unique needs of its respective population and program requirements.

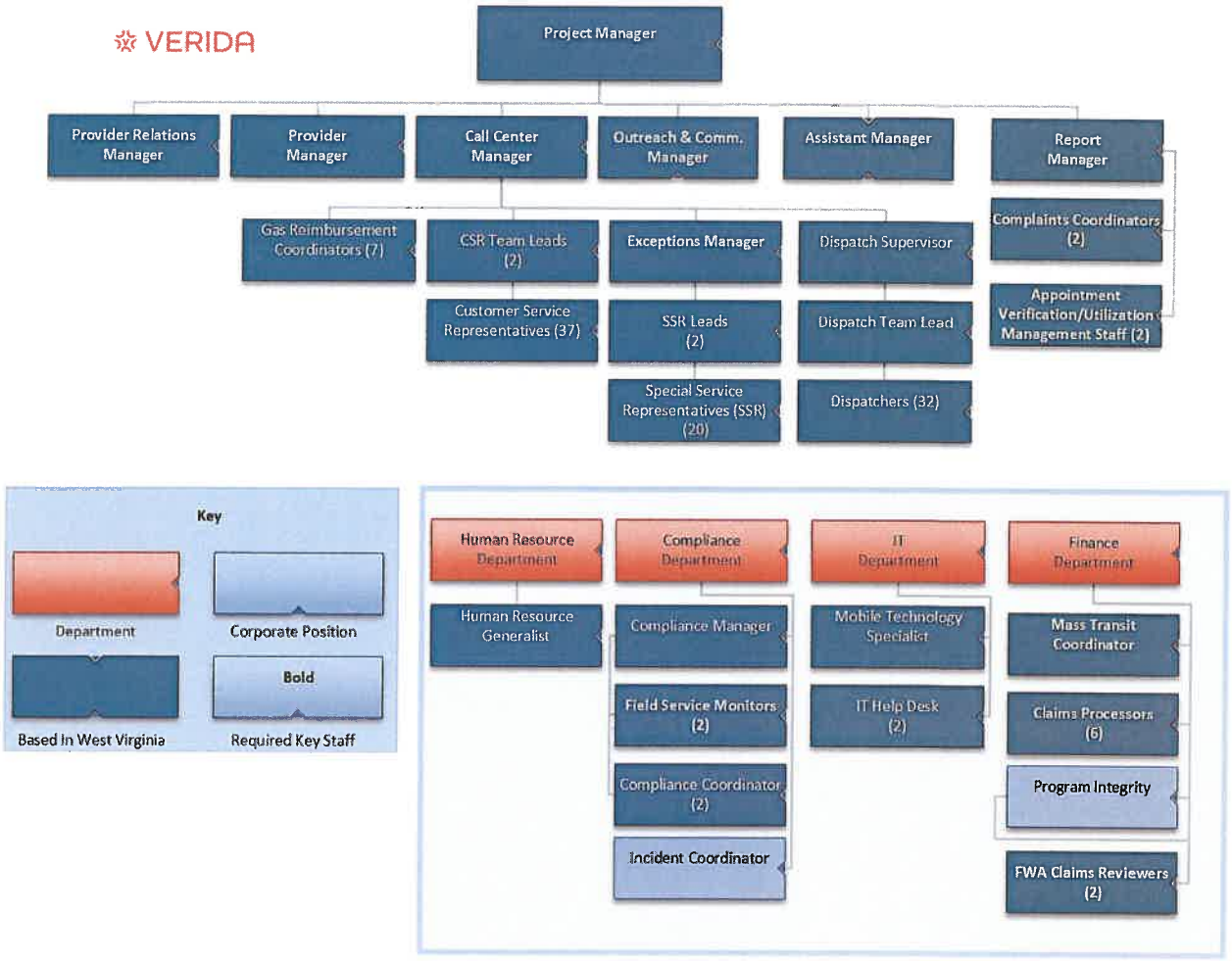
No Parent Entity, No Bureaucracy—Just Results

Verida is a privately held, minority-owned business with no parent entity, owned and led by Steve Adams. As such, its organizational structure is streamlined and fully autonomous, allowing for clear identification of all key staff, off-site personnel, vendor employees, and subcontractor roles in accordance with the West Virginia NEMT RFP requirements. Partnering with a privately owned company like Verida offers the Agency several advantages, including direct accountability, faster decision-making, and a more agile response to evolving program needs. Without the layers of bureaucracy often found in larger corporate structures, Verida can prioritize innovation, responsiveness, and personalized service—safeguarding that the state's transportation program is managed with both efficiency and integrity.

Verida's Proposed Organizational Chart for West Virginia

The organizational chart below reflects only Verida's direct employees who will perform duties under the Contract. Verida does not directly employ subcontractor staff; instead, it maintains contractual relationships and Business Associate Agreements with GenTech, Forward Strategies, and Boostlingo to deliver specific administrative services. These entities operate independently and are not integrated into Verida's internal staffing structure. As such, their personnel are not included in Verida's organizational chart, which reflects only direct employees and operational leadership. This delineation provides clarity in roles and responsibilities, maintains compliance with privacy and data-sharing protocols, and supports a streamlined organizational framework that aligns with the West Virginia NEMT RFP requirement for clearly identifying vendor and subcontractor staff.

The following chart uses color coding to distinguish departments (orange), staff based in West Virginia (darker teal), corporate positions (gray), and required staff roles (bolded). This structure accurately represents Verida's internal team while acknowledging the distinct role of external service providers.



We will 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.

4.2.1.2 Staff Roles, Responsibilities, and Skills

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

The following table provides a high-level description of roles, responsibilities and skills associated with each position on the West Virginia organization chart presented in Section 4.2.1.1. These summaries highlight the core functions and qualifications for each role.

Detailed job descriptions for each position, including complete essential functions, specific qualifications, and comprehensive minimum education requirements, can be found in **Exhibit 2**. These full job descriptions provide the complete picture of each role's scope, accountability, and contribution to program success.

Organizational Chart Role Descriptions		
Role	**Skills/Qualifications – Preferred**	**Job Responsibilities**
Project Manager	Bachelor's degree in Business Administration, Healthcare Management, or related field;5-7 years in NEMT or healthcare operations management; proven leadership experience	Responsible for the operational management of all business activities related to NEMT contracted services, including oversight of all internal functions, call center operations, provider network management and development, compliance, reconciliation, quality control, risk management, information technology, training, and business office oversight.
Outreach and Communications Manager	Bachelor's degree in Social Work, Public Health, Communications, or related field; 3-5 years in member advocacy, community outreach, or ombudsman services	Serves as primary member advocate and ombudsperson, develops outreach strategies to educate members about NEMT services, investigates and resolves member complaints, conducts community outreach, creates member education materials, tracks member satisfaction data, advocates for members with special needs.
Assistant Manager	Bachelor's degree (or 4 years NEMT experience + 2 years qualified experience); Minimum 2 years experience	Coordinates with Project Manager to ensure NEMT program success, establishes relationships with members, clients, and providers, monitors performance standards, tracks metrics, ensures regulatory compliance, and supports quality assurance initiatives.

Provider Manager	MSW preferred; Bachelor's Degree in Business preferred or commensurate experience in similar capacity; 2 years experience	Responsible for building and strengthening relationships with Medical Providers.
Exception Manager	High School Diploma/GED (Bachelor's preferred); 5 years experience preferred	Oversees a team that manages complex case resolution including denials/appeals, pre-authorizations, and eligibility issues, supervises team performance, provides facility training, drives process improvements to reduce costs and cycle times.
Complaints Coordinator	High School Diploma/GED; 2-3 years in customer service, complaint resolution, or healthcare coordination	Responsible for receiving, investigating, compiling, and and reporting to assure member requests for transportation are processed according to contractual guidelines and company policies and procedures.
Provider Relations Manager	Bachelor's degree; 3-5 years experience preferred	Responsible for building, maintaining, and monitoring the provider network. This individual will provide oversight of overall network. They will monitor the reimbursement of all providers, and work with Verida's actuary to ensure reimbursement rates are appropriate.
Call Center Manager	Bachelor's degree in Business Administration or related field; Experience: 5+ years in call center management or operations	Facilitates the maximization of resources (human and automated) to achieve customer satisfaction, productivity, contract compliance and financial goals. They will also plan and develop strategies and procedures to improve the operating quality and efficiency of the department.

Report Manager	Associate's or Bachelor's degree; 5+ years experience preferred	Manages comprehensive QA Plan including complaint resolution and compliance, produces monthly/quarterly/annual customer reports, and analyzes patient attendance and cost data.
FWA Claims Reviewers	Bachelor's degree preferred; 2-3 years in fraud investigation/auditing/compliance	Audits processed claims to validate payment accuracy and identify fraud, waste, and abuse, conducts FWA investigations, analyzes claims data for patterns and anomalies, prepares detailed reports, ensures regulatory compliance, serves as primary resource for audit activities.
Mass Transit Coordinator	High School Diploma/GED; 2-3 years experience	Responsible for the coordination of all functions associated with the Public Transit program, including the distribution, tracking, and reporting of public transit fares and expenditures in accordance with policy.
Claims Processors	High School Diploma/GED	Responsible for the reconciliation of provider's reimbursement request forms and maintaining all departmental filing. This employee will also communicate with providers on the proper process of filing claims as well as denial of claims.
Appointment Verification/ Utilization Management Staff	High School Diploma/GED; 2 years experience preferred	Assists members and facilities in authorizing exceptional trips and higher service levels, educates facilities about NEMT services, coordinates patient trips with facility staff, manages prescheduled trips, audits provider logs, handles facility complaints.

Field Services Specialists	High School Diploma/GED; 3+ years	Responsible for overseeing the safety of the company's independently contracted provider network. Their responsibilities will also include oversight of the inspection of provider vehicle fleets, unannounced vehicle, and driver inspections, and monitoring the network for compliance.
Customer Service Representatives	High School Diploma/GED	Customer Service Representatives will be the initial contact point for members. The CSR will be responsible for booking trips accurately, using empathy, and delivering exceptional customer service on every call.
Customer Service Lead	High School Diploma/GED: 2 years experience	Oversees and monitors a group of call center employees. This person will provide coaching and feedback for the team, assure their goals are met.
Dispatcher/After Hours Agents	High School Diploma/GED; dispatching experience preferred	Responsible for assigning trips and answering phones to respond to discharge orders, ride requests, customer inquiries, questions, and complaints. The dispatcher will deliver exceptional customer service to providers, members, and all callers.
Dispatcher Supervisor	Bachelor's degree preferred but not required; Five years of management experiences call center experience is a plus	Oversees dispatch teams and works directly with management to meet contractual requirements.
Dispatcher Lead	High School Diploma/GED; 2-3 years experience	Supports Dispatcher Supervisor in overseeing dispatch operations, provides guidance to dispatchers, assists with escalated issues, monitors real-time dispatch

		performance, and ensures smooth workflow during shifts.
Gas Reimbursement Coordinator	High School Diploma/GED	Coordinates and processes gas reimbursement requests for eligible members, verifies documentation and mileage calculations, maintains accurate records, communicates with members regarding reimbursement status, and ensures compliance with program guidelines.
Special Service Representative	High School Diploma/GED	Responsible for assuring that members who require re-occurring transportation receive courteous and professional customer service. SSRs will also collaborate with healthcare facilities to assure trip setup is accurate.
Special Service Representative Lead	High School Diploma/GED (Bachelor's degree preferred); 2+ years experience	Ensures quality service delivery for members with recurring transportation needs, monitors team performance, provides coaching and training, and collaborates with healthcare facilities on service improvements.
Compliance Manager	Bachelor's degree preferred; 2+ years experience	Responsible for assuring that all providers are appropriately trained and operating within contractual requirements for vehicles and drivers. Additionally, this individual will oversee due diligence related to accidents and incidents.

Compliance Coordinator	High School Diploma/GED (Associate's degree preferred); 2-3 years	Compliance Coordinators interact with providers to obtain compliance information, schedule inspections, and work with Fleet Monitors to coordinate their daily activities. They also respond to inquiries and complaints, and other administrative duties.
Incident Coordinator	Associate's or Bachelor's degree preferred; 2-4 years	Responsible for reviewing, initializing responses, and documenting all incidents that occur in connection with Verida's Contracts. This position will be directly responsible for the daily, monthly, and annual reporting of incidents to our clients.
HR Generalist	Associate's degree or relevant experience; 1 years experience	Handles and provides support for various HR employee programs within the assigned location. This position will report to the HR Manager and serve as a point of contact for HR-related issues. The generalist will liaise with the HR Team to problem-solve and address employee matters.
IT Help Desk	Associate's degree or technical certification preferred; years experience	Provides technical support and troubleshooting for hardware, software, and network issues. Responds to employee IT requests via phone, email, and ticketing system. Assists with system setup, password resets, software installations, and resolves technical problems to ensure minimal disruption to business operations.
Mobile IT Specialist	Bachelor's degree preferred	Provides technical support for mobile devices, tablets, and remote technology for transportation providers

Corporate Management Staff

The West Virginia business office and call center will be supported by our corporate leadership staff. These individuals are thought leaders, who are highly educated and experienced executives. Throughout the contract's lifecycle, each will apply their expertise in program development and management to make sure West Virginia's NEMT program is successful and compliant. In the following biographies, we define each of our corporate leader's roles as well as their associated responsibilities.

Steve Adams, President and CEO

Steve Adams has been directly involved in the medical transportation industry for more than 40 years. His career began in 1974 as an Emergency Medical Technician with the local ambulance service company in his hometown of Carrollton, Georgia. Just two years later, Steve purchased the company and formed West Georgia Ambulance Service, Inc. The company expanded over the next 20 years to become one of the southeast's largest minority-owned ambulance services.

Steve is a leader who likes to personally get to know his clients and hear directly about their needs and what is important to them. He will support the Verida team from implementation and onward.

Jim Degliumberto, Chief Operating Officer (former Chief Information Officer)

Jim Degliumberto is the Chief Operating Officer of Verida, with oversight responsibility for all contract operations. Jim has played an integral role in our company for the last 15 years—for much of that time he served as our Chief Information Officer. Under Jim's leadership, Verida was able to transform its technology platform and build a transportation management system specifically for NEMT services, driven by smart phone technology. His understanding of the technological gears that drive the NEMT industry, as well as many years of working shoulder to shoulder with our operational leaders, prepared him well to serve as our COO. Jim has ultimate oversight of the West Virginia program.

Dena Adams-McNeish, Chief Development Officer

Dena Adams-McNeish is Verida's Chief Development Officer and oversees corporate contracting. In her role, she is responsible for providing important input into the company's business development and growth strategies. Additionally, she fosters client relationships with program stakeholders, including executives, administrators, department/agency leaders, legislators, transit agencies and health care entities. Dena also oversees all HR functions and makes sure that our operational staffing plans align with all service delivery and contract needs. Dena will serve as a point of contact for the DoHS operation and provide ongoing oversight.

Gary Kinard, Chief Financial Officer

Gary Kinard is Verida's Chief Financial Officer. Gary joined the company in 2008 and is responsible for all financial operations and audits. Additional responsibilities include Verida's fiscal policy, strategic planning, and overseeing the claims management, accounting, and audit departments. Gary's background includes over 30 years of experience in finance and more than seven years of medical experience as an Emergency Medical Technician (West Georgia Ambulance Service and Grady Health Systems) and Disaster Medical Assistance Team Co-Coordinator (U.S. Department of Public Health and Human Services).

Chris Lee, General Counsel/ Chief Compliance Officer

As the Verida's General Counsel, Chris Lee is responsible for our legal affairs nationwide. Chris also leads our compliance division, where he directs and oversees our adherence to privacy and security protocols within the organization, verifying that Verida complies with all federal and state regulatory requirements. Chris joined the company in 2016 after 10 years in private practice, during which he focused on civil litigation, including the defense of premises liability, automobile liability, and medical malpractice suits, as well as representing medical facilities and other businesses. Chris received his Juris Doctor degree from Emory University School of Law in 2006, as well as an undergraduate degree in Economics from Emory in 2003.

Bryan Joswick, Vice President, Corporate Compliance

Bryan Joswick, our Vice President of Corporate Compliance, began his career with Verida in 2010 as the Director of Compliance and Risk Management. As the Vice President of Corporate Compliance, he is responsible for overseeing and managing compliance within the organization, confirming the company and its employees comply with all state regulatory and contractual requirements. He also oversees all client delegated audits to safeguard coordination of required documentation, procedures, and processes.

Phyllis Boaz, Vice President of Operations

Phyllis Boaz, Vice President of Operations, has more than 30 years of experience in the managed care environment, including 18 years in Medicaid and more than three years in the NEMT industry. She works within the Operations organization to strengthen Verida's customer relationships and communicates with clients to transform the transportation experience. She is responsible for overseeing regional and statewide operational functions and leading large-scale projects from conception to implementation. Additionally, Phyllis is responsible for the daily oversight and support of our contracts and operational teams. Prior to joining Verida, Phyllis served as a Senior Manager for a large managed care organization.

Kashif Anwer, Director of Business Analytics

As the Director of Business Analytics, Kashif Anwer is responsible for data analysis and reporting of all Verida's essential business functions as required by clients and to support business development functions and other corporate level strategies. Kashif has more than 18 years of experience providing strategic and day-to-day operational management of corporate data including: data mining, forecasting, operational reporting and analytic systems, voice-of customer collection systems and tools, and qualitative/quantitative research. He oversees the data research and report development of critical performance measures to assure contract compliance and optimal operating efficiencies. Kashif manages a team of business analysts and will be responsible for delivering accurate and timely standard and ad-hoc reports to DoHS.

Richard Price, Director of Workforce Management

Richard Price is the Director of Workforce Management at Verida. In his role at Verida, Richard oversees staffing operations across multiple service areas, confirming workforce levels consistently meet contractual performance standards and service delivery objectives. He leads the deployment of advanced workforce management systems that offer real-time insights into staffing metrics, productivity, and resource allocation. With deep expertise in enterprise-level omnichannel solutions and workforce platforms, Richard specializes in optimizing contact center efficiency through technology integration and trend analysis.

4.2.1.3 Call Center Staff Job Descriptions and Requirements

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

As described in Section 4.2.1.2, Verida's Call Center staff and management team meet all required qualifications for this project. Our Call Center staff possess a high school diploma or equivalent certification, and all management staff hold a bachelor's degree with at least two (2) years of qualifying experience relevant to NEMT operations.

Comprehensive job descriptions for all Call Center staff positions, including Customer Service Representatives, Customer Service Leads, Special Service Representatives, Special Service Representative Lead, Dispatchers, Dispatcher Lead, Dispatcher Supervisor, Gas Reimbursement Coordinator, Exceptions Manager and Call Center Manager, are provided in **Exhibit 2**. These job descriptions detail the educational requirements, experience qualifications, essential functions, and competencies required for each role to ensure successful execution of the West Virginia NEMT program.

All job descriptions demonstrate compliance with the educational and experience requirements specified in the RFP, with Call Center staff meeting the minimum high school diploma or equivalent certification requirement and management staff meeting the bachelor's degree and two (2) years qualifying experience requirement.

4.2.1.4 Off-Site or Subcontractor Quality and Timeliness

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.

Verida recognizes that certain specialized services can enhance our offerings and views subcontractor partnerships as an extension of our mission to connect members with safe, timely, and compassionate transportation services. We have established strategic partnerships with select service providers who share our commitment to quality. While Verida remains the sole primary service provider and performs all core business functions in-house, we subcontract three specialized administrative functions: NEMT Provider training, third-party surveys, and interpretation services.

Subcontractor Partnerships:

1. **GenTech – NEMT Provider Training**: Through our collaboration with GenTech, we combine their industry expertise and tailored instructional capabilities with Verida's high standards in transportation, creating a training program that empowers drivers to consistently deliver safe, reliable, and consumer-centered service. This robust curriculum includes consumer service training to enhance driver-passenger interactions, fostering a service environment rooted in courtesy, sensitivity, and Verida's philosophy of operational excellence.
2. **Forward Strategies – Third-Party Surveys**: Our member surveys are conducted by Forward Strategies, an independent third-party firm, who helps us objectively address potential deficiencies in service and maintain high performance standards through unbiased member feedback and satisfaction data.
3. **Boostlingo – Interpretation Services**: Recognizing the need for accessibility, Verida partners with Boostlingo to provide interpretation services, enabling effective communication with non-English speaking members. Boostlingo provides translation services in more than 300 languages, ensuring language barriers never prevent members from accessing transportation services.

Assurance of Quality and Timeliness:

Because these subcontractors provide specialized, non-core administrative functions rather than direct member services or operational activities, Verida maintains straightforward but effective oversight to safeguard quality and timeliness:

Quality Assurance Measures:

- **Designated Oversight**: Each subcontractor partnership has an assigned Verida staff liaison who coordinates services and monitors performance
- **Provider Training Quality Control**: Verida works hand-in-hand to develop training materials and curriculum to promote alignment with our operational standards and monitors provider completion rates and feedback
- **Survey Quality Review**: Forward Strategies provides detailed survey results and methodology reports, which Verida reviews for completeness, validity, and actionable insights
- **Interpretation Service Testing**: Boostlingo services are periodically tested for accuracy, response time, and language availability to verify quality communication support

Timeliness Assurance Measures:

- **Semi-Annual Survey Coordination**: Forward Strategies operates on a defined schedule for surveys, with clear timelines for survey distribution, completion, and reporting
- **On-Demand Interpretation Access**: Boostlingo provides real-time interpretation services 24 hours a day, seven days a week with minimal wait times, enabling immediate language support when members need assistance

- **Training Schedule Management**: GenTech provider training sessions are scheduled in coordination with Verida's onboarding and ongoing training needs, with adequate advance notice and flexible scheduling options

Accountability and Oversight:

- Verida retains full responsibility and accountability for all subcontracted work
- All subcontractors comply with applicable regulations including HIPAA and will comply West Virginia's contractual requirements
- Regular communication and performance reviews foster prompt identification and resolution of any issues

Because these functions are specialized and non-operational in nature, this streamlined oversight approach safeguards quality and timeliness without creating unnecessary administrative burden, allowing Verida to focus resources on core member services and transportation operations.

4.2.1.5 Staff Retention

Approach to staff retention and ensuring continuity of staff to include employee continued education/training programs, employee performance incentives, and other employee benefits/programs that provide for staff enhancement in education and/or performance. The vendor is to assume all cost associated with referenced programs.

Retention Methodology

Our strong retention rates reflect our proven methodology for maintaining key staff stability. Through structured career advancement, leadership development, and comprehensive benefits, we are dedicated to building a workplace that drives long-term success and service excellence.

Talent Strategy: Recruit and Maintain

Verida's comprehensive talent strategy centers on recruiting and developing local professionals dedicated to delivering exceptional service for all of our clients. By offering accessible career growth paths and fostering a culture of teamwork, Verida's leadership team strengthens our core mission to positively impact the communities we serve while supporting West Virginia's NEMT needs. Verida believes that through our recruitment and maintenance strategies, we are able to reduce attrition and retain employees.

Strategic Recruitment: Building a Qualified Local Workforce

Verida implements a multi-channel recruitment strategy that combines traditional methods with innovative, community-focused approaches to build our talented workforce.

We use job boards, and social media to seek potential employees, but we also go beyond traditional hiring methods. Our human resource team hosts dynamic on-site recruitment events where candidates participate in comprehensive evaluations, including real-time interviews and mock scenarios. This hands-on approach enables us to efficiently identify candidates who will meet Verida's and the Agency's requirements while demonstrating the practical capabilities needed for high-performance customer services and dispatch operations. Our average time to fill a position for a customer service agent is 16 days.

Community-Centered Recruitment

Verida has long recognized the value of engaging local communities to support employee recruitment efforts. We work closely with local churches, colleges, career technical education programs, and other community organizations to host hiring events, distribute flyers, and spread awareness of open positions. By tapping into these trusted local networks, we attract candidates who may not be reached through traditional recruiting channels but are well-suited for the responsibilities required of a call center agent. This strategy not only helps maintain a steady pool of local candidates but also strengthens our ties to the communities we serve, which aligns with our mission to support and uplift local residents.

Our referral bonus program further enhances our recruitment efforts by incentivizing our existing employees to recommend qualified candidates for roles. Employees who refer successful candidates are rewarded with a $200 bonus once their referral has completed 90 days of employment. This program encourages employees to actively participate in the recruitment process and helps us consistently bring in strong candidates who have been recommended by trusted team members. The referral process is especially beneficial because it taps into a network of candidates already familiar with Verida's work culture, often leading to high retention rates and long-term success.

Figure 4.2.1.5-1: Verida's HR team speaking with a student at the University of West Georgia's Career Fair.

Internal Growth and Career Development

At Verida, employee retention is central to our success, and we are committed to creating a workplace that promotes both career growth and personal satisfaction. Our methodology combines competitive compensation, growth opportunities, and meaningful engagement initiatives to build lasting commitment among our team members. Aligning salaries with local cost of living standards allows us to attract and retain top talent, while monthly turnover reviews keep us proactive about staff retention. We also foster camaraderie and a positive workplace culture through community service projects, wellness fairs, and activities that boost morale and team spirit.

Supporting Agency Members and Staff Members with Mental Health Challenges

Mental health is a vital component of overall well-being, yet it is often misunderstood, stigmatized, and overlooked. At Verida, we recognize the profound impact that mental health and substance use challenges can have on individuals and communities. That is why we are deeply committed to supporting adults who face these challenges through our Mental Health First Aid (MHFA) training program. This initiative equips our staff and partners with the tools to identify, understand, and respond to signs of mental health and substance use issues—to help those in need receive compassionate, informed support and access to appropriate resources.

By fostering awareness and reducing stigma, Verida is helping to build a more responsive and inclusive care environment across our NEMT network.

Verida's MHFA training equips staff with the skills and knowledge needed to recognize, understand, and respond effectively to signs of mental health and substance use challenges. Employees who complete this training are better prepared to support members experiencing these issues, as well as their colleagues and family members. Through this investment in employee development, Verida strengthens its capacity to provide compassionate, informed, and responsive care to those in need.

Employee Surveys and Engagement Activities

We actively gather employee feedback through regular surveys, fostering a culture of transparency, openness, and continuous improvement. Our Activity Committee plays a key role in strengthening team connection by organizing a variety of engagement events that encourage collaboration, creativity, and community involvement. In addition to corporate sponsorship of the Alzheimer's Walk, wellness fairs and community service projects, employees participate in food drives, school supply collections, and other outreach efforts that reflect our shared values.

Figure 4.2.1.5-2: Verida employees at the Alzheimer's Walk in Carrollton, Georgia in October 2024.

To promote a positive and inclusive workplace culture, the committee also hosts fun and interactive activities such as ice cream socials, seasonal decorating contests, and team luncheons. These events not only boost morale but also provide informal opportunities for employees to share feedback and build stronger relationships across departments. Through these efforts, Verida creates a workplace environment that is connected, supportive, and aligned with the needs and interests of its team.

Comprehensive Benefits

Beyond competitive salaries, Verida offers a broad benefits package that supports employees' well-being, including health insurance, disability coverage, paid time off, 401(k), long term care, and more. At Verida, we understand insurance costs can be a significant burden. That is why we work to keep our coverage plans as affordable as possible while maintaining comprehensive protection. Our individual plans are competitively priced to provide value for all our staff. These benefits enhance employee satisfaction and loyalty by addressing both personal and professional needs, creating a workplace where team members feel supported in all aspects of their lives.

4.2.1.6 Methodology to Personnel Management

Approach and methodology to personnel management to include contingency plans to ensure adequate coverage of program needs and requirements. The vendor is to assume all cost associated with referenced programs.

Verida's personnel management methodology combines strategic workforce planning with operational flexibility to provide consistent service delivery across our multi-state operations.

Our approach is built on 25 years of experience managing healthcare transportation teams, with proven systems for recruitment, training, retention, and performance management that directly support West Virginia's requirements.

Collaborative Personnel Management Framework

In a contact center, the Workforce Management (WFM), Recruiting, and Training departments collaborate closely to achieve optimal staffing levels, to provide smooth operations and high-quality customer service. Here's how each department contributes to this goal:

Workforce Management (WFM)

- **Forecasting Call Volume**: WFM analyzes historical data and trends to predict future call volumes. This helps determine the number of agents needed at different times.
- **Scheduling**: Based on forecasts, WFM creates schedules that align agent availability with expected call volumes, confirming adequate coverage.
- **Real-Time Monitoring**: WFM continuously monitors call traffic and agent performance, making adjustments as needed to maintain service levels.

Recruiting

- **Identifying Staffing Needs**: Using data from WFM, the Recruiting team identifies when and how many new agents are needed.
- **Sourcing Candidates**: They actively seek out qualified candidates through various channels, facilitating a steady pipeline of potential hires.
- **Hiring**: The team conducts interviews and assessments to select the best candidates who fit the contact center's needs and culture.

Training

- **Onboarding New Hires**: Training provides comprehensive onboarding programs to equip new agents with the necessary skills and knowledge.
- **Continuous Development**: They offer ongoing training sessions to keep agents updated on new processes, technologies, and customer service techniques.
- **Performance Feedback**: Training collaborates with WFM and Recruiting to provide feedback on agent performance, helping to refine hiring criteria and training programs.

Collaborative Efforts

- **Aligning Goals**: All three departments work together to align their goals and strategies, enabling a unified approach to staffing.
- **Communication**: Regular meetings and updates between departments help address any staffing issues promptly and they adjust plans as needed.
- **Adjusting to Forecasts**: When WFM forecasts an increase in call volume, Recruiting ramps up hiring efforts, and Training prepares to onboard and train new agents. Conversely, if forecasts indicate a decrease, new hire classes may be pared down, postponed or canceled.

By working together, these departments safeguard that the contact center is always adequately staffed with well-trained agents, ready to provide excellent customer service. This collaborative approach not only helps in maintaining optimal staffing levels but also enhances the overall efficiency and effectiveness of the contact center.

Contingency Plans for Adequate Coverage

Call Center Network Redundancy

Verida uses a unified, cloud-based technology platform across all of our call centers, hosted in multiple Amazon Web Services (AWS) data centers to provide geographic redundancy and high availability. This advanced, HIPAA-compliant telephony system intelligently route calls through a secure, redundant cloud architecture, allowing seamless rerouting in the event of a local outage or hardware failure. If a primary site experiences disruption, any of our other call centers (Arkansas, Georgia, Indiana, Louisiana or Tennessee), can immediately serve as a backup, minimizing downtime and maintaining uninterrupted service.

This networked approach enables Verida to dynamically shift resources in response to disaster recovery scenarios or unforeseen circumstances. Call center redundancy not only supports business continuity but also helps us meet staffing requirements and uphold service level agreements (SLAs) without interruption—supporting consistent, high-quality service delivery across all areas.

Real-Time Adjustments

Our team uses advanced tools such as Nice CXone to monitor staffing levels in real time, allowing us to make immediate adjustments and comply with contract metrics. Verida's comprehensive staffing strategy demonstrates our understanding of the critical role workforce management plays in fulfilling contract obligations. By anticipating needs and maintaining flexibility, we are well-positioned to meet the Agency's expectations and maintain continuous high-quality service for all Agency members.

Members can speak with a CSR through the toll-free number whenever they need to answer questions about scheduled rides and handle urgent transport/facility discharges. We confirm that our call center is staffed sufficiently with supervisors, team leads, CSRs, dispatchers, and other support staff to facilitate courteous, responsive, and accurate service for members and their representatives. For example, our Georgia call center employs over 130 call center professionals who support call center operations 24 hours a day, 7 days a week.

Universal Agent Initiative

Verida's ability to scale staffing efficiently means that we can maintain high levels of customer service and meet the needs of our clients, even during peak periods. Our company initiative, Universal Agent aims to cross-train CSRs on multiple contracts, enhancing efficiency across various contact centers. By selecting tenured agents with excellent attendance and high performance, this initiative provides the most capable agents. Here is how the Universal Agent initiative will benefit the overall customer experience and operational efficiency:

Scalability:

- **Flexible Resource Allocation**: Universal Agents can be deployed across different contracts as needed, allowing the contact center to scale operations up or down based on demand.

- **Efficient Handling of Peak Times**: During high call volumes, Universal Agents can be quickly reassigned to busy queues, ensuring that customer wait times are minimized.

Moving Agents to Queues with Calls on Hold:

- **Reduced Wait Times**: By moving Universal Agents to queues with high call volumes, the initiative helps reduce the number of calls on hold, leading to faster response times and improved customer satisfaction.
- **Balanced Workload**: This flexibility confirms that no single queue is overwhelmed, distributing the workload more evenly among agents.

Redundancy:

- **Operational Continuity**: In case of unexpected absences or increased call volumes, Universal Agents can step in to cover multiple contracts, so service levels are maintained without disruption.
- **Risk Mitigation**: Having a pool of cross-trained agents reduces the risk of service interruptions due to staffing shortages.

Minimize Downtime:

- **Increased Productivity**: Universal Agents can switch between tasks and contracts seamlessly, minimizing idle time and increasing overall productivity.
- **Optimal Utilization**: This initiative verifies agents are always engaged in productive work, whether it is handling calls, providing support, or assisting with other tasks.

Reduce Overall Staffing Requirements:

- **Efficient Staffing**: With Universal Agents capable of handling multiple contracts, the need for a large, specialized workforce is reduced, enabling staffing efficiencies.
- **Cost Savings**: By optimizing the use of existing agents, the contact center can reduce hiring and training costs, leading to significant cost savings.

Strategic Workforce Management Approach

Our WFM team is skilled in forecasting call volumes by analyzing historical trends and accounting for factors such as shrinkage and peak periods. This approach helps maintain alignment between staffing levels and service demands. **Figure 4.1.2.6-1** illustrates the volume of incoming calls, broken down in specific time intervals (e.g., hourly), providing a clear view of call distribution throughout the day. This visualization helps identify peak and off- peak periods, enabling our team to optimize staffing levels, reduce wait times and improve service delivery.

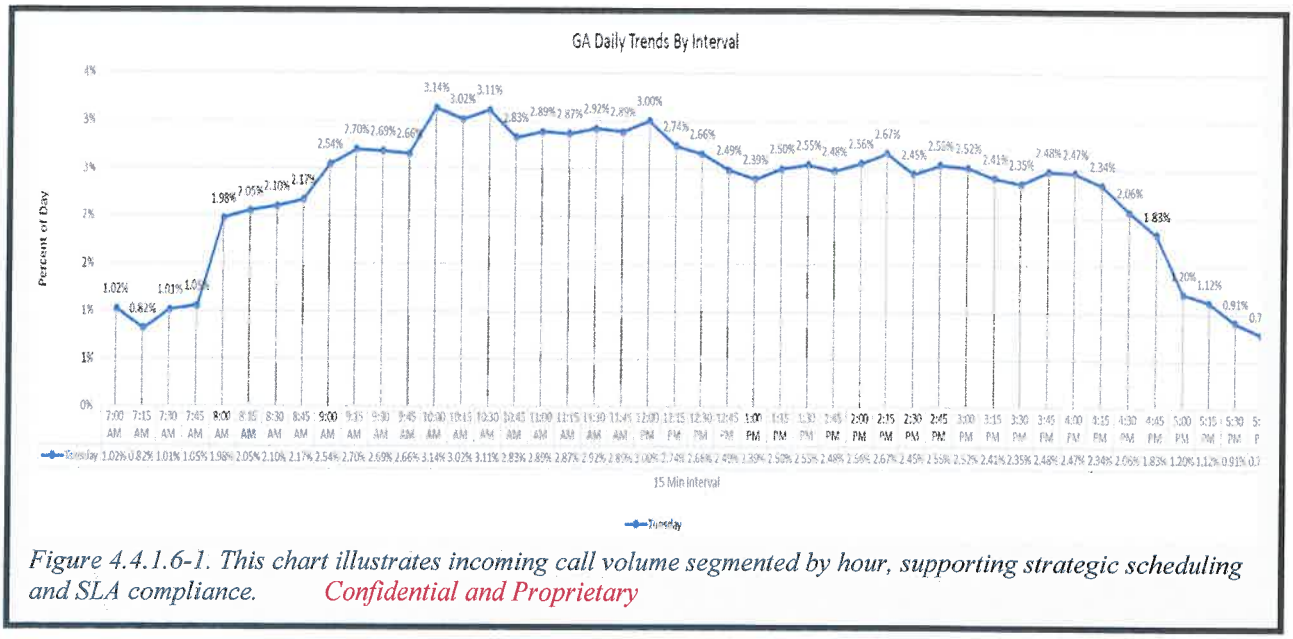


Figure 4.4.1.6-1. This chart illustrates incoming call volume segmented by hour, supporting strategic scheduling and SLA compliance. *Confidential and Proprietary*

Verida's WFM call center staffing plan is a strategic framework designed so that our call center has the appropriate number of agents with the right skills available at the right times to meet anticipated call volumes. Verida forecasts future call volumes based on historical data and business intelligence to determine staffing needs. By analyzing patterns such as seasonal trends, marketing campaigns, and product launches, forecasting enables Verida to anticipate periods of high or low call activity.

Key Benefits

Proactive Recruitment and Training: Accurate forecasting allows the organization to identify when additional staff will be needed, facilitating timely collaboration with the recruiting team to initiate new hire classes. This way new agents are trained and ready to handle increased call volumes, maintaining service quality.

Optimized Resource Allocation: By understanding future staffing requirements, we can schedule training sessions, allocate resources efficiently, and avoid overstaffing or understaffing scenarios, leading to cost savings and improved operational efficiency.

Enhanced Service Levels: Our well-executed staffing plan, informed by precise forecasting, safeguards that the call center can consistently meet customer demand, reducing wait times and increasing customer satisfaction.

Service Delivery Commitment and Cost Management

To support this commitment, Verida emphasizes several key principles in our approach to staffing and service delivery:

Operational Efficiency and Fiscal Responsibility: Verida is committed to operating in a lean and fiscally responsible manner, so our operations are both economical and productive. We prioritize maintaining adequate staffing levels to prevent any degradation in the quality of service provided to our members. Should Verida identify a technological advancement that

would reduce the number of staff required, we would present a detailed plan to the Agency for review and approval prior to implementation.

Quality of Service Commitment: Our focus remains on delivering high-quality service. We cross-train staff to promote flexibility and responsiveness to member needs, aligning with contractual performance requirements and maintaining SLAs without sacrificing quality.

Strong Employee Retention: Our organization has demonstrated strong employee retention (as shown in the tenure by position chart below), and we are dedicated to maintaining the quality of service in all operational decisions.

Position Category	Position Titles	Average Tenure (Years)
Executive Management	Executive, Vice President	11
Operations Management	State/Project Director, Regional Director, Quality Assurance Manager, Network Development and Reimbursement Manager	12
Call Center Management	Call Center Directors, Call Center Managers, Call Center Supervisor	8
Operations	Compliance Field Officer, Field Monitors, Compliance Coordinator	5
Call Center Agents	Customer Service Representatives, Dispatchers, Special Service Representatives	2

Verida's comprehensive staffing strategy demonstrates our understanding of the critical role workforce management plays in fulfilling contract obligations. By anticipating needs and maintaining flexibility, we are well-positioned to meet West Virginia's expectations and maintain continuous high-quality service for all members. Verida will assume all costs associated with the referenced programs.

4.2.1.7 Brokerage NEMT Service Experience for Similar Population

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:

4.2.1.7.1 State Medicaid and/or other governmental NEMT programs

4.2.1.7.2 Providing NEMT or other transportation services

4.2.1.7.3 Brokering NEMT or other transportation services

4.2.1.7.4 Recruiting NEMT Providers

4.2.1.7.5 Operating an Automatic Call Distribution (ACD) system

4.2.1.7.6 Staffing a NEMT or other transportation services customer service call center

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

Overview of Full Brokerage Experience

Verida's comprehensive NEMT service delivery experience spans 25 years of coordinating transportation across diverse populations, geographic challenges, and service requirements. Our approach to providing NEMT services encompasses complete program management from basic ambulatory transport to complex multi-modal coordination including wheelchair-accessible vehicles, stretcher transport, and commercial air travel arrangements.

Our NEMT experience demonstrates the full spectrum of transportation coordination West Virginia requires. We manage transportation for members with varying mobility needs, medical conditions, and geographic locations, coordinating services across urban centers, rural communities, and remote areas with limited infrastructure. This experience includes managing emergency discharge transportation, coordinating specialty care appointments requiring long-distance travel, and arranging complex multi-day medical trips requiring overnight accommodation. Our healthcare transportation foundation enables us to understand the clinical importance of reliable transportation and work closely with medical providers, treatment facilities, and healthcare systems to facilitate seamless care coordination.

4.2.1.7.1 State Medicaid and/or Other Governmental NEMT Programs

Georgia Department of Community Health

Our 25-year Georgia partnership serves as the foundation for every capability West Virginia requires. Verida first contracted with the Georgia Department of Community Health in 2000 as the Medicaid NEMT broker in the Atlanta region and in 2005 as the broker in the North region. When we were awarded the Atlanta region in 2000, it was plagued with Medicaid transportation fraud and abuse, poor service, and an excessive number of complaints from members and healthcare providers. The previous broker had been unable to establish an effective NEMT provider network or to address problems concerning on-time performance. Verida immediately identified and addressed a wide range of deficiencies within the transportation provider network.

These contracts were competitively bid in 2006 and 2011 and were re-awarded to Verida in both procurements. Verida also won the Central region contract in 2006 and served that region through the end of the contract period. The Central region was awarded to another broker in the 2011 re-procurement based solely on their lower bid price.

Georgia Emergency Management and Homeland Security Agency

Since 2015, Verida has proudly supported Georgia Emergency Management and Homeland Security Agency (GEMA/HS) in emergency preparedness and disaster response, providing critical NEMT services when Georgia communities need it most. GEMA/HS plays a vital role in developing the state's comprehensive emergency response plan, working in coordination with local, state, federal, and private sector partners to respond to natural and man-made disasters. Verida, as one of the select private-sector partners, has been entrusted with responsibilities to support GEMA/HS in both planning and active response phases. Our team is consistently engaged in GEMA/HS-led training, disaster drills, and coordinated exercises, keeping us ready to mobilize when emergencies arise. Since we began our partnership, Verida has helped coordinate the evacuation of more than 300 vulnerable coastal residents during hurricanes.

Georgia Department of Human Services

In September 2025, we further expanded our Georgia operations by implementing a new contract with the Georgia Department of Human Services for their Coordinated Transportation

Services program. This program supports the Division of Aging Services (DAS), Division of Family and Children Services (DFCS), Division of Child Support Services (DCSS), the Georgia Vocational Rehabilitation Agency (GVRA), and the Department of Behavioral Health and Developmental Disabilities (DBHDD). This partnership demonstrates our ability to serve multiple state departments with overlapping service areas—directly relevant to West Virginia's integrated agency approach. The Georgia Coordinated Transportation Services program and West Virginia's Jobs & Hope program share a common mission of improving access to essential services and promoting self-sufficiency among vulnerable populations. Our multi-departmental experience showcases our capability to manage distinct programs for different state agencies while maintaining operational efficiency and avoiding service conflicts.

All Verida's Georgia contracts and operations are managed directly from our headquarters in Villa Rica, Georgia. This centralized, in-person call center model demonstrates our ability to provide comprehensive oversight and high-quality member service across multiple regions and contracts, while maintaining operational consistency and responsiveness.

Indiana Family and Social Services Administration

Our Indiana relationship showcases our comprehensive statewide implementation capabilities. Seven years ago, when we began our contract with the Indiana Family and Social Services Administration (FSSA) in June 2018, the state did not have a brokered NEMT model or an established network of credentialed NEMT providers. Within just one month, we onboarded more than 160 Ambulatory/Wheelchair and EMS providers in preparation for launch and completed over 339,000 trips in the first six months. This was accomplished despite a significantly underestimated trip volume in the original RFP and a provider community unfamiliar with the brokered model or new credentialing standards.

The graphs below highlight the scale and pace of this effort, as well as the stability of the provider network we maintained during the first year. Our ability to activate, credential, and support a robust provider network demonstrates our ongoing commitment to thoughtful, responsive network development planning. Today, our processes continue to evolve in collaboration with FSSA to support access to high-quality, compliant NEMT services for Indiana's FFS Medicaid population. In 2024, Verida was re-awarded the contract for another four (4) years (with two optional 1-year renewals), affirming our successful performance and long-term value to the state. Our Indiana call center and operations team are located in-person in Indianapolis, Indiana.

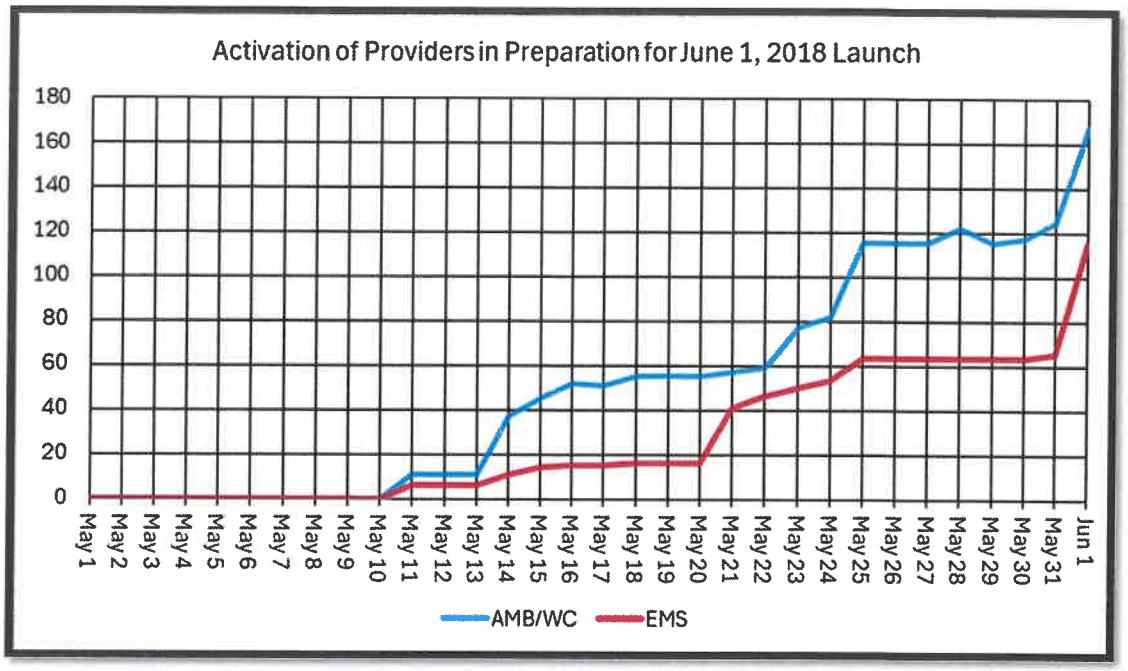


Figure 4.2.1.7.1-1: Within one month of the contract start date, we on boarded more than 160 Ambulance/Wheelchair and EMS providers for the Indiana Family and Social Services Administration (FSSA) program. *Confidential and Proprietary*

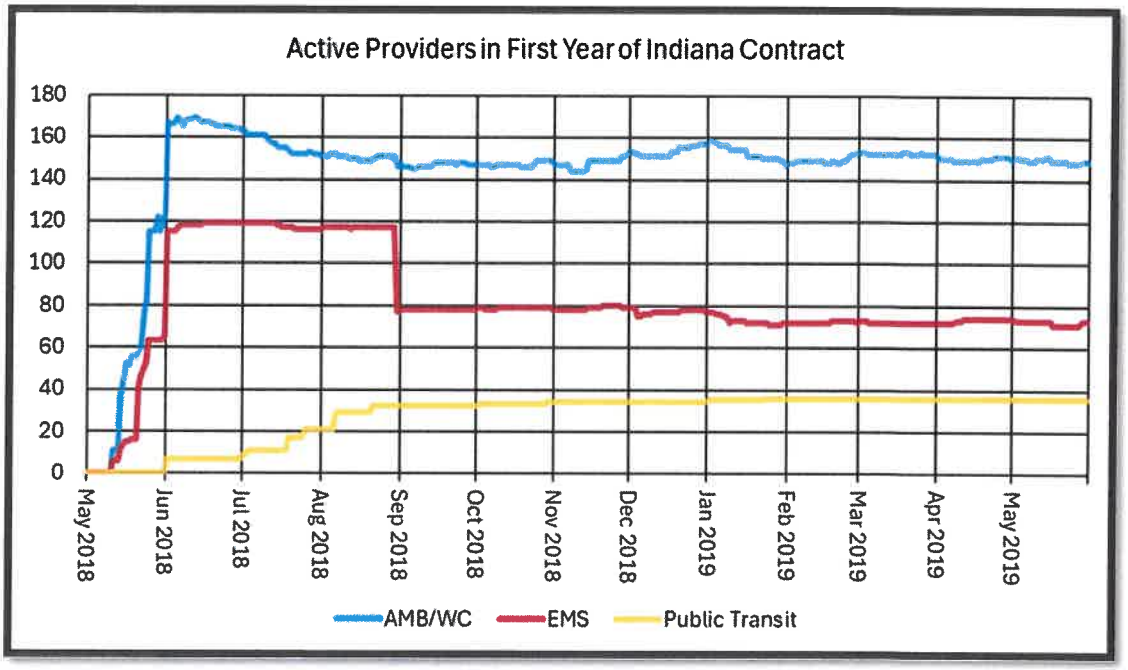


Figure 4.2.1.7.1-2: Verida built a robust transportation provider network for the FSSA program in Indiana. *Confidential and Proprietary*

Arkansas Department of Human Services

Verida contracted with the Arkansas Department of Human Services/Division of Medical Services as the Medicaid NEMT broker in Regions 7 and 12 in February 2013. A sole source contract to manage Region 4 was added in July 2013 until the region could be competitively bid

in the fall of 2013. Verida was awarded a long-term contract in Region 4 during the re-procurement but lost Region 7 to the local Area Agency on Aging based solely on bid price.

When the State re-procured the NEMT contracts in 2018, the regions were reconfigured and renamed Regions A, B, C, D, E, F, and G. Verida was awarded Region D during the re-procurement. In January of 2019, the State of Arkansas approached us to take over Regions A, B, C, and G due to a failed implementation on the awarded broker. We took over the four additional regions within a 16-day accelerated implementation.

Arkansas Division of Developmental Disabilities

In 2020, the Department of Human Services expanded our existing contracts to include transportation services for the Division of Developmental Disabilities Services in Regions A, B, C, D, and G. This expansion added Medicaid coverage for transportation to and from Early Intervention Day Treatment facilities and Adult Developmental Day Treatment centers. While this serves the same Medicaid beneficiaries as our other services, it specifically supports their access to specialized day treatment programs.

This dual-program experience directly parallels West Virginia's integrated Medicaid NEMT and Jobs & Hope requirements, showcasing our ability to manage populations with different operational needs through unified systems and processes.

Our Arkansas services are supported by local call center agents and operations team located in-person in Little Rock, Arkansas.

Louisiana Department of Health

Louisiana's partnership spans over a decade, beginning in 2014 when we first partnered with the Louisiana Department of Health (LDH) to manage prior authorization services for the Department's Medicaid NEMT program. This initial relationship grew into comprehensive statewide operations as we demonstrated our capability to navigate Louisiana's complex regulatory environment and diverse geographic challenges. We currently operate both the LDH Fee-For-Service contract and an MCO contract, showcasing our ability to manage multiple program structures simultaneously within the same state.

Managing statewide Medicaid services across Louisiana's 64 parishes—many with limited healthcare infrastructure, dispersed populations, and challenging geographic conditions including swamplands, rural agricultural areas, and economically disadvantaged communities—required innovative provider recruitment strategies and specialized service delivery models. Our evolution from prior authorization services to comprehensive NEMT program management demonstrates our systematic approach to expanding operations while maintaining service quality and regulatory compliance.

Complete Contract Portfolio

The following table demonstrates the full scope of our NEMT brokerage experience across all active contracts:

Verida's Contract Portfolio		
State	Contract	Service Period
Arkansas	Department of Human Services (Medicaid)	Feb. 2013 - Present
	Division of Developmental Disabilities (Medicaid)	Jan. 2018 - Present
	Arkansas Blue Cross Blue Shield (Medicare)	Jan. 2023- Present
District of Columbia	Health Services for Children with Special Needs (HSCSN)	Nov. 2011 - Present
Georgia	GA Department of Community Health (Medicaid)	Mar. 2000 - Present
	GA Emergency Management and Homeland Security Agency (Disaster Recovery)	Aug. 2015 - Present
	GA Department of Human Services (Coordinated Transportation)	Aug. 2025 - Present
Indiana	Family and Social Services Administration (Medicaid)	Jun. 2018 - Present
Louisiana	AmeriHealth Caritas (Medicaid)	Apr. 2018 - Present
	Louisiana Department of Health (Medicaid)	Apr. 2014 - Present
Mississippi	Shared Health Mississippi (BlueCare) (Medicare)	Jan. 2020 - Present
Tennessee	Blue Care Tennessee (Medicaid, DNSP, Medicare)	Sept. 2008 - Present
Texas	Shared Health Mississippi (BlueCare) (Medicare)	Jan. 2025 - Present

This portfolio represents more than operational statistics—it demonstrates our proven ability to adapt our core competencies to meet the unique requirements of each state while maintaining the consistency and reliability that state Medicaid agencies require.

4.2.1.7.2 Providing NEMT or Other Transportation Services

Verida's comprehensive NEMT service delivery experience spans 25 years of coordinating transportation across diverse populations, geographic challenges, and service requirements. Our approach encompasses the full spectrum of transportation services West Virginia requires, from basic ambulatory transport to complex multi-modal coordination including wheelchair-accessible vehicles, stretcher transport, and commercial air travel arrangements.

Trips – By the Numbers (2024)		
State	Contract	Brokered Trips
Arkansas	Department of Human Services (Medicaid)	390,312
	Division of Developmental Disabilities (Medicaid)	494,885
	Arkansas Blue Cross Blue Shield (Medicare)	434
District of Columbia	Health Services for Children with Special Needs (HSCSN)	60,151
Georgia	GA Department of Community Health (Medicaid)	1,607,804
	GA Department of Human Services (Coordinated Transportation)	N/A
Indiana	Family and Social Services Administration (Medicaid)	452,366
Louisiana	AmeriHealth Caritas (Medicaid)	226,080
	Louisiana Department of Health (Medicaid)	943

Mississippi	Shared Health Mississippi (BlueCare) (Medicare)	28,754
Tennessee	Blue Care Tennessee (Medicaid, DNSP, Medicare)	745,319
Texas	Shared Health Mississippi (BlueCare) (Medicare)	N/A

2024	ALS/BLS/Stretcher	Ambulatory	Wheelchair
Companywide	96,007	3,430,405	373,138

4.2.1.7.3 Brokering NEMT or Other Transportation Services

Verida brings a deep and practical understanding of every facet of NEMT program administration. Our portfolio includes contracts structured under various financial models—including capitated PMPM, per-trip reimbursement, and transportation cost plus administrative fee arrangements—demonstrating our ability to adapt to diverse state preferences and regulatory frameworks. This breadth of experience reflects our operational agility, financial stability, and commitment to delivering consistent, high-quality service regardless of contract structure. Verida is well-prepared to meet West Virginia's requirements with a proven approach that balances compliance, efficiency, and member-focused care.

Our brokerage approach encompasses complete program lifecycle management: initial member contact and eligibility verification, medical necessity determination and service authorization, provider network coordination and trip assignment, trip monitoring and quality assurance, claims processing and provider reimbursement, and comprehensive reporting and performance analysis. We manage a robust network of more than 660 NEMT providers across multiple states, supported by nearly 4,550 drivers operating more than 4,470 vehicles. This scale reflects the operational complexity and capacity required to meet the demands of a statewide brokerage program like West Virginia's.

Membership – By the Numbers (2024)		
State	**Contract**	**Annual Membership**
Arkansas	Department of Human Services/ Division of Developmental Disabilities	557,819
	Arkansas Blue Cross Blue Shield (Medicare)	1,000
District of Columbia	Health Services for Children with Special Needs (HSCSN)	4,942
Georgia	GA Department of Community Health (Medicaid)	932,807
	GA Department of Human Services (Coordinated Transportation)	N/A
Indiana	Family and Social Services Administration (Medicaid)	211,829
Louisiana	AmeriHealth Caritas (Medicaid)	173,222
	Louisiana Department of Health (Medicaid)	100,000

Mississippi	Shared Health Mississippi (BlueCare) (Medicare)	7,200
Tennessee	Blue Care Tennessee (Medicaid, DNSP, Medicare)	689,740
Texas	Shared Health Mississippi (BlueCare) (Medicare)	965

4.2.1.7.4 Recruiting NEMT Providers

Twenty-five years of provider network development across diverse geographic and regulatory environments have refined our recruitment expertise to address the unique challenges West Virginia presents.

Our recruitment strategy recognizes that successful provider networks require comprehensive relationship management beyond competitive reimbursement. Our recruitment process includes market analysis to identify service gaps, targeted outreach to potential providers based on geographic needs, comprehensive credentialing and training support, and ongoing relationship management to promote provider satisfaction and retention.

Our provider support services include technology tools at no cost to providers, comprehensive training programs covering regulatory requirements and service standards, administrative support reducing provider burden, and prompt payment schedules maintaining provider cash flow. This comprehensive support approach has resulted in provider relationships spanning decades in some cases, with many Georgia providers remaining in our network for over 20 years, demonstrating the stability and fairness of our business partnerships.

Verida's Network – By the Numbers (October 2025)			
State	Number of NEMT Providers	Number of Drivers	Number of Active Vehicles
Arkansas	38	335	631
District of Columbia	17	46	63
Georgia	81	842	924
Indiana	106	855	839
Louisiana	170	396	436
Mississippi	42	129	99
Tennessee	209	1,987	1,515
Total	**663**	**4,290**	**4,507**

4.2.1.7.5 Operating an Automatic Call Distribution (ACD) System

Our ACD system operation, Nice CXone, currently handles over 225,000 calls monthly across all contracts while maintaining state-required performance standards. Our system demonstrates the scalability and sophistication necessary for West Virginia's comprehensive call center

requirements, with proven capability to manage multiple state programs simultaneously through integrated platforms.

The system integrates seamlessly with our NET InSight platform, enabling real-time access to member information, trip history, and provider information during every call interaction. Our ACD infrastructure supports intelligent call routing, real-time performance monitoring with dashboard reporting, quality assurance integration with call recording and analysis, and scalable capacity management to accommodate varying call volumes and seasonal fluctuations.

Call Volume – By the Numbers (2024)		
State	**Contract**	**Number of Calls**
Arkansas	Department of Human Services/Division of Developmental Services (Medicaid)	348,314
	Arkansas Blue Cross Blue Shield (Medicare)	3,937
District of Columbia	Health Services for Children with Special Needs (HSCSN)	42,675
Georgia	GA Department of Community Health (Medicaid)	791,343
	GA Department of Human Services (Coordinated Transportation)	N/A
Indiana	Family and Social Services Administration (Medicaid)	346,976
Louisiana	AmeriHealth Caritas (Medicaid)	142,934
	Louisiana Department of Health (Medicaid)	7,294
Mississippi	Shared Health Mississippi (BlueCare) (Medicare)	32,864
Tennessee	Blue Care Tennessee (Medicaid, DNSP, Medicare)	637,241
Texas	Shared Health Mississippi (BlueCare) (Medicare)	N/A

4.2.1.7.6 Staffing a NEMT or Other Transportation Services Customer Service Call Center

Our call center staffing experience encompasses over 700 customer service representatives across multiple locations, with comprehensive training programs and retention strategies that support consistent, high-quality member service. Verida operates in-person call center facilities in Little Rock, Arkansas; Villa Rica, Georgia; Indianapolis, Indiana; and Chattanooga, Tennessee. Our staffing approach demonstrates the scale and sophistication West Virginia requires, with proven capability to establish and maintain call center operations across different geographic markets while maintaining consistent service standards.

Our staffing methodology prioritizes local hiring for regional knowledge and cultural competency. Our comprehensive 3-week initial training program combines general customer service excellence with healthcare-specific knowledge, Medicaid regulations, and regional cultural competency (e.g., rural sensitivity, Appalachian communities). This standardized approach, adapted to local requirements, includes classroom instruction on program rules and procedures, hands-on practice with NET InSight platform and call center systems, shadowing experienced CSRs during actual member interactions, and competency testing to verify quality standards before independent operation. Our ongoing education includes regular refresher training, regulatory updates, and career advancement opportunities.

Full-Time CSRs – By the Numbers (Sept. 2025)		
Location	**Contracts Served**	**Call Center FTEs**
Arkansas	Department of Human Services, Division of Developmental Services, Arkansas Blue Cross Blue Shield	244
District of Columbia	Health Services for Children with Special Needs (HSCSN)	8
Georgia	GA Department of Community Health	250
	GA Department of Human Services	6
Indiana	Family and Social Services Administration	28
Louisiana	AmeriHealth Caritas	21
	Louisiana Department of Health	7
Mississippi/ Texas	Shared Health Mississippi (BlueCare)	1
Tennessee	Blue Care Tennessee	136

4.2.1.7.7 Developing and Managing a Transportation Database

NET InSight serves as the central intelligence hub of Verida's integrated database platform, seamlessly connecting and powering our suite of operational tools—including the Member app, Client Portal, Driver app, and Facility Portal. This unified architecture enables real-time data exchange, streamlined communication, and coordinated service delivery across all user groups. By anchoring our platform with NET InSight, we provide every stakeholder—from members and transportation providers to healthcare facilities and program administrators—with access to accurate, timely, and actionable information that supports efficient, high-quality NEMT service.

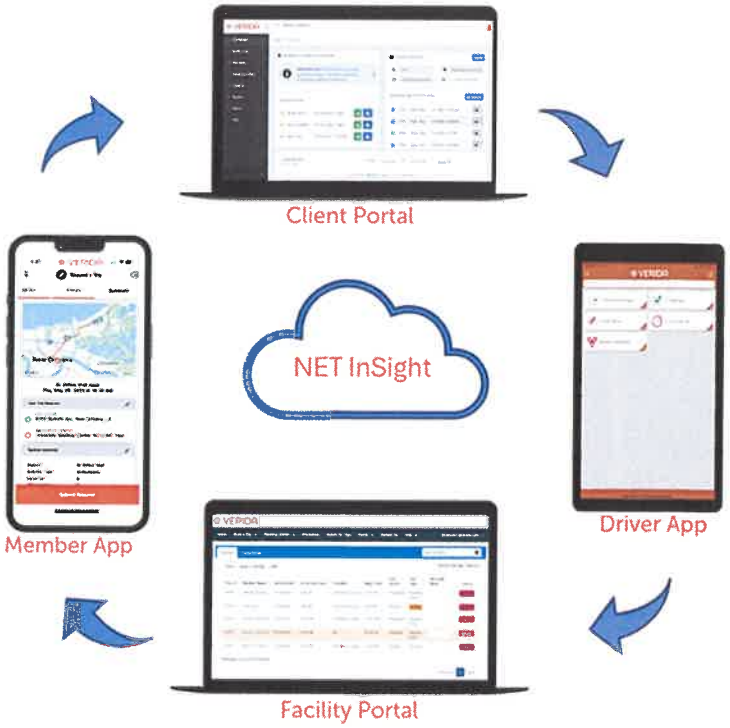


***Figure 4.2.1.7.7-1**: NET InSight not only powers real-time coordination across all user groups but also adapts to the unique operational and regulatory nuances of each state we serve, including West Virginia.*

Our fully integrated NET InSight platform represents 25 years of continuous development and refinement based on real-world operational experience across diverse state requirements. Rather than adapting generic software solutions, we built our comprehensive transportation management system specifically for NEMT transportation, incorporating lessons learned from managing multiple state contracts and evolving regulatory environments across our portfolio.

Our database capabilities include comprehensive member information management with real-time eligibility verification, provider network management with credentialing and performance tracking, trip lifecycle management from authorization through completion and payment, and integrated reporting supporting more than 25 standard reports plus ad hoc report analysis and generation. The system's HIPAA compliance and security features safeguard protection of sensitive healthcare information while enabling comprehensive program management across multiple states and regulatory frameworks.

4.2.2 Mandatory Qualification/Experience Requirements

The following mandatory qualification/experience requirements must be met by the Vendor as a part of its submitted proposal. Vendor should describe how it meets the mandatory requirements and include any area where it exceeds the mandatory requirements. Failure to comply with mandatory requirements will lead to disqualification, but areas where the mandatory requirements are exceeded will be included in technical scores where appropriate. The mandatory qualifications/experience requirements are listed below.

Verida affirms full compliance with all mandatory qualification and experience requirements outlined in the West Virginia NEMT RFP. Each requirement has been carefully reviewed, and Verida's proposal includes detailed descriptions demonstrating how these qualifications are met. In several areas, Verida exceeds the mandatory standards through its proven operational model, experienced leadership team, and commitment to innovation and service quality. These enhancements are clearly identified throughout the proposal and are intended to strengthen the technical evaluation. Verida understands that failure to meet any mandatory requirement results in disqualification and has verified that all criteria are satisfied to support a responsive, high-performing partnership with the State of West Virginia.

4.2.2.1 Key Staff Positions and Resumes

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's degree, licenses, skills and at least two (2) years' experience that qualifies them for their role in this project. The bachelor's degree may be substituted with four (4) years of full-time or equivalent part-time paid NEMT experience in addition to the two (2) years already specified. Resumes should be limited to three (3) single-sided pages per individual.

Verida **meets and exceeds** the mandatory qualification and experience requirements for key staff positions. We have sourced qualified candidates for all key staff positions required for the West Virginia NEMT program, including Project Manager, Assistant Manager, Provider Relations Manager, Outreach and Communications Manager, and Call Center management staff.

How Verida Meets the Mandatory Requirements:

Each candidate sourced for key staff positions possesses a bachelor's degree (or four years of full-time or equivalent part-time paid NEMT experience as a substitution), relevant licenses and skills, and at least two (2) years of experience that qualifies them for their role in this project, as demonstrated in the resumes provided in **Exhibit 3**.

How Verida Exceeds the Mandatory Requirements:

Verida's recruitment strategy and candidate sourcing exceed the minimum requirements in the following ways:

- **Experience Depth**: The candidates we have sourced possess significantly more than the minimum two (2) years of required experience, with most bringing 5+ years of relevant NEMT or healthcare operations experience to their proposed roles.
- **Local Recruitment Focus**: We are committed to hiring key staff who will be based in Charleston, West Virginia to support a strong local presence and meaningful community engagement. Our recruitment efforts prioritize candidates with ties to West Virginia or a willingness to relocate and actively participate in the community.

- **Comprehensive Recruitment Process**: Verida has conducted extensive candidate sourcing through multiple channels who not only meet but exceed minimum qualifications.
- **Quality Standards**: Our candidate vetting process verifies that individuals proposed for key positions demonstrate the leadership capabilities, NEMT knowledge, and professional experience necessary to successfully manage West Virginia's NEMT program from day one.

The following table presents a high-level summary of the qualifications of candidates we have sourced for key staff positions to be located in Charleston, West Virginia:

West Virginia – Key Staff		
Position	**Name**	**Qualifications**
Project Manager	Michael Hanner	Mike brings decades of leadership experience in call center operations, project management, and strategic planning, with a proven track record of driving performance, streamlining workflows, and exceeding KPIs. He has led large teams across multiple departments, managed multimillion-dollar budgets, and built high-performing cultures focused on customer satisfaction and operational excellence. His expertise spans NEMT program oversight, stakeholder engagement, compliance, and quality improvement initiatives. Mike holds a degree in Electrical Engineering Technology from Eastern Florida State College.
Assistant Manager	Jennifer Adkins	Jennifer is a seasoned manager with a strong background in operations and compliance across transportation and regulatory sectors. Since joining Verida in

		2020, she has advanced from Compliance Manager to Regional Director, demonstrating her leadership in managing complex contracts, driving process improvements, and ensuring regulatory compliance. Her expertise includes leading cross-functional teams, implementing strategic initiatives, and overseeing daily operations with a focus on KPIs and sustainable growth. Jennifer holds a Bachelor's in Business Administration in Organizational Leadership from Southern New Hampshire University.
Provider Relations Manager	Steve Buckner	Steve brings over 18 years of expertise in healthcare and transportation operations, with a specialized focus on Medicaid programs, managed care organizations, and provider relations. He has successfully led large-scale NEMT initiatives, built strategic partnerships with state agencies and healthcare entities, and driven operational excellence across call center, dispatch, and compliance functions. His deep industry knowledge and leadership in business development have consistently expanded service reach and improved program outcomes. Steve holds a Bachelor of Business

		Administration from Millsaps College and is a graduate of the Mississippi School of Banking.
Outreach and Communications Manager	LaTonia Dixon	La-Tonia brings over a decade of experience in community outreach, stakeholder engagement, and member advocacy within the healthcare and human services sectors. She has supported Medicaid members through direct outreach, facility coordination, and strategic communication, building strong partnerships with providers and community organizations. Her background includes roles in non-emergency medical transportation, developmental disabilities services, and community health. La-Tonia earned a Bachelor of Applied Science in Public Health at Georgia Military College.
Call Center Manager	Sarah Martin	Sarah brings extensive experience in call center operations, team leadership, and customer service excellence within healthcare and transportation services. She has consistently driven performance improvements, optimized workflows, and confirmed compliance with Medicaid regulations while managing high-volume inbound and outbound call center teams. Her strengths include staff development, strategic scheduling, and

		resolving complex service issues with professionalism and efficiency. Sarah earned her Bachelor of Science from Liberty University and is also a Certified Scrum Professional since 2019.

Resumes for candidates proposed for all key staff positions are provided in **Exhibit 3**, demonstrating their educational credentials, professional licenses, relevant skills, and qualifying experience for the West Virginia NEMT program. Each resume is limited to three (3) single-sided pages per individual and includes detailed information on their background and competencies as they pertain to this project.

Verida's thorough candidate sourcing process and commitment to hiring qualified, experienced professionals demonstrate our dedication to providing West Virginia with capable leadership prepared to deliver high-quality NEMT services.

4.2.2.2 Additional Staff Positions and Resumes

Resumes of all other named individuals included in the Vendor's proposal, including any temporary staff that may be assigned to the project to provide specific, fixed-length services (e.g., training specialists or implementation staff). Resumes should include licenses, skills and relevant experience as they pertain to this project. Resumes should be limited to three (3) single-sided pages per individual.

Verida **meets and exceeds** the mandatory qualification and experience requirements for additional staff positions.

How Verida Meets the Mandatory Requirements:

All additional staff proposed for the West Virginia NEMT program possess the appropriate educational credentials, licenses, skills, and relevant experience as they pertain to this project. This includes our local operational staff (currently being recruited) and corporate management.

How Verida Exceeds the Mandatory Requirements:

- **Executive Leadership Involvement**: Verida's C-suite executives will be directly and actively involved in West Virginia's NEMT program, providing hands-on strategic direction rather than remote oversight—a level of engagement that exceeds typical vendor approaches.
- **Dedicated PMO Support**: April Williams, Project Manager from our Project Management Office, will provide executive-level implementation oversight and ongoing strategic support throughout the contract lifecycle.
- **Enterprise-Level Resources**: Through our corporate management structure, West Virginia gains access to actuarial support, legal counsel, IT infrastructure, HR expertise, and financial management capabilities that exceed what is typically available at a single contract level.

Additional Staff Included in This Proposal:

Project Management Office:

- **April Williams, PMO Project Manager**: Will provide implementation oversight, coordinate cross-functional activities, conduct status reviews with West Virginia leadership, facilitate knowledge transfer and best practice sharing, and monitor implementation milestones and quality benchmarks. Ms. Williams will be actively engaged during the first 90 days of implementation and will continue to provide ongoing strategic support and periodic reviews throughout the contract lifecycle.

Corporate Management Staff:

- As identified in Section 4.2.1.2, our corporate executive team will provide strategic direction, quality assurance, compliance oversight, and executive-level support throughout the contract lifecycle. Their involvement includes strategic planning, regulatory compliance oversight, financial and actuarial support, technology and systems support, HR support for recruitment and employee development, and risk management guidance. Unlike vendors where corporate staff remain distant from operations, Verida's executive team maintains active engagement through regular site visits, client meetings, and hands-on support when needed.

Local Operational Staff:

Verida is actively recruiting for all local positions including call center staff, dispatchers, administrative support, and specialized roles. We are prioritizing local candidates and those with relevant healthcare, customer service, or transportation coordination experience to build a strong West Virginia-based team.

Documentation:

Resumes for April Williams and our Corporate Management Staff are included in **Exhibit 3**. For local positions currently being recruited, representative resumes of candidates being considered are included. Each resume is limited to three (3) single-sided pages per individual and includes relevant licenses, skills, and experience as they pertain to this project, as required by the RFP.

4.2.2.3 Evidence of Related Experience and References

The Vendor should provide detailed evidence of their related experience and capabilities in providing NEMT services in a full brokerage program. At least three (3) Vendor references from work performed for government entities within the last five (5) years should be provided. A reference from an MCO is acceptable when accompanied with a letter from that state's Medicaid agency explaining the relationship and size of the population served.

Statewide NEMT Brokerage Experience

Verida possesses extensive experience managing full brokerage NEMT programs across multiple states, demonstrating our comprehensive capability to deliver all aspects of transportation management including call center services, transportation provider network development and oversight, NEMT compliance, training, quality management, utilization review, claims administration, information technology services, and data management and reporting.

References

Indiana Statewide NEMT Brokerage Program (2018-Present)

Contact Name:	Lindsey Lux Kleman
Title:	Chief of Staff & Deputy Director of Indiana Medicaid

Phone:	(317) 732-4354
Email:	Lindsey.Lux@fssa.in.gov

Louisiana Statewide NEMT Brokerage Program (2014-Present)

Contact Name:	Veronica Gonzalez
Title:	Program Manager
Phone:	(225) 395-9550
Email:	Veronica.Gonzalez@la.gov

Georgia Department of Community Health NEMT Brokerage (2000-Present)

Contact Name:	James Peoples
Title:	Director of Provider Services
Phone:	(404) 357-8654
Email:	jpeoples@dch.ga.gov

Current Clients

Verida's Client Summaries					
State or District	**Client Name**	**Years Contracted With Client**	**Annual Membership**	**Number Of Passengers Transported in 2024**	**Annual Trips Brokered in 2024**
Arkansas	**Department of Human Services/Division of Medicaid**	12	557,819	15,627	390,312
Services Provided: Our company contracted with the Arkansas Department of Human Services/Division of Medical Services as the Medicaid NEMT Broker in Regions 7 and 12 in February 2013. A sole source contract to manage Region 4 was added in July 2013 until the region could be competitively bid in the fall of 2013. Our company was awarded a long-term contract in Region 4 during the re-procurement but lost Region 7 to the local Area Agency on Aging based solely on bid price. When the State re-procured the NEMT contracts in 2018, the regions were reconfigured and renamed to Regions A, B, C, D, E, F, and G. Our company was awarded Region D during the re-procurement. **In January of 2019, the State of Arkansas approached us to take over Regions A, B, C, and G due to a failed implementation by the awarded broker. We took over the four additional regions within**					

a 16-day accelerated implementation. Our company continues to manage five of the State's seven regions.					
Arkansas	**Department Division of Human Services/ Division of Developmental Disabilities Services**	5	557,819	2,834	494,885
Services Provided: Effective January 1, 2020, the Department of Human Services expanded our existing contracts to include transportation services for the Division of Developmental Disabilities Services in Regions A, B, C, D, and G. This expansion added Medicaid coverage for transportation to and from Early Intervention Day Treatment facilities and Adult Developmental Day Treatment centers. While this serves the same Medicaid beneficiaries as our other services, it specifically supports their access to specialized day treatment programs. **In 2023, the Division of Developmental Disabilities initiated a competitive bidding process for all seven regions (A through G). Following this process, our company successfully retained contracts for Regions A, B, C, D, and G.**					
Arkansas	**Arkansas Blue Cross Blue Shield**	3	1,000	30	434
Services Provided: Verida began servicing Medicare Members for Arkansas Blue Cross Blue Shield on January 2023. Arkansas Blue Cross Blue Shield, a health plan that operates in state, contracts with our company to provide 60 trips a year to members in one of their HMO plans. We use our transportation network, public transit, and fuel reimbursement in the state to complete the service.					
District of Columbia	**Health Services for Children with Special Needs (HSCSN)**	13	4,942	1,575	60,151
Services Provided: Our company began contracting with Health Services for Children with Special Needs (HSCSN) in 2011 to manage all NEMT services for their member population in the metro DC area. HSCSN coordinates physical, mental, behavioral, and developmental and care services for special needs children and young adults up to age 25. Our company provides call center services, transportation provider network development and oversight, NEMT compliance, NEMT training, quality management, utilization review, claims administration, information technology services, and data management and reporting.					

Georgia	**Department of Community Health (DCH)**	25	932,807	37,695	1,607,804
Services Provided: Our company first contracted with the Georgia Department of Community Health in 2000 as the Medicaid NEMT Broker in the Atlanta Region and in 2005 as the broker in the North Region. These contracts were competitively bid in 2006 and 2011 and were re-awarded to our company in both procurements. Our company also won the Central Region contract in 2006 and served that region from March 2007 through the end of the contract period, June 2012. Our company provides call center services, transportation provider network development and oversight, NEMT compliance, NEMT training, quality management, utilization review, claims administration, information technology services, and data management and reporting.					
Indiana	**Family and Social Services Administration (FSSA)**	7	211,829	13,939	452,366
Services Provided: Our seven-year Indiana relationship demonstrates comprehensive statewide implementation capabilities. When we began our contract with the Indiana Family and Social Services Administration (FSSA) in June 2018, the state did not have a brokered NEMT model or an established network of credentialed transportation providers. Within just one month, we onboarded over 160 Ambulance/Wheelchair and EMS providers in preparation for launch and completed over 339,000 trips in the first six months. This was accomplished despite a significantly underestimated trip volume in the original RFP and a provider community unfamiliar with the brokered model or new credentialing standards. In 2024, Verida was re-awarded the contract for another 4 years (with two optional 1-year renewals), affirming our successful performance and long-term value to the state.					
Louisiana	**AmeriHealth Caritas Louisiana (ACLA)**	8	173,222	10,150	226,080
Services Provided: Our company contracted with ACLA for management of NEMT services for their statewide Medicaid member population with the Louisiana Department of Health in 2018. We provide call center services, transportation provider network development and oversight, NEMT compliance, NEMT training, quality management, utilization review, claims administration, information technology services, and data management and reporting.					
Louisiana	**Louisiana Department of Health (LDH)**	11	100,000	347	945

Services Provided: Verida's statewide experience in Louisiana spans over a decade, beginning in 2014 when we first partnered with the Louisiana Department of Health (LDH) to manage prior authorization services for the Department's Medicaid NEMT program. This initial relationship grew into comprehensive statewide operations as we demonstrated our capability to navigate Louisiana's complex regulatory environment and diverse geographic challenges. We provide call center services, transportation provider network development and oversight, NEMT compliance, NEMT training, quality management, utilization review, claims administration, information technology services, and data management and reporting.					
Mississippi	**Shared Health Mississippi**	4	7,200	1,078	28,754
Services Provided: In 2020, our longtime partnership BlueCross Blue Shield of Tennessee, requested to add services in Mississippi with their affiliate, Shared Health Mississippi. Beginning in January 2021, we began servicing their Dual Special Needs Plan (DSNP) members. We serve two DNSP plans in the state and a Medicare Advantage plan.					
Tennessee	**BlueCross BlueShield of Tennessee**	17	689,740	31,071	745,319
Services Provided: Our company has contracted with BlueCare since September 2008 to manage NEMT services for TennCare members enrolled in the MCO's BlueCare and TennCare Select health plans on a statewide basis. We also manage NEMT services for their Dual Special Needs Plan (DNSP). This contract was re-awarded to our company in 2014 through a competitive procurement RFP. Our company provides call center services, transportation provider network development and oversight, NEMT compliance, NEMT training, quality management, utilization review, claims administration, information technology services, and data management and reporting.					
Texas	**Shared Health Mississippi**	0	965	N/A	N/A
Services Provided: Beginning in 2025, we partnered with Shared Health MS to provide transportation services for a PPO plan.					

Additional Relevant Experience

Georgia Department of Human Services - Coordinated Transportation (2025-Present)

Earlier this year, Verida expanded our Georgia operations by implementing a contract with the Georgia Department of Human Services for their Coordinated Transportation program, supporting five state divisions: Aging Services (DAS), Family and Children Services (DFCS), Child Support Services (DCSS), Georgia Vocational Rehabilitation Agency (GVRA), and Behavioral Health and Developmental Disabilities (DBHDD). This multi-departmental experience

demonstrates our capability to manage distinct programs for different state agencies while maintaining operational efficiency.

Georgia Emergency Management and Homeland Security Agency (GEMA/HS) (2015-Present)

Verida's partnership with the Georgia Emergency Management and Homeland Security Agency (GEMA/HS) highlights our commitment to planning and coordinating disaster recovery activities. Since 2015, we have proudly supported GEMA/HS in emergency preparedness and disaster response, providing critical NEMT services when Georgia communities need it most. GEMA/HS plays a vital role in developing the state's comprehensive emergency response plan, working in coordination with local, state, federal, and private sector partners to respond to natural and man-made disasters. Verida, as one of the select private-sector partners, has been entrusted with responsibilities to support GEMA/HS in both planning and active response phases. Our team is consistently engaged in GEMA/HS-led training, disaster drills, and coordinated exercises, keeping us ready to mobilize when emergencies arise.

Appendix 1 – Operational Specifications

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

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I. NEMT Service Request Processing

The vendor should 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 Family Assistance (BFA) Income Maintenance Manual (IMM) for member eligibility, which can be found at: (https://dhhr.wv.gove/bfa/policyplans/Documents/Binder4.pdf*
- *42 CFR § 440.170, which can be found at https://www.gpo.gov/fdsys/pkg/CFR-2011-title42- vol4/pdf/CFR-2011-title42-vol4-sec440-170.pdf.*
- *Assurance of Transportation A Medicaid Transportation Coverage Guide, which can be found at: https://www.medicaid.gov/federal-policy-guidance/downloads/smd23006.pdf*

The Vendor is also responsible for maintaining compliance with,

- *West Virginia Code, Chapter 46A, Art. 2A, which can be found at 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, which can be found at: http://www.legis.state.wv.us/WVCODE/Code.cfm?chap=61&a rt=3C#03C.*
- *Policies Issued by West Virginia Office of Technology, Chief Technology Officer, which can be found at: http://www.technology.wv.gov/security/Pages/policies-issued-by-the-cto.aspx*
- *The West Virginia Executive Branch Privacy Policy: Security Safeguards, which can be found at: http://www.privacy. wv.gov/SiteCollectionDocuments/Privacy%20Policies/6%20Security%20Safeguards%20Policy%2W0 VEB-P106.pdf.*

The vendor should fully and specifically describe in their Proposal how it intends to screen, authorize, schedule, and assign trips to NEMT providers and communicate the information to the NEMT providers. The vendor should also describe its procedure for assigning standing orders, urgent trips and re-routed and/or refused trips.

Verida will deliver a compliant, efficient, and member-focused NEMT program for West Virginia Agency members. Our operational model is based on years of experience serving individuals who qualify for Medicaid NEMT services, including older adults, people with disabilities, low-income families, children/youth, and individuals with chronic health conditions or limited access to transportation. For West Virginia we will provide consistent application of all relevant federal and state regulations, including:

- **BMS Chapter 524** of the West Virginia Medicaid Manual, which outlines provider participation, vehicle types, service limitations, and the statewide brokerage system
- **Chapter 27 of the West Virginia Bureau for Family Assistance Income Maintenance Manual**, which governs Agency member eligibility for NEMT services
- **42 CFR § 440.170**, which defines transportation as a covered Medicaid service and outlines requirements for brokerage programs
- **CMS's Assurance of Transportation Guidance (SMD 23-006)**, which consolidates federal policy and emphasizes access, equity, and oversight in Medicaid transportation programs

Trip Management Process

As explained in detail throughout this section, our integrated platform supports the full lifecycle of trip management:

- **Screening & Authorization**: Verida is highly proficient in processing 834-eligibility files Our proprietary trip management system, NET InSight, is fully compatible with Medicaid and MCO eligibility verification processes, facilitating seamless intake, validation, and service authorization. With every reservation call, the CSR will access the Agency member profile in NET InSight to verify member eligibility. The CSR uses an approved call script to help guide the call. The caller will be asked to verify their name, home address, and phone number to confirm we are speaking to the appropriate person. As the CSR enters the member name, the system automatically matches the name with the files received from the Agency. If the system can not find a match, the CSR will use other methods of confirming eligibility, such as accessing the State's Medicaid Management Information System (MMIS). Requests will be screened for medical necessity, appropriate mode of transport, and compliance with Medicaid guidelines.
- **Scheduling & Assignment**: CSRs are trained to engage members in a reassuring way, helping them through the NEMT scheduling process, answering their questions, and making certain they understand their rights via an approved call script. For an eligible trip request, our CSR verbally confirms transportation arrangements with members, their family members, guardians, or representatives of the transportation arrangements during the phone call requesting the NEMT service. This includes providing the member/caller with a confirmation number as well as details about the trip such as the window of pick-up and drop-off, the date and time for the appointment, pick-up and drop-off addresses, phone numbers, and any other salient facts. Trips are scheduled through NET InSight, which uses geolocation, provider availability, and member preferences to assign the most appropriate provider. Standing orders are pre-authorized and managed through automated scheduling tools.
- **Urgent & Re-Routed Trips**: We maintain the operational agility and capacity to provide same-day NEMT services for members with urgent healthcare needs when no alternative transportation is available. Verida will define and process these requests according to the Agency's urgency criteria—including hospital discharges and same-day appointments. Once a call is identified as an urgent request or hospital discharge, it will be escalated to a Special Services Representative (SSR). SSRs are trained to manage time-sensitive, high-priority cases and will take over the call to confirm details, coordinate with the medical facility or provider, and expedite communication with the Dispatch Team. SSRs act as the central liaison during urgent episodes, guiding the request through verification, trip assignment, and direct follow-up with both NEMT providers and members to facilitate a timely and coordinated response. Re-routed or refused trips are reassigned promptly, with escalation protocols in place to prevent service gaps.
- **Dispatch & Communication**: One of the most exciting technologies that Verida has developed and deployed to our NEMT provider network is NET InSight Provider Portal and driver app. It combines web and mobile technologies to present users with a comprehensive fleet management console. This technology allows trips to be dispatched and tracked online. NEMT drivers document member pick-ups and drop-offs on their mobile devices as trips occur. The application automatically timestamps and geo-codes

the location of each encounter and captures the members' signatures at the conclusion of each trip. NEMT providers receive trip details via secure mobile applications or dispatch portals. Real-time updates, GPS tracking, and two-way communication supports transparency and accountability throughout the trip.

- **Payment & Reconciliation**: Once a trip is authorized by Verida, NET InSight determines the mileage to be paid based on geo-coded mileage calculations in association with the provider's negotiated rate, including any applicable deadhead mileage and/or wait time compensation that is allowed by the contract. Rates are stored in NET InSight and simply applied to the scheduled trip. NEMT providers know how much they will be paid for a trip at the time it is assigned to them. Verida offers multiple claim submission options to accommodate the diverse needs of NEMT providers, gas reimbursement members, and volunteer drivers. While electronic submission is preferred, providers may also submit claims via 837 files, SFTP site imports, APIs, the Verida Provider Portal, mail, or fax. All submission methods are supported with tools to track status, view payment dates, and request assistance, supporting accuracy and transparency. Currently, Verida offers various payment methods, including electronic funds transfer (EFT), payment cards, and paper checks, to accommodate the diverse preferences of our network of transportation providers. Our finance team, including our in-house actuary, confirms accurate rate application and timely reimbursement.
- **Monitoring & Quality Assurance:** Verida's network management professionals have implemented a robust suite of monitoring activities to verify that transportation providers consistently comply with all applicable local, state, and federal laws and regulations, as well as the requirements outlined in their Transportation Provider Service Agreement. These practices will be rigorously applied in West Virginia to confirm adherence to the Agency's specific contractual obligations of each NEMT provider. Our comprehensive monitoring efforts cover key areas such as driver and vehicle compliance, complaint resolution, and the overall quality and reliability of transportation services. These activities are designed to confirm that all providers operate at the highest standards of safety, reliability, and accountability. Our local West Virginia Project Manager and our Business Analytics team will continuously monitor utilization trends, service quality, and provider performance. Dashboards and reporting tools allow for proactive issue resolution and data-driven decision-making.

Compliance with State and Federal Regulations

Verida will maintain full compliance with:

- **WV Code Chapter 46A, Article 2A** – governing consumer credit protections
- **WV Code Chapter 61, Article 3C** – the Computer Crime and Abuse Act, detailing secure handling of electronic data
- **Policies issued by the WV Office of Technology, Chief Technology Officer**, including cybersecurity and IT governance standards
- **WV Executive Branch Privacy Policy: Security Safeguards**, which mandates protection of personally identifiable information (PII) through appropriate technical and operational controls

A. Screening

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

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

    a. *The Agency member's eligibility for NEMT services at the time of service.*

    b. *The Agency member's medical need which requires NEMT Services.*

    c. *The Agency member's lack of access to appropriate and/or available transportation. The vendor should require the member to verbally certify this.*

    d. *The Agency member's service, for which the NEMT service is requested, meets one or more of the following criteria:*

        1. *Services must be provided by an in-network provider who is either enrolled with West Virginia (WV) Medicaid or one of the state's Managed Care Organizations (MCOs) located within the state or within thirty (30) miles of its border*
        2. *The Agency member received prior authorization from the Utilization Management Contractor (UMC) or from an authorized Agency representative to receive medical services from an out-of-network/out-of-state provider, defined as a provider not enrolled in WV Medicaid located out of state beyond the thirty (30) mile border. That the medical service for which the NEMT service is requested is a medical service covered by WV Medicaid and if it requires prior authorization that it has been granted by the appropriate entity.*
        3. *If an Agency member is dually eligible for Medicaid and another type of coverage, Medicaid is always billed last. If a medical service is covered in full by another coverage type, such as Medicare, that trip is ineligible for NEMT service(s), however, if a trip is paid in part by WV Medicaid, then that trip is eligible for NEMT service(s).*

    e. *The most economical mode of transportation appropriate to meet the medical needs of the member, based on the member's mobility status and personal capabilities on the date of service. The reasons for approval of mode of transportation that is not the most economical should be documented in detail.*

    f. *The nearest appropriate provider to the member. If the medical provider is an excessive distance from the member's residence (as described in Section IV, Part A of this Appendix); and*

    g. *Necessity of attendant or assistance request. The vendor may require a medical certification statement from the member's medical provider in order to approve door-to-door service or hand-to-hand service.*

3. *The vendor shall not be responsible for arranging the transportation of the remains of a member who expires while receiving medical treatment. If a member expires while in transit, the vendor's NEMT provider should contact the nearest law enforcement agency for instructions. The vendor should notify The Agency of the occurrence within one (1) business day.*

Verida offers a comprehensive and compliant process for screening, authorizing, scheduling, and assigning NEMT services that aligns with all applicable federal and state regulations, including BMS Chapter 524, Chapter 27 of the BFA Income Maintenance Manual, 42 CFR § 440.170, and CMS's Assurance of Transportation guidance.

Verida's screening process is thoughtfully designed to uphold regulatory compliance while delivering compassionate, person-centered service. Through the integration of advanced technology, standardized protocols, and a commitment to member dignity, each NEMT request is evaluated against clear eligibility and medical necessity criteria. Using this approach, we

confirm that transportation is provided only to eligible Agency members for covered services—while promoting fair access, operational efficiency, and a respectful experience.

1. Request for NEMT Services

Verida will accept requests for NEMT services from Agency members, family members, guardians, or authorized representatives, medical providers and NEMT providers through multiple channels, including phone, web portals, mobile app, email, and a dedicated facility line. Each transportation request for Agency members will be processed using:

- **Structured call scripts** approved by the Agency
- **AI-powered Real-Time Agent Assist (RTAA)** for dynamic guidance
- **NET InSight system** to verify Medicaid enrollment and eligibility
- **Real-time eligibility checks** via the State's MMIS
- **Knowledgebase** for up-to-date covered service information

Our AI-powered RTAA tool will play a pivotal role in helping call center agents accurately schedule trips exclusively for Medicaid-covered services under the West Virginia NEMT program. This intelligent tool integrates with the agent's desktop workflow and provides live, context-sensitive guidance throughout the call, based on the approved Agency call script. As the agent gathers member information, RTAA cross-references service codes and trip details in real time against West Virginia Medicaid eligibility rules and covered benefits.

If the trip request does not align with an approved Medicaid-covered service, RTAA alerts the agent immediately—prompting them with appropriate questions or alternative options. Additionally, RTAA is seamlessly integrated with our comprehensive knowledgebase, which empowers agents with quick access to accurate, up-to-date information.

Our knowledgebase serves as a centralized repository of policies, procedures, troubleshooting guides, FAQs, and system workflows, enabling CSRs to deliver consistent, accurate, and informed responses. This not only reduces call-handling time and improves first-call resolution rates but also enhances customer satisfaction and supports faster onboarding for new agents.

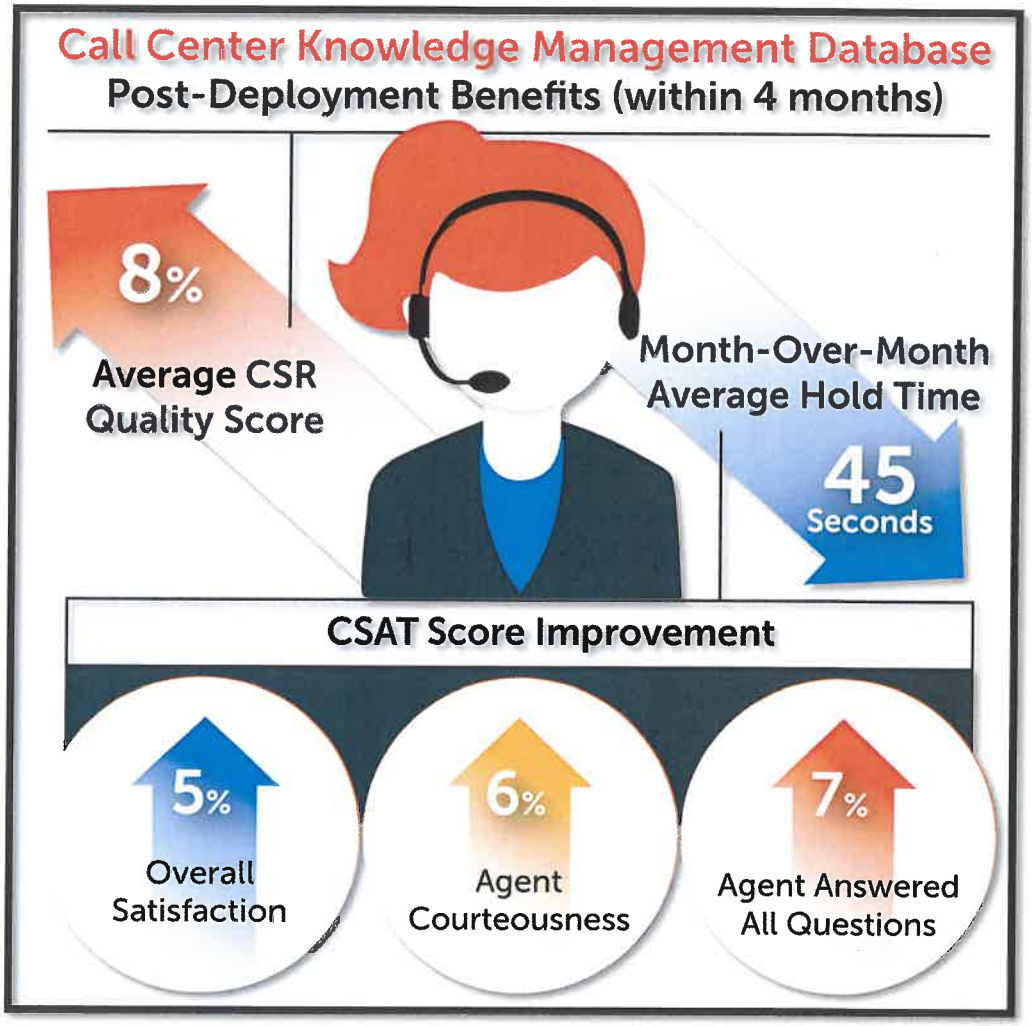


Figure A-1-1: *Implemented in 2023, Verida's Call Center Knowledgebase delivered immediate impact—streamlining operations, improving accuracy, and driving measurable results. Confidential and Proprietary*

To further promote compliance, especially in regulated environments like Medicaid NEMT services, Verida's knowledgebase is continuously updated with real-time information reflecting the most current Medicaid-covered services, eligibility criteria, and policy changes for each program served. This dynamic approach minimizes the risk of inappropriate scheduling and supports alignment with state guidelines.

Our process and tools help CSRs to determine:

- If the Agency member is eligible for NEMT on the date of service
- If the trip is to and from an eligible Medicaid-covered service
- If the travel services require prior authorization (commercial and specialized transportation)

- If the health care provider and location are enrolled in West Virginia Medicaid
- If the member is using the closest, most appropriate medical provider
- The most appropriate mode of transportation is based upon the member's healthcare needs. This includes reviewing each member's ability to use public transit.
- If the member has special needs that must be accommodated such as Medical Escort/Personal Assistance, wheelchair, canes or walkers, service animals, etc.
- The age of the member

All requests are logged into NET InSight and assigned a reference number for audit and reporting purposes.

2. Screening Responsibilities

Verida offers a robust and empathetic screening process designed to promote appropriate utilization of services while safeguarding access for Agency members with eligible transportation needs.

Regardless of the method in which an individual makes a transportation request, our call center team will be responsible for verifying the Agency member's enrollment status prior to scheduling. CSRs will follow a structured call script, approved by the Agency. This script will be augmented by our RTAA tool to further guide agents with dynamic prompts and scripting based on caller context, so CSRs can seamlessly support Agency members to collect essential information including.

- **Member Identification:** Name, Medicaid ID, and contact details.
- **Appointment Details:** Date, time, provider name, facility address, and specialty.
- **Transportation Needs:** Any special requirements (e.g., wheelchair-accessible vehicle).
- **Service Eligibility:** CSRs reference Verida's Knowledge Base of Covered Services, which is updated in real-time with Medicaid policy changes, to confirm if the trip is for a covered service.

CSRs will verify each Agency member's current eligibility using our NET InSight system. If a member's name does not come up in our system from the Agency's eligibility file, the CSR will verify eligibility using the state's MMIS. Before approving a trip request, our trained CSRs will:

- Assess whether transportation resources exist within the Agency member's household.
- Inquire about willing and able individuals outside the household who could reasonably provide transportation.
- Never require or pressure Agency members or their families to use available household or non-household resources.
- Inquire about using public transportation. Public transportation may be recommended only for ambulatory members who:
  - Are physically able
  - Understand common signs and directions
  - Indicate comfort and familiarity with using public transit

  Public transportation is never recommended for:
  - Pregnant individuals, or
  - Members are accompanied by two or more children under the age of six.

When public transit is appropriate, we provide fare promptly for both the member and an escort, if applicable.

After successfully completing the trip request, a reference number is automatically assigned to each reservation, which the CSR communicates to the caller before ending the call.

Medical Necessity and Transportation Need

During the trip scheduling process, Verida's CSRs use a custom call script embedded in the NET InSight system to guide a structured assessment of the member's current condition and needs. Based on the information provided, the CSR can determine the most appropriate, medically necessary, and cost-effective mode of transportation to meet their individual needs. This includes:

- Mobility and functional independence
- Use of mobility aids (e.g., wheelchair, oxygen)
- Medical, physical, or cognitive limitations
- Need for attendants or specialized support
- Transportation requirements for dependents
- Proximity and ability to take public transportation
- Access to a personal vehicle

CSRs evaluate specific criteria, such as whether the member can walk, requires a wheelchair (standard or oversized), needs stretcher or ambulance transport, travels with service animals, uses portable medical devices and post-treatment assistance requirements. The CSR also assesses the Agency member's medical need for transportation and confirms that the service requested is Medicaid-covered. The member must verbally certify that they lack access to appropriate transportation.

When necessary, we dispatch attendants or specialized transport vehicles to accommodate members needing support. Special accommodations are always made for urgent care, hospital discharges, post-operative follow-ups, and situations arising from missed prior trips due to provider error—even when the request is less than the standard required advance notice. Based on the member's responses, the appropriate mode of transportation is assigned.

Service and Provider Validation

Our NET InSight system is designed to support compliance and accuracy by integrating a comprehensive database of Medicaid-approved facilities and medical providers. When a member requests a NEMT trip, the system automatically cross-references the destination with this database to verify that the trip is to a covered and approved service location. This verification process helps prevent unauthorized or non-covered trips, streamlines scheduling, and supports proper billing and reporting. By maintaining up-to-date provider information and aligning with Medicaid guidelines, we verify that members receive transportation only to eligible healthcare services, enhancing both operational efficiency and program integrity.

We confirm that:

- The service is provided by an in-network provider enrolled with West Virginia Medicaid or an MCO within the state or within 30 miles of the border.
- If the provider is out-of-network/out-of-state, prior authorization from the UMC or Agency is verified.

- The service is Medicaid-covered and, if required, has received prior authorization.
- For dually eligible members, we confirm that Medicaid is the payer of last resort. If another payer (e.g., Medicare) covers the service in full, the trip is ineligible.

Mode of Transportation

As the NEMT broker for West Virginia, our approach to mode assignment will be guided by a structured gatekeeping process supported by our NET InSight system. We understand the State recognizes several transportation modes:

- Fixed-route (public transit)
- Private auto
- Basic vehicle
- Enhanced vehicle
- Other options such as Amtrak, Greyhound, taxis, and airplanes.

Our CSRs follow a decision-making workflow, based on an approved call script, that prioritizes the most economical and medically appropriate mode, which depends on the member's condition and circumstances.

If a member cannot travel via personal vehicle, family, or friend, our system evaluates public transit as the next option. Our platform is integrated with Google Transit, allowing CSRs to access real-time routes, stops, and schedules from participating regional transit agencies such as TriRiver Transit, Mountain Transit Authority, and Eastern Panhandle Transit Authority. If these agencies are not integrated with Google Transit, our Provider Relations team will work with them to obtain electronic copies of their routes, which will be uploaded into NET InSight to enhance trip planning.

During call intake, the system automatically checks whether the member's pickup and drop-off locations are within a half mile (1/2 mile) of a public transit stop. If so, a notification prompts the CSR to assess whether public transit is appropriate given the member's medical condition. If deemed suitable and cost-effective, our Public Transit Coordinators provide the member with the correct fare prior to their appointment.

For members requiring specialized transportation—such as those who are wheelchair-bound or have other mobility challenges—our CSRs document specific needs (e.g., wheelchair lift, walker, cane) and assign the trip to a provider equipped to meet those requirements. These details are stored in the member's profile in NET InSight to streamline future scheduling. Our platform also ranks providers based on performance and cost-efficiency, to confirm the selected provider meets both clinical and financial criteria.

All transportation decisions are documented in NET InSight, and if a higher-cost mode is approved, justification is recorded in the member's profile. Our Transportation Provider Service Agreement reflects these standards and contractually binds our network providers to comply with all West Virginia NEMT requirements, including service to high-risk populations and those requiring specialized care.

Nearest Appropriate Provider

To fulfill this requirement in West Virginia, Verida will use a combination of system tools and CSR protocols. When an Agency member requests a trip, NET InSight cross-references the destination against Medicaid-covered services and evaluates whether the provider is the closest appropriate option. This includes checking provider specialty, service availability, and geographic proximity.

When an Agency member requests NEMT services to a care provider that is not the nearest appropriate option, our CSRs follow a structured verification process to confirm compliance with West Virginia Medicaid guidelines. NET InSight flags requests that fall outside the member's county, contiguous counties, or bordering metropolitan areas in neighboring states (Ohio, Virginia, Pennsylvania, Maryland, and Kentucky). CSRs then assess whether the requested provider is within the defined in-network/in-state radius—typically within 30 miles of the West Virginia border.

If the requested provider is farther away and covered services are available closer to the member's residence, the CSR will inform the member that the trip may be denied unless medical documentation is provided confirming that the closer provider cannot meet the member's medical needs. In these circumstances, Verida will require the Agency member's healthcare provider to submit a completed and signed Medical Certification Statement authorizing the member's needs. The Medical Certification Statement is uploaded to the member's profile in NET InSight to streamline future requests, comply with state policy and support audit readiness.

For members who have recently relocated, our system allows for continuity of care by approving long-distance trips for up to 90 calendar days. All excessive distance requests will be monitored, documented, and reported to the Agency, including any out-of-state pickup requests, to support proper oversight and program compliance.

Attendant or Assistance Needs

Because we recognize the human element of NEMT services, we always consider the members' personal situation and needs when arranging and providing transportation. Using scripted questioning, Verida CSRs identify any special requirements that a passenger might have (e.g., necessity of an attendant or assistance).

Verida understands the importance of confirming that enhanced transportation services—such as door-to-door and hand-to-hand assistance—are reserved for members who truly require them due to medical necessity. To align with the State's expectations and uphold program integrity, our CSRs will follow a structured protocol that includes requesting a Medical Certification Statement from the member's healthcare provider when such services are requested.

This certification serves as a clinical validation that the member is unable to safely travel without direct assistance due to physical, cognitive, or behavioral limitations. Our NET InSight system is configured to flag requests for enhanced services and prompt CSRs to initiate the documentation process. Once received, the certification is securely stored in the member's profile and used to guide future trip scheduling decisions.

By requiring medical documentation, we verify that the request for an attendant or enhanced assistance is provided only when medically appropriate, thereby reducing the risk of

overutilization, and maintaining compliance with Medicaid guidelines. This approach also supports the safe and dignified transport of medically fragile members while preserving resources for those with the greatest need.

Trip Scheduling and Assignment

Communication is a vital aspect of a successful NEMT program, so Verida provides multiple ways for members and facilities to access NEMT services. We offer traditional methods for scheduling rides via phone, fax, and secure email. Additionally, we maintain web portals for facilities and members that support online NEMT scheduling. Also, we offer a free Member App in the Apple App Store and the Google Play Store that empowers users to efficiently make reservations and manage their NEMT benefit from the convenience of their smartphone or tablet. Our goal is to enhance the experience of program stakeholders, and to provide them with greater flexibility and control over scheduling.

Callers using our statewide toll-free telephone number to schedule NEMT services will be presented with a simple menu of Interactive Voice Response (IVR) choices that direct them to the appropriate call center queue. Callers are assisted by our CSRs or Special Services Representatives (SSRs). CSRs are responsible for processing requests for routine NEMT demand trips, while SSRs manage facility requests for hospital discharges, urgent care, special trips, and reoccurring trips such as dialysis or cancer treatments.

Once a request is approved, the NET InSight Dispatch Module enables our dispatchers to assign trips to transportation providers based on:

- Member location and provider proximity
- Provider availability and fleet capabilities
- Trip urgency and special needs
- Other assignment rules

After the appropriate transportation provider is selected, NET InSight transmits the trip assignment to the transportation provider's portal. We can also use a fax server to transmit a manifest to the transportation provider using the schedule in the following table. Our process assures that there is enough time for the transportation provider to "send back" the trip if unable to fulfill the assignment.

Trip Timeframe	Transmitted to Providers
Occurring in < 24 hours	Within 5 minutes
Occurring in < 48 hours	Every 4 hours
Occurring in < 72 hours	Every 8 hours

Trips are scheduled and dispatched to confirm that the average wait time for scheduled pick-ups does not exceed 15 minutes. We require transportation providers to pick-up the member within one (1) hour of the notification for "will call" returns or hospital discharges.

Standing Orders

Because we recognize that special needs members, particularly those undergoing methadone maintenance, chemotherapy, or dialysis treatment, require recurring appointments, we have created an efficient and streamlined process for medical practitioners to schedule advanced reservation trips for those Agency members with multiple recurring medical appointments with the same provider for the same treatment or condition.

Facility staff can make "standing order" trip requests by calling our toll-free facility line or submitting the requests online or via fax 24 hours a day, seven days a week. Medical practitioners use the Standing Order Transportation Request Form to request these trips. The form is available online. Perpetual standing order requests, such as those for dialysis treatment, remain in the system. We customarily re-certify standing orders every 90 calendar days.

Our process, which prevents Agency members from having to continually make arrangements for repetitive appointments, is designed to reduce administrative burden on medical providers, alleviate stress, and improve member satisfaction. We agree to have our procedures and recertification process approved by the Agency.

Urgent Trips

Urgent Requests/Hospital Discharges from Facility Representatives

To simplify the process for medical facilities placing a request for hospital discharge transportation, the health care provider can use our Urgent Care Request section of the Facility Web Portal that enables requests to be made online using a secure log-in and password. This portal allows medical facilities to receive confirmation emails and periodic ETA (Estimated Time of Arrival) updates. In addition to the web portal access, facility personnel will have direct access to SSR agents via a toll-free number and extension. SSRs are specifically trained to work with medical facilities and receive additional training to understand the importance of handling specialty cases, such as hospital discharges. While the SSR is talking with the discharging hospital, the SSR will capture the exact physical location of the member (facility building, level, door, wing, etc.) which is relayed to the transportation provider via their manifest. This helps reduce any confusion, particularly at large medical complexes or campuses with multiple buildings and entrances. The Facility Web Portal and SSRs are available 24 hours per day, 7 days per week, including holidays.

After the SSR receives the request for hospital discharge, they immediately alert the Dispatch Team. The dispatcher assumes management of the trip and locates a transportation provider to accommodate the transport. To expedite these requests, we have dedicated transportation providers associated with large hospitals facilities. Once the trip is assigned to a NEMT provider, the dispatcher places a call to the NEMT provider to assure they received the trip manifest and will be on time to pick up the member. Through the mapping feature of the driver app, our technology will direct drivers beyond just the street address, to the member's exact location within a healthcare complex. This means the member will be picked up within one (1) hour from notification of transportation need from the discharging facility.

Urgent Requests from Agency Members

If a member requests urgent, same-day, or next-day service, our CSR will take the following steps to accommodate a timely transport:

- The CSR records the urgent trip reservation in our platform, including all pertinent details, and flags the request for follow-up by an SSR.
- Because the request is initiated by a member, the SSR contacts the medical provider and verbally confirms an urgent trip is required. We will make an authorization decision for NEMT services as expeditiously as the member's health requires as indicated by the medical service provider. Verida will institute a consistent application of criteria for authorization decisions and consultation with the member's medical service provider when appropriate in accordance with our policies and procedures.
- Upon approval, the SSR alerts the Dispatch Team.
- A dispatcher assumes management of the trip and locates a transportation provider to accommodate the transport. Once the trip is assigned to a NEMT provider, the dispatcher places a call to the NEMT provider to assure they received the trip manifest and will be on time to pick up the member.
- The dispatcher verbally confirms the details of the trip with the member, including:
    1. Confirmation of pick up and destination address
    2. The estimated time of pick up
    3. The mode of transportation
    4. Phone number to call after appointment if pick up time was not assigned
    5. The transportation provider scheduled to pick up the member
    6. Information on what to do if the transportation provider is more than 15 minutes late. This helps assure that the member receives timely transportation.

Transportation services will be provided 24 hours a day, seven days a week, including holidays. Our goal is to build a network that has the capacity and flexibility to handle the estimated Agency member demand, hour-by-hour, day-by-day. This capacity will be designed to allow us the flexibility and agility to respond to specific network demands, including network disruptions and increased demand.

As a backup, Verida proposes incorporating Wingz—a specialized network of independently contracted drivers with strong credentials in healthcare mobility. Unlike traditional TNCs such as Uber and Lyft, which are not permitted to serve Medicaid members, Wingz offers a compliant and tailored alternative.

Re-Routed or Refused Trips

We recognize that even under the best circumstances, mechanical problems, traffic delays, or other operational issues occur that make managing NEMT services dynamic. Therefore, we have specific procedures for NEMT providers to follow if their assigned trip needs to be re-routed to another NEMT provider or if they are unable, or refuse, to accept a trip.

When a scheduled NEMT trip is refused by a provider or the assigned provider becomes unavailable—due to capacity issues, vehicle breakdowns, staffing shortages, or other operational constraints—our dispatch system immediately logs the reason for the refusal in NET InSight. This information is tagged with time stamps and provider-specific data for audit and performance tracking. Simultaneously, our intelligent dispatch algorithms evaluate the trip parameters—including member location, appointment urgency, provider proximity, and vehicle availability—and automatically reassign the trip to the next most suitable provider in the

network. This reassignment process is designed to minimize delays and enable continuity of care, with real-time notifications sent to both the new provider and the member. Trip send backs/reroutes are a key metric reported on our NEMT Provider Report Card.

3. Special Circumstances: Member Expiration

In the rare event that a member expires while in transit:

- The NEMT provider is instructed to contact the nearest law enforcement agency immediately.
- Verida will notify the Agency of the incident within one (1) business day.
- The NEMT provider is not responsible for arranging transportation of remains.

B. Advance Reservations

The vendor will educate WV Agency members on how to request NEMT services, including how to request services that will be made at least five (5) business days before the service is needed. The vendor will develop processes to handle urgent requests including but not limited to the last minute, evening or those falling upon weekends and/or holidays. The vendor should additionally develop processes to adjust for scheduling changes, NEMT providers not arriving for scheduled pick-ups, as well as challenges posed by inclement weather conditions.

Verida recognizes that clear, accessible communication is foundational to a successful NEMT program. In alignment with West Virginia's requirements, we will implement a robust education campaign so Agency members as well as family members, guardians, representatives, and Medicaid providers, understand how to request transportation services.

Our corporate Marketing team, experienced in developing engaging and easy-to-understand materials, will produce a suite of communications including:

- **Printed materials**: Flyers, brochures, and/or guides distributed through healthcare providers, community centers, and mailings.
- **Digital resources**: A public-facing website and mobile app with instructional videos, FAQs, and scheduling walkthroughs.
- **Language and literacy accessibility**: All materials will meet a Flesch-Kincaid readability standard at or below the fifth-grade level and be available in English, Spanish and other prevalent languages, if needed, to reflect the diversity of West Virginia's Medicaid population.

These materials will clearly instruct members that non-urgent trip requests must be submitted at least five (5) business days in advance of the needed service. Once developed, all materials will be submitted to the Agency for approval and stored in our corporate repository for future use and mailouts.

C. Notification of Arrangements

The vendor should notify the member or their representative of the transportation arrangements during the initial phone call when requesting NEMT services. If unable to do so during the initial call, the vendor should inform the member or their representative promptly by a subsequent phone call, facsimile, or letter. If notifying by letter, it should be sent in time for the member to receive it at least two (2) calendar days before the scheduled NEMT service date.

Typically, our CSR verbally will confirm transportation arrangements with the Agency member, their family members, guardians, or representatives of the transportation arrangements during

the phone call requesting the NEMT service. This includes providing the Agency member/caller with a confirmation number as well as details about the trip such as the window of pick-up and drop-off, the date and time for the appointment, pick-up and drop-off addresses, phone numbers, and any other salient facts. If for some reason we are unable to provide the details before ending the initial reservation call, a member of our team will contact the Agency member, their family members, guardians, or representatives by phone call, text message, facsimile, or letter prior to the date of the service.

When it comes to communicating with the caller after the initial call, we capture their preference in our system and communicate directly in that manner (e.g., phone call, text, facsimile, letter). If notifying by letter, it will be sent in time for the member to receive it at least two (2) calendar days before the scheduled NEMT service date. The letter will be written at approximately a fifth (5^{th}) grade reading level to comply with state standards and be clearly and simply worded so it can be easily understood.

As an added convenience, Agency members with access to a mobile device can opt-in to receive reminder SMS text messages. Twenty-four hours before the scheduled trip, the Agency member receives a text notification about their trip, including vehicle information and the time of pickup. Agency members can also elect to receive a text message when their driver is approaching. All texts include an option for the Agency member to reply to cancel their trip.

D. Scheduling and Dispatching Trips

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

1. *The vendor should ensure that the average waiting time for a pick-up does not exceed fifteen (15) minutes. The vendor may propose a method to ensure that Agency Members arrive at pre-arranged times for appointments and are picked up at pre-arranged times for the return trip if the covered medical service follows a reliable schedule. The pre-arranged times may not be changed by the NEMT provider or driver without prior permission from the vendor.*
2. *The vendor should indicate the process for rescheduling NEMT providers which is to be followed in situations where the NEMT provider is or may be late for a previously scheduled pick-up due to traffic, road closure, vehicle failure, inclement weather or any other unforeseen circumstance(s).*
3. *The vendor and NEMT provider may group Agency members and trips to promote efficiency and cost effectiveness. The vendor may contact providers in this process.*
4. *Agency members receiving behavioral health services covered by Agency programs for the scheduled trip should have transportation services scheduled with a licensed behavioral health center or licensed behavioral health provider as available/appropriate.*
5. *Agency members scheduling NEMT services should not be permitted to choose transportation by particular NEMT provider. However, the vendor should strive to build and maintain relationships between NEMT providers and Agency Members. Additionally, the vendor should try to accommodate a member's request for specific NEMT provider enrolled with the vendor.*
6. *The vendor should notify the NEMT provider of the assignment at least two (2) business days prior to the trip and should assign the trip to another NEMT provider if necessary.*
7. *The vendor should contact an appropriate NEMT provider so that pick-up occurs within one (1) hour after notification of a hospital discharge.*
8. *Specific scheduling and dispatching standards unique to specific trip types are defined as follows:*

    a. *Single Trips Requests: The vendor should require that requests for NEMT services for a single appointment be made via a toll-free telephone number (844-549-8353). Other methods of single trip requests may be allowed with the Agency approval.*

b. *Standing Order Trip Requests: The vendor should establish procedures to be approved by the Agency to handle trip requests so that Agency Members are not required to continually make arrangement for repetitive appointments. The vendor should also include a recertification process with the medical provider at least every ninety (90) calendar days.*

c. *Return Trip After Emergency Transports: In limited situations, a member may be transported by emergency medical air ambulance (fixed-wing or helicopter) or emergency medical ground ambulance to a medical facility. Upon discharge, if the member can be transported home via private auto, basic vehicle, wheelchair vehicle, or commercial air, the vendor should make the appropriate arrangements for the one-way transport for the member and one (1) attendant*

d. *Commercial Air Travel: In limited situations, the medical care required for a member cannot be provided within the State of West Virginia. Agency programs have enrolled specialty hospitals located elsewhere in the United States of America for which medical services have been prior authorized by WV Medicaid's UMC. The vendor should receive, schedule, and arrange air transports as requested by the UMC.*

The vendor should determine if the medical services have been prior authorized and that the medical certification of the need for commercial air travel is obtained from the medical provider. The vendor should be responsible for making the appropriate arrangements, purchasing the tickets, and distributing them to the member and one (1) attendant. The vendor should use the most cost-efficient arrangements possible with reasonable allowances for choosing a flight that would reduce the number of transfers and/or reduce travel time, and/or choosing an appropriate departure/arrival time based on the medical needs of the member. All tickets purchased for commercial air travel are to be coach/economy seating.

9. *In certain situations, meals and lodging may be provided for a member and up to one (1) attendant for extended treatment out- of-state which requires at least one (1) overnight stay. All requests for out-of-state meals and lodging are to be evaluated and pre- approved by the vendor. The vendor may propose a method to use discounted lodging and meal services that might be offered through the medical provider or charitable organizations, such as Ronald McDonald House.*
10. *The vendor should evaluate and arrange the most appropriate transport method based on the member's medical condition, the reason for the transport, the urgency of the transport and the destination of the transport. Appropriate air transport may be a commercial flight with or without a medical escort or private charter flight (non-air ambulance).*

a. *The vendor may propose a method to prior authorize all fixed wing air transportation flights. The vendor should make provisions for retroactive reviews of authorization requests for air transports that occur after business hours, on weekends, and on holidays. Appropriate air transportation includes commercial air and private charter flights.*

11. *The vendor may transport family member(s) and/or caregivers if space and conditions allow. However, there should not be a reimbursement for transport of persons other than the beneficiary.*

As an experienced broker, Verida brings a proven track record of managing NEMT operations with precision, efficiency, and compassion. Our approach is rooted in compliance, member satisfaction, and cost-effective service delivery. Based on the official documentation from the West Virginia Department of Health and Human Resources (DHHR), here is how we will align with the requirements outlined in Chapter 524 of the West Virginia Medicaid Provider Manual for meeting the Agency's standards for scheduling and assigning authorized trips.

Timely Pick-Up and Appointment Coordination

Verida arranges trips so the transportation provider can arrive on time for the scheduled pickup, if not before the scheduled time. If the driver arrives early and the member is not ready, the member is not required to board the vehicle before the scheduled pick-up time. However, the driver must wait at least fifteen (15) minutes after the scheduled pickup time. Wait time and

arrival window requirements are thoroughly addressed in our provider training and included in our Transportation Provider Service Agreement.

We are continuously working to minimize wait and ride times for all members, and particularly those with special needs, through educating our transportation providers and their drivers of the undue risk caused to members when their transportation is not timely. During orientation and training, pick up and drop off time requirements are emphasized. They stress that adherence to these standards is not only important for all members in general, but also critical for special needs members in particular, such as diabetics who must eat on set schedules, individuals with kidney disease that need life-saving dialysis treatments, or elderly patients who often have family members awaiting their return from their appointment.

Verida offers a robust scheduling and dispatch system designed to achieve pick-up times within 15 minutes of a member's scheduled appointment. This is accomplished through:

- NET InSight enables us to optimize trip assignments based on historical performance data.
- Pre-arranged appointment syncing, especially for facilities with consistent schedules (e.g., dialysis centers), to facilitate timely arrival and return.
- Strict enforcement of schedule integrity, where any changes to pick-up or drop-off times must be approved by Verida before implementation.

Rescheduling Protocols for Delays

Our platform features a sophisticated late warning system based on GPS data. If a vehicle is running late, the system sends an alert to Verida's transportation staff. They can then assess the status of the vehicle. If the driver can complete the trip, the system contacts the member, using their preferred communication method (phone or text) to:

- Inform the member of the delay
- Provide an alternative schedule
- Share alternate pick-up arrangements, if applicable

This automated feature frees up our dispatch team to proactively manage the situation and mitigate a missed trip.

Delays that Cause Transportation Provider Reassignment

When a transportation provider is unable to accommodate a trip – due to traffic, weather, or vehicle issues – within the required timeframe, our system captures the reason for the delay and automatically cancels the original trip authorization. The trip is then rerouted to an alternative provider using our dispatch protocols. These reroutes—also known as trip send backs—are tracked as a key performance metric and reported through our NEMT Provider Report Card. In these instances, our Dispatch Team promptly initiates the reassignment process to maintain service continuity and minimize disruption for the Agency member.

- Using our Net Notes system, the dispatcher identifies the next closest and most appropriate provider that could arrive the fastest. By hovering their cursor over any vehicle on the Net Notes map, they can quickly determine whether it is currently transporting another Agency member or is free to recover the trip **(Figure App1-I-D-1)** If a potential vehicle is identified, the

dispatcher calls the transportation provider to confirm its availability and verify that they will recover the trip. If Net Notes does not reveal another available vehicle in the area, the dispatcher queries NET InSight for a filtered list of the closest and most cost-effective transportation providers. The dispatcher proactively calls transportation providers in close proximity first to receive a verbal confirmation that they will complete the pick-up.

- Simultaneously, while a dispatcher is working to locate a transportation provider – another reaches out to the facility to determine whether the appointment can be scheduled for later in the day or the next day if immediate transportation cannot be secured.

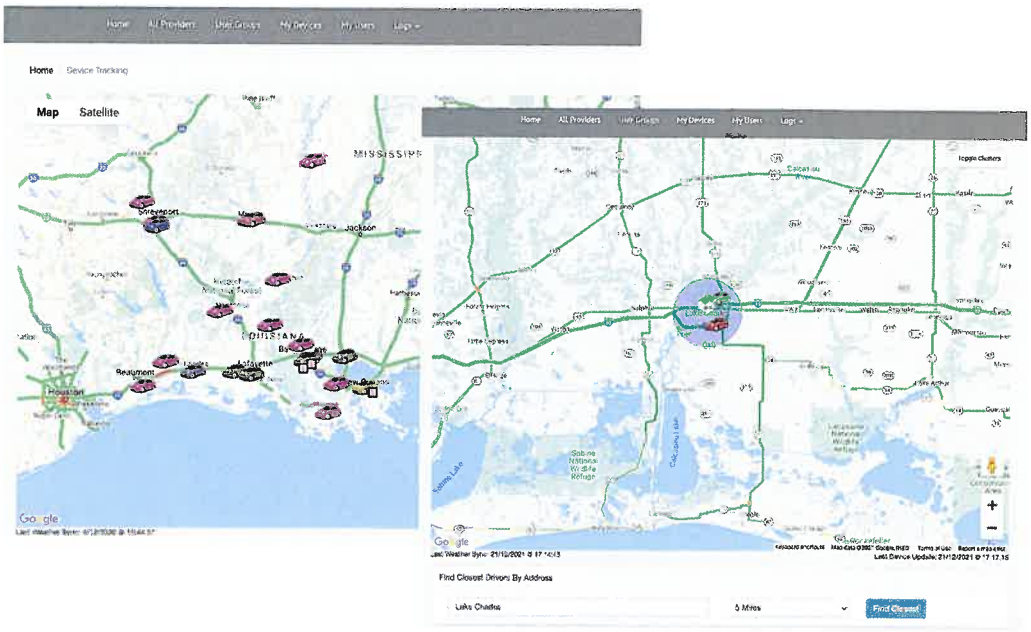


Figure App1-I-D-1 *The Net Notes app features a map showing all vehicles and whether they are occupied or free to recover a trip.*

Confidential and Proprietary

- When the trip is assigned to a new NEMT provider, the information is documented in NET InSight for accurate claim processing and reporting.
- When a transportation provider is identified, the dispatcher calls the Agency member to share details about the new assigned driver (e.g., make/model of vehicle, driver's name, time of arrival).
- If the dispatcher is unable to secure an alternate driver, they call the Agency member to explain and offer the new appointment time the facility was able to accommodate. The dispatcher will not secure the new appointment date or time without the Agency member's consent.

If the transportation provider fails to follow the required procedures as detailed in our Transportation Provider Service Agreement, our Provider Relations Manager will meet with the NEMT provider to go over appropriate contract requirements. By following our established

procedures, we are better equipped to reassign the trip and alleviate unnecessary stress on the Agency member.

Grouping Trips for Efficiency

Verida will deliver NEMT program services that are both cost-effective and operationally efficient, while maintaining high standards of care and comfort for West Virginia Agency members. In alignment with the Agency's goals, Verida will implement a strategic trip grouping model that consolidates transportation for Agency members when appropriate.

To reduce costs and increase efficiency, our Dispatch Team actively identifies opportunities to arrange group rides for members who share similar pick-up and drop-off locations, appointment timeframes, or recurring medical schedules. This includes members traveling to common destinations such as dialysis centers, behavioral health facilities, or outpatient clinics. Grouping is conducted in a manner approved by the Agency and is always based on the medical appropriateness of the transportation mode for each member.

Verida's NET InSight system uses real-time routing algorithms to optimize vehicle usage, reduce mileage and fuel consumption, and minimize wait times. These algorithms evaluate trip compatibility and members' needs to determine when grouping is feasible without compromising punctuality or comfort.

When group rides are identified, Verida will:

- Coordinate directly with NEMT providers to confirm vehicle capacity, routing feasibility, and member compatibility.
- Communicate with providers to confirm they are informed and prepared for grouped assignments.
- Monitor member feedback and provider performance to continuously refine grouping strategies and maintain service quality.

Verida only assigns members to group rides when the mode of transportation is medically appropriate, and the grouping does not interfere with timely arrival to appointments. This approach promotes resource efficiency, supports sustainability, and enhances the overall value of the NEMT program for the State of West Virginia.

Licensed Behavioral Health Provider Coordination

Verida is committed to supporting West Virginia Agency members who receive behavioral health services by verifying that transportation is scheduled only to appropriate, licensed providers. To streamline this process and maintain compliance with Agency requirements, Verida offers a system-based approach that integrates verification directly into our scheduling workflow.

At the core of our solution is a centralized database of approved Medicaid behavioral health providers and facilities throughout West Virginia, which is securely maintained within NET InSight. This database will enable our dispatch and customer service teams to quickly verify that a trip request is associated with a licensed behavioral health center or provider.

When a trip request is received for behavioral health services, our system automatically:

- Cross-references the destination against the stored list of approved behavioral health providers

- Flags any discrepancies or unverified destinations for manual review
- Confirms appointment type to verify it aligns with covered behavioral health services under Agency programs

Additionally, Verida maintains open communication with behavioral health facilities to confirm appointment details, coordinate pick-up and drop-off times, and address any special transportation needs. Our dispatch and scheduling teams are trained to handle behavioral health trip requests with sensitivity and discretion, so that members are transported safely and respectfully.

Provider Assignment and Member Requests

While members cannot choose their provider directly, Verida's NET InSight system includes a member profile module that allows us to capture and store provider preferences. When a member expresses a preference for a specific NEMT provider enrolled with Verida, our system records this information and flags it during the trip scheduling process. This enables our dispatch team to prioritize preferred provider assignments when:

- The provider is available and appropriately equipped for the trip
- The trip parameters (location, timing, vehicle type) align with the provider's capacity
- The assignment does not conflict with Medicaid regulations or operational constraints

By integrating provider preferences into the member profile, Verida promotes continuity of care and strengthens trust between members and transportation providers. Additionally, Verida actively works to build and maintain relationships between members and NEMT providers through:

- Consistent provider assignment for recurring trips, when possible
- Feedback collection from members regarding their experience with providers
- Provider performance monitoring to confirm quality, professionalism, and reliability

These efforts help foster familiarity and comfort for members, particularly those with chronic conditions or behavioral health needs who benefit from consistent transportation experiences.

Provider Notification Timeline

Verida will notify the NEMT providers of their trip assignments using our Provider Portal at least two days prior to the trip. NEMT providers without Internet access, or who prefer to receive trip assignments by fax, will also receive the faxed manifest at least two business days in advance. This enables the NEMT providers time to optimize routes, vehicle capacity, and send back trips to us they cannot accommodate. Information available includes a unique identifier, the member's name and contact information, the address, the destination, the mode of transport and the member's specific needs.

For short notice trips with less than two-business days' lead-time, we call the provider to confirm availability before assigning the trip to the provider. Verida's NET InSight platform is integrated with mapping software, which helps us determine trip mileage when scheduling and assigning trips. If a NEMT provider is unavailable, the trip will be reassigned promptly to provide coverage.

Hospital Discharge Response

Verida will provide prompt and reliable transportation for Agency members, particularly during critical transitions such as hospital discharges. In alignment with the requirement, our operations are structured so pick-up occurs within one (1) hour of notification of a hospital discharge.

To support this, our Facility Portal provides hospitals and healthcare facilities with a powerful, user-friendly platform to directly manage NEMT services. Hospital staff can seamlessly schedule, update, and track transportation for discharged patients, enabling immediate and accurate coordination. This direct access enables discharge trips to be prioritized and scheduled efficiently.

Upon notification of a discharge, our system assigns the trip to the nearest available NEMT provider, leveraging real-time monitoring and dispatch tools to streamline service delivery. A member of our dispatch team contacts the NEMT provider to confirm the driver can mobilize quickly to arrive within the required one-hour window.

With our Facility Portal, we offer real-time provider coordination, which enables Verida to see to it that hospital discharge trips are managed with urgency, accuracy, and efficiency, fully meeting the expectations outlined in the RFP.

Scheduling and Dispatching Standards

A. Single Trip Requests

Verida will require requests for NEMT Service for a single appointment to be made via a toll-free telephone number (844-549-8353) or using our Member portal or app. These requests must be made at least five (5) business days prior to the appointment.

While our CSRs will be thoroughly trained and familiar with West Virginia's NEMT program rules, our platform minimizes potential mistakes because the program rules are configured into our NET InSight transportation management system.

NET InSight and our Realtime Agent Assist (RTAA) tool display the Agency-approved call script and procedures, so CSRs can easily and consistently assist callers with transportation requests and other information, including:

- Collecting relevant information from the Agency member or their representative for entry into NET InSight.
- Verifying Agency member eligibility based on Agency established eligibility criteria.
- Identifying the availability of transportation resources.
- Determining the most appropriate, least costly mode of transportation for an Agency member's physical or cognitive needs.
- Confirming that the transportation is to a Medicaid covered service.
- Assigning each trip request a unique authorization number.

If the reservation is made by phone, the CSR verifies the accuracy of the trip details with the caller and saves the reservation. A confirmation number is automatically assigned to each reservation, which the CSR communicates to the member or caller before ending the call.

During the reservation process, CSRs will have access to a comprehensive Address Book stored in each Member Profile. Shown in **Figure D-A-1** below, this feature provides CSRs and dispatch staff with an organized, searchable list of verified locations tied to each member's profile. Both active and inactive addresses are stored within the system, allowing staff to quickly select accurate, program-approved destinations for trip booking without the need to re-enter or verify information manually. This capability not only saves time but also greatly reduces the risk of entry errors and duplicate records. By maintaining a complete history of a member's previously used addresses, the Address Book supports compliance, enhances reporting accuracy, and provides valuable data for trend analysis. The Address Book also promotes consistency across the network by aligning every trip request with validated address data, helping deliver a smoother, more reliable transportation experience for members and transportation providers alike.

***Figure D-A-1**: CSRs can instantly select program-approved locations from each member's searchable Address Book—no manual entry needed. (Proprietary and Confidential)*

If one of our online tools is used to book a trip, the system automatically generates a confirmation number. However, trips requested online are vetted by a member of the call center team as part of our gatekeeping process.

B. Standing Order Trip Requests

We recognize that certain transportation requests require specialized attention. That is why our organizational structure includes a team of Special Service Representatives (SSRs) under the leadership of the Exceptions Manager. SSRs are specifically trained to work with medical facilities and manage member and facility requests for standing orders and short notice requests, including hospital discharges and other special trips. Each SSR will be assigned specific facilities that they will work with on an ongoing basis to enable continuity and consistent service for facilities and Agency members.

When the Agency member requests a standing order arrangement, our CSR verifies the member's eligibility and records the standing order trip reservation in our platform. The CSR then flags the request for follow-up by an SSR. The SSR contacts the healthcare provider to make certain all the information on the standing order is correct (dates and times, pick-up address, phone numbers, etc.). They also provide the proper Verida contact information, should the appointment be changed.

When a Medicaid Provider needs to make a standing order trip request, they can do so by calling our toll-free line or submitting the requests online using our Facility Portal, or via fax. Medical practitioners will be instructed to use the Standing Order Transportation Request Form to request these trips. The form is available online. Medical providers will be contacted every 90 days to confirm ongoing needs.

C. Return Trip After Emergency Transport

Verida will make sure that West Virginia Medicaid members who have been transported to a medical facility via emergency medical air ambulance (fixed-wing or helicopter) or emergency ground ambulance receive safe, timely, and appropriate transportation home upon discharge. Our process is designed to be responsive, efficient, and easy for medical facilities to navigate, while prioritizing member comfort and continuity of care.

To simplify the coordination of hospital discharge transportation, Verida offers a secure and user-friendly Facility Web Portal. Through the portal's Urgent Care Request section, authorized healthcare providers can submit transportation requests using a secure login and password. This digital tool allows facilities to:

- Indicate the most appropriate vehicle type (e.g., ambulatory or wheelchair-accessible)
- Provide the exact physical location of the member within the facility (e.g., building, wing, floor, entrance)
- Receive confirmation emails and real-time ETA updates for the scheduled pick-up

This level of detail helps eliminate confusion, especially at large medical campuses with multiple entrances, and helps drivers locate members quickly and efficiently.

In addition to the portal, facility personnel have direct access to our SSRs via a toll-free number and dedicated extension. SSRs are trained to assist with urgent discharge requests and will confirm all trip details during the call, including vehicle type and member location.

Once a discharge request is received, the SSR immediately alerts our Dispatch Team, which assumes full responsibility for managing the trip. The dispatcher:

- Assigns the trip to the most appropriate NEMT provider based on vehicle availability, proximity, and member needs
- Places a direct call to the provider to confirm receipt of the trip manifest and confirm timely pick-up
- Arrange one-way transportation for the member and one (1) attendant, using the most suitable mode of transport—whether private auto, basic vehicle, wheelchair-accessible vehicle—based on the member's condition and discharge instructions. We provide details in the Commercial Air Travel section below on how we manage trips for Agency members whose return trip is by commercial air transport.

Drivers who are using Verida's driver app will have the added benefit of a mapping feature that will help guide the driver not just to the street address, but to the member's exact location within the healthcare complex.

Our return trip coordination process is designed to minimize delays and confusion, reduce administrative burden on healthcare facilities, and confirm that members are transported home safely and comfortably. Whether the trip involves a short local ride or a long-distance return via commercial air, Verida will manage all logistics with precision and compassion.

D. Commercial Air Travel

Verida understands that in limited but critical situations, West Virginia Agency members may require medical care that is only available at specialty hospitals outside the state. In these

cases, Verida will take full responsibility for coordinating commercial air travel for the member and one (1) authorized attendant, providing a process that is medically appropriate, cost-efficient, and member centered.

Verida's Utilization Management (UM) team, which includes our Appointment Verification staff, manages all commercial air travel requests using a structured and compliant workflow. Upon receiving a request from the Unified Medical Committee (UMC), our UM representative will:

- Evaluate the request to confirm that the medical services have been prior authorized by West Virginia Medicaid.
- Obtain medical certification from the treating medical provider verifying the necessity of commercial air travel.
- Assess the member's condition and travel needs, including any mobility limitations, urgency of care, and potential need for a medical escort.

Once authorization is confirmed, our UM team will:

- Make all necessary travel arrangements, including booking flights and coordinating logistics.
- Purchase coach/economy class tickets for the member and one adult attendant, when required and authorized.
- Select the most cost-efficient flight options, with reasonable allowances for:
    - Minimizing the number of transfers
    - Reducing total travel time
    - Aligning departure and arrival times with the member's medical schedule

Tickets will be distributed securely to the members and attendant via digital delivery or physical mail, based on their preferences or practicality. Verida's UM team will provide comprehensive support to facilitate a smooth and stress-free experience for the members:

- Pre-trip instructions will be provided, including airport navigation, check-in procedures, and contact information for support staff.
- SMS notifications will be sent to members with mobile devices (if authorized by the member), offering reminders, flight updates, and ground transportation details.
- Ground transportation to and from the airport will be arranged as needed, to provide a seamless door-to-door experience.

Verida will balance fiscal responsibility with compassionate, member-centered care. All flight arrangements will be made with cost-efficiency in mind, while also considering the member's health, comfort, and travel limitations. Our goal is to minimize stress and maximize safety for members traveling long distances for critical medical care.

Meals and Lodging

Verida understands that certain out-of-state medical treatments may require West Virginia Agency members and one (1) authorized attendant to stay overnight due to the nature, duration, or location of the care. In these situations, Verida will take full responsibility for evaluating, approving, and coordinating meals and lodging accommodations to enable a safe, comfortable, and cost-effective experience for the members.

All requests for meals and lodging will be evaluated and pre-approved by Verida's Project Manager, who oversees compliance and coordination for extended travel support. The Project Manager will:

- Review the medical itinerary and confirm that the treatment requires at least one overnight stay.
- Verify that the travel and lodging needs are medically necessary and appropriate for the member and attendant.
- Confirm appropriate medical provider certification has been received and is captured in the member's profile within NET InSight.
- Verify that all arrangements align with the latest Medicaid and Agency requirements.

To achieve fiscal responsibilities while providing the Agency member with convenience and comfort, we will:

- Use national hotel accounts with pre-negotiated rates to secure affordable, quality lodging. In cases where a national partner is unavailable, we will obtain three competitive bids from hotels that meet the member's medical and accessibility needs.
- Partner with charitable organizations such as Ronald McDonald House, hospital hospitality programs, and other community-based resources to further reduce costs.
- Verify that ancillary charges such as room service, laundry, and other non-essential expenses are not billed to the state.

Additionally, Verida will maintain a complete record of all meals, lodging, and travel history in our NET InSight system, which serves as the centralized member record. This supports transparency, audit readiness, and continuity of care.

Once arrangements are confirmed:

- Members will receive clear, written instructions detailing check-in procedures, meal options, and contact information for support staff.
- Communication will be provided in the members' preferred format and language, supporting accessibility and understanding.
- Our team will remain available to assist with on-the-ground coordination, including transportation between lodging and the medical facility.

Using this approach, members and their attendants are well-supported throughout their out-of-state medical journey, with accommodations that are both medically appropriate and financially responsible.

Most Appropriate Transport

Verida will provide West Virginia Agency members with the most medically appropriate and logistically sound air transportation when needed. Whether the transport involves a commercial flight, private charter, or fixed-wing air ambulance, our process is designed to prioritize member safety, medical necessity, and cost-efficiency.

Each air transport request is carefully assessed by Verida's UM team based on:

- The member's medical condition, including mobility limitations, need for medical supervision, and ability to travel independently
- The urgency of transport, such as time-sensitive treatments or emergency discharges
- The destination and available flight options, including proximity to specialty hospitals and treatment centers

This evaluation helps confirm that the selection of the mode of air transport—commercial flight (with or without a medical escort), private charter, or fixed-wing air ambulance—aligns with the member's health needs and Medicaid program requirements.

Verida's UM team manages all air transport requests using a structured and compliant workflow. For commercial and private charter flights, the UM team:

- Verifies prior authorization of the medical services through West Virginia Medicaid's Unified Medical Committee (UMC)
- Obtains medical certification from the treating medical provider confirming the necessity of air travel
- Books flights using the most cost-efficient arrangements, with reasonable allowances such as:
  - Minimizing layovers and transfers
  - Reducing total travel time
  - Aligning departure and arrival times with the member's medical schedule
- Purchases coach/economy class tickets for the member and one (1) authorized attendant
- Distributes tickets securely via digital or physical delivery, based on member preference or practicality

For fixed-wing air ambulance transports, the UM team follows a specialized protocol:

- Trips must be prior approved by Verida's Project Manager, and coverage is limited to patient-loaded miles only
- The transport must be for medically necessary services to the most appropriate facility for treatment
- The air ambulance provider must be licensed in the state of West Virginia and authorized to transport patients across state lines

In cases where a fixed-wing air ambulance transport occurs after hours, on weekends, or holidays, and the provider proceeds without prior approval, Verida will conduct a retroactive review on the next business day. If all coverage criteria are met, approval will be granted. However, Verida will not approve claims based on patient or family preference or convenience, nor for services not covered by Medicaid.

Verida provides full logistical support to facilitate a smooth travel experience:

- Members receive pre-trip instructions, including airport navigation, check-in procedures, and contact information for support staff

- SMS notifications are sent to members with mobile devices (if authorized by the member), offering reminders and updates
- Ground transportation to and from the airport is arranged as needed, providing a seamless door-to-door experience

This comprehensive approach confirms that air transport is medically appropriate, cost-effective, and responsive to the unique needs of West Virginia Medicaid members. Verida's protocols uphold the highest standards of care while maintaining compliance with state and federal guidelines.

Accompanying Persons

Verida acknowledges and will comply with the requirement that transportation services must prioritize the Agency member. When a member requests to travel with a family member or caregiver, we will confirm available space with the NEMT provider prior to scheduling.

In cases where the accompanying individual is a child, the Agency member will be responsible for providing an appropriate child safety seat, in accordance with state and federal transportation safety regulations.

Family members and/or caregivers may be transported alongside the Agency member only if vehicle capacity and safety conditions permit. However, Verida understands that reimbursement will be provided solely for the transportation of the Agency member. No reimbursement will be sought for the transport of any additional passengers.

II. NEMT Providers

A. Network of NEMT Providers

The vendor should establish a network of NEMT providers and negotiate reimbursement with interested, willing and qualified transportation entities; including but not limited to licensed behavioral health centers that meet the transportation provider requirements. The vendor is encouraged to develop innovative and creative strategies to reduce per-trip costs such as providing reimbursement for gasoline and making greater use of fixed-route public transportation. The vendor should develop and maintain strong working relationships with NEMT providers, medical providers and relevant professional associations necessary for fulfilling the contract requirements.

The vendor should submit with its Proposal Letters of Commitment from proposed NEMT providers with whom the vendor intends to negotiate a contract for NEMT Services. Each letter of Commitment should include the number of vehicles by type that the proposed NEMT provider operates and the geographic areas in which the proposed NEMT provider is to operate. The vendor will notify the Agency within thirty (30) calendar days of service level changes to the approved providers' fleets and/or operational areas.

The vendor should include in its Proposal the proposed number of vehicles by type operated by all proposed NEMT providers as of the anticipated operations start date of the NEMT Broker Program. The vendor should include contingency plans for the unexpected. Examples include, but are not limited to: peak transportation demands, weather and other related natural disasters. Additionally, the vendor will detail back up plans for instance when a NEMT provider's vehicle is excessively late or is otherwise unavailable for service. The vendor should identify NEMT providers for bariatric transportation by geographic areas of coverage.

The vendor should recruit existing NEMT providers, the vendor should ensure that drivers may continue to provide NEMT Services under the current state administered program until coverage under the NEMT Brokerage Program starts. The vendor should include in its Proposal a plan ensuring that there is NO delegation of service(s).

Verida is committed to building a comprehensive and responsive NEMT provider network across West Virginia by leveraging, as much as possible, the state's existing transportation infrastructure. According to the Agency's published data, the current network includes 125 providers, 480 vehicles, 685 drivers, and 32 enrolled volunteer drivers—an invaluable foundation that Verida intends to preserve and strengthen. Our approach centers on collaboration, innovation, and accountability. We will prioritize contracting with current providers and behavioral health centers, offering fair and individualized reimbursement rates that promote long-term sustainability.

Because our founder, Steve Adams, began his career as an emergency/non-emergency transportation provider, he is particularly invested in the success of every NEMT provider in our network. This passion drives our desire to support and guide our transportation providers to build and strengthen their businesses. Verida provides technical support and financial assistance to many transportation companies by helping them establish operations, make their businesses more efficient, create relationships with financial institutions, and purchase vehicles. This is because we understand that the health of our NEMT network is vital to the programs we manage. We know our network providers well, taking the time to identify, celebrate, and reward their strengths. We also work with them to tackle problems when they encounter obstacles and are always open to receiving their feedback if we ever miss the mark.

Through strategic cost-reduction initiatives, strong stakeholder engagement, and robust operational planning, Verida will oversee a seamless transition and continued high-quality service delivery. The following sections outline our strategy for managing a high-performing NEMT network that aligns with the Agency's goals and delivers reliable, member-focused transportation services statewide.

1. Establishing and Contracting with NEMT Providers

Verida will develop a diverse and responsive network of qualified transportation entities to meet the needs of West Virginia's NEMT program. Our network will include:

- Licensed NEMT providers with experience in passenger and specialized transport
- Behavioral health centers that meet transportation provider requirements
- Community-based organizations and local transit partners that enhance regional coverage and accessibility

Our experience has shown that the most effective and sustainable transportation networks are built on individualized relationships. Verida's Provider Relations team negotiates unique reimbursement rates with each provider, tailored to their specific operational needs and local conditions. These rates are based on:

- Regional economic and demographic data
- Current fuel prices and usage density
- Vehicle maintenance and insurance costs

Rates are reviewed annually to reflect economic changes and protect provider viability. This personalized approach allows Verida to maintain flexibility in managing the dynamic demands of a statewide NEMT program.

Negotiations are conducted on the principles of partnership, fairness, and transparency, which have earned Verida a reputation as a "provider-friendly" broker. Our collaborative model fosters long-term relationships, encourages provider engagement, and supports high-quality service delivery.

Verida will verify that all contracted providers meet the service quality standards required by the Agency, and that reimbursement rates are both competitive and cost-efficient.

2. Innovative Cost-Reduction Strategies

Verida is committed to delivering high-quality NEMT services while maintaining cost-efficiency for the State of West Virginia. Our approach includes creative, member-centered strategies that reduce per-trip costs without compromising service reliability or accessibility.

Gas Mileage Reimbursement (GMR)

Verida promotes the use of GMR for eligible members who have access to a personal vehicle or a trusted driver. This option offers:

- Significant cost savings compared to provider-dispatched trips
- Greater flexibility and reliability for members traveling with familiar individuals
- Reduced demand on fleet resources, especially in rural or low-density areas

Members are educated on the GMR process during scheduling and supported throughout their participation, including assistance with trip logs, reimbursement submission, and advance funding when needed.

Increased Utilization of Fixed-Route Public Transportation

Verida encourages the use of fixed-route transit systems where available, offering:

- Trip planning assistance to help members navigate routes and schedules
- Streamlined fare delivery using app-based fare system integration or reloadable transit cards to remove financial barriers
- Integration of Google Transit with our scheduling platform to identify when public transit is a viable option

This strategy is especially effective in urban and suburban areas with established transit infrastructure.

Tiered Service Models

Verida applies a tiered approach to match transportation needs with the most appropriate and cost-effective mode:

- GMR or public transit for ambulatory members with low-acuity needs
- Sedan or van transport for standard NEMT trips
- Wheelchair-accessible or bariatric-capable vehicles for members requiring specialized transport

This model supports efficient resources allocation, reducing unnecessary use of high-cost vehicles while maintaining service quality.

These strategies are supported by real-time scheduling tools, member education, and provider coordination, allowing Verida to optimize trip assignments and reduce overall program costs. Our cost-reduction efforts are guided by data, member feedback, and continuous performance monitoring to facilitate sustainability and responsiveness.

3. Letters of Commitment and Fleet Details

Verida has proactively initiated statewide outreach to existing NEMT providers across West Virginia and surrounding medical communities in Virginia, Ohio, Kentucky, Maryland, and Pennsylvania. This outreach is part of our strategic effort to build a comprehensive and reliable transportation network that meets the diverse needs of West Virginia's NEMT program.

As of the date of this submission, Verida has received 10 signed Letters of Commitment from NEMT providers. These providers currently serve all 55 of West Virginia's counties, with active efforts underway to secure additional commitments to safeguard adequate coverage.

Please refer to **Exhibit 4** for a copy of the Letters of Commitment we have received. Each Letter of Commitment includes:

- The number and types of vehicles operated (e.g., sedans, wheelchair-accessible vans, bariatric-capable vehicles)
- The geographic service areas in which the provider operates

Verida is anticipating the following vehicles by type by the operations "start date". Verida is committed to continue to recruit additional NEMT providers up to and ongoing through the operations "start date" to achieve our goal of expanding the current size of the network.

- Ambulatory – 98
- Wheelchair – 41

Verida will notify the Agency within 30 calendar days of any changes to a provider's fleet size or operational coverage to support transparency and maintain service continuity.

4. Vehicle Inventory and Operational Readiness

Verida will provide a comprehensive summary of the total number of vehicles by type across all proposed NEMT providers as of the anticipated start date of the West Virginia NEMT Broker Program. This inventory will reflect the full scope of transportation modes required to meet the diverse needs of the program, including:

- Standard Passenger Vehicles (Basic Vehicle)
- Wheelchair-Accessible Vehicles (Enhanced Vehicle)
- Bariatric-Capable Vehicles
- Vehicles Equipped for Rural or Difficult Terrain
- Private Auto (used in Gas Mileage Reimbursement)
- Fixed-Route Public Transportation (supported through trip planning and automated fare delivery)

Verida's provider network is designed to support flexible, scalable service delivery across all counties in West Virginia. Our vehicle inventory will be aligned with anticipated trip volumes, geographic coverage needs, and member acuity levels. We will submit a NEMT Provider Network and Geographic Coverage Report at least 30 calendar days prior to the operational readiness review. This report will include:

- A list of all final subcontracted NEMT providers
- The number and types of vehicles operated by each provider
- The geographic areas each provider will serve
- Identification of providers offering bariatric transportation, mapped by region

Verida's operational readiness strategy includes:

- Real-time monitoring of vehicle availability and trip demand
- Dynamic dispatching to match trip needs with appropriate vehicle types
- Contingency planning for peak demand, weather disruptions, and provider delays
- Ongoing provider engagement to maintain fleet capacity and service quality

Using this structured and data-driven approach, Verida's transportation network will be fully prepared, responsive, and capable of delivering high-quality NEMT services across the state.

5. Contingency and Backup Plans

Verida understands that a successful NEMT program must be resilient and responsive to unexpected challenges. To safeguard uninterrupted service delivery, Verida will maintain comprehensive contingency plans that address a range of scenarios:

Peak Demand Periods

Verida will prepare for high-volume days—such as holidays, the beginning of the month, and periods of increased medical appointments—by:

- Forecasting demand using historical trip data and predictive analytics
- Pre-positioning vehicles in high-demand areas
- Engaging backup providers to supplement capacity during peak times
- Staggering trip scheduling to reduce bottlenecks and optimize vehicle utilization

Weather-Related Disruptions and Natural Disasters

Verida has developed a comprehensive Adverse Conditions Plan as part of our Business Continuity and Disaster Recovery (BC-DR) framework to support uninterrupted access to critical covered services for Agency members during emergencies. This plan is designed to mitigate risks and maintain safe transportation operations during adverse weather events, security threats, and other conditions that impede normal travel. Our protocols to maintain service continuity during adverse weather or emergency events include, but are not limited to:

- Real-time weather monitoring integrated into our dispatch system
- Communication plans to notify members and providers of delays or cancellations (e.g., SMS, app notifications)
- Alternate routing and vehicle deployment for areas impacted by road closures or hazardous conditions
- Coordination with local emergency management agencies to facilitate safe transport when possible

Provider Delays or No-Shows

To mitigate provider delays and no-shows, Verida leverages our advanced technology platform, NET InSight, which integrates several tools to facilitate timely transportation and rapid response when issues arise:

- **Auto Dispatch** – uses intelligent algorithms to assign trips to the most efficient and cost-effective provider. Providers can accept or reject trips in real time, allowing dispatchers to quickly identify gaps and reroute trips as needed.
- **Geo-Tracking and Late Alerts** – monitor trip progress and issue alerts when a ride exceeds its estimated arrival time. Notifications are sent via call, text, or app to members, facilities, and dispatchers, enabling proactive communication and backup deployment.
- **Digital Driver Trip Logs** and **Net Notes** – provide GPS-verified documentation of pick-up and drop-off times and locations. Exceptions are flagged and reviewed to promote accountability and service accuracy.
- **Venue Mapping** – helps drivers navigate large medical campuses by identifying specific drop-off points, reducing confusion and missed connections.

- **Transportation Provider Scorecards** – track performance metrics such as on-time rates, cancellations, and no-shows. Providers falling below standards are engaged with corrective action plans to restore compliance.

These tools, combined with real-time monitoring and a robust provider network, enable us to proactively address service disruptions and maintain high standards of reliability across the NEMT program.

6. Bariatric Transportation Coverage

If awarded the contract, Verida will establish a provider network in West Virginia that includes qualified transportation entities capable of delivering bariatric NEMT services statewide. Through our experience in other markets, we understand the specialized nature of bariatric transport and the importance of verifying providers are equipped to meet these needs safely and effectively.

Network Development for Bariatric Services

Verida will identify and contract with providers who have the vehicles, equipment, and trained personnel necessary to support bariatric members. This includes providers with:

- Stretcher-capable vehicles
- Hydraulic lifts or ramps
- Staff trained in bariatric patient handling, including multi-person crews when required

Medical Necessity and Trip Assignment

Bariatric transport is determined by medical necessity, as assessed by the referring medical facility or primary care physician. To enable proper trip assignment, our CSRs will collect detailed member information during scheduling, including:

- Member's total weight, including wheelchair
- Wheelchair type and dimensions
- Presence of stairs at the residence
- Whether the member is transferrable

This data is captured in NET InSight and shared with the transportation provider via the trip manifest, which is visible to the NEMT provider. Member-specific transport details are also stored in the Member Notes section of NET InSight, allowing for efficient scheduling of future trips without re-assessment.

Statewide Coverage Strategy

Verida will confirm that bariatric-capable providers are strategically distributed across West Virginia, with coverage mapped by geographic area. This will be reflected in the NEMT Provider Network and Geographic Coverage Report, submitted at least 30 calendar days prior to the operational readiness review.

By integrating bariatric transportation into our broader network development strategy, Verida enables all eligible members—regardless of mobility challenges—to have access to safe, timely, and medically appropriate transportation throughout the state.

7. Recruitment and Transition of Existing Providers

Verida recognizes that a successful NEMT program depends on a strong, reliable transportation provider network. If awarded the contract, Verida will actively recruit existing transportation providers currently serving the NEMT program in all 55 West Virginia counties, provided they meet both the Agency's and Verida's contractual requirements and are interested in continuing service.

Our highest priority is to retain and integrate current NEMT providers, including independent and volunteer drivers, to facilitate a smooth transition for members, facilities, and the broader healthcare community. In our experience, leveraging existing relationships:

- Minimizes disruption for participants and healthcare facilities
- Preserves continuity of care
- Sustains the many small, local businesses that form the backbone of the NEMT network—businesses we value and support

Verida will safeguard that:

- Drivers may continue providing services under the current state-administered program until the NEMT Brokerage Program officially begins
- There is no delegation of services—Verida will maintain direct oversight and accountability for all contracted providers

As part of our implementation strategy, Verida will also identify and engage underutilized transportation resources, including:

- Non-profit community agencies
- Rural, county-owned emergency services departments
- Regional public transit agencies

These partnerships will help amplify the use of public transit and expand coverage in underserved areas, contributing to a more efficient and inclusive transportation network across the state.

8. Relationship Management and Stakeholder Engagement

Verida understands that strong relationships with stakeholders are essential to the success of the West Virginia NEMT program. We will build and maintain collaborative partnerships with:

- NEMT providers
- Area Agencies on Aging in West Virginia
- Medical facilities and healthcare systems
- Behavioral health centers
- Professional associations and community organizations

Our approach to stakeholder engagement is proactive, structured, and ongoing. Verida will host provider forums, conduct training sessions, and perform regular performance reviews to confirm alignment with contract requirements and promote continuous improvement.

Provider Relations Team

Verida's Provider Relations Team plays a central role in maintaining strong relationships with transportation providers. This team is responsible for:

- Onboarding and credentialing new providers
- Negotiating fair and sustainable reimbursement rates
- Monitoring provider performance through monthly scorecards
- Facilitating corrective action plans when service quality falls below standards
- Supporting providers with operational guidance and technical assistance

This team helps providers feel valued, supported, and accountable—reinforcing Verida's reputation as a provider-friendly broker.

Facility Outreach and Education Team

Verida's Facility Outreach Team will be instrumental in building relationships with healthcare stakeholders across West Virginia. Our Facility Outreach Managers will conduct regular, proactive visits to:

- Hospitals
- Long-term care centers
- Dialysis clinics
- Chemotherapy treatment centers
- Day programs
- Community-based organizations

These visits are designed to:

- Educate healthcare personnel on Verida's NEMT program policies and procedures
- Foster collaboration between medical providers and transportation providers
- Identify opportunities to improve coordination and service delivery
- Confirm facilities are equipped to support members in accessing transportation services

Through these efforts, Verida will create a well-connected, responsive network of stakeholders that supports the delivery of high-quality, member-centered NEMT services in West Virginia.

As Verida builds a comprehensive NEMT provider network across West Virginia, we remain committed to making sure that the individuals we serve have a meaningful voice in shaping the program. With the Agency's approval, Verida will establish a Member Advisory Committee to meet quarterly with our leadership team. These meetings will provide valuable insight into the member experience—highlighting what's working well, identifying challenges, and guiding improvements. Participation will be voluntary, and Verida will work closely with the Agency to develop an appropriate charter and define the committee's scope. In addition, Verida will maintain regular communication with Agency staff to promote transparency, responsiveness, and alignment with program goals. Together, these efforts will help us build a transportation network that is not only operationally sound but also member-informed and community-driven.

Proposed Solution for Addressing Rural Transportation Challenges

Verida understands that in many rural parts of West Virginia, residents face persistent barriers to accessing reliable transportation. These barriers are particularly acute for Medicaid recipients, elderly individuals, and those needing NEMT services. Traditional transit options like buses are often economically unviable due to low ridership and geographic dispersion. To help the Agency address the challenge of lack of transportation providers in rural areas of the state, Verida is proposing Wingz.

Wingz is not a typical rideshare company—it is a network of highly credentialed independent drivers who specialize in healthcare-related mobility. Each driver meets Medicaid NEMT requirements, including rigorous vehicle inspections, credentialing, and training standards. This safeguards a safe, reliable experience for riders who depend on consistent access to care. With its proven model of pre-scheduled rides and trusted drivers, Wingz is well-positioned to expand into West Virginia and serve rural communities where traditional ride-hailing options are limited and consistency is essential.

Why Wingz Works for West Virginia

- **Tailored for NEMT**: Wingz specializes in NEMT, safeguarding that patients get to appointments safely and on time.
- **Credentialed Drivers**: All drivers undergo background checks and training, making them suitable for transporting vulnerable populations.
- **Pre-Scheduled Rides**: Wingz's model allows for advance booking, which is ideal for rural areas with limited connectivity and unpredictable demand.
- **Ideal for Long-Distance Trips**: Wingz was intentionally designed to accommodate long-distance transportation needs, particularly for members residing in rural communities where access to care often requires extended travel.
- **Technology-Enabled Access**: Riders can book rides through Verida's Member app, Member Portal, or by calling Verida's toll-free number—providing accessibility for those without smartphones or internet access. Verida also provides onboarding support for members who are unfamiliar with digital tools.

Proven Success in Arkansas, Georgia and Tennessee

Verida has successfully integrated the Wingz network into our transportation strategy across Arkansas, Georgia, and Tennessee, leveraging the platform's reliability and pre-scheduled ride model to serve members in both urban and rural settings. Wingz has proven to be a valuable resource in areas where traditional transportation options may be limited or inconsistent. The following table reflects the total number of completed trip legs by Wingz drivers in calendar years 2024 and year-to-date 2025 across these three states.

Wingz Transports - By the Numbers		
Provider Name	CY 2024	CY 2025
Wingz, Inc (Arkansas)	8,233	18,601
Wingz, Inc (Georgia)	158,376	149,775
Wingz, Inc (Tennessee)	5,781	17,538
Grand Total	172,390	185,914

The service has consistently delivered exceptional performance, with complaint-free rates of 99.93% in 2024 and 99.97% in 2025.

- **Operational Efficiency**: Reduced missed appointments and improved health outcomes.
- **Cost-Effectiveness**: Lower per-ride costs compared to traditional transit or taxi services.
- **Community Trust**: High satisfaction rates among riders and healthcare providers.

Verida proposes a pilot program in select West Virginia counties, using our experience to guide implementation and measure impact. We will work with the Agency to determine which counties could most benefit from the pilot. By using Wingz as a proven, adaptable, and community-focused solution, Verida can help West Virginia take a meaningful step toward solving its rural transportation challenge.

B. NEMT Provider Contracts

The vendor should identify, recruit and negotiate contracts with NEMT providers, including all modes of transportation listed in Section III of Appendix 1, sufficient to meet the needs of the Agency Members. The vendor should offer a contract to any willing provider and all willing licensed behavioral health centers that meet the transportation provider requirements. The vendor should secure sufficient NEMT providers' resources (numbers and types of vehicles, drivers) under contracts so that the failure of any NEMT provider to perform should not impede the ability of vendor to provide NEMT Services in accordance with the requirements of the contract.

The vendor should submit with its Proposal a model contract that the vendor intends to use with NEMT providers. The model contract for each mode of transportation should be reviewed and approved by the Agency prior to use.

The model contract should address the following items:

1. *Payment administration and timely payment;*
2. *Modes of transportation*
3. *Geographic coverage area(s)*
4. *Attendant services*
5. *Telephone and vehicle communication services*
6. *Information systems*
7. *Scheduling*
8. *Dispatching*
9. *Pick-up and deliver standards*

10. *Urgent trip requirements*
11. *Driver qualifications*
12. *Expectations for door-to-door, hand-to-hand, curb-to-curb*
13. *Driver conduct*
14. *Driver manifest delivery*
15. *Vehicle requirements*
16. *Back-up service*
17. *Quality assurance*
18. *Non-compliance with standards*
19. *Training for drivers*
20. *Confidentiality of information*
21. *Specific provision that, in the instance of default by vendor, the agreement should be passed to the Agency or its agent for continued provision of NEMT Services. All terms, conditions, and rates established by the agreement should remain in effect until or unless otherwise terminated by The Agency at its sole discretion*
22. *Indemnification language to protect the State of West Virginia and the Agency*
23. *Evidence of insurance for vehicle and driver*
24. *Submission of documentation as required by the Agency*
25. *Appeal and dispute resolution*
26. *Assurance of no overlap of services with other programs*

A draft Model NEMT Provider Service Agreement for West Virginia is included with this proposal, as **Exhibit 5**. This document reflects Verida's standard contractual framework used in other states and incorporates provisions aligned with industry best practices. This draft is intended as a foundational template and will be revised to align with West Virginia's operational expectations. Should Verida be awarded the contract, we will work closely with the Agency to review existing program standards and update the agreement accordingly in full compliance and program alignment. Our NEMT Provider contract addresses all of the following topics:

Model Contract Required Topics	
Requirement	**Addressed?**
Payment administration and timely payment	Yes
Modes of transportation	Yes
Geographic coverage area(s)	Yes
Attendant services	Yes
Telephone and vehicle communication services	Yes
Information systems	Yes
Scheduling	Yes
Dispatching	Yes
Pick-up and deliver standards	Yes
Urgent trip requirements	Yes
Driver qualifications	Yes
Expectations for door-to-door, hand-to-hand, curb-to-curb	Yes
Driver conduct	Yes

Driver manifest delivery	Yes
Vehicle requirements	Yes
Back-up service	Yes
Quality assurance	Yes
Non-compliance with standards	Yes
Training for drivers	Yes
Confidentiality of information	Yes
Specific provision that, in the instance of default by vendor, the agreement should be passed to the Agency or its agent for continued provision of NEMT Services. All terms, conditions, and rates established by the agreement should remain in effect until or unless otherwise terminated by the Agency at its sole discretion.	Yes
Indemnification language to protect the State of West Virginia and the Agency	Yes
Evidence of insurance for vehicle and driver	Yes
Submission of documentation as required by The Agency	Yes
Appeal and dispute resolution	Yes
Assurance of no over-lap of services with other programs	Yes

C. NEMT Provider Reimbursement

The vendor should provide timely payment, defined as thirty (30) calendar days, to each contracted NEMT provider for the services rendered. The vendor reimbursement to NEMT providers will demonstrate adequacy to ensure access for Medicaid members and provider participation. The vendor may reimburse NEMT providers through any payment arrangement agreeable to both parties, including a sub-capitation arrangement. All payment arrangements are to include an incentive or safeguard to ensure utilization data for every encounter is submitted to vendor. The vendor's proposal should describe the following:

1. *Payment methodology*
2. *Billing system*
3. *Billing policies*
4. *NEMT providers instructions and procedures*
5. *Penalties for late submission of reimbursement request.*

The vendor's billing options should include options for electronic submission of invoices by NEMT providers. The vendor should pay all "clean claims" from NEMT providers within thirty (30) calendar days following receipt of the claim. A "clean claim" is defined as a claim that can be processed without obtaining additional information from the NEMT provider, medical provider, member or any other third party.

An exception to this timeframe would be any claim(s) submitted by or on behalf of a NEMT provider or provider who is under investigation for fraud, waste, misuse, or abuse or a claim that is under review for medical necessity. Complaints are subject to the vendor's provider grievance resolution system.

Verida provides timely payments to NEMT providers and individuals who submit gas reimbursement based on authorized services. Full payment to the providers will be made within thirty (30) calendar days of receipt of a "clean claim." Exceptions to this timeframe apply only to claims under investigation for fraud, waste, abuse, or those pending medical necessity review.

Verida's NEMT provider payment process is fully compliant with 42 U.S.C. § 1396a(a)(37)(A). We reimburse NEMT providers through the payment arrangements agreed to by the parties in our Transportation Provider Service Agreement and negotiated with each individual provider.

Our system supports electronic invoice submission by NEMT providers and processes all clean claims. Verida also maintains a structured provider grievance resolution system to address complaints in accordance with RFP guidelines. We are dedicated to working with NEMT providers and the Agency to confirm the chosen payment arrangement is satisfactory for all parties involved.

To meet the requirement that all payment arrangements include an incentive or safeguard ensuring utilization data submission for every encounter, Verida offers a dual approach that combines technology access and claims support. As an incentive, Verida provides each contracted NEMT transportation provider with an Apple iPad and airtime service plan at no cost—an investment valued at several hundred dollars. Alternatively, providers may use their own devices and install Verida's free, easy-to-integrate mobile app. This technology facilitates seamless data capture and transmission for every trip. As a safeguard, Verida's Claims Concierge Service supports electronic claims submission by assisting providers with certification, error resolution, and timely payment of clean claims. Together, these tools promote consistent and accurate utilization data reporting while easing operational burdens for transportation providers.

Below, we provide details about our payment methodology, billing system, billing policies, instructions for NEMT providers, and penalties for late submissions of reimbursement requests.

Payment Methodology

Verida's NET InSight system is designed to streamline trip management and claims administration, supporting accurate and efficient processing in alignment with each provider's contracted rates. Within the system, NEMT providers and gas reimbursement rates are entered into individual provider files. These rates are organized by procedure codes and stored in a centralized rate table.

In accordance with internal policy 518.00 – Claims Processing and Administration, NET InSight calculates mileage payments using geo-coordinated data and the provider's negotiated rates. Once a trip is authorized, the system determines the mileage to be paid—including any applicable deadhead mileage or wait time compensation—based on the provider's contract. These rates are automatically applied to each scheduled trip, allowing transportation providers to know their payment amount at the time of assignment. When standard rates do not adequately address unique circumstances, Verida negotiates compensation on a case-by-case basis to promote fair treatment.

All claims are processed through NET InSight in compliance with policy 505.00 – Claims Submission and Data Entry and policy 518.00, which align with state and federal Medicaid regulations. The system includes an electronic adjudication module that facilitates comprehensive claims processing and accurate payment. During submission, NET InSight automatically flags:

- Unauthorized drivers or vehicles
- Invalid time records
- Incorrect geocoordinates

To support trip documentation and real-time tracking, Verdia provides tablets preloaded with our driver app. which is also available for download on personal devices. This app integrates with NET InSight and supports the full trip lifecycle, including:

- Provider credentialing
- Member file maintenance
- Trip scheduling and dispatching
- Trip reconciliation

Each component includes built-in quality checks to maintain data integrity—an essential factor in claims processing. Drivers use our app to document pick-ups and drop-offs in real time, with automatic timestamps and geo-coding. Member signatures are captured at the end of each trip, eliminating the need for manual logs and improving data quality for performance tracking and claims submission. Each trip record becomes an electronic claim submitted through the app to the provider portal for certification and payment.

Providers have multiple options for certifying claims: individually, in bulk, or through Verida's Claims Concierge service at no additional cost. Claims eligible for auto-certification must meet "clean claim" requirements, which NET InSight verifies by checking elements such as:

- Pick-up and drop-off times
- Mobility method
- Mileage

Clean claims are marked with a green icon in the provider portal, signaling readiness for certification. A yellow icon indicates that the provider should review and correct the claim. Each provider is assigned a Claims Analyst who offers support for resolving issues.

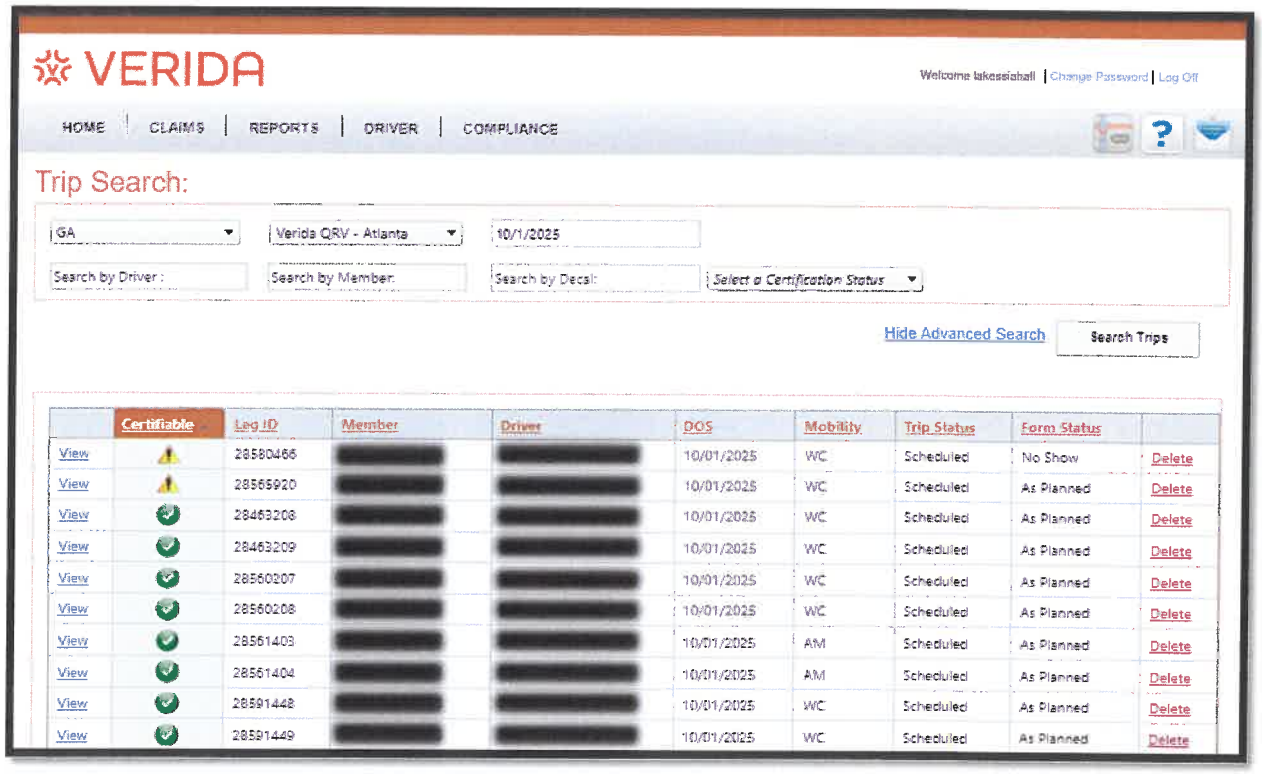


Figure App1-II-C-1. *NET InSight streamlines the claims submission, verification, and payment process. Confidential and Proprietary.*

NET InSight auto-populates most required claim fields, minimizing manual input and reducing errors—typically limited to simple entry mistakes like incorrect trip IDs. This functionality allows providers to bulk certify claims efficiently and access reliable utilization data.

To further support providers, Verida offers a secure Transportation Provider Portal that reduces administrative burden. Through the portal, providers can access:

- Claims information and submission tools
- Trip manifests and forms
- Reports and documentation

Providers also receive productivity reports detailing trip submission statistics and can export data in multiple formats for integration into their business systems.

Automatic Certification and Payment Notifications

By contract startup, the system will have the capability to automatically generate and email each provider with a daily summary of their trips. It will list all that were automatically certified and submitted for payment, as well as any that could not be certified and were flagged for issues. The email will contain a link to the provider portal, where the transportation provider can review, correct, and submit their flagged claims for payment. Even with this automated process, we will continue to proactively monitor claims and reach out to providers with identified claims issues.

Denied and Corrected Claims

Claims submitted electronically that do not pass the validation criteria will be rejected, and providers will receive a rejection file detailing the issues encountered. Similarly, paper claims that contain illegible, incomplete, or invalid information may also be denied. Providers will receive timely notifications concerning the status of all submitted claims, whether they have been paid or denied. We encourage providers to review this feedback carefully and make the necessary corrections to resubmit their claims for payment consideration.

Payment Methods

Verida currently offers various payment methods, designed to meet the needs of our diverse network of transportation providers. Once all appropriate approvals and verifications have been obtained, electronic payments and checks are prepared by the Finance Department. The payments are processed in Sage. Payments can be issued by electronic funds transfer (EFT), payment card, and/or paper check. The back of each provider check contains the statement "I understand in endorsing or depositing this check that payment may be from federal and state funds and that any falsification, or concealment of a material fact, may be prosecuted under Federal and State laws." Policy 514.00, Check and Electronic Payment, aid in ensuring that accurate and timely processing of provider payments.

All payment requests should be submitted to Accounts Payable with supporting documentation for the payment amount. IRS Form W-9 must be submitted by all applicable payees.

Billing System

Verida uses its proprietary software, NET InSight, to manage and streamline the entire claims and transportation provider payment process. Purpose-built to integrate relevant data and provide operational controls, NET InSight enhances our ability to process claims efficiently while identifying invalid or inaccurate information before it reaches the payment stage.

At the heart of NET InSight is a robust system of checks and balances. Each authorized trip is assigned a unique confirmation number, which becomes the anchor for verifying trip details and processing claims. This rapid verification process helps maintain accuracy and accountability throughout the lifecycle of a trip.

NET InSight also acts as a central hub, connecting key departments—Call Center, Compliance, and Finance—to provide seamless coordination across authorization and claims workflows. Here's how the process unfolds:

- All trip requests must be authorized by Verida through NET InSight.
- The Call Center verifies that only valid requests receive approval.
- Once authorized, each transport is assigned a confirmation number, which appears on the trip manifest used during claims submission.
- Members, facilities, and providers can update transport details prior to submitting claims, ensuring data accuracy.

The system is designed to give the Claims Team access only to relevant, validated information, reducing the risk of errors and streamlining adjudication. Meanwhile, our Compliance Department plays a vital role in maintaining provider standards. Using NET InSight's interactive database, Compliance manages digital profiles for each transportation provider, overseeing:

- Credentialing
- Training
- Ongoing monitoring

NET InSight verifies the status of all drivers and vehicles in real time. If a driver or vehicle is unauthorized at the time of service, the system immediately alerts the Claims Team, allowing for prompt resolution and preventing improper payments.

System Processing

Using NET InSight, Verida manages trip authorization, claims submission, and transportation provider payments. This advanced platform integrates operational controls with real-time data verification, enhancing the accuracy and efficiency of the entire claims process.

NET InSight serves as a central hub connecting Verida's Call Center, Compliance, and Finance departments. All trip requests must be authorized through NET InSight, following strict protocols to confirm validity. Once approved, each transport is assigned a unique confirmation number, which is included on the trip manifest and used throughout the claims lifecycle. Members, facilities, and NEMT providers can update transport details prior to claim submission, helping maintain data integrity.

Claims may be submitted through one of the following methods:

- Verida app
- 837 file uploads
- sFTP site imports

In alignment with Policy 505.00 – Claims Submission and Data Entry and Policy 518.00 – Claims Processing and Administration, all NEMT claims are submitted in compliance with state and federal Medicaid regulations. NET InSight includes an electronic adjudication module that

supports comprehensive processing and accurate payment. During submission, the system automatically flags:

- Unauthorized drivers or vehicles
- Invalid time records
- Incorrect geocoordinates

Electronic claims must be certified by an authorized representative of the transportation provider using Verida's Provider Portal or approved third-party software. It is the provider's responsibility to verify the accuracy of all claim data prior to submission. Required data points are captured automatically via the Verida app or designated software, and must be entered in real time:

- Vehicle and driver information must be entered accurately.
- Pick-up and drop-off data must be recorded at the actual time and location of service—post-entry is not permitted.
- GPS and automated timestamps are used to verify the trip details against the manifest.

Once submitted, claims are automatically date- and time-stamped to confirm receipt by Verida. Per Policy 502.00 – Receipt and Tracking of Electronic Claims, all incoming claims are documented, logged, and tracked in accordance with the Prime Contract.

The processing workflow includes:

1. Claims submitted via 837 or sFTP are reviewed through the Electronic Data Interface. Validated claims proceed immediately to processing, with status updated to "portal pending."
2. Claims certified through the Verida app also enter immediate processing and reflect "portal pending" status.
3. Trip status updates are available in the portal the following day.
4. Claims Specialists open and review provider-submitted batches within NET InSight.
5. Claims are processed based on the date received.
6. Once reviewed and processed, batches are closed and claim statuses are updated for the appropriate reimbursement period.

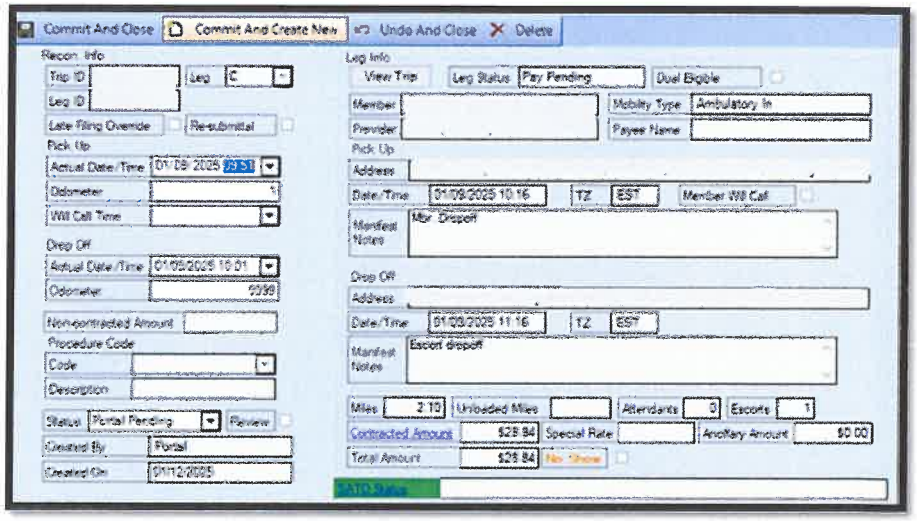
NET InSight gives the Claims Team access only to relevant, validated data, reducing errors and streamlining adjudication. Simultaneously, the Compliance Department uses the system to manage provider profiles, including credentialing, training, and monitoring. By integrating mobile technology, real-time tracking, and automated verification, NET InSight supports a secure, compliant, and efficient claims environment—ensuring providers are paid accurately and promptly while maintaining the highest standards of data integrity.

System Validations

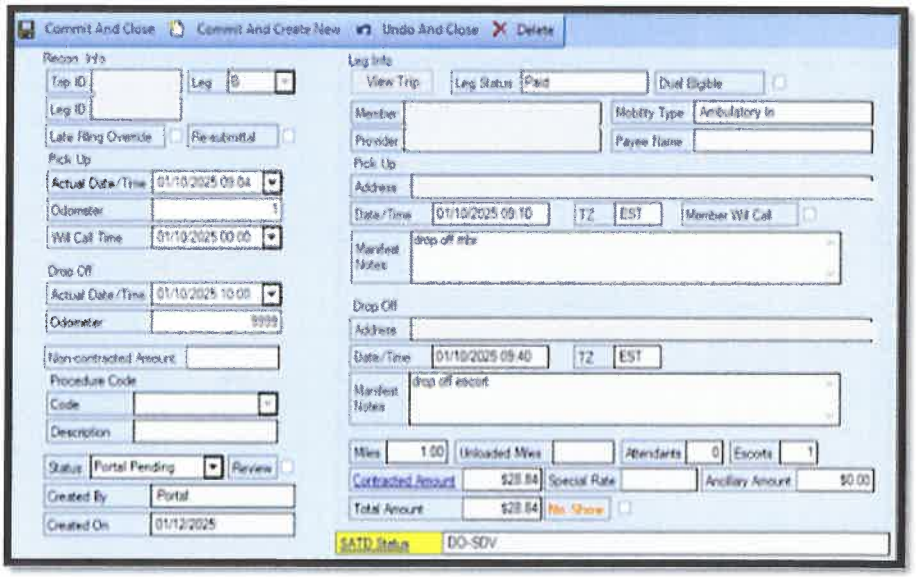
Claims received through Electronic Data Interchange (EDI) are subject to a systematic review and are validated with the same rigor as claims submitted via Verida's app. Claims utilizing 837 file formats are acceptable, provided they contain the requisite data points. Claims failing to meet the validation criteria will be rejected, and the provider will be issued a rejection file. Such claims must be revised and resubmitted. Conversely, claims that successfully pass the validation process will be imported into NET InSight for further processing.

NET InSight technology equips the Claims Team with validation checks using Verida's technology. The updated system incorporates color coding to effectively indicate concerns or errors in the validation of claims. Claims that do not satisfy specified validation criteria—such as odometer readings, Space Distance Variances, mobility types, or missing information—are categorized by distinct colors:

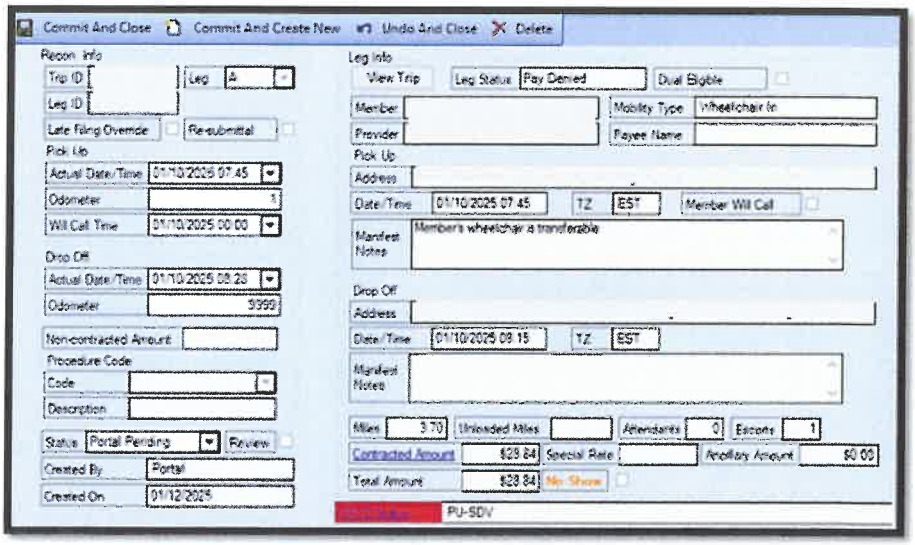
- Green - Indicates that validation has passed, and the claims are approved for payment.



- Yellow - Serves as a cautionary signal; these claims are nearing failure due to the specified denial.



- Red - Signifies that claims are highly likely to be denied based on the reasons provided.



Additionally, any electronic claim that cannot be verified for the correct location and/or time of the member's pick-up or drop-off will be subject to a denial of payment.

Billing Policies

Verida has systems, policies, and procedures to support prompt and accurate payment for NEMT providers and adhering to prompt pay regulations.

Verida has established a thorough set of Claims Processing Policies and Procedures which guide our claims processing team in their daily operations. The policies include the following.

Verida's Claims Processing Policies		
Policy #	**Title**	**Purpose**
500.00	Misdirected Claims and Correspondence	Documents the process for managing misdirected claims and correspondence to assure the privacy and security of Medicaid member's trip information.
501.00	Interest Payments	Documents Verida's policy for paying interest to transportation providers on clean claims that are not paid within the contractually specified timeframe, for services rendered to eligible members.
502.00	Receipt and Tracking of Electronic Claims	Documents our process for logging and tracking incoming electronic claims submissions received from transportation providers to assure that Verida is compliant with all electronic claims tracking requirements set forth by state, federal, and client/contractual requirements.
504.00	Claims Denial and Dispute Process	Documents Verida's claims denial and dispute process assuring that all NEMT providers who submit claims through the NET InSight Portal or paper Trip Reimbursement Form (TRF), receive a detailed explanation of denied status. They also receive instructions for

		resubmission while being afforded a fair and concise Claims Dispute process.
505.00	Claims Submission and Data Entry	Documents the requirements and timelines for NEMT providers to submit trips either through an approved claim form or electronic claims methodology in order to assure that NEMT claims are submitted in compliance with all state and federal Medicaid laws and regulations.
508.00	Reimbursement Report Remittance Advice	Documents the Reimbursement Report/ Remittance Advice policy assuring that all NEMT providers have access to their claim payment and denial information.
509.00	Reconciliation Reporting	Parameters for housing and maintaining all claims inventory reporting including: • Aged Provider Reimbursement • High Mileage Report • Prompt Pay Report • Provider Summary Report: • Claims Denials Analysis Report
510.00	Improper Payment	Assures transparency regarding payments, overpayments, and recoupments for NEMT providers and outlines the recoupment process.
512.00	Telephone Escalation	Outlines the incoming call escalation process for NEMT providers to resolve trip or denial issues. Discusses the assignment of a specific Claims Account Representative who will handle their inquiries.
513.00	Claims Review	Outlines Verida's monthly quality review on claims processed by every Claim Specialist. Each Specialist is expected to maintain an accuracy rate of 99%.
514.00	Check and Electronic Payment	Outlines the policy and process for assuring accurate and timely processing and payment of all invoices for Verida, including purchase orders, check requests, travel advances, travel expense vouchers, invoices, claims, and goods and services rendered by individuals and vendors – including transportation providers.
515.00	Coordination of Benefits	Outlines Verida's policy for managing claims when a member carries insurance in addition to Medicaid, and how our Claims Department will coordinate the benefits to achieve maximum coverage for the member without duplication of payments. This policy support that Medicaid is the payor of last resort.
517.00	Fraud, Waste, and Abuse	Outlines the ways in which Verida complies with all applicable laws and regulations and supports the efforts of federal and state authorities in identifying incidents of fraud and abuse. Further, it documents the guidelines to be

		followed by all employees and transportation contractors (and others as applicable) regarding federal and state false claims laws and in detecting and preventing fraud, waste, and abuse.
518.00	Claims Processing and Administration	To assure payment accuracy, this policy outlines the use of Verida's trip management and claims administrations software, NET InSight, which assures that claims are paid according to the contracted rates as set forth within the Transportation Provider Agreement for each NEMT provider operating within our network.
520.00	Claims Business Continuity	Outlines the procedures and processes to prevent interruption of NEMT provider reimbursement in the event of a natural, man-made, or other unforeseen disaster, or any other catastrophic event that negatively impacts Verida's Claims Department.
521.00	Policy Updates	Outlines the process for revising and distributing to all Claims Agents in the Claims Reconciliation Department, any new or revised policies and procedural updates.

NEMT Providers Instructions and Procedures

Verida takes pride in fostering strong partnerships with both our state and client-level stakeholders, as well as the NEMT providers who help deliver essential services. We believe that the more resources and support that NEMT providers receive upfront, the more successful the NEMT provider and the program will be. The Claims Accounts Representatives are available to answer any questions that a provider may have about a claim. The Claim Account Representative team up with the Claims Analysts and Claims Training team to provide superb customer service and support. The team may engage members of the Call Center, Compliance, Network Development, Accounts Payable, and/or Mobile IT to resolve a provider's issue.

The training for providers is designed to empower them with the knowledge and skills necessary to effectively document claims, minimize denial rates, and submit claims for review timely and accurately. Our training provides a comprehensive range of topics that are critical to the claims process and the success of our providers:

1. Providers will learn the appropriate channels and protocols for reaching out to the Claims Department for support and assistance.
2. Understanding the Claim Process: A detailed overview of the entire claims process, from initial booking through claims adjudication, will be available to help NEMT providers grasp the workflow involved.
3. Electronic Claims: Led by Mobile IT, providers are given a detailed overview of the Provider Portal and the electronic claim process.
4. Completing Reimbursement Forms: Training will cover how to accurately complete the trip reimbursement form and the EMS 1500 form in accordance with contractual guidelines.

a. Submitting Paper Claims: NEMT providers will learn the correct procedures for submitting paper claims, including formatting and documentation requirements.

5. Identifying Common Errors: The training will highlight the frequent mistakes that can lead to trip denials, allowing providers to take preventive measures.
6. Denial Codes and Resubmission: Providers will be educated on various denial codes and the process of effectively resubmitting denied claims for further review.
7. Timely Filing Guidelines: Detailed instruction will be provided regarding timely filing practices based on established contractual guidelines to avoid unnecessary denials.
8. Reimbursement Calendars: Providers will receive information about reimbursement calendars that indicate payment dates related to the claim submission date, enhancing their financial planning.
9. Reconciliation of Reimbursement Reports: The importance of reconciling reimbursement reports will be stressed, ensuring that providers are always informed of the status of their trip payments and any denied claims.
10. Keys to Successful Claim Submission: Essential tips and strategies for successful claim submission will be shared, focusing on best practices that help reduce denial rates and improve overall claim processing efficiency.

Our contracted NEMT providers receive a comprehensive Claims Processing Guide, which offers detailed guidance on the proper and timely submission of claims. The guide includes the following key components:

- A contact list for each member of the Claims Leadership team.
- A Quick Reference Guide featuring:
    - Instructions for submitting a clean claim via paper or mobile device.
    - A step-by-step guide for using Net Notes mobile technology.
    - Step-by-step protocols for uploading claims to the Provider Portal
- Detailed completion instructions for paper claims/trip reimbursement forms (TRF).
- Procedures for resubmitting denied claims, including a Denial References Sheet that outlines every denial code, what caused the denial, and how to correct the claim.
- A thorough explanation of the claims review process for resubmitted claims from start to finish.
- Instructions for filing disputes.
- A calendar outlining the claims payment schedule.

The guide is readily accessible to NEMT providers on Verida's Provider Portal.

The following diagram illustrates the lifecycle of a claim.

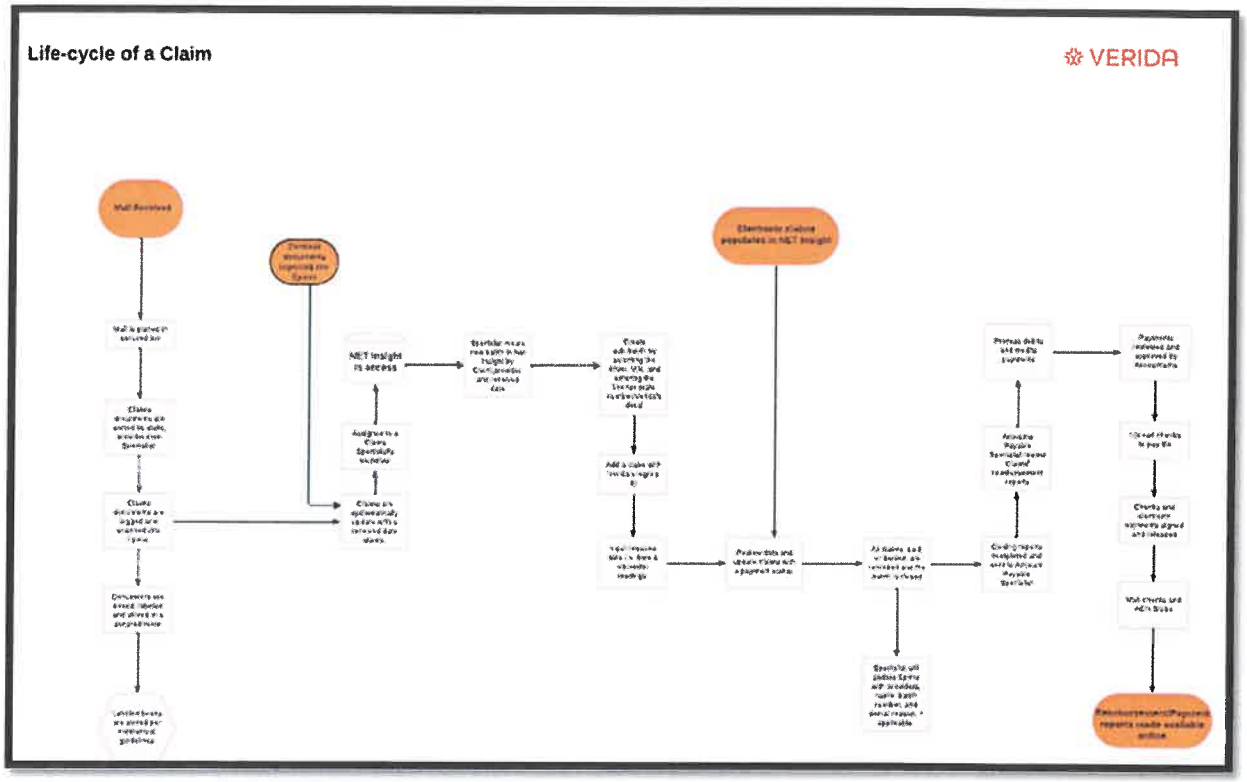


Figure App1-II-C-1: Process Flow - The Life of a Claim. Confidential and Proprietary

The Claims Training Team will closely monitor performance and identify trends offering continuous support to our providers. This includes targeted training sessions tailored to address specific areas of need.

All NEMT transportation providers have access to claim payment and denial details. Verida will provide reimbursement reports to individuals receiving gas reimbursements.

Processing and Audit Standards

All claims submitted to Verida are subject to review. Policies 507.00, Audit Process Monitoring and 513.00, Claim Review provide guidance, structure, and set expectations for quality claims adjudication. Consistent internal reviews/audits are performed. If a Claims Specialist scores below 99% for three consecutive months, a performance management action plan is followed. The goal is to provide consistent feedback and increase the quality scores. The policies support timely and accurate payment to transportation providers. Timely and accurate payments help continue quality services to the members using NEMT transportation services.

NEMT Provider Claim Processing Disputes

All NEMT providers will have access to a fair and structured Claims Dispute and Appeal process, designed to provide careful review and resolution of denied claims. If a NEMT provider does not agree with the final denial decision (after resubmission has occurred) they may file a request for a second-level payment review.

1. NEMT providers should submit claims appeals through the NET Insight Provider Portal. According to Policy 504.00, Claims Denial and should include claims details

along with any supporting documents, to the Chief Financial Officer or designee within 10 business days of the denial decision.

2. An Acknowledgement of Claims Dispute notification will be issued to the provider within fifteen (15) business days of receipt of the payment dispute.
3. The CFO or designee will decide within 30 days of receipt of the payment dispute notification and respond be either a Decision to Uphold or a Decision to Overturn notice to the provider.
4. If the provider does not agree with the decision of the CFO or Executive Designee, a Final Review Request may be made in writing to the President and CEO of Verida, by submitting the request on the Provider Portal or sending a written request to:
5. Dispute Process, the appeal URGENT CLAIMS REQUEST FOR FINAL REVIEW
   ATTENTION: Mr. Steve Adams, President/CEO
   Verida, Inc.
   843 Dallas Highway
   Villa Rica, GA 30180
6. All decisions made by the CEO or Executive Designee are final.

Penalties for Late Reimbursement Submissions

A Clean Claims Calendar is published on the Provider Portal that outlines the reimbursement schedule. NEMT providers will have six months to submit a claim or what is deemed timely by the Agency requirements. NEMT providers who fail to submit claims within six months of the date of service are subject to an untimely filing, denial or late submission penalties. NEMT providers who bill Medicare first will have six months from the date of the Medicare claim denial to submit a claim.

D. Geographic Coverage Area

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

The vendor should submit the NEMT provider Networking and Geographic Coverage Report for The Agency's review and approval, including details on the final subcontracted network, at no less than thirty (30) calendar days before the start date of operations. The vendor is not authorized to commence operations until an approved version of this report has been obtained from the Agency.

Verida has initiated statewide outreach to existing NEMT providers in West Virginia and surrounding medical communities in Virginia, Ohio, Kentucky, Maryland, and Pennsylvania. As of the date of this submission, we have received **10 signed Letters of Commitment** from NEMT providers.

Verida is anticipating the following vehicles by type by the operations "start date". Verida is committed to continue to recruit additional NEMT providers up to and ongoing through the operations "start date" to achieve our goal of expanding the current size of the network.

- Ambulatory – 98
- Wheelchair – 41

These providers currently offer NEMT services in one or more of the following counties:

West Virginia Counties: Barbour, Berkeley, Boone, Braxton, Brooke, Cabell, Calhoun, Clay, Doddridge, Fayette, Gilmer, Grant, Greenbrier, Hampshire, Hancock, Hardy, Harrison, Jackson, Jefferson, Kanawha, Lewis, Lincoln, Logan, Marshall, Marion, Mason, McDowell, Mercer, Mineral, Mingo, Monongalia, Monroe, Morgan, Nicholas, Ohio, Pendleton, Pleasants, Pocahontas, Preston, Putnam, Raleigh, Randolph, Ritchie, Roane, Summers, Taylor, Tucker, Tyler, Upshur, Wayne, Webster, Wetzel, Wirt, Wood, Wyoming.

Note: Not every NEMT provider operates in every county listed above. Verida is currently mapping provider service areas to county-level detail and will submit a finalized version of the NEMT Provider Networking and Geographic Coverage Report for Agency review and approval no later than thirty (30) calendar days prior to the start of operations.

Our team is actively working to strengthen coverage by securing additional provider commitments to assure adequate Agency member access and vehicle capacity in each county. Our outreach strategy includes:

- Direct engagement with local transportation providers.
- Collaboration with regional healthcare facilities and community organizations.
- Leveraging existing provider relationships in adjacent counties to expand service areas.

Verida will use a systematic methodology for determining and maintaining the size and vehicle capacity of the statewide transportation network of West Virginia. Through our network development algorithms, we predict the number of trips per month by day. These calculations are a cornerstone of our recruitment strategy, to safeguard continuous network coverage of all 55 West Virginia counties. Our operations team analyzes past trip data to establish utilization patterns based on the following:

- Historic utilization data
- Current and projected Medicaid membership
- Numbers and types (in terms of training, experience, and specialization) of transportation providers required to furnish services
- Mobility type and seating capacity
- Number of vehicle types (ambulatory, wheelchair, taxi, shared ride etc.)
- Geographic information by city, county, and zip codes
- Chronological trip history to determine the need for transportation provider resources
- GPS availability within each county for tracking and recording trips
- Number of medical facilities/offices in an area

Verida is committed to providing full geographic coverage across West Virginia and adjacent medical communities. Please refer to **Exhibit 4** for copies of the Letters of Commitment we have received prior to our proposal submission. We continue to expand our outreach and will provide updates as additional Letters of Commitment are received and service areas are confirmed.

Verida is committed to preserving and strengthening West Virginia's existing NEMT network, which currently includes 125 providers, 480 vehicles, 685 drivers, and 32 enrolled volunteer drivers. This established infrastructure represents a vital resource for the state's Medicaid population, and our goal is to maintain—at minimum—its current size and capacity. Our approach emphasizes collaboration, innovation, and accountability, with a strong focus on

contracting with existing providers and behavioral health centers. We will offer fair, individualized reimbursement rates to support long-term sustainability and continuity of service. In addition, Verida is prepared to expand the network where needed, particularly in rural and underserved areas, by deploying Wingz—a credentialed independent driver solution designed to support long-distance trips and fill transportation gaps with pre-scheduled, reliable service.

Verida will not commence operations until the Agency has reviewed and approved the final version of the NEMT Provider Networking and Geographic Coverage Report.

III. Modes of Transportation

The following modes of transportation are to be used in the NEMT Brokerage Program:

A. Fixed Route

Fixed route transportation is defined as transportation by means of a public transit vehicle that: follows an advertised route on an advertised schedule; does not deviate from route or the schedule; and picks up passengers at designated stops.

The vendor is encouraged to maximize the utilization of fixed route transportation whenever more economical and appropriate. The vendor should be familiar with schedules of fixed route transportation in communities where fixed route transportation is available and in areas where it becomes available during the term of the contract. The vendor may distribute or arrange for the distribution of fixed route passes to Agency Members for whom fixed route transportation is the most appropriate mode of transportation. The furthest distance a member should be required to commute to or from a fixed route transportation stop is one-half (½) mile.

If the vendor determines that fixed route transportation is an appropriate mode of transportation for a member, but the member requests a different mode of transportation, the vendor may require the member to supply documentation from his or her physician. The vendor should consider the following when determining whether to allow an exception:

1. *The member's ability to travel independently, including the age of the member and any permanent or temporary debilitating physical or mental condition that precludes use of fixed route transportation.*
2. *The availability of the fixed route transportation in the member's area or community including the accessibility of the location to which the member is traveling and whether the member should travel more than one-half (½) mile to and from the fixed route transportation stop.*
3. *Inclement weather conditions (including extreme heat or cold) or other pertinent factors that make use of fixed route transportation unfeasible.*
4. *The compatibility of the fixed route transportation schedule with the member's appointment times for the covered medical service. The schedule for the fixed route transportation should allow the member to arrive at the drop off location no more than ninety (90) minutes prior to the scheduled appointment time, and should allow the member forty-five (45) minutes after the estimated time the appointment may end to arrive at the pick-up location.*
5. *Any special needs of the member which requires the coordination of services with other providers.*

We prioritize the use of fixed route transportation in all our Medicaid contracts to confirm members use the least costly, most medically appropriate mode of transportation to access Medicaid-covered services. In West Virginia, Verida will actively promote public transit from the initial reservation process by educating Agency members about available fixed route options.

Using an Agency-approved call script and guided questioning built into our proprietary trip scheduling platform, NET InSight, our CSRs can quickly identify Agency members who qualify for fixed route transportation. NET InSight includes a dedicated module that flags trips potentially eligible for public transit based on route proximity and schedule compatibility.

This module will be populated with route and schedule data from West Virginia's public transit agencies, including:

- Kanawha Valley Regional Transportation Authority (KRT)
- Tri-State Transit Authority (TTA)
- Monongalia County Urban Mass Transit Authority (Mountain Line)
- Mid-Ohio Valley Transit Authority (Easy Rider)

- Potomac Valley Transit Authority (PVTA)
- Ohio Valley Regional Transit Authority (OVRTA)

When a trip leg is created in NET InSight, the system automatically checks for alignment with fixed route services. If a match is found, the CSR is prompted with route details, stop locations, and estimated commute distances. CSRs then relay this information to the member, confirming they understand the transit option and its alignment with their medical appointment.

To comply with West Virginia's requirement that no member should travel more than one-half (½) mile to or from a fixed route stop, our system calculates walking distances and flags any exceptions. If fixed route transportation is deemed appropriate but the member requests an alternative mode, we require documentation from the member's physician using the Medical Certification Statement form.

Our staff evaluates exceptions based on the following criteria:

1. The member's ability to travel independently, including age and any physical or mental condition that limits use of fixed route transit.
2. The availability and accessibility of fixed route services in the member's area, including whether the destination is reachable within a 1/2 mile walk from a transit stop.
3. Weather conditions or other factors that may make fixed route use impractical.
4. Compatibility of the transit schedule with the member's appointment time, verifying arrival no more than 90 minutes before and departure no more than 45 minutes after the appointment.
5. Any special needs requiring coordination with other providers.

To overcome challenges in acquiring electronic transit data directly from agencies, Verida is integrated with Google Transit. When West Virginia transit agencies share their static GTFS data (routes, stops, schedules) with Google Transit, this information becomes accessible via Google Maps. Our CSRs leverage this integration to provide real-time trip planning support, even in areas where direct data sharing is unavailable. This helps our CSRs become familiar with transit schedules in communities where fixed route transportation is currently available and where it may emerge during the contract term.

Pass Distribution

Verida's West Virginia operation will be staffed with a Public Transit Coordinator who will be responsible for managing our public transit utilization and pass distribution. The coordinator will confirm that each Agency member assigned to public transit meets the requirements as set forth by Agency and ADA regulations.

Verida offers several convenient methods to make sure Agency members receive their passes in a timely and efficient manner. Our Public Transit Coordinator handles this process. The distribution options include:

- **Mail**: Verida mails the appropriate passes to the Agency member via registered mail for tracking purposes. This method is used when the Agency member's appointment is scheduled at least seven days from the time of scheduling the trip.

- **Medical Facility**: We will work with facilities that have a high number of Agency members using public transit to distribute the passes/cards from the medical facility. Typically, the scheduling facility requests a certain amount of transit passes from Verida. After we obtain Agency member/companion verification, passes are sent directly to the facility administrator. Each pass contains a serial number and is tracked. We verify Agency member attendance, receipt of passes, and confirm each Agency member's name who picked up their pass. Passes that are not distributed to an Agency member are returned to Verida. By accounting for each pass distributed, as well as tracking and verifying their use, we successfully mitigate fraud, waste, and abuse.

When the Agency member meets Public Transit criteria, the coordinator determines the appropriate media fare and facilitates the Agency member's receipt of passes, tokens, transit cards, etc. before the appointment date.

Enhancing Public Transit Utilization

As indicated, during the reservation process, we will encourage West Virginia's NEMT-eligible Agency members to make use of available public transit services. To further demonstrate our commitment to promote the use of public transit services, we offer the following solutions:

- **App-Based Fare System Integration** – Many of West Virginia's public transit agencies are actively exploring or implementing app-based fare systems to modernize rider access and streamline fare delivery. Verida will engaged in ongoing conversations with agencies such as Kanawha Valley Regional Transportation Authority (KRT), Tri-State Transit Authority (TTA), Mountain Line Transit, Mid-Ohio Valley Transit Authority (Easy Rider), Potomac Valley Transit Authority (PVTA), and Ohio Valley Regional Transit Authority (OVRTA) regarding these enhancements. As these technologies evolve, our IT team is prepared to make the necessary programming updates to our NET InSight platform to support app-based fare integration. This approach will significantly reduce the need to mail or hand-deliver transit passes, shorten the lead time required for Agency members to request public transit trips, and provide a reliable method for verifying trip attendance through digital fare validation. We anticipate that the added convenience and flexibility of app-based fare delivery will encourage greater adoption of fixed route transportation among Agency members, thereby increasing utilization of the most economical and appropriate mode of transportation.
- **Reloadable Transit Cards** – We recognize the benefits of implementing reloadable transit cards for Agency members who often use fixed route transportation in West Virginia. Verida is fully prepared to initiate discussions with West Virginia's fixed route transit agencies upon our award of the NEMT contract. This initiative would streamline fare management by reducing reliance on physical monthly pass distribution, saving both time and administrative costs. Our NET InSight system is equipped to support monthly data file transfers to participating transit agencies, enabling them to reload funds onto each eligible member's transit card. Each card's unique serial number allows us to track usage, perform data analytics, and support fraud, waste, abuse, and misuse prevention efforts. We also anticipate that reloadable cards will be especially beneficial for older Agency members or those who may find smartphone-based fare systems challenging. By offering a simple, reusable fare solution, we aim to increase fixed route utilization while maintaining accessibility and convenience for all eligible members.

B. Private Auto

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

Transportation by family and friends—defined by the West Virginia NEMT RFP as a member's personal vehicle or the personal vehicle of a family member or friend to which the member routinely has access for travel to routine non-medical locations such as grocery stores, schools, and churches—offers significant cost savings, flexibility, and reliability. This mode of transportation is especially beneficial for members residing in rural areas or those who must travel long distances to access covered medical services.

Recognizing these advantages, our CSRs assess every trip request to determine whether the member may be a candidate for mileage reimbursement. During the scheduling process, CSRs ask whether the member has routine access to a private vehicle—either their own or one belonging to a family member or friend—and whether they are able to cover fuel, parking, or related costs. If the member has access to a vehicle but lacks the financial means to use it, they are informed about the gas mileage reimbursement program and encouraged to utilize this cost-effective option.

When mileage reimbursement is authorized, CSRs provide clear education on the reimbursement process, including:

- Instructions for downloading the mileage reimbursement trip log from our website.
- Guidance on completing the log, including obtaining a signature from the medical provider.
- Directions for submitting the completed form to Verida.

If a treating facility is submitting a standing order for mileage reimbursement on behalf of a member, we either send the form directly or provide instructions for downloading it from our facility portal. Regardless of how the trip is scheduled, the member remains responsible for submitting the signed and completed trip log according to the instructions provided.

Before releasing reimbursement funds, our Utilization Review team verifies appointment attendance with the healthcare provider to support compliance and prevent FWA.

Community Outreach and Support

Through our outreach efforts, we actively seek partnerships with local organizations such as religious institutions, senior centers, clinics, and nursing facilities. These relationships help us identify and support members in transportation deserts, offering trusted alternatives and reducing strain on the broader transportation network. By leveraging community-based resources, we enhance access and comfort for members who rely on private auto transportation.

C. Basic Vehicle

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

Verida is fully prepared to meet the state's requirements for basic vehicle transportation. Basic vehicle transportation is defined as the use of motorized vehicles for passengers whose medical condition does not require specialized equipment or assistance such as wheelchairs, hydraulic lifts, stretchers, medical monitoring, or medical care during transit. This category explicitly excludes private autos, as outlined in the RFP.

Our operations are built around a strong foundation of basic vehicle service. On average, across our NEMT contracts, we manage more than 340,239 trip legs monthly using sedans and vans, which comprise the majority of our NEMT transit volume. These vehicles are specifically designated for members who do not require special care during transport. However, when appropriate, members using Basic Vehicle services may receive curb-to-curb assistance, which includes help entering and exiting the vehicle to provide a safe and comfortable experience.

BASIC VEHICLE SNAPSHOT
We manage more than 340,000 trip legs monthly across our contracts, primarily using sedans and vans—the backbone of our NEMT transit operations.

To support this service in West Virginia, we will establish a network of credentialed NEMT providers equipped with compliant motorized vehicles. Each provider will be vetted to confirm:

- Vehicles are properly licensed, insured, and maintained to meet safety and comfort standards.
- Drivers are trained in customer service and non-emergency passenger assistance.
- Vehicles are equipped to deliver reliable and timely basic transportation services.

Our NET InSight system will match Agency members to the most appropriate basic vehicle provider based on location, availability, and trip type. Real-time monitoring and performance tracking will safeguard consistent service quality and compliance with state guidelines.

By leveraging our extensive experience, operational infrastructure, and commitment to service excellence, Verida is well-positioned to deliver high-quality basic vehicle transportation to West Virginia Agency members.

D. Enhanced Vehicle

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

As defined in the RFP, Enhanced Vehicles are motorized vehicles equipped with certified wheelchair lifts or other specialized equipment designed to safely transport individuals using wheelchairs or other mobility devices. These vehicles are designated for passengers who do not require medical monitoring, aid, care, or treatment during transport and do not include private autos or basic vehicles.

To provide appropriate service delivery, Verida has established a structured process for managing Enhanced Vehicle trips:

- **Member Intake & Trip Scheduling**: When a wheelchair-bound member contacts our call center to schedule transportation, our agent will conduct a brief intake to determine

the type of enhanced vehicle needed. Screening questions include whether a wheelchair lift is needed, the type of wheelchair (manual, electric, or scooter), and whether the member has a regular or oversized wheelchair. Additionally, CSRs capture detailed specifications such as wheelchair dimensions, roof height requirements, lift versus ramp preferences, and vehicle loading configurations (rear vs. side). These details are entered into the manifest notes and stored in the Member Notes section of NET InSight to streamline future scheduling.

- **Provider Assignment & Dispatch**: Trips requiring Enhanced Vehicles are dispatched to the most suitable transportation provider based on the specific lift or equipment needs, geographic proximity, and availability. Our provider network includes vehicles that are fully certified and compliant with ADA standards, and drivers trained in mobility assistance and passenger safety. To support continuity of care, our platform allows members to be "linked" with a specific transportation provider. Each time a reservation is made, the system automatically selects the linked provider to provide familiarity and comfort for the member.
- **Fleet Oversight & Compliance**: Verida maintains rigorous standards for Enhanced Vehicle providers, including regular inspections, documentation of lift certifications, and adherence to all state and federal transportation regulations. Our dispatch and monitoring systems support real-time oversight of trip execution and provider performance. As an added safeguard, our Field Service Monitors will focus a portion of monthly spot inspections on proper wheelchair securement. If the member is being transported in a wheelchair, the securement mechanism is inspected for proper procedure. All Enhanced Vehicles used for NEMT transport must meet the program requirements as well as West Virginia Highway and Transportation Department safety standards, ADA regulations, or other State or Federal laws or regulations.
- **Passenger Assistance Sensitivity and Safety Training**: A key requirement for transporting members with chronic conditions is to safeguard that we have transportation companies that have and maintain the appropriate training and regulatory certifications to transport members needing Enhanced Vehicle transportation. Our comprehensive transportation provider and driver training curriculum features the Community Transportation Association of America's (CTAA) Passenger Assistance Sensitivity and Safety (PASS) trainer and driver certification program. It provides assurances that our NEMT provider network drivers have expertise in defensive driving as well as passenger assistance techniques and sensitivity skills appropriate for serving persons in the NEMT environment, specifically those with disabilities. Our contracted transportation provider network is experienced in transporting fragile members with dedication and compassion.

By combining advanced technology, compassionate service, and rigorous operational standards, Verida's NEMT providers deliver Enhanced Vehicle transportation with respect, safety, and efficiency—fully aligned with the expectations of the West Virginia NEMT program.

E. Other Transportation

Other transportation may include, but is not limited to, any commercial carrier (e.g., Amtrak), buses (e.g., Greyhound), taxis and/or airplanes.

Verida's Utilization Management (UM) team, which includes our Appointment Verification staff, is fully equipped to coordinate transportation using commercial carriers—including Amtrak,

Greyhound, regional bus lines, taxis, and commercial airlines—when these modes represent the most cost-effective and medically appropriate solution for a member's travel needs.

When a trip request falls outside the scope of traditional NEMT modes, our UM staff conducts a thorough assessment using multiple online platforms and carrier websites to identify the least costly option that aligns with the member's medical appointment schedule and functional needs. This includes:

- **Amtrak and Greyhound**: For long-distance ground travel, we evaluate routes, fares, and schedules to confirm timely arrival and return. Whenever feasible, we prioritize same-day round trips to avoid unnecessary overnight lodging and meal reimbursement costs for members and their attendants.
- **Commercial Airlines**: For members requiring air travel due to geographic isolation or time-sensitive medical appointments, our UM team coordinates with carriers to secure the most economical flights. We also verify that flight times are compatible with appointment schedules and that any special accommodations (e.g., wheelchair assistance, oxygen needs) are arranged in advance.
- **Taxi Services**: In urban or semi-rural areas where fixed route transit is unavailable or impractical, we may authorize taxi services for short-distance travel. Our team verifies availability, fare estimates, and service reliability before confirming the trip.
- **Regional and Intercity Bus Lines**: Beyond Greyhound, we also consider other bus carriers operating within West Virginia and neighboring states. These options are evaluated for affordability, accessibility, and schedule compatibility.

In all cases, our UM staff works to minimize ancillary costs and maximize efficiency. We coordinate with treating facilities to align transportation schedules with appointment times, and we verify attendance before authorizing reimbursement. Additionally, we maintain documentation of all trip arrangements to support audit readiness and fraud prevention.

By leveraging a broad network of transportation providers and applying rigorous cost-benefit analysis, Verida confirms that "other" transportation modes are used strategically and responsibly to meet the needs of West Virginia's NEMT Agency members.

IV. Miscellaneous Operation Rules

A. Excessive Distance

The vendor should question whether a covered medical service could be provided closer to the member's residence. Examples of possible excessive distance requests include, but are not limited to, a request for NEMT Services to a provider that is not in the area where the member resides, or a request for NEMT Services to a provider that is not in the same county, bordering county or metropolitan area in a bordering state for Agency members living in rural areas. The vendor may deny the request if the covered medical services are available closer to the member's residence and they do not provide medical certification that the closer provider cannot provide the care.

Generally, in determining if the transport is within reasonable proximity of a member, the vendor should permit transports to contiguous counties, and/or any bordering counties or parishes in adjoining states (Ohio, Virginia, Pennsylvania, Maryland, and Kentucky) which are considered to be in-network/in-state providers, defined as enrolled providers located in-state and/or within 30 miles of the WV border. The Vendor should ensure that any transportation requests for non- in network/in-state medical providers that are not in-network/in-state receive prior authorization by the UMC. The vendor will have the ability to identify these providers through the use of file exchange and granted system accessibility as specified in Appendix 2, Section IV: Data Systems Requirements of this RFP.

If an Agency member has recently moved to a new area, the vendor should allow long distance transportation for up to ninety (90) calendar days if necessary to maintain continuity of care until the transition of the member's care to a closer appropriate provider can be completed. The vendor should monitor the frequency of authorization of NEMT Services involving excessive distance per member. The vendor should monitor the frequency of and provide detailed reports of authorization of NEMT Services involving excessive distance per member.

The vendor will also report to the Agency when a member is requesting a pick-up from out of state, except upon discharge from a medical provider or facility. Some areas may be in West Virginia and have a "911 address" in another state. However, if a member is residing out of state, the State will need to investigate to determine if the member should continue to receive the program through West Virginia or the state of current residence.

Verida is committed to verifying that NEMT services are provided in accordance with the West Virginia Medicaid program's proximity and eligibility guidelines. Our approach balances regulatory compliance with member-centered care, using advanced technology and a structured gatekeeping process to evaluate and manage transportation requests that may involve excessive travel distances.

Gatekeeping and Eligibility Verification

Verida's CSRs are trained to obtain specific information from callers to confirm that only eligible West Virginia Medicaid Agency members are approved for transportation to covered services. One critical aspect of this gatekeeping process is determining whether a member is eligible to travel outside their immediate community for medical care.

Our proprietary NET InSight system supports CSRs during this process by applying contract-specific business rules, including geo-based data and medical facility proximity. The system automatically alerts the CSR if a requested trip exceeds the allowable distance thresholds, such as travel outside the member's county, bordering county, or metropolitan area in a bordering state (Ohio, Virginia, Pennsylvania, Maryland, or Kentucky). These areas are considered in-network/in-state if located within 30 miles of the West Virginia border.

Medical Certification and Utilization Management

For trips that exceed defined proximity limits, Verida requires the member's healthcare provider to submit a Medical Certification Statement confirming that the requested provider is medically

necessary and that equivalent care is not available locally. This process is overseen by Verida's Utilization Management (UM) Department, which includes the Appointment Verification staff—a required position dedicated to supporting this function.

During the scheduling call, if a Medical Certification Statement is needed, the CSR checks a utilization review box in the member's profile. This action alerts the UM Department, and the request is automatically queued by trip date to ensure timely review.

UM representatives, including Appointment Verification Staff, evaluate each request and send the Medical Certification Statement form to the member's healthcare provider. If no justification is provided, the UM representative initiates the denial process. Before finalizing the denial, the UM representative contacts the member to:

1. Confirm the reason for the longer trip and determine if further justification can be obtained.
2. Explain program requirements and inform the member of the denial if no valid reason is provided.

All interactions and decisions are documented in NET InSight. If the trip is denied, the system automatically generates and sends a Denial Letter in English or Spanish to the member.

Continuity of Care for Recently Relocated Members

Verida supports continuity of care for members who have recently relocated. In such cases, long-distance transportation may be approved for up to ninety (90) calendar days, allowing the member to continue seeing their existing provider while transitioning to a closer, appropriate provider.

Monitoring and Reporting

Verida actively monitors the frequency of excessive distance authorizations per member. NET InSight generates detailed reports that include:

- Member and trip details
- Provider location and proximity analysis
- Authorization status and justification
- Frequency and trends of long-distance requests

Additionally, Verida will report to the Agency any requests for pick-up from out-of-state locations, except in cases of discharge from a medical facility. We will also flag cases where a member's residence appears to be out-of-state (e.g., due to a "911 address") for further investigation by the State.

B. On-Time Arrival

The driver should make his presence known to the Agency member 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 Agency 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.

Verida will manage and coordinate NEMT services that are timely, respectful, and compliant with the West Virginia NEMT program requirements. Our protocols are designed so that drivers adhere to strict standards for pick-up procedures, communication, and documentation, supported by advanced technology and real-time tracking.

Verida's contracted drivers will be trained to announce their arrival at the Agency member's pick-up location and wait a minimum of five (5) minutes after notification before initiating a no-show report. This waiting period enables the member to have a fair opportunity to present for transport and helps reduce unnecessary missed trips.

If the member does not present or refuses transport, the driver must report the incident using one of the following methods:

- Verida's driver app
- Integrated provider app
- Direct call to the dispatcher

Our system uses geo-tracking to document the driver's arrival time and location. After the required waiting time, the driver records the no-show or refusal directly in the app, which is timestamped and location verified. This process promotes accuracy and accountability. Importantly, it is impossible for drivers or providers to manipulate the assigned pick-up time when using our app, preserving the integrity of trip records.

Communication and Schedule Integrity

Drivers are prohibited from changing the assigned pick-up time without prior approval from Verida. If a provider anticipates a delay, they must notify Verida or contact the member or their representative directly. This provides transparency and allows members to adjust accordingly.

Performance Monitoring and Exceptions

Verida agrees to monitor provider performance daily to confirm that no more than five percent (5%) of scheduled trips are late or missed. Our NET InSight platform tracks punctuality and generates performance reports to identify and address issues proactively.

In cases of unforeseen circumstances—such as flooding, snowstorms, or security threats—Verida will work with the Agency to determine if the five percent threshold should be waived. We understand these exceptions are evaluated based on geographic impact and severity and may include situations where a state of emergency is declared by the Governor.

Commitment to Member Experience

Verida's approach to driver conduct and timeliness reflects our broader commitment to member dignity, safety, and satisfaction. By enforcing clear protocols, leveraging real-time technology, and maintaining open communication, we confirm that transportation services are delivered with consistency, compassion, and reliability.

C. Travel Time on Board

For trips involving multiple passengers, the NEMT provider should schedule transportation so that no member remains in the vehicle for more than forty-five (45) minutes beyond the average direct travel time for their individual trip. (This requirement does not apply to commercial air or fixed-wing transport.)

As outlined in the RFP, for trips involving multiple passengers, no Agency member should remain in the vehicle for more than forty-five (45) minutes beyond the average direct travel time for their individual trip. This standard is critical for providing comfort, dignity, and timely access to care.

Verida enforces this requirement through the following practices:

- **Transportation Provider Service Agreements**: All contracted providers are required to adhere to the 45-minute extended travel limit for multi-passenger trips. This policy is clearly outlined in our Transportation Provider Service Agreement and reinforced during provider orientation and driver training sessions.
- **Trip Planning and Routing**: Providers are permitted to schedule shared rides only when routing complies with the 45-minute threshold. Our dispatch systems and routing tools are designed to optimize trip paths while respecting individual travel time limits.
- **Training and Awareness**: Driver and dispatcher training includes specific instruction on multi-passenger scheduling protocols, emphasizing the importance of minimizing extended travel time for each member.
- **Monitoring and Reporting**: Verida tracks and reports all multi-passenger trips where the 45-minute limit is exceeded. These reports will be included in our regular submissions to the Agency and used internally to identify and correct routing inefficiencies.

By combining contractual enforcement, technology-driven routing, and continuous monitoring, Verida confirms multi-passenger trips are scheduled responsibly and in full compliance with program standards—supporting both operational efficiency and member well-being.

D. Adverse Conditions Plan

The vendor should have a written plan for transporting Agency Members who need critical 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 Agency for approval no later than two (2) weeks prior to the operations start date, upon any revisions to the plan, and thereafter upon the Agency request. The vendor should not begin operations without an approved Adverse Conditions Plan from the Agency.

Verida has developed a comprehensive Adverse Conditions Plan as part of our Business Continuity and Disaster Recovery (BC-DR) framework to support uninterrupted access to critical covered services for Agency members during emergencies. This plan is designed to mitigate risks and maintain safe transportation operations during adverse weather events, security threats, and other conditions that impede normal travel. Recognizing West Virginia's vulnerability to extreme weather such as flooding, ice storms, tornadoes, and heavy snowfall, Verida prioritizes proactive planning and rapid response to protect member safety and service continuity.

Key components of Verida's Adverse Conditions Plan include:

- **Pre-Event Preparedness**: Verida maintains a written plan that outlines protocols for transportation during adverse weather (e.g., extreme heat/cold, hurricanes, flooding, snow) and security threats (e.g., chemical spills, police stand-offs, riots). This plan will be

submitted to the Agency for approval at least two weeks prior to the operations start date, upon any revisions, and upon request.

- **Critical Service Prioritization**: During emergencies, Verida prioritizes transportation for Agency members requiring critical covered services, coordinating with providers and emergency management resources to maintain access.
- **Geo-Based Risk Assessment**: Our NET InSight platform incorporates geo-based data to assess travel feasibility and reroute trips as needed based on real-time conditions.
- **Communication Protocols**: Verida maintains open lines of communication with Agency members, providers, and dispatch teams to notify of delays, cancellations, or alternative arrangements.
- **Documentation and Reporting**: All actions taken during adverse conditions are documented and reported to the Agency, including any waivers of the five percent late/missed trip threshold due to emergency circumstances.

When the forecast calls for an adverse weather event, we work tirelessly to protect the safety and wellbeing of the members of the NEMT program, as well as our network of transportation providers and drivers, and our employees. Guided by our established and tested plans – we will initiate a virtual command center with representatives from the company, transportation providers, impacted state agencies, and managed care organizations (MCOs) to share information; identify health care facility closings, particularly dialysis, oncology, and wound care centers; identify alternative facilities for urgent care; and coordinate the prioritization of transports with the available resources.

If Verida's network of transportation providers is significantly compromised due to extensive employee absenteeism or road closures during weather events, we will work with the Agency, care managers and/or facility staff to triage trips to assure the availability of transportation services for the most essential needs. In a adverse weather event, trips are customarily provided in the following order.

1. Dialysis, chemotherapy, radiation
2. Hospital discharges
3. Appointments for provider administered medication, including substance abuse and addiction recovery treatment (and doctor appointments for prescriptions that cannot be called into the pharmacy)
4. Urgent care
5. Wound care
6. Outpatient surgery
7. Post-operative follow-up
8. Medication administration (mental health services)
9. High risk pregnancy

Our comprehensive Adverse Conditions Plan provides general guidance, organizational structure, and specific direction on preparedness, response, and communication disciplines for severe weather emergencies. When adverse weather conditions that could potentially impact the ability of NEMT providers to safely complete assigned trips, the Director of Transportation will implement the following procedures:

- The director and key management staff will monitor websites and local media outlets for travel advisories issued by the National Weather Service or other federal, state, and local agencies.
- If possible, the director or manager will consult with the Agency in the decision to suspend or cancel transportation services due to adverse weather conditions.
- Communicate with transportation providers and critical care facilities to determine local conditions and support life sustaining and other critical services.
- Instruct staff to cancel non-urgent trips based upon an agreed upon criteria approved by the state. The staff will work to prioritize life-sustaining trips and cancel non-urgent trips as necessary to meet demand. Trips canceled due to the adverse weather conditions will be rescheduled as soon as possible in coordination with the member and the medical provider.
- The director will confirm that transportation providers maintain an adverse weather policy consistent with Verida's.
- Communicate with local and state Emergency Management Agencies to offer assistance to evacuate the vulnerable population from the forecasted path of hazardous weather.

Our Special Services Representatives (SSRs) will confirm if healthcare providers are open and able to receive Agency members for treatment. Other members of our contact center team will reach out to transportation providers. Through this outreach, they will identify which of three statuses transportation providers or facilities have 1) Completely closed 2) Open with modification to shifts, schedules, or any other operations and 3) Open with no changes. Knowing the status of each resource enables us to manage operations accordingly.

Annual Review and Approval

Verida's Business Continuity and Disaster Recovery (BC-DR) Plan, which includes our Adverse Conditions Plan, is tested annually using a variety of methods to validate its effectiveness and relevance. These tests help confirm staff readiness, system functionality, and procedural accuracy in the event of emergencies such as adverse weather or security threats.

Testing methods include:

- **Plan Review**: Verifies current contact lists, procedures, and staff responsibilities.
- **Tabletop Exercises**: Scenario-based discussions to identify gaps and improve decision-making.
- **Simulated Exercises**: Real-time walkthroughs of disruption scenarios to reinforce staff roles.
- **Functional Testing**: Activation of specific plan components (e.g., backup systems or alternate sites).
- **Full-Scale Testing**: Organization-wide implementation of the plan under live or simulated conditions.
- **Post-Test Review**: Debriefing sessions to evaluate performance and identify improvements.

Following each test, the BC-DR Plan is updated to reflect changes in technology, operations, and risk assessments. Updated versions will be submitted to the Agency for approval to maintain alignment with program needs and regulatory standards.

Case Study

During the 25 years we have managed NEMT across the country, the thoroughness of our Business Continuity/Disaster Recovery Plans has been tested a number of times. However, one significant event that affected members in Georgia – both the North and Atlanta regions for which we serve – recently occurred. Here is an overview of how we worked to minimize the impact on our services.

Hurricane Helene – 2024

In late September 2024, tropical storm Helene formed in the Gulf of Mexico. With the size, strengthening, and trajectory of the storm, Governor Brian Kemp issued a State of Emergency across the state, which went into effect Tuesday, September 24, 2024.

Our corporate and operations managers were proactively monitoring the path of the storm, which was forecasted to significantly strengthen and possibly hit the Atlanta and North regions as a Category 1 hurricane. The potential impact of a Category 1 hurricane in our highly populated northern service areas was unprecedented. Prior to the governor's declaration, we were in contact with our client, the Department of Community Health (DCH), to offer reassurance and inform the agency of our planning. Verida's management team met regularly with DCH representatives to coordinate our efforts and address any developing issues. Our pre-landfall storm plans included:

1. *Preparing for all hands-on deck in the call center. This includes employees that do not take calls on a daily basis but can assist in an emergency.*
2. *Ensuring our generator at the Villa Rica office was ready.*
3. *Having drivers on standby to pick up call center agents if needed.*
4. *Issuing equipment to some call center agents so that they can work from home if they are unable to attend the office.*
5. *Confirming that leadership who reside close to the office would be in the office during the storm event.*
6. *Sending communication to providers.*
7. *Communicating with facilities regarding closures.*
8. *Communicating with Georgia Emergency Management and Homeland Security Agency (GEMA/HS) to inform them that we were ready and available to provide transportation assistance for the vulnerable populations if needed.*

The Director of our Georgia operations center also positioned himself at GEMA/HS's command center to remove communication barriers and facilitate assistance as the powerful storm moved through southern and north Georgia. In addition, we sent a bulletin to all of our transportation providers to determine their availability. We also made Verida's quick response vehicles (QRV's) available for evacuation efforts. Our efforts resulted in

Disaster Coordination Experience

In addition to working with Georgia's Department of Community Health to relocate individuals when needed, we have a contractual relationship with the Georgia Emergency Management and Homeland Security Agency (GEMA/HS). Planning, preparation, and training are essential when dealing with different types of disasters. GEMA/HS develops and maintains a comprehensive state emergency plan to support mitigation and preparedness, appropriate

response, and timely recovery from natural and man-made hazards that may affect residents of Georgia. GEMA/HS works with local, state, federal, volunteer, and private sector agencies/companies to respond to disasters or emergencies that require a coordinated response.

Verida is proud to be one of the private sector companies GEMA/HS relies on to help protect the lives of vulnerable residents, by providing NEMT services. Our partnership with GEMA/HS began in 2015. Since then, we have helped coordinate the evacuation of more than 300 vulnerable coastal residents during hurricanes. To safeguard awareness and readiness, we participate in training, drills, and exercises organized by GEMA/HS.

E. Vendor as a NEMT Provider

The NEMT broker is prohibited from also serving as a NEMT provider under the West Virginia NEMT Service Program.

Verida will fully comply with the West Virginia NEMT Service Program requirement that prohibits the NEMT broker from also serving as a NEMT provider. Verida will operate solely in the capacity of a broker, managing and coordinating transportation services through a network of contracted NEMT providers.

F. Post-Transportation Authorization Requests

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

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

Verida will work with the Agency to develop a clearly defined and Agency-approved policy for post-transportation authorization of NEMT services. A final version of the policy will be submitted to the Agency no later than thirty (30) calendar days prior to the operations start date, and Verida will not initiate operations until the policy has been formally approved.

Our approach is designed to support operational flexibility while maintaining alignment with program requirements and oversight expectations. Post-transportation authorization may be applied in specific circumstances, including:

- When transportation is provided via private auto, as permitted under program guidelines.
- When prior authorization is not obtainable, such as during after-hours requests when the call center is closed.

Verida's post-transportation authorization policy for West Virginia will incorporate all applicable requirements typically considered during pre-authorization, including eligibility, provider status, and trip purpose. The policy also will define a timeliness standard for submitting post-authorization requests to support accurate documentation and program integrity.

Requests for post-transportation authorization will be reviewed using Verida's internal protocols, and all relevant trip data will be captured in our NET InSight system. This includes trip details, member information, provider data, and the reason for post-authorization. The system supports organized tracking and reporting, allowing Verida to respond to Agency inquiries and audits with clarity and transparency.

G. Accidents and Incidents

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

At Verida, we focus on keeping everyone safe and informed. When something unexpected happens—like an accident, a moving violation, or an incident—we count on our transportation partners and drivers to notify us promptly; as outlined in our Transportation Provider Service Agreement. We have created a step-by-step guide to make this easy, so drivers feel supported as they complete an Accident and Incident Report.

Each report helps us build a clear picture of the event by gathering thoughtful documentation such as communications, driver statements, photos, and police reports when available. We align with the Agency's definitions of accidents and incidents, and we have procedures in place to facilitate timely reporting, investigation, and resolution. It is all part of how we care for our people and respond with clarity and compassion.

Reporting Timeline

For each accident or incident, the Accident and Incident Report will be submitted to the Agency within twenty-four (24) hours after an accident or incident with injuries, and within seventy-two (72) hours after an accident or incident without injuries.

Accident and Incident Management: Step-by-Step Response

Our local Field Service Monitors play a key role in the accident and incident management process. Once Verida is notified of an accident or incident, they dive into the details with care and diligence. Every finding is carefully added to our NET InSight platform, helping us learn, improve, and confirm that the vehicles in our network are safe and ready for service. Accidents include vehicle collisions or moving violations that occur while delivering NEMT services. 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.

Process Flow

1. **Immediate Driver Notification** Transportation providers must notify Verida immediately upon occurrence of any accident or incident.
2. **Driver Documentation** The driver completes Verida's Accident and Incident Report, which includes:
    - Date of accident or incident
    - Description of accident or incident
    - Member's ID number
    - Member's name
    - Attendant's name (if applicable)

- Driver's name
- Vehicle Identification Number (VIN) or other identifying number on file with Verida
- NEMT provider's name
- Trip ID Number
- Other information or notes as applicable (e.g., photos, police report, location of accident or incident, resolution/follow-up, associated complaint)

3. **Compliance Team Investigation**

   Our Compliance Team is responsible for:
   - Initiating a full investigation and using our NET InSight system to document their findings.
   - Obtaining supporting documents (witness statements, repair records, etc.).
   - Submitting written reports to the Agency within the required timeframes.
   - Logging findings and risk assessments and reviewing them for patterns.
   - Inspecting vehicles that need repair and approving the condition of the vehicle before allowing it to return to service.
   - Using SuperVision to continuously monitor drivers' license status. SuperVision is a real-time license verification tool that tracks:
     - Speeding
     - DUIs
     - Suspensions
     - At-fault accidents

Our Business Analytics team serves in a critical role in monitoring and interpreting trends related to complaints, including incidents across the transportation provider network. These insights are compiled and presented on a monthly basis to each State Director as well as the Quality Management Committee (QMC). The State Directors are required to review each entry, research the details associated with a complaint/incident, and provide feedback. This information is reviewed by the QMC, to support data-driven decisions and continuous improvement initiatives.

In parallel, the Compliance Team maintains close oversight of more serious or high-risk events, providing timely updates to the Executive Management Committee (EMC) during weekly meetings so leadership remains informed and responsive. This coordinated approach promotes safety, transparency, and proactive management at every level. Our complaint/incident monitoring process is conducted in the following way:

- The Business Analytics team compiles all complaint/incident information for reporting to operations (State Directors), the EMC, the QMC, and ultimately the clients.
- Complaints that are escalated to an "incident" status and that are outside the realm of a common occurrence are handled immediately and reviewed with the EMC by the Compliance Department weekly.
- Non-escalated complaint data is analyzed monthly, highlighting any identified trends.
- Operational leaders report to the EMC, addressing any trends identified in their respective areas and associated corrective actions:
  - General Operations – Chief Operating Officer
  - Call Center and Transportation Network – Vice President of Operations

Corrective actions arising from complaints or incidents are applied depending upon the severity of the infraction and may include simple retraining and coaching of involved parties or more severe actions up to and including termination for Verida employees and dismissal of transportation providers and/or specific drivers from the transportation network.

Accident & Incident Training and Resources for Transportation Providers

Verida verifies that all transportation providers are equipped to properly recognize, report, and respond to accidents and incidents through structured onboarding and refresher training.

Initial Onboarding Training: Prevention & Protocol

Through our partnership with GenTech, every Verida driver will complete a Defensive Driving course to learn accident-prevention techniques. Our Provider Portal tracks completion, and Compliance Coordinators will verify that refresher courses are completed annually.

In addition, our Provider Relations Managers communicate with NEMT providers on a regular basis to discuss policies and procedures, and our Transportation Provider Service Agreement, which is based on program requirements and expectations. New drivers and providers receive detailed instruction on:

- **Definitions & Classifications** Clear distinctions between accidents (e.g., vehicle collisions, injuries) and incidents (e.g., inappropriate behavior, near-misses, service disruptions that interrupts the trip causing the driver to stop the vehicle, such as when a passenger becomes unruly or ill), aligned with Verida and the Agency's standards.
- **Reporting Procedures** Step-by-step breakdown covering:
    - What must be reported and by whom
    - Time-sensitive reporting windows (e.g., within 24 hours after an accident or incident with injuries)
    - Contact methods and form requirements
- **Scenario-Based Practice** Interactive simulations of common events like:
    - Road accidents with injuries
    - Onboard medical emergencies
    - Allegations of abuse or neglect
    - Member-related incidents involving service quality or safety
- **Risk Management Tools** Intro to Verida's tracking system for logging incidents, triggering corrective actions, and maintaining documentation for audits.

Wheelchair Securement Training

Specialized Wheelchair Securement Training will be provided to drivers who transport mobility-impaired members. NET InSight and our Provider Portal will store these training certifications, confirming compliance with West Virginia's program requirements.

Vehicle Information Packet

Each vehicle must maintain an accessible information packet in the driver's compartment containing:

- A valid insurance card
- Accident response procedures
- Required accident forms

Verida's Field Service Monitors will verify this packet is in place during both the initial vehicle inspection and annual re-certification.

Annual Refresher Training: Staying Sharp

All providers participate in annual workshops designed to reinforce reporting practices and minimize recurrence:

- **Case Study Reviews** Lessons learned from previous real-world events within the network.
- **Updated Policies & Procedures** Incorporating changes in local/state/federal guidelines.
- **Corrective Action Highlights** Examples of effective post-accident and incident interventions and remediation plans.
- **Quick-Reference Materials** Updated job aids and reporting checklists for use in the field.

Supporting Compliance Year-Round

In addition to formal training, Verida maintains quality and accountability through:

- Quarterly spot audits of incident logs
- Follow-up coaching after flagged events
- Webinars spotlighting high-risk situations and prevention strategies
- Helpdesk support for reporting questions or technical issues
- Quarterly Transportation Provider newsletter with updated program changes, news and information, and reminders such as proper member securement (wheelchair, seatbelt, car seats).

This focused curriculum enables transportation providers and drivers to navigate high-pressure situations with confidence and maintain consistent communication when adverse events occur.

V. NEMT Service Denials

The vendor's Proposal should include a description of the vendor's approach to NEMT Service denials (as defined below).

A. Denial Policies and Procedures

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

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

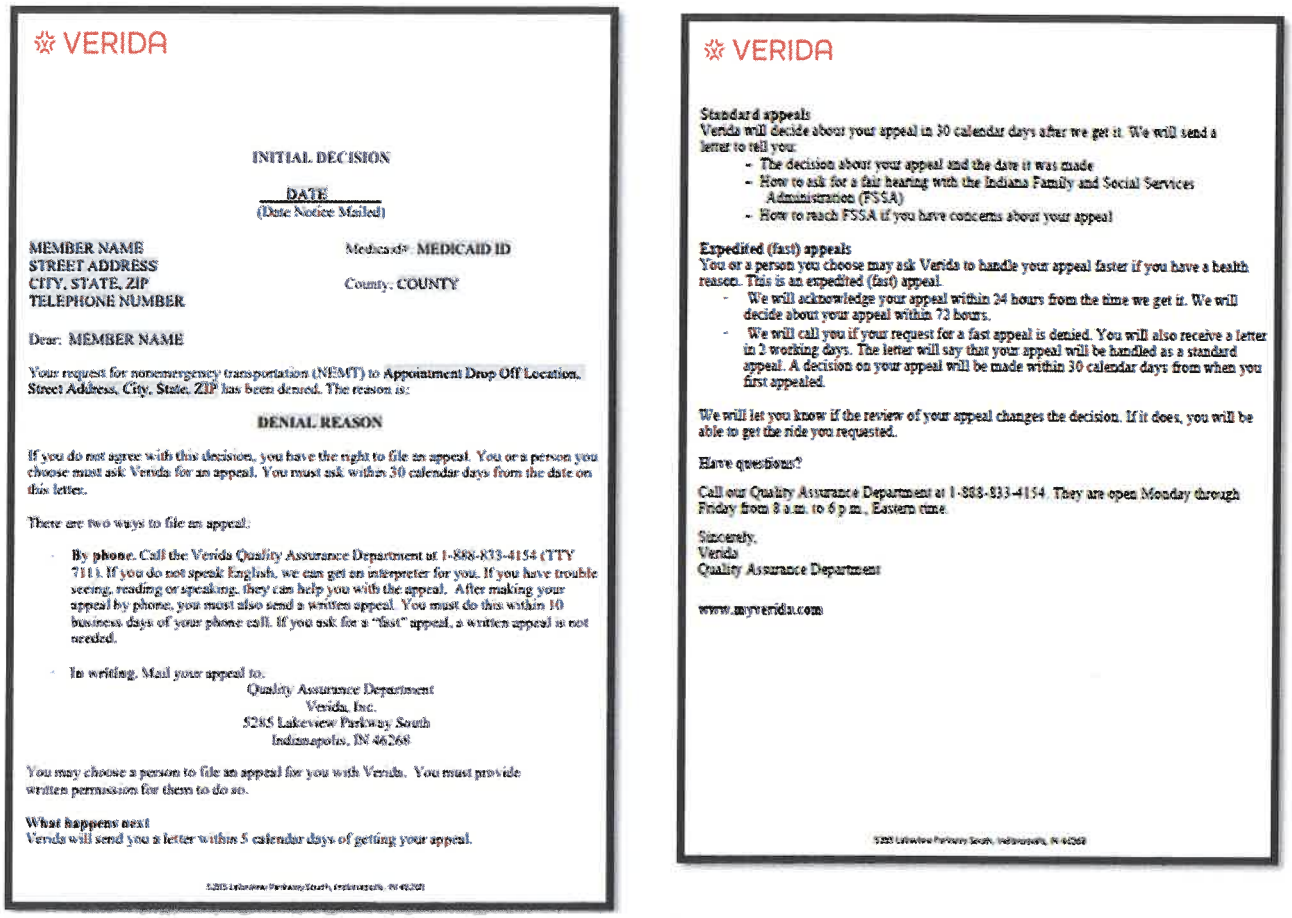
Verida will develop a structured and compliant process for handling NEMT service denials in accordance with the West Virginia NEMT Service Program requirements. Our approach will be based on years of NEMT program management experience as well as established policies and procedures. Our process is designed to support transparency, timely communication, and accurate documentation while respecting member rights and program integrity.

1. Same-Day Documentation of Denials

When a request for NEMT services meets one or more of the denial reasons listed in Section V, Subsection B of the RFP, Verida records the denial and its justification in our NET InSight system on the same business day the decision is made. This immediate documentation supports accurate reporting and audit readiness.

2. Denial Letter Generation and Distribution

Verida will generate and mail denial letters to both the member and the provider no later than the next business day following the denial decision. Verida is currently using the template in (Figure App1-V-A-1) when mailing denial letters to members. We will work with the Agency to refine the denial letter template prior to the commencement of services.



VERIDA

INITIAL DECISION

DATE
(Date Notice Mailed)

MEMBER NAME
STREET ADDRESS
CITY, STATE, ZIP
TELEPHONE NUMBER

Medicaid#: MEDICAID ID

County: COUNTY

Dear: MEMBER NAME

Your request for nonemergency transportation (NEMT) to Appointment Drop Off Location, Street Address, City, State, ZIP has been denied. The reason is:

DENIAL REASON

If you do not agree with this decision, you have the right to file an appeal. You or a person you choose must ask Verida for an appeal. You must ask within 30 calendar days from the date on this letter.

There are two ways to file an appeal:

- By phone. Call the Verida Quality Assurance Department at 1-888-833-4154 (TTY 711). If you do not speak English, we can get an interpreter for you. If you have trouble seeing, reading or speaking, they can help you with the appeal. After making your appeal by phone, you must also send a written appeal. You must do this within 10 business days of your phone call. If you ask for a "fast" appeal, a written appeal is not needed.
- In writing. Mail your appeal to:

Quality Assurance Department
Verida, Inc.
5285 Lakeview Parkway South
Indianapolis, IN 46268

You may choose a person to file an appeal for you with Verida. You must provide written permission for them to do so.

What happens next
Verida will send you a letter within 5 calendar days of getting your appeal.

VERIDA

Standard appeals
Verida will decide about your appeal in 30 calendar days after we get it. We will send a letter to tell you:

- The decision about your appeal and the date it was made
- How to ask for a fair hearing with the Indiana Family and Social Services Administration (FSSA)
- How to reach FSSA if you have concerns about your appeal

Expedited (fast) appeals
You or a person you choose may ask Verida to handle your appeal faster if you have a health reason. This is an expedited (fast) appeal.

- We will acknowledge your appeal within 24 hours from the time we get it. We will decide about your appeal within 72 hours.
- We will call you if your request for a fast appeal is denied. You will also receive a letter in 2 working days. The letter will say that your appeal will be handled as a standard appeal. A decision on your appeal will be made within 30 calendar days from when you first appealed.

We will let you know if the review of your appeal changes the decision. If it does, you will be able to get the ride you requested.

Have questions?

Call our Quality Assurance Department at 1-888-833-4154. They are open Monday through Friday from 8 a.m. to 6 p.m., Eastern time.

Sincerely,
Verida
Quality Assurance Department

www.myverida.com

Figure App1-V-A-1. Sample Denial Letter Template from the NEMT program we manage in Indiana. Confidential and proprietary.

The approved denial letters for West Virginia will:

- Clearly state the specific denial reason as listed in Section V: B of the RFP.
- Inform the member of their rights to appeal the decision.
- Be developed using standardized templates and criteria, which will be submitted to the Agency for approval at least thirty (30) calendar days prior to the operations start date.
- Be available in English and Spanish. We understand Verida is responsible for all costs associated with generating and sending these notices.

3. Clarification on Incomplete Calls

Verida does not classify calls with incomplete information—where the member must hang up and call back—as denials for reporting purposes. These calls are tracked separately to avoid misrepresentation in denial metrics.

System Integration and Oversight

All denial-related actions, including call notes, documentation, and letter generation, will be tracked within NET InSight. This centralized system supports consistent application of denial criteria and facilitates reporting to the Agency as required.

B. Denial Reasons

NEMT Service requests may be denied for one or more of the following reasons:

1. *The member is not eligible for NEMT services on the date of service*
2. *The member does not have a medical need that requires NEMT services*
3. *The medical service for which NEMT service is requested is not a covered medical service*
4. *The medical service for which NEMT service is requested requires prior authorization and prior authorization has not been obtained*
5. *The service was done out-of-network without prior authorization and did not meet policy criteria for an emergency or foster child placed out-of-state*
6. *The member has access to affordable transportation, (i.e., member's vehicle or another mode of transportation that does not cause financial hardship for the member)*
7. *The medical service for which NEMT Service is requested is covered under another program*
8. *The request was for post-transportation authorization and was not received timely or did not meet established criteria*
9. *The medical appointment is not scheduled or was not kept*
10. *Vendor cannot verify that there was a medical appointment*
11. *The vendor is unable to verify the recipient's physical address*
12. *The trip was not requested within an appropriate timeframe and the request cannot be accommodated because of this*
13. *Additional documentation was requested and was not received within an appropriate timeframe*
14. *The member refuses the appropriate mode of transportation*
15. *The member refuses the NEMT provider assigned to the trip and another NEMT provider is not available*
16. *The member's medical need(s) requires an ambulance level of transportation. In these situations, the vendor should refer the member to appropriate resources, such as local ambulance providers in their area.*

Our CSRs will use an Agency-approved call script to determine the appropriateness of all service requests. The CSR will deny a request for NEMT service that falls under one or more of the Denial Reasons that meet the criteria of the West Virginia NEMT contract.

All NEMT service denial reasons outlined in the RFP, and subsequent contract, will be programmed into Verida's NET InSight system, allowing CSRs and Utilization Management, including Appointment Verification staff, to select standardized denial codes during the authorization process.

When a request for NEMT is denied, our CSR immediately informs the member during the intake call and enters the denial information in NET InSight system (Figure App1-V-B-1).

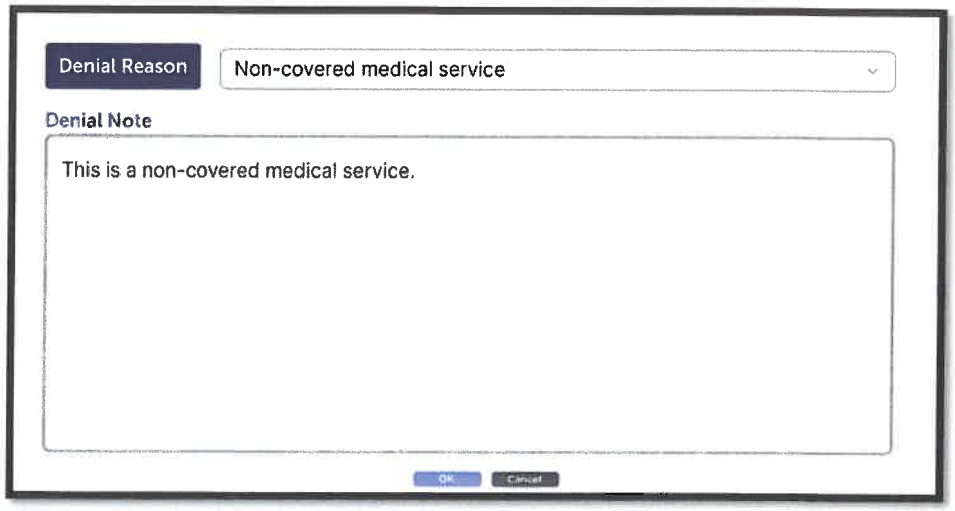


Figure App1-V-B-1: NET InSight Trip Denial Reasons Screen *Confidential and Proprietary*

By integrating West Virginia's denial reasons directly into Verida's NET InSight system, our staff can consistently apply program rules, select standardized denial codes, and generate accurate denial letters without delay. This system-driven approach supports timely documentation, clear communication, and reliable reporting. Verida will use the following Agency-approved denial reasons when determining the appropriateness of a NEMT trip request.

Appropriateness of a NEMT Trip Request	
	Description of Denial Reason
1.	Not eligible for NEMT services on the date of service.
2.	No medical need that requires NEMT services.
3.	Non-covered medical service.
4.	The medical service for which NEMT service is requested requires prior authorization and prior authorization has not been obtained.
5.	The service was done out-of-network without prior authorization and did not meet policy criteria for an emergency or foster child placed out-of-state.
6.	The member has access to affordable transportation, such as the member's vehicle or another mode of transportation that does not cause financial hardship for the member.
7.	The medical service for which NEMT service is requested is covered under another program.
8.	The request was for post-transportation authorization and was not received timely or did not meet established criteria.
9.	The medical appointment was not scheduled or was not kept.
10.	Verida cannot verify that there was a medical appointment.
11.	Verida is unable to verify the recipient's physical address.
12.	The trip was not requested within an appropriate timeframe, and the request cannot be accommodated because of this.
13.	Additional documentation was requested but was not received within an appropriate timeframe.

14.	The member refuses the appropriate mode of transportation.
15.	The member refuses the NEMT provider assigned to the trip and another NEMT provider is not available.
16.	The member's medical need(s) requires an ambulance level of transportation. In these situations, Verida will refer the member to appropriate resources, such as local ambulance providers in their area.

Members are advised of the denial and the reason before disconnecting a call. A daily NET InSight report will generate a denial letter, which will be sent to the member no later than the next business day following the trip denial. The denial letter will list the specific reason for the denial of service, notify the member of their rights to appeal the decision, and provide the contact information required for appealing the denial. A copy of the denial will be maintained electronically in the member file in the NET InSight.

VI. Timeliness

A. Routine NEMT Services

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

Verida's NET InSight system is designed to support timely authorization and scheduling of routine NEMT services in alignment with West Virginia program standards. The system uses automated workflows and prioritization logic to process incoming requests efficiently, allowing 98% of routine trips to be authorized and scheduled within three (3) business days and 100% within ten (10) business days. Requests are time-stamped upon receipt and routed through a structured queue that prioritizes trips based on urgency, trip date, and member needs. Integrated alerts notify staff of approaching deadlines, and dashboard views allow supervisors to monitor progress in real time. This technology-driven approach helps Verida manage high volumes of trip requests while maintaining responsiveness and operational accuracy.

B. Non-Routine NEMT Service

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

Verida's authorization process begins with confirming that the requested trip is Medicaid compensable and that the service falls within the Agency's guidelines for covered care. During the initial intake, our CSRs collect key details including:

- Member name, Medicaid number, and contact information
- Trip date and time
- Healthcare provider's name, specialty, address, and phone number
- Any special needs that may affect transportation mode

CSRs are trained in covered service criteria and use Verida's Knowledge Database and Real-Time Agent Assist tools to help determine whether a request aligns with Agency standards. If a request lacks sufficient information or presents ambiguity, the CSR places the trip in a "pending" status within NET InSight and escalates it to our Utilization Management (UM) team, which includes Appointment Verification staff.

Upon escalation, our UM representative will:

- Request additional information within 24 hours of receiving the initial request
- Specify a deadline by which the requested information must be submitted
- Document the request using a Post Authorization Information form signed by the practitioner or a written record of the verbal exchange in NET InSight

If the requested information is not received by the specified deadline, the UM representative will deny the request in NET InSight and notify the member—except in cases involving chemotherapy, dialysis, or high-risk pregnancy. For these exceptions, we will authorize a single trip and continue efforts to obtain the necessary documentation to support a standing order.

This process supports timely decision-making, maintains compliance with Agency expectations, and provides a structured pathway for handling incomplete or complex requests. All actions are documented in NET InSight to support transparency, audit readiness, and continuity of care.

VII. Validation Checks

The vendor's payment procedures should ensure that NEMT provider claims for reimbursement match authorized trips and that the trips actually occurred. The vendor should have a written plan for validating that transportation services paid for under the contract are properly authorized and rendered. The vendor should perform validation checks on a minimum of ten percent (10%) of NEMT services requests each month, both prior to the authorization of the request and after the services are rendered, as specified below. The Agency at its sole discretion may require validation checks of trips to specific services.

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

Validation checks form one of the most important safeguards in Verida's approach to managing Non-Emergency Medical Transportation. These activities not only protect the integrity of the program but also help maintain public trust, prevent misuse of resources, and confirm that members are transported only to services that are both covered and necessary. For West Virginia, Verida will develop and implement a Validation Plan that combines structured pre-trip and post-trip verification processes with advanced technology built into our NET InSight platform. This approach will allow us to confirm that every service authorized and reimbursed under the program has been appropriately scheduled and completed.

To meet or exceed the Agency's expectations of having a minimum of ten percent (10%) of NEMT service requests validated each month, Verida will implement a comprehensive Validation and Compliance Plan that includes the following key components:

1. **Pre-Authorization Validation (6% minimum)**
   Each month, Verida will conduct validation checks on a minimum of 6% of NEMT service requests prior to authorization. This process will include:
   - Verifying eligibility of the member.
   - Confirming the medical necessity and appropriateness of the requested trip.
   - Confirming the provider is credentialed and compliant with contract requirements.
   - Cross-checking trip details (e.g., origin, destination, appointment time) against approved service parameters.
2. **Post-Service Validation (4% minimum)**
   Verida will also perform validation checks on a minimum of 4% of completed trips each month to confirm that:
   - The trip occurred as authorized.
   - The provider submitted accurate documentation (e.g., GPS logs, driver manifests, member signatures).
   - The member received the intended service at the destination.
   - No duplicate or fraudulent claims were submitted.
3. **Targeted Validation as Directed by the Agency**
   Verida will maintain the flexibility to perform additional validation checks on trips to specific services or providers at the Agency's sole discretion. These targeted reviews will be prioritized and executed promptly, with findings reported back to the Agency.

Our Validation Plan will be submitted to the Agency at least thirty (30) calendar days prior to the operations start date for review and approval. We will not begin operations until the Agency has signed off on the plan, providing a clear opportunity for feedback and alignment with Agency priorities. The plan itself will serve as a living document that guides our staff, details our policies and escalation procedures, outlines the responsibilities of assigned personnel, and defines how reporting will be completed and delivered to the Agency.

Through this plan, Verida will create a balanced framework: strong enough to identify and prevent fraudulent activity but flexible enough to avoid placing undue burdens on providers or members. In practice, this balance will be achieved by combining manual staff-led checks with automated technology-driven processes, all supported by a culture of accountability and transparency.

NET InSight will play a critical role in this process by generating real-time alerts, housing digital trip logs, linking authorized trips directly to claims, and producing GPS-verified audit trails. These features not only support accurate validations but also provide the Agency with an unprecedented level of visibility into program operations. The end result will be a system that protects program integrity while respecting the needs of the members, providers, and facilities who depend on reliable transportation.

A. Pre-Transportation Validation Checks

The vendor should conduct pre-transportation validation checks prior to authorizing the request for a minimum of six percent (6%) of the NEMT services. The vendor should contact the provider and verify that the member has an appointment for a covered medical service. The vendor is not required to verify the medical necessity of an appointment. If the vendor verifies with the provider that no appointment exists, or that the service is not a covered medical service, the vendor should record in its computer system the reason for the failed validation check, and the vendor should deny the request. If a pre-transportation validation check cannot be completed because the call to the provider resulted in a busy signal or no answer, the vendor should flag the request for a post-transportation validation check, and the attempt at validation should not be counted toward the six percent (6%) pre-transportation validation check rate.

Pre-transportation validations represent the first line of defense against inappropriate trip authorization. Before a trip is approved, Verida's Utilization Management team, which includes our Appointment Verification staff, will complete validation checks for at least six percent (6%) of NEMT service requests each month. These checks provide early confirmation that a valid appointment exists for a covered service, thus proactively preventing misuse of resources.

The process begins with our UM representatives reaching out to the provider or facility directly. These calls are made in a professional, courteous manner, designed to confirm whether a member has a scheduled appointment and whether the service is covered under the program. Importantly, these calls focus only on verifying the existence of the appointment—not its medical necessity, as that responsibility rests elsewhere in the care system.

- **Verification process:** By verifying appointments before authorizing trips, Verida will minimize unnecessary expenditures, prevent inappropriate use of transportation services, and protect both the program and the state's Medicaid funds.
- **Failed validations:** If a validation call reveals that no appointment exists, or that the appointment is for a non-covered service, the trip will not be authorized. The UM representative will carefully record the reason for denial within NET InSight, providing a full and transparent audit trail.

- **Incomplete validations:** In some cases, it may not be possible to reach the provider due to busy lines or unanswered calls. In those circumstances, the request will still be approved to avoid disrupting member care, but it will be flagged for a post-trip validation check. This approach balances program integrity with member access by allowing the trip to move forward while still subjecting it to review.

By structuring our process in this way, Verida provides a proactive safeguard against fraud and inappropriate utilization while maintaining a member-friendly approach that prioritizes access to care. Members will not face delays or denials simply because of an unanswered phone call, but inappropriate or uncovered trips will not be authorized when clear evidence indicates they are not eligible.

B. Post-Transportation Validation Checks

The vendor should conduct post-transportation validation checks on no fewer than four percent (4%) of the NEMT Service. The vendor should verify that the member had an appointment for covered medical service. The vendor should verify that the member received a covered medical service. The vendor is not required to verify the necessity of the transportation or of the medical service, but only that the service occurred. If the vendor verifies with the provider that there was no appointment, that the service was not kept, or that the service was not a covered medical service, the vendor should record in its computer system the reason for the failed validation check. If a post-transportation validation check cannot be completed because the call to the provider resulted in a busy signal or no answer after three (3) attempts, the vendor should enter into its system information that should alert call center staff that any future requests to this specific provider are to be validated before it can be authorized.

While pre-trip validations prevent inappropriate authorizations, post-trip validations confirm that services were actually rendered. Verida's Special Services Representatives (SSRs) and UM team, which includes our Appointment Verification staff, will conduct post-transportation validation checks for at least four percent (4%) of NEMT services each month.

These checks involve contacting the provider after the trip has been completed to verify two critical points: first, that the member had a scheduled appointment, and second, that the appointment was kept and that a covered service was provided. This two-step verification closes the loop between authorization, transportation, and actual service delivery.

- **Verification process:** Every post-trip check is logged in NET InSight, with results stored securely for future reference. This creates a permanent record that can be accessed by both Verida staff and the Agency, offering clear insight into compliance trends.
- **Failed validations:** If verification reveals that no appointment occurred, the appointment was not kept, or the service was not covered, this information is documented in detail within NET InSight. The request is marked as a failed validation, triggering review by the Program Integrity team.
- **Escalation:** Any irregularities that suggest potential fraud, waste, or abuse are escalated through Verida's established Program Integrity process. This process includes further investigation, coordination with the Agency as needed, and corrective action to prevent recurrence.
- **Incomplete validations:** If providers cannot be reached after three attempts, the request is flagged in the system. From that point forward, any future requests associated with that provider will automatically require validation before authorization.

By following this structured process, Verida will confirm that no reimbursement is made without confirmation that covered services were received, while also identifying and addressing patterns of non-compliance or error. Post-trip validations thus provide both accountability and a mechanism for continuous improvement.

Monthly Attendance Reports

An essential part of our validation process is transparency. Verida will prepare and submit detailed monthly reports summarizing the results of all validation activities. These reports will be generated through the reporting functions of NET InSight, providing both quantitative and qualitative insights into validation outcomes.

Each report will include:

- Total number of trips subject to validation checks
- Number and percentage of successful validations
- Number and percentage of failed validations, with reasons clearly documented
- Identification of providers with repeated compliance issues
- Corrective actions and resolutions initiated by Verida's Program Integrity team

These reports will be submitted securely to the Agency, providing not just compliance documentation but also actionable data. By highlighting trends and identifying outliers, these reports will help both Verida and the Agency take timely corrective action and strengthen program oversight.

Standing Order Recertification

Standing orders represent an area of particular focus for validation, as they involve recurring trips that, if not properly reviewed, could lead to repeated inappropriate or unnecessary transportation. Verida's UM team will leverage our structured standing order recertification process to confirm that each order remains appropriate and tied to a covered medical need.

As part of this process, facility staff and/or medical providers will be contacted to confirm appointment frequency, verify adherence, and review the covered service status of each standing order. Any irregularities—such as missed appointments, changes in treatment plans, or shifts in covered services—will be promptly documented and addressed. When necessary, standing orders will be modified or terminated to align with actual medical needs.

Perpetual standing order requests, such as those for dialysis treatment, remain in the system. Otherwise, we will re-certify standing orders **every 90 calendar days**. Our process, which prevents Agency members from having to continually make arrangements for repetitive appointments, is designed to reduce administrative burden on medical providers, alleviate stress, and improve member satisfaction. We agree to have our procedures and recertification process approved by the Agency.

By combining provider input, UM oversight, and technology-driven verification, Verida will create a system that supports both program integrity and member care.

Technology-Enabled Safeguards

At the core of Verida's validation process is the NET InSight platform, which integrates advanced technology into every stage of verification. Our proprietary system is specifically

designed to support program integrity while remaining flexible enough to meet state-specific requirements. NET InSight enhances validation efforts by:

- Randomizing trip selection for both pre- and post-trip checks, reducing bias and strengthening oversight
- Linking claims directly to authorized trips, providing automatic claim-to-trip matching that deters improper billing
- Maintaining real-time documentation of provider responses and staff activity, creating a transparent audit trail
- Incorporating GPS-based trip logs to confirm that pick-up and drop-off occurred as authorized
- Generating dashboards and reporting tools that allow both Verida and the Agency to review compliance trends quickly and accurately

These safeguards not only reduce administrative burden but also provide the Agency with a high level of confidence that every trip authorized and reimbursed under the program is valid. The combination of staff oversight and technology-driven verification creates a robust, reliable process that places program integrity at the forefront while maintaining accessibility for members and providers.

C. Fixed Route

The vendor should perform pre-transportation and post-transportation validation checks for a percentage of fixed route transportation. The policy and procedures for validation of fixed route transportation, including the inclusion in the overall 10 percent (10%) validation check Service Level Agreement, included in Appendix 4, should be developed by the vendor with input from the Agency.

Fixed route services are an important part of West Virginia's NEMT program, offering members a dependable, low-cost transportation option that aligns well with community infrastructure. Because fixed routes are scheduled and predictable, they provide an opportunity to maximize efficiency and cost savings while still maintaining strong safeguards against fraud, waste, abuse and misuse. Verida will approach validation of fixed route services with the same care, transparency, and commitment to integrity that guides all of our NEMT operations, while recognizing the unique characteristics of fixed route travel.

Our team will develop detailed policies and procedures for validating fixed route transportation, and we will do so in close collaboration with the Agency. This cooperative process will allow us to incorporate Agency input directly into the validation plan while also aligning with the Service Level Agreement requirement of validating a minimum of ten percent (10%) of all NEMT trips across modes. Fixed route validations will therefore not exist in isolation but will be an integral part of the broader validation framework that governs the entire program.

Our UM team will conduct pre- and post-transportation validation checks for fixed route services in a structured and balanced way.

- **Pre-transportation checks:** Prior to approving fixed route trip requests, Verida's UM representatives will validate at least a set percentage of requests, as determined in coordination with the Agency. This will involve contacting the treating facility to confirm that the member has a scheduled appointment for a covered service. If no appointment exists, or if the service is not covered, the request will be denied and carefully documented in NET InSight. If the validation attempt cannot be completed due to unanswered calls or busy signals, the request will still be approved but flagged for post-

trip validation. This balances program safeguards with the need to maintain timely access to care.

- **Post-transportation checks:** After trips are completed, our team will conduct post-trip validations on another set percentage of fixed route trips. This will include confirming with the facility that the member was seen and that the service was covered. As with other trip modes, if verification shows that the appointment did not occur or that the service was not covered, the outcome will be documented in NET InSight and escalated to Program Integrity if needed. If providers cannot be reached after three attempts, the trip will be flagged so that future requests to that provider automatically require pre-transportation validation.

Attendance verification will be done via phone, fax, and our Facility Portal. Monthly reports summarizing the results of fixed route validations will be included in our attendance reporting to the Agency. These reports will highlight compliance levels, trends in validation outcomes, and any corrective actions taken. By presenting this information in a clear, transparent way, Verida will give the Agency the tools it needs to monitor performance while also maintaining confidence that fixed route services are being used appropriately.

VIII. Suspected Fraud, Abuse, Waste and Misuse

The vendor should refer suspected fraud, waste, abuse, or misuse by Agency Members, NEMT providers, medical providers or contractor staff to the Agency's Office of Program Integrity (OPI) and the Agency's Contract Manager within three (3) calendar days after discovery of the suspected fraud, waste, abuse, or misuse. The vendor should expect the contact for all investigations to be provided by the Agency prior to operations start date. The referral should detail the NEMT provider's name and provider number, the member's name and Medicaid ID number, if applicable, the provider's name and provider number and a narrative of all information the vendor has regarding the suspected fraud, waste, abuse, or misuse, including whether the vendor was able to verify that the member was transported to or from a source of medical care. Vendor's staff and management are to be available and are to fully cooperate with any Office of Inspector General (OIG) or law enforcement investigations or review at no additional cost to the Agency. Vendors should require adherence with these requirements in any contract it enters with subcontractors, NEMT providers or providers.

The vendor may establish, or have an established, in-house Fraud Unit which will be expected to work with the Agency, OPI, and/or the OIG. If the vendor has an in-house Fraud Unit, it may request; claim dates from the Agency in order to review paid NEMT trips with paid Medicaid services, member address history, member current address on record, recipient Medicaid enrollment history and other information deemed necessary for an investigation.

Verida takes a proactive, transparent, and collaborative approach to identifying and reporting suspected fraud, waste, abuse, or misuse within the NEMT programs we manage. We understand that safeguarding the integrity of Medicaid funding is not only a contractual obligation but a shared responsibility to the members, providers, and communities we serve.

Our comprehensive Fraud, Waste, and Abuse policy serves as the cornerstone of our program integrity operations. Our policy complies with the Deficit Reduction Act of 2005 for detecting and preventing Medicaid fraud, waste, and abuse. Some of the prevention and detection methodologies we use include:

Prevention measures:

- Pre-screening and credentialing of transportation provider
- Trip authorization functions
- Pre-trip validations
- Automated trip verification technology
- Signature requirements
- Rotation of assignments
- Education and awareness initiatives

Detection methods:

- In-field observations
- Post-trip validations
- Signature recognition studies
- Claim audits and reports
- Real-time mobile technology
- Data mining (including review of high trip frequency, high mileage, etc.)

Our strategy combines robust compliance oversight with a provider- and member-friendly philosophy, fostering an environment where potential issues are identified early and resolved in full partnership with the Agency.

Timely Referral and Reporting

Upon discovery of any suspected FWA, Verida will refer the matter to the Agency's Office of Program Integrity (OPI) and the Contract Manager within three (3) calendar days, in full compliance with RFP requirements. Each referral will include:

- NEMT provider's name and provider number
- Member's name and Medicaid ID number (if applicable)
- Medical provider's name and provider number
- A detailed narrative outlining all known facts
- Verification status of whether the member was transported to or from a covered medical service

Dedicated Oversight Teams

Verida's FWA efforts are led by two specialized departments:

- **Compliance Department**
  Focused on prevention, this team oversees provider credentialing, policy adherence, training, and continuous education. They proactively engage providers when anomalies are detected, offering guidance and corrective support to maintain compliance and avoid escalation.
- **Program Integrity Department**
  This team conducts in-depth monitoring, audits, and investigations. Responsibilities include claims analysis, trip verification, risk-based assessments, and preparation of formal referrals. They serve as the primary liaison to the Agency, OPI, and the Office of Inspector General (OIG), providing full cooperation and data sharing.

Together, these departments form a layered defense system—Compliance emphasizes prevention and education, while Program Integrity focuses on detection, investigation, and escalation.

Technology-Driven Detection

Verida leverages advanced tools and patented technology to support early detection and investigation:

- **NET InSight Platform**
  The portable data collection capabilities of our NET InSight platform have a 20-year patent. Our system captures geocoded information that constitutes the longitude, latitude or other geospatial attributes of each location entered into our platform. This enables our system to cross-check the geocodes of the actual locations of the member pick-up and drop-off against the initial itinerary. Should a discrepancy exist between the respective geocodes, our team can investigate for potential fraud, waste, or abuse.
- **Automated Eligibility and Encounter Verification**
  Trip data is validated against Medicaid eligibility files, covered service lists, and provider directories.
- **Medical Claim Matching**
  Transportation claims are cross-referenced with medical encounter data to identify phantom or inappropriate trips.

- **Internal Audits and Spot Checks**
  Random and risk-based audits confirm accuracy in claims, documentation, and member/provider verification.
- **Signature Capture and Analysis**
  Member signatures collected electronically are analyzed using anomaly detection tools to verify authenticity.

Investigation Support and Cooperation

Verida staff and management will be fully available to support investigations initiated by the Agency, OPI, OIG, or law enforcement—at no additional cost to the Agency. We will provide requested records, attend meetings, and offer testimony as needed.

All subcontractors, NEMT providers, and service partners will be contractually required to adhere to these standards, with clear language included in every Transportation Provider Service Agreement or Business Associate Agreement.

Balanced and Fair Approach

Verida recognizes that not all anomalies indicate intentional misconduct. In cases of provider error or member misunderstanding, our Compliance Department will prioritize education and corrective action. Only when evidence supports deliberate misuse will cases escalate to Program Integrity for formal referral.

This balanced approach safeguards accountability while protecting members and supporting honest providers.

IX. Vehicle Requirements

A. Americans with Disabilities Act (ADA) Compliance

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

All vehicles operating under this program will comply with the U.S. Department of Transportation's Americans with Disabilities Act (ADA) Accessibility Specifications for Transportation Vehicles. Verida is committed to verifying continuous compliance and accessibility for all Agency members. At a minimum, the following measures will be implemented:

1. Dissemination of Requirements

- Verida's Transportation Provider Service Agreement will explicitly incorporate all applicable ADA vehicle requirements, making compliance a contractual obligation for every provider.
- Verida will distribute a concise ADA Vehicle Requirements Packet to all NEMT providers, summarizing key provisions and linking to the full regulatory text.
- This packet will also be made available on Verida's Compliance Provider Portal, allowing providers to have ongoing access to current requirements.

2. Pre-Approval Vehicle Inspection

- No vehicle designated to transport Agency members with disabilities will be approved for service until it passes an ADA compliance inspection by our Field Service Monitors.
- Inspections will verify, at a minimum:
    - Ramp/lift capacity and dimensions
    - Ramp slope, stability, and edge barriers
    - Wheelchair securement locations and device functionality
    - Slip-resistant surfaces and contrasting step/edge markings
    - Door clearance and overhead space requirements
    - Required ADA signage (priority seating and securement areas)

3. Ongoing Monitoring

- Bi-annual scheduled inspections will be conducted for all active accessible vehicles.
- Unannounced spot inspections will be performed with a focus on proper wheelchair securement and safe ramp/lift operation.
- Corrective actions will be required within defined timelines. Vehicles with health or safety-related deficiencies will be immediately removed from service until corrected and re-inspected.

4. Recordkeeping & Verification

- Verida will maintain a centralized compliance database that includes provider attestations, inspection reports, corrective-action documentation, approval dates, and renewal schedules.
- This system will be available for Agency review and will serve as an auditable record of ADA compliance.

5. Training & Technical Assistance

- Verida will provide mandatory provider-facing training on ADA vehicle requirements, including:
    - Proper use and maintenance of ramps and lifts
    - Wheelchair securement techniques and safety procedures
    - Passenger assistance protocols for members with disabilities
- Ongoing technical assistance will be available to providers to resolve operational or equipment-related ADA compliance issues.

6. Agency Notices & Updates

- At the Agency's request, Verida will issue supplemental notices of ADA vehicle requirements through email bulletins, portal postings, and onboarding packets, with provider acknowledgment required.
- Verida will monitor regulatory updates to ADA vehicle requirements and will update provider materials promptly in the event of amendments.
- Providers will receive summaries of changes, along with clear implementation deadlines, to promote timely compliance with new standards.

B. Other Compliance

Vehicles should also comply with all requirements listed below:

1. *The number of people in the vehicle, including the driver, should not exceed the vehicle manufacturer's approved seating capacity.*
2. *All vehicles should have adequately functioning heating and air conditioning systems and should always maintain a temperature that is comfortable for the member.*
3. *All vehicles should have functioning seat belts and restraints as required by federal, state, county or local statute ordinance. All such vehicles should have an easily visible interior sign that states: "ALL PASSENGERS ARE REQUIRED TO USE SEAT BELTS". Seat belts are to be stored off the floor when not in use except in wheelchair accessible vehicles having permanent anchoring belts attached to the floor of the vehicle.*
4. *Each NEMT provider should have at least two (2) seat belt extensions available.*
5. *For use in emergency situations, each vehicle should be equipped with at least one (1) seat belt cutter that is kept within easy reach of the driver.*
6. *All vehicles should have an accurate, operating speedometer and odometer.*
7. *All vehicles should have two (2) exterior rear-view mirrors, one (1) on each side of the vehicle.*
8. *All vehicles should be equipped with an interior mirror for monitoring the passenger compartment.*

9. *The exterior of all vehicles should be clean and free of broken mirrors or windows, excessive grime, major dents or paint damage that detract from the overall appearance of the vehicle.*
10. *The interior of all vehicles should be clean and free of torn upholstery, floor, or ceiling covering; damaged or broken seats; protruding sharp edges; dirt; oil, grease or litter; and hazardous debris or unsecured items.*
11. *All vehicles should be operated within the manufacturers safe operating standards.*
12. *All vehicles should have NEMT provider's business name and telephone number displayed on at least both sides of the exterior of the vehicle. The business name and phone number are to appear in lettering that is at least three (3) inches in height and of a color that contrasts with its surrounding background.*
13. *To comply with confidentiality requirements, which can be found at: https//www.hhs.gov/hipaa/for-professionals/privacy/laws-regulations/indix,html, no words may be displayed on the vehicle that implies that Agency recipients are being transported. The name of the NEMT provider's business may not imply the Agency recipients are being transported.*
14. *The vehicle license number and the vendor's toll-free and local phone numbers should be prominently displayed on the interior of each vehicle. This information and the complaint procedures should be clearly visible and available in written format in each vehicle for distribution to Agency recipients upon request.*
15. *Smoking/Vaping/E-Cigarette should always be prohibited in vehicles. All vehicles should have an easily visible interior sign that states: "NO SMOKING/VAPING/E-CIGARETTE".*
16. *All vehicles should carry a vehicle information packet containing vehicle registration, insurance card, and accident procedures and forms.*
17. *All vehicles should be equipped with a first aid kit stocked with, at minimum, antiseptic cleansing wipes, triple antibiotic ointment, assorted sizes of adhesive and gauze bandages, tape, scissors, latex or other impermeable gloves and sterile eyewash.*
18. *Each vehicle should contain a current map (where a GPS unit may be considered a map) of the applicable geographic area with sufficient detail to locate member and provider addresses.*
19. *Each vehicle should be equipped with a multipurpose dry chemical fire extinguisher for use on Class A, B, and C fires. Except for sedans, the fire extinguisher should be mounted securely within reach of the driver and visible to passengers for use in emergencies when the driver is incapacitated. In sedans, the extinguisher may be mounted securely in a rear compartment if there is no space for mounting it in the interior of the vehicle.*
20. *Insurance coverage for all vehicles during the Contract period should follow state law, and any county or local ordinance. The vendor should be listed as "an additional interested party" to ensure notification is made to the vendor in the event of a lapse in insurance coverage.*
21. *Each vehicle should be equipped with a "spill kit" that includes liquid spill absorbent, latex or other impermeable gloves, hazardous waste disposal bags, scrub brush, disinfectant and deodorizer.*
22. *Each vehicle will be equipped with a spare tire, tire jack, lug wrench and any additional items required to change a tire on the vehicle.*
23. *The vendor should document the lifting capacity of each vehicle in its network to route trips to NEMT providers that have appropriate lift capacity for Agency Recipients.*
24. *The vendor should require that every vehicle in a NEMT provider's fleet has a real-time link, phone or two-way radios. Pagers are not acceptable as a substitute.*
25. *The vendor should have in its network NEMT providers that have the capability to perform bariatric transports of patients up to eight hundred (800) pounds.*
26. *Each vehicle which requires the Agency Members to step up to enter the vehicle should include a step, or a safe stool to aid in passenger boarding. The step stool should be used to minimize ground-to-first-step height, should have four (4) legs with anti-skid tips, and be sturdy metal with non-skid treads. Under no circumstances should milk crates, plastic stool, or similar substitutes be considered a viable*

alternative for a step stool. Milk crates, plastic stools, or similar substitutes should not be permitted on any vehicle. Step stools should be secured away from aisles and doorways while the vehicle is in motion to avoid obstructing the paths of passengers in the event of anemergency evacuation.

27. *Each wheelchair vehicle should comply with the following:*

    a. *Wheelchair Lifts. Each wheelchair vehicle with a mechanical lift should have an engine-wheelchair lift interlock system, which requires the transmission to be placed in park and emergency brake engaged to prevent vehicle movement when the lift is deployed. All wheelchair lifts should meet current ADA guidelines, which can be found at: https://ada.gov/law-and-regs/design-standards/.*

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

Vehicle Requirements and Standards

Verida acknowledges and will fully comply with all vehicle standards established under applicable federal, state, and manufacturer safety, mechanical, and maintenance regulations, including those required under the Americans with Disabilities Act (ADA). We recognize that regulatory requirements can evolve, and we have built a flexible compliance infrastructure that allows us to quickly adapt our inspection protocols and monitoring practices to align with any new or updated standards.

All vehicles providing services under this program are required to:

- Pass an initial inspection prior to being placed into service.
- Maintain compliance with West Virginia DMV licensing requirements.
- Meet all applicable safety, mechanical, and ADA standards.

Vehicle Inspection and Monitoring Process

Verida enforces a robust, proactive, and adaptive vehicle inspection and monitoring program designed to verify compliance, safety, and operational readiness across our NEMT network. This program is built to not only meet current regulatory requirements but also to adjust seamlessly when new standards are introduced.

- **Initial Inspections:** All vehicles must pass a comprehensive onboarding inspection prior to being placed into service. This confirms that every vehicle meets baseline safety, ADA, and DMV requirements from day one.
- **Ongoing Inspections:** Verida's Field Service Monitors conduct scheduled inspections as well as unannounced spot checks each month. These reviews allow us to verify compliance under real-world operating conditions.
- **Real-Time Tracking:** All inspection data is logged in Verida's proprietary NET InSight system and stored by Vehicle Identification Number (VIN) in each Provider Profile. This system allows for instant retrieval of inspection history, enabling trend analysis and early identification of potential compliance risks.
- **Compliance Response:** Any vehicle found to be non-compliant with DMV, ADA, or contractual requirements is immediately marked as inactive in the system, which prevents trip assignment or reimbursement. Reactivation is only permitted upon corrective action and a successful reinspection.

- **Inspection Records:** All records, forms, and supporting documentation (including photos) are securely stored and retained for audit purposes, ensuring accountability and transparency.

Importantly, Verida has the capability to customize our inspection criteria and frequency in direct response to Agency requirements, legislative updates, or unique community needs. For example, if new ADA specifications or DMV standards are introduced, Verida can immediately revise its inspection checklists, reconfigure the NET InSight platform, and retrain Field Service Monitors to reflect the new requirements. As part of this proposal, Verida can also provide a sample copy of our standardized vehicle inspection form to demonstrate the level of detail, compliance focus, and adaptability embedded in our inspection process.

Electronic Inspection Application

Verida's compliance team leverages a secure, mobile electronic inspection application to enhance efficiency, consistency, and adaptability in the inspection process. Key features include:

- License plate matching technology to validate vehicle identity.
- Auto-population of vehicle information (make, model, year, color, VIN).
- Standardized digital inspection forms that can be quickly updated to reflect new requirements.
- Real-time upload of inspection results, photos, and documentation into the NET InSight system.

Because NET InSight is configurable, new inspection fields or compliance checks can be added immediately, that way NEMT providers are held accountable to the most current standards without delay.

Corporate Oversight and Contractual Obligations

All NEMT providers are bound by Verida's Transportation Provider Service Agreement, which requires strict adherence to all applicable vehicle standards. Verida's internal policies and training programs further reinforce these requirements by verifying provider personnel understand their compliance obligations and maintain service readiness at all times.

Through proactive inspection practices, flexible compliance systems, and continuous training, Verida verifies that its NEMT operations remain safe, reliable, and fully aligned with evolving regulatory requirements. This adaptability not only protects Agency members but also supports long-term service quality and regulatory confidence in all NEMT programs we serve.

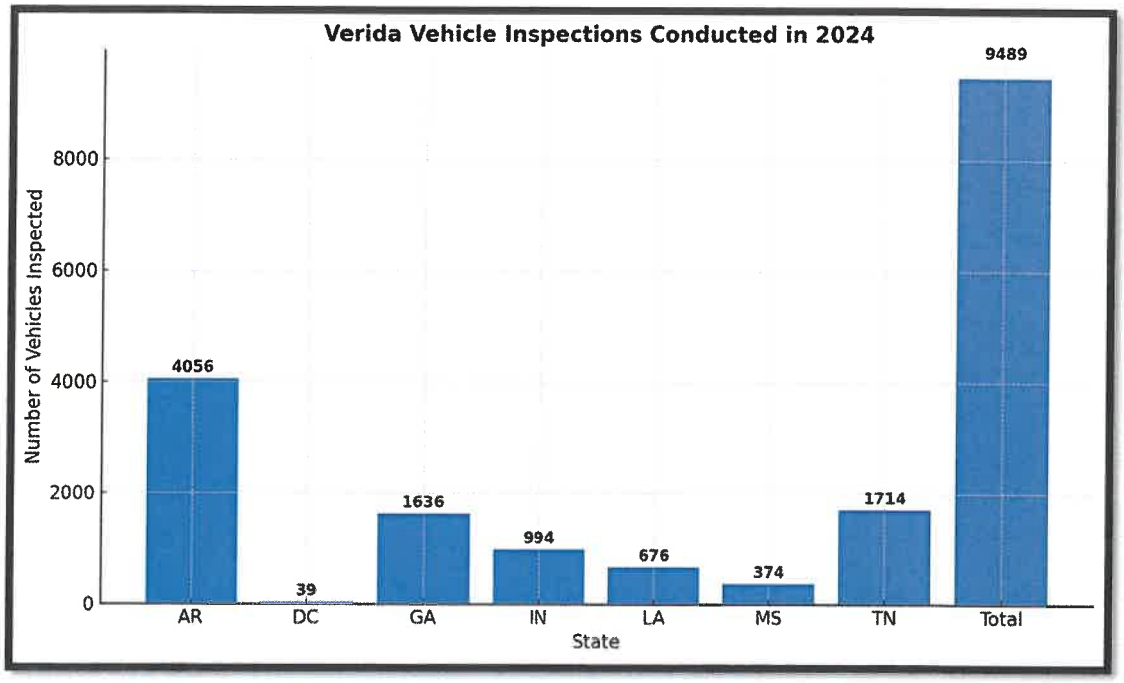


***Figure App1-IX-B-1**: The data above reflects Verida's rigorous fleet inspection activity during calendar year 2024. Confidential and Proprietary.*

Verida's Compliance Department currently oversees the inspection and compliance management of more than **4,507 vehicles across our networks**, reflecting our ability to sustain large-scale, complex transportation operations. Our dedicated Field Service Monitors conduct thorough inspections that evaluate safety, mechanical readiness, regulatory compliance, and contractual standards. This robust vehicle compliance program includes initial credentialing inspections, scheduled re-inspections, performance monitoring, and immediate corrective actions when deficiencies are identified. By maintaining consistent oversight and detailed documentation, our team upholds both state and federal requirements while fostering a safe, reliable, and fully compliant transportation network for the members we serve

When inspecting vehicles, we review the internal and external components to assure compliance with all federal, state, county, and local requirements, as well as the Agency's requirements - listed in the following table.

Vehicle Compliance Standards		
	Requirement	**Agree to Comply (X)**
1	The number of persons in the vehicle, including the driver, should not exceed the vehicle manufacturer's approved seating capacity.	X
2	All vehicles should have adequately functioning heating and air conditioning systems and should always maintain a temperature that is comfortable to the member.	X
3	All vehicles should have functioning seat belts and restraints as required by federal, state, county or local statute ordinance. All such vehicles should have an easily visible interior sign that states: "ALL PASSENGERS ARE REQUIRED TO USE SEAT BELTS". Seat belts are to be stored off the floor when not in use except in wheelchair accessible	X

	vehicles having permanent anchoring belts attached to the floor of the vehicle.	
4	Each NEMT provider should have at least two (2) seat belt extensions available.	X
5	For use in emergency situations, each vehicle should be equipped with at least one (1) seat belt cutter that is kept within easy reach of the driver.	X
6	All vehicles should have an accurate, operating speedometer and odometer.	X
7	All vehicles should have two (2) exterior rear-view mirrors, one (1) on each side of the vehicle.	X
8	All vehicles should be equipped with an interior mirror for monitoring the passenger compartment.	X
9	The exterior of all vehicles should be clean and free of broken mirrors or windows, excessive grime, major dents or paint damage that detract from the overall appearance of the vehicle.	X
10	The interior of all vehicles should be clean and free of torn upholstery, floor, or ceiling covering; damaged or broken seats; protruding sharp edges; dirt; oil, grease or litter; and hazardous debris or unsecured items.	X
11	All vehicles should be operated within the manufacturers safe operating standards at all times.	X
12	All vehicles should have NEMT provider's business name and telephone number displayed on at least both sides of the exterior of the vehicle. The business name and phone number are to appear in lettering that is at least three (3) inches in height and of a color that contrasts with its surrounding background.	X
13	To comply with confidentiality requirements, no words may be displayed on the vehicle that implies that Agency Recipients are being transported. The name of the NEMT provider's business may not imply that Medicaid Recipients are being transported.	X
14	The vehicle license number and the vendor's toll-free and local phone numbers should be prominently displayed on the interior of each vehicle. This information and the complaint procedures should be clearly visible and available in written format in each vehicle for distribution to Medicaid Recipients upon request.	X
15	Smoking Vaping/E-Cigarette should be prohibited in all vehicles at all times. All vehicles should have an easily visible interior sign that states: "NO SMOKING / VAPING / E-CIGARETTE".	X
16	All vehicles should carry a vehicle information packet containing vehicle registration, insurance card, and accident procedures and forms.	X
17	All vehicles should be equipped with a first aid kit stocked with, at minimum, antiseptic cleansing wipes, triple antibiotic ointment, assorted sizes of adhesive and gauze bandages, tape, scissors, latex or other impermeable gloves and sterile eyewash.	X
18	Each vehicle should contain a current map (where a GPS unit may be considered a map) of the applicable geographic area with sufficient detail to locate member and provider addresses.	X
19	Each vehicle should be equipped with a multipurpose dry chemical fire extinguisher for use on Class A, B, and C fires. With the exception of sedans, the fire extinguisher should be mounted securely within reach of the driver and visible to passengers for use in emergencies when the driver is incapacitated. In sedans, the extinguisher may be mounted securely in a rear compartment if there is no space for mounting it in the interior of the vehicle.	X
20	Insurance coverage for all vehicles at all times during the Contract period should be in compliance with state law, and any county or local ordinance. The vendor should be listed as "an additional interested party" to ensure notification is made to the vendor in the event of a lapse in insurance coverage.	X
21	Each vehicle will be equipped with a "spill kit" that includes liquid spill absorbent, latex or other impermeable gloves, hazardous waste disposal bags, scrub brush, disinfectant	X

	and deodorizer.	
22	Each vehicle will be equipped with a spare tire, tire jack, lug wrench and any additional items required to change a tire on the vehicle.	X
23	The lifting capacity of each vehicle in our network will be documented in order to route trips to NEMT providers that have appropriate lift capacity for Medicaid Recipients.	X
24	Every vehicle in a NEMT provider's fleet must have a real-time link, phone or two-way radios. Pagers are not acceptable as a substitute.	X
25	The network will include NEMT providers that can perform bariatric transports of patients up to eight hundred (800) pounds.	X
26	Each vehicle which requires the Medicaid Recipients to step up to enter the vehicle should include a step, or a safe stool to aid in passenger boarding. The step stool should be used to minimize ground-to-first-step height, should have four (4) legs with anti-skid tips, and be sturdy metal with non-skid treads. Under no circumstances should a milk crate, plastic stool, or similar substitute be considered a viable alternative for a step stool. Milk crates, plastic stools, or similar substitutes should not be permitted on any vehicle. Step stools should be secured away from aisles and doorways while the vehicle is in motion in order to avoid obstructing the paths of passengers in the event of an emergency evacuation.	X
27	Each wheelchair vehicle should comply with the following: a. Wheelchair Lifts. Each wheelchair vehicle with a mechanical lift should have an engine-wheelchair lift interlock system, which requires the transmission to be placed in park and emergency brake engaged to prevent vehicle movement when the lift is deployed. All wheelchair lifts should meet current ADA guidelines. b. Wheelchair Securement Devices. Each wheelchair vehicle should have, for each wheelchair position, a wheelchair securement device (or "tie-down") which meets current ADA guidelines.	X

C. Vehicle Inspection

The vendor should inspect all NEMT providers' vehicles prior to the operations start date and at least every six (6) months thereafter. The state of West Virginia vehicle inspection sticker does not serve as a substitute or alternative to Vendors vehicle inspection and credentialing. The vendor should ensure that NEMT providers maintain all vehicles to meet or exceed local, state, and federal requirements, and manufacturer's safety, mechanical, operating, and maintenance standards. In addition, the vendor should test all communication equipment during regularly scheduled vehicle inspection.

Upon completion of a successful inspection, an inspection sticker approved by the Agency should be applied to the vehicle. The vendor should place the inspection sticker on the outside of the passenger side rear window in the lower right corner. The sticker should state the license plate number and vehicle identification number of the vehicle. Records of all inspections should be reported pursuant to Appendix 3, Reporting Requirements, (Report #R20) of this RFP.

Authorized employees of the Agency or the vendor should immediately remove from service any vehicle or driver found to be out of compliance with these requirements. The vehicle or driver may be returned to service only after vendor verifies that the deficiencies have been corrected. Any deficiencies, and actions taken to remedy deficiencies, should be documented and become a part of the vehicle's and the driver's permanent records.

The vendor should submit the final plan for vehicle inspection, forms, inspection sticker and a list of trained inspectors to the Agency at least thirty (30) calendar days prior to the operations start date. The plan should include the names of all employees or sub-vendors who are authorized to inspect the vehicles for the vendor, and the vendor's inspection requirements, including those mandated by local, state and federal law. The vendor should not begin operations without an approved NEMT Vehicle Inspection Plan to be approved by the Agency.

Verida has tried and true policies, procedures, and processes in place to assure that our transportation services are safe and reliable. Our vehicle inspection process is overseen by a team of experienced Field Service Monitors. Their responsibilities involve making sure all transportation providers complete a comprehensive credentialing process, including our initial inspections, unannounced inspections and our bi-annual inspections in West Virginia.

These Field Service Monitors play a critical role in safeguarding that our vehicles are safe and reliable. Whenever possible, we recruit individuals with experience in fleet management, auto repair, or who are tech savvy. We look for highly motivated people who have attention to detail and a strong work ethic. Additionally, Field Service Monitors have the ability to evaluate clerical documents, complete reports, and display customer service and interpersonal skills. In West Virginia, we will look for residents who are familiar with navigating the state due to the high travel requirements of this position.

Verida will fully comply with all vehicle inspection, credentialing, and reporting requirements as outlined in the RFP.

Pre-Operational and Ongoing Inspections

- **Initial Inspections:** Verida will inspect all NEMT providers' vehicles prior to the operations start date to confirm they meet all applicable standards before being placed into service.
- **Ongoing Inspections:** Verida will conduct inspections at least every six (6) months thereafter, in addition to unannounced inspections as part of our proactive compliance monitoring program.
- **No Substitutions:** Verida acknowledges that the West Virginia vehicle inspection sticker does not substitute for Verida's inspection or credentialing process.

Compliance Standards

- Verida will require that all NEMT providers maintain their vehicles to meet or exceed all local, state, and federal requirements, as well as manufacturer safety, mechanical, operating, and maintenance standards.
- During every regularly scheduled inspection, Verida will also test all installed communication equipment to confirm proper operation.

Inspection Stickers and Documentation

- Upon completion of a successful inspection, Verida will apply an Agency-approved inspection sticker to the vehicle. The sticker will be placed on the outside of the passenger-side rear window, lower right corner.
- The inspection sticker will clearly state the vehicle's license plate number and Vehicle Identification Number (VIN).
- Verida will maintain detailed inspection records in compliance.

Removal from Service

Any vehicle that fails inspection due to non-compliance is immediately changed to "inactive" in our NET InSight system to help facilitate appropriate trip assignments and prevent claims from being paid for unauthorized trips. The vehicle or driver will only be reinstated once deficiencies have been fully corrected and verified by Verida. All deficiencies identified, along with the corrective actions taken, will be documented and incorporated into the permanent compliance records for the vehicle and driver. After a successful re-inspection, the vehicle will be eligible for transporting members under this contract.

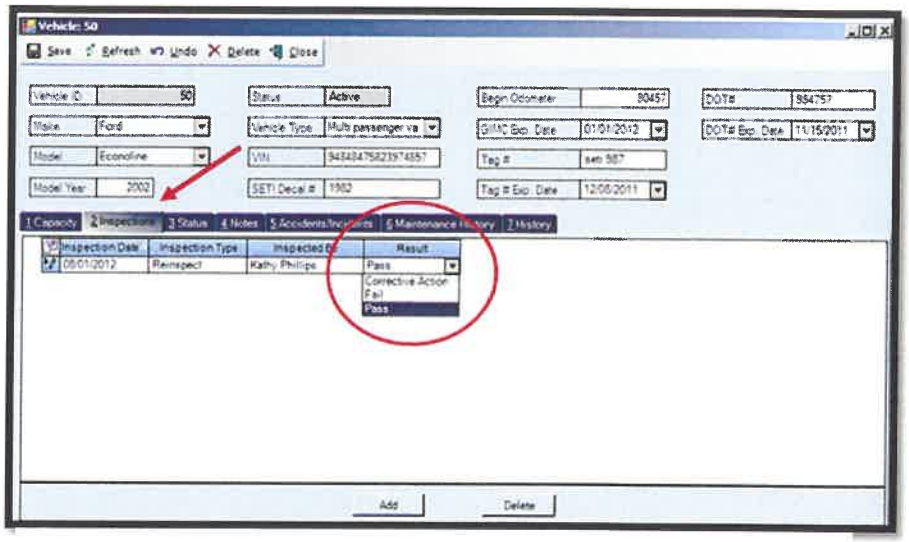


***Figure App1-IX-C-1**: NET InSight Vehicle Inspection Screen. Confidential and Proprietary*

Inspection Documentation

Whether conducting an initial onboarding inspection, a bi-annual inspection, or an unannounced inspection, the Field Service Monitor uses the appropriate electronic inspection form within our Net Notes App. All inspection data—including the completed form, supporting files, and photographs—are uploaded to our NET InSight database and organized by vehicle identification number (VIN) within the Provider Profile.

Each inspection is thoroughly documented with photographs to verify the vehicle's condition at the time of review. The NET InSight Provider Profile maintains a comprehensive record of vehicle inspection data (**Figure App1-IX-C-1**), forming part of the compliance history for every vehicle in our provider network. Each inspection entry is tagged with a specific "type" to indicate its purpose and outcome, ensuring clear traceability and accountability.

Submission of Final Plan

Verida will submit a final Vehicle Inspection Plan to the Agency at least thirty (30) calendar days prior to the operations start date. The submission will include:

- Copies of inspection forms and procedures.
- A sample of the inspection sticker.
- A full list of Verida's trained inspectors.
- Documentation of Verida's inspection requirements, including adherence to all local, state, and federal laws.

Verida acknowledges that operations will not begin until the Agency has approved the Vehicle Inspection Plan.

X. NEMT Providers' Drivers Policies and Procedures

A. Driver Requirements

The vendor should ensure that NEMT providers' drivers follow the below requirements:

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

Provider Credentialing Approach

Our approach to provider credentialing is one of the key differentiators between Verida and other organizations in the industry. We implement a comprehensive, compliant credentialing process for all transportation providers, including subcontracted, commercial, secure behavioral health, and specialized transportation entities. This process is distinct from Medicaid provider enrollment and is designed to uphold the highest standards of safety and compliance.

We adhere to rigorous verification standards to confirm provider qualifications, licensing, background checks, and adherence to state and federal regulations. Through continuous oversight and audits, we maintain a reliable network of providers, protecting both the well-being and transportation needs of members.

Background Checks

Verida has established robust requirements for all transportation providers and drivers to promote member safety and professionalism in NEMT services. As outlined in our Transportation Provider Service Agreement:

- A criminal background check must be conducted on each driver and attendant prior to employment and annually thereafter.
- Documentation of these checks is required as part of onboarding and credentialing.
- Providers/drivers must pass the background check as a condition of participation.
- Any findings of concern will be reported to the State for approval or denial.

Compliance is reinforced through ongoing provider performance oversight, corrective actions, and accountability measures.

Credentialing and Tracking Process

Our Transportation Provider Service Agreement and Credentialing Portal outline all required documents and information necessary for contracting and approval as a NEMT transportation provider. Our written credentialing policies and procedures include:

- Initial credentialing
- Re-credentialing
- Re-certification (e.g., review of driving records, insurance coverage, and background check compliance)
- Re-appointment (re-contracting when all conditions are met)

Verida's proprietary NET InSight system streamlines credentialing with a secure, user-friendly portal for providers to upload company, driver, and vehicle documentation during onboarding. Key features include:

- Electronic storage of all credentialing documents
- Automated expiration tracking for time-sensitive items such as insurance, licenses, and background checks
- Temporary suspension of eligibility when required documentation is not renewed in time, ensuring network compliance

Provider Training Program

Verida is proud to partner with GenTech Associates, an award-winning Veteran-Owned Business Enterprise, to deliver high-quality training to all NEMT providers, drivers, and attendants. GenTech specializes in industry best practices and accommodates diverse training needs, including those in remote locations.

Verida's certified Passenger Assistance Sensitivity and Safety (PASS) "Master" Trainers collaborate with GenTech to deliver consistent, effective instruction. Training emphasizes professionalism, defensive driving, passenger sensitivity, and compliance with federal and state requirements. Our comprehensive curriculum includes certification through the Community Transportation Association of America (CTAA) and PASS.

Promoting a safe and comfortable transportation experience for both riders and drivers, the program offers additional operating guidance in the provision of NEMT services, including a curriculum that integrates operational, technical, and safety practices. Training components include, but are not limited to the following:

- Vehicle requirements
- Insurance, license, permit, and certification requirements
- Driver and attendant qualifications, responsibilities, and conduct
- Pick-up and delivery standards
- Incident and accident response and reporting procedures
- Proper passenger securement methods
- Basic first aid and CPR skills
- Spill kit usage
- Regulatory compliance (HIPAA, PHI, PII, state and federal)
- Emergency response, including suicide or bodily harm situations

Verida's Compliance Department oversees the credentialing and ongoing compliance of more than **4,622 drivers across our networks**, demonstrating our proven capacity to manage large, complex transportation programs. Our experienced compliance team implements a robust, standardized driver compliance practice tailored to the unique requirements of NEMT. This includes rigorous credentialing, continuous monitoring of licensing and background checks, performance oversight, and corrective action protocols. Our established processes not only maintain full adherence to federal and state regulations but also promote the highest levels of safety, professionalism, and service reliability for the members we serve.

Details of the driver requirements are included in the Transportation Provider Service Agreement. Additionally, they are conveyed to NEMT providers in the NEMT Provider Manual and during the onboarding phase. If a driver fails to maintain compliance with the requirements listed below, we may discuss corrective actions with the NEMT provider up to and including termination from the network.

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

submits documentation to the vendor to support that the driver has been properly trained in the use of the securement devices.	

Verida's specific criteria to determine if a driver can provide services under the NEMT program are outlined in Transportation Provider Service Agreement, and the NEMT Provider Manual.

B. Provider Daily Trips Logs

The Vendor should ensure that all NEMT Providers' drivers (both commercial drivers and personal) maintain daily trip logs containing the information specified below. These records should be retained by NEMT providers and made available to interested parties if selected for audit. This requirement excludes fixed route transportation as described in Section III of this Appendix. Trip logs should be validated according to the Vendor's Validation plan outlined in Appendix 1, Section VII: "Validation Checks". The date of service must be included in each log entry. The logs should contain, but are not limited to:

1. *Driver's name*
2. *Driver's signature*
3. *Member's name*
4. *Member's or attendant's signature*
5. *Vehicle Identification Number (VIN) or other identifying number on file with the vendor*
6. *NEMT provider's name*
7. *Trip ID Number*
8. *Mode of transportation authorized*
9. *Actual drop off time in military time*
10. *Miles driven per trip odometer; and*
11. *Notes, if applicable. The log should contain notes that include, but are not limited to cancellations, incomplete requests, "no-shows", accidents and incidents.*

Trip logs are one of the most important tools for transparency, accountability, and safety within NEMT operations. For West Virginia, Verida will require all contracted transportation providers—whether commercial fleet operators or volunteer drivers—to maintain daily trip logs for every service provided. These logs will not be treated as a formality; they will function as a vital part of our system for validating service delivery, protecting members, supporting audits, and guiding program oversight.

To reduce administrative burden and enhance accuracy, most logs will be captured electronically through the NET InSight driver mobile app. The app is designed to guide drivers step-by-step, collecting required trip details such as pick-up and drop-off times, odometer readings, and electronic member signatures. For providers without access to smartphones or tablets in rare circumstances, paper trip logs will be permitted, but the expectation will be that they are entered into the secure Provider Portal within a set timeframe.

Each log will include, at a minimum:

- **Driver's name and signature** recorded at the start and end of the shift
- **Member's name and member's or attendant's signature** captured digitally at the drop-off location using a tablet or smartphone (or manually if required)
- **Vehicle Identification Number (VIN) or provider vehicle number** to confirm which vehicle completed the trip

- **NEMT provider's name** for audit tracking
- **Trip ID Number** automatically generated by NET InSight, linking the log to the reservation record
- **Mode of transportation authorized** (ambulatory, wheelchair, stretcher, etc.)
- **Actual drop-off time in military time** automatically logged via GPS when the driver confirms drop-off
- **Miles driven** entered from odometer readings or automatically calculated using GPS tracking
- **Notes** regarding unusual events, including cancellations, incomplete requests, no-shows, accidents, or incidents

NET InSight's integration of GPS and electronic signature collection adds a critical layer of fraud prevention. For example, if a driver attempts to submit a drop-off that does not match the GPS location, the system will flag the discrepancy. Similarly, signatures are stored and compared against historical entries to confirm authenticity.

Trip logs will be validated under Verida's formal Validation Plan. A random percentage of logs will be selected for post-trip verification, where facilities confirm whether members attended their appointments. This approach strengthens program integrity while minimizing disruption to members.

For providers, maintaining logs through digital tools creates efficiencies. Drivers can enter odometer readings, capture signatures, and submit notes all within the app, eliminating redundant paperwork and expediting reimbursement. Providers will also benefit from having logs stored in a centralized system, where they can be easily retrieved in the event of an audit.

Members also benefit from this process, as electronic trip logs reduce the chance of disputes about whether a trip occurred. The system creates a transparent and reliable record of each encounter, promoting trust in the transportation service.

C. Trip Manifests

1. *At least forty-eight (48) hours prior to the trip, the vendor should provide a trip manifest to the NEMT provider.*
2. *To ensure compliance with the Health Insurance Portability and Accountability Act (HIPAA), which can be found at: https://www.hhs.gov/hipaa/, the vendor should send trip manifests to the NEMT provider by a facsimile device or secure electronic transmission to be approved by the Agency.*
3. *The trip manifests supplied to NEMT providers should include all necessary information for the driver to complete the trip, including, but not limited to, the following:*

    a. *Request Tracking Number*

    b. *Member's name*

    c. *Member's phone number*

    d. *Address and time of the pick-up and the address and time of the appointment for covered medical service (including the name and phone number of facility)*

    e. *Mode of transportation*

    f. *Directions to member's home, if appropriate*

g. Return trip time(s), if appropriate

h. Any special needs of the member or instructions to the driver.

4. *If the vendor sends a trip manifest to a NEMT provider less than forty-eight (48) hours before the pick-up time, the vendor should also contact the NEMT provider by telephone or electronically to confirm that the trip has been accepted by the NEMT provider.*
5. *The vendor should include provisions regarding these requirements in any subcontracts with NEMT providers.*

Trip manifests are an essential operational tool for every provider and driver in Verida's transportation network. They not only guide the safe and timely completion of member trips but also function as a foundation for compliance, accuracy, and member care. For the West Virginia program, Verida will deliver manifests that are thorough, secure, and aligned with both contractual obligations and practical field operations.

At least forty-eight (48) hours before a scheduled trip, Verida will provide each transportation provider with a trip manifest generated through NET InSight. The manifest will contain all details a driver needs to complete their assigned trips accurately and safely. To uphold security and confidentiality standards, these manifests will be transmitted only through approved secure channels—either encrypted electronic transmission via the Provider Portal or facsimile using a HIPAA-compliant fax server. Providers will not receive manifests through unsecure methods such as email, further protecting member information.

Every manifest will include critical data such as:

- **Request Tracking Number** linking the manifest to NET InSight records
- **Member's name and phone number** for identification and contact if needed
- **Pick-up and appointment details** including addresses, times, facility name, and facility phone number
- **Mode of transportation** to match the level of service authorized
- **Directions to the member's home** when additional guidance is needed, especially in rural or hard-to-navigate areas
- **Return trip times**, if appropriate, to simplify scheduling for both the driver and the member
- **Special needs or instructions** such as wheelchair assistance, language preferences, or escort requirements

Manifests serve as much more than just a schedule—they are a communication bridge between Verida, transportation providers, and members. For instance, if a member has difficulty with stairs, the manifest will alert the driver to provide door-to-door assistance rather than curbside service. Similarly, if a member requires an escort, this information will be clearly highlighted so drivers are fully prepared before arrival.

In situations where a manifest is generated less than forty-eight (48) hours prior to a scheduled trip—such as hospital discharges or urgent care needs—Verida will follow up with the provider by telephone or secure electronic confirmation. This double-step process confirms the provider has received the manifest and accepted the trip, avoiding any chance of missed transportation due to timing constraints.

Trip manifests also integrate directly into Verida's validation and monitoring framework. The details on each manifest must align with completed trip logs and member signatures, allowing our Program Integrity Department to cross-check data for accuracy. Any discrepancies—such as mismatched appointment times or incomplete addresses—are flagged for follow-up with both the provider and our operations team.

By supplying clear, accurate, and secure manifests, Verida promotes efficiency for providers, reduces confusion for drivers, and safeguards that members arrive at their medical appointments with minimal disruption. Providers benefit from knowing they have the complete set of instructions in advance, while members benefit from drivers arriving prepared to meet their specific needs.

D. Real-Time Communication

The vendor should require that every vehicle in a NEMT provider's fleet has a real- time link, phone or two-way radio. Pagers are not acceptable as a substitute. In its Proposal, the vendor should detail the communications equipment that may be used to fulfill the requirements of the vendor including how communication among Agency Members, vendor, NEMT providers, and drivers should be managed to ensure that there are no delays in services or in emergency relief. The vendor should list by name the management staff that may be responsible for real-time communication efficiency.

The vendor should ensure that all real-time activities, including those listed below, are managed in a professional manner.

1. ***Emergencies:*** *In the event of an emergency (such as accidents, incidents, and vehicle breakdowns), the driver is to notify the NEMT vendor immediately to report the emergency and arrange for alternative transportation for the member(s) on board (if necessary).*
2. ***Cancellation of a trip by a Member:*** *Vendor should communicate information regarding cancellations to the NEMT provider in an expeditious manner to avoid unnecessary trips.*
3. ***No-Shows:*** *In the event of a no-show, the driver should immediately notify the NEMT provider and the NEMT provider should immediately notify the vendor so that the authorization may be cancelled.*

Verida recognizes that reliable, real-time communication is the backbone of a safe and effective non-emergency medical transportation program. For members, it means confidence that help is always close at hand; for providers, it means clear coordination and reduced delays; and for the Agency, it means strong operational control and accountability. To achieve this, Verida will require that every vehicle in our provider network be equipped with a dependable, two-way communication device, such as a cell phone or radio system. Pagers will not be accepted, as they do not allow for the immediate two-way communication that is essential for member safety.

Communication across our network will be managed through Verida's integrated platform, which connects members, providers, drivers, and our call center staff. This integration allows for live updates on trip status, seamless coordination in the event of schedule changes, and rapid response during emergencies. Our system maintains real-time visibility of trips from scheduling through completion, allowing dispatch staff and call center representatives to provide accurate information and immediate support when needed.

Every driver will have the capability to instantly report critical events, such as accidents, vehicle breakdowns, or member safety concerns. In such cases, the driver will be instructed to notify their provider immediately, and the provider will relay this to Verida without delay. From there, our dispatch and call center staff will coordinate alternative transportation so the member reaches their appointment safely and on time. These situations will also be documented in NET InSight, supporting incident tracking, follow-up, and continuous improvement.

Communication protocols will also address cancellations and no-shows. If a member cancels a trip, Verida will transmit this information promptly to the transportation provider to avoid unnecessary travel. In the event of a no-show, the driver will immediately report the occurrence to their provider, who will then notify Verida. This reporting chain safeguards that trips are documented accurately, members are followed up with appropriately, and providers are compensated fairly for their time and resources.

To maintain efficiency and transparency, Verida's management staff responsible for real-time communication will include dedicated Dispatch Managers and Call Center Supervisors. These staff will oversee coordination among providers, drivers, and members to verify that calls are routed correctly, emergencies are escalated swiftly, and updates are shared with all relevant parties. Their oversight promotes both safety and accountability in real-time operations.

By requiring all vehicles to maintain reliable two-way communication, establishing clear protocols for emergencies, cancellations, and no-shows, and providing strong oversight by dedicated managers, Verida's real-time communication framework will support the safe, timely, and efficient delivery of NEMT services across West Virginia.

E. Monitoring Plan

The vendor should develop and implement a plan to be approved by the Agency for monitoring NEMT providers' compliance. The vendor should ensure that NEMT providers comply with the terms of their contracts and all NEMT provider-related requirements of the vendor, including driver requirements, vehicle requirements, complaint resolution requirements and the delivery of courteous, safe, timely and efficient transportation services. The vendor should submit a final completed plan to the Agency for approval no later than thirty (30) calendar days prior to the operational start date. The vendor should not begin operations without an Agency-approved NEMT provider Monitoring Plan.

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

1. *On-street observations*
2. *Accident and incident reporting*
3. *Statistical reporting of trips*
4. *Analysis of complaints*
5. *Driver licensure, driving record, experience and training*
6. *Member safety*
7. *Member assistance*
8. *Completion of driver trip logs*
9. *Driver communication with dispatcher*
10. *Routine scheduled vehicle inspection and maintenance*

The vendor's NEMT provider monitoring plan should include written procedures for ensuring that an appropriate corrective action is taken when NEMT provider furnishes inappropriate or substandard services, when a NEMT provider does not furnish services that should have been furnished, or when a NEMT provider is out of compliance. The vendor should report monthly to The Agency on monitoring activities, monitoring findings, corrective actions taken, and improvements made by the NEMT provider.

Verida will develop and implement a detailed Monitoring Plan that will be submitted to the Agency for approval no later than thirty (30) calendar days prior to the operational start date. Operations will not begin until the Agency has reviewed and approved the plan. This Monitoring Plan will be designed to confirm that all NEMT providers deliver courteous, safe, timely, and efficient transportation services while complying with their contractual obligations and all vendor

requirements, including those related to driver credentialing, vehicle standards, complaint resolution, and member safety.

Monitoring activities will include, but not be limited to:

- **On-street observations** of vehicles and drivers to verify safety and professionalism.
- **Accident and incident reporting** with prompt review and follow-up on root causes.
- **Statistical reporting of trips** to identify performance trends and anomalies.
- **Analysis of complaints** from members, providers, and facilities to guide corrective action.
- **Driver licensure, driving record, experience, and training** verification.
- **Member safety** assessments during trip reviews and audits.
- **Member assistance** evaluations to confirm drivers and attendants are properly supporting riders.
- **Completion of driver trip logs** as part of compliance tracking.
- **Driver communication with dispatchers** to verify professional and timely coordination.
- **Routine vehicle inspections and maintenance** reviews to support reliability and safety.

If monitoring identifies substandard or inappropriate services, missed trips, or instances of non-compliance, Verida will have written procedures in place to document the findings, notify the provider, and initiate corrective actions. Corrective actions may include technical assistance, retraining, probationary status, or removal from the active network if deficiencies are not corrected. Each month, Verida will report all monitoring activities, findings, corrective actions, and provider improvements to the Agency, supporting transparency and accountability.

The Compliance Department will lead the monitoring process, coordinating activities across operations, provider relations, and quality oversight. This team will maintain responsibility for implementing the Monitoring Plan, developing corrective action protocols, and reviewing results from all monitoring activities. Compliance staff will conduct scheduled and random provider audits, analyze reports generated by the NET InSight system, and lead investigations when patterns of concern emerge.

The department will also oversee contract adherence, fraud prevention, and program integrity functions that relate directly to provider performance. By engaging in both proactive and reactive monitoring, the Compliance Department will function as a dedicated guardian of service quality and safety. The department will also work in close partnership with the Agency to provide real-time access to monitoring documentation and respond to inquiries or directives.

Provider Scorecards

Verida will further strengthen its Monitoring Plan by implementing Provider Scorecards for every contracted NEMT provider. These scorecards will compile data from multiple sources, including: trip completion rates, on-time performance, accident and incident reporting, complaint ratios, driver credentialing status, and vehicle inspection results.

Scorecards will be updated monthly by the Compliance Department and shared with providers through our Provider Portal. This transparent reporting process allows providers to see how they are performing relative to contractual standards and peer benchmarks. Scorecards will highlight both areas of strength and those requiring improvement.

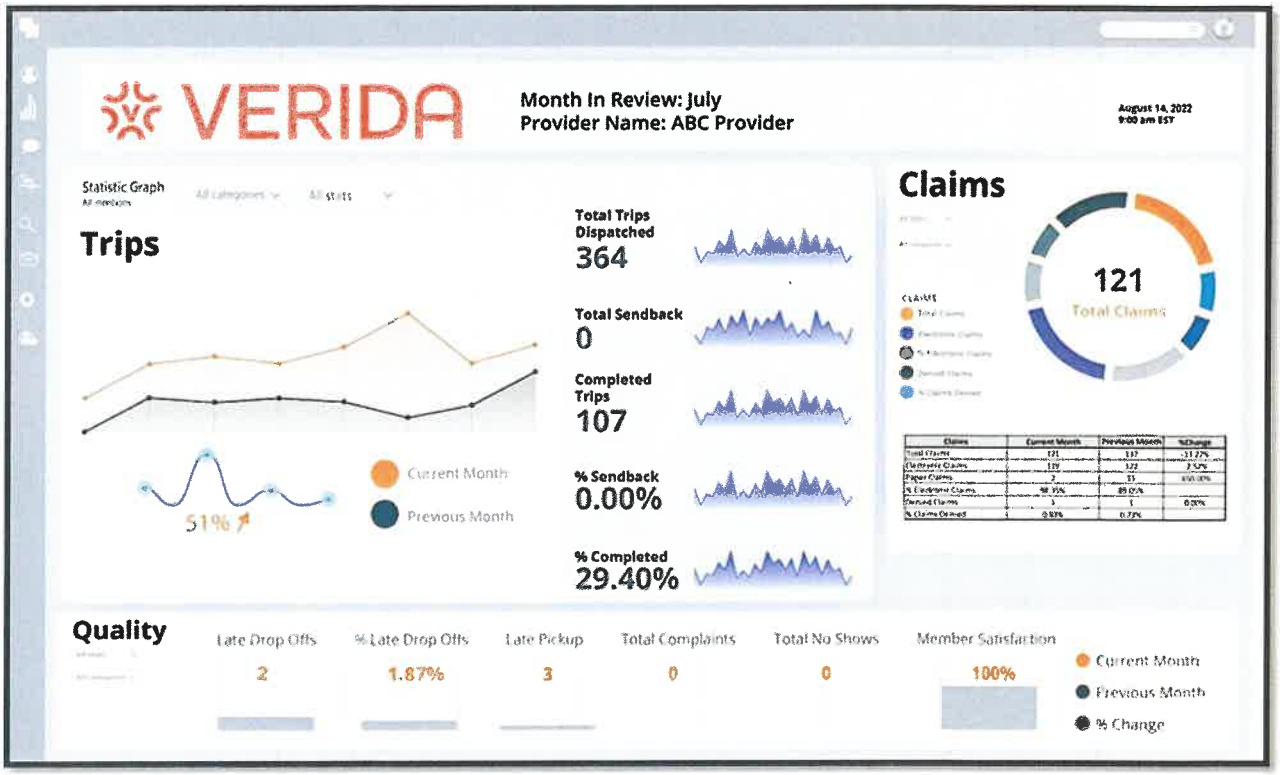


Figure App1-X-D-1: Transportation providers will receive a monthly graphical representation of their performance on key metrics. Proprietary and Confidential

Providers who consistently demonstrate strong performance will be recognized through positive reinforcement measures, such as public acknowledgment in Transportation Advisory Committee meetings. Those whose scorecards reveal performance gaps will be placed under corrective action plans, with progress tracked month over month.

The scorecard system not only helps providers remain engaged in continuous improvement but also gives the Agency a clear and measurable view of network performance at both the provider and system levels. The combination of real-time monitoring, Compliance Department oversight, and data-driven scorecards forms a comprehensive and sustainable quality assurance model.

By integrating rigorous compliance oversight with transparent provider feedback tools, Verida's Monitoring Plan will support the delivery of safe, respectful, and dependable transportation for all members, while creating an accountability structure that is fair, data-driven, and improvement-focused.

F. Member Satisfaction Surveys

The vendor's proposal should describe the vendor's approach to, and experience with, customer satisfaction surveys, various methods of measuring customer satisfaction and its plan, if any, for surveying specific populations such as Agency Members with disabilities, family members of Agency Members, facilities, and medical providers.

Every six (6) months, the vendor should conduct a member satisfaction survey regarding the NEMT Brokerage Program. The purpose of the survey should verify the availability, appropriateness and timeliness of the trips provided and the way the vendor's staff and the NEMT provider's staff interacted with Agency Members. The initial six (6) month period should be the first six (6) months during which vendor delivers NEMT Services. The format, sampling strategies and questions of the survey should be reviewed and approved by the Agency prior to use, and the Agency may specify questions that are to appear in the survey.

The survey topics should include, but not be limited to, the following:

1. *Confirmation of a scheduled trip*
2. *Driver and vendor staff courtesy*
3. *Driver and attendant assistance, when required*
4. *Overall driver behavior*
5. *Driver safety and operation of the vehicle*
6. *Condition, comfort and convenience of the vehicle*
7. *Punctuality of service.*

The survey responses received, and the vendor's analysis of those responses are to be submitted to the Agency not later than sixty (60) calendar days after the surveys are taken.

Verida recognizes that member satisfaction is one of the most critical measures of service quality and program success. Our approach to measuring satisfaction is multi-layered, combining real-time post-trip surveys, structured third-party surveys, and continuous complaint and incident analysis. Together, these tools create a comprehensive feedback loop that guides quality improvement across all aspects of NEMT operations.

Every six (6) months, Verida will conduct a formal member satisfaction survey as required by the Agency. This survey will be designed in collaboration with the Agency, reviewed and approved prior to use, and targeted to reflect the voices of a diverse member population. The survey will assess the availability, appropriateness, and timeliness of trips, as well as the interactions that members have with both Verida's staff and contracted NEMT providers. To promote accessibility and inclusivity, the survey will be available through multiple channels—phone, mail, text, and online submission—allowing members, their family members, and facilities to provide input in the format that is most comfortable to them.

Topics will include, but are not limited to:

- Confirmation of scheduled trips
- Courtesy and professionalism of both drivers and customer service staff
- Assistance provided by drivers and attendants, when required
- Overall driver behavior and interaction with members
- Driver safety practices and vehicle operation
- Condition, comfort, and convenience of vehicles
- Timeliness of pick-up and drop-off services

Post-Ride Surveys

In addition to the biannual surveys, Verida will collect real-time feedback after each trip. Members will be offered the opportunity to complete short post-ride surveys via mobile app, text

message, or automated phone call. These surveys typically consist of a few focused questions that capture immediate impressions of the transportation experience. Members rate their experience on a scale from 1 to 5, with 5 being the best. Questions may ask about punctuality, driver courtesy, vehicle condition, or whether the member felt safe and supported during their ride. By offering these quick, accessible surveys, Verida captures feedback while the experience is still fresh in the member's mind, producing highly accurate and actionable insights.

Third-Party Satisfaction Surveys

Verida will also contract with an independent third-party survey vendor to conduct structured satisfaction surveys with members on a recurring basis. In many cases, live agents will contact members within 24 hours of a completed trip to gather feedback about their overall experience. Members are asked about their interactions with CSRs, the professionalism of drivers, vehicle comfort, and their willingness to use NEMT services again. This external layer of data collection provides neutrality, helping to assure that results are objective and credible.

Provider and Facility Feedback

To complement member perspectives, Verida will also solicit feedback from transportation providers and medical facilities. Providers will be asked to share input on dispatch processes, communication with Verida staff, billing support, and technology tools. Medical facilities will be asked about coordination, trip accuracy, and whether their patients arrived on time and safely. These perspectives are essential in identifying operational challenges, promoting smoother coordination between all stakeholders, and driving enhancements to technology and workflows.

Data Analytics and Review Process

All survey results—whether member, provider, or facility—will be compiled in Verida's NET InSight platform, where data can be categorized, trended, and analyzed. The Business Analytics team will prepare reports that measure satisfaction across multiple dimensions, including timeliness, professionalism, and vehicle quality. Data will be stratified by geographic area, trip type, and provider, allowing for identification of patterns and localized concerns.

Results will be reviewed by Verida's Quality Management Committee (QMC), which meets regularly to assess member feedback and complaints. The QMC includes representatives from operations, compliance, and leadership, and has a dedicated subcommittee for surveys and complaints. This group will evaluate member satisfaction data, identify root causes of recurring issues, and recommend corrective actions or quality improvement initiatives.

Continuous Improvement

Survey results are not simply recorded—they are used to shape operational decisions and quality initiatives. Findings may result in new training for drivers or CSRs, changes to dispatch protocols, or technology enhancements within NET InSight. When issues are provider-specific, Verida will use its Provider Scorecards to incorporate survey results into monthly performance reviews. Providers who receive repeated negative feedback will be placed on Corrective Action Plans, while those with consistently positive feedback may be recognized for outstanding service.

Members who express dissatisfaction in surveys will be contacted directly by Verida's Member Services team for resolution and follow-up. This personal outreach helps build trust,

demonstrates accountability, and often transforms negative experiences into opportunities to strengthen relationships.

Verida will submit survey results and analysis to the Agency no later than sixty (60) calendar days after surveys are completed. Reports will include raw survey data, summarized findings, identified trends, corrective actions taken, and ongoing improvement initiatives. By combining real-time post-trip feedback with structured semiannual surveys and ongoing complaint analysis, Verida will provide the Agency with a transparent and comprehensive view of member satisfaction.

Through this structured and multi-tiered approach, Verida will create a feedback-driven culture where the voices of members, families, providers, and facilities shape the ongoing development of NEMT services. This commitment to active listening and continuous improvement reflects Verida's values of safety, community, and respect for every member we serve.

XI. Call Center

A. Facility

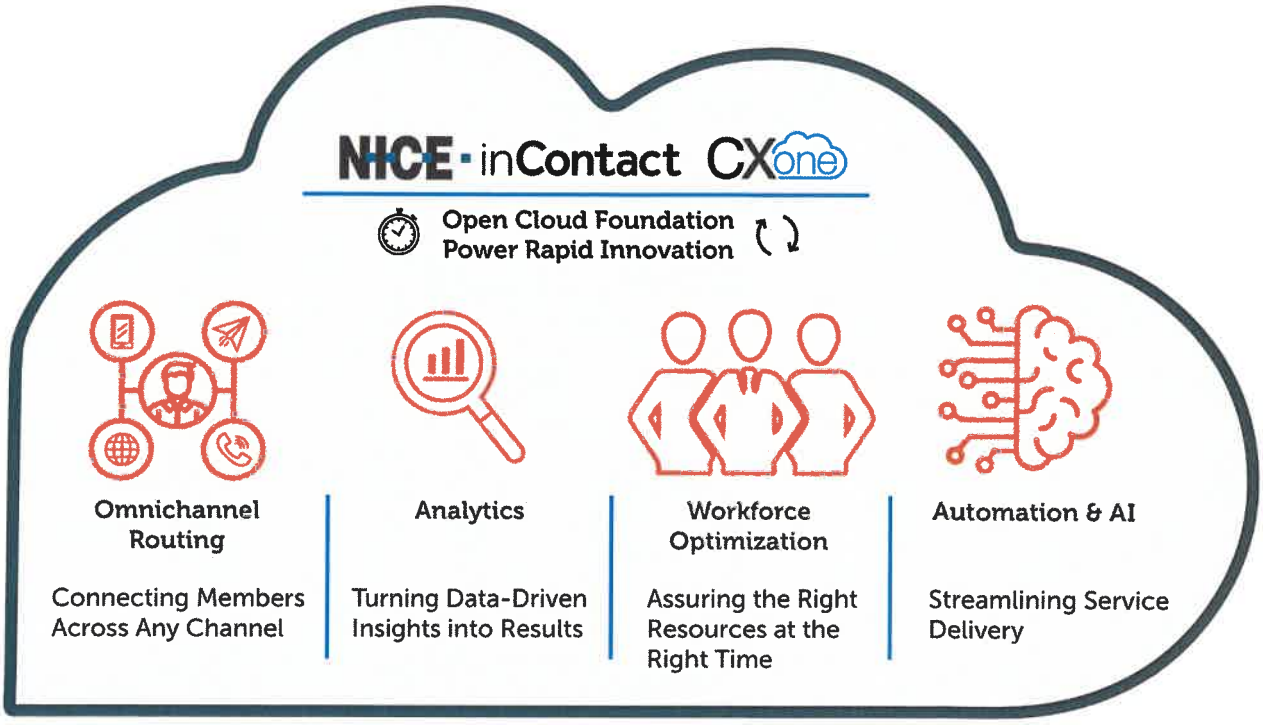
The vendor should assume all costs related to securing and maintaining the NEMT call center facility for the duration of the contract, including but not limited to hardware and software acquisition necessary to maintain contract requirements throughout the life of the contract, maintenance, lease hold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

Verida will assume full responsibility for securing, staffing, and maintaining the NEMT call center facility for the duration of the contract. The facility will serve as the operational hub for member trip reservations, ride assistance, provider communications, and all other program support functions. Every aspect of the facility—down to the design, infrastructure, and daily operations—will be built to meet the high standards expected by the Agency and to support the health, safety, and satisfaction of West Virginia Medicaid members.

The Charleston facility will be equipped with the infrastructure necessary to support the full range of NEMT call center functions. Verida will deploy a robust suite of telephony and data systems that are HIPAA-compliant, HITECH-certified, and designed for reliability and scalability throughout the life of the contract. These systems will enable efficient call routing, advanced analytics, and seamless integration with NET InSight—our proprietary NEMT management platform.

The facility will also be equipped with robust business continuity features. Backup power systems will sustain operations during outages, while cloud-based telephony redundancies built into CXone will allow seamless failover to secondary facilities or remote staff in the event of a disruption. A dedicated security team will oversee facility access, supported by keycard systems, video monitoring, and fire protection systems, further protecting sensitive member information and staff safety.

In addition, Verida's centralized management team and Workforce Management (WFM) analysts will monitor all activity within the Charleston site, using NICE CXone, Observe.AI, and real-time dashboards to track performance, identify trends, and adjust staffing or technical resources as needed. CXone's innovative, native applications work together on a unified platform for advanced functionality and ease of use. Combined voice and digital channels in reporting gives our management team the full view of our call center interactions.



Operational costs covered by Verida will include leasehold improvements, utilities, janitorial services, security services, office equipment, technology hardware, insurance, and storage needs. Leasehold improvements will be designed to support a modern, high-functioning call center environment. This will include soundproofed workstations to minimize noise interference, ergonomic furniture to support staff well-being, and dedicated spaces for team huddles, training sessions, and private escalation calls.

Importantly, Verida views its call center facility as more than just a physical space. It represents a commitment to the West Virginia Medicaid community, where trained professionals will be available to assist members with respect, empathy, and efficiency. The facility will house teams that handle reservations, complaints, quality assurance, and program integrity—all working together to provide a seamless member experience.

B. Telephone Access

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

1. *The call center should include, but not be limited to, at least one (1) statewide toll-free telephone number for receipt of requests for NEMT Services and one (1) statewide toll-free telephone number for all Agency Members to call if their ride is more than fifteen (15) minutes late.*
2. *The call center toll-free telephone numbers are to be answered by live operators Monday through Friday, 7:00 a.m. to 6:00 p.m. Eastern Standard Time. The Agency recognizes daylight savings time and the hours of operations for the vendor's call center will make any adjustments for Eastern Standard Time and Eastern Daylight Time. Operation days include all state holidays except for New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day. Official State holidays the call center should be in operation include:*

Martin Luther King Day (Third Monday in January)

President's Day (Third Monday in February)

West Virginia Day (June 20)

Columbus Day (Second Monday in October)

Veterans Day (November 11)

Lincoln's Day (Fourth Friday in November)

Half day on Christmas Eve (December 24)

Half day on New Year's Eve (December 31)

Primary or General Election days

Other officially declared holidays

3. *Calls received during days and/or hours that the call center is not open are to receive a voice message, in English, stating the hours of operation and advising the caller to dial "911", or the appropriate emergency number, in the case of an emergency.*
4. *The vendor may route calls placed during non-operational hours, as required by the Agency, to any call center operated by the vendor staff in any location in the continental United States of America.*
    a. *The vendor should never route calls outside of the continental United States of America*
5. *The vendor should accommodate for callers who are deaf, hard of hearing, blind, and/or speech disabled in compliance with current state and federal regulations.*
6. *The vendor will make translation services available for callers that speak a language other than English or that may not fully have English comprehension.*
7. *The vendor should release and transfer the toll-free telephone number(s) to the Agency or a successor vendor upon termination of contract.*

Our system will operate several toll-free numbers to meet the diverse needs of members, providers, facilities, and the Agency. Members and their authorized representatives will have access to at least one statewide toll-free number for routine NEMT requests, questions, and program information. A second dedicated toll-free Ride Assist Line will allow members to quickly check the status of their ride if it is more than 15 minutes late. These numbers will be clearly listed in the Member Guide, on Verida's website, and in the Member App.

Live operators will staff the Member Line and Ride Assist Line Monday through Friday, from 7:00 a.m. to 6:00 p.m. Eastern Standard Time, with adjustments for daylight savings time as required. Verida will also operate during all official state holidays specified by the Agency, including Martin Luther King Day, President's Day, West Virginia Day, Columbus Day, Veterans Day, Lincoln's Day, half-days on Christmas Eve and New Year's Eve, and Primary or General Election days. The lines will be closed only on New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, and Christmas Day. Calls received outside of operating hours will be answered by our Interactive Voice Response system with a pre-recorded message stating the hours of operation and advising callers to dial 911 in the event of an emergency.

In addition to the Member and Ride Assist Lines, Verida will provide toll-free lines dedicated to medical facilities and transportation providers. Facilities will be able to schedule rides, manage standing orders, and ask questions via their dedicated Facility Line, while transportation providers will use their Provider Line to report no-shows, incidents, or issues with scheduled trips. This separation of call queues supports efficiency and reduces congestion on member-facing lines. Administrative staff and Agency representatives will also be given direct access numbers to bypass the IVR system when urgent matters require escalation.

Every call will be answered with dignity and respect, following scripts approved by the Agency to promote consistency, cultural sensitivity, and program compliance. CSRs identify themselves by

name, maintain confidentiality, and guide callers through the reservation or complaint process with care. In cases where members speak a language other than English, CSRs will connect the caller with an interpreter service at no additional cost to the Agency or member.

To promote accessibility, Verida will accommodate callers who are deaf, hard of hearing, blind, or speech-disabled through TTY/TTD lines, Telecommunications Relay Service (TRS/711), and other relay technologies. We will also provide translation services in more than 300 languages through our contracted vendor, Boostlingo, offering three-way translation support for members and providers. For members requesting translation by a family member or acquaintance, Verida will not allow interpretation by anyone under 18, protecting accuracy and safeguarding privacy.

Verida will never route calls outside of the continental United States. Should the Agency require after-hours coverage, calls may be redirected to another Verida-operated center within the continental U.S. to safeguard uninterrupted access.

All toll-free numbers, including those for members, facilities, providers, and ride assistance, will be transferred to the Agency or its successor vendor at the termination of the contract. This guarantees continuity for members and providers, even during program transitions.

C. Language Requirements

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

As part of its ongoing commitment to safety and the well-being of all individuals involved in transportation, the vendor shall provide Agency-approved training to its staff on the geography, regional dynamics, and cultural nuances of West Virginia. Preparedness helps ensure the selection of safe routes and helps avoid potential conflicts or misunderstandings that could arise from lack of local awareness. The training shall also include region-specific terminology—such as the term "holler," commonly used by West Virginia residents to describe certain geographic features.

Verida recognizes that West Virginia's Agency members come from diverse backgrounds, and our goal is to make every interaction with the NEMT program accessible, respectful, and culturally appropriate. To accomplish this, our team will provide services in a language that each member understands, whether English or another language. All contact center staff will be fluent in English, but we will also maintain robust interpretive services and accessibility tools to support members who have limited English proficiency or communication barriers.

Whenever a member speaks a language other than English, our CSRs will immediately offer professional interpretive services through our contracted vendor, Boostlingo. Boostlingo provides on-demand translation in more than 300 languages, available in real time through a three-way call. This resource allows members, facilities, and Verida's representatives to converse without confusion, delay, or the need for additional dialing. The cost of these interpretive services will be fully absorbed by Verida, never by the Agency or the member.

To protect accuracy and maintain the integrity of medical communication, Verida will not allow interpretation to be provided by anyone under the age of 18, even if requested by the member. If a member wishes to use a family member or acquaintance as an interpreter, our CSRs will respect that request as long as the interpreter is an adult, but professional services will always be offered first to promote clarity and safeguard program integrity.

Verida will also accommodate members with hearing, speech, or vision impairments. Our contact centers are equipped with TTY/TTD lines and compatible with the Telecommunications Relay Service (TRS/711). We will also work directly with West Virginia Relay, which provides full telephone accessibility for individuals who are deaf, hard of hearing, or have difficulty speaking. Relay services are available 24 hours a day, 365 days a year, giving members complete access to our program whenever they need it.

Beyond language and disability access, Verida is committed to cultural competency. As part of their ongoing training, CSRs and other staff will receive education on the geography, cultural nuances, and communication styles unique to West Virginia communities. Training will include awareness of local terminology—such as the commonly used term "holler" to describe a geographic feature—so that staff are better prepared to understand members' needs and interact with them respectfully. This training will also cover regional dynamics, cultural expectations, and the importance of preserving member dignity during every call.

Through this multi-layered approach, Verida will provide members with communication that is both understandable and respectful, eliminating barriers to service and reinforcing our commitment to the health, safety, and satisfaction of West Virginia Medicaid members.

D. Customer Care

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

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

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

Professional Conduct and Training for Call Center Personnel

Verida's approach to customer care is rooted in the belief that every call to our contact center represents more than just a transaction—it is an opportunity to support a member's health journey, strengthen trust with the community, and foster meaningful relationships with providers and stakeholders. We will create an environment where each caller is treated with dignity, compassion, and respect, while also protecting their privacy and confidentiality in compliance with HIPAA and all state and federal standards.

Our CSRs are trained extensively not only in operational procedures, but also in customer service etiquette, de-escalation strategies, and active listening. We offer a robust staff orientation and training program to assure our agents are ready to process all incoming telephone inquiries regarding NEMT services in a timely, responsive and courteous manner.

Staff Orientation

Most employees come to us with little knowledge of NEMT services or the nuances of Medicaid and Medicare regulations. The foundation of our staff orientation program is assuring that our team understands NEMT, its funding mechanism, Verida's policies, procedures, and employee handbook regulations, and the Agency's specific program requirements and expectations. We will offer a comprehensive orientation module that covers NEMT in general and the specifics of West Virginia program.

Call Center Training Plan

More than likely, our CSRs serve as the first interaction member has with Verida. That is why it is so important to us to recruit reliable personnel for our call center who understand and appreciate members' unique needs, with a passion for service and care. Once hired, we will apply a rigorous four-week training/nesting program, and multiple levels of call monitoring, mentoring, and coaching to prepare CSRs to deliver quality services and adhere to established policies and procedures. The following table represents what our standard Call Center training curriculum includes:

Verida's Call Center Training Curriculum	
Training Module	**Training Topics**
Module 1: Creating a High Performing Call Center	This module will train call center professionals to understand: • The NEMT brokerage model • West Virginia NEMT program • Employee's role in maintaining a positive work environment • The importance of data use and application for the program • Adhering to confidentiality and HIPAA guidelines
Module 2: Understanding the Components of Quality Performance	This module will train call center professionals to: • Exhibit cultural/diversity sensitivity • Promote customer satisfaction by maintaining control of each member interaction • Use effective listening skills and a helpful tone • Use key words to diffuse difficult situations • Manage conflict/crisis calls • Bring conflict crisis calls to the attention of a supervisor • Contribute to ongoing quality improvements
Module 3: Observations & Expectations	This module will train call center professionals to: • Properly greet, transfer, and hold calls • Be observant • Be thorough • Meet service delivery expectations • Take advantage of employee coaching and counseling sessions
Module 4: Qualifying the Request	This module will train call center professionals to: • Understand member rights • Verify member status and NEMT eligibility • Identify any special need of members

	• Identify and report fraud and abuse • Prior authorize transportation services
Module 5: Additional Tools	This module will train call center professionals to: • Use translation services • Use TTY services • Work specifically with the aged and disabled populations • Document member notes
Module 6: Processing the Call	This module will train call center professionals to: • Use the NET InSight trip management system • Enter data elements in NET InSight • Determine eligibility using the Web-based eligibility verification system • Determine appropriateness of service request • Determine medical necessity of service request • Display sensitivity to members diversity
Module 7: Managing Complaints / Grievances	This module will train call center professionals to: • Enter a complaint/grievance into the Inquiry Module • Reassure the caller • End the call positively • Provide agent's name at the end of each call
Module 8: Ending the Call	This module will train call center professionals to: • Review and confirm all trip details • Offer further assistance and close the call professionally • Confirm satisfaction with their service experience

In addition to initial new employee orientation and call center specific training, all employees must complete initial and annual Corporate Compliance Training that addresses the following key aspects of our business:

- Code of Conduct
- Compliance and Ethics Laws
- HIPAA/PHI Regulations
- HIPAA/PHI Policy
- Fraud, Waste, and Abuse
- URAC Certification Overview

Although our standard training program includes sensitivity components that align with the Agency's values, Verida will work with the Agency to further develop our curriculum to the specifics of West Virginia NEMT program, including the Jobs and Hope Program. We will customize our curriculum to address all the Agency's training requirements for:

1. Interacting with aged individuals, children and persons with disabilities, and children and persons with mental illness
2. Interacting with people with complex health care needs
3. Interacting with people with Substance Use Disorder (SUD)
4. Interacting with people experiencing poverty and people who have challenges accessing social services
5. Understanding of barriers to achieving Health Equity
6. Interacting with people with diverse cultural, racial, ethnic, and language backgrounds,

including the use of interpreter services, interacting with people for whom English is not a first language, and interacting with people who have recently arrived in the United States
7. Handling hostile callers
8. Public contact
9. Communicating with hearing and/or speech-impaired individuals through interpreting services

Each call begins with a professional, courteous greeting in which the CSR identifies both Verida and themselves by name. This personal touch reassures members that their call is important and that they are speaking to a knowledgeable, accountable representative. The use of Department-approved call scripts provides a consistent framework for capturing the right information, asking clear and culturally sensitive questions, and confirming the member's understanding of their transportation arrangements.

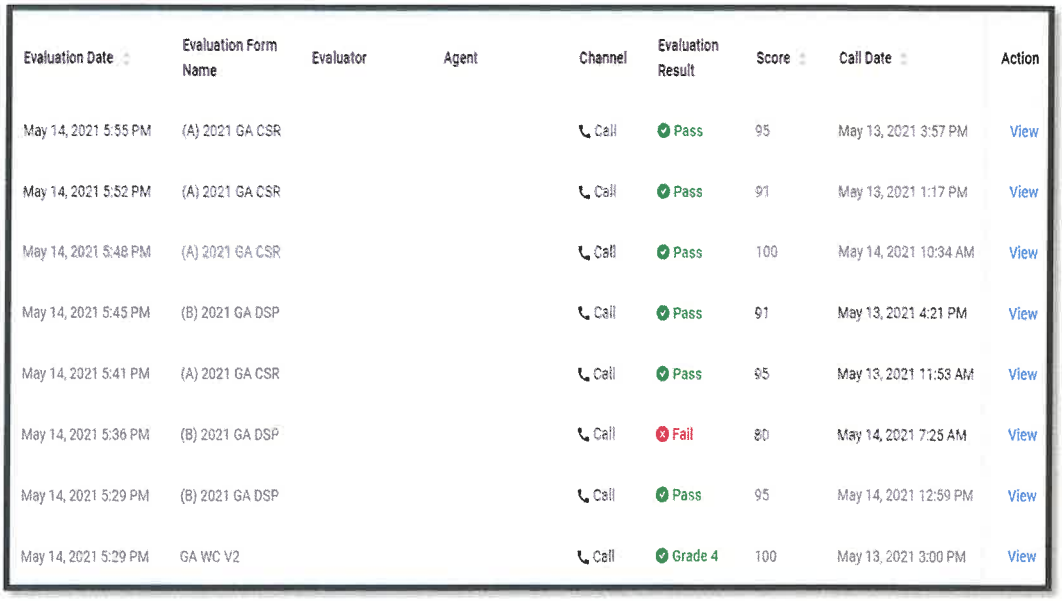
Privacy is a central value at Verida. CSRs follow a structured identity verification process before discussing any details related to a member's trip, eligibility, or health-related information. If the caller is an authorized representative, the CSR will verify their authority before continuing the conversation. This protects the member's personally identifiable information (PII) and Protected Health Information (PHI) while still allowing the right individuals to advocate on their behalf.

Call Monitoring, Quality Assurance, and Staff Development

Call monitoring and quality assurance form another key part of Verida's customer care framework. Each month, supervisors will monitor at least two live calls per CSR, listening in real time to evaluate the conversation. Additionally, all calls will be recorded, transcribed, and analyzed using an advanced tool called Observe.AI.

With Observe.AI, an AI-driven quality monitoring tool, all inbound calls to Verida's contact center will be recorded using the NICE CXone platform and assessed for accuracy. This system transcribes and analyzes calls to evaluate whether they were answered accurately and in full compliance with contract service protocols. Observe.AI uses pre-defined quality markers and customizable keywords to flag both positive and potentially non-compliant behaviors. These indicators support real-time and post-call supervisor reviews, enabling efficient identification of training needs, protocol gaps, and performance trends.

Leveraging Observe.AI's sentiment analysis tools, we gain valuable insights into customer satisfaction trends. These insights enable us to proactively address potential service issues and continuously enhance our CSR training programs. This platform enables 100% of calls to be reviewed, not just the small percentage that can be manually monitored. Supervisors and quality specialists will use Observe.AI to flag calls for compliance checks, identify trends in member sentiment, and highlight opportunities for additional training.



Evaluation Date	Evaluation Form Name	Evaluator	Agent	Channel	Evaluation Result	Score	Call Date	Action
May 14, 2021 5:55 PM	(A) 2021 GA CSR			Call	Pass	95	May 13, 2021 3:57 PM	View
May 14, 2021 5:52 PM	(A) 2021 GA CSR			Call	Pass	91	May 13, 2021 1:17 PM	View
May 14, 2021 5:48 PM	(A) 2021 GA CSR			Call	Pass	100	May 14, 2021 10:34 AM	View
May 14, 2021 5:45 PM	(B) 2021 GA DSP			Call	Pass	91	May 13, 2021 4:21 PM	View
May 14, 2021 5:41 PM	(A) 2021 GA CSR			Call	Pass	95	May 13, 2021 11:53 AM	View
May 14, 2021 5:36 PM	(B) 2021 GA DSP			Call	Fail	80	May 14, 2021 7:25 AM	View
May 14, 2021 5:29 PM	(B) 2021 GA DSP			Call	Pass	95	May 14, 2021 12:59 PM	View
May 14, 2021 5:29 PM	GA WC V2			Call	Grade 4	100	May 13, 2021 3:00 PM	View

Figure XI.C-1: *Observe.AI analyzes every call in real-time, records the call, and identifies all specified attributes. Proprietary and Confidential*

The results of these monitoring activities will be documented, retained, and reviewed with each CSR during coaching sessions. Supervisors will use these one-on-one meetings to reinforce positive performance, address any deficiencies, and share constructive feedback. The outcomes of monitoring and subsequent training will also be summarized in reports provided to the Agency, in alignment with Appendix 3 reporting requirements.

Verida's Data Analytics Team plays an active role in the customer care process. They compile and analyze information on call wait times, abandonment rates, and resolution efficiency, producing actionable insights that inform staffing decisions and CSR performance improvement plans. This continuous cycle of monitoring, reporting, and refining helps elevate the overall caller experience while meeting all contractual standards for responsiveness and accuracy.

Call Center Performance Oversight and Scoring Methodology

As the front-line representatives of Verida, our call center agents play a pivotal role in delivering high-quality member service. To support consistent excellence, Verida has implemented a comprehensive evaluation and scoring process as part of our broader quality assurance plan. Each CSR's performance is assessed through a combination of real-time monitoring, recorded call reviews, and AI-driven analytics. Every call is automatically scored based on predefined "quality definitions" that reflect key service standards such as professionalism, accuracy, empathy, and compliance. These scores are validated by Call Center Managers, who review transcripts and flagged moments to confirm grading accuracy.

Performance data is compiled into monthly report cards (**Figure XI.C-2**) for each CSR, capturing metrics such as call quality, adherence to protocols, average handle time, and attendance. Supervisors review these reports with staff during one-on-one coaching sessions, using the insights to guide targeted training and mentoring. CSRs demonstrating exemplary service are recognized and rewarded, while those with recurring performance issues are placed on a structured performance improvement plan. This plan outlines specific areas for growth, sets measurable goals, and establishes a timeline for achievement. Through this rigorous evaluation framework, Verida confirms every member interaction is handled with professionalism, respect, and care.

CSR Report Card

	Weight	Goal	Measured	Rating							
Customer Focus				1	2	3	4	5	Actual	Rating	Score
QA	20%	90%	Monthly - Recorded calls and evaluations	0-84.9%	85-89.9%	90-92.9%	93-95.9%	96-100%	97.00%	5	1
InSight Audits	20%	98%	Monthly Individual - Insight File Audits	0-96.9%	97-97.9%	98-98.9%	99-99.9%	100	100.00%	5	1
	Weight	Goal	Measured	Rating							
Operational Efficiency				1	2	3	4	5	Actual	Rating	Score
Adherence	15%	92%	Monthly Individual - Community Report	0-88.9%	89-91.9%	92-93.9%	94-96.9%	97-100%	97.62%	5	0.75
Average Talk Time (hh:mm:ss)	5%	0:05:00	Monthly Individual - Call Center Performance Report	> 0:06:00	0:05:59 - 0:05:26	0:05:25-0:05:00	0:04:59-0:04:30	< 0:04:29	0:03:37	5	0.25
Attendance	20%	0	Monthly Individual - Attendance Report	>2	1.5	1	0.5	0	-1.0	5	1
Errors	15%	3	Monthly Individual - Email Communication	6+	4 to 5	3	1 to 2	0	0	5	0.75
Complaints	5%	0	Monthly Individual - RFE's	2+	1			0	0	5	0.25
											5.00

Figure XI.C-2: This report card provides a comprehensive overview of agent performance across key metrics.
Confidential and Proprietary

Ultimately, Verida's customer care philosophy is about more than compliance—it is about building trust and confidence with West Virginia's Medicaid members. By combining compassionate communication, structured training, advanced call monitoring, and rigorous quality oversight, we will create a call center environment where members feel valued, supported, and confident in the services they receive.

E. Automatic Call Distribution System

The vendor should operate an automatic call distribution (ACD) system. Callers should be advised that calls are monitored and recorded for quality assurance purposes. Administrative lines need not be recorded. The ACD and reporting system should be able to record and aggregate the following information and should be able to produce the reports listed below daily, weekly, or monthly, as well as on an ad hoc basis. Examples include, but are not limited to:

1. *The number of incoming calls.*
2. *The number of calls answered.*
3. *The average time for a call to be answered by a live operator.*
4. *The number of abandoned calls during the wait in queue for interaction with call center staff.*
5. *The average abandonment time.*
6. *The highest call abandonment call time (to the nearest 15-minute increment).*
7. *The average talk time.*
8. *The identity of the call center staff member taking the call and authorizing the request.*
9. *The daily percentage of abandoned calls and calls answered by a live operator.*
10. *The number of available operators by time of day and day of the week, in hourly increments.*

11. *The number of complaint calls.*
12. *Reason for complaint.*
13. *Identification of supervisor who addressed the complaint.*

Verida's West Virginia call center will operate on a state-of-the-art Automatic Call Distribution (ACD) system integrated with NICE CXone, designed to intelligently manage and route calls so that members, providers, and other stakeholders always reach the right resource in the most efficient manner possible. The ACD is more than just a routing tool—it is the backbone of our call center, linking together our IVR, CSR teams, quality monitoring systems, and reporting platforms to create a seamless and reliable member experience.

When a call is received, the system immediately records and time-stamps the interaction, generating data that feeds into real-time dashboards and long-term performance reports. These records allow us to produce detailed information on call flow and outcomes, helping both Verida and the Agency evaluate call center performance with full transparency. Calls will always be monitored and recorded for quality control, with callers informed through an automated disclaimer message at the beginning of the interaction.

The ACD will provide the following detailed capabilities and reporting metrics, available daily, weekly, monthly, or on an ad hoc basis:

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

These metrics will be logged in daily system records and compiled into standardized reports submitted to the Agency each month. They will also be stored for internal review, where Verida's Data Analytics Team will evaluate the data for patterns that indicate areas of improvement. For example, a spike in abandonment at certain times of day would trigger a staffing adjustment by our Workforce Management team to better align resources with demand.

What makes Verida's system especially powerful is the synergy between our ACD and our real-time quality management platforms. By pairing CXone's call routing and reporting with Observe.AI's sentiment analysis and transcription tools, we will not only know how many calls were answered and how quickly, but also understand the quality of those interactions, including tone, compliance, and member satisfaction. This deeper level of insight allows us to coach CSRs more effectively and address operational issues before they impact members.

The ACD is also central to handling urgent calls. Calls flagged as high-priority—for example, stranded members—are automatically routed to a dedicated queue, where specially trained CSRs can resolve issues quickly. Likewise, language preferences, member status, or provider-related calls are routed to specialized teams using skill-based logic to minimize transfers and enhance efficiency.

In addition to these routing and reporting capabilities, Verida's call center technology is built on a secure, cloud-based infrastructure that allows calls to be managed from any authorized work location. This means CSRs, supervisors, facilities, and transportation providers can engage in real time, regardless of their physical location. All communication channels operate on a secure platform that employs end-to-end encryption, complies with HIPAA standards, and meets HITECH requirements. This not only protects protected health information (PHI) but also supports operational flexibility and continuity of service under any circumstances.

Our technology also guides CSRs through the scheduling process step by step, helping them complete every required task while maintaining a meaningful, member-centered dialogue. By combining structured call scripts with intelligent system prompts, CSRs remain consistent, thorough, and empathetic in their interactions. This approach reinforces Verida's values of member safety, dignity, and community connection, while maintaining compliance with all program requirements.

By maintaining such a robust and transparent ACD framework—paired with secure cloud technology, encryption safeguards, and intelligent CSR guidance—Verida will provide the Agency with complete visibility into call center operations while giving members the confidence that their needs are handled promptly, respectfully, and with professionalism. This balance of technology, analytics, and human support reflects Verida's commitment to high-quality NEMT service delivery in West Virginia.

F. Data Analysis

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

Verida recognizes that the heart of a high-performing NEMT program lies not only in answering calls and coordinating rides, but also in understanding the story behind the data those calls generate. Every phone interaction provides valuable information about member needs, call patterns, wait times, satisfaction levels, and overall system performance. Our approach to data analysis transforms these raw details into actionable insights that directly inform operational improvements, workforce planning, and program accountability.

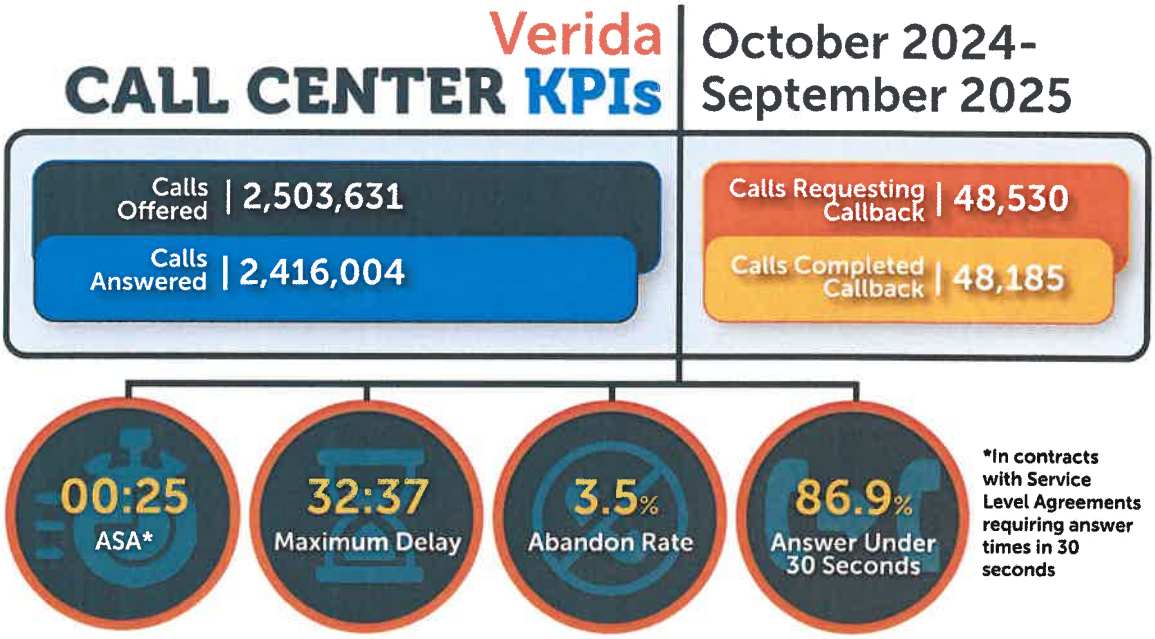
Our call center operates on the NICE CXone platform, which integrates seamlessly with our proprietary NET InSight transportation management system. Together, these platforms provide a robust data environment capable of capturing, storing, and analyzing vast amounts of call activity and trip information. This infrastructure allows us to monitor call flow in real time while also building long-term data sets that highlight recurring trends.

Each month, Verida's Data Analytics Team carefully reviews call system data to identify strengths and opportunities for improvement. This includes a comprehensive evaluation of call

quantity, call duration, wait times, abandonment rates, transfers, and the frequency of complaints. The analysis is not limited to volume metrics; instead, we dig deeper into patterns such as when peak calls occur, how quickly calls are resolved, and how often members request assistance in languages other than English. By examining these metrics together, we gain a holistic view of call center performance and member experience.

In addition to operational metrics, Verida leverages Observe.AI to incorporate advanced sentiment analysis into our data review for quality assurance. Every recorded call is transcribed and analyzed for tone, compliance, and caller satisfaction. This analysis helps identify when a member may have experienced frustration, confusion, or distress, even if the issue was resolved. These insights are invaluable for refining CSR training, updating call scripts, and enhancing member engagement strategies. For example, if data reveals repeated negative sentiment in calls involving ride delays, Verida can adjust dispatch protocols or introduce new communication strategies to address the issue at its root.

Reporting is another critical element of our data analysis plan. Monthly reports will be prepared and submitted to the Agency, providing detailed insight into all required performance indicators such as call volume, abandonment rate, hold times, transfers, complaint trends, and resolution rates. These reports will not only include raw data but also Verida's interpretation of what the trends mean and what corrective actions, if any, should be taken. Our Data Analytics Team will also be prepared to generate ad hoc reports upon Agency request, offering flexibility to address emerging issues or specific inquiries.



What sets Verida apart is our commitment to using this data to actively improve service delivery rather than simply meeting reporting requirements. Our Workforce Management (WFM) team works hand-in-hand with the Data Analytics Team to adjust staffing schedules based on call volume trends. For instance, if analytics reveal that call abandonment spikes on Monday mornings, schedules can be adjusted to increase agent availability during that period. This

coordination between analytics and workforce management safeguards that members receive prompt service and helps minimize frustration caused by long wait times.

Furthermore, data analysis is woven into our culture of accountability and continuous improvement. Every month, the Executive Management Committee (EMC) reviews call center performance data to evaluate compliance with service level agreements and to identify any areas of concern. This leadership oversight drives a top-down commitment to quality, transparency, and timely responsiveness.

Verida also places emphasis on transparency with the Agency. Reports generated from our ACD and CXone systems will include detailed metrics such as:

- Number of calls received and answered.
- Average time to answer by live operator.
- Number and percentage of abandoned calls.
- Average abandonment time.
- Average talk and hold times.
- Number of calls transferred or referred.
- Call volumes by day of week and time of day.
- Number of complaints, complaint reasons, and resolution outcomes.

By maintaining this level of detail and clarity, Verida provides the Agency with full visibility into how the call center is performing and how member needs are being met.

G. Multiple Queues

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

Verida understands that the needs of callers vary widely depending on whether they are members, transportation providers, medical facilities, or community partners. A one-size-fits-all approach can create delays, unnecessary transfers, and frustration for callers who are seeking quick and accurate assistance. To address this, Verida will configure and maintain multiple call queues within our call center system, supported by NICE CXone and our advanced ACD technology.

When a call enters our system, it is first greeted by our Interactive Voice Response (IVR) platform. The IVR guides callers through a simple and user-friendly menu that allows them to identify the purpose of their call. Based on their selection, calls are routed to the appropriate queue designed to connect them with the most knowledgeable CSRs or staff. For example, a member scheduling a ride will be directed to the member services queue, while a transportation provider needing to report a no-show or request assistance will be sent directly to the provider queue.

This queue structure is not static but responsive. Our ACD logic routes calls based not only on the caller's selection but also on data such as language preference, caller ID match, or service history. Spanish-speaking members, for instance, may be automatically routed to a bilingual CSR, minimizing delays and creating a smoother, more personal experience. In addition, members with specialized needs, such as those who are deaf or hard of hearing, can access a dedicated queue that connects them with relay services or interpreters, depending on their preferred mode of communication.

The facility queue is another critical part of our design. Healthcare providers and MCO staff will have a direct line to CSRs who are trained to handle medical provider inquiries, such as scheduling rides for patients, checking on the status of existing trips, or updating standing orders. Having a dedicated queue for facilities avoids the inefficiencies of mixing provider calls with member scheduling, which could otherwise increase wait times and decrease satisfaction for both groups.

In addition, Verida will operate a dedicated complaint queue. This queue allows members, providers, or facilities to immediately connect with a trained CSR who specializes in complaint intake and resolution. During business hours, these complaints will be addressed in real time. Outside of business hours, the IVR will route callers to a dedicated voicemail system, where they can leave detailed information that will be logged and acted upon the following business day. All complaints—whether received live or via voicemail—will be tracked in NET InSight, Verida's proprietary management system, and followed through until resolution.

The multiple-queue model also plays a critical role in supporting high-demand and urgent scenarios. For example, the Ride Assist line operates as a real-time queue for members or caregivers needing updates on their transportation provider's arrival. This queue is supported by dispatch staff who have direct access to GPS-tracked trip data in NET InSight and can quickly reassure members about the status of their ride. Likewise, a Trip Recovery queue is available 24/7 to assist stranded members or those experiencing urgent trip disruptions, giving them immediate access to staff trained to resolve emergencies in real time.

Verida's Workforce Management (WFM) team uses historical call data and real-time monitoring to adjust queue staffing as needed. For example, if reporting shows that Monday mornings consistently see spikes in provider calls while afternoons trend toward higher member volumes, WFM will allocate staff accordingly. This data-driven approach balances queue performance, minimizes wait times, and allows for flexible scaling of resources.

Finally, Verida recognizes that any addition or modification of call queues must align with Agency expectations. Prior to implementing any new queues not specified in the contract, Verida will seek Agency approval and provide a detailed explanation of the purpose, expected call volume, and staffing plan for the new queue. This collaborative process safeguards transparency and helps maintain a structured, efficient system that reflects program goals.

By designing multiple queues within our call center, Verida creates an environment that is efficient, member-friendly, and responsive to the unique needs of all stakeholders. Each caller is connected to the right resource the first time, reducing frustration and supporting the values of accessibility, community, and dependable service.

H. Sufficient Resources

The vendor should maintain sufficient equipment and call center staff to ensure that, monthly:

1. *The ACD system is programmed to answer all calls within three (3) rings.*
2. *The average queue time after the initial automatic voice response is five (5) minutes or less.*
3. *The average abandonment rate is no more than five percent (5%).*
4. *All criteria stated in Appendix 1, Section XI (E) are captured or met.*
5. *Sufficient qualified staff are available on-site to communicate with callers who speak English and an interpreter telephone service is available for callers who speak other languages.*

6. *The vendor should record all incoming calls for quality control, program integrity and training purposes. The vendor should provide prior notification to the caller that the conversations are being recorded. Vendor should maintain the recordings for up to twelve (12) months, at the direction of the Agency. The Vendor should provide copies to the Agency upon request.*
7. *In the event of a power failure or outage, the vendor should have a battery back-up system capable of operating the telephone system for a minimum of eight (8) hours at full operational capacity, ensuring uninterrupted data collection as specified in the contract. Alternatively, the vendor may redirect calls to a redundant call center as a back-up measure. The vendor is required to inform the Agency when their phone system is operating on battery power, routed to a redundant call center, or is non-operational. Additionally, the vendor should have a manual back-up procedure in place to facilitate request handling in the event of computer system downtime.*
8. *The ACD system logs should be maintained daily, tallied and sent to the Agency monthly by the 15th day of the month following the report month, in a reporting format approved by The Agency. The vendor should also maintain daily logs on the call center to comply with the reporting requirements of contained in Appendix 3 (Reporting Requirements) of the RFP.'*
9. *In the event where the call center is closed or inaccessible, the vendor will detail in the RFP response the procedure for re-routing calls, taking requests, and/or other actions to be taken to accommodate Agency Members.*

The vendor's Proposal should include a detailed description of the proposed ACD system and its capabilities and capacities. The vendor should describe how the ACD should meet the specifications and include a sequence of questions and criteria that the call center representatives are to use to determine the member's eligibility, the appropriate mode of transportation, the purpose of the trip and all other pertinent information relating to the trip. All scripts are to be approved by the Agency prior to use by the vendor.

Verida will maintain all the resources, staffing, and technology needed to operate a high-performing NEMT call center under this contract. Our approach balances advanced systems, trained personnel, and continuous oversight so that members, providers, and facilities always receive timely support.

At the center of this effort is Verida's Workforce Management (WFM) program, which works hand-in-hand with our telephony platform and Automatic Call Distribution (ACD) system. WFM uses both historical call data and real-time analytics to forecast demand, build agent schedules, and adjust staffing dynamically throughout the day. By monitoring queue activity and CSR availability minute-by-minute, our WFM team helps safeguard that sufficient resources are always in place, even during peak periods. For example, Mondays are often the busiest call days in NEMT programs; WFM tools help us anticipate these surges, so more agents are scheduled and prepared to meet the demand.

Verida will maintain sufficient equipment, software, and staff resources to confirm the following requirements are consistently met:

- **Call Response Time**: The ACD system will be programmed so that all calls are answered within three (3) rings. This rapid response time reduces caller frustration and promotes confidence in our services.
- **Queue Time**: The average queue time after the initial automated voice response will not exceed five (5) minutes. Real-time WFM dashboards will allow managers to adjust staffing levels immediately if wait times approach thresholds.
- **Abandonment Rate**: The average abandonment rate will remain below five percent (5%). Data analytics will monitor call patterns, and corrective staffing or scheduling adjustments will be made when trends indicate higher risk.

- **Comprehensive Metrics**: All criteria outlined in Appendix 1, Section XI (E) will be captured, tracked, and reported in a format approved by the Agency. Metrics will include calls answered, calls abandoned, queue times, talk times, complaint tracking, and agent-level performance.
- **Language Access**: Sufficient staff will be on-site to communicate with English-speaking callers, and interpreter telephone services will be available for callers who speak other languages. This includes translation support for over 300 languages via our Boostlingo partnership, as well as relay services for members who are deaf, hard of hearing, or speech-disabled.
- **Call Recording**: All incoming calls will be recorded for quality control, program integrity, and training purposes. Callers will receive prior notification that their conversations may be monitored or recorded. Recordings will be securely retained for up to twelve (12) months, as directed by the Agency, and provided upon request.
- **Continuity of Operations**: In the event of a power failure or outage, Verida will have a battery backup system capable of operating the telephone system at full capacity for at least eight (8) hours. Additionally, calls may be redirected to a redundant call center or trained remote CSRs to avoid disruption. The Agency will be notified immediately whenever the system is operating on backup power or if calls are being rerouted. A manual backup procedure will also be in place to facilitate requests during system downtime.
- **Daily Logging and Reporting**: ACD system logs will be maintained daily, tallied, and sent to the Agency monthly by the 15th day of the month following the report period. These logs will capture all required metrics and will also be retained internally to support performance monitoring and contract compliance.
- **System Reliability**: In the rare event that the call center is closed or inaccessible, Verida will immediately activate its re-routing procedures. Calls will be redirected to alternate locations or staff to maintain service continuity, and the Agency will be promptly informed of the circumstances and corrective actions.

Our ACD system distributes incoming calls based on caller needs, CSR skill, and availability, minimizing wait times and reducing transfers. NICE CXone integrates this distribution with real-time dashboards that allow managers to see call volumes, queue lengths, and service levels as they occur. These insights allow supervisors to reallocate staff quickly if one queue becomes overloaded, keeping hold times low and abandonment rates within contract limits. Our target standards include answering calls within three rings, maintaining average queue times under five minutes, and limiting call abandonment to no more than five percent monthly.

To maintain transparency, daily logs are automatically generated through CXone, capturing details such as call volumes, wait times, abandonment rates, complaints, and staffing patterns. These logs are compiled into reports that will be shared with the Agency monthly, providing a full view of call center performance.

Verida also builds redundancy into its operations. In the event of a power outage or system disruption, the call center will be supported by a battery backup capable of running all systems for at least eight hours. If needed, calls can also be rerouted seamlessly to a redundant facility

staffed with trained CSRs, with manual processes in place to log requests if technology systems are temporarily unavailable.

Technology and staffing are supported by strong training and quality assurance. All CSRs undergo comprehensive training focused on NEMT scheduling, HIPAA compliance, and customer service excellence. Observe.AI allows us to review and analyze 100% of recorded calls for accuracy and professionalism, with supervisors using this data to provide targeted coaching and improve performance. This feedback loop, combined with WFM-driven oversight, creates a culture of accountability and continuous improvement.

Accessibility and equity are also core to our resource planning. Dedicated toll-free lines are maintained for members, facilities, and providers, with translation services available in more than 300 languages through Boostlingo. Relay services for those who are deaf, hard of hearing, or speech-disabled are also available. These resources help every caller connect with us in a way that is comfortable, equitable, and effective.

XII. Training and Education

A. NEMT Provider Manual

The vendor should develop and maintain a NEMT provider manual. The vendor's NEMT provider manual should contain all policies and procedures for the NEMT brokerage program. The vendor should work closely with the Agency on the development of the NEMT provider manual and should obtain the Agency approval prior to release of the manual. The manual should be reviewed, updated, and distributed to all NEMT providers annually and whenever changes in operation are made. Updates and changes are to be approved by the Agency before distribution. The Agency should notify the vendor in writing if any modification is required, and the vendor should incorporate any modifications within ten (10) business days after such notification.

The vendor should submit a draft outline of the NEMT provider manual with the vendor's proposal. The vendor should submit a final completed manual to the Agency for approval no later than thirty (30) calendar days prior to the operations start date. The vendor should not begin operations without an approved NEMT provider manual. The manual should include, at minimum, the following:

1. *NEMT provider enrollment and participation requirements*
2. *NEMT provider file maintenance and record keeping requirements*
3. *Standard reimbursement requirements*
4. *Covered and Non-Covered Services*
5. *Vehicle requirements*
6. *Limitations and considerations of NEMT services to covered medical services*

The vendor should provide the NEMT provider manual to all NEMT providers within vendor's network and to all vendor staff. The manual should be accessible electronically via a link on the vendor's website, and provided by email upon request. Furthermore, the vendor should integrate the NEMT provider manual into all training programs for NEMT providers, in addition to vendor and Agency employees.

Verida will work closely with the Agency to develop a NEMT Provider Manual to meet the specific requirements of the NEMT broker program. Verida will submit the final version of the NEMT Provider Manual to the Agency for approval at least thirty (30) calendar days prior to the operations start date. Verida will review the NEMT Provider Manual annually (at a minimum) and incorporate necessary updates and changes. Verida will include any changes or updates to the NEMT Provider Manual requested by the Agency within ten (10) business days after notification. All updated versions of the NEMT Provider Manual will be provided to the Agency for final approval before distribution.

The NEMT Provider Manual contents will include, but not be limited to, policies and procedures for the NEMT provider's compliance with and understanding of the requirements to provide NEMT services for the program. The following is a draft outline of the NEMT Provider Manual.

Topics Covered in the Verida NEMT Provider Manual

- Enrollment Requirements and Participation Requirements
- File Retention/Maintenance and Record Keeping Requirements
- Standard Reimbursement Requirements
- Covered / Non-Covered Services
- Vehicle Requirements
- Limitations to Covered / Non-Covered Services
- Claim Submission Process and Requirements
- Claim Denial Description
- Vehicle Inspections
- Driver Training Requirements

- Driver Background Check
- Ongoing Driver Credentialling Requirements
- Documentation Requirements
- Performance Requirements
- Liquidated Damages
- Quality Assurance
- Provider Portal
- Driver Application Usage

Leveraging our extensive experience managing statewide NEMT programs and our proven operational infrastructure, Verida is well-positioned to develop a comprehensive and compliant NEMT Provider Manual tailored to West Virginia's unique needs. Verida's deep understanding of Medicaid transportation requirements, combined with our collaborative approach and commitment to continuous improvement, assures that the manual will serve as a practical, accessible, and effective resource for providers, vendor staff, and Agency personnel.

In full compliance with RFP requirements, Verida will distribute the NEMT Provider Manual to all NEMT providers within our network and to all vendor staff. The manual will be made electronically accessible via a dedicated link on Verida's website and will be available by email upon request. Furthermore, Verida will integrate the manual into all training programs for NEMT providers, vendor staff, and Agency employees to support consistent understanding and application of program policies and procedures. Please refer to **Exhibit 6** for a draft outline of our NEMT Provider Manual that we will revise for West Virginia.

B. NEMT Provider and Provider Training and Education

The vendor's Proposal should include an overview of the vendor's plan to educate NEMT providers and medical providers: including, but not limited to, information on training sessions, training materials, ongoing meetings with NEMT providers and medical providers and continuing education. Separate training programs should be submitted for NEMT providers and medical providers, for the purposes of educating and training NEMT providers regarding the NEMT brokerage program and training providers regarding request for transportation, standing orders and documentation of need from medical providers.

The vendor should submit to the Agency its final plans for educating NEMT providers and medical providers at least thirty (30) calendar days prior to the operational start date. The vendor should not begin operations without an approved version of the NEMT provider manual, provider training manual and education plan.

No later than fifteen (15) business days prior to the operational start date, the vendor should conduct NEMT provider and provider training sessions in at least five (5) locations throughout the state. The Agency should prior-approve these training locations, and all costs of the training sessions should be borne by the vendor. The vendor should not begin operations without completion of these training sessions. The vendor may perform additional NEMT provider or medical provider training, as deemed necessary and approved by the Agency.

To provide the highest quality of service for West Virginia Agency members, Verida recognizes the importance of establishing a robust and efficient network of NEMT providers. Achieving this goal requires a well-structured system of communication and coordination, supported by a spirit of collaboration and mutual understanding. To deliver safe, reliable, and high-quality transportation services to Agency members, Verida builds its provider networks using multiple layers of coverage with overlapping service areas. As part of its commitment to safety and compliance, Verida will require all drivers employed by NEMT providers under contract to complete both driver training and first aid certification prior to operating within the West Virginia NEMT program.

Verida will work closely with the Agency to develop a NEMT Transportation Provider Training and Education plan to meet the specific requirements of the NEMT Broker program. Verida will submit a final version of the Transportation Provider Training and Education Plan to the Agency at least thirty (30) calendar days before the operational start date. We understand that final approval of the Transportation Provider Training and Education Plan will be required by the Agency before training begins. Verida will initiate NEMT provider training immediately following final approval from the Agency for the Transportation Provider Training and Education Plan.

Verida's education program consists of two parts — orientation and training.

NEMT Provider Orientation

Verida's Provider Relations team conducts a consistent and comprehensive orientation for all NEMT providers and their drivers, covering the full scope of policies, procedures, and requirements outlined in the Transportation Provider Service Agreement. Prior to a provider's start date, orientation sessions are held to review program guidelines and deliver initial training. These sessions are typically conducted in person to foster rapport and minimize communication barriers; however, virtual options are also available for added convenience. Verida will coordinate with the Agency to identify at least five accessible locations across West Virginia to facilitate in-person attendance. For NEMT providers unable to attend in person, Verida will offer webinar-based training. The orientation curriculum includes, but is not limited to, essential operational standards, compliance expectations, and service delivery protocols.

The orientation portion of the Transportation Provider Education plan will include the following training topics.

Program Overview & Responsibilities

1. Introduction to Verida
2. Overview of the West Virginia NEMT Program and division of responsibilities between Verida and NEMT providers
3. Covered and Non-Covered Services, including limitations and criteria
4. False Claims Act
5. Health Insurance Portability and Accountability Act (HIPAA). All NEMT providers and drivers participating in the West Virginia NEMT program will be required to complete initial and annual HIPAA training to protect member health and personal information. This training covers the proper handling, transmission, and safeguarding of Protected Health Information (PHI), in accordance with HIPAA Privacy and Security Rules.

Provider & Driver Requirements

7. Enrollment Requirements
8. Eligibility and Participation Requirements
9. Vehicle Requirements and Inspections
10. Minimum Driver Qualifications
11. Driver Training Requirements
12. First Aid Training Requirements

13. Driver Background Checks
14. Ongoing Driver Credentialing Requirements
15. Driver Conduct Standards (including customer service during pickup, transport, and delivery)
16. Proper Use of Attendants
17. Use of Personal Protective Equipment (PPE)

Scheduling & Trip Management

18. Scheduling Procedures (regular hours)
19. Scheduling Procedures (after hours, weekends, holidays)
20. Procedures for Urgent Care Transportation Requests
21. Criteria for Trip Assignments by Verida (dispatching and service delivery)

Claims & Reimbursement

22. Claim Submission Process and Requirements
23. Claim Denial Descriptions
24. Reimbursement Requirements
25. Procedures for Transportation Providers to Obtain Reimbursement (including documentation and billing)

Documentation & Record Keeping

26. Documentation Requirements
27. Record Keeping Requirements
28. File Retention Guidelines
29. Record Keeping for Scheduling, Dispatching, and Driver Personnel (including required trip logs)

Quality & Compliance

30. Performance Requirements
31. Liquidated Damages
32. Quality Assurance
33. Procedures for Handling Accidents, Moving Violations, and Vehicle Breakdowns
34. Procedures for Handling Complaints from Members or Medicaid Providers
35. Privacy and Security of Member Health and Personal Information

Technology & Tools

36. Provider Portal – Features, Resources, Access
37. Driver Application Usage

Our New Provider Orientation Checklist includes all items that require completion prior to becoming a credentialed transportation provider. If a transportation provider does not complete orientation, we do not allow their drivers to transport members for the West Virginia NEMT program. To that end, we maintain documentation of all training certifications for drivers and attendants in our document management system and NET InSight. Our system automatically tracks expiration dates and initiates a series of proactive reminders well in advance of any credentials lapsing.

Our orientation program is designed to be ongoing—**not a "one and done" experience**. We maintain consistent communication with NEMT providers both before and after contract execution to verify a clear understanding of our Provider Portal, digital platform, program requirements (including updates to State statutes, the West Virginia Administrative Code, and Medicaid policies), and the online claims submission process. Once Agency member transportation services begin, our Provider Relations team will serve as a dedicated support resource, actively engaging with providers to answer questions, keep lines of communication open, and resolve issues in a friendly and timely manner. These interactions include regular meetings—conducted both in person and via webinars—to review performance, policies, billing procedures, and any areas where additional training or guidance may be needed.

Driver Training

To lead our NEMT provider training curriculum, Verida partners with GenTech Associates, an award-winning, Veteran-Owned Business recognized with the U.S. Department of Labor's 2022 Hire Vets Gold Award. GenTech specializes in staffing and training development for federal agencies and delivers all training for Verida's NEMT providers, drivers, and attendants. Verida's certified PASS "Master" Trainer collaborates with GenTech to support consistent, high-quality instruction across our network.

Training is delivered through a blended model of virtual and in-person sessions. GenTech's learning management system (LMS) combines online modules with instructor-led components for CPR, first aid, child safety, and wheelchair securement. Drivers access the platform securely and navigate training with ease. Verida tracks all certifications in our NET InSight system.

Our curriculum includes the CTAA Passenger Assistance Sensitivity and Safety (PASS) certification, confirming drivers are well-versed in NEMT program regulations, defensive driving, passenger assistance, and sensitivity skills—especially for individuals with disabilities. NEMT providers are trained to deliver appropriate levels of service, including curb-to-curb, door-to-door, door-through-door, and hand-to-hand assistance.

Additionally, drivers complete disability awareness and sensitivity training, covering diversity, recognition of hidden disabilities, and techniques for inclusive, compassionate service. The following table outlines Verida's comprehensive NEMT provider training curriculum.

Comprehensive Driver Training	
Driver Training Curriculum	
NEMT Driver Training	• Non-Emergency Medical Transportation Overview - What is NEMT? • About Verida, Inc.

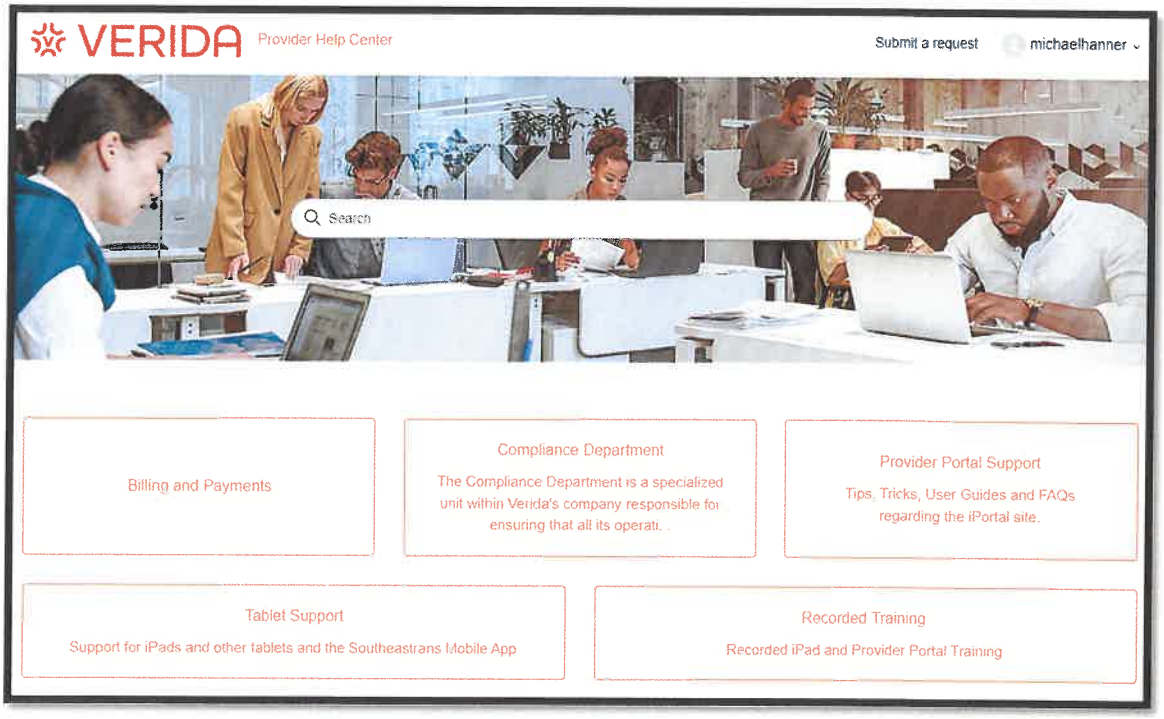
	• Driver Conduct • Pick-up and Drop-off Standards • Trip Reimbursement Form & Manifests • Mobile Devices • Behavioral Health Awareness - Background - Understanding Challenging Behaviors - The ABCs of Challenging Behavior - Incident Prevention - Incident Minimization • Accidents and Emergencies • Transporting Children - Legal and Contractual Requirements - Car Seat Stages - Duties and Responsibilities - Delivery of Children - Vehicle Sweep - Consequences
Defensive Driving	• Van Characteristics & Inspection • Scanning, Cushion of Safety & Communicating • Reading Traffic Situations • Special Considerations • Transporting Cargo segment • Transporting Passengers segment • Collision Reporting Procedures • Situation Analyses and Discussion Questions
First Aid/CPR/AED	• Preparing to Help - First Aid Provider - Protecting Yourself - Legal Considerations - Calling for Help - Emergency Moves • CPR & Automated External Defibrillation (AED) - Cardiac Arrest - Chest Compressions - Rescue Breaths - AED - Primary Assessment – Unresponsive Person - Caring for Cardiac Arrest - Multiple Provider Approach to CPR - Choking • Sudden Injury - Primary Assessment – Responsive Person - Control of Bleeding - Shock

PASS	- Head, Neck, or Back Injury - Swollen, Painful, or Deformed Limb - Burns - Minor Injuries - Altered Mental Status - Breathing Difficulty, Shortness of Breath - Pain, Severe Pressure, or Discomfort in Chest - Poisoning • Environmental Emergencies - Heat Emergencies - Cold Emergencies • Characteristics of a Professional • Distracted Driving • Driver Fatigue • Driver Stress • Our Passengers are People First • Knowing our Passengers - Visual Impairment - Hidden Disabilities - Hearing Impairment - Speech Disorder - Cognitive Disabilities - Amputation - Learning Disabilities - Intellectual Disabilities - Autism • The Americans with Disabilities Act (ADA) • Communicating with our Passengers • Assisting Passengers with Service Animals • Medical Conditions - Spinal Cord Injury - Dementia - Respiratory Disease - Stroke - Diabetes - Seizure - Dialysis - Mental Illness • Transporting an Aging Society - Elder Abuse • Appropriate and Inappropriate Behavior - Sexual Harassment - Human Trafficking • Bloodborne Pathogens • Accidents, Incidents, and Emergencies • Assisting Our Passengers

- Mobility Equipment & Features
- Assisting Passengers Using Mobility Devices
- Accessibility Lifts & Ramps
- Mobility Device and Passenger Securement

All drivers must complete initial credentialing training before providing services and participate in bi-annual refresher training to maintain their credentialed status, in accordance with ongoing compliance requirements outlined by the Bureau for Medical Services.

Beyond the initial NEMT Provider Orientation and GenTech's foundational training program, our Provider Relations team plays a central role in maintaining compliance and fostering collaboration. To reinforce training and maintain open lines of communication, Verida distributes a quarterly NEMT provider newsletter and uses email and fax blasts to share timely updates. Any changes to program policies—including updates to State statutes, the West Virginia Administrative Code, or Medicaid guidelines—are communicated promptly through the Transportation Provider Portal.



Verida also accommodates ongoing training needs for NEMT providers throughout their participation in the program. New providers joining the network are required to complete all components of the Transportation Provider Training and Education Plan. Key resources—including the Transportation Provider Manual, training plans, and supplemental materials—are made available through the Verida Provider Portal so providers have continuous access to the tools and guidance necessary for successful program participation.

Medical Provider Training and Education

Verida understands the importance of training, educating, and supporting Medical Providers to foster quality NEMT services to Agency members. Our Medical Provider outreach and training program is designed to be an ongoing, extensive, and easily accessible information resource.

Verida's Facility Outreach Team will play a vital role in building strong relationships with healthcare stakeholders across West Virginia. Our Facility Outreach Managers will conduct ongoing, proactive visits to medical facilities—including, but not limited to hospitals, long-term care centers, dialysis clinics, chemotherapy treatment centers, day programs, and community-based organizations—to educate healthcare personnel on Verida's NEMT program practices and policies. These visits are designed to foster collaboration, support understanding of program requirements, and identify opportunities to strengthen existing relationships between Medical Providers and NEMT providers.

The Medical Provider Education Plan training topics that our Facility Outreach Managers will provide, include the following.

1. Introduction to Verida
2. Trip Scheduling Process
3. Standing Order Process
4. Documentation Requirements (e.g., the Medical Certification Statement)
5. Prior Authorization Requirements
6. Using Verida's Facility Portal
7. Key Contacts, including Special Service Representatives
8. Quality Assurance
9. HIPAA Compliance

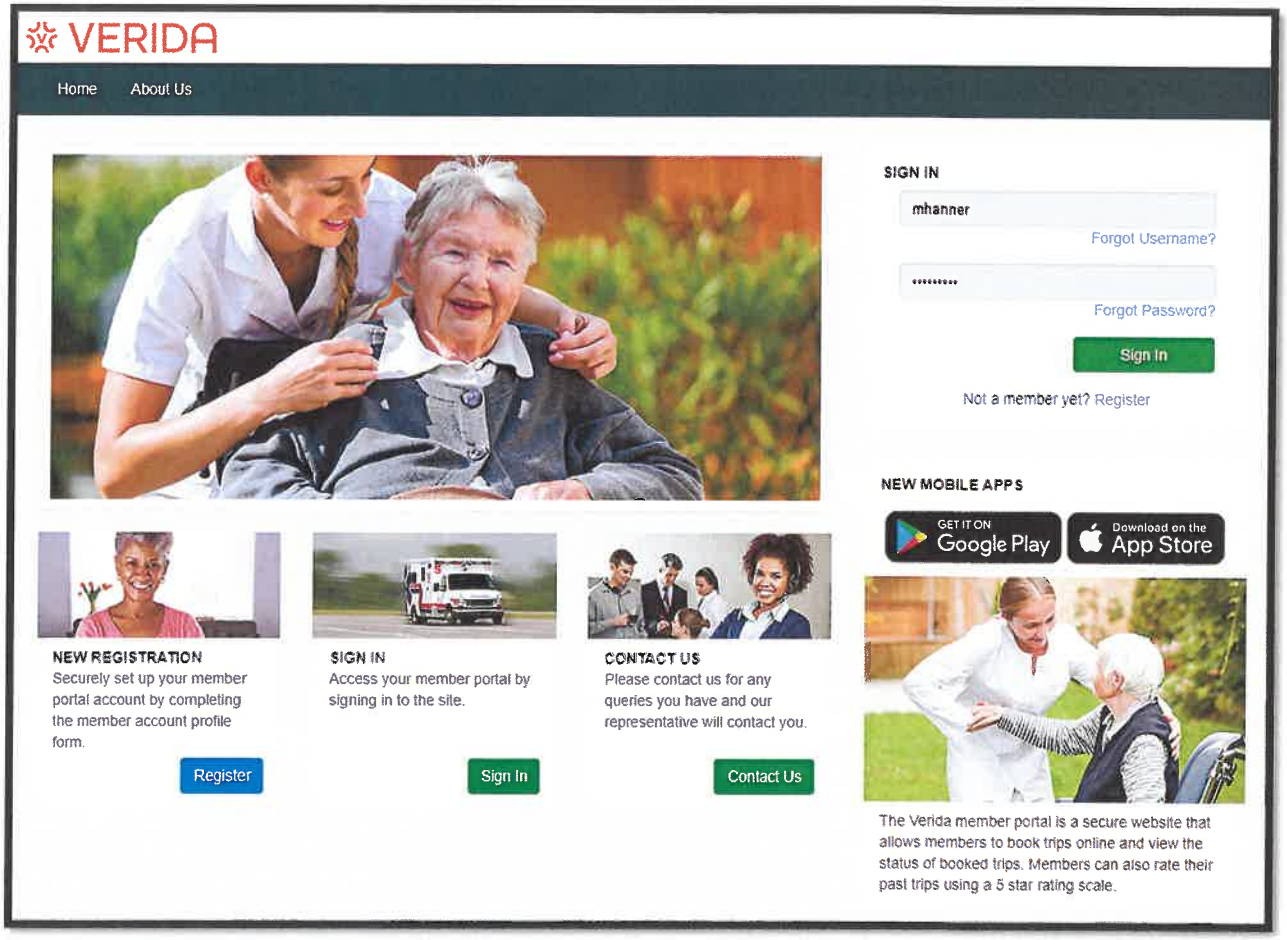
To support this outreach, Verida provides a variety of educational resources, including printed materials, virtual workshops, and program guides. Our West Virginia team will take a hands-on approach, offering in-person engagement opportunities and hosting quarterly virtual workshops to facilitate accessibility and consistent communication. Additional outreach efforts will include community events and a bi-monthly newsletter to keep medical providers informed of program updates, best practices, and training opportunities. The Medical Provider Training material, forms, as well as additional materials and resources will also be available to the Medical Providers via Verida's Facility Portal.

Technology Tools and Resources

Medical providers will be given access to a wealth of educational materials and assistance through our Facility Line and Facility Portal, as detailed below:

- **Facility Line:** The facility line is a dedicated phone number that healthcare personnel can call to schedule member appointments, check trip status, and ask questions and voice concerns. The facility line is answered by Special Service Representatives (SSRs). This is a specialized team that will manage facility requests for standing orders, hospital discharges, urgent care, and other special trips. They are responsible for coordinating initial scheduling and any changes that occur that could impact these types of trips. Each SSR will be assigned specific facilities that they will work with on an ongoing basis to facilitate continuity and consistent service for facilities and the Agency members they serve in West Virginia.
- **Facility Portal:** The Facility Portal is a great tool for facilities to find basic information like phone numbers and email addresses, as well as links to documents, and forms such as the Medical Necessity Certification. The portal is also used to securely request

transportation for an Agency member, renew standing orders, monitor scheduled arrivals and departures from the facility, cancel Agency member trips, and verify Agency member attendance. The portal is also an easy way for healthcare personnel to download information and access facility-related training modules and workshops offered by Verida.



Following are the ways in which a facility might use the portal:

Information

- View Verida contact information such as toll-free numbers, business office, mailing address, and email addresses
- Link to forms and documents (Medical Certification Statement form, etc.)

Tasks

- Securely request transportation for an Agency member, including transportation for hospital discharges using the Urgent Care Request section of the portal
- Request/Renew standing orders
- Access their scheduled trips and see the trip status in real time
- Cancel Agency member trips

- Verify Agency member attendance
- Submit a complaint/concern using the Contact Us tab

Verida will work closely with the Agency to develop a Medical Provider Training and Education Plan tailored to the specific requirements of the West Virginia NEMT Broker program. A final version of this plan will be submitted to the Agency at least thirty (30) calendar days prior to the operational start date, with training activities commencing immediately upon Agency approval.

To support statewide accessibility, Verida will coordinate with the Agency to identify at least five (5) training locations across West Virginia. In addition to in-person sessions, virtual training options will be available for providers unable to attend on-site. Verida will complete initial training for both NEMT and Medicaid providers no later than fifteen (15) days before the operational start date and will cover all associated costs for delivering this training.

C. Member Outreach and Education Plan

The vendor's proposal should include an overview of the vendor's plan to develop and implement NEMT member outreach and education regarding the NEMT brokerage program. The member Outreach and Education Plan included with the vendor's proposal should include, but not be limited to, the following:

1. *The vendor's plan to educate current and future Agency Members and other NEMT program interested parties (e.g., facilities, local human service agencies, licensed behavioral health centers, NEMT providers, and medical providers) in the state on NEMT services, procedures and the transition of service administration from one vendor to another during plan turn-over as described in Appendix 1, Section XV (A) of this Appendix.*
2. *Written and verbal instructions to educate Agency members and other NEMT program interested parties. All materials related to member outreach and education, including instructions, should:*
    a. *Emphasize the availability of NEMT services, eligibility for these services, standing orders, medical documentation of need, and how to request and use NEMT services.*
    b. *Be easily understood and written at an approximately 5th grade reading level.*
    c. *Be available in English and in Spanish.*
    d. *Be available in alternative format for the intellectually disabled as well as for those with vision and hearing impairments.*
3. *Strategies for working with Medicaid Recipients who fail to comply with established policies and procedures (as described in Section XII.D below).*
4. *Strategies for working with facilities such as hospitals, nursing homes, and dialysis centers to achieve NEMT efficiencies.*

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

At least thirty (30) calendar days prior to the operational start date, the vendor should send written materials (via first class mail and at the vendor's expense), to inform and educate Agency Members and other interested parties about the NEMT Brokerage Program. The vendor should work with the Agency to obtain a listing of Agency Members, other interested parties and addresses. The vendor should not begin operations without mailing of these materials.

1. Verida's Plan to Educate Current and Future Agency Members

The role member education plays in the administration of a strong NEMT program is crucial to its success. Verida's plan to educate current and future Agency members and other NEMT program stakeholders across West Virginia is designed to provide a seamless transition of service administration and promote widespread understanding of the NEMT brokerage program.

This comprehensive outreach initiative will begin with early engagement of facilities, local human service agencies, licensed behavioral health centers, NEMT providers, and medical professionals through targeted communications and state-wide briefings.

Verida will host virtual and in-person orientation sessions to explain the scope of NEMT services, procedural updates, and the transition process from the previous vendor, as outlined in Appendix 1, Section XV(A). These sessions will be supplemented with written materials—including brochures, FAQs, and quick-reference guides—distributed via mail and email and made available on Verida's websites. All materials will be crafted at a 5th-grade reading level, translated into Spanish, and formatted for accessibility to individuals with intellectual, visual, or hearing impairments. Verida will establish a dedicated implementation and outreach team to respond to stakeholder questions and provide real-time guidance throughout the turnover period. This proactive, multi-channel approach safeguards that all parties are informed, prepared, and supported during the transition and beyond.

2. Written and Verbal Instructions to Educate Agency Members

Verida has developed and implemented numerous educational initiatives for NEMT recipients over the last 25 years. Prior to disseminating materials for member consumption – regardless of their format, media, or use – we will submit them for the Agency's review and approval.

Today, we deliver NEMT educational and communication experiences for members in the following ways:

- **Call Center Contact:** Our CSRs are person centered. They are trained to engage members in a reassuring way, helping them through the NEMT scheduling process, answering their questions, and making certain they understand their rights and responsibilities, including how to file a complaint. Call center communication will be managed through an Agency-approved call script that is developed specifically for West Virginia's program. The script assures that all CSRs are engaging with members in an equitable, consistent, and culturally sensitive way. The CSR assures that the most appropriate, cost-effective mode of transportation is provided for the member and that they are educated about alternative travel options such as public transit and mileage reimbursement.

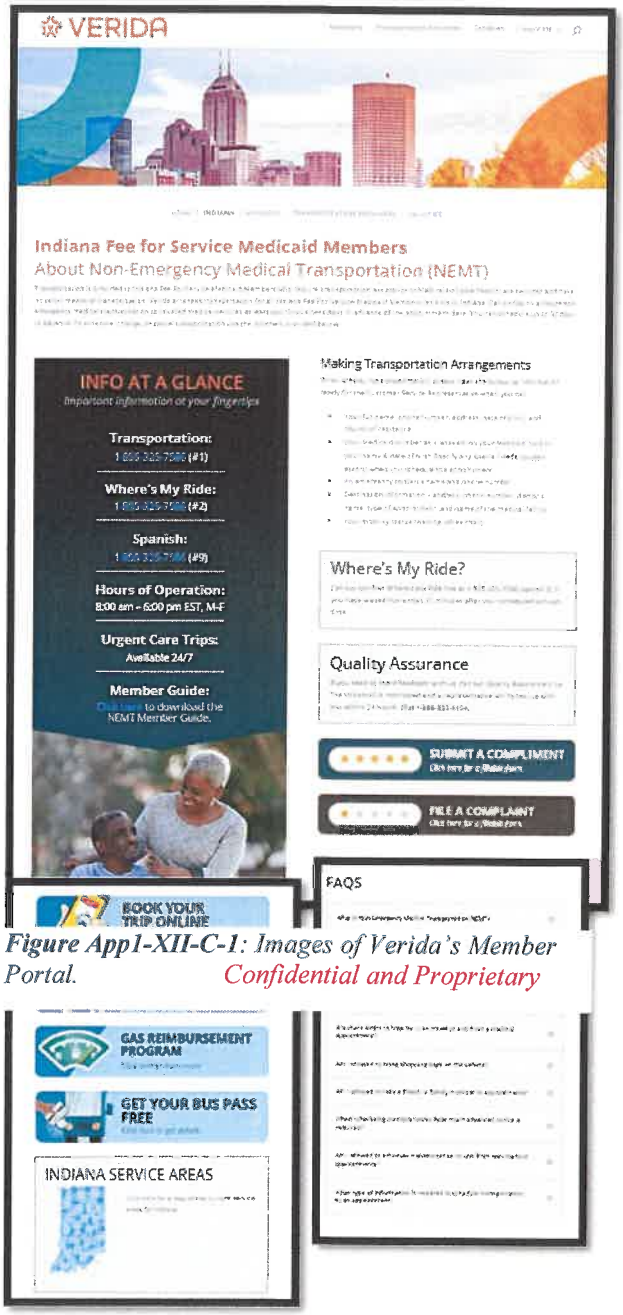


Figure App1-XII-C-1: Images of Verida's Member Portal. *Confidential and Proprietary*

- **Website and Member Portal:** Our online presence supporting members includes a public informational website, which serves as a common entry point to our secure portals for members and other programs stakeholders like transportation providers, healthcare facilities, and even the Agency. The Member Portal allows Medicaid members to log in securely, request transportation, and manage trip requests. In addition, they may also view the provider assigned to their upcoming trips and important messaging including health reminders (e.g., flu shots) or alerts (e.g., closures or delays due to adverse weather), access to forms, the member guide, educational videos, quick ways to request help, and an avenue for filing a complaint. As an example, please see our Indiana Member Portal represented in **Figure App1-XII-C-1**.

- **Member App:** The Member App mirrors the features of the Member Portal with just a few clicks on an iPhone or Android device. It can also be used to push out educational notifications and surveys, such as queries related to social determinants of health, that would assist the Agency in identifying emerging needs of their members.
- **Ride Assistance Line:** We provide a separate, toll-free ride assistance line so members may inquire about the arrival time of their scheduled transportation provider. If it is determined the transportation provider will not arrive in time to deliver the member to their appointment at their scheduled time, the answering CSR will call the medical provider on the member's behalf to inform them of their delayed late arrival.
- **Text:** As a courtesy to Agency members, we offer appointment reminders – either by phone or text **(Figure App1-XII-C-2)**, depending on the member's preference – one day prior to their transport. We have found these reminders aid with on-time arrivals, as members who receive them tend to be ready for transport more often when their driver arrives. Text messaging can also be used to let the member know their driver is enroute, as well as release educational information and for post trip surveys.

***Figure App1-XII-C-2**: Ride status via text messaging. Confidential and Proprietary*

- **In Transit via Driver's App:** Verida offers a Mobile App for transportation providers and drivers. It makes the driver's job easier and provides step-by-step instructions for managing their assigned trips successfully, with no paperwork. When members are settled in a driver's vehicle, they are asked to sign an electronic form on the driver's tablet acknowledging that they have been picked up for their trip. Upon doing so – member specific messaging can be pushed to the tablet for a member's viewing. For example, the app can display messages reminding members of the importance of the annual physical, or reminders about NEMT specific scheduling requirements.
- **Member Guide:** Our operations professionals, along with our Marketing Department, are experienced in developing informative and easy-to-understand member education/communication materials, including a member guide. Our guides are available for download from the Member Portal. Our Manager of Outreach, Education and Training also provides hard copies to healthcare facilities for distribution. Member guides are developed in English and Spanish but can be offered in most any prevalent language needed. They will be written at the 5th-grade reading level to provide easy to understand information about the members' NEMT benefits and how to access them, including:
    - Our toll-free numbers (scheduling, ride assistance, complaints)
    - Eligibility for NEMT services
    - Trip Scheduling (routine, urgent, standing orders, etc.)
    - Timeliness standards for pick-up and drop-off
    - Member rights and responsibilities
    - Complaint process

VERIDA

Medicaid Non-Emergency Medical Transportation (NEMT) Guide

Transportation Provider Standards

- Drivers should be wearing an ID badge.
- Transportation vehicles should be marked with their company name.
- Transportation is considered on time if you arrive within 15 minutes of your appointment time.
- When picking-up, drivers are only authorized to wait 10 minutes.
- Provider has one hour from your "I am ready to return home" call to pick you up.
- Drivers must transport safely and follow all traffic laws.

If the provider fails to meet any of these standards please contact Verida.

Key Contact Information:

To talk to someone about your transportation experience, please contact:

Toll-Free Reservation Line
1-855-325-7586

Customer Service - press option 1
Where's My Ride - press option 2
Spanish - press option 9

Quality Assurance Line
1-888-833-4154

The Verida Team

While Verida strives to provide the highest level of service possible, we realize unforseen things can happen. Contact us should you have any questions.

***Figure App1-XII-C-3**: An excerpt from our Indiana Member Guide indicates the standards members should expect from our transportation providers, as well as key phone numbers. Confidential and Proprietary*

- **Other Outreach Materials:** Other easy to understand materials Verida produces for member education/communication includes mailings, forms, notifications, letters, etc. Outreach materials—both written and verbal—will clearly explain service availability, eligibility, standing orders, documentation requirements, and how to request and use NEMT services. All materials will be written at a 5th-grade reading level, available in English and Spanish, and provided in alternative formats to accommodate individuals with intellectual, visual, or hearing impairments. We will work with the Agency to understand the types of materials preferred, as well as the methods and timeframes for delivery. These communication pieces include but are not limited to instructions for filing complaints as well as written responses to their complaints, information about public transit and gas reimbursement programs, and denial letters (in English and Spanish) with information on how to file an appeal.

- **Member Advisory Committee:** We believe it is imperative the NEMT program is managed in a way that the individuals served have a voice. It is our priority to understand the member perspective. A good way to do that, with the Agency's approval, is through a Member Advisory Committee that meets with the leadership team at least quarterly to let us know the challenges they face, what we can do better, and what is working well. Member participation is, of course, voluntary and we will work with the Agency to establish an appropriate Committee charter and define its parameters.

3. Strategy for Addressing Non-Compliance with NEMT Policies and Procedures

Verida's strategy for working with Medicaid recipients who fail to comply with established NEMT policies and procedures is rooted in education, engagement, and accountability. The approach begins with proactive outreach to confirm members understand their responsibilities, including appointment attendance, cancellation protocols, and appropriate use of transportation services.

When non-compliance is identified—such as frequent no-shows, misuse of services, or failure to provide required documentation—Verida will initiate a tiered response. This includes personalized follow-up calls, mailed reminders, and re-education on program guidelines. For repeated violations, Verida will implement a corrective action plan as explained in our response to D. Non-Compliant Member Education. Throughout this process, Verida will collaborate with case managers, healthcare providers, and human service agencies to address underlying barriers such as transportation literacy, cognitive limitations, or social determinants of health. All actions will be documented and reported in accordance with Agency protocols, supporting transparency and alignment with Section XII.D requirements.

4. Strategies for Working with Facilities

To support NEMT efficiencies across West Virginia, Verida will deploy in-state Outreach and Communications Managers as part of its staffing plan. These managers will build strong relationships with staff at hospitals, nursing homes, dialysis centers, and other key facilities through a hands-on approach to communication, outreach, and training. Their responsibilities include supporting trip scheduling, educating and reeducating facility staff on program procedures, sharing updates on service changes, and resolving issues that may impact transportation access.

By way of example, Verida's commitment to facility engagement is exemplified by the work of our Georgia-based Outreach and Communications Manager, La-Tonia Dixon, whose efforts demonstrate how our outreach model supports NEMT efficiencies. La-Tonia builds strong relationships with facility personnel and healthcare professionals through a hands-on approach to communication, training, and service coordination. She meets with facilities in person and offers virtual meetings via Teams, Zoom, and conference calls to accommodate staff schedules. In 2024 alone, she conducted 250 interactions with facilities and providers—150 in-person visits and trainings, and 100 virtual meetings. Her community outreach efforts in 2024 included:

Facility Outreach – Examples from Georgia (2024)		
Date	**Location**	**Event**
February 16, 2024	Fulton County	Peach State baby shower- CT Martin Recreation
March 14, 2024	Grady Hospital	Ice cream social for social worker week- Grady Hospital
March 21, 2024	Macon (Macon–Bibb County)	Medicaid Fair
March 27, 2024	Emory Hospital	2nd Annual Bridging the Gap Community Resource Fair-Emory Hospital Annex
March 29, 2024	Norcross	Peach State baby shower- Norcross Cultural Arts & Community Center
April 12, 2024	Camp Creek & Cascade Community Day Center	Community Day- This was an outside event in the parking lot of Camp Creek Comprehensive Care Center
April 19, 2024	Cobb County Mableton	Peach State baby shower- South Cobb Community Center
May 1, 2024	Department of Community Health office	Dialysis work group
May 15, 2024	Department of Community Health office	Adult Day Health work group
June 6, 2024	Gainesville	Baby shower-Fair Street Neighborhood Center
July 12, 2024	Fulton County	Peach State Health Plan Summer Camp Event- William Walker Recreation Center
July 23, 2024	Fulton County	Community Advisory Board Meeting with Peach State Health Plan
September 24, 2024	Virtual	Amerigroup Georgia Families 360 - Presentation
September 25, 2024	Department of Community Health office	Skilled Nursing Facility Work Group Meeting
October 18th, 2024	Fulton County	Peach State Baby Shower/ William Walker Recreation Center
October 31st, 2024	Fulton County	Georgia Medicaid Fair
November 8, and November 9, 2024	DeKalb County	Senior Expo with Care Access
December 7, 2024	DeKalb County	Peach State Health Plan Baby Shower

Her work reflects Verida's broader strategy for facility outreach and sets the standard for our approach in West Virginia. Outreach in West Virginia will be conducted in person, by phone, email, or virtual meetings to facilitate consistent engagement. By working closely with medical

providers, care managers, caseworkers, and advocacy groups, the Outreach and Communication Managers will help confirm that all Agency members—including those with special needs—receive timely and appropriate transportation. Their efforts will promote continuity of care, reduce missed appointments, and enhance overall program performance.

Finalized Plan

Verida will submit a finalized Member Outreach and Education Plan to the Agency for approval no later than thirty (30) calendar days prior to the operational start date, in full compliance with the RFP requirements. Verida will not begin operations until the Agency has approved the plan. Additionally, at least thirty (30) calendar days before operations commence, Verida will mail written outreach and education materials—at its own expense and via first-class mail—to Agency members and other interested parties. These materials will inform recipients about the NEMT Brokerage Program and its procedures. Verida will work closely with the Agency to obtain accurate contact lists for all intended recipients and will confirm that the mailing is completed prior to the start of operations, as required.

D. Non-Compliant Member Education

The vendor's member Outreach and Education Plan should include, but not be limited to, a description of continuing education for Agency Members who do not comply with established policies and procedures of the NEMT Brokerage Program, including, but not limited to, additional education to Agency Members who habitually request transportation less than three (3) business days in advance of the appointment date. The vendor may impose transportation options and limits on Agency Members with excessive incidents of non-compliance.

In the case of Agency Members who are chronically late or absent for scheduled trips, the vendor may require the member to call when the member is ready for pick-up. Neither the vendor nor the NEMT provider may charge Agency Members for no-shows.

The vendor's Member Outreach and Education Plan should include an education policy and transportation options for Agency Members whose behavior enroute threatens the safety of the member, driver, or other passengers.

There are many variables that can have an adverse impact on the transportation broker's ability to consistently provide high-quality transportation services and one of those is Agency member-related compliance issues. Our Member Outreach and Education Plan includes a comprehensive strategy to address non-compliance among Agency members while promoting safe, equitable access to NEMT services. Our plan covers non-compliant issues such as members who:

- Habitually request transportation less than three (3) business days in advance
- Are chronically late for scheduled trips
- Are repeatedly absent/no-shows for scheduled trips
- Are abusive or unruly during the transport

When handling issues related to non-compliant behavior, we will approach each Agency member with dignity, respect, and sensitivity. For Agency members who do not comply with established policies and procedures of the NEMT Brokerage Program, we may limit their ability to book rides through our web portal and mobile application, thus requiring the Agency member to contact our call center to book a trip. For instance, we flag high-rate no-show Agency members in NET InSight. When a CSR begins to book a flagged Agency member's trip, an alert appears at the top of the profile that states, "high- rate no-show risk." This alert notifies the CSR

to conduct real-time education during the Agency member's call. The system flags Agency members in this manner by tracking no-shows over the most recent 90 days.

For chronically late or no-show behavior, our standard procedures include:

- Leveraging the reservation process to re-educate Agency members on their responsibilities. While the Agency member is reminded of their accountabilities, the CSR also can direct them to available educational materials on our website, or we educate Agency members through client- approved notification letters.
- Discussing program policies with the Agency member and explaining the potential impact on other Agency members through one-on-one conversations that are scheduled due to repeated behavior.
- Collaboration with health care providers and case managers at various facilities as part of our outreach efforts.
- Working with the Agency to implement additional behavior modification policies.

Verida makes a concerted effort to modify non-compliant behavior through a defined process of detection, offering education, and finally, client-approved restrictions. In similar markets, such restrictions may include:

- Requiring the Agency member to call to confirm all trips within 24 hours of transport
- Requiring the Agency member to call when the Agency member is ready to be picked up
- Reducing services to mileage reimbursement only
- Temporarily suspending services
- Permanently terminating services

We will work with the Agency to develop acceptable mitigation protocols. Regardless of the event, we **will not charge Agency members for trips** (appointments) to which they do not show up. This information is included in our Transportation Provider Training, as well as the Transportation Provider Service Agreement.

Managing Unruly Behavior

Verida's Member Outreach and Education Plan includes a structured policy to address situations where an Agency member's behavior during transport poses a safety risk to themselves, the driver, or other passengers.

In the event any member's or other passenger's behavior or any other condition impedes the safe operation of the vehicle, the driver shall park the vehicle in a safe location out of traffic, notify the NEMT provider, and request assistance.

Our mitigation strategies to minimize the behavior from recurring include, but are not limited to, the following strategies:

- **Behavioral Education and Support**:
    - Verida will provide targeted education to members exhibiting disruptive or unsafe behavior enroute.
    - Educational materials will be developed in collaboration with behavioral health professionals and written at a 5th-grade reading level to facilitate accessibility.

- Outreach and Communication Managers will engage members through phone calls, in-person meetings, or virtual sessions to explain behavioral expectations and reinforce safe riding practices.

- **Transportation Adjustments for Safety**:
  - Verida may implement transportation modifications for members whose behavior threatens safety, including:
    - Requiring a travel escort or caregiver to accompany the member.
    - Assigning individual (non-shared) rides when appropriate.
    - Coordinating with care managers or caseworkers to develop a behavioral support plan.
  - All adjustments will be documented in NET InSight and reviewed with the Agency to support transparency and compliance with Medicaid guidelines.
- **Ongoing Monitoring and Collaboration**:
  - Verida will monitor incidents and trends through trip logs and provider feedback.
  - Facility Outreach and Communication Managers will work closely with NEMT providers and facility staff to identify concerns early and intervene proactively.
  - Verida will maintain open communication with the Agency to report incidents and seek guidance on complex cases.

Our policy promotes safe and accessible transportation for all members while providing additional behavioral guidance and accommodations for those whose conduct during transit may pose a risk to themselves, drivers, or fellow passengers.

XIII. Operations Procedures Manual

The vendor should develop an Operations Procedures Manual to be approved by the Agency detailing all procedures to be used in scheduling and delivery of NEMT Services. The vendor should submit a draft outline of this manual with the vendor's proposal. The vendor should submit a final, completed Operations Procedures Manual to the Agency for review and approval no later than thirty (30) calendar days prior to the operations start date. The vendor should not begin operations without an Agency-approved Operations Procedures Manual. The vendor should provide a copy of the Operations Procedures Manual to all the vendor staff and should incorporate it into all training programs for new employees.

The manual should be reviewed, updated and distributed to vendor staff annually and whenever changes in operating procedures are made. The Agency may require modification of the Operations Procedures Manual at any time and notify the vendor in writing of the required modification. The vendor should modify the Operations Procedures Manual within ten (10) business days of notification.

Verida has established a strong reputation within the industry for providing reliable and high-quality transportation management services. We have spent the past 25 years developing and refining our policies and procedures, resulting in a methodology that serves the best interests of our NEMT clients, Medicaid members, NEMT providers and other interested parties. Our comprehensive and well-tested policies and procedures are in place to assure that all elements of our transportation management program are thoroughly documented and effectively rendered. Specific elements of our NEMT Operations Procedures Manual encompass eligibility screening, assessment of member need, identification of the most appropriate and least costly transportation method, gatekeeping, training, and quality management.

URAC ACCREDITED

As a URAC-accredited broker, Verida upholds nationally recognized standards for quality and accountability. Our Policy and Procedures manuals are kept current and are reviewed annually by our Quality Management Committee, with final approval from our Executive Management Team. This structured oversight confirms our operational practices remain consistent, compliant, and aligned with industry best practices.

Upon an award, we will tailor our Operations Procedures Manual to meet the specific requirements of the West Virginia NEMT Program. We have included a draft outline of the Operations Procedures Manual with our proposal as **Exhibit 7** Our draft provides a clear framework of the topics and procedures to be covered.

Verida is URAC Accredited

Verida's status as a URAC-accredited NEMT broker reflects our commitment to operational excellence, accountability, and continuous quality improvement. This accreditation requires us to maintain rigorous, well-documented policies and procedures that meet nationally recognized standards for service delivery, compliance, and member safety. As a result, our Operations Procedures Manual and all related documentation are developed with a strong foundation in quality assurance, risk management, and performance monitoring. This safeguards that our scheduling, trip delivery, member outreach, and provider coordination processes are not only consistent and transparent but also aligned with best practices in healthcare transportation.

URAC accreditation also reinforces our ability to respond to regulatory changes and Agency requirements with agility and precision, making Verida a reliable and compliant partner for the West Virginia NEMT program.

Final Manual Submission and Approval

A final, completed Operations Procedures Manual will be submitted to the Agency for review and approval no later than thirty (30) calendar days prior to the operational start date. Verida will not begin operations until the manual has received formal approval from the Agency.

Distribution and Staff Training

Upon approval, Verida will:

- Distribute the manual to all Verida staff.
- Incorporate the manual into all new employee training programs, confirming consistent understanding and application of procedures across the organization.

Ongoing Review and Updates

The manual will be:

- Reviewed and updated annually, or sooner if operational procedures change.
- Redistributed to staff following each update to maintain alignment with current practices.
- If the Agency requires modifications, Verida will make the requested changes and submit the revised manual within ten (10) business days of notification.

This approach helps confirm that all staff are equipped with the most current procedures and that operations remain aligned with Agency expectations throughout the life of the contract.

XIV. Complaint Policies and Procedures

The vendor's Proposal should include a description of the vendor's approach to member and NEMT provider complaint policies and procedures, including separate complaint resolution processes for Agency Members and NEMT providers (as described in Sections XIV.A and XIV.B below). The policies and procedures should provide for prompt resolution and ensure the participation of individuals who have authority to require corrective action. The vendor should attempt to resolve any complaint in accordance with the complaint resolution process. The vendor should work with all associated parties including the Agency, as necessary, to resolve complaints.

The vendor should submit a final Complaint Policies and Procedures Manual to the Agency at least thirty (30) calendar days prior to the operations start date for the Agency review and approval. The vendor should not begin operations without an Agency approved Complaint Policies and Procedures Manual. The vendor should review its complaint policies and procedures every six (6) months and notify the Agency if it determines that an amendment is necessary. The vendor should perform amendments only with the prior written consent of the Agency. The Vendor shall have thirty (30) calendar days post Agency approval to publish and distribute the amended manual to provider and member communities. The vendor's approach to review and amend complaint policies and procedures should be included with the Proposal's description of these policies and procedures.

Verida has a documented history of swiftly and accurately acknowledging, investigating, and resolving complaints made by NEMT program members, NEMT providers and other interested parties as outlined in Sections XIV.A and XIV.B of the RFP. Our process is designed to promote prompt resolution, transparency, and accountability. Complaints will be handled by trained staff with the authority to initiate corrective actions when necessary, so that issues are addressed efficiently and appropriately. Verida will work collaboratively with all involved parties—including the Agency, NEMT providers, healthcare providers and members—to resolve complaints in accordance with the established resolution process.

We define a complaint as any expression of dissatisfaction with transportation services and/or the behavior of person(s) associated with the delivery transportation services. Complaints may include but are not limited to dissatisfaction with the appearance, cleanliness, or function of an NEMT vehicle; the dispatching of an inappropriate mode of transportation; an unpleasant interaction with a driver, attendant or other Agency member during transport; or general dissatisfaction with the performance of Verida, our agents, a network NEMT provider.

Description of our Approach

We employ a "no wrong door" approach to enable West Virginia Agency members, Medicaid providers, NEMT providers, and other interested parties to easily initiate complaints through multiple accessible channels. Complaints may be submitted via:

- Our corporate website
- The program-specific website (see Figure App1-XIV-A-1)
- Member, Facility, or Provider Web Portals
- The Member App
- Our dedicated toll-free Complaint Line
- Our main call center number
- Email or U.S. Mail

To further enhance convenience, we provide a prominently placed link on our website's homepage labeled "File a Complaint – Click Here for a Fillable Form." This publicly accessible feature allows individuals to submit complaints specifically related to NEMT services in a streamlined and user-friendly manner.

***Figure App1-XIV-A-1**: Agency members, NEMT providers, and other interested parties are able to initiate complaints via our web page and portals. Confidential and Proprietary*

Managing Complaints and Grievances	
Step-by-Step Complaint Process	
1.	All occurrences recorded in the NET InSight system immediately by the individual receiving the initial complaint/incident.
2.	NET InSight assigns a unique tracking number to the occurrence.
3.	The Complaint Coordinators work the queue based on level of severity – with a focus on Level 1 reports first.
Severity Level 1	• Serious incidents involving safety (e.g., accidents, injury, abusive behavior)
Severity Level 2	• Moderate issues involving service, behavior, or timeliness
Severity Level 3	• Day-to-day issues that include timeliness, loud music, or minor vehicle issues
4.	Regardless of the severity level, the Complaint Coordinator will respond verbally to the complainant within one (1) business day of receiving the complaint and/or incident and will document the contact and pertinent information in the system. Acknowledgement of a complaint includes making contact with the complainant and letting them know the next steps that will be taken in regard to their complaint.
5.	The Complaint Coordinator investigates the complaints. All complaints are considered substantiated unless determined otherwise by the Agency.

6.	If the complaint is found to be unsubstantiated by the Agency, the Complaint Coordinator will mark it as "Invalid" in NET InSight. The Agency member, Agency member's representative, or Medicaid provider will have 15 calendar days to request a review, or the right to request a review will be waived.
7.	If the complaint involves a transportation provider, the Complaint Coordinator sends a Request for Explanation to the provider to receive their input in the investigation process. Transportation providers are contractually required to respond in writing within 24 hours of the complaint.
8.	For substantiated complaints, the Complaint Coordinator coordinates the investigation with the Project Manager to determine further action or to develop a corrective action plan.
9.	The Complaint Coordinator communicates the outcome to the complainant within ten (10) business days from receipt of the complaint.
10.	If appropriate, we remove any transportation provider, including drivers, and/or service personnel immediately upon discovery of non-compliance with NEMT policy for purposes of investigations, retraining applicable to the type of occurrence, or other corrective action as determined by the Agency.
11.	The Business Analytics team, in cooperation with the Complaint Coordinator compiles a monthly/quarterly report that analyzes the complaints and incidents for the purposes of determining the quality of services, particularly noting any patterns or trends, to confirm services conform to NEMT requirements. With our reporting, we track the number of business days it takes to close each complaint and provide an aggregate metric on the average time to close complaints.
12.	The QA team maintains records of complaints and incidents and their resolutions including a description of any corrective action taken. Copies of these records are submitted upon request by the Agency.

Our complaint resolution process is based upon and in full compliance with CMS' complaint resolution protocols. Using our powerful and propriety transportation management software, NET InSight, we maintain an electronic complaint log as a record of all complaints, resolutions, and any corrective action(s) taken.

At a minimum, our complaint logs include the following information:

a. A unique tracking number
b. Name and contact information of person filing the complaint
c. Date complaint was filed
d. Agency member information, if applicable
e. Narrative explaining the detail of the complaint
f. Relevant trip information pertaining to the complaint
g. Relevant Transportation Provider information pertaining to the complaint
h. Trip log information, if applicable
i. Whether the complaint related to a scheduled ride to go to an appointment
j. Whether the complaint related to a scheduled ride from an appointment
k. Whether the complaint related to a recipient who resided in the community, a health facility, an intermediate care facility for individuals with intellectual disabilities, a hospital, or another location

l. Outcome/resolution of complaint
m. Date of Verida's response to complaint

Verida will make an initial response to all complainants within one (1) business day after receipt of the complaint. Using the information captured in NET InSight, we will provide a summary report categorizing the complaints by type, and as much factual information as possible. We will submit this report to the Agency on a monthly basis, and additionally as requested.

As an added safeguard, a member of our Corporate Compliance Department conducts a high-level review of all complaints to confirm the appropriate severity level was assigned. Anything identified as a possible "incident" is escalated for further review. This methodology helps make sure that individuals who make decisions on complaints were not involved in any previous level of review or decision making. In compliance with our URAC Certification requirements, the Verida QMC reviews and updates our Complaint/Grievance/Appeals policy annually.

Agency Review and Approval

The full details of our process will be submitted to the Agency for review and approval at least thirty (30) calendar days prior to the operational start date, and operations will not begin until the manual is approved. The manual will be reviewed every six (6) months, and Verida will notify the Agency if amendments are needed. Any changes will be made only with prior written consent from the Agency, and once approved, Verida will publish and distribute the updated manual to provider and member communities within thirty (30) calendar days. Our approach enables us to remain consistent, responsive, and aligned with program standards.

We always encourage feedback from interested parties regarding the quality of NEMT services. Through the Agency-approved educational content we will provide simple instructions on how to file a complaint in English, Spanish, and any other languages deemed prevalent by the Agency. Complaint instructions will be produced in printed materials and available electronically on Verida's public website. Verbal instructions will also be provided by our CSRs in the Agency member's primary language or through our language assistance line.

A. Member Complaint Resolution and Appeal Process

The vendor should have a complaint resolution process for Agency Members. Each complaint should be assigned a unique tracking number. The vendor should respond to a complainant within one (1) business day after receipt of a complaint. The vendor should attempt to resolve complaints in accordance with the complaint resolution process. The vendor should work with all parties and the Agency to resolve the complaint. The Agency will have final approval on Member complaint resolution.

Complaint information provided to the Agency should include, but not be limited to:

1. *Documentation or testimony by the Project Manager or other medical or expert consultant who is familiar with and able to testify to the specific case being appealed.*
2. *Records and documentation regarding a denial of a NEMT Service. Records should be maintained as outlined in Section V of this Appendix 1 and information should be reported as outlined in Appendix 3 (Reporting Requirement).*
3. *Comprehensive documentation specific to the case.*

If the Agency overturns the denial and authorizes the NEMT Services, the Vendor should notify the member and the NEMT provider of the appeal decision. The vendor will then approve the NEMT Services and reimburse the NEMT provider.

Verida's complaint resolution process for Agency members is designed to be timely, transparent, and collaborative, so all concerns are addressed with professionalism and

accountability. Our NET InSight system is the key component of our methodology for capturing, tracking, responding to and resolving complaints. Whether received via the web portals, by phone, in writing, or in person, all complaints are documented in NET InSight. The system generates a support ticket, which includes a unique tracking number, a date, and time stamp.

Using the tracking number, our platform links each occurrence to the appropriate Agency member record, to a particular trip record, or both. This linkage supports tracking the occurrence throughout its lifecycle, from intake, to investigation, and closure. The system also enables our team to adhere to the timeliness requirement of responding to a complaint within one (1) business day after the receipt of the complaint.

Our complaint coordinators will make every effort to resolve the issue in accordance with our formal complaint resolution procedures. These procedures involve staff members with the authority to initiate corrective actions, and Verida will work closely with all relevant parties—including the Agency, NEMT providers, and care managers—to reach a resolution. The Agency will have final approval on all member complaint outcomes.

In cases involving a denial of NEMT services, Verida will provide the Agency with:

- **Documentation or testimony** from the Project Manager or a qualified medical or expert consultant familiar with the specific case.
- **Records and documentation** related to the denial, maintained in accordance with the requirements outlined in Appendix 1 and reported per Appendix 3.
- **Comprehensive case-specific documentation** to support the review and decision-making process.

If the Agency overturns the denial and authorizes the NEMT services, Verida will promptly notify both the member and the NEMT provider of the appeal decision. Verida will then approve the trip and confirm the provider is reimbursed accordingly. This process reflects Verida's commitment to fairness, member advocacy, and compliance with all program requirements.

As a best practice, our team will give Agency members assistance in completing forms and taking other procedural steps through direct support, information on our website, interpreter services, and toll-free numbers that have adequate Teletypewriting or Telecommunications Device for the Deaf (TTY/TDD).

B. NEMT Provider Complaint Resolution and Grievance Process

The vendor should establish and maintain a procedure to be approved by the Agency for reviewing complaints and grievances made by NEMT providers. Each complaint or grievance should be assigned a unique tracking number. The NEMT provider should be allowed fifteen (15) calendar days to request a review of the decision by the vendor, The Agency or both. Failure to request a review within fifteen (15) calendar days will forfeit the NEMT provider's right to request a review.

Verida has a successful track record of retaining NEMT providers. Our initiatives to assist them in setting up their businesses, establishing relationships with financial institutions, purchasing vehicles to expand their fleet, and developing sound business practices that promote sustainability has led to our reputation as the "NEMT provider-friendly broker." Verida considers the assistance and guidance we extend to NEMT providers as an investment with beneficial returns for all NEMT stakeholders.

Notwithstanding these efforts, we also recognize that even under the best operating conditions, some NEMT providers might experience issues or concerns that if left unacknowledged could lead to dissatisfaction. Using the process outlined above for members, we provide a conduit for NEMT providers to file a complaint or grievance with us at any time about any issue.

As a seasoned broker, we use established protocols for reviewing and handling complaints/grievances made by NEMT providers (complaints regarding claims denials are considered a separate protocol and are handled in accordance with our NEMT Provider Claims Appeal Protocol). Our procedures provide for prompt resolution and call for the participation of individuals who have authority to require corrective action. Verida is committed to working with all parties, and the Agency, as necessary, to resolve the complaint.

Our comprehensive complaint and grievance policy for West Virginia will be refined and submitted to the Agency for review and approval prior to implementation. This policy will outline the steps for submission, review, resolution, and appeal of complaints and grievances.

Overview of Process for West Virginia

1. **Unique Tracking Number**
   Each complaint or grievance received will be assigned a unique tracking number in NET InSight. This identifier will be used throughout the lifecycle of the issue to support accurate documentation, timely follow-up, and transparent reporting.
2. **Acknowledgment and Initial Review**
   Upon receipt, the complaint will be acknowledged within two (2) business days. An initial review will be conducted to determine the nature and severity of the issue, and the provider will be informed of the expected timeline for resolution.
3. **Resolution and Notification**
   Verida will investigate and resolve the issue within a reasonable timeframe, not to exceed fifteen (15) calendar days from the date of receipt. A written decision will be provided to the NEMT provider, including the rationale for the outcome and any corrective actions, if applicable.
4. **Review and Appeal Process**
   NEMT providers will be granted fifteen (15) calendar days from the date of the decision to request a review. We acknowledge that this review may be conducted by Verida, the Agency, or both, depending on the nature of the grievance and the provider's request.
   - Requests for review must be submitted in writing and include the original tracking number and a detailed explanation of the grounds for appeal.
   - Failure to request a review within the fifteen (15) calendar day period will result in forfeiture of the NEMT provider's right to appeal the decision.
5. **Documentation and Reporting**
   All complaints, resolutions, and appeals will be documented and maintained in NET InSight. Summary reports will be submitted to the Agency on a regular basis, as defined in the contract, to confirm oversight and continuous improvement.

These procedures enable NEMT providers to have a fair and timely process for resolving concerns, while maintaining compliance with Agency expectations and Medicaid program integrity standards.

XV. Contract Close-Out and Turnover Procedures

A. Turnover Plan

The vendor should submit a Turnover Plan for Agency approval no later than fourteen (14) calendar days after the date of Contract award. The Turnover Plan should provide for an orderly and controlled turnover of the vendor's responsibilities to a successor vendor or to the Agency at the end of the Contract period or upon termination of the Contract and minimize the disruption of NEMT Services to Agency Members.

The Turnover Plan should include, but not be limited to, 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.*

We appreciate the importance of an orderly and controlled turnover of operations to an incoming contractor. Our experience as an incoming broker has created an awareness of the importance of an outgoing contractor fully performing its turnover responsibilities. The key objective for the turnover task is to support continued service levels to members, transportation providers, Medicaid covered service providers, the Agency, and the operational team.

Our Turnover Plan is designed to minimize disruption to NEMT services for Agency members and provide continuity of operations. The plan will be submitted for Agency approval within fourteen (14) calendar days following the Contract award.

1. Proposed Approach to Turnover

Our approach emphasizes collaboration, transparency, and documentation. We will engage with the Agency and the successor vendor early in the turnover process to align expectations and establish clear communication channels. The transition will be phased to allow for knowledge transfer, system access, and operational handoff without service interruption.

To provide a seamless transfer and continuity of services, our organization will:

- **Develop a Detailed Turnover Plan**: We will provide a written transition plan, in paragraph form, along with a work plan that outlines tasks and a timeline schedule, assigned responsibilities, data transfer timelines, and continuity strategies for the turnover.
- **Full-time Equivalents (FTEs)**: We do not anticipate any significant changes to our overall organizational structure during the Turnover period. As attrition occurs, which is fully anticipated when a contract is ending, we enlist other internal resources to backfill gaps. For instance, as call center agents resign, we will use trained agents from our other call centers to handle the workload. For West Virginia, our Turnover Plan will include an estimated number of FTEs and types of personnel needed to operate all functions during the turnover phase. The statement will be separated by service area and by type of activity of the personnel.

- **Facilities and Resources**: As part of our turnover plan, we commit to documenting and transferring detailed information regarding all facilities and resources currently used to operate the Broker functions, including:
  - **Data Processing Equipment:** We will deliver a complete inventory and functional description of all hardware and cloud-based infrastructure used in data processing activities, including servers, encrypted storage systems, and computing equipment necessary to maintain service continuity.
  - **Reservation/Scheduling Software:** Documentation and user guides for the reservation and scheduling platforms will be shared with the Agency, including system configurations, integrations, and support contacts. Demonstrations and technical briefings will be available during the transition period.
  - **System and Special Software (Database and Telecommunications):** We will provide a breakdown of key system software, including database architecture, automated call distribution tools, reporting dashboards, and any specialized platforms used to support NEMT functions. Technical documentation and source file repositories (as contractually permitted) will be made available.
  - **Other Equipment:** An itemized list of supplementary equipment (e.g., dispatch tools, telephony hardware, mobile devices, network routers, etc.) will be included so all operational touchpoints are covered in the transition scope.
  - **Office Space:** Details of current office locations, including floorplans, layout of call centers and dispatch operations, and facility support needs, will be turned over to the Agency to facilitate potential transitional use or to inform relocation planning.
  - **Transportation and Provider Network:** We will submit a final, up-to-date directory of contracted transportation providers with relevant details (e.g., vehicle types, service areas, credentialing status), along with a summary of engagement terms to assist the Agency in maintaining the network or transitioning it to a new broker.

2. Tasks and Subtasks for Turnover

Turnover Plan Elements	
Tasks	**Subtasks**
Planning & Coordination	Establish turnover team, schedule kickoff meetings, define roles
Documentation Transfer	Inventory all materials, verify completeness, prepare for handoff
System & Data Migration	Backup data, validate integrity, transfer securely
Staff Transition Support	Identify key personnel, provide role documentation
Training & Knowledge Transfer	Conduct sessions for successor staff, provide manuals

Final Reporting	Submit turnover summary, confirm completion of all tasks

3. Timeline for Turnover (with Variance Adjustments)

Turnover Timeline		
Phase	**Duration**	**Contingency Window**
Planning & Initiation	Week 1	±2 days
Documentation & Data Prep	Weeks 2–3	±3 days
Training & Handoff	Weeks 4–5	±5 days
Final Review & Closure	Week 6	±2 days

Adjustments will be made based on Agency feedback, successor readiness, and operational needs.

4. Operational Resource Requirements

- **Turnover Manager** to oversee execution
- **IT Specialist** for data migration and system access
- **Training Coordinator** for instructional support
- **Administrative Staff** for documentation and logistics
- **Secure file transfer infrastructure** for digital handoffs

5. Training Provided

We will deliver structured training sessions to the successor vendor or Agency personnel, including:

- System navigation and reporting tools
- Operational workflows and escalation procedures
- Member service protocols
- Use of the Operations Procedures Manual

Training will be offered both virtually and on-site, with recorded modules for future reference.

6. Procedures for Transfer of Materials

All materials developed in support of the NEMT Brokerage Program will be cataloged and transferred securely. This includes:

- **Data and documentation**: Agency member records, trip logs, performance metrics
- **Files and training materials**: Staff guides, onboarding documents
- **Operations Procedures Manual**
- **Marketing collateral**: Brochures, pamphlets

- **Other written records**: Meeting minutes, policy updates

Transfers will be conducted via encrypted digital channels and verified through checklists and receipt confirmations. We welcome the opportunity to collaborate with the Agency to refine this Turnover Plan and facilitate a smooth and responsible transition.

B. Turnover Notification and Turnover Period

In the event the Agency requests a turnover of the duties and obligations of the vendor to the Agency or to a new vendor upon termination of the Contract, the vendor should expect the Agency 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 Agency in the notice and continue until the Agency determines that all of the vendor's contract duties and obligations have been met, even if that date extends beyond the termination date of the contract. The vendor should expect the Agency's notification to provide written instructions regarding the packaging, documentation, data formats, delivery location, and delivery date of all records, data and information the Agency determines are required to provide for contract turnover.

Verida acknowledges and fully accepts the Agency's protocol for initiating and executing a turnover of duties and obligations upon termination of the Contract. We will support a structured, transparent, and cooperative transition process that enables continuity of NEMT services for Agency members.

Notification and Turnover Period

We understand that the Agency will provide written notification of the need for turnover at least ninety (90) calendar days prior to the Contract termination date. Upon receipt of this notification, Verida will:

- Designate a Turnover Manager to serve as the primary point of contact for all turnover activities.
- Initiate internal planning and resource allocation to meet the specified timeline and requirements.
- Collaborate with the Agency and/or successor vendor to facilitate a smooth and uninterrupted transition.

We further acknowledge that the Turnover Period will begin on the date specified in the Agency's notice and will continue until the Agency confirms that all contractual duties and obligations have been fulfilled—even if this period extends beyond the official termination date of the Contract.

Compliance with Written Instructions

Upon receipt of the Agency's written instructions, we will comply fully with all specifications regarding:

- **Packaging**: Secure and organized packaging of physical and digital materials to prevent loss or damage.
- **Documentation**: Comprehensive labeling and indexing of all records to facilitate easy access and usability.
- **Data Formats**: Conversion and delivery of data in formats specified by the Agency (e.g., CSV, XML, PDF).

- **Delivery Location**: Shipment or electronic transfer to the designated location(s) as outlined in the instructions.
- **Delivery Date**: Timely delivery of all materials by the date specified, with confirmation of receipt.

We will maintain detailed logs of all transferred items and provide the Agency with a Turnover Completion Report summarizing all activities, deliveries, and confirmations.

Commitment to Data Integrity and Security

Throughout the turnover process, the Verida team will uphold the highest standards of data integrity, confidentiality, and security, including:

- Use of encrypted file transfer protocols for digital data
- Secure handling and transport of physical records
- Verification of data completeness and accuracy prior to delivery

Our turnover approach is designed to be structured, transparent, and fully aligned with the Agency's continuity of operations priorities. Our team will remain actively engaged throughout the transition, providing personnel, technical support, and documentation as needed to safeguard the integrity and reliability of NEMT services.

C. Specific Close-Out Requirements

The vendor should complete all duties required in the contract regarding requests for NEMT Services for dates of services up to and including 11:59 p.m. Eastern Standard Time on the termination date of the contract. These duties should include, but not be limited to, the following:

1. *Screening, authorization, scheduling, and provision of NEMT Services*
2. *Successful submission to The Agency of all utilization data*
3. *Generation and sending of all required notices to providers and Agency Members*
4. *Validation Checks as required in Section VII of Appendix 1.*
5. *Submission and correction, as necessary, of all reports required by this contract.*

Verida will complete all duties required in the contract with regard to requests for NEMT services for dates of service up to and including 11:59 p.m. Eastern Standard Time on the termination date of the contract. These duties will include, but will not be limited to:

1. **Screening, authorization, scheduling, and provision** of NEMT services for all eligible requests through the termination date.
2. **Timely and accurate submission** of all utilization data to the Agency.
3. **Generation and delivery of required notices** to providers and Agency members.
4. Execution of all **Validation Checks** as outlined in Section VII of Appendix 1.
5. **Submission and correction** of all contractually required reports.

Our team will remain fully engaged and responsive throughout the final phase of the contract to facilitate a smooth and compliant conclusion of services.

D. Agency Access

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

During the Turnover Period, Verida will allow the Agency full remote access to all data records as required in the Contract during regular business hours.

E. Specific Turnover Requirements

At any time prior to the Agency's determination that all requirements under the Contract have been completed, the Agency may request, and the vendor should provide, the following information to the Agency:

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 Standard Time on the termination date of the contract and that have not been transmitted to the Agency 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 Standard Time on the termination date of the Contract and that The Agency 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 Standard 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 Agency hearings that have been scheduled or are in process.*

When Agency members transition in or out of our NEMT program, we focus on each Agency member's needs; we prioritize continuity, safety, and quality of care to maintain the Agency member and NEMT provider experience. We understand that at any time prior to the Agency's determination that all requirements under the Contract have been completed, the Agency may request that Verida provide the following information to the Agency:

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 Verida prior to 11:59 p.m. Eastern Standard Time on the termination date of the Contract and that have not been transmitted to the Agency 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 Verida prior to 11:59 p.m. Eastern Standard Time on the termination date of the Contract and that the Agency returned to Verida as unprocessed with an error code.

3. Information on any other deliverables that are pending as of 11:59 p.m. Eastern Standard 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 Agency hearings that have been scheduled or are in process.

To make sure the turnover of responsibilities and the necessary knowledge transfer are completed by the end of the term, we agree to work closely with the Agency.

F. Vendor Response to Questions

The vendor should answer any written questions from the Agency for a new vendor regarding the review of the information and data that vendor has transferred to the Agency for a new vendor. The vendor's answers should be in writing and should be submitted to the Agency or the new vendor within five (5) business days after receipt of the question.

Verida acknowledges and agrees to answer any written questions from the Agency or a new vendor during turnover. We will provide written responses, which we will submit to the Agency or the new vendor, within five (5) business days after receipt of the question(s).

G. Turnover Meetings

The vendor should expect the Agency to notify the vendor of the date, time, and location of meeting(s) regarding the close-out or turnover to be held among the Agency, the vendor and new vendor. The vendor should provide two (2) individuals to attend meetings. The individuals attending should be proficient and knowledgeable regarding the paper materials and electronic data to be transferred and delivered to the Agency or a new vendor.

As part of our commitment to facilitate a smooth turnover, Verida agrees to have a minimum of two (2) individuals attend closeout/turnover meetings at the date, time, and location specified by the Agency. These representatives will be proficient in both paper documentation and electronic data systems relevant to the contract, facilitating a smooth and accurate transfer of all required materials and information.

Appendix 2: Implementation Specifications

The following specifications have been determined by the Agency for the Implementation Phase of this project. The Agency will consider responses to this RFP that propose modifications to the following specifications. Modifications should be clearly stated in the vendor's proposal.

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I. Implementation Work Plan

The vendor's Proposal should include an Implementation Work Plan (IWP) to be approved by the Agency and should be maintained throughout the implementation period that includes all tasks required to successfully begin operation of the NEMT Brokerage Program. The IWP should be sufficiently detailed to satisfy the Agency that the work should be performed in a logical sequence, in a timely manner, and with an efficient use of resources. The vendor should submit the final IPW electronically and in hard copy to the Agency no later than fourteen (14) calendar days after the date of contract award.

A. Work Plan Tasks

The IWP should include task-level details, including timeframes, milestones and names of vendor staff members who may be responsible for each task. Each task listed in the IWP should include a description of the activity, a scheduled start date and a scheduled completion date.

The types of tasks to be described in the IWP should include, but not be limited to, the following:

1. *Acquisition of office space, furniture and telecommunications equipment; computer equipment, including software; and installation of utilities*
2. *Hiring and training of central office staff, call center staff and all other vendor staff*
3. *Recruitment and contracting of NEMT providers*
4. *Verification that NEMT provider vehicles meet vendor standards, including inspection and certification requirements*
5. *Verification that drivers meet Contract standards*
6. *Testing of daily operational requirements, including, but not limited to; call center, dispatch and real time communications with drivers, to ensure that all components are functioning adequately prior to the Agency's Readiness Review*
7. *Installation of trip scheduling, reservation, and dispatch systems*
8. *Member, NEMT provider and medical provider education*
9. *Development of required deliverables, including, but not limited to, reports, Operations Procedure Manual, NEMT Provider Manual, eligibility file requirement, utilization data submission procedures, Quality Assurance Plan (as described in Section II of Appendix 2), and Business Continuity and Disaster Recovery Plan (as described in Section V of Appendix 2).*

Implementation Work Plan

Verida's Implementation Work Plan addresses the requirements outlined in Appendix 2, Implementation Specifications and lays out the steps required to launch the NEMT Brokerage Program within three months of award. The plan advances key activities—staffing, provider contracting, and IT system configuration—in parallel to confirm the program is fully ready within the 13-week implementation window.

- **Program Operations Knowledge**: With extensive NEMT brokerage experience, Verida understands the critical role of connecting Medicaid members, healthcare providers, and transportation vendors. Our Implementation Work Plan addresses the full scope of Appendix 2 requirements: facility acquisition, staff recruitment and training, provider network development, vehicle and driver credentialing, system installation and testing, compliance activities, member and provider education, and development of all required operational manuals and reports. Each work stream includes clear timelines, deliverables, and accountability.
- **Regulatory Compliance**: Our approach fully incorporates federal requirements (42 CFR § 440.170 and CMS's SMD #23-006) and state regulations (BMS Chapter 524 and BFA

Income Maintenance Manual Chapter 27), ensuring compliant operations from day one with proper credentialing, ADA-compliant vehicles, complaint resolution processes, and fraud prevention safeguards.

- **Final IWP Submission**: Within fourteen (14) calendar days of contract award, Verida will submit the Final Implementation Work Plan with specific calendar dates and detailed resource assignments. Staff names will also be included in the Final IWP.
- **Quality Assurance Plan**: The Quality Assurance Plan will be submitted at least thirty (30) calendar days prior to Go-Live. Operations will not begin until the Agency has reviewed and approved the QAP.

Deliverable Validation Process

All deliverables undergo a multi-step validation process where the Business Analytics team consolidates data, performs quality checks, and routes draft reports to compliance and operations leadership for final review. This process minimizes errors and promotes transparency.

Verida maintains an open feedback cycle with state program staff, incorporating recommendations into report formats and data analysis tools. Our Client Portal gives Agency personnel access to near real-time performance data and key metrics outside of formal reporting cycles, promoting transparency and trust.

Implementation Work Plan Tasks

(Timeline based on contract award date)

Task Description	Responsible Staff Member	Timeline	Deliverable/ Milestone
PROJECT MANAGEMENT			
Conduct project kickoff with Agency & internal stakeholders	Project Manager	Weeks 1–2	Kickoff meeting held
Submit Final IWP with actual calendar dates	Project Manager	Weeks 1–2	Final IWP submitted
Conduct weekly implementation status meetings	Project Manager	Weeks 1–13	Weekly status reports
ACQUISITION OF OFFICE SPACE, FURNITURE AND TELECOMMUNICATIONS EQUIPMENT			
Site selection for central office & call center facility	Facilities Manager	Weeks 1–3	Site selection for Call Center finalized
Lease negotiation & execution	Facilities Manager/Chief Compliance Officer and Legal Counsel	Weeks 2–6	Parallel work with legal team. Lease negotiated and executed.
Install telecommunications, internet, and utilities	IT Director	Weeks 4–7	Services operational:

Install office furniture & workstations	IT Operations Manager	Weeks 5–8	Workstations ready
Acquire and install computer equipment and software	IT Director	Weeks 5–8	Hardware operational
HIRING AND TRAINING OF STAFF			
Post and advertise job openings	HR Director	Weeks 1-2	Job postings active
Screen, interview, and select candidates	HR Director	Weeks 1-4	Candidates selected
Orientation and training for new hires	HR Director	Weeks 5-10	Staff onboarded
RECRUITMENT AND CONTRACTING OF NEMT PROVIDERS			
Recruit NEMT providers	VPO	Weeks 1–6	Providers recruited
Execute contracts with NEMT providers	VPCC	Weeks 3–7	Contracts executed
Collect provider documentation	VPCC	Weeks 4–8	Documentation complete
VEHICLE INSPECTION AND CERTIFICATION REQUIREMENTS			
Establish vehicle inspection standards and procedures	VPCC	Weeks 3–4	Inspection procedures established
Verify provider vehicles meet vendor standards	VPCC	Weeks 4–9	Vehicles inspected and certified
Complete vehicle inspection and certification documentation	VPCC	Weeks 8–9 (ongoing thereafter)	Vehicle certifications complete; ongoing vehicle inspections throughout contract
DRIVER STANDARDS VERIFICATION			
Establish driver qualification standards	VPCC	Weeks 3–4	Driver standards established
Verify drivers meet contract standards	VPCC	Weeks 4–9	Drivers qualified and approved
Complete driver qualification documentation	VPCC	Weeks 8–9	Driver approvals documented
INSTALLATION OF TRIP SCHEDULING, RESERVATION, AND DISPATCH SYSTEMS			
Install and configure transportation information management system (scheduling, reservations, and dispatch modules)	IT Director	Weeks 2–7	Core system installed and modules operational

Configure system settings and interfaces; test connectivity with call center and provider network	IT Director	Weeks 5–7	System configuration complete
TESTING OF DAILY OPERATIONAL REQUIREMENTS			
Test call center operations	Call Center Manager	Weeks 8–10	Call center testing complete
Test dispatch functionality	Call Center Manager	Weeks 8–10	Dispatch testing complete
Test real-time communications with drivers	IT Operations Manager	Weeks 9–11	Driver communication tested
Conduct integrated system testing	IT Director	Weeks 9–11	All systems tested and validated
MEMBER, NEMT PROVIDER AND MEDICAL PROVIDER EDUCATION			
Send initial member notification mailing	Marketing Manager	Weeks 2-3	Member notification distributed
Send initial provider & medical provider notification	VPO	Weeks 2-3	Provider/Medical Provider notification distributed
Develop member education materials (Guides)	Marketing Manager	Weeks 4-6	Member materials created
Develop NEMT provider education materials	VPCC	Weeks 4-6	Provider materials created
Develop provider education materials	VPO	Weeks 4-6	Medical provider materials created
Distribute member education materials	Marketing Manager	Weeks 7-9	Member education distributed
Conduct NEMT provider education sessions	VPCC	Weeks 7–9 (ongoing thereafter)	Initial education sessions completed; ongoing provider training established
Conduct provider education sessions	VPO	Weeks 7-9	Medical provider education completed
DEVELOPMENT OF REQUIRED DELIVERABLES			
Develop reports as required	VPCC	Weeks 5–9	Required reports developed
Develop Operations Procedure Manual	IT Operations Manager	Weeks 5–9	Operations manual completed

Develop NEMT Provider Manual	VPCC	Weeks 5–9	Provider manual completed
Establish eligibility file requirements	IT Director	Weeks 6–9	Eligibility procedures established
Develop utilization data submission procedures	IT Director	Weeks 6–9	Data procedures established
Develop Quality Assurance Plan	QA Manager	Weeks 4–9	QAP completed for submission
Develop Business Continuity and Disaster Recovery Plan	IT Director	Weeks 5–9	BC/DR plan completed
READINESS REVIEW AND GO-LIVE			
Submit all required deliverables for Agency review	Project Manager	Weeks 9–10	Deliverables submitted (30+ days before go-live)
Participate in Agency Readiness Review	Project Manager	Weeks 11–12	Readiness review completed
Address any required corrections	Project Manager	Week 11-12	Corrections implemented
Begin pre-go-live call handling	Call Center Manager	Weeks 12–13	Pre-operational testing. Begin pre-Go-Live call handling to capture and schedule trips in advance of Go-Live.
Operational Go-Live	**IT Director/Call Center Manager**	**Week 13**	**Program operational**

Planning Assumptions

This Implementation Work Plan is based on the following key assumptions:

- **Pre-Go-Live Call Handling:** One week prior to Go-Live, the call center will begin accepting member and provider calls to schedule trips with service dates starting on the Go-Live date, providing seamless transition with no service gap.
- **Timeline:** The 13-week implementation schedule begins upon contract award date, with timely Agency review and approval of submitted deliverables to maintain project schedule.
- **Resource Availability:** All necessary personnel, facilities, and systems resources will be available according to the proposed timeline, with Business Analytics team operational by Week 4 to support validation processes and report development.

Implementation Plan Maintenance

Verida will submit the final IPW electronically and in hard copy to the Agency no later than fourteen (14) calendar days after the date of contract award. This Work Plan will be maintained

and updated throughout implementation with Agency approval. All tasks will be completed in the sequence and timeframe described, confirming resources remain aligned to achieve a successful Go-Live.

II. Quality Assurance Plan

At least thirty (30) calendar days prior to the operational start date, the vendor should submit a final Quality Assurance Plan to the Agency for its review and approval. The Quality Assurance Plan (QAP) should include, at minimum, the following:

1. *The vendor's procedures for certification that all NEMT Services paid for are properly authorized and rendered.*
2. *The vendor's plan to develop safeguards against fraud, waste, misuse, or abuse by NEMT providers, medical providers, Agency Members and vendor staff and fulfill Agency reporting requirements regarding such activity, as described in Appendix 3 (Reporting Requirements) of this RFP.*
3. *The vendor's agreement to indemnify the Agency against any causes of actions or claims of payment brought by NEMT providers or Agency Members.*
4. *The vendor's plan to ensure that NEMT providers meet standards for vehicle maintenance, operation, and inspection; driver qualifications and training; complaint resolution; and delivery of courteous, safe and timely NEMT Services.*
5. *The vendor's plan for Quality Control in the vendor's call center as described in Section XI in Appendix 1*

The vendor should not begin operations without an Agency approved QAP. The Agency reserves the right to conduct quality assurance reviews on services provided by the vendor under the contract anonymously and without advance notice.

Verida is committed to delivering services of the highest quality to members, while consistently providing exceptional value, performance, and responsiveness to our contracting agencies. As the designated NEMT broker, our core responsibility is to facilitate safe, timely, and comfortable transportation of members to and from Medicaid-reimbursable medical appointments and other covered trips. To support this mission, Verida operates within a comprehensive quality assurance framework that integrates quality, efficiency, risk management, fraud and abuse prevention, and contractual compliance across all operational components.

Our enterprise-wide Quality Assurance Program is anchored by our Corporate Quality Assurance Plan, which reflects best practices established by the Utilization Review Accreditation Commission (URAC)—a nationally recognized leader in quality-focused accreditation. Verida's status as a URAC-accredited NEMT broker reflects our commitment to operational excellence, accountability, and continuous quality improvement. This accreditation requires us to maintain rigorous, well-documented policies and procedures that meet nationally recognized standards for service delivery, compliance, and member safety. Guided by URAC principles, our Quality Management Committee (QMC) oversees the implementation and maintenance of our Quality Assurance Plan (QAP), confirming that quality initiatives are embedded throughout our operations.

In preparation for the West Virginia NEMT program, Verida will submit a final QAP to the Agency no later than thirty (30) calendar days prior to the operational start date, in accordance with RFP requirements. We welcome the opportunity to collaborate with the Agency to tailor the QAP to West Virginia's specific needs and will incorporate any requested modifications to support alignment with state expectations. The finalized QAP will serve as a foundational framework to uphold program integrity, protect regulatory compliance, and deliver safe, reliable, and courteous transportation services to members across the state. The plan will address each of the requirements identified by the Agency:

1. **Procedures for Certification That All NEMT Services Paid For Are Properly Authorized and Rendered**
   Verida will use its proprietary trip management system, NET InSight, to document the full lifecycle of every trip. Authorization is verified at intake, where CSRs confirm eligibility and that the service requested is Medicaid-covered. Once trips are completed, encounter data is reconciled against trip manifests, GPS-captured records, and electronic driver logs to certify that each trip occurred as scheduled. NET InSight enforces data integrity through automated checks, timestamps, and geocoding, while our Compliance team reviews exceptions or anomalies for final certification. Only trips that pass these checkpoints are released for reimbursement, providing the Agency with confidence that every service paid for has been properly authorized and rendered.

2. **Safeguards Against Fraud, Waste, Misuse, or Abuse**
   Verida's Compliance and Program Integrity Department will implement safeguards that include pre-trip and post-trip validations, automated fraud detection tools in NET InSight, and data analytics to identify patterns of misuse. Every driver and provider trip log is electronically matched against member itineraries and geocoded pick-up and drop-off data. Provider Scorecards, generated monthly, will track critical indicators such as on-time performance, mileage reporting, no-show frequency, and complaint trends. Outliers will be flagged for review and corrective action. All suspected fraud, waste, misuse, or abuse will be reported to the Agency's Office of Program Integrity within three (3) business days, and Verida will fully cooperate with investigations.

3. **Agreement to Indemnify the Agency**
   Verida agrees to indemnify the Agency against any causes of action or claims of payment brought by NEMT providers or Agency members. This commitment reflects our role as a responsible steward of Medicaid funds and our obligation to maintain program integrity.

4. **Plan to Verify NEMT Provider Standards**
   The QAP will include clear protocols to verify that NEMT providers meet all standards for vehicle maintenance, operation, and inspection; driver qualifications and training; and delivery of courteous, timely, and safe service. Vehicle inspections will be documented electronically in NET InSight and validated through random audits and scheduled monitoring. Driver credentials, training records, and background checks will be reviewed at onboarding and revalidated periodically. Provider Scorecards will measure service quality and member safety across the network, with corrective action plans required for providers who do not meet standards. Complaint resolution will also be part of this process, with all complaints logged, categorized, and tracked in NET InSight until closure.

5. **Plan for Call Center Quality Control**
   Verida's Charleston-based call center will operate under a rigorous quality control program. Calls will be recorded through the NICE CXone platform, and Observe.AI will analyze 100% of interactions for accuracy, professionalism, and compliance with approved scripts. Supervisors will review flagged calls and provide targeted coaching to CSRs based on results. Metrics such as average speed of answer, abandonment rate, hold times, and customer sentiment will be monitored daily by the Workforce Management and Data Analytics Teams. Monthly reports of call center performance will

be presented to Verida's Quality Management Committee (QMC) and shared with the Agency to confirm adherence to service standards.

Verida fully acknowledges and respects the Agency's authority to conduct quality assurance reviews anonymously and without advance notice, and we welcome this level of oversight as a meaningful mechanism for reinforcing accountability and enhancing program integrity. We understand that operations may not commence until the Agency has formally reviewed and approved our QAP, and we are committed to meeting this requirement in full.

Our QAP establishes a structured and transparent framework for certifying service delivery, preventing fraud and misuse, verifying provider compliance with established standards, and continuously monitoring call center performance. This proactive approach safeguards that all aspects of the NEMT program are aligned with the Agency's expectations and regulatory standards, while promoting safe, dependable, and member-centered transportation services across the state.

III. Operational Readiness Review

Two (2) weeks prior to the operational start date, the vendor should expect that the Agency may conduct an operational readiness review of the vendor, after which the Agency may approve the vendor's implementation for operational go-live. The vendor should receive written Agency approval of all submission and demonstration requirements prior to the operation's start date.

Verida fully supports the Agency's requirement for an operational readiness review to be conducted two weeks prior to the official start date. We recognize this as a critical milestone to confirm that all systems, processes, and staff are prepared to deliver high-quality NEMT services from the very first day of operations.

Our Implementation Work Plan will establish clear timeframes, deliverables, and responsibilities for all readiness tasks. This includes the full configuration of our NET InSight platform, staff hiring and training, call center operations in Charleston, network provider onboarding, and the completion of all readiness deliverables required by the Agency. Each task will be carefully tracked through internal monitoring tools, and senior leadership will conduct ongoing status reviews to confirm that all obligations are met well in advance of the readiness review.

A. Readiness Review Deliverables

At least thirty (30) calendar days prior to the operational readiness review, the vendor should submit the following deliverables for the Agency review and approval to ensure that each process or item fully and consistently meets The Agency's requirements.

1. *The vendor's data systems (as described in Appendix 2, Section IV).*
2. *The vendor's information systems screen prints and logic.*
3. *The vendor's brokerage process including, but not limited to, authorization, scheduling, dispatch, coordination, management, generation of denial letters, and reimbursement process;*
4. *The vendor's NEMT Provider Network and Geographic Coverage Report (as described in Appendix 1, Section II (D)).*
5. *Proof of the vendor's NEMT provider network sufficiency.*
6. *The vendor's Adverse Conditions Plan as described in Appendix 1, Section IV (D).*
7. *The vendor's Post-Transportation Authorization of NEMT Services Policy as described in Appendix 1, Section IV (F).*
8. *The vendor's NEMT Service denial criteria and service denial letter as described in Appendix 1, Section V (A, #2).*
9. *The vendor's Validation Policy as described in Appendix 1, Section VII.*
10. *The vendor's Vehicle Inspection Plan as described in Appendix 1, Section IX (C).*
11. *Proof of compliance with vehicle and driver requirements.*
12. *The vendor's NEMT Provider Monitoring Plan as described in Appendix 1, Section X (E).*
13. *The vendor's final NEMT Provider Manual as described in Appendix 1, Section XII (A).*
14. *The vendor's NEMT Provider and Provider Training and Education Plan as described in Appendix 1, Section XII (B).*
15. *The vendor's final member Outreach and Education Plan as described in Appendix 1, Section XII (C).*
16. *Verification of the education of Agency Members, NEMT providers, providers, and other agencies occurred as described in Appendix 1, Section XII.*

17. *The vendor's Operations Procedures Manual as described in Appendix 1, Section XIII.*
18. *The vendor's final Complaint Policies and Procedures Manual as described in Appendix 1 Section XIV.*
19. *The vendor's Quality Assurance Plan as described in Appendix 2, Section II.*
20. *The vendor's Business Continuity and Disaster Recovery Plan as described in Appendix 2, Section V.*
21. *The vendor's reporting capabilities, including the ability to produce the Agency Specific reports as described in Appendix 3 (Reporting Requirements).*

Verida views the readiness review process as a critical milestone in preparing for the successful launch of the NEMT program in West Virginia. Thirty calendar days prior to the Agency's operational readiness review, we will provide a comprehensive set of deliverables that demonstrate every aspect of our program is operational, compliant, and member-ready. These deliverables will serve as both a verification tool for the Agency and a roadmap for operational execution.

One of the cornerstone documents in this process will be Verida's detailed Implementation Work Plan. This plan will function as the foundation of our program start-up and will clearly outline all milestones, timeframes, and the Verida staff responsible for each task. Every activity in the plan will include a detailed description, scheduled start and end dates, and accountability assignments to confirm transparency and progress tracking. By using this structured approach, we will give the Agency complete visibility into how each operational component will be readied, tested, and approved prior to go-live.

Key elements of our Implementation Work Plan will include:

- **Office and Infrastructure Preparation**: Verida will secure office space in Charleston, designed to accommodate all central office and call center staff required for program operations. This preparation will include the acquisition of furniture, telecommunications systems, secure computer equipment, and installation of necessary utilities. All hardware and software will be tested in advance to confirm stability and compatibility with the Agency's reporting and oversight needs.
- **Staffing and Training**: We will complete the hiring and training of all central office, call center, and field service staff well ahead of the readiness review. Training will be comprehensive, covering call center protocols, eligibility verification, dispatch procedures, compliance, and customer service expectations. Staff will also be instructed in HIPAA, privacy requirements, and cultural competency tailored to West Virginia's communities.
- **Provider Recruitment and Credentialing**: Verida will finalize recruitment, contracting, and onboarding of NEMT transportation providers, including both commercial drivers and volunteer drivers. Verification of compliance with all provider contract standards—vehicle inspections, driver credential checks, background screenings, and certification requirements—will be completed and documented.
- **Operational Testing**: Prior to the readiness review, we will conduct extensive testing of all daily operational requirements. This includes live call simulations through the call center, dispatch functionality, scheduling workflows, and real-time communication with drivers. These tests will confirm that all operational components—from intake through trip completion—function seamlessly and that members can receive the assistance they need without interruption.
- **Technology Implementation**: Verida's proprietary NET InSight platform will be fully installed and configured, with all scheduling, reservation, dispatch, and claims

processes tested for accuracy and efficiency. Trip scheduling and reservation workflows will be validated, dispatch assignments will be monitored through GPS-linked communications, and all outputs—including reports and denial letters—will be confirmed to meet contract requirements.

- **Education and Outreach**: Verida will launch an extensive education initiative to inform members, NEMT providers, medical providers, and other stakeholders about how to access and utilize NEMT services. Materials will be distributed in multiple formats (print, web, and mobile) and will be accessible to individuals with disabilities or language barriers. This education effort will also include orientation sessions for providers and direct engagement with facilities to promote readiness across all stakeholder groups.
- **Development and Submission of Required Deliverables**: Prior to the readiness review, Verida will submit all required documents for Agency review and approval. These include:
    - Data systems documentation and screen logic
    - Authorization, scheduling, dispatch, and reimbursement process descriptions
    - NEMT Provider Network and Geographic Coverage Reports
    - Proof of network sufficiency
    - Adverse Conditions Plan
    - Post-Transportation Authorization of NEMT Services Policy
    - Service denial criteria and denial letter templates
    - Validation Policy
    - Vehicle Inspection Plan
    - Proof of compliance with vehicle and driver requirements
    - Provider Monitoring Plan
    - Final Provider Manual
    - Provider Training and Education Plan
    - Final Member Outreach and Education Plan
    - Verification of completed stakeholder education
    - Operations Procedures Manual
    - Complaint Policies and Procedures Manual
    - Quality Assurance Plan
    - Business Continuity and Disaster Recovery Plan
    - Reporting system demonstration and sample Agency-specific reports

During the implementation phase, Verida's Technology and Business Analytics teams will work closely with the Agency to test all data systems. Test files, data formats, and secure transmission methods will be validated to confirm readiness for live operations. Encounter data reporting processes will be tested in advance, and any refinements identified during the testing phase will be addressed prior to the readiness review.

B. Call Center Readiness Requirements

As part of the readiness review, the vendor should demonstrate to the Agency that the vendor's call center meets all contract requirements, including reporting capabilities, compliant with reporting requirements included in Appendix 3 (Reporting Requirements). The vendor's data system should meet and/or demonstrate compliance with all contract requirements, including, but not limited to, the following:

1. *The vendor's data collection.*

2. *The vendor's method by which member information is recovered by the vendor and displayed on screens used by call center staff at their workstations.*
3. *The vendor's method by which the Agency overrides and/or special instructions should be displayed on screens.*
4. *The vendor's ability to determine member eligibility.*
5. *The vendor's ability to produce denial letters to Agency Members, NEMT providers, and medical providers, as appropriate.*
6. *The vendor's functionality of the web-based inquiry system for NEMT providers.*
7. *The vendor's quality control procedures and edits.*
8. *The vendor's reporting capabilities, including the ability to produce the Agency-specific reports (see call center reporting described in Appendix 3, Reporting Requirements).*
9. *The vendor's staff is appropriately trained.*
10. *The vendor's staff is sufficient to meet the timeliness and telephone system requirements as described in Appendix 1, Section XI (H).*

Verida's NEMT solution for West Virginia is designed to meet all contractual requirements and deliver reliable, efficient service to Agency members. As part of the readiness review, Verida will demonstrate how the following capabilities align with the contract requirements and Appendices 1 and 3:

Call Center Compliance

1. **Call Center Operations**
   Verida's West Virginia call center will operate Monday through Friday, 7 a.m. to 6 p.m., with support 24 hours a day, seven days a week for urgent requests and hospital discharges, consistent with current standards.

2. **Staffing and Training**
   All call center staff undergo comprehensive training in Medicaid policy, HIPAA compliance, system navigation, and customer service. Staffing levels are continuously monitored to meet timeliness and call handling metrics as outlined in Appendix 1, Section XI(H).

3. **Telephone System Requirements**
   Verida uses a cloud-based telephony system (NICE CXone) with call routing, queue management, and real-time analytics, using artificial intelligence to provide prompt response and resolution. The system supports call recording and quality assurance reviews. The NICE CXone platform is integrated seamlessly with NET InSight to create a unified data environment.

4. **Reporting Capabilities**
   Verida's call center platform generates detailed reports including call volume, average handle time, abandonment rates, and resolution metrics. These reports will be formatted to meet the Agency's specifications as detailed in Appendix 3.

Data System Compliance

1. **Data Collection**
   Verida's system captures trip requests, member demographics, eligibility status, provider details, and service outcomes. All data is securely stored and encrypted in compliance with HIPAA and CMS standards.

2. **Member Information Display**
   Call center staff access member profiles via a secure interface that displays real-time eligibility, trip history, and contact information. The system integrates with Medicaid databases for verification.

3. **Agency Overrides and Special Instructions**
   Overrides and special instructions from the Agency are flagged and displayed prominently on the member's screen, supporting staff adherence to custom directives.

4. **Eligibility Determination**
   Verida's system can interface with the state's Medicaid eligibility engine to verify member status at the time of trip scheduling. Eligibility checks will be automated and updated daily.

5. **Denial Letter Generation**
   Our NET InSight system automatically generates denial letters for members, providers, and medical facilities when services are not approved. Letters include reason codes and appeal instructions, in compliance with state policy.

6. **Web-Based Inquiry System**
   NEMT providers have access to a secure web portal to check trip status, submit documentation, and communicate with Verida's operations team. The portal supports real-time updates and audit trails.

7. **Quality Control Procedures**
   Verida employs automated edits and validations to prevent data entry errors. Quality assurance teams conduct regular audits and performance reviews to confirm compliance and service excellence.

8. **Agency-Specific Reporting**
   Verida's reporting suite includes all required reports listed in Appendix 3, including trip volume, denial rates, provider performance, and member satisfaction metrics.

9. **Staff Training**
   We use a comprehensive staff development and training program to assure that all employees are fully prepared to fulfill their designated role in providing NEMT services. Our training program includes numerous courses such as call center protocols, eligibility verification, dispatch procedures, compliance, and customer service expectations. Staff will also be instructed in HIPAA, privacy requirements, and cultural competency tailored to West Virginia's communities.

10. **Sufficient Staffing**
    Verida maintains staffing ratios aligned with call volume forecasts and contractual requirements. Workforce planning tools safeguard coverage during peak periods and emergencies.

C. Remediation and Start-Up

The vendor should have an opportunity to make corrections (if necessary, as determined by the Agency) prior to operational start date and may be required, upon request of the Agency, to submit documentation to the Agency verifying that corrections have been made. Two (2) weeks prior to the scheduled operational start date, the vendor should begin taking calls for requests for NEMT Services that are scheduled to be provided on or after the scheduled operational start date.

Verida acknowledges and fully supports the Agency's requirement for pre-operational readiness and correction verification. We are committed to confirming that all systems, processes, and personnel are fully prepared prior to the scheduled operations start date.

In alignment with the Agency's directive:

- **Correction Process**: Verida will proactively conduct internal audits and readiness assessments to identify and resolve any discrepancies or deficiencies. Should the Agency determine that corrections are necessary, we will promptly address them and submit the required documentation verifying that all corrections have been completed. This documentation will include detailed descriptions of the issues identified, corrective actions taken, and validation of resolution.
- **Call Center Activation**: Two (2) weeks prior to the scheduled operations start date, Verida will activate our dedicated NEMT call center to begin accepting transportation requests for services scheduled on or after the official launch date. Our call center will be staffed with trained personnel and equipped with the necessary technology to provide seamless intake, scheduling, and customer support. Verida will work with the Agency, if required, to port any existing toll-free telephone numbers associated with the program to our call center.

This phased approach facilitates operational continuity and demonstrates our commitment to compliance, quality assurance, and member satisfaction.

IV. Data Systems Requirements

A. Eligibility Verification

Each week, the vendor should expect the Agency Third Party Administrator (TPA) to provide the vendor with member and provider extract files. The member extract file should contain eligibility information for all people enrolled in the Agency programs who are eligible to receive NEMT benefits. The provider extract file should contain eligibility information for all providers enrolled with the Agency. The vendor should upload the weekly member and provider extract files within two (2) business days after receipt. The vendor should expect the Agency to identify a contact person in situations where eligibility needs additional verification or information.

In addition, the vendor should expect the Agency to provide the vendor with limited access to the West Virginia Medicaid Management Information System (MMIS) Automated Voice Response System (AVRS) and/or electronic system to verify member eligibility as needed for eligibility changes made between extract files.

Verida acknowledges and accepts the requirement to receive weekly member and provider extract files from the Agency's Third Party Administrator (TPA). Upon receipt of these files, Verida will verify they are uploaded into our secure system within two (2) business days. Our system is designed to efficiently process and validate eligibility data to support timely and accurate NEMT services. Most files are loaded within 24 hours of receipt.

Verida's NET InSight system will be central to the secure, accurate and timely delivery of NEMT services across West Virginia. Our technology infrastructure is designed not only to meet the Agency's requirements but also to support the highest levels of transparency, accountability, and program integrity. All systems integrated with NET InSight will operate within HIPAA-compliant, HITECH-certified environments. NET InSight serves as the hub for eligibility, trip scheduling, claims reconciliation, encounter data, and reporting.

The member extract file will be used to verify eligibility for individuals enrolled in Agency programs who qualify for NEMT benefits. The provider extract file will be used to confirm the eligibility of providers enrolled with the Agency. In cases where eligibility information requires further verification, Verida will coordinate with the designated Agency contact to resolve discrepancies promptly.

Additionally, Verida will utilize limited access to the West Virginia Medicaid Management Information System (MMIS) Automated Voice Response System (AVRS) and/or electronic system to verify member eligibility for updates occurring between extract file transmissions. This access will support real-time eligibility verification and support continuity of service for members whose eligibility status may change mid-week.

Our approach to data management incorporates advanced security measures, real-time validation tools, and user-friendly interfaces for staff, providers, and members. This framework supports Verida's commitment to safeguarding member information, providing reliable oversight of transportation services, and empowering stakeholders with timely access to the information they need.

B. Data Capture

The vendor should capture and retain data used to administer the NEMT Brokerage Program. The data captured and retained should be sufficient to meet contract requirements, including reporting requirements, including reporting requirements included in Appendix 3 (Reporting Requirements).

The vendor should manually enter eligibility data for Agency Members, including name and member ID number. The vendor should reconcile the information entered manually against the weekly member eligibility extract file to ensure that the information in vendor's system is accurate.

Verida recognizes that timely and accurate eligibility verification is the cornerstone of a reliable and compliant NEMT program. Our approach will integrate advanced technology, skilled personnel, and structured processes to confirm that every transportation request is authorized for a covered Medicaid service. By combining automated systems with manual safeguards, we will promote both accuracy and accountability in managing eligibility data for West Virginia Members.

Each week, Verida will receive member and provider extract files from the Agency's Third-Party Administrator (TPA). The member extract file will contain eligibility information for all individuals enrolled in Medicaid programs who are eligible for NEMT benefits, while the provider extract file will contain eligibility information for approved providers. Verida will upload these files into our proprietary transportation management system, NET InSight, within two business days of receipt. NET InSight is fully equipped to process and reconcile HIPAA-compliant Electronic Data Interchange (EDI) transactions such as 834 eligibility files, 270/271 eligibility inquiries, and other required formats.

Our Enterprise Data Warehouse (EDW) and internal EDI team maintain a comprehensive, secure framework for handling these files. Automated batch processes are used to update eligibility and enrollment databases, with processing alerts in place to detect failures, incomplete updates, or discrepancies. If a transaction cannot be loaded systematically, Verida will complete the update manually within twenty-four hours, preventing any lapse in Member eligibility recognition. All file transactions are logged and archived within our EDW to provide complete transparency, support auditing, and facilitate historical data tracking.

NET InSight's centralized Member Profile Module serves as the operational backbone for eligibility verification. This module provides CSRs with real-time access to the most current eligibility and demographic information, allowing them to confirm Medicaid enrollment and service authorizations during the scheduling process. In addition, the system enables CSRs to document Member needs, preferences, and accommodations, creating a more personalized and efficient experience. Members with complex needs or recurring trips, such as dialysis or behavioral health appointments, are supported through standing order templates within NET InSight, which are tied directly to eligibility verification workflows.

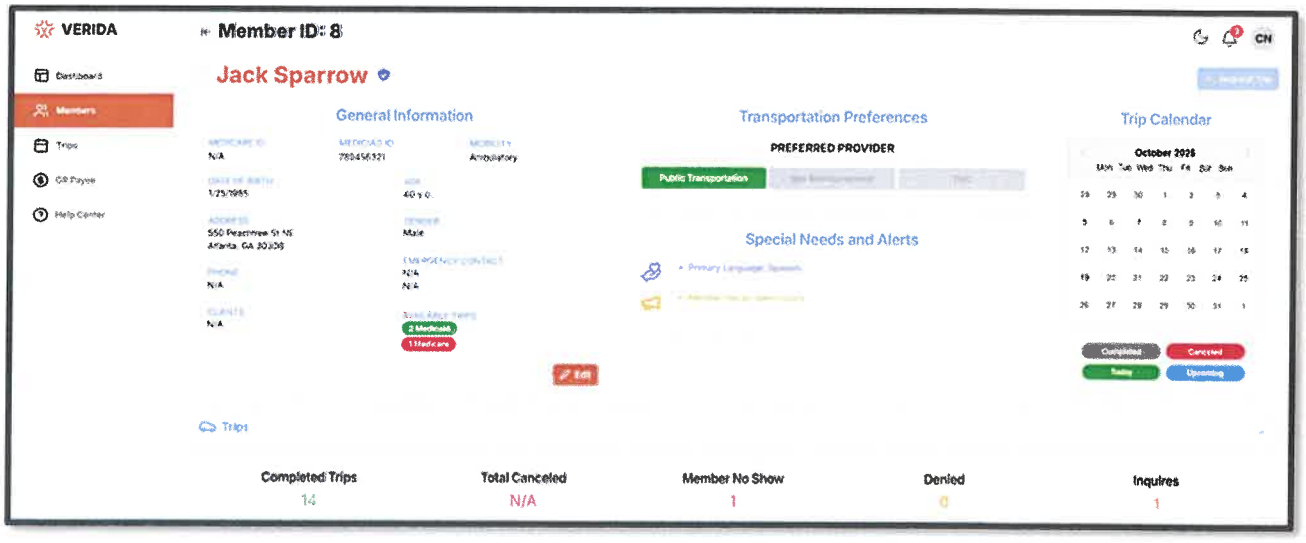


Figure B-1: NET InSight's Member Profile Screen (Proprietary and Confidential)

Our Member Profile Screen provides agents with a clear, consolidated view of key member information, enabling faster service, accurate trip management, and improved member engagement. At a quick glance, agents can review:

- **General Information**: Displays essential member details such as contact information, eligibility status, and available trip legs.
- **Transportation Preferences**: Outlines the members' preferred mode of transportation to confirm each booking aligns with program guidelines.
- **Trip Calendar**: Offers a visual calendar highlighting the member's upcoming trips, giving agents instant awareness of scheduled transportation.
- **Special Needs & Alerts**: Highlights any special requirements or accommodations, such as mobility devices, or communication needs. If English is not the member's primary language, this information is clearly displayed in the Special Needs and Alerts section so agents can immediately identify language preferences to provide appropriate assistance.
- **Trip Dashboard Summary**: Presents a real-time summary snapshot of trip activity, including counts for Completed, Cancelled, No-Show, Denied, and Inquires, providing details into member travel patterns and potential service issues.

Verida will also cross-reference eligibility data across different Medicaid delivery models, maintaining a unique Member ID structure within NET InSight to avoid duplicate records and promote consistency. This feature safeguards that Members are identified correctly across Fee-for-Service and MCO structures, reducing errors and supporting seamless coordination of benefits.

To further protect program integrity, eligibility data updates are tied to our fraud, waste, and abuse (FWA) safeguards. Eligibility mismatches, unusual utilization patterns, or discrepancies between member records and transportation requests are flagged by NET InSight's automated controls and escalated to the Program Integrity Department for review. This proactive monitoring strengthens compliance while also protecting taxpayer resources.

In addition to automated processes, Verida's CSRs are trained to use scripted prompts that incorporate eligibility verification steps during live calls. These scripts guide staff through the intake process, verifying Medicaid ID numbers, appointment details, and service eligibility in real time. If a call reveals inconsistencies in eligibility information, the CSR escalates the case to the UM team for resolution before authorization is granted.

Finally, Verida will work closely with the Agency to reconcile eligibility updates. In cases where eligibility changes occur between extract files, our CSRs and UM staff will use direct access to the Agency's systems, such as the Automated Voice Response System (AVRS), to confirm Member status. These checks provide an additional safeguard against errors and help maintain continuity of care.

C. Encounter Data

The vendor should provide the Agency with a monthly aggregate file of detailed encounter data on each trip made on behalf of Agency Members. The transactions are to comply with "HIPAA Rules", meaning the Privacy, Security, Breach Notification, and Enforcement Rules at 45 CFR Part 160, which can be found at: https://www.gpo.gov/fdsys/pkg/CFR-2011-title45-vol1/pdf/CFR-2011-title45- vo11- part160.pdf) and Part 164,

which can be found at: https://www.gpo.gov/fdsys/pkg/CFR-2011- title45-vol1/pdf/CFR-2011-title45-vo11-part164.pdf) and state code/policies referenced in Appendix 1, Section 1, of the RFP .

The file should contain, but not be limited to, the following data elements:

1. *Member Medicaid ID number.*
2. *Member name.*
3. *Date of service.*
4. *NEMT Service type.*
5. *Cost of service.*
6. *Number of units provided.*

The vendor should submit the monthly aggregate file and a summary report to be used for reconciliation purposes to the Agency by the 15th of the following month. The summary report should balance the detailed aggregate file.

Verida understands and fully accepts the requirement to submit a monthly aggregate file of detailed encounter data for all trips provided on behalf of Agency members. Verida's NET InSight platform is designed to capture every step in the transportation workflow, from the initial request through final claims reconciliation. Our system, tools and protocols safeguard that all data submissions are accurate, timely, and fully compliant with applicable federal and state regulations.

The monthly encounter data file will include, at a minimum, the following data elements:

1. Member Medicaid ID number
2. Member name
3. Date of service
4. NEMT service type
5. Cost of service
6. Number of units provided

All information is time-stamped and linked to unique identifiers, which allows for precise audit trails and efficient retrieval for reporting or compliance reviews. Encounter data will be compiled and submitted in accordance with the HIPAA Privacy, Security, Breach Notification, and Enforcement Rules as outlined in 45 CFR Part 160 and Part 164, as well as all applicable West Virginia state codes and policies referenced in Appendix 1, Section 1 of the RFP.

When eligibility data is entered manually—such as during a new enrollment or real-time verification—our CSRs reconcile the information against the weekly eligibility extract files to confirm accuracy. Automated cross-checking tools within NET InSight alert staff to potential discrepancies, prompting additional review and preventing data errors from impacting scheduling or claims.

Beyond trip-level data, Verida captures and integrates ancillary information, such as complaint logs, incident reports, and survey responses, to create a comprehensive view of program performance. This integrated data environment supports holistic oversight and enables advanced analytics by our Business Analytics team, who use the information to identify patterns, forecast demand, and inform quality improvement initiatives.

Verida will submit the monthly aggregate file and a corresponding summary report to the Agency by the 15th of the following month. The summary report will be reconciled against the detailed encounter data to verify completeness and accuracy. Our internal quality assurance processes include automated validation checks and manual reviews to confirm that the summary report balances precisely with the aggregate file.

We are committed to maintaining the confidentiality, integrity, and availability of all protected health information (PHI) and will implement robust safeguards to safeguard compliance with all HIPAA and state-specific requirements.

D. Audit

The vendor should provide the Agency or their designee and federal personnel with access to the vendor's systems, source code, and facilities to conduct audits and inspections. The Vendor should provide access to data, systems, and documentation required by auditors and inspectors. Access should include, but not be limited to, all equipment, systems, and communications software necessary for the Agency to obtain utilization information.

The vendor should use software to calculate mileage. The vendor should be responsible for the accuracy of the calculation and should represent such in audit or legal proceedings.

Verida fully supports open access for Agency staff, designated contractors, and federal personnel to conduct audits and inspections. We will provide access to systems, facilities, and documentation necessary for oversight, including call center technology, dispatch records, claims data, and all supporting materials.

Our systems are designed to maintain audit readiness at all times. Every action within NET InSight—whether scheduling a trip, updating a record, or processing a claim—is logged with a time-stamp and user ID. These audit trails make it possible to reconstruct any transaction quickly and completely.

Mileage calculations will be performed using integrated geocoding software within NET InSight, which draws from authoritative mapping data. This technology not only improves accuracy for reimbursement and reporting purposes but also provides supporting documentation that can be presented during audits or legal proceedings.

In addition to external audits, Verida conducts regular internal audits through the Program Integrity Department. These reviews include spot checks of claims, validation of data capture processes, and analysis of unusual patterns or anomalies. Findings are documented, corrective actions are implemented, and outcomes are tracked to confirm improvements are sustained.

E. Web-Based Inquiry System

The vendor should establish and maintain a secure, web-based inquiry system for NEMT providers to access NEMT Services trip authorization information. This system should provide access to the status of all trip requests. The vendor should provide technical assistance and training to NEMT providers regarding use of the web-based inquiry system.

The vendor's web-based inquiry system should comply with the following:

1. *The web-based inquiry system should conform to the security and privacy policies and standards set by the organization consistent with 45 CFR §155.260(b); define security and privacy roles and responsibilities, which can be found at: https://www.gpo.gov/fdsys/pkg/CFR- 2014-title45-vol1/pdf/CFR-2014-title45-vol1-sec155-260.pdf, and state code/policies referenced in Appendix 1, Section 1, of the RFP. Web-based screens are to conform to the requirements for readability set forth in the Americans with Disabilities Act (ADA)*
2. *The screens are to provide the following information.*

a. Summary of trips for a date range.

b. Summary of trips by a member for a date range.

c. Details of trips by request tracking number.

Verida will maintain a secure, web-based inquiry system that allows NEMT providers to efficiently access trip authorization information and manage all aspects of their operations in the form of our Provider Portal. This system is fully integrated with our NET InSight platform, will provide real-time access to the status of trip requests and related data, meeting all Agency requirements.

The Provider Portal will serve as the central hub for transportation providers, offering secure access to trip details, manifests, and authorization data. Providers will be able to review and manage assignments, submit claims electronically, and track payment activity. The portal will also support the Agency's oversight needs by maintaining complete, HIPAA-compliant records of all trip activity. All information transmitted through the system will be encrypted end-to-end, fully compliant with HIPAA, HITECH, and applicable state and federal security standards (including 45 CFR §155.260(b)).

The inquiry system will meet accessibility requirements under the Americans with Disabilities Act (ADA), with all screens conforming to readability and accessibility standards. User-friendly displays will allow providers to view information quickly and accurately, minimizing administrative burdens while promoting accurate trip completion.

Through the Provider Portal, NEMT providers will have the ability to view the following information:

- **Summary of trips for a defined date range** – allowing providers to review all scheduled or completed trips within a specified period.
- **Summary of trips by a member for a defined date range** – enabling providers to monitor recurring or frequent service needs.
- **Detailed trip information by request tracking number** – providing a comprehensive view of the trip, including member name, request ID, addresses, appointment details, return trip information (if applicable), and special instructions.

The Provider Portal is seamlessly integrated with the NET InSight Driver App. NEMT drivers document each pick-up and drop-off in real time using the app, which automatically timestamps, geo-codes, and captures member signatures at the point of service. This data is transmitted directly to the portal, where it becomes a validated electronic trip record. Each record then converts into an electronic claim for provider certification and submission. By eliminating manual trip logs, the system improves data quality, supports on-time performance tracking, and accelerates claims submission.

To promote compliance and transparency, the system incorporates multiple safeguards:

- Geo-coded data validation that cross-references scheduled itineraries against actual pick-up and drop-off locations.
- Real-time discrepancy alerts that flag potential fraud, waste, or abuse issues for Verida's Compliance team.
- Secure role-based access controls so that each provider only views data relevant to their organization.

Verida will provide training and ongoing support to all providers using the inquiry system. Training will include portal navigation, trip review and management, manifest retrieval, claim certification, and document submission. A dedicated Provider Support team will be available to address questions, resolve technical issues, and confirm provider staff are confident and proficient in using the system.

The provider portal will also include training resources, user guides, and technical assistance features to help providers navigate the system efficiently. Verida will also offer direct assistance via our toll-free Provider Line. All screens in our systems will conform to Americans with Disabilities Act (ADA) standards for readability and accessibility, supporting transportation providers with varying needs.

V. Business Continuity and Disaster Recovery Plan

The vendor's Proposal should include a Business Continuity and Disaster Recovery Plan to be approved by the Agency that details the vendor's process to enable the vendor to continue to meet all requirements of the Contract in the event of a failure of the Agency's or the vendor's data, communication or technical support systems. The plan should include, but not be limited to, a process for back- up of the vendor's data systems, phones, and electronic media records in an appropriate location that is protected against fire, theft or disaster. The vendor should describe how its back-up system minimizes the potential for loss of data.

At least thirty (30) calendar days prior to the operational start date, the vendor should submit a final Business Continuity and Disaster Recovery Plan to the Agency for review and approval. The vendor should not begin operations without an Agency-approved Business Continuity and Disaster Recovery Plan. The vendor should review, update, and obtain Agency approval of the Business Continuity Plan and Disaster Recovery Plan at least annually.

With decades of experience managing NEMT services for some of the most fragile Medicaid members, we understand the critical nature of the services we provide and the serious impact even a minor interruption can cause Agency members. Verida is fully committed to providing uninterrupted service delivery for the West Virginia NEMT Program, even in the event of unforeseen disruptions.

To safeguard the programs we serve, Verida has a detailed Business Continuity and Disaster Recovery (BC-DR) plan for each of our operational locations. Our customized plans are based on extensive policies and procedures and local nuances (e.g., severe storms, flooding, and winter storms) that define the business requirements for each location. Our plans focus on maintaining continuity of critical business operations during hardware or software failures, human error, natural disasters, severe weather events, or other unexpected service disruptions.

Our West Virginia BC-DR plan will be designed to meet all contractual requirements and will account for regional considerations (e.g., rural population spread across mountainous terrain, rugged topography including steep grades, winding roads, and narrow passages). Our plan will be submitted to the Agency for review and approval at least thirty (30) calendar days prior to the operational start date.

Plan Overview

Our BC-DR plan includes a combination of redundant telephony infrastructure, distributed call center operations, robust data protection protocols, and tested emergency procedures—all designed to maintain operational continuity in the event of a failure in either the Agency's or our own data, communication, or technical support systems.

Verida's core systems are purpose-built to mitigate risk and maintain service availability across all operational components. This approach includes secure, cloud-based communications platforms; advanced server configurations with fault tolerance and virtualization; multi-site data backups; and geographically distributed processing and support centers. These elements work together to minimize the operational impact of any disaster while preserving data integrity and system responsiveness.

Our BC-DR plan for West Virginia will specifically address back- up of Verida's data systems, phones, and electronic media records in an appropriate location that is protected against fire, theft or disaster. The following table presents the various scenarios that are part of our plan:

Verida Business Continuity/Disaster Recovery Plan	
Failure / Emergency	**Recovery/Backup Plan**
Primary System Outage	Our approach to business continuity and disaster recovery is designed to safeguard that service operations remain resilient, even in the rare and catastrophic event that the central computer installation and resident software are destroyed or severely damaged. Key features of our contingency planning include: • **Cloud-Based Architecture with Geo-Redundancy**: Our cloud-based call center platform is hosted in multiple Amazon data centers providing geographic redundancy. Our advanced, HIPAA-compliant, telephony system intelligently routes calls in the event of a local outage through a secure and geographically redundant cloud architecture. That means we can easily use any one of our other centers as a backup in the event of a disaster or major hardware problem at the primary site. The transition to another Verida call center happens immediately and it will be a seamless experience for callers. • **Fault-Tolerant Servers**: Verida installs only fault-tolerant servers working on our network. These servers are installed with multiple SSD hard drives that are formatted with Raid Level 10. If one hard drive fails, a spare is automatically activated, and the data is re-written across this drive as well. All of this is done with no human interaction and reduces the risk of data loss due to hard drive failure. We also use server virtualization from VMware to virtualize our most critical systems. Virtual servers use less physical equipment allowing quicker recovery, easier management, and less power consumption. • **Backup Power Supply**: The network database, application and domain servers are in an Equinix data center in Atlanta. Our secure data center infrastructure is connected to powerful Uninterruptible Power Supplies (UPS) that are automatically activated in the event of a loss of electrical power.
Active System Outage	In the event of a system interruption or failure—whether caused by network outages, hardware malfunctions, software errors, or operational issues—our priority is to preserve the integrity of all active transactions and enable rapid recovery with minimal disruption to services. Our platform is architected for resilience and features built-in

	safeguards, including: • **Real-time Transaction Logging**: All transactional data is captured in real time and stored in secure, redundant environments to prevent data loss during outages. • **Failover and Redundancy**: Critical systems are replicated across geographically diverse data centers with automated failover protocols to maintain continuous availability. • **Automated Monitoring and Alerting**: Proactive system monitoring identifies potential failures before they escalate, with alerts immediately routed to our incident response team. • **Incident Response Protocols**: A comprehensive disaster recovery plan is in place, including predefined escalation paths, root cause analysis, and stakeholder communication procedures. • **Data Integrity Assurance**: Upon system recovery, our reconciliation mechanisms verify the integrity of all in-process transactions and resolve any anomalies with audit trail transparency.
Archival System Disruption	We recognize that the integrity of both live and archival data is paramount in the delivery of NEMT services. Our systems are designed with a multi-layered approach to resilience, safeguarding that any interruption—whether due to network, hardware, software, or operational issues—does not compromise data integrity. Key elements of our solution include: • **Robust Backup Strategy**: All data, including real-time and archival records, is backed up regularly using a combination of on-site and cloud-based encrypted storage. Backups are version-controlled and tested for successful restoration. • **Transaction and Audit Logging**: Critical transactions are logged in real time, allowing for accurate replay and reconciliation in the event of a system failure. • **Redundant Infrastructure**: High availability is maintained through geographically distributed servers with automated failover capabilities to prevent single points of failure. • **Data Validation and Reconciliation**: Upon system recovery, automated validation checks compare recent transactions against backups and logs to identify and resolve discrepancies, with full audit trails maintained. • **Incident Management Protocols**: In the event of a disruption, our incident response team immediately executes predefined protocols to contain the issue,

	communicate with stakeholders, and conduct post-incident reviews to prevent recurrence. Our comprehensive safeguards protect the integrity of all data—live or archived—even in the face of unforeseen disruptions.
Non-Critical System Failure	While our system architecture is designed to maximize uptime and minimize disruption, we recognize that unscheduled unavailability—caused by network, hardware, software, or operational issues—can still occur, even when data integrity remains unaffected. Our approach emphasizes rapid restoration of service, transparency, and user trust. Key components of our response strategy include: • **High Availability Infrastructure**: We deploy load-balanced, redundant systems across geographically dispersed data centers to reduce the risk of total service unavailability. • **Proactive Monitoring and Alerting**: Real-time system monitoring 24 hours a day, seven days a week, allows us to detect anomalies or degradation early, enabling preemptive remediation before they lead to outages. • **Defined Incident Response Protocols**: In the event of unscheduled downtime, our cross-functional response team initiates immediate diagnostics, recovery efforts, and root cause identification. This is an internal team employed by Verida. • **System Access Recovery SLAs**: Our Recovery Time Objectives (RTOs) and Recovery Point Objectives (RPOs) are defined and regularly tested to support timely re-establishment of access to all system users. • **Transparent Communication**: We keep stakeholders informed throughout any disruption via email alerts, status dashboards, and post-incident summaries outlining root causes, resolution timelines, and steps taken to prevent recurrence. By focusing on resilience, responsiveness, and clear communication, we safeguard that system unavailability—when it does occur—is swiftly addressed with minimal impact to users and service continuity.

The plan is reviewed and updated annually, and we will obtain the Agency's approval for each revision.

Data and Systems Backup

We maintain a robust, multi-layered backup process that includes:

- **Daily backups** of all critical data, including trip records, member information, provider data, and financial transactions.
- **Redundant storage** in geographically diverse, secure data centers protected against fire, theft, and natural disasters.
- **Encrypted backups** of electronic media records and communications, with access restricted to authorized personnel only.
- **Automated failover systems** to safeguard minimal downtime and rapid recovery.

Minimizing Data Loss

To mitigate potential disasters at our facilities, Verida has a comprehensive array of protections spanning physical security and infrastructure safeguards. Our primary servers are hosted at an Equinix data center in Atlanta—a Tier III-rated, secure facility that includes redundant power supplies and automatic generator failover to maintain uninterrupted operations during utility outages.

The West Virginia office itself will be equipped with fire detection and suppression systems, restricted access points, and secured data cabinets. Core hardware at the site will be limited to access terminals, while most data processing will occur in secure, cloud-based or off-site server environments to reduce local vulnerability.

All servers deployed within our network—including those that will support the West Virginia program—feature fault-tolerant architecture, utilizing RAID Level 10 solid-state drives. These servers automatically fail over to hot spare drives in the event of hardware failure, with no manual intervention required. Server virtualization through VMware further reduces system exposure, enabling faster recovery and more efficient resource use.

Our backup systems are designed to minimize the potential for data loss through:

- Real-time replication of key databases
- Continuous monitoring and validation of backup integrity
- Regular disaster recovery drills and system audits to support readiness

Off-Site Storage of Critical Data

All system backups are replicated to off-site storage facilities approved for HIPAA compliance and aligned with federal and state data protection standards. This includes secure tape transport to an external location, encrypted cloud storage solutions, and co-located storage infrastructure across our server network.

Off-site storage includes both structured (e.g., SQL databases) and unstructured data (e.g., call recordings, uploaded documentation), which are organized and tagged for rapid retrieval during disaster recovery processes. Recovery testing is conducted quarterly to validate access permissions, restore points, and system uptime metrics.

Communication and Phone Systems

Verida's call center operations are powered by a cloud-based, HIPAA-compliant platform hosted across multiple Amazon Web Services (AWS) data centers. A benefit of our advanced telephony system is that it intelligently routes calls in the event of a local outage through a secure and geographically redundant cloud architecture. That means we can easily use any one

of our other centers as a backup in the event of a disaster or major hardware problem at the primary site. The transition to another Verida call center happens immediately and it will be a seamless experience for callers. All operations at the remote back-up site will be required to meet established contractual performance and SLA requirements for the West Virginia NEMT contract.

While our CSRs serving West Virginia will be thoroughly trained and familiar with the NEMT program rules, our platform minimizes potential mistakes because the program rules are configured into our NET InSight transportation management system. During a situation when West Virginia calls are routed to Georgia, or one of our other call centers (Little Rock, AR; Baton Rouge, LA; Chattanooga, TN; or Indianapolis, IN), NET InSight and our Realtime Agent Assist (RTAA) tool displays the Agency-approved call script and procedures, so all CSRs, regardless of where they are located, are able to continue to assist callers with transportation requests and other information until functionality is fully restored and calls can again be routed to the West Virginia call center.

In addition, our CSRs can be transitioned to remote work environments through secure VPN connections and system-controlled access to NET InSight and our telephony platform. This added flexibility is particularly useful during inclement weather, high absenteeism, or facility-related outages. CSRs who answer calls are employees of Verida. We do not outsource or offshore our call center services.

Adverse Conditions Plan

As part of our BC-DR Plan, we have a comprehensive Adverse Conditions Plan designed to reduce the risk of accidents and injuries while enabling safe transportation for Agency members who need medical care during inclement weather and states of emergency. Having thoughtful planning in place prior to an event is particularly important in states such as West Virginia, which are all too often affected by adverse weather conditions such as flooding, ice storms, tornados, or snow. Please refer to the Adverse Weather Plan section, as part of our response to Appendix 1 for details.

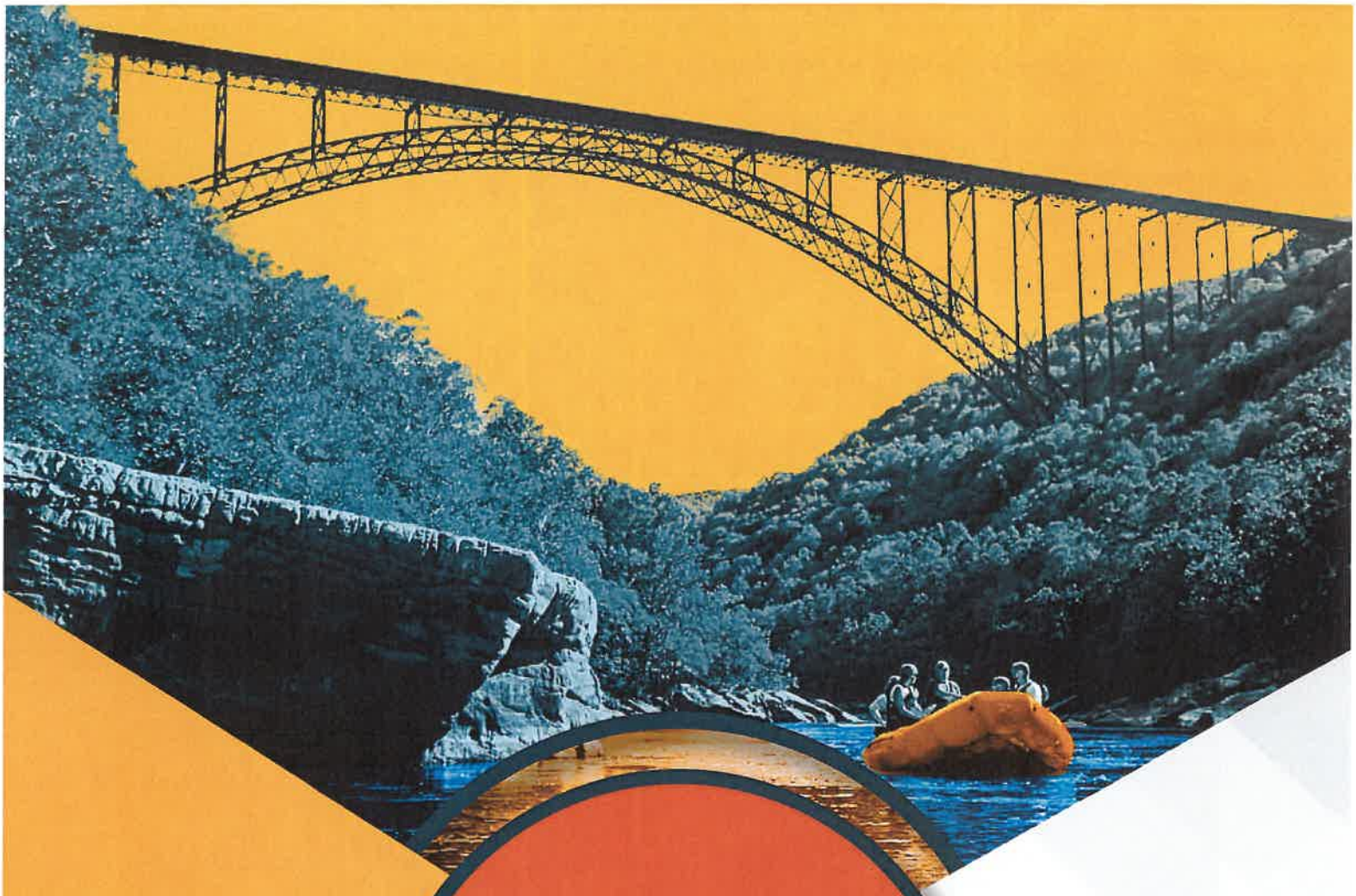
Annual Review and Approval

Our plan is tested annually by program staff using a variety of test techniques, including:

- **Plan Review**: This involves a thorough review of the BC-DR plan to verify all information is current and relevant. It includes updating contact lists, procedures, and confirming all employees are aware of their roles.
- **Tabletop Exercises**: These are scenario-based discussions where team members talk through their responses to a hypothetical disruption. This helps identify gaps in the BC-DR plan and provides a low-pressure environment to practice decision-making and communication.
- **Practical or Simulated Exercises**: These involve simulating a disruption and walking through the steps of the BC-DR plan in real-time. This hands-on approach helps employees understand their roles and responsibilities more clearly.
- **Functional Testing**: This test activates certain components of the BC-DR plan, such as switching to a backup server or activating a secondary office location. It provides a more realistic assessment of the plan's effectiveness.

- **Full-Scale Testing**: This is the most comprehensive type of test. It is based on a live or simulated real-life exercise, requiring the entire organization to implement the BC-DR plan. This type of emergency response can reveal significant insights but is resource intensive.
- **Post-Test Review**: After the test, a debriefing session is held to discuss what went well, what did not, and potential areas for improvement. This feedback loop between Verida, the Agency, and approved business partners is essential for continuous improvement.

Based on the results of the testing, the BC-DR is updated to reflect changes in technology, operations, and risk assessments. Each updated version will be submitted to the Agency for approval to confirm alignment with evolving program needs and regulatory requirements. Please refer to **Exhibit 8** for a draft copy of our Business Continuity/Disaster Recovery Plan.



VERIDA

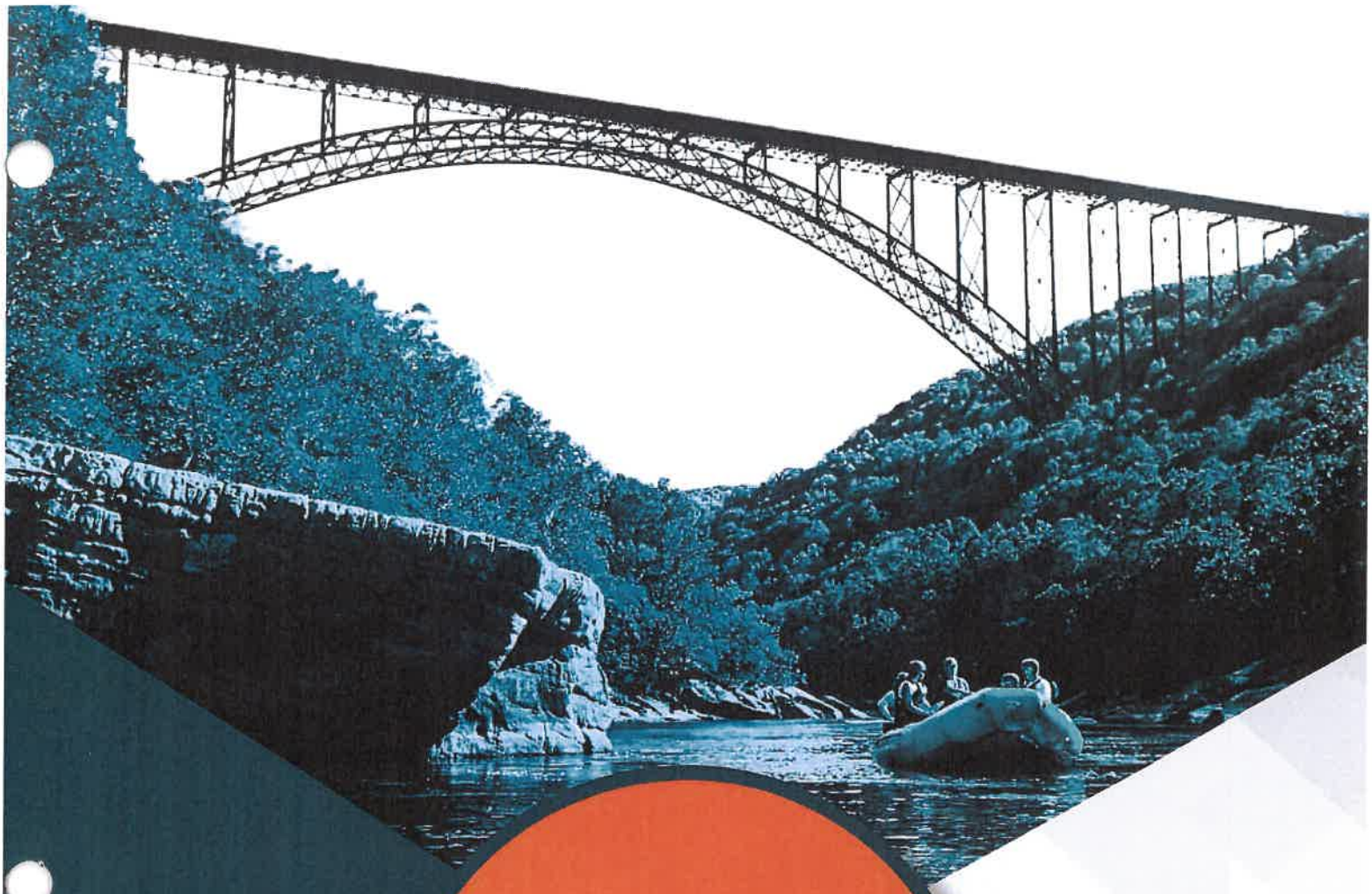
EXHIBITS

NON-EMERGENCY MEDICAL TRANSPORTION/ STATEWIDE TRANSPORTATION PROGRAM

October 15, 2025

CRFP 0511

BMS2600000001



VERIDA

EXHIBIT 1

COPIES OF SUBCONTRACTOR AGREEMENTS

October 15, 2025

CRFP 0511

BMS2600000001

BUSINESS ASSOCIATE SUBCONTRACTOR AGREEMENT

This Business Associate Subcontractor Agreement (the "Agreement") is entered into between **BOOSTLINGO, LLC** ("Subcontractor") and **SOUTHEASTRANS, INC.** ("Client") in Client's and Subcontractor's capacity as a HIPAA Business Associate (as defined below) in connection with services to be provided by Client on behalf of certain Covered Entities (the "Covered Entity" or "Covered Entities"). This Agreement shall be effective (the "Effective Date") upon the date this Agreement is signed by both Parties.

1. **Definitions.**

   (a) The following terms used in this Agreement shall have the same meaning as those terms in the HIPAA Rules: Breach, Breach Notification, Data Aggregation, Designated Record Set, De-Identified Information, Disclosure (Disclose), Electronic Protected Health Information, Electronic Transactions Rule, Enforcement Rule, Genetic Information, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required By Law, Sale, Secretary, Security Incident, Security Rule, Transaction, Unsecured Protected Health Information, and Use.

   (b) "Business Associate" shall generally have the same meaning as the term "Business Associate" at 45 C.F.R. § 160.103, and such term includes both Subcontractor and Client with respect to this agreement.

   (c) "Covered Entity" shall generally have the same meaning as the term "Covered Entity" at 45 C.F.R. § 160.103.

   (d) "HIPAA Rules" shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 C.F.R. Part 160 and Part 164.

   (e) "HITECH Act" shall mean the Health Information Technology for Economic and Clinical Health Act.

   (f) "Subcontractor" shall generally have the same meaning as the term "Subcontractor" at 45 C.F.R. § 160.103, and in reference to the party to this Agreement, shall mean **Boostlingo, LLC**.

2. **Obligations and Activities of Subcontractor.** Subcontractor agrees to:

   (a) Not Use or Disclose Protected Health Information other than as permitted or required by the Agreement or as Required by Law;

   (b) Use appropriate safeguards, and comply with Subpart C of 45 C.F.R. Part 164 with respect to Electronic Protected Health Information, to prevent Use or Disclosure of Protected Health Information other than as provided for by the Agreement;

   (c) Report to Client and, in coordination with Client, to the Covered Entity any Use or Disclosure of the Covered Entity's Protected Health Information not provided for by the Agreement of which it becomes aware, including Breaches of Unsecured Protected Health Information as required at 45 C.F.R. § 164.410, and report to relevant party(ies), e.g., Client and/or Covered Entity any Security Incident of which it becomes aware;

   (d) Ensure that any other Subcontractor that Subcontractor retains to create, receive, maintain, or transmit Protected Health Information on behalf of Subcontractor agree to the same restrictions, conditions, and requirements that apply to Subcontractor with respect to such Protected Health Information, In accordance with 45 C.F.R. §§ 164.502(e)(1)(ii) and 164.308(b)(2), if applicable;

   (e) Make available Protected Health Information in a Designated Record Set to relevant party(ies), e.g., Client, Covered Entity and/or individuals designated by Client or the Covered Entity as necessary to satisfy Covered Entity's obligations under 45 C.F.R. § 164.524, including furnishing upon Covered Entity's request or direction an electronic copy of Protected Health Information that is maintained in a Designated Record Set;

   (f) Make any amendment(s) to Protected Health Information in a Designated Record Set as directed or agreed to by the Covered Entity pursuant to 45 C.F.R. § 164.526 (or by Client on the Covered Entity's behalf), or take other measures as necessary to satisfy Covered Entity's obligations under 45 C.F.R. § 164.526;

(g) Maintain and make available the information required to provide an accounting of Disclosures to [relevant party(ies), e.g., Client, Covered Entity and/or individuals designated by Client or the Covered Entity] as necessary to satisfy Covered Entity's obligations under 45 C.F.R. § 164.528.

(h) To the extent Subcontractor is to carry out one or more of Covered Entity's obligation(s) under Subpart E of 45 C.F.R. Part 164 ("Privacy of Individually Identifiable Health Information"), comply with the requirements of such Subpart E that apply to the Covered Entity in the performance of such obligation(s);

(i) Make its internal practices, books, and records available to the Secretary for purposes of determining compliance with the HIPAA Rules;

(j) Not participate in any Sale of Protected Health Information;

(k) Not Use or Disclose Genetic Information for underwriting purposes in violation of the HIPAA Rules;

(l) Comply with the Electronic Transaction Rule and any applicable corresponding requirements adopted by HHS with respect to any Electronic Transactions conducted by Subcontractor on behalf of the Covered Entity in connection with the services provided under this Agreement.

3. **Representations of Subcontractor.** Subcontractor agrees that it is directly liable under the HIPAA Rules and the HITECH Act and is subject to civil and, in some cases, criminal penalties for making Uses and Disclosures of Protected Health Information that are not authorized by this Agreement or Required by Law. Subcontractor also acknowledges that it is liable and subject to civil penalties for failing to safeguard Electronic Protected Health Information in accordance with the HIPAA Security Rule.

4. **Permitted Uses and Disclosures by Subcontractor.** Subcontractor shall not Use or Disclose Protected Health Information relating to Covered Entity, except as expressly permitted under and consistent with this Section 4.

(a) Subcontractor may Use or Disclose Protected Health Information as Required by Law.

(b) Subcontractor agrees to make Uses and Disclosures and requests for Protected Health Information consistent with Covered Entity's Minimum Necessary policies and procedures, a copy of which has been furnished to Subcontractor.

(c) Subcontractor may not Use or Disclose Protected Health Information in a manner that would violate Subpart E of 45 C.F.R. Part 164 if done by Covered Entity.

5. **Provisions for Client to Inform Subcontractor of Privacy Practices and Restrictions.**

(a) Client shall notify Subcontractor of any limitation(s) in the Notice of Privacy Practices of the Covered Entity under 45 C.F.R. § 164.520, to the extent that such limitation may affect Subcontractor's Use or Disclosure of Protected Health Information.

(b) Client shall notify Subcontractor of any changes in, or revocation of, the permission by an individual to Use or Disclose his or her Protected Health Information of which it becomes aware, to the extent that such changes may affect Subcontractor's Use or Disclosure of Protected Health Information.

(c) Client shall notify Subcontractor of any restriction on the Use or Disclosure of Protected Health Information of which it becomes aware that Covered Entity has agreed to or is required to abide by under 45 C.F.R. § 164.522, to the extent that such restriction may affect Subcontractor's Use or Disclosure of Protected Health Information.

6. **Notification of Breach.** If Subcontractor discovers a Breach of Protected Health Information, Subcontractor shall, following the discovery of the Breach of Unsecured Protected Health Information, notify Client and, in coordination with Client, the Covered Entity of such Breach in accordance with this Section 6.

(a) A Breach is treated as discovered by Subcontractor on the first day on which such breach is known to Subcontractor or, by exercising reasonable diligence, would have been known to Subcontractor. Subcontractor shall be deemed to have knowledge of a Breach if the Breach is known, or by exercising reasonable diligence would have been known, to any person, other than the person committing the Breach, who is an employee, officer, or other agent of Subcontractor.

(b) Subcontractor shall provide the notification required under this Section 6 without unreasonable delay and in no case later than three (3) calendar days after discovery of the Breach.

(c) The notification shall include, to the extent possible, the identification of each individual whose Unsecured Protected Health Information has been, or is reasonably believed by Subcontractor to have been, accessed, acquired, used, or disclosed during the Breach.

(d) Subcontractor shall provide to Client (and, if so requested) to the Covered Entity with any other available information that the Covered Entity is required to include in notification to the individual under 45 C.F.R. § 164.404(c) at the time of the notification by Subcontractor, and any information that is not then available promptly after such information becomes available. Information to be provided includes, to the extent possible:

(i) A brief description of what happened, including the date of the Breach and the date of the discovery of the Breach, if known;

(ii) A description of the types of Unsecured Protected Health Information that were involved in the Breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved); and

(iii) A brief description of what Subcontractor is doing to investigate the Breach, to mitigate harm to Individuals, and to protect against any further Breaches.

7. Term and Termination.

(a) The term of this Agreement shall be effective as of the Effective Date and shall terminate upon the termination of the underlying agreement for services between Client and Subcontractor or on the date Client terminates for cause as authorized in clause (b) of this Section, whichever is sooner.

(b) Subcontractor authorizes termination of this Agreement by Client if Client reasonably determines in good faith that Subcontractor has violated a material term of the Agreement.

(c) Except as provided in clause (d) of this Section 7, upon termination of this Agreement for any reason, Subcontractor shall return to Client or, if so directed, to Covered Entity (or, if directed by Client in coordination with the Covered Entity, destroy) all Protected Health Information created, maintained, or received by Subcontractor on behalf of the Covered Entity that the Subcontractor still maintains in any form. Subcontractor shall retain no copies of the Protected Health Information.

(d) If so directed by Client, Subcontractor will transmit any Protected Health Information created, maintained, or received by Subcontractor on behalf of Covered Entity to Client, to another Business Associate of the Covered Entity, or to the Covered Entity at termination.

(e) Subcontractor shall be responsible for compliance with the obligations regarding the Covered Entity's Protected Health Information described in this Section 7 with respect to any applicable Protected Health Information that is created, received, or maintained by any other Subcontractors retained by Subcontractor.

(f) The obligations of Subcontractor under this Section shall survive the termination of this Agreement.

8. Miscellaneous.

(a) **Regulatory References.** A reference in this Agreement to a section in the HIPAA Rules means the section as in effect or as amended.

(b) **Amendment.** The parties agree to take such action as is necessary to amend this Agreement from time to time as is necessary for compliance with the requirements of the HIPAA Rules and any other applicable law. Any amendment to this Agreement must be in writing and signed by both parties.

(c) **Interpretation.** Any ambiguity in this Agreement shall be interpreted to permit compliance with the HIPAA Rules.

(d) **Governing Law.** This Agreement shall be governed by the laws of Georgia, except to the extent preempted by federal law.

(e) **Counterparts.** This Agreement may be executed in any number of counterparts, and may be signed via facsimile or e-mail (scan), and each such counterpart shall be deemed to be an original instrument, but all such counterparts shall constitute one agreement.

(f) **Severability.** The provisions of this Agreement shall be severable, and the invalidity of any provision shall not affect the validity of other provisions.

(g) **Entire Agreement.** This Agreement contains the entire agreement between the parties. This Agreement supersedes all prior agreements, understandings or writings, whether oral or written with regard to this subject matter.

(h) **Notice.** Any notice required under this Agreement shall be in writing and shall be given by (i) delivery in person, (ii) by a nationally recognized next day courier service, (iii) by first class, registered or certified mail, postage prepaid, (iv) by electronic mail to the address of the party specified in this Agreement or such other address as either party may specify in writing.

CLIENT

Southeastrans, Inc.

Signature: _____ Date 4/26/2021

Printed Name: James Deglimberto

Title: COO

SUBCONTRACTOR

Boostlingo, LLC

Signature: _____ Date 4/26/21

Printed Name: **Dieter Runge**

Title: VP Marketing & Global Business Development // Compliance Officer for Boostlingo

CONTRACT FOR SURVEY SERVICES

SERVICES CONTRACT made this 6th day of December, 2010, between **SOUTHEASTRANS, INC.**, a Georgia corporation with its principal address at 4751 Best Road, Suite 140, Atlanta, Georgia 30337 ("**Client**") and **FORWARD STRATEGIES GROUP, INC.**, a Georgia corporation with its principal address at 5338 Davenport Manor, Cumming, Georgia 30041 ("**Contractor**").

Client is currently engaged in the brokering nonemergency transportation services and desires to engage the services of the Contractor to conduct customer service satisfaction surveys on the terms and conditions provided in this Contract; and

Contractor is engaged in the business of monitoring and evaluating customer service satisfaction, and desires to render professional services for Client as provided herein.

THEREFORE, Client engages the services of Contractor and in consideration of the mutual promises contained in this Contract, the parties agree as follows:

1. Term. This Contract shall be for a period of one (1) year, commencing on December 7th, 2010, and may be terminated by either party by giving thirty (30) days' prior written notice to the other party at the address stated above. This Contract will automatically renew for additional one (1) year terms unless either party delivers notice of non-renewal fifteen (15) days prior to expiration. Following termination, Client shall have no further duty to pay Contractor except for services actually rendered prior to the effective date of termination. Client may terminate this Contract effective immediately upon Contractor's breach of Section 5 or the Business Associate Agreement as defined in Section 5.

2. Services. Contractor shall perform account management services for agent accounts and transporter accounts, conduct telephone customer satisfaction surveys of individuals whose transportation was brokered by Client, provide meaningful reports interpreting survey findings and inform Client of any upset customers or major issues, at the fees and volumes as provided in Exhibit A, which is attached hereto and incorporated herein.

A. Contractor shall inform Client of upset customers or major issues by telephone to Bob Newman (or Benjie Alexander in his absence) and in a manner to bring the matter to Client's attention as soon as reasonably practicable within 24 hours of learning of such issue.

B. Customer satisfaction surveys shall follow a script with questions approved by Client and any required third party(ies), such as a state agency responsible for paying for the transportation which is the subject of the survey, if applicable.

C. Customer satisfaction surveys will be performed within five (5) days of the customer's encounter with the agent and/or transporter in order to ensure accurate responses.

D. Contractor's services shall be rendered in a professional, friendly and respectful manner so as to provide the highest level of service to customers surveyed.

3. Fees. For services to be rendered under this Contract, Contractor shall be entitled to the fees as set forth in Exhibit A for services rendered and completed surveys. Contractor shall invoice Client on a monthly basis. Contractor shall not be entitled to reimbursement for expenses incurred in performance of services unless provided otherwise in Exhibit A.

4. Client Responsibilities. Client shall provide Contractor with a list of individuals who received "agent account" (Southeastrans call center) or "transporter account" (transportation) services on the next business day following the applicable service. The list will include the following information: name, telephone number, trip creation data for agent account, trip date for transporter account, provider name, trip confirmation number, state and region (collectively, referred to as "Customer Data"). The list may be modified upon mutual agreement by Client and Contractor. Client will provide such customer data on a daily basis on regular business days (Monday – Friday, excepting holidays and technical failures or circumstances outside of its control).

5. Confidentiality.

A. The Customer Data provided to Contractor by Client in order to perform the customer satisfaction surveys, as well as the information learned from individuals surveyed shall be maintained confidentially by Contractor, its employees and agents and in accordance with the Business Associate Agreement dated effective as of August 12, 2010 between Client and Contractor ("Business Associate Agreement"). Contractor shall not use, disclose or sell any customer data or information except as required to perform the duties required herein or as provided by the Business Associate Agreement.

B. The Customer Data and information learned from individuals surveyed may include health information protected by the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the U.S. Department of Health & Human Services ("HHS") Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. Parts 160 and 164 (the "Privacy Standards"), the HHS Security Standards at 45 C.F.R. Parts 160, 162 and 164 (the "Security Standards"), and the federal Health Information Technology for Economic and Clinical Health Act (the "HITECH Act"), requiring certain individuals and entities subject to the Privacy Standards to protect the privacy of certain individually identifiable health information ("Protected Health Information", or "PHI") and electronic protected health information ("EPHI"). Contractor agrees to comply and shall cause its employees and agents to comply with the above laws and regulations. Contractor shall not disclose PHI to any third party, persons or entities except with Client's written consent and as permitted or required by applicable federal or state law. Contractor shall immediately

report to Client any use or disclosure of PHI or EPHI not permitted by this Contract, the Business Associate Agreement or the above laws and regulations.

C. Only Contractor's employees with a need-to-know shall have access to Client's Customer Data and reports of survey responses, and such employees must agree to keep such information confidential.

D. After completion of customer surveys for a given month, Contractor and its employees shall return and/or destroy such customer data for the month and all copies thereof. Furthermore, Contractor and its employees shall maintain in confidence the responses and results of the customer surveys.

E. Contractor shall not directly or indirectly release, disclose, use, or make available any Customer Data or responses and results of surveys to third parties without the express prior written consent of Client or as otherwise required by law or court order.

F. To the extent that the Customer Data, other information or documents which are to be considered confidential are not considered trade secrets or subject to the HIPAA requirements set forth above, the nondisclosure provisions without respect thereto shall be limited to a time period of five (5) years after the expiration or termination this Contract.

G. Contractor agrees that any violation of this section will cause immediate and irreparable harm by Client, and Client has the right to seek an injunction and/or specific performance.

H. This section 5 shall survive termination of this Contract.

6. Independent Contractor. Contractor shall be an independent contractor and not an employee of Client under this Contract. Nothing herein shall be deemed or construed to create the relationship of employer and employee, principal and agent, partners or joint ventures as between Client and Contractor. The manner and method of implementing and completing the performance of services hereunder will be left to Contractor's control and professional judgment, provided survey calls should be made at a reasonable hour out of courtesy to customers. None of the benefits provided by Client to its employees, including, but not limited to, workers' compensation insurance and unemployment insurance, are available from Client to Contractor.

7. Taxes. Contractor assumes full responsibility for the payment of all local, state and federal assessments, payroll taxes or contributions as to all employees engaged by Contractor in the performance of services under this Contract or otherwise. Contractor's responsibility shall include payment of taxes or contributions imposed or required under applicable unemployment insurance, social security, income tax or workers' compensation laws.

14. Legal Construction. The terms of this Contract are to be read and interpreted, if possible, so as to eliminate conflict between its provisions, if any. In the event that a court finds any portion of this agreement to be illegal, invalid or unenforceable in any respect, this invalidity, illegality, or unenforceability shall not affect any other provision of this agreement and this agreement shall be construed as if the invalid, illegal, or unenforceable provision had never been contained in it.

15. Marketing. Contractor shall not use Client's name or logo for Contractor's marketing purposes without the express permission of Client, which may be revoked upon delivery of notice to Contractor.

Executed on the day and year first written above by authorized officers or representatives of Client and Contractor.

Client:

Southeastrans, Inc.

By: _____

Title: Chief Administrative Officer

Date: December 6, 2010

Contractor:

Forward Strategies Group, Inc.

By: _____

Title: President

Date: November 30, 2010

Exhibit A

Services and Fees

1. **Account Management**

    - Pricing at **$250 per month**
    - Covers Account Management for GA and if applicable, TN (additional states may be added upon mutual agreement by the parties)
    - Includes management of data for those customers surveyed who interact with representatives of the Client in scheduling trips (agent surveys) and who interact with transportation providers—either the Client or third parties (transporter surveys).

2. **Agent Surveys consisting of seven (7) questions**

    - Pricing at **$2.70** per complete survey*
    - Client to designate number of surveys per month to be completed in GA and/or TN
    - No charge for incomplete or partial surveys

3. **Transporter Surveys consisting of fifteen (15) questions**

    - Pricing at **$3.95** per complete survey*
    - Client to designate number of surveys per month to be completed in GA and/or TN
    - No charge for incomplete or partial surveys

4. **Monthly dashboard of Agent Surveys**

    - 1 per month at **$100**

5. **Notification of upset customers or major issues within 24 hours of survey** (No charge)

6. **Survey Data Report** (No charge)

7. **Telecom Expense at $100**

* Pricing for agent and transporter surveys is based on a **total of 600 completed surveys per month**. The 600 surveys may be split between states and/or agent and transporter surveys as designated by Client at the beginning of each month.

Services Agreement

This Services Agreement ("Agreement") is entered into this 9th day of March, 2018 (the "Effective Date") between **SOUTHEASTRANS, INC.** ("Customer"), with offices located at 4751 Best Road, Suite 300, Atlanta, Georgia 30337 and **GENTECH ASSOCIATES, INC.** ("Service Provider") with offices located at 8103 East U.S. Hwy. 36, #166, Avon, Indiana 46123. The Customer and Service Provider are sometimes collectively referred to herein as the "Parties" and individually as a "Party".

WHEREAS, Customer wishes to retain the services (collectively the "Services" as defined below) of the Service Provider, and the Service Provider agrees to provide Customer the Services in accordance with the terms and conditions of this Agreement.

NOW, THEREFORE, in consideration of the mutual covenants and promises contained herein, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, and intending to be legally bound, the Parties agree as follows:

1. Services

1.01. Services. Subject to the terms and conditions of this Agreement, Service Provider hereby agrees to provide to Customer the services and deliverables set forth in Exhibit "A" attached hereto (the "Services"). Failure to perform all the Services as required under this Agreement shall constitute a material breach of this Agreement. Service Provider will determine the method, details, and means of performing the Services.

1.02. Modification of Services; Change Orders. The Parties acknowledge and agree that during the term of the Agreement the Services, as set forth in Exhibit "A", may be modified and/or expanded periodically by the Parties. No changes to the Services will be authorized by Customer, and Customer shall have no obligation to pay for any additional or modified Services, until a Change Order has been agreed upon and signed by an authorized representative of Customer.

1.03. Status Meetings. The Parties will meet at least quarterly to review the progress of the Services and to address any issues that may arise regarding performance of the Services and/or this Agreement.

1.04. Subcontractors. Service Provider shall not subcontract any of its obligations under this Agreement or any Services to any third party or other independent contractors or consultants.

1.05. Compliance with Laws; Permits and Licenses. Service Provider agrees to operate in full compliance with all governmental laws, regulations and requirements applicable to its performance of this Agreement and the Services to be provided hereunder. Service Provider shall obtain and maintain in force, at its own expense, all licenses, permits, insurance and approvals required for its performance under this Agreement, and will obtain all required inspections, authorizations and approvals prior to commencement of the Services. Service Provider shall promptly notify Customer in the event it knows or has reason to believe that any act or refrainment from acting required by or contemplated by this Agreement violates any applicable law, rule or regulation (whether criminal or non-criminal).

1.06. Compliance with Customer Rules and Procedures. When Service Provider, its employees and its permitted subcontractors are working at Customer's premises, they shall observe the working hours, rules and security procedures as established and implemented by the Customer.

2. Fees and Expenses

2.01. Fees and Payment. As full and complete compensation for the Services, Customer shall pay Service Provider the fees (the "Fees") as specified in Exhibit "B". Service Provider shall prepare and submit to Customer invoices for all Services performed and additional expenses incurred (if any) on a monthly basis or as otherwise specified in Exhibit "B". Customer will pay undisputed invoices in U.S. dollars within thirty (30) days of Customer's receipt of such invoice. Any Fees payable on a per diem/per hour basis are only payable for those days/hours actually worked by Service Provider. Payment of the Fees is subject to completion of the Services covered thereby in accordance

with the terms of this Agreement. Customer will have the right to set off any amount due or payable to Service Provider hereunder against any claim or charge Customer may have against Service Provider. If Service Provider determines that it has any inquiries, problems or believes there are errors or discrepancies with respect to any amounts due under this Agreement, it shall give Customer written notice thereof within 90 days from the date on which the Services that gave rise to such inquiry, problems and/or discrepancy, etc., were performed. Service Provider's failure to give Customer notice or Service Provider's failure to invoice Customer for any Services or expenses within 90 days after such Service is performed or expense incurred shall constitute a waiver of all rights which Service Provider may have to any such payment, adjustment, charge or reimbursement.

2.02. Expenses. Customer shall only pay for reasonable and preauthorized out of pocket and pass through expenses directly incurred in connection with the performance of the Services. Such expenses must either be expressly set forth in this Agreement (including any exhibits hereto) or approved in advance and in writing by the Customer. Service Provider shall provide Customer with written notice and Customer will provide written consent before the Service Provider is authorized to incur any fees or expenses not specifically provided for in this Agreement, and Customer shall not have any obligation to pay any fees or expenses not provided for in the Agreement that are incurred without Customer's written consent.

2.03. Taxes. Service Provider is solely responsible for paying any due taxes, including estimated taxes, incurred because of the compensation paid by Customer to Service Provider for the Services under this Agreement. This includes, but is not limited to, any federal, state or local income taxes, social security or unemployment tax, or any other taxes. Service Provider agrees to indemnify and hold Customer, its affiliates, and their officers, directors, shareholders, employees and agents, harmless from and against any damage, claim, losses, fee, assessment, interest charge or penalty incurred by or charged to Customer as a result of any claim, cause of action or assessment by any government agency for any nonpayment or late payment by Service Provider of any tax or contribution based on compensation paid hereunder to Service Provider or because Customer did not withhold any taxes from compensation paid hereunder.

2.04. Most Favored Customer. Services Provider represents and warrants that this Agreement contains the most favorable terms, conditions and prices offered by Services Provider to any person or business for the same or similar Services that Service Provider is providing to Customer hereunder. Accordingly, should Services Provider offer more favorable terms, conditions, or prices to any other person or business for the same or similar services during the term of this Agreement, Services Provider shall amend this Agreement to incorporate the more favorable terms, conditions or prices, effective as of the date of Services Provider's offer of such to the other person or business.

3. Warranty.

3.01. Service Warranty. Service Provider warrants and represents that (a) it is qualified to perform the Services; (b) all the Services shall be performed by qualified personnel, who will be properly supervised; and (c) the Services shall be performed in a professional and workmanlike manner in strict accordance in all material respects with the terms of this Agreement and the specifications, requirements and time schedules set forth in Exhibit "A", and in accordance with any applicable commercial standards generally observed in Service Provider's industry. In the event Service Provider fails to properly meet its warranty obligations stated herein, Customer may perform all or part of same or obtain substitute services and charge Service Provider for those costs.

3.02. Organizational Warranty. Service Provider warrants and represents that (a) its performance of the Services will not violate any proprietary rights of any third parties including, without limitation, patents, copyrights or trade secrets, (b) its providing the Services to Customer will not violate any applicable law, rule, regulation or judicial order, or violate any contractual obligation or confidential relationship which it may have to or with any third party, and (c) any information Service Provider may supply Customer or utilize in performing the Services will have been lawfully obtained.

4. Confidential Information

4.01. Confidential Information. Service Provider acknowledges that by reason of its relationship to the Customer hereunder, Customer may disclose or provide access to the Service Provider certain Confidential Information. "Confidential Information" shall mean (a) information concerning the Customer's products, business and operations

including, but not limited to, information relating to business plans, financial records, customers, suppliers, vendors, products, product samples, costs, sources, strategies, inventions, procedures, sales aids or literature, technical advice or knowledge, contractual agreements, pricing, price lists, product white paper, product specifications, trade secrets, procedures, distribution methods, inventories, marketing strategies and interests, algorithms, data, designs, drawings, work sheets, blueprints, concepts, samples, inventions, manufacturing processes, computer programs and systems and know-how or other intellectual property, of the Customer and its affiliates that may be at any time furnished, communicated or delivered to the Service Provider, whether in oral, tangible, electronic or other form; (b) the terms of any agreement, including this Agreement, and the discussions, negotiations and proposals related to any agreement; (c) information acquired during any tours of or while present at the Customer's facilities; and (d) all other non-public information provided by the Customer hereunder. It is intended that information as described in this section is deemed Confidential Information whether it is identified or labeled as such. All Confidential Information shall remain the exclusive property of the Customer.

4.02. Use of Confidential Information; Standard of Care. Service Provider shall maintain the Confidential Information in strict confidence and disclose the Confidential Information only to its employees who have a need-to-know such Confidential Information to fulfill the business affairs and transactions between the Parties contemplated by this Agreement and who are under confidentiality obligations no less restrictive than this Agreement. Service Provider shall always remain responsible for breaches of this Agreement arising from the acts of its employees. Service Provider shall use the same degree of care as it uses with respect to its own similar information, but no less than a reasonable degree of care, to protect the Confidential Information from any unauthorized use, disclosure, dissemination, or publication. Service Provider shall only use the Confidential Information in furtherance of its performance of its obligations under this Agreement, and agrees not to use the Customer's Confidential Information for any other purpose or for the benefit of any third party. No Confidential Information furnished to the Service Provider shall be duplicated or copied except as may be strictly necessary to effectuate the purpose of this Agreement.

4.03. Exceptions; Required Disclosures. Confidential Information does not include information that: (a) was lawfully in Service Provider's possession before receipt from Customer, as established by competent evidence; (b) at or after the time of disclosure, becomes generally available to the public other than through any act or omission of the Service Provider, or (c) is received by Service Provider from a third party free to make such disclosure without, to the best of Service Provider's knowledge, breach of any legal or contractual obligation. If Service Provider is confronted with legal action to disclose Confidential Information received under this Agreement, it shall, unless prohibited by applicable law, provide prompt written notice to the Customer to allow Customer an opportunity to seek a protective order or other relief it deems appropriate, and Service Provider shall reasonably assist Customer in such efforts. If disclosure is nonetheless required, Service Provider shall limit its disclosure to only that portion of the Confidential Information which it is advised by its legal counsel must be disclosed.

4.04. Unauthorized Use or Disclosure of Confidential Information; Equitable Relief. In the event Service Provider discovers that any Confidential Information has been used, disseminated or accessed in violation of this Agreement, it will immediately notify Customer; take all commercially reasonable actions available to minimize the impact of the use, dissemination or publication; and take all necessary steps to prevent any further breach of this Agreement. Service Provider agrees and acknowledges that any breach or threatened breach regarding the treatment of the Confidential Information may result in irreparable harm to Customer for which there may be no adequate remedy at law. In such event Customer shall be entitled to seek an injunction, without the necessity of posting a bond, to prevent any further breach of this Agreement, in addition to all other remedies available in law or at equity.

4.05. Return of Confidential Information; Survival. Service Provider shall promptly return or, at Customer's option, certify destruction of all copies of Confidential Information at any time upon request or within 30 days following the expiration or earlier termination of this Agreement. Notwithstanding any expiration or termination of this Agreement, Service Provider's obligations to protect the Confidential Information pursuant to this Section will survive for five years after the expiration or earlier termination of this Agreement.

5. Indemnification

5.01. Indemnification. Service Provider shall defend, indemnify and hold Customer, its affiliates, and their respective officers, directors, shareholders, employees and agents harmless from and against any claims, actions, demands, lawsuits, losses, damages, costs, expenses, judgments, fines, penalties, and liabilities (including reasonable attorney's fees and courts costs) incurred in connection with any third-party demands, assertions, claims, suits, actions or other proceedings: (a) alleging the Services or Work Product violate any applicable law, rule, regulation or judicial order; (b) arising from the acts or omissions of Service Provider or its employees, agents or permitted contractors in connection with the performance of the Services; (c) alleging that the Services or Work Product or any use of the Services or Work Product infringes any third-party's patent, trade secret, copyright, trademark or other intellectual property right or misappropriates a third-party's confidential information; or (d) arising from or relating to the Services or the Work Product or any Third-Party Materials utilized in the performance of the Services (in each case a "Claim"), except to the extent such Claim is caused by Customer's willful misconduct or gross negligence.

5.02. Procedures for Indemnification. Promptly after receipt of any written Claim or notice of any action giving rise to a Claim for indemnification, Customer will provide Service Provider with written notice of the Claim or action. Customer will provide Service Provider with reasonable cooperation and assistance in the defense or settlement of any Claim, and grant Service Provider control over the defense and settlement of the Claim. However, Customer shall be entitled to participate in the defense of the Claim and to employ counsel at its own expense to assist in the handling of the claim, and Service Provider will ensure that its counsel reasonably cooperates with and permits participation by Customer's counsel. Service Provider will not consent to any judgment, attachment or lien or any other act adverse to the interests of the Customer without Customer's prior consent. If Service Provider fails to assume the defense of a Claim or Customer reasonably determines that Service Provider has failed to diligently assume and maintain a prompt and vigorous defense of any Claim, Customer may assume sole control of the defense of any Claim and all related settlement negotiations with counsel of its own choosing, and Service Provider will pay all costs and expenses (including reasonable attorneys' fees) incurred by Customer in such defense within thirty (30) days of each of Customer's written requests.

6. Mutual Non-Solicitation. During the term of this Agreement and for one year following the expiration or termination date of the Agreement, each Party agrees not to directly solicit or induce any person who performs Services hereunder to leave the employ of the other Party. The Parties are not prohibited from responding to or hiring the other's employees who inquire about employment on their own accord or in response to a public advertisement or employment solicitation in general.

7. Insurance.

Throughout the term of this Agreement, Service Provider shall maintain the following coverages issued by insurance companies with an A.M. Best Rating of not less than A-, a Standard & Poor's rating of not less than AA-, or a Moody's rating of not less than Aa3:

i. Workers' Compensation, minimum statutory limits;

ii. Employer's Liability with limits of $1,000,000 accident, $1,000,000 disease per employee, $2,000,000 disease aggregate;

iii. Commercial General Liability, including blanket contractual and products liability, with minimum limits of $1,000,000 per occurrence, $2,000,000 aggregate;

iv. Commercial Automotive Liability with limits of liability not less than $1,000,000 bodily injury and property damage, and shall include coverage for all owned, leased, non-owned and hired or rented automobiles;

v. Errors & Omissions Liability (Professional Liability), with limits of liability of $1,000,000

Service Provider will provide Customer with a certificate of insurance evidencing the above coverages on forms furnished by or reasonably acceptable to Customer or, upon Customer's request, provide true copies of the insurance policies. Customer, its directors, officers, shareholders, parents, subsidiaries, employees, successors and assigns will be identified as additional insureds for each policy required in this Agreement. The insurance policies and

certificates required hereunder shall be primary and non-contributory, and will include a provision that coverage will not be non-renewed, materially changed, cancelled or allowed to expire until at least 30 days' prior thereto written notice has been given to Customer. If Service Provider, at any time, neglects or refuses to provide the insurance required herein, or should such insurance be canceled or materially changed without Customer's consent, Customer will have the right to terminate the Agreement without penalty.

8. Term. This Agreement will commence as of the Effective Date and will extend for an initial term of one (1) year (the "Term"). At the end of the Term and each successive term, the Agreement will automatically renew for successive one (1) year terms unless earlier terminated in accordance with the provisions of this Agreement.

9. Termination

9.01. Termination for Breach. Either Party may terminate this Agreement at any time in the event of a breach by the other Party of a material covenant, commitment or obligation under this Agreement that remains uncured for thirty (30) days following written notice thereof. Such termination shall be effective immediately and automatically upon the expiration of the applicable notice period, without further notice or action by either Party. Termination shall be in addition to any other remedies that may be available to the non-breaching Party.

9.02. Termination for Bankruptcy, Insolvency or Financial Insecurity. Either Party may terminate this Agreement immediately at its option upon written notice if the other Party: (i) becomes or is declared insolvent or bankrupt; (ii) is the subject of a voluntary or involuntary bankruptcy or other proceeding related to its liquidation or solvency, which proceeding is not dismissed within ninety (90) calendar days after its filing; (iii) ceases to do business in the normal course; or (iv) makes an assignment for the benefit of creditors. This Agreement shall terminate immediately and automatically upon any determination by a court of competent jurisdiction that either Party is excused or prohibited from performing in full all obligations hereunder, including, without limitation, rejection of this Agreement pursuant to 11 U.S.C. §365).

9.03. Termination for Convenience. Either Party may terminate this Agreement at any time with or without cause by giving thirty (30) days prior written notice.

9.04. Obligations upon Termination. Termination of this Agreement for any reason shall not discharge either Party's liability for obligations incurred hereunder and amounts unpaid at the time of such termination. Upon termination, Service Provider shall return to Customer all Customer Confidential Information and Customer property in its possession.

10. Independent Contractor. Service Provider and its employees, personnel, and permitted contractors performing any Services on behalf of Customer under this Agreement are independent contractors and not employees of Customer. Service Provider is not an agent of the Customer and shall have no right or authority to make any contract, sale or other agreement in the name of or for the account of the Customer, or to make any representation, or to assume, create or incur any obligation or liability of any kind, express or implied, on behalf of the Customer. Service Provider will be responsible for any applicable payment and withholdings of any salary, benefits, incentives, and any other compensation or taxes relevant to its personnel. Nothing in this Agreement, and no course of dealing between the Parties, shall be construed to create or imply an employment or agency relationship or a partnership or joint venture relationship between the Parties or between one Party and the other Party's employees or agents.

11. Force Majeure. Neither Party shall be liable hereunder for any failure or delay in the performance of its obligations under this Agreement if such failure or delay is on account of causes beyond its reasonable control, including civil commotion, war, fires, floods, accident, earthquakes, inclement weather, telecommunications line failures, electrical outages, network failures, governmental regulations or controls, casualty, strikes or labor disputes, terrorism, acts of God, or other similar or different occurrences beyond the reasonable control of the Party so defaulting or delaying in the performance of this Agreement, for so long as such force majeure event is in effect. Each Party shall use reasonable efforts to notify the other Party of the occurrence of such an event within five (5) business days of its occurrence. Should a Party experience a force majeure event, it shall take reasonable measures to mitigate any impact that such event has on its performance of this Agreement, and shall take all reasonable steps to perform despite such event. If Service Provider's performance is delayed over thirty (30) days, Customer may terminate this Agreement.

12. Publicity. Unless otherwise agreed to in writing by Customer, Service Provider will not disclose that Customer is a client of Service Provider and will not use the Customer's name or any mark, logo or trade name owned or used by Customer in any manner.

13. Audit. Service Provider shall, at its sole cost and expense, maintain complete and accurate books and records concerning the Services including, without limitation, the documents supporting amounts invoiced by Service Provider to Customer and the direct costs, expenses and disbursements made or incurred in connection with the Services, in accordance with Unites States generally accepted accounting principles. Service Provider shall retain such records for a period of two years following termination of expiration of this Agreement. Customer and its duly authorized representatives shall have the right, upon reasonable written notice, for the term of this Agreement and for a period of two years following termination or expiration of this Agreement, to examine and copy (without charge to Customer) such books and records. Customer shall conduct such audits during Service Provider's normal business hours and in such a manner not to unreasonably interfere with Service Provider's normal business operations. In the event that any audit determines that any fees paid to Service Provider are more than the actual fees payable by Customer pursuant to this Agreement, Service Provider will promptly pay Customer all excess amounts.

14. Governing Law and Venue. This Agreement will be governed by and interpreted in accordance with the laws of the State of Indiana, without giving effect to the principles of conflicts of law of such state. The Parties hereby agree that any action arising out of this Agreement will be brought solely in any state or federal court located in Marion County, Indiana. Both Parties hereby submit to the exclusive jurisdiction and venue of any such court.

15. Attorney's Fees. If either Party incurs any legal fees associated with the enforcement of this Agreement or any rights under this Agreement, the prevailing Party shall be entitled to recover its reasonable attorney's fees and any court, arbitration, mediation, or other litigation expenses from the other Party.

16. Assignment. Either Party may assign and transfer their rights and obligations under this Agreement upon written notice to the other Party.

17. Severability. If any provision or portion of this Agreement shall be rendered by applicable law or held by a court of competent jurisdiction to be illegal, invalid, or unenforceable, the remaining provisions or portions shall remain in full force and effect.

18. Headings; Construction. The headings and captions appearing in this Agreement have been inserted for the purposes of convenience and ready reference, and do not purport to and shall not be deemed to define, limit or extend the scope or intent of the provisions to which they appertain. This Agreement is the result of negotiations between the Parties and their counsel. Accordingly, this Agreement shall not be construed more strongly against either Party regardless of which Party is more responsible for its preparation, and any ambiguity that might exist herein shall not be construed against the drafting Party.

19. Survival. Each term and provision of this Agreement that should by its sense and context survive any termination or expiration of this Agreement, shall so survive regardless of the cause and even if resulting from the material breach of either Party to this Agreement.

20. Rights Cumulative. The rights and remedies of the Parties herein provided shall be cumulative and not exclusive of any rights or remedies provided by law or equity.

21. Counterparts. This Agreement may be executed in one or more counterparts, each of which will be deemed to be an original, but all of which together will constitute one and the same instrument, without necessity of production of the others. An executed signature page delivered via facsimile transmission or electronic signature shall be deemed as effective as an original executed signature page.

22. Notices. All notices or other communications required under this Agreement shall be in writing and shall be deemed effective when received and made in writing by either (i) hand delivery, (ii) registered mail, (iii) certified mail, return receipt requested, or (iv) overnight mail, addressed to the Party to be notified at the following address or to such other address as such Party shall specify by like notice hereunder:

Customer:
Southeastrans, Inc.
4751 Best Road,
Suite 300,
Atlanta, GA 30337
Attn: Benjie Alexander
balexander@southeastrans.com

Service Provider:
GenTech Associates, Inc.
8103 East U.S. Hwy. 36,
#166
Avon, IN 46123
Attn: Scott Chaplin
[e-mail address]

23. Waiver. No waiver of any term or right in this Agreement shall be effective unless in writing, signed by an authorized representative of the waiving Party. The failure of either Party to enforce any provision of this Agreement shall not be construed as a waiver or modification of such provision, or impairment of its right to enforce such provision or any other provision of this Agreement thereafter.

24. Entire Agreement; Modification. This Agreement, and any exhibits attached hereto, is the entire agreement between the Parties with respect to the subject matter hereof and supersedes any prior agreement or communications between the Parties, whether written, oral, electronic or otherwise. No change, modification, amendment, or addition of or to this Agreement or any part thereof shall be valid unless in writing and signed by authorized representatives of the Parties.

In witness whereof, the Parties hereto have executed this Services Agreement on the date set forth below.

CUSTOMER

SOUTHEASTRANS, INC.

By: _____

Printed Name: Benjie R. Alexander

Title: Chief Administrative Office

Date: 3/12/18

SERVICE PROVIDER

GENTECH ASSOCIATES, INC.

By: _____

Printed Name: Scott Chaplin

Title: President

Date: 3/12/18

EXHIBIT A

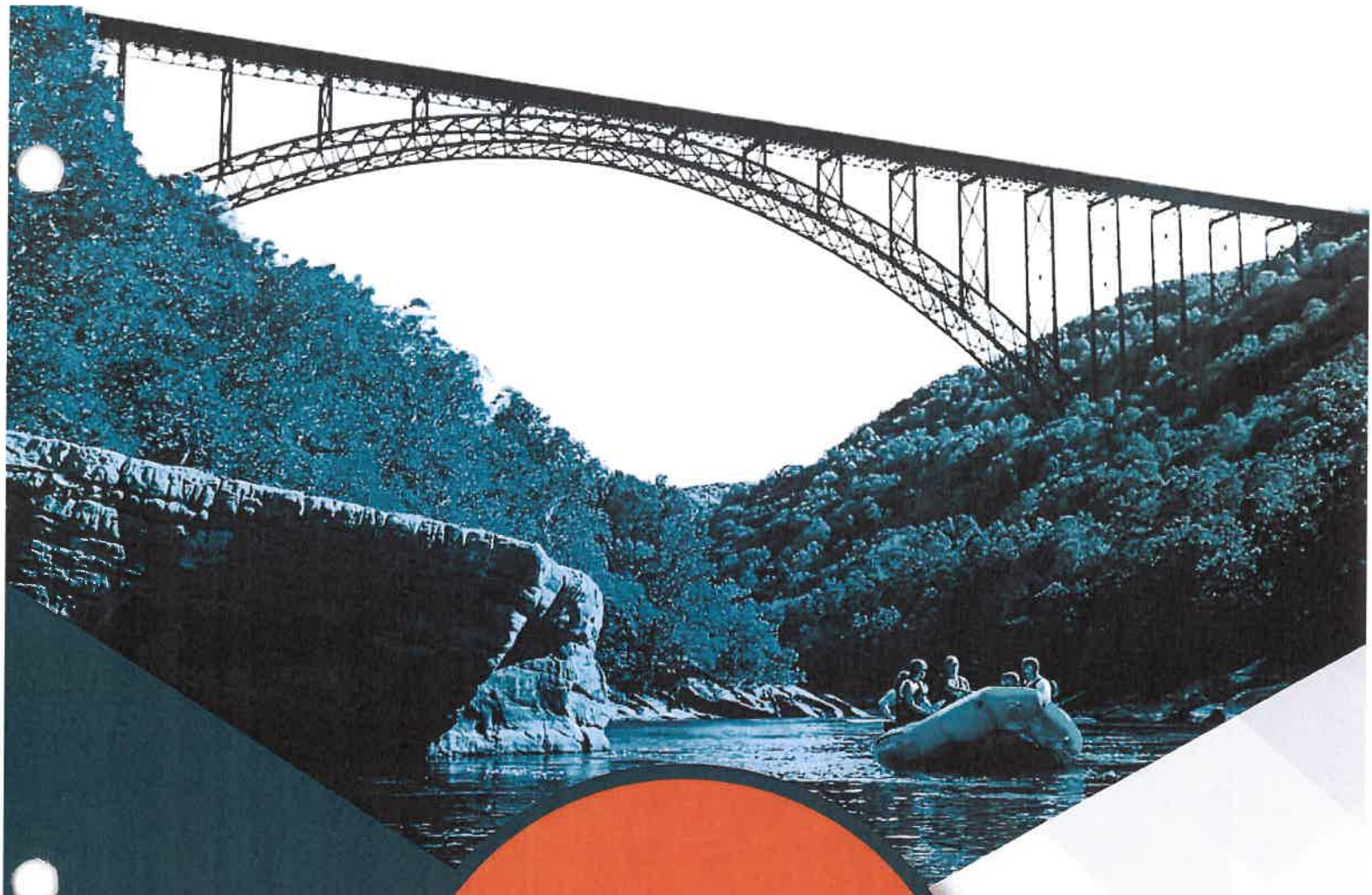
[Description of the Services]

	SERVICE ITEM	SERVICE REQUIREMENTS
1	NEMT Driver/Attendant/Provider Training Function	• Carry out training for all drivers, providers, and attendants in a state-wide, Non-Emergency Medical Transportation ("NEMT") network, as requested by Customer. • Facilitate Passenger Assistance and Sensitivity ("PASS") driver/attendant training courses, as established by the Community Transportation Association of America ("CTAA") and as further adapted by Customer. • Facilitate defensive driving courses. • Facilitate Red Cross Basic First Aid and CPR courses. • Facilitate all other remedial and ancillary driver/attendant/provider training (including iPad and electronic manifest training), as requested by Customer.
2	Management of NEMT Driver/Attendant/Provider Training Function	• Order, distribute, inventory, and manage all applicable training materials and equipment. • Coordinate with Customer and drivers/attendants/providers to schedule all training classes.
3	Hosting Function	• Ability to host training activities required under this Agreement at a centralized and dedicated facility that is owned or operated by Service Provider. • Ability to host training activities required under this Agreement at satellite locations, as necessary. • Service Provider's facility shall be professional in appearance, shall be suitable for use as a classroom, and shall be capable of holding up to 18 students per class. • Provide refreshments, including water, coffee and snacks to each driver/attendant/provider in attendance.
4	Other Essential Trainer Functions	• Available to train Monday to Friday from 8:00 AM to 5:00 PM Local Time • Available to train 7 days per week, including evenings, for classes considered by Customer to be critical, including during the implementation phases of contracts in the State of Indiana. • Ability to become a Certified Passenger Assistance Safety and Sensitivity Instructor. • Must promote continuous improvement of the training program. • Excellent communication skills, positive attitude, and problem-solving skills. • Ability to instruct large classes of students in a classroom environment. • Excellent public speaking skills. • Ability to travel, as requested by Customer (subject to additional expenses). • Ability to lead and motivate others. • Ability to lift over 50lbs. • Ability to bend, stoop, push, pull and step in/out of vehicles. • Ability to stand or sit for long period of time. • Ability to be flexible with a schedule (could require weekends, evenings and holidays). • Ability to work independently or with a team. • Professional appearance. • Certified Passenger Assistance Safety and Sensitivity (PASS) instructor, or the ability to become PASS certified. • Proficiency in Microsoft Office Applications (PowerPoint, Word, Outlook). • Clean motor vehicle driving history as defined by governing contract. • Certified Defensive Driving Instructor. • Red Cross Basic First Aid and CPR Instructor. • Service Provider shall be, and shall remain at all times during the Term of this Agreement, a certified Indiana Veteran Business Enterprise and shall be listed on the IDOA Directory of Certified Firms. • Other duties as agreed upon by the Parties.
5	Compliance Functions	• Utilize Customer's compliance software to input and/or update provider, vehicle, and driver information. • Inspections (to include spot inspections) of Provider vehicles for contractual and statutory compliance. • Other duties as agreed upon by the Parties.

EXHIBIT B

[Fee Structure]

Category	Rate	Limitations/Requirements
Instructor Fee	$50.00 per hour for Instructor's availability to conduct NEMT training classes.	Not to exceed 40 hours per week without prior written approval by Customer. Customer shall not be billed for hours that Service Provider or Service Provider's employee(s) are unavailable to perform the Services, for any reason.
Classroom Usage Fee	$904.17 per month	The monthly fee should be reduced by $41.73 for each day the classroom is not available for use in conducting NEMT training classes.
Refreshments	$1,000.00 per month	
Mileage	The current Privately-Owned Vehicle (POV) Mileage Reimbursement Rate, as set forth by the U.S. General Services Administration	All travel requires prior written approval by Customer. Service Provider must complete and submit to Customer an itemized mileage reimbursement receipt in a form acceptable to Customer.



VERIDA

EXHIBIT 2
JOB DESCRIPTIONS

October 15, 2025
CRFP 0511
BMS2600000001

VERIDA

TITLE: PROJECT MANAGER

REPORTS TO: VICE PRESIDENT OPERATIONS

FLSA STATUS: EXEMPT

SUMMARY: Responsible for the operational management of all business activities related to Nonemergency Transportation (NET) contracted services, including oversight of all internal functions, call center operations, provider network management and development, compliance, reconciliation, quality control, risk management, information technology, training, and business office oversight.

ESSENTIAL FUNCTIONS:

- Plan, develop, and implement strategy for operational management of regional office in accordance with corporate objectives dictated by President and Chief Operations Officer.
- Establish and maintain appropriate systems for monitoring, measuring, and reporting operational performance.
- Recruit, select, manage and develop staff.
- Manage and control departmental expenditures within approved budgets.
- Establish and implement operational policies and procedures to ensure compliance with corporate objectives and contractual requirements.
- Maintain awareness and knowledge of contemporary transportation management theories and concepts.
- Conduct management level meetings to ensure effective organizational communication and performance.
- Direct and/or delegate all business function management tasks and ensure appropriate and timely outcomes, including analyzing data on provider performance, trip completion rates, cancellation rates, complaints and other metrics to identify issues and formulate solutions
- Always ensure contractual compliance, including meeting service level agreements and key performance indicators related to reporting, call center metrics, and other contract requirements.
- Coordinate complete and accurate communication with principal stakeholders including state agencies and/or contractors, providers, members, corporate advisory board, and NET providers.
- Work with internal business partners to understand and analyze complaints and grievances, key performance indicators and other data and proactively develop continuous quality improvement initiatives to enhance customer service and client satisfaction.
- Provide oversight of call center operations to ensure quality interactions with clients, members and providers and enhance overall operational effectiveness.

- Maintain a complete understanding of status of provider network status and awareness of ongoing activities in the Provider Relations department. Work with the Vice President of Operations as needed to identify concerns and understand proposed solutions.
- Own the Customer Experience (loyalty, satisfaction and retention)
- Perform other duties as assigned.

REQUIRED SKILLS AND ABILITIES

- Proven track record as an effective team leader.
- Effective communicator with good written and verbal communication skills and with proven leadership skills and abilities.
- Demonstrated success in contract management and an ability to analyze, prioritize, and control complex business activities and transactions.
- Experience directing staff in the day-to-day operations of office.
- Experience managing and evaluating workflow and reporting processes.
- Previous experience in operations management.
- Experience with the mathematical calculations needed to determine profitability, and utilization
- Proven experience supervising and monitoring the delivery of contractual service metrics
- Thorough understanding of NET service delivery
- Experience in human services transportation

QUALIFICATION

- 7 years' experience in Executive and/or Operational Management.
- NEMT experience preferred.
- Demonstrated expertise in managing teams in a multilocation environment
- Progressive leadership experience
- Demonstrated

EDUCATION

- Bachelor's degree in Business Administration from accredited College or University or equivalent experience with noted progressive responsibilities.

TITLE: Assistant Manager

REPORTS TO: Project Manager

FLSA STATUS: Exempt

SUMMARY: The Assistant Manager is responsible for coordinating with the Project Manager to safeguard the success of the non-emergency medical transportation (NEMT) program. This role focuses on establishing and maintaining excellent relationships with members, clients, and NEMT providers while ensuring performance standards and financial goals are consistently met through proactive coordination and effective stakeholder management.

ESSENTIAL FUNCTIONS:

- Coordinates with Project Manager to ensure overall success and compliance of NEMT program operations
- Establishes and maintains positive working relationships with members, clients, and NEMT providers
- Monitors program performance to ensure adherence to established performance standards and contractual obligations
- Supports financial goal achievement through effective program coordination and resource management
- Serves as a liaison between stakeholders to facilitate communication and resolve operational issues
- Assists in identifying areas for program improvement and implementing corrective action plans
- Tracks program metrics and prepares reports on performance outcomes
- Ensures compliance with federal, state, and local regulations governing NEMT services
- Participates in client meetings and provider communications as needed
- Supports quality assurance activities and continuous improvement initiatives
- Responds promptly to member, client, and provider inquiries and concerns
- Maintains accurate documentation and records related to program operations

- Collaborates with internal departments to ensure seamless service delivery
- Additional duties as assigned to support program objectives

QUALIFICATIONS REQUIRED:

- Strong relationship management and customer service skills
- Thorough understanding of NEMT services and operations
- Excellent organizational and coordination abilities
- Effective communication skills with diverse stakeholders
- Ability to work collaboratively in a team environment
- Strong problem-solving and analytical skills
- Proficient in multi-tasking and managing competing priorities
- Proficient knowledge of Microsoft Suite tools
- Demonstrates professionalism and maintains confidentiality

MINIMUM REQUIRED EDUCATION:

- Bachelor's degree from an accredited college or university (may be substituted with four years of full-time or equivalent part-time paid NEMT experience in addition to the specified experience requirement below)
- Minimum of two years of qualified experience in NEMT, healthcare coordination, or related field
- Experience working with healthcare providers and/or transportation services preferred
- Relevant licenses or certifications as required by state or contract specifications

TITLE: Provider Relations Manager

REPORTS TO: PROJECT MANAGER

FLSA STATUS: Exempt

SUMMARY: Responsibility for building and maintaining the provider network for a specific region and/or state. Maintenance of current network to include oversight of appropriate transportation types and volume of assigned trips for providers.

ESSENTIAL FUNCTIONS

- Recruit new Providers to Verida network via various methods to include face-to-face meetings, email, and other marketing strategies.
- Plan sign and direct work; including: rewarding and disciplining employees, addressing complaints, resolving employee conflicts
- Build and maintain relationships with new and existing Providers acting as a subject matter expert on building a successful Provider business.
- Educate Providers on how to be a successful provider within Verida's network.
- Work with Providers on their financials to help them maintain profitability.
- Understand the claims process and be able to guide providers through the process when necessary.
- Negotiate with Providers to obtain fair contracted rates for both Verida and Provider.
- Provide feedback to Providers on how to be more efficient with their fleet and trip routing.
- Provide orientation, onboarding, and training for new and existing NEMT. Providers according to contract requirements.
- Responsible for overall Network Digitization and assumes role of subject matter expert for all digitization initiatives.
- Establish and maintain a positive working relationship with NEMT Providers.
- Coordinate NEMT Provider application, credentialing, and implementation.
- Work in conjunction with the Compliance Team to ensure Providers meet and maintain all requirements.
- Work with Dispatcher Supervisor to ensure assigned appropriate trip volume according to demand and performance.
- Create reports to determine additional Provider needs for network and to determine how current network is performing.
- Develop metrics and implement plans to execute on-going network development to manage network deficiencies.
- Travel required up to 50%.
- Facilitate Provider town hall meetings.
- Other duties as assigned.

QUALIFICATIONS REQUIRED

- 3 to 5 years of supervisory/management experience, as well vendor/contract management experience.
- 2 to 3 Years of supervisory/management experience required
- Must have excellent written and verbal communication skills.

- Must have strong analytical and reporting skills and pay attention to details with the ability. to juggle multiple competing priorities in a demanding environment, with excellent time management skills.
- Self-motivated/self-starter, can take initiative, can work independently without supervision, and can step in to support other department initiatives; Can work well under pressure.
- Demonstrates commitment and accountability and is self-confident in executing responsibilities, excellent corporate work ethics.
- Must be able to provide positive reinforcement to the team and encourage the team in a positive manner in all aspects.
- Must have a high level of interpersonal skills to handle sensitive and confidential situations.
- High level proficiency in Microsoft Office (Outlook, Excel, Word, PowerPoint).
- Qlik Sense experience preferred.
- Ability to work in an ever-changing environment where priorities change.
- Must be flexible.
- Professional appearance and positive attitude.
- Must have a valid driving license.
- Must be able to pass a DMV records check.
- Military and/or EMS background is a plus.
- Must pass a credit check.

PHYSICAL DEMANDS

- Able to sit and work on a computer for extended periods of time.
- Able to lift up to 10lbs and reach/bend to retrieve items in cabinets and shelves.
- Required to be onsite to perform duties.
- Repetitive key stroke/data entry for the assigned workday.

MINIMUM REQUIRED EDUCATION (PREFERRED)

- Bachelor's degree (B. A.) from four-year College or University or equivalent combination of education and experience.

VERIDA

TITLE: **PROVIDER/FACILITY MANAGER**

REPORTS TO: **PROJECT MANAGER**

FLSA STATUS: Exempt

SUMMARY: Outreach manager develops and maintains successful working relationships with the healthcare facilities and clinics that have patients/members with regularly scheduled NEMT trips.

ESSENTIAL FUNCTIONS

- The Outreach manager will visit these facilities and clinics and provide on-site training about NEMT and review and respond to any issues as it relates to member transportation.
- Will be an advocate for NEMT services in the community and foster positive relationships with healthcare clients and professionals.
- Will interact with healthcare professionals regarding patient/member transportation services.
- Will effectively communicate with healthcare facilities regarding non emergency medical transportation.
- Will educate members and healthcare professionals on NEMT.
- Has the ability to communicate effectively with clients and healthcare providers; ability to make public presentations.

QUALIFICATIONS REQUIRED

- Effective communicator with proven leadership skills and abilities.
- Clinical, case management and/or discharge experience a plus.
- High level of technical competence to include proficiency with Microsoft Office Suite.
- Excellent problem solving skills: must be able to develop and implement action plans to address issues.
- Ability to travel throughout assigned region / territory.
- Approximately 20% of work time is conducted in an office setting and approximately 80% will require travel.
- Physical and Mental Requirements:
  - Strong problem resolution skills.
  - Must have a proactive approach to relationship building.
  - Must be solutions oriented; creative innovative thinker.
  - Must be able to work independently and as a team member.

MINIMUM REQUIRED EDUCATION/TRAINING

- MSW preferred; Bachelor's Degree in Business preferred or commensurate experience in similar capacity; 2 years experience

TITLE: Outreach and Communications Manager

REPORTS TO: Project Manager

FLSA STATUS: Exempt

SUMMARY: The Outreach and Communications Manager serves as the primary member advocate and ombudsperson for the NEMT program, ensuring members' voices are heard and their concerns are addressed effectively. This position develops and implements comprehensive outreach strategies to educate members about available transportation services, resolves member complaints and issues, and acts as a liaison between members, providers, and program leadership. The Outreach and Communications Manager champions member satisfaction and experience while promoting program awareness and accessibility throughout the community.

ESSENTIAL FUNCTIONS:

· Serves as the primary member advocate and ombudsperson, representing member interests and concerns to program leadership

· Develops and implements outreach strategies to educate members about NEMT services, benefits, and how to access transportation

· Investigates and resolves member complaints, concerns, and service issues in a timely and compassionate manner

· Conducts outreach activities in the community, including presentations at community centers, healthcare facilities, and member organizations

· Creates and distributes member education materials including brochures, newsletters, and communication updates

· Acts as a liaison between members, providers, healthcare facilities, and program management

· Tracks and trends member feedback, complaints, and satisfaction data to identify areas for improvement

VERIDA

· Collaborates with Quality Assurance team to address systemic issues affecting member experience

· Facilitates member focus groups and surveys to gather input on program improvements

· Responds to member inquiries via phone, email, and in-person interactions with empathy and professionalism

· Advocates for members with special needs, language barriers, or accessibility requirements

· Coordinates with Provider Relations to address member concerns related to transportation service quality

· Prepares reports on member satisfaction, outreach activities, and complaint resolution outcomes

· Develops relationships with community organizations, advocacy groups, and social service agencies

· Ensures all member communications are culturally sensitive and accessible to diverse populations

· Participates in program quality improvement initiatives from a member-centered perspective

· Maintains confidentiality of member information in accordance with HIPAA and privacy regulations

· Performs other duties as assigned to support member advocacy and program communication objectives

QUALIFICATIONS REQUIRED:

· Effective communicator with exceptional interpersonal skills and the ability to advocate for vulnerable populations

· Strong customer service orientation with empathy, patience, and cultural sensitivity

· Excellent written and verbal communication skills with the ability to create clear, accessible member materials

· Ability to handle sensitive situations with discretion, professionalism, and sound judgment

· Strong problem-solving and conflict resolution skills with a member-first approach

· Ability to build trust and rapport with diverse member populations and community partners

· Strong organizational and project management skills with attention to detail

· Ability to work independently and collaborate effectively with cross-functional teams

· Experience developing and delivering presentations to community groups

· Knowledge of healthcare and social services systems, particularly for vulnerable populations

MINIMUM REQUIRED EDUCATION:

· Bachelor's degree in Social Work, Public Health, Communications, Human Services, or related field required

· Minimum of 3-5 years of experience in member advocacy, community outreach, ombudsman services, or related field

· Experience working with Medicaid/Medicare populations preferred · Experience in healthcare or NEMT programs preferred ·

· Valid driver's license and ability to travel to community locations as needed

TITLE: CALL CENTER MANAGER

REPORTS TO: PROJECT MANAGER

FLSA STATUS: Exempt

SUMMARY:

Manages local scheduling and real-time operations that facilitate the maximization of resources (human and automated) to achieve customer satisfaction, productivity, schedule adherence, and economic goals. Plan and develop systems and procedures to improve the department's operating quality and efficiency.

ESSENTIAL FUNCTIONS:

- Oversees daily activities of Call Center Scheduling and Call Center Operations to maximize scheduling and real-time utilization of resources; analyzes and recommends part-time, flexible, and full-time employee mix for the site
- Evaluates performance outcomes to drive efficiency and improvements
- Interfaces with Operations management to ensure smooth coordination of scheduling and maximization of schedule adherence; provides input on local conditions, identifies needs, and receives direction on real-time staffing increases or decreases.
- Ensures Call Center Supervisors manage schedule adherence notifying and escalating within the site and within the Network as warranted; ensures communication of real-time staffing changes to Network Operations Coordinators.
- Enacts contingency plans as needed; escalates and directs activities during systems problems, disasters, etc.; identifies potential problems, troubleshoots, escalates issues to local and network management, and participates in post-mortem analysis of problems providing input for future process improvements.
- Approves schedules developed by Call Center Supervisors and works with local management to communicate and fill schedules and handle exceptions.
- Reviews ongoing performance results to targets. takes corrective measures with authorization, escalates situations as needed.
- Participates in daily, weekly, monthly, and annual planning process as appropriate.
- Performs all duties and responsibilities in a timely and effective manner in accordance with established company policies to achieve the overall objectives of this position.
- Maintains a favorable working relationship with all other company employees to foster aid promote a cooperative and harmonious working climate which will be conducive to maximum employee morale, productivity, and efficiency/effectiveness.
- Projects a favorable image of the companies to promote its aims and objectives and foster and enhance public recognition and acceptance of all its areas of endeavor.
- Keeps immediate superior promptly and fully formed of all problems or unusual matters of significance and takes prompt corrective action where necessary or suggests alternative courses of action which may be taken.
- Performs all necessary supervisory functions to effectively and efficiently manage the personnel assigned
- Maintains a qualified staff by partnering with HR to assist with screening, interviewing, and employee onboarding

- Communicates areas of accountability and performance expected of personnel assigned
- Determines standards of performance as a basis for reviewing the progress of personnel assigned
- Ensures proper training of personnel assigned
- Fosters a cooperative and harmonious working climate conducive to maximizing employee morale and productivity
- Develops individuals for future professional advancement.
- Performs other duties and responsibilities as required or requested.

EXPERIENCE:

- Proven leadership in managing call centers with 50+ agents, preferably in healthcare, transportation, or government service contracts.
- Demonstrated success in change management, including technology adoption, organizational restructuring, and emergency response.
- Strong background in supervising, coaching, and developing staff, with a focus on building a culture of accountability, empathy, and service excellence.
- Hands-on experience with cloud-based CCaaS platforms such as NICE inContact, Five9, Genesys, or Talkdesk.
- Proficient in using real-time dashboards, queue management, and speech analytics to inform operational decisions.
- Basic understanding of IVR configuration, call routing, and quality monitoring tools.
- Approximately 5 - 7 years of previous operations management experience, including forecasting, scheduling, and real-time operations management
- 2 plus years of progressive management experience in Transportation, Contact Center and Health Care Experience preferred

QUALIFICATIONS :

- Working knowledge of **Medicaid/Medicare transportation programs**, including eligibility and trip scheduling.
- Familiarity with **HIPAA**, **PHI handling**, and **data security** in healthcare environments.
- Ability to collaborate with **transportation providers**, **medical facilities**, and **corporate compliance/QA teams**.
- Experience meeting **state or contract performance metrics** (e.g., on-time performance, complaint resolution).

- Strong **analytical skills** and **statistical background**, with proficiency in **Excel or Power BI**.
- Prior experience in a **production or call center environment**.
- Ability to maintain **professionalism and confidentiality** in all interactions.

MINIMUM REQUIRED EDUCATION:

- Bachelor's degree required preferably in the concentration of Statistics, Operations Management, Business Management

TITLE: **GAS REIMBURSEMENT COORDINATOR**

REPORTS TO: **CALL CENTER MANAGER**

FLSA STATUS: Non-Exempt

SUMMARY: The Gas Reimbursement Coordinator (GR Coordinator) is responsible for managing the functions of Gas Reimbursement transportation for members. This position will oversee the systems in place to maximize GR for the operation, including setting up of transportation, resolving issues related to GR, marketing the programs and training of dispatch and routers on the programs.

ESSENTIAL FUNCTIONS

- Responsible for setting up transportation for members utilizing Gas Reimbursement (GR) for the operation.
- Promoting GR Dispatch and Call Center Staff to maximize the programs.
- Monitor, measure, and report on the usage of GR and provide to management.
- Answer phones and respond to customer requests.
- Provide information regarding GR when requested by members.
- Provide members with product and service information.
- Generate forms for tracking GR distribution to facilities.
- Recommend process improvements.
- Perform other duties and responsibilities as required or requested.

QUALIFICATIONS REQUIRED

- Excellent communication skills both written and oral.
- Excellent organization skills.
- Above average computer skills using Microsoft Access, Excel and Word
- Ability to stand or sit for long periods of time.
- Ability to be flexible with their schedule (could require weekends, evenings and holidays).
- Ability to work independently or with a team.
- Professional appearance, positive attitude.

MINIMUM REQUIRED EDUCATION/TRAINING

- High School Diploma.
- Clean Driving record.

TITLE: **CALL CENTER TEAM LEAD**

REPORTS TO: **CALL CENTER MANAGER**

FLSA STATUS: Non Exempt

SUMMARY: Assist the Supervisor in the operation in accordance with policies and procedures. Ensure smooth operation during shift.

ESSENTIAL FUNCTIONS

- Serves as a lead staff member to observe Customer Service Representatives in accordance with policies and procedures.
- Participates in training and coaching of CSR's in conjunction with Training Specialist and Call Center Management.
- Monitors service levels and communicates issues to Supervisor.
- Handles escalated calls; takes appropriate action to calm upset customers and resolve customer complaints.
- Observes the work environment to ensure compliance with established policies and procedures.
- Provides feedback to Call Center Management regarding employees' performance.
- Acts as the primary point of contact for CSR's in the absence of a Supervisor.
- Assists with other duties as assigned.

QUALIFICATIONS REQUIRED

- 2 years' customer service experience in an inbound call center; healthcare environment a plus
- 1 year in a lead call center role with the ability to demonstrate how to lead a team
- Entry level proficiency in Microsoft Word and Excel
- Excellent written and verbal communication skills, professional appearance, positive attitude
- Excellent time management skills
- Must be able to demonstrate multi-tasking skills in a high stress environment while working with multiple managers
- Must have a high level of interpersonal skills to handle sensitive and confidential situations

MINIMUM REQUIRED EDUCATION/TRAINING

- High school diploma or equivalent

TITLE: **CUSTOMER SERVICE REPRESENTATIVE**

REPORTS TO: **CSR LEAD**

FLSA STATUS: Non-Exempt

SUMMARY: This position is responsible for ensuring that all consumers receive accurate, courteous, and professional customer service related to requests for non-emergency medical transportation services

ESSENTIAL FUNCTIONS:

- Assists callers efficiently and in a polite, courteous and professional manner at all times.
- Conducts appropriate screening and eligibility functions.
- Obtains correct information to schedule appropriate modes of transportation.
- Maintains current knowledge of local operating transportation policies.
- Accurately and effectively uses trip scheduling and dispatch software.
- Maintains client, company and employee confidentiality.
- Communicates with facilities and/or providers as necessary to assure efficient transportation services.
- Coordination of urgent care and/or discharges with Trip Validation Specialist
- Keeps Supervisor informed concerning scheduling and/or service delivery problems
- Completes all required records and reports
- Effective use of telecommunications systems

QUALIFICATIONS REQUIRED

- Excellent communication skills
- Basic computer and typing skills
- Type 40 wpm
- Customer service experience
- Able to work in a busy environment
- Able to work independently or with a team

MINIMUM REQUIRED EDUCATION/TRAINING

- High School graduate or equivalent

VERIDA

TITLE: Dispatch Manager

REPORTS TO: Project Manager

FLSA STATUS: Exempt

SUMMARY: Plan, direct, or coordinate the dispatching and arrangement of transportation. This includes dispatching, routing, public transit, and volunteer driver and gas reimbursement program administration. Supervise staff in accordance with company policies and procedures.

ESSENTIAL FUNCTIONS:

- Professional client communications
- Ensure achievement of all KPI's
- Recommend process improvements; employee satisfaction, efficiencies, member and provider experience
- Plan, organize, and manage the work of Dispatch, Routing, PT, GR, and VD staff to ensure that the work is accomplished in a manner consistent Southeastrans and Client requirements and protocols
- Monitor and approve trip cost (i.e. special rates, provider assignments, etc.) consistent with established approval processes.
- Direct activities related to dispatching, routing, or tracking transportation provider performance of scheduled trip assignments
- Direct investigations to verify and resolve Client complaints
- Assures that transportation personnel are effectively performing functions between the internal departments and customers by monitoring requests for transportation and by assuring appropriate prioritizing and dispatching of requests are followed.
- Resolves customer problems by evaluating, determining proper action needed for customer satisfaction, and consulting with management about situations with significant financial impact.
- Evaluate department processes. Recommend and coordinate needed changes based on process analysis.
- Conduct interviews, hire new staff, and provide employee orientation.

- Establish employee goals and conduct employee performance reviews.
- Responsible to meet department productivity and quality goals.
- Communicate with other Supervisors and Managers.
- Other duties as assigned.

QUALIFICATIONS REQUIRED:

- Five years of management experiences call center experience is a plus Superior customer service skills
- Excellent interpersonal communication skills; strong leadership skills
- Proficiency in working with Microsoft Office products
- Demonstrated ability to assess individual and departmental needs and execute effective strategies to address those needs
- Strong organizational skills, including time management and documentation

MINIMUM REQUIRED EDUCATION:

- Bachelor's Degree preferred; not required

TITLE: Dispatcher Lead

REPORTS TO: Dispatcher Supervisor

FLSA STATUS: Non-Exempt

SUMMARY: Supports Dispatcher Supervisor in overseeing dispatch operations, provides guidance to dispatchers, assists with escalated issues, monitors real-time dispatch performance, and ensures smooth workflow during shifts. Serves as a team leader and resource for dispatchers while maintaining dispatch responsibilities.

ESSENTIAL FUNCTIONS:

- Assists Dispatcher Supervisor in overseeing daily dispatch operations and ensuring efficient trip assignment
- Provides guidance, coaching, and support to dispatchers on procedures, systems, and best practices
- Monitors real-time dispatch performance and workflow to identify and address issues proactively
- Handles escalated customer inquiries, complaints, and complex dispatch situations
- Answers phones to respond to discharge orders, ride requests, customer inquiries, questions, and complaints
- Places orders in computer system and provides information for providers along with projected service times
- Organizes, plans, and optimizes daily trip route assignments in a cost effective and efficient manner
- Assists with training new dispatchers and provides ongoing mentorship to team members
- Ensures dispatchers maintain schedule adherence and follow company policies and procedures
- Transfers calls to appropriate regional team members as needed
- Identifies, researches, and resolves issues using the computer system
- Follows-up on customer inquiries not immediately resolved

- Completes call logs and reports
- Communicates performance issues or operational concerns to Dispatcher Supervisor
- Ensures customers, vendors, providers, and employees are handled in a professional and courteous manner
- Steps in to cover dispatcher duties as needed to ensure adequate coverage
- Performs other duties as assigned

QUALIFICATIONS REQUIRED:

- Previous dispatch experience with demonstrated leadership ability
- Ability to read and comprehend instructions, correspondence, and memos
- Ability to analyze schedules and assign resources appropriately, efficiently and cost effectively
- Strong organizational skills, attention to detail, and ability to focus on assigned tasks
- Ability to coach and mentor team members effectively
- Must be able to work collaboratively with internal departments and external facilities/providers
- Excellent time management and prioritization skills
- Computer literate with the ability to learn customer service software applications
- Strong problem-solving and decision-making abilities
- Ability to handle multiple tasks simultaneously in a high-pressure environment
- Excellent communication and interpersonal skills
- Professional appearance and positive attitude
- Work requires willingness to work a flexible schedule

MINIMUM REQUIRED EDUCATION:

- High school diploma or equivalent
- 2-3 years of dispatching experience with demonstrated leadership ability

TITLE: **DISPATCHER**

REPORTS TO: **CALL CENTER MANAGER**

FLSA STATUS: Non-Exempt

SUMMARY: Answer phones to respond to discharge orders, ride requests, customer inquiries, questions, and complaints. Project a professional company image through phone interaction.

ESSENTIAL FUNCTIONS

- Answers phones for Medicaid eligible requests for non-emergency discharges, ride requests, and dispatch estimated time of arrivals.
- Places orders in computer system.
- Provides information for provider, along with projected service times.
- Transfers calls to appropriate regional team members.
- Identifies, researches, and resolves issues using the computer system.
- Follows-up on customer inquires not immediately resolved.
- Completes call logs and reports.
- Organizes, plans, and optimizes daily trip route assignments in a cost effective and efficient manner.
- Provides support to other company departments and offices regarding trip assignment.
- Ensures short and long range planning is performed to identify trips that require eligibility verification.
- Answers telephones, handles calls, routes to appropriate individual or takes messages. Ensures customers, vendors and employees are handled in a professional and courteous manner.
- Follows company policies and procedures
- Performs other duties as assigned.

QUALIFICATIONS REQUIRED

- Previous dispatch experience.
- Ability to read and comprehend simple instructions, short correspondence, and memos.
- Ability to analyze schedules and assign resources appropriately, efficiently and cost effectively.
- Must possess good organizational skills, attention to detail, and ability to focus on assigned tasks.
- Must be able to work collaboratively with internal departments and external facilities/providers to determine best practices for ongoing quality satisfaction.

- Excellent time management skills.

- Computer literate with the ability to learn customer service software applications.
- Must take direction well.
- Professional appearance.
- Positive attitude.
- Work requires willingness to work a flexible schedule.

MINIMUM REQUIRED EDUCATION/TRAINING

- High school diploma or equivalent.

TITLE: Exception Manager

REPORTS TO: Project Manager

FLSA STATUS: Exempt

SUMMARY: The Exception Manager oversees a team, managing complex case resolution and operational efficiency across inbound/outbound calls and production queue work. This position is responsible for researching and resolving exceptional cases including benefit utilization issues, pre-authorizations, denials and appeals, eligibility concerns, and service level exceptions. The Exception Manager supervises team performance, ensures quality and efficiency in all communications, serves as the primary liaison with healthcare facilities, and drives process improvements that reduce costs, improve cycle times, and enhance customer service delivery while maintaining compliance with all operational standards.

ESSENTIAL FUNCTIONS:

- Drives efficient flow of work throughput, with emphasis on cost improvement, cycle time (service) and production time reduction · Researches and resolves work that requires further action (e.g., benefit utilization issues, verification, waivers, urgent trip requests, pre-authorization, process denials, eligibility, mileage validation, meals & lodging, level of service exceptions)
- Manages the denial and appeal process
- Processes faxes, mail, email and web requests (inbound and outbound)
- Oversees the department's phone activity (inbound and outbound) for quality and efficiency
- Investigates all issues to confirm the actual utilization
- Reports member experience dissatisfaction to appropriate team members
- Provides outreach regarding members, transportation, education and other subjects as needed to medical facilities
- Travels to healthcare facilities as required to provide in-service training on how to use NET service effectively
-

- Acts as a resource for all company staff for Exception process related questions
- Tracks, trends and audits work done by Exception team members
- Conducts team meetings and one-on-one meetings as directed by management
- Supervises Exception team members, while ensuring every team member is invested in positively influencing the success of the organization
- Additional duties as assigned to include assisting and performing functions for other departments

QUALIFICATIONS REQUIRED:

- Effective communicator with proven leadership skills and the ability to supervise and develop high-performing teams
- Thorough understanding of NEMT services, exception processing, and healthcare facility operations
- Ability to analyze, organize, prioritize, implement, and control complex operational activities and exception cases
- Strong organizational and problem-solving skills with attention to detail and accuracy
- Collaborates effectively with internal and external stakeholders including healthcare facilities, members, and providers
- Excels at multi-tasking and has excellent time management and organization skills in a fast-paced, high-volume environment
- Strong customer service orientation with the ability to remain calm and patient under pressure
- Learns new skills, technology, and software quickly
- Proficient knowledge of Microsoft Suite tools

MINIMUM REQUIRED EDUCATION:

- High School Graduate or General Education Degree (GED) required · Bachelor's Degree preferred
- 5+ years contact center customer service experience is strongly preferred
- 2+ years demonstrated experience in a management position preferred

TITLE: Special Service Representative Lead

REPORTS TO: Exceptions Manager

FLSA STATUS: Non-Exempt

SUMMARY: Oversees and supports the Special Service Representatives team in ensuring that members who require re-occurring transportation receive courteous and professional customer service. Provides leadership, coaching, and guidance while maintaining SSR responsibilities for member services.

ESSENTIAL FUNCTIONS:

- Provides leadership, guidance, and coaching to Special Service Representatives
- Monitors team performance and ensures quality service delivery for members with recurring transportation needs
- Assists Exceptions Manager with training new Special Service Representatives
- Handles escalated member issues and complex standing order situations
- Assists members efficiently and in a timely manner by projecting a polite, courteous and professional attitude at all times
- Assists members with all transportation concerns, particularly those with recurring needs
- Schedules standing orders and demand trips using transportation management system
- Schedules subscription trips to providers according to Provider Assignment roster
- Maintains accurately entered data and ensures team members do the same
- Adheres to and ensures team adherence to HIPAA guidelines regarding member confidentiality
- Maintains professionalism when dealing with medical facilities and collaborates with healthcare facilities on service improvements
- Provides clinical staff, member providers, and members with necessary paperwork to maintain clear communication
- Performs insurance verification for both dialysis and nursing home patients

- Retrieves messages from the call center for daily appointments
- Trains and mentors new Special Service Representatives
- Monitors team member attendance and performance
- Assists dispatchers in writing up send backs
- Checks member files for accuracy in the system and ensures data integrity
- Processes monthly recertification and attendance verification reports
- Identifies process improvement opportunities and communicates recommendations to Exceptions Manager
- Ensures team maintains acceptable attendance and professional standards
- Performs other duties as assigned

QUALIFICATIONS REQUIRED:

- Excellent communication and leadership skills
- Strong computer and typing skills with proficiency in transportation management systems
- Extensive customer service experience with demonstrated ability to handle complex situations
- Ability to coach and mentor team members effectively
- Able to work in a busy, high-pressure environment
- Strong organizational and time management skills
- Able to work independently or with a team
- Problem-solving abilities and decision-making skills
- Knowledge of healthcare facility operations and standing order processes
- Professional appearance and positive attitude
- Ability to maintain confidentiality and handle sensitive information

MINIMUM REQUIRED EDUCATION:

- High School Diploma or equivalent (Associate's degree preferred)

- 2+ years of customer service experience
- Previous lead or supervisory experience preferred

TITLE: **SPECIAL SERVICES REPRESENTATIVE**

REPORTS TO: **EXCEPTIONS MANAGER**

FLSA STATUS: Non-Exempt

SUMMARY: This position is responsible for ensuring that members who require re-occurring transportation receive courteous and professional customer service.

ESSENTIAL FUNCTIONS

- Assist members efficiently and in a timely manner by projecting a polite, courteous and professional attitude at all times.
- Assist members with all transportation concerns.
- Maintain accurately entered data.
- Adhere to HIPAA guidelines regarding member confidentiality.
- Maintain an acceptable attendance and tardiness record.
- Schedule standing orders and demand trips using *NET InSight*® transportation management system.
- Schedule subscription trips to providers according to Provider Assignment roster
- Maintain professionalism when dealing with medical facilities.
- Provide clinical staff, member providers, and members with necessary paperwork to maintain clear communication.
- Insurance verification for both dialysis and nursing home patients.
- Retrieve messages from the call center for daily appointments.
- Train new employees.
- Assist dispatchers in writing up send backs.
- Check member files for accuracy in the system.
- Process monthly recertification and attendance verification reports.

QUALIFICATIONS REQUIRED

- Excellent communication skills.
- Basic computer and typing skills.
- Customer service experience.
- Able to work in a busy environment.
- Able to work independently or with a team.

MINIMUM REQUIRED EDUCATION/TRAINING

- High School graduate or equivalent.

VERIDA

TITLE: Report Manager

REPORTS TO: Project Manager

FLSA STATUS: Exempt

SUMMARY: The Report Manager manages the comprehensive Quality Assurance Plan, including complaint/concern resolution, compliance activities, and all QA operations. This position oversees all activities of the Quality Assurance staff while establishing positive and effective working relationships with customers, providers, and agencies to deliver superior customer service. The Report Manager is responsible for all customer reporting cycles (monthly, quarterly, and annual), analyzes patient attendance and trip cost data to develop cost management strategies, and ensures compliance with standing order processes and provider credentialing requirements.

ESSENTIAL FUNCTIONS:

- Works with Healthcare Manager to ensure standing order privileges are afforded only to qualified healthcare facilities and responds to department requests for monthly data
- Identifies and trends complaint categories and devises action plans for immediate and effective reduction of complaints
- Manages the Trip Denial and/or Notice of Action process related to standing orders that the department is responsible for reserving and recertifying
- Runs monthly reports related to standing orders and standing order patients' attendance
- Analyzes patient attendance, trip distance and cost data and develops appropriate cost management strategies concerning standing order transports
- Completes and distributes monthly, quarterly and annual customer reports according to customer schedules
- Works with Project Manager to effectively and proactively communicate to the customer any data outliers contained in the provided reports
- Completes customer quarterly quality initiative audits and annual audits

- Attends customer meetings regarding quality of service and/or reporting
- Establishes client files and maintains records
- Responsible for and processes all Level II complaint activity both in-house and client complaints
- Assists all Compliance Coordinators with overflow complaints when necessary and with tasks and problem solving
- Implements/develops instructions, policies and procedures throughout department, resolves staff concerns and serves as a liaison to other departments
- Works closely with all managers regarding service issues
- Maintains various databases including but not limited to contracts database
- Compiles daily issue reports and provider time-response compliance reports
- Prepares quarterly provider report cards
- Researches issues related to customer satisfaction surveys
- Gathers information related to member injuries and provider accidents

QUALIFICATIONS REQUIRED:

- Effective communicator with proven leadership and supervisory skills and the ability to oversee Quality Assurance staff
- Demonstrated experience interacting with individuals, families, mental health, elder services, and facilities and programs
- Exceptional interpersonal, written, and verbal communication skills with strong organizational and problem-solving abilities
- Superior analytical and investigative abilities with attentiveness to detail and thoroughness
- Ability to write and revise policies and procedures as needed
- Patient listening and strong conciliation skills with the ability to manage complaint resolution effectively
- Ability to multi-task, meet deadlines, and work under pressure
- Ability to maintain confidentiality, take initiative, and be proactive
- Knowledge of clinical UR and QA, Medicaid, Medicare guidelines and covered services a plus
- Strong data analysis skills with the ability to identify trends and develop actionable strategies
- Ability to work with diverse populations and collaborate effectively with internal and external stakeholders
- Computer proficiency with Microsoft Office, Excel and Access

MINIMUM REQUIRED EDUCATION:

- Associate's degree or Bachelor's degree from an accredited college or university requires
- 5+ years relevant work experience in quality assurance, healthcare operations, or related field
- Experience with Medicaid/Medicare programs preferred
- Experience in NEMT operations and reporting preferred

VERIDA

TITLE: **COMPLIANTS COORDINATOR**

REPORTS TO: **REPORT MANAGER**

FLSA STATUS: Non-Exempt

SUMMARY: This position is responsible for receiving, investigating, compiling, and reporting service complaints and in assisting the Report Manager in all aspects of internal quality control, provider quality assessment and improvement, and complaint/grievance management and resolution.

ESSENTIAL FUNCTIONS

- Assure enforcement of quality improvement policies and procedures.
- Maintain a positive working relationship with providers.
- Investigate and resolve all complaints and/or grievances.
- Assure appropriate and timely follow up and reporting for all complaints or grievances.
- Ensure all providers are performing according to Verida's standards.
- Conduct periodic surveys to access consumer satisfaction and service quality.
- Prepare monthly and/or quarterly quality assessment reports for state agency.
- Recommend policies and procedures as required to improve service quality.
- Participate in provider orientations.
- Assist new providers in meeting contractual quality assurance standards.
- First point of contact when QA Manager is unavailable.
- Active participant on Quality Management Committee, as required.
- Other duties as assigned.

QUALIFICATIONS REQUIRED

- Excellent communication skills.
- Problem solving skills, excellent time management skills.
- 2-years' customer service experience.
- Ability to work independently or with a team.
- Positive attitude.

MINIMUM REQUIRED EDUCATION/TRAINING

- High School graduate or equivalent.

TITLE: Appointment Verification Staff/Agent

REPORTS TO: Call Center

FLSA STATUS: Non-Exempt

SUMMARY: The Appointment Verification Agent assists members and facilities in authorizing exceptional trips, requests for higher levels of service or support, and coordinating travel to and from long-distance trips. This position provides a high level of customer service to facility staff as the main agency contact to call with problems, issues, or questions about non-emergency medical transportation services.

ESSENTIAL FUNCTIONS:

- Educates facilities about NEMT services and disseminates contact information for appropriate telephone numbers
- Provides facilities with information about available features such as gas reimbursement, bus passes and how to complete various paperwork and reports
- Interacts with facility social service staff to coordinate patient trips
- Solves specific patient issues with facility case managers (initiates schedule changes, routing suggestions, provider changes, etc.)
- Prompts facility social workers to coordinate with patients to get complete updated lists of patient addresses to accurately update the provider database
- Manages prescheduled patient trips in scheduling system
- Audits provider trip logs against prescheduled trip confirmations received from facilities
- Handles facility complaints regarding prescheduled patient delivery and pick-up
- Performs other duties as assigned

QUALIFICATIONS REQUIRED:

- Excellent oral and written communication skills with the ability to communicate effectively with healthcare professionals and facility staff
- Strong customer service orientation with the ability to take care of customers' needs while following company procedures

- Strong analytical and problem-solving abilities with the ability to use thinking and reasoning to resolve issues
- Ability to make critical decisions while following company procedures
- Strong interpersonal skills with the ability to get along well with a variety of personalities and individuals
- Ability to effectively build relationships with customers, facilities, and co-workers
- Ability to complete assigned tasks under stressful situations and work under pressure
- Superior customer service and phone skills with strong verbal communication and organizational skills
- Must possess professional writing skills and ability to correspond with professionals both verbally and in writing
- Strong spreadsheet and database skills to include intermediate proficiency with Microsoft Excel, Word, Outlook, and PowerPoint
- Must be able to learn and acquire proficiency in proprietary software applications
- Ability to accurately type 35+ words per minute

MINIMUM REQUIRED EDUCATION:

- High School Diploma or General Education Degree (GED) required
- Two (2) years of prior inbound call center experience with heavy phone volume and data entry required and/or experience in a fast-paced, high-level customer service-oriented environment
- Social services and/or case management experience preferred
- Basic medical terminology and/or front or back office medical experience preferred
- Knowledge of Medicaid guidelines and covered services a plus

TITLE: **COMPLIANCE MANAGER**

REPORTS TO: **V.P. CORPORATE COMPLIANCE**

FLSA STATUS: Non-Exempt

SUMMARY: Assuring that all NEMT Providers are appropriately trained and operating within compliance of all vehicles, drivers, and contractual requirements. In addition to, overseeing all accidents and incidents that may have occurred while they were operating under their Verida agreement.

ESSENTIAL FUNCTIONS:

- Generates and maintains executed contractual agreements for provider network
- Build and maintain relationships with the client, providers, and other staff managers
- Verifies and maintains current and valid documentation to assure that NEMT Providers are compliant with all contract requirements, including, but not limited to:
    - NEMT Education
    - Ensure all required training programs are developed and implemented per the contractual agreements
- Ensures that all current and valid data is inputted into Southeastrans' data base in a timely and efficient manner
- Communicates information to key staff and departments
- Establishes and maintains regular contact with all contracted NEMT providers to ensure compliance with all contract requirements.
    - Conduct annual, bi-annual, and spot inspections on authorized NEMT vehicles to ensure compliance to the executed provider agreement
    - Investigation of various activities for fraud and abuse as well as quality assurance
- Ensure that information is documented and submitted in a timely manner. Photos must be downloaded to SET server within one business day.
- Ensures all providers are performing to the guidelines of Southeastrans, Inc. standards
- Ensures all authorized NET Drivers/Attendants are performing according to Southeastrans, Inc. standards
- Ensures all Compliance Operation Specialists are performing according to Southeastrans, Inc. standards
- Ensures all Compliance Field Officers are performing according to Southeastrans, Inc. standards
- Responsible for managing safety and security programs
- Accountable for the preparation and submission of reports to satisfy internal and regulatory requirements
- Assists with reconciliation issues
- All other duties as assigned

VERIDA

Preferred Candidate:

- Excellent written and verbal communication skills
- Excellent problem-solving skills
- Minimum of 5 years of customer service experience
- Minimum of 3 years of risk and compliance experience
- Five years in NEMT, EMS, and/or Public Transit, or Fleet Management experience preferred
- Minimum of 2 years in a supervisor/management position
- Ability to lift over 50 lbs., bend, stoop, push, pull and step in/out of vehicles
- Ability to stand or sit for long periods of time
- Ability to see and operate in all conditions (day, night, adverse weather conditions)
- Ability to be flexible with their schedule (could require weekends, evenings, and holidays)
- Ability to work independently or with a team
- Professional appearance
- Meet contractual requirements for NEMT drivers
- Certified to Instruct:
    - Defensive Driving
    - Passenger Assistance
    - First Aid
    - C.P.R.

Minimum Required Education/Training

Associates Degree (Bachelor's Degree preferred) in Business from an accredited College or University or commensurate experience in area of quality or compliance strongly preferred.

TITLE: Field Services Specialist/Compliance Officer

REPORTS TO: Compliance Manager

FLSA STATUS: Non-Exempt

SUMMARY: Responsible for overseeing the safety of the company's independently contracted provider network. Responsibilities include oversight of the inspection of provider vehicle fleets, conducting unannounced vehicle and driver inspections, monitoring the network for compliance, and ensuring all providers maintain contractual requirements.

ESSENTIAL FUNCTIONS:

- Conducts contracted inspections and spot inspections on authorized NEMT vehicles to ensure compliance with executed provider agreements and contractual requirements
- Performs unannounced vehicle and driver inspections to verify ongoing compliance
- Verifies and maintains current and valid documentation to assure that NEMT Providers are compliant with all contract requirements including vehicle safety, driver qualifications, and insurance coverage
- Establishes and maintains regular contact with all contracted NEMT providers to ensure compliance
- Documents all inspection activities including vehicle inspection forms, spot inspection forms, observation forms and digital photography
- Ensures all documentation is submitted in a timely manner; photos must be downloaded to server within one business day
- Investigates various activities for fraud and abuse as well as quality assurance
- Ensures all providers are performing to company standards
- Ensures all authorized NEMT Drivers/Attendants are performing according to company standards
- Communicates compliance status and issues to Compliance Manager and key staff
- Assists with accident and incident investigations
- Provides feedback and guidance to providers on compliance matters

- Ensures accurate and detailed record keeping of all compliance information
- Updates compliance database with provider information, vehicle information, and driver information
- Identifies potential compliance risks and reports concerns to management
- Assists with the preparation and submission of compliance reports to satisfy internal and regulatory requirements
- Performs other duties as assigned

QUALIFICATIONS REQUIRED:

- Excellent written and verbal communication skills
- Excellent problem-solving skills
- Minimum of 2-3 years of customer service or compliance experience
- Knowledge of vehicle safety standards and inspection procedures
- Ability to work independently and exercise sound judgment
- Strong organizational skills and attention to detail
- Ability to lift over 50 lbs., bend, stoop, push, pull and step in/out of vehicles
- Ability to stand or sit for long periods of time
- Ability to see and operate in all conditions (day, night, adverse weather conditions)
- Ability to be flexible with schedule (could require weekends, evenings, and holidays)
- Professional appearance and positive attitude
- Valid driver's license and clean driving record
- Meet contractual requirements for NEMT drivers
- Proficiency in Microsoft Office and ability to use digital photography and documentation systems

MINIMUM REQUIRED EDUCATION:

- High School Diploma or equivalent required
- 3+ years in transportation safety, fleet management, compliance inspection, NEMT, EMS, and/or Public Transit preferred

TITLE: **COMPLIANCE COORDINATOR**

REPORTS TO: **COMPLIANCE MANAGER**

FLSA STATUS: Non-Exempt

SUMMARY:

Responsibilities include interacting with providers to obtain compliance information, coordination of inspections, working with compliance officers to coordinate their daily activities. Other duties include filing, mailing, faxing, emailing, responding to inquiries and complaints.

ESSENTIAL FUNCTIONS:

- Maintain regular contact with transportation providers to ensure compliance with all contract requirements.
- Verifies provider documents and ensures that they meet contractual requirements as well as scan and maintain documents in InSight and compliance files.
- Update InSight and Eclipse compliance database with new provider information, vehicle information and driver information.
- Documenting and electronic filing activities such as vehicle inspection forms, spot inspection forms, observation forms and digital photography.
- All documentation received must be entered in InSight in a timely manner.
- Accurate and detailed record keeping of all information received
- Perform other duties and responsibilities as required or requested.

QUALIFICATIONS REQUIRED:

- 2-3 years' customer service experience, compliance coordinator experiences a plus
- High level proficiency or above in Microsoft Word is a must.
- Must have excellent written and verbal communication skills
- Excellent time management skills
- Must be able to demonstrate multi-tasking skills in a high stress environment while working with multiple managers
- Must have a high level of interpersonal skills to handle sensitive and confidential situations
- Ability to work independently or with a team
- Professional appearance
- Positive attitude
- Ability to be flexible with work schedule; could require evenings or weekends to meet contractual obligations.

MINIMUM REQUIRED EDUCATION:

- High School Diploma

TITLE: Incident Coordinator

REPORTS TO: Compliance Manager

FLSA STATUS: Non-Exempt

SUMMARY: Responsible for reviewing, initializing responses, and documenting all incidents that occur in connection with Verida's Contracts. This position is directly responsible for the daily, monthly, and annual reporting of incidents to clients and ensures timely and thorough investigation and documentation of all incident-related activities.

ESSENTIAL FUNCTIONS:

- Reviews and documents all incidents that occur in connection with Verida's contracts including accidents, injuries, complaints, and service failures
- Initializes response protocols for incidents to ensure timely investigation and resolution
- Conducts thorough investigations of incidents and gathers all relevant information, documentation, and witness statements
- Coordinates with Compliance Manager, providers, facilities, and other stakeholders during incident investigations
- Prepares detailed incident reports documenting findings, root causes, and corrective actions
- Responsible for daily, monthly, and annual reporting of incidents to clients according to contractual requirements
- Tracks and trends incident data to identify patterns and areas for improvement
- Gathers information related to member injuries and provider accidents
- Ensures all incident documentation is complete, accurate, and submitted in a timely manner
- Maintains confidential incident files and records in compliance with HIPAA and privacy regulations
- Communicates incident status and findings to appropriate internal and external stakeholders

- Collaborates with Reports Manager team on incident-related matters
- Assists with the development and implementation of incident prevention strategies
- Monitors corrective action plans to ensure completion and effectiveness
- Provides incident data and analysis for performance improvement initiatives
- Ensures compliance with federal, state, and contractual incident reporting requirements
- Performs other duties as assigned

QUALIFICATIONS REQUIRED:

- Strong analytical and investigative skills with attention to detail
- Excellent written and oral communication skills with the ability to prepare comprehensive reports
- Strong organizational skills with the ability to manage multiple investigations simultaneously
- Ability to work independently and exercise sound judgment in sensitive situations
- Ability to maintain confidentiality and handle sensitive information appropriately
- Strong problem-solving abilities and critical thinking skills
- Proficient in data analysis and ability to identify patterns and trends
- Knowledge of risk management, incident investigation, and quality assurance principles
- Ability to work collaboratively with internal and external stakeholders
- Excellent time management skills and ability to meet reporting deadlines
- Proficient knowledge of Microsoft Suite tools, particularly Excel for data tracking and analysis
- Ability to remain calm and professional when handling difficult situations
- Strong interpersonal skills for interacting with members, providers, and facilities during investigations

MINIMUM REQUIRED EDUCATION:

- Associate's or Bachelor's degree preferred

- 2-4 years of experience in incident management, risk management, healthcare operations, or related field
- Experience with healthcare or transportation incident reporting preferred
- Knowledge of HIPAA regulations and compliance requirements a plus

TITLE: Fraud, Waste, Abuse and Misuse Claims Reviewer

REPORTS TO: Fraud, Waste, and Abuse/Internal Audit Department

FLSA STATUS: Exempt

SUMMARY: The Fraud, Waste, Abuse and Misuse Claims Reviewer provides an organized approach to the prevention, detection, and reporting of fraud, waste, and abuse (FWA) within the NEMT program. This position is responsible for auditing a percentage of processed claims to validate payment accuracy and to identify incidences of FWA. The Claims Reviewer operates as the primary resource for investigations, prevention, and program audit-related activities, ensuring compliance with federal and state regulations while protecting program integrity.

ESSENTIAL FUNCTIONS:

- Audits a designated percentage of processed claims to validate payment accuracy and identify potential fraud, waste, abuse, or misuse
- Conducts thorough investigations of suspected FWA incidents and documents findings
- Analyzes claims data to identify patterns, trends, and anomalies that may indicate fraudulent activity
- Develops and implements strategies for FWA prevention and detection
- Prepares detailed reports on audit findings, investigations, and recommendations for corrective action
- Collaborates with internal departments and external agencies on FWA-related matters
- Maintains accurate documentation of all audit activities, investigations, and case files
- Ensures compliance with federal and state FWA regulations and program requirements
- Serves as a resource for staff training and education on FWA prevention and detection
- Reports confirmed cases of fraud, waste, and abuse to appropriate authorities and regulatory agencies
- Monitors and tracks recovery efforts for improper payments and fraudulent claims

- Reviews and analyzes provider billing patterns to identify potential compliance issues
- Participates in quality assurance activities related to claims processing and payment integrity
- Stays current on FWA trends, regulations, and best practices in healthcare and transportation industries
- Performs other duties as assigned to support program integrity objectives

QUALIFICATIONS REQUIRED:

- Strong analytical and investigative skills with attention to detail and accuracy
- Thorough understanding of fraud, waste, and abuse concepts and detection methodologies
- Knowledge of federal and state regulations related to FWA in healthcare and NEMT programs
- Excellent written and oral communication skills with the ability to prepare comprehensive reports
- Strong organizational skills with the ability to manage multiple investigations simultaneously
- Ability to work independently and exercise sound judgment in complex situations
- Proficient in data analysis and the ability to identify patterns and trends in large datasets
- Strong problem-solving abilities and critical thinking skills
- Ability to maintain confidentiality and handle sensitive information appropriately
- Collaborates effectively with internal and external stakeholders · Proficient knowledge of Microsoft Suite tools, particularly Excel for data analysis
- Learns new skills, software, and regulatory requirements quickly

MINIMUM REQUIRED EDUCATION:

- Bachelor's degree
- Minimum of 2-3 years of experience in fraud investigation, auditing, or compliance in healthcare or NEMT industry preferred
- Experience with Medicaid/Medicare programs and regulations preferred

VERIDA

TITLE: **CLAIMS PROCESSOR**

REPORTS TO: **CLAIMS SUPERVISOR**

FLSA STATUS: Non-Exempt

SUMMARY: Responsible for the reconciliation and processing of providers' reimbursement request forms. In addition, he/she will be responsible for maintaining all departmental filing.

ESSENTIAL FUNCTIONS

- Correlates the reimbursement request forms and resubmissions by provider per day in chronological order.
- Approvals and denials for reimbursement and resubmissions.
- Data entry.
- Responsible for generating and distributing copies of denied reimbursement requests to providers.
- Filing all reimbursement forms.
- Assisting with special rates from the call center.
- Relays instructions, messages and other information as requested from the management team.
- Maintains a current working knowledge of all company policies, procedures, rules, regulations and memorandums.
- Responsible and accountable for updating management on changes and/or extraordinary circumstances affecting the company and/or transportation providers.
- Other duties as assigned by management team.

QUALIFICATIONS REQUIRED

- Must be able to key 8000+ keystrokes
- Following training, able to adequately implement concepts of Route Logic
- Entry level proficiency in Microsoft Word and Excel
- Excellent written and verbal communication skills
- Excellent time management skills
- Ability to work independently or with a team
- Must be able to demonstrate multi-tasking skills in a high stress environment while working with multiple managers
- Must have a high level of interpersonal skills to handle sensitive and confidential situations
- Must take direction well
- Must be flexible
- Professional appearance
- Positive attitude

VERIDA

MINIMUM REQUIRED EDUCATION/TRAINING

- High School diploma

TITLE: **HR GENERALIST**

REPORTS TO: **HR DIRECTOR**

FLSA STATUS: Non-Exempt

SUMMARY: Assist HR team with administrative human resources tasks within a designated operation or site.

ESSENTIAL FUNCTIONS

- Exhibits high level of discretion and confidentiality
- Intermediate to strong office skills including the Microsoft office suite
- Excellent verbal and written communication skills
- Project and event management; example- helping plan and execute company events
- Providing customer service to employees, vendors and potential candidates
- Strong organizational ability; example- setting appointments and arranging meetings
- Participating in recruitment efforts
- Assisting in maintaining current HR files and databases
- Regular and predictable attendance
- Must be organized, accurate, thorough and able work both independently and as part of a team
- Must be dependable, able to follow instructions

QUALIFICATIONS REQUIRED

- Ability to work with or without supervision.
- Must be detailed oriented.
- Have excellent communication skills (both verbal and written).
- Must be able to take direction.
- Have a genuine desire and spirit to assist others.
- Must be able to motivate.
- Knowledge of Microsoft Office Suite products
- Ability to read and comprehend simple instructions, short correspondence, and memos. Ability to write simple correspondence. Ability to effectively present information in one-on-one and small group situations to customers, clients, and other employees of the organization.

MINIMUM REQUIRED EDUCATION/TRAINING

- Associates degree or relevant experience.
- At least one-year general administrative experience preferably with human resources background.

VERIDA

TITLE: **MOBILE TECHNOLOGY SPECIALIST**

REPORTS TO: **IT SYSTEMS ANALYST**

FLSA STATUS: Exempt

SUMMARY: This position supports and maintains all technical aspects of mobile data tracking technology including program management, NEMT Provider training, data security management, reporting, and overall system integrity in multiple states. Requires knowledge of commonly used concepts, practices, and procedures regarding cellular and GPS network platforms. The position must establish, implement and maintain operating policies and procedures to assure compliance with all contract requirements. Requires travel and flexible working hours.

ESSENTIAL FUNCTIONS

Pre-Implementation:

- Responsible for providing user and company-wide mobile technology support.
- Communication with suppliers and vendors and management of purchase order process.
- Inventory control and reporting.
- Technology deployment.
- Development of training material resources.
- Conducts user training sessions for all end-users.

Post-Implementation:

- 24x7 support, flexibility for night and weekend work as well as travel to satellite offices.
- Maintains company policies related to mobile technologies.
- Monitoring of system performance and reliability.
- Ongoing training within NEMT Provider network.
- End user support.
- Device management (upgrades, patches, device tracking).
- Development of specifications for system enhancements.
- Development and production of reports.
- Inventory management.
- Promotes responsible usage and care of corporate equipment.

QUALIFICATIONS REQUIRED

- Effective communicator.
- Experience in mobile industry, familiarity with mobile operators/carriers and different activation models.

- Proven project and team coordination.
- Ability to analyze, organize, prioritize, implement, and control business activities and transactions.
- Experience with implementation and management of location based services and cellular based platforms.
- Working knowledge of iOS and Android operating systems.
- Self-motivation and ability to work in fast-paced environment.

MINIMUM REQUIRED EDUCATION

- BA/BS in Business, Computer Science or related field or equivalent experience.

TITLE: **HELP DESK SPECIALIST**

REPORTS TO: **INFORMATION TECHNOLOGY DIRECTOR**

FLSA STATUS: Non-Exempt

SUMMARY: Provides support to end users on a variety of technology issues. Identifies, researches, and resolves technical problems. Responds to telephone calls, email and personnel requests for technical support. Documents, tracks and monitors the problem to ensure a timely resolution. Has knowledge of commonly used concepts, practices, and procedures within this field. Relies on instructions and pre-established guidelines to perform the functions of the job. Works under immediate supervision.

ESSENTIAL FUNCTIONS:

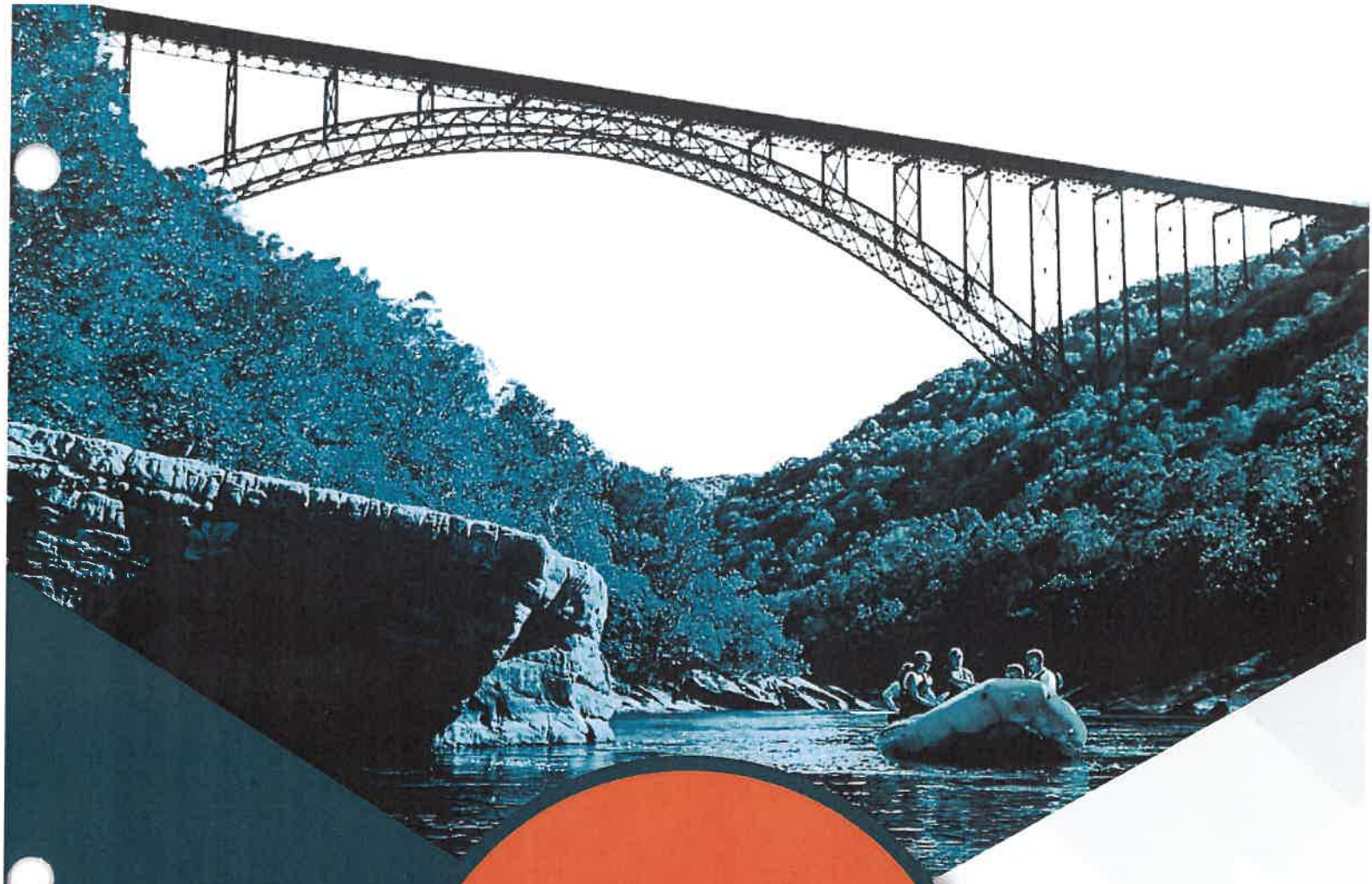
- Provide desktop and application support to Verida employees.
- Hardware setup of new machines – Laptops, Desktops, Printers, etc.
- Provide application support for users (Outlook, Office, Trapeze).
- Interact with employees to resolve help desk type items.
- 24x7 support, flexibility for night and weekend work as well as travel to satellite offices.
- Assist with the inventory management of software and hardware.
- Promote responsible usage and care of corporate equipment.

QUALIFICATIONS REQUIRED

- Effective communicator.
- Ability to analyze, organize, prioritize, implement, and control business activities and transactions.
- Experience with desktop user support required, preferably in a help desk/customer service setting required.
- Working knowledge of Windows Operating Systems, MS Office suite (2000 and above) and Windows 2000/2003 Server environment.
- A+ certifications preferred.

MINIMUM REQUIRED EDUCATION/TRAINING

- Associates degree or at least 2 years of experience in the field or in a related area.



VERIDA

EXHIBIT 3
RESUMES/CREDENTIALS

October 15, 2025
CRFP 0511
BMS2600000001

KEY STAFF

EXHIBIT 3
RESUMES/CREDENTIALS

October 15, 2025
CRFP 0511
BMS2600000001

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MICHAEL HANNER

Customer Service Leader

I am a high-energy customer service leader and team builder with experience in contact center management and customer service through inbound and outbound service channels, emphasizing building and leading high-performing teams, exceeding best-in-class KPIs, and implementing continuous process improvements. I have an innovative leadership style with proven experience supervising and influencing teams to perform at high levels. I have a proven track record of identifying and resolving problems to fulfill requirements. I prioritize activities, establish objectives, and manage complex workloads to meet expectations. I am efficient in attaining impressive outcomes in fast-paced and dynamic environments.

WORK EXPERIENCE

VERIDA / ATLANTA, GEORGIA
Apr 2022 - Present

STATE DIRECTOR, INDIANA OPERATIONS

- Verida is a leader in the Non-Emergency Medical Transportation (NEMT) industry. The Indiana operation serves more than 240,000 Hoosiers across 92 counties.
- Provide Leadership to 130 employees focused on the company vision and overall departmental strategy, constantly supporting a culture of high performance and teamwork with below-average attrition of less than 10%.
- Provide Leadership for inbound Call Center operations responsible for scheduling transportation and handling over 10,000 inbound calls a month.
- Manage outbound Call Center operations for dispatch, surveys, claims review, and QA, handling over 4,000 outbound calls monthly.
- Ensure compliance with Health Insurance Portability and Accountability Act (HIPAA) and training for all employees and transportation contractors.
- Built a culture of teamwork and added value to every member engagement, which resulted in member satisfaction survey scores of 98% on average per month.
- Spearheaded departmental expenditures within budgetary constraints.
- P&L Responsibility

WORK EXPERIENCE

VERIDA / ATLANTA, GEORGIA
Apr 2022 - Present

STATE DIRECTOR, INDIANA OPERATIONS (CONT.)

- Contributed to multiple high-level corporate project teams for Quality and Process improvement.
- Ensure high-performance levels by building appropriate systems for monitoring, evaluating, and reporting.
- Streamline workflows.
- Formulate and execute operational policies and procedures to ensure compliance with corporate objectives and contractual requirements.
- Enable effective organizational communication by facilitating management-level meetings.
- Drive operational efficiency by delivering strategic and tactical planning for Call Center operations.
- Liaise with principal stakeholders, including state agencies/contractors, corporate advisory boards, and NEMT providers.
- Negotiate provider contractual agreements and rates.

SOUTHEASTRANS, INC. / ATLANTA, GEORGIA
Sept 2019 - March 2022

QA MANAGER, INDIANA OPERATIONS

- Oversaw business performance focused on ensuring client satisfaction.
- Delivered practical guidance and mentorship to supervisors and team leads.
- Monitored trends and created action plans for process improvement by utilizing analysis and reports.
- Subject matter expert for Call Center and Dispatch team escalation regarding performance issues.
- Facilitate internal and external quality assurance meetings with stakeholders involved in the NEMT program.
- Developed continuous improvement initiatives by liaising with managers, supervisors, and agents.
- Directed client engagement efforts.
- Served as the second point of contact for clients.
- Created ongoing agent training and retraining initiatives.
- Identified and resolved claims payment issues by collaborating with NEMT providers.
- Identified and improved organizational business processes to meet new quotas and quality standards.
- Mitigated costs, planned staffing levels, and evaluated employee performance by reducing Average Handle Time.

SOUTHEASTRANS, INC. / ATLANTA, GEORGIA
Mar 2018 - Sept 2019

CALL CENTER MANAGER

- Developed and delivered key performance indicators to measure the effectiveness of Call Center operations.
- Call Center consistently exceeded contractual KPIs.
- Developed strategies and tactics to improve customer service, reduce costs by 50%, and increase productivity by use of technology by 75%.

WORK EXPERIENCE

SOUTHEASTRANS, INC. / ATLANTA, GEORGIA
Mar 2018 - Sept 2019

CALL CENTER MANAGER (CONT.)

- Developed forecasting models for efficient resource allocation in response to changing business needs, resulting in over 65% efficiency improvements in peak intervals.
- Created innovative solutions to optimize call routing processes and enhance customer experience that reduced hold times and abandon rates by 20%.

REVCORD / HOUSTON, TEXAS
Jan 2017 - Mar 2018

VICE PRESIDENT SALES AND MARKETING

- Changed culture to embrace employees and created a "WE" environment.
- Developed strategic plans for operational workflows and SLAs that reduced client wait time by 50%
- Responsible for coaching employees on client communication and experience, resulting in a 50% increase in client survey satisfaction.
- Handle all client escalations and sensitive client calls.
- Maintained professional working relationships and promoted open lines of communication with staff that reduced turnover by 50%.
- Managed inbound and outbound direct marketing sales operations.
- Managed inbound and outbound collection of annual maintenance contracts.
- Managed outbound Call Center operations for sales and lead generation.
- Directing personnel daily activities.
- Managed operations.
- Strategic planning and organization.
- Developed and managed budgets P&L responsibility.
- Boosted inside sales by an impressive 40%, demonstrating a strong ability to drive revenue.
- Delivered a remarkable 60% increase in external sales, showcasing a strong sales acumen.

SYNERGON SOLUTIONS, INC. / MELBOURNE, FLORIDA
Jan 2008 - Jan 2017

GENERAL MANAGER

- Synergon Solutions provided third-party technical support and on-site services for companies with products that required industry-leading service and support.
- Project Manager for 25 company contracts.
- P&L Responsibility for each contract managed.
- Build technical support tools to increase operational efficiency.
- Spearheaded change management company-wide while providing new, strategic direction and financial turnaround for near-zero profitability contracts.
- Led sales and marketing efforts for Stancil Logging Recorder sales.
- Initiated a program for employee training that led to an increase in customer satisfaction by 30%
- Surpassed revenue goals in four consecutive years by an average of $2mm per year.
- Managed multiple vendor relationships.

WORK EXPERIENCE

SYNERGON SOLUTIONS, INC. / MELBOURNE, FLORIDA
Jan 2008 - Jan 2017

GENERAL MANAGER (CONT.)

- Developed strategic and tactical business plans for all operational units.
- Led teams to drive operational excellence and deliver customer satisfaction.
- Managed staff of 100 Call Center agents, including operations, compliance, sales, relationship management, collections, and the help desk.
- Reduced and controlled expenses by 55% over three years.
- Increased net profits by 60% in two years through restructuring busi ness line operations.

SYNERGON SOLUTIONS, INC. / MELBOURNE, FLORIDA
Jan 1994 - Jan 2008

DIRECTOR OF TECHNICAL SUPPORT / SUPERVISOR OF TECHNICAL SUPPORT / TECHNICAL SUPPORT ENGINEER

- Technical Support for variety of PC based products including laptops, workstations, high-end file servers, RAID storage appliances, and Wi-Fi services.
- Recruited to direct all business functions within the unit.
- Following successful performance and achievement of goals, promoted to Various positions within the company.
- Full P&L responsibility
- Transformed business units from the poorest KPI and revenue per forming to the business unit of the year, which exceeded revenue and cost efficiency by 60%.
- Implemented modern process changes that achieved 40% in cost reductions over two years.
- Built a culture of teamwork, communication, and dedication.

EDUCATION

Eastern Florida State / Brevard Community College

- Electrical Engineering Technology

Additional Information - Key Areas of Expertise

- Operations Management
- Strategic Planning and Execution
- Process Review and Implementation'
- Team Leadership and Direction
- Profit and Loss Accountability
- Operational Efficiency
- Issue Identification and Resolution
- Customer Service
- Collaborative Team Builder
- Microsoft Office Suite (Excell Advanced)

VERIDA

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JENNIFER ADKINS

Regional Director, District of Columbia

A seasoned operations and compliance professional with extensive experience in the transportation and regulatory sectors. Proven ability to collaborate with stakeholders, lead cross-functional teams, and implement operational strategies that ensure compliance and efficiency. Demonstrated expertise in managing complex contracts, regulatory compliance, process improvements, and the development of effective training programs. Strong track record in overseeing daily operations, monitoring key performance indicators (KPIs), and driving sustainable growth within transportation and regulatory environments.

WORK EXPERIENCE

VERIDA / WASHINGTON, DC
April 2023 - Present

REGIONAL DIRECTOR, DISTRICT OF COLUMBIA

- Collaborates with HSCSN, Children's Hospital, and DC Transportation Providers on transportation issues, including benefit training, provider network, grievances and standing order issues.
- Plans, develops, and implements strategies for the operational management of the regional office in accordance with corporate objectives.
- Manage and control departmental expenditures within approved budgets
- Establish and implement operational policies and procedures to ensure compliance with corporate objectives and contractual requirements.
- Always ensure contractual compliance, including meeting service level agreements and key performance indicators related to reporting, call center metrics, and other contract requirements.
- Oversee daily activities of Customer Service, Routing, Dispatch and Special Services departments to maximize scheduling and real-time utilization of resources; analyze and recommend employee staffing, training and leadership.
- Keep leadership promptly and fully informed of all problems or unusual matters of significance and take prompt corrective action where necessary or suggest alternative courses of action that may be taken.

WORK EXPERIENCE

VERIDA / WASHINGTON, DC
April 2023 - Present

REGIONAL DIRECTOR (CONT.)

- Maintain a complete understanding of the status of provider network status and awareness of ongoing activities in the Provider Relations department.
- Execute contingency plans as needed; escalate and directs activities during systems failures, outages, disasters, etc.; identifies potential problems, troubleshoots, and escalates issues to local and network management; participates in post-incident analysis of system/ program malfunctions providing input for future process improve ments.

VERIDA / RICHMOND, VIRGINIA
September 2020 - December 2024

VIRGINIA AND DISTRICT OF COLUMBIA COMPLIANCE MANAGER

- Manage and lead a team of (12) direct reports. Team members work in (3) different departments, Training, Compliance Coordinators and Compliance Officers.
- Managed the direction of work for the training, credentialing and vehicle inspection departments.
- Build and maintain relationships with the client, providers, and other staff managers.
- Established and maintained regular contact with all contracted NEMT providers to ensure compliance with all contract requirements.
- Responsible for managing safety and security program.
- Responsible for safety, fraud and quality insurance investigations, to include initial investigation to final reporting to client.
- Aided other departments within the company, including contract and rate negotiation and approval.
- Accountable for the preparation and submission of reports to satisfy internal and regulatory requirements.
- Generated and maintained executed contractual agreements for provider network.
- Ensure all required training programs are developed and implemented per the contractual agreements .

VISTA OUTDOOR / ARLINGTON, VIRGINIA
July 2019 - September 2019

CORPORATE COMPLIANCE MANAGER

Led the diligence and risk process for third parties and expanded program to include Credit, Sourcing, IT, International Trade Organization, and Distribution areas. Led compliance initiatives, including a questionnaires to identify potential vendor and supplier risk and Customs Trade Partnership Against Terrorism (C-TPAT) questionnaire. Collaborated with cross functional teams to comply with data privacy laws. Advised on a number of compliance issues, including anti-corruption, export, import, sanctions, boycott and foreign asset controls. Supported programs on conflict minerals, human trafficking, and ethical business practices.

VISTA OUTDOOR / ARLINGTON, VIRGINIA
July 2016 - May 2019

INTERNATIONAL REGULATORY AFFAIRS ANALYST

Collaborated with HR team on Culture/Values KPI and worked on product analysis with customer service and logistics departments n to create and deploy training on the EASE Compliance Request module. Streamlined the Anti-Corruption/Anti-Bribery diligence of 3rd parties by building relationships with internal stakeholders. Supported international trade operations assessments and investigations. Led the development of a digital foreign travel authorization process.

EDUCATION

Bachelor's in Business Administration in Organizational Leadership
Southern New Hampshire University

VERIDA

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https://www.linkedin.com/in/steve-buckner-262b4328/

STEVE E. BUCKNER

Business Development and Operations Management Executive

Business Development and Operations Executive with a demonstrated history of working within the healthcare and transportation industries. Highly skilled, results driven professional with successful development of untapped markets, execution of strategic long-term goals resulting in increased market share and profitability.

Specialized experience with Medicaid Agencies, Managed Care Organizations, Hospitals, Healthcare facilities, and Human Services Transportation agencies.

WORK EXPERIENCE

VERIDA / ATLANTA, GEORGIA
Feb 2019 - Present

CORPORATE DIRECTOR, OPERATIONS MANAGEMENT

- Managed Day to Day Operations as Interim State Director-Louisiana
- Oversight of Call Center, Dispatch, Provider Relations, and Compliance Departments
- Primary Client Relationship-Louisiana
- Led turnaround of Provider Relationship Department in Virginia Operation
- Acted as Interim Provider Relationship Manager in Indiana Operation
- Strategic Planning-Operations
- Served on Quality Assurance Committee
- Participates in Strategic Planning for Business Development Initiatives

TRANSDEV NORTH AMERICA - INTELLIRIDE DIVISION / JACKSON, MISSISSIPPI
2017 - 2018

VICE PRESIDENT OF BUSINESS DEVELOPMENT

- Identified and developed market opportunities within the healthcare transportation industry
- Developed and implemented strategic action plans to improve company's market position
- Maintained comprehensive knowledge of markets and market utilization
- Participated in industry events at the local and national level
- Managed Government Affairs relationships

WORK EXPERIENCE

LEFLEUR TRANSPORTATION / RIDGELAND, MISSISSIPPI
2003 - 2017

DIRECTOR OF BUSINESS DEVELOPMENT

- Successfully Implemented the Business Development Division in 2003
- Provided Strategic Direction for new business opportunities
- Positioned company as a healthcare transportation broker on regional and national levels
- Grew the customer base and revenue for Non-Emergency Medical Transportation, Paratransit, Demand Response and Private Pay contracts
- Managed Government Affairs, Sales Personnel, Request for Proposal Process, and Marketing Initiatives to accomplish goals in growth
- Represented company at industry events and tradeshows

AUTO RENTAL RESOURCES CENTER / JACKSON, MISSISSIPPI
2000 - 2003

NATIONAL ACCOUNTS MANAGER

- Managed sales and marketing functions of the nation's largest independent auto rental association
- Developed and implemented new products and programs for independent auto rental operations
- Negotiated and structured insurance and ancillary programs for association members
- Represented Auto Rental Resource Center at industry events

TRANSAMERICA DISTRIBUTION FINANCE / JACKSON, MISSISSIPPI
1999 - 2000

BUSINESS DEVELOPMENT MANAGER

NATIONSBANK / JACKSON, MISSISSIPPI
1998 - 1999

REGIONAL VICE PRESIDENT (Merger eliminated position)

CHASE FINANCIAL CORPORATION / JACKSON, MISSISSIPPI
1995 - 1998

REGIONAL MANAGER

TRUSTMARK NATIONAL BANK / JACKSON, MISSISSIPPI
1989 - 1995

LOAN OFFICER

EDUCATION

Millsaps College

- Bachelor of Business Administration, Else School of Management
  Student Athlete, NCAA D-III Basketball

Mississippi School of Banking

- Oxford Mississippi

VERIDA

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LA-TONIA DIXON

Community Health Professional

STRENGTHS and QUALIFICATIONS

- CPR/MAT/First Aid Certified
- Proficient in Microsoft Office
- Ability to analyze problems and develop effective solutions.
- Strong interpersonal and human relation skills
- Fast learner, willing and eager to embrace new challenges.

WORK EXPERIENCE

VERIDA / ATLANTA, GEORGIA
May 2018 - Present

FACILITY OUTREACH MANAGER

- Build and maintain strong community partnerships with the healthcare facilities we serve.
- Promote community awareness about Non-Emergency Medical Transportation.
- Provide updates and feedback from the facility to the management team to provider better services.
- Educate facility staff on NEMT and the facility portal usage.
- Assist with problem resolution within the five departments.
- Link additional resources to the facility staff and the members we serve.
- Effectively communicate with all facilities to exceed expectations on the services we provide.
- Provide support to the team to ensure safe and dependable transportation for the members.
- Responsible for creating and distribution of Facility Outreach newsletters, eblasts and other communication as needed.
- Submit a weekly outreach report to the management team.
- Manage the Public Transportation / Travel Trainer department.
- Host in person and zoom meeting with facilities.
- Attend community events (Georgia Medicaid Fair, Peach State baby showers and other marketing events)

WORK EXPERIENCE

CARESOURCE /
ATLANTA, GEORGIA
May 2017 - May 2018

COMMUNITY HEALTH WORKER

- Accompany members to appointments and other social service encounters.
- Verify eligibility, previous enrollment history, demographics, and current health status.
- Contribute to assessments by gathering information from the member, family, and provider.
- Assist with the provision of health education and wellness materials as directed by Care Coordinator.
- Maintain appropriate documentation within protocols and guidelines.
- Make home visits, provider visits and community-based visits.
- Provide case management (housing, food, clothing, and medical support)
- Coordinate logistics to support care plan goals and interventions (medical appointment reminders, transportation, and childcare arrangement for members)

NATIONAL CHURCH
RESIDENCES /
ATLANTA, GEORGIA
Dec 2017 - May 2017

SERVICE COORDINATOR

- Provides general service management including intake, education, and referral of residents to service providers in the general community.
- These social services may include:
  - counseling
  - meals-on-wheels
  - financial assistance
  - home health aides
  - preventive health screening
  - homemakers
  - transportation
- Complete annual assessments on each resident.
- Input resident data into Care Guide
- Sponsor educational events that can include subjects relating to health care, agency support, life skills, referral sources, and others.
- Facilitate the formation of resident associations within the property if the residents are interested.
- Monitor the ongoing provision of services from community agencies and keep the case management plan current with the progress of the individual.
- Manage the provision of supportive services where appropriate.
- Serve as a liaison to community agencies, network with community providers, and seek out new services available to the residents.
- Assist the residents in building informal support networks with other residents, family, and friends.

ALL ABOUT DEVELOPMENTAL DISABILITIES / DECATUR, GEORGIA
Jul 2013 - Dec 2016

OUTREACH SPECIALIST

- Work with participants and their families to develop a supportive plan that will enable them to achieve personal goals.
- Conduct intake/needs assessment on new participants
- Establish links with agencies and service providers in the community.
- Provide support during times of transition and crisis.
- Maintain and update participant files.
- Daily documentation through Therap Documentation system
- Attend conferences, seminars, and workshops to learn information and resources regarding current state of geriatric, low-income and the disabled population.
- Coordinate and monitor the ongoing provision of services from community agencies and report progress to enhance the social and medical quality of life for
- Support participants with going to doctor, dentist, and vision appointments.
- Educate participants on needed supportive services and safety skills.
- Represent AADD at community events and meetings; serve as back-up to team members as needed.
- Attend ISP meeting, and work with the individuals on setting and accomplishing their goals.

TULSA HOUSING AUTHORITY / TULSA, OKLAHOMA
Aug 2010 - Jul 2013

SERVICE COORDINATOR II

- Refer, link, and educate residents on needed supportive services.
- Conduct intake/needs assessment on new elderly/disabled residents
- Establish links with agencies and service providers in the community.
- Develop goals and case plans for case management.
- Train and supervise all volunteers for activities or special events.
- Hold educational classes on eviction prevention, housekeeping, fire safety etc
- Attend conferences and seminars to learn information and resources regarding current state of geriatric, low-income and disabled population.
- Coordinate and monitor the ongoing provision of services from community agencies and report progress to enhance the social and medical quality of life for the residents.

EDUCATION

Remington College (Vocational/Technical School) - Fayetteville, AR

- Registered Medical Assistant (1993)

Tulsa Community College - Tulsa, OK

- Attended 2010 - 2013

Georgia Military College - Fairburn, GA

- Associate of Science Degree, Psychology
- Bachelor of Applied Science Degree, Public Health

Georgia Military College

The Board of Trustees of Georgia Military College
upon recommendation of the faculty
has conferred on

La-Tonia E. Dixon

the degree of

Bachelor of Applied Science

Public Health

with all rights, and privileges thereunto appertaining. In witness whereof, the seal of the College and the signatures of the duly authorized officers are hereto been affixed.

Given at Georgia Military College in the State of Georgia
Awarded on this date, March 7, 2025.

Chairman, Board of Trustees

President

Chief Academic Officer
and Dean of Faculty

VERIDA

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SARAH MARTIN

Operations Leader

Versatile manager who excels at developing associates, leading teams to a high level of productivity and customer satisfaction. Skilled in several aspects of project and people management; a passionate leader who is committed to achieving company goals and exceeding targets.

WORK EXPERIENCE

SENTARA / RICHMOND, VIRGINIA
April 2024 - present

OPERATIONS LEADER

- Responsible for the daily operations of the department to include being a resource for questions, assist with daily activities and maintain a well-trained, productive and service-oriented work group.
- Performance monitoring and improvement efforts in support of division strategies specific to customer service, quality, and financial accuracy.
- Supports the team by developing and maintaining strong, collaborative relationships with members, providers and internal business partner.
- Identifies opportunities for improvement, recommends solutions, and implements recommendations to facilitate change.
- Serves as a role model for communication and teamwork between departments and divisions.
- Creates and maintains reports for business operations and special projects.
- Utilizes knowledge of numerous databases, information systems, statistical tools and analytical principles to monitor and analyze information in support of the business.

WORK EXPERIENCE

VERIDA / ATLANTA, GEORGIA
March 2022 - January 2024

QUALITY ASSURANCE MANAGER

Responsible for developing, planning, and managing quality improvement activities in support of Verida's third party contracts to ensure standards of quality and customer experience were not only achieved but maintained.

- Implement and measure quality improvement initiatives designed to improve member experience and member safety while reducing costs.
- Review, analyze and provide a resolution to internal and external grievances.
- Summarize and present essential information to Sentara, DMAS and legal counsel.
- Track QA trends to identify gaps in training/need for uptraining across standards of work.
- Re-evaluate and establish QA goals based off contract targets and company standards.
- Knowledge of managed care plans specific to Medicaid and Medicare including commercial.
- Ability to communicate effectively at all levels (entry level, Management, State Director, CFO)

VERIDA / ATLANTA, GEORGIA
JULY 2021 - MARCH 2022

CALL CENTER MANAGER

As a people leader, I managed, developed, and motivated four internal teams of associates to exceed standard of customer service and experience.

- Accountable for achieving business goals for our Optima contact which currently includes 4 team leads and ~50 agents.
- Provided continuous coaching and feedback to improve and maintain high quality customer experience.
- Ensured timely administrative duties (timecards, spreadsheets, 1:1's, team meetings).
- Defined and measured performance metrics (AHT, Adherence, QA) and clearly communicated results.
- Partnered with peers outside of my direct role (Virginia Premier, SSR's, Training, QA, IT) to build/maintain strong working relationships.
- Escalated IT issues or gaps in reporting.
- POC for Facility Outreach Workshop Registration.
- Streamlined and created a OFI tracker with controls to eliminate errors.

CAPITAL ONE
JULY 2017 - MAY 2020

SR. PROCESS MANAGER

Led a team of case management supervisors, driving improvements in customer experience and operational efficiency. Developed and maintained process documentation, ensuring alignment with business objectives and compliance standards. Managed Fair Lending Oversight Group (FLOG) reporting and ensured compliance with targets. Evaluated and implemented process changes for new tools and ensured continuous improvement through regular monitoring and feedback.

CAPITAL ONE
DECEMBER 2010 - JULY 2017

UNIT MANAGER

Led and developed a team of supervisors, driving excellence in leadership, customer service, and experience. Managed small projects and ad-hoc requests, ensuring timely and effective execution. Defined and tracked performance metrics, providing transparency to senior leadership through data analysis and reporting. Built strong cross-functional relationships and resolved process breakdowns to enhance operational efficiency.

EDUCATION

2021
Bachelor of Science: Business Administration: Leadership, Liberty University

2019 Certified Scrum Professional: Scrum Master, Scrum Alliance
License: 000912937

EXECUTIVE STAFF

EXHIBIT 3
RESUMES/CREDENTIALS

October 15, 2025
CRFP 0511
BMS2600000001

VERIDA

Email
sadams@verida.com

Address
843 Dallas Highway
Villa Rica, Georgia 30180

STEVE R. ADAMS

Chief Executive Officer

Steve Adams is a prominent entrepreneur and corporate visionary, leading organizations in the medical transportation industry for more than 40 years. He is recognized for his community service and leadership.

Mr. Adams is the founder and CEO of Verida, Inc., a leading non-emergency transportation management and call center services company operating in multiple states across the country.

Steve's proudest achievement is bringing Verida, Inc.'s corporate headquarters back to Villa Rica, Georgia where he graduated from high school. The state-of-art facility spans over 81,000 square feet and will enable Steve to continue serving healthcare and communities for many years to come.

CAREER OVERVIEW

VERIDA / ATLANTA, GEORGIA
2000 - Present

- Established Southeastrans Inc. in 2000, now Verida Inc., specializing in Medicaid, non-emergency transportation.
- Verida manages millions of trips annually for Medicaid and Medicare enrollees across multiple states.

WEST GEORGIA AMBULANCE / CARROLLTON, GEORGIA
1974 - 2022

- Founded West Georgia Ambulance Service in 1974 starting as an EMT and then founded West Georgia Ambulance, a major minority-owned service, covering six Georgia counties.
- Sold West Georgia Ambulance Service to AMR in 1996 and reacquired it in 1999.
- Sold the ambulance company to Tanner Health Systems in 2022.

ADAMS TRANSPORT / CARROLLTON, GEORGIA
1986 - 2000

- Founded Adams Transport Inc. in 1986 for non-emergency medical transportation.

STATE OF GEORGIA

Community Involvement

- Actively involved in local and state civic and healthcare organizations.
- Served on various boards, including the Juvenile Justice and Emergency Health Services Advisory Board
- Prior longstanding Board Member of the Carroll County Board of Health
- Founding Board Member of the Carroll County Children's Home
- Chairman of the "A-Day" Fundraiser for the University of West Georgia
- Lifetime Member of the Carroll County Branch of NAACP.
- Member of the Board of Directors for Tanner Health Systems, 1995 - Present (26 years)
- Appointed by two Governors to the Georgia World Congress Center Authority Board (12 years).

ACHIEVEMENTS

University of West Georgia

- Doctor of Humane Letters

University of West Georgia Chapter Beta Gamma Sigma

- Honorary Membership - International Honor Society for Collegiate Schools of Business

Beta Gamma Sigma

In recognition of professional achievement,

Steve Adams

has been selected for honorary membership in Beta Gamma Sigma
the international honor society for collegiate schools of business

University of West Georgia Chapter

April 18, 2018

Chairman

Secretary/Treasurer

University of West Georgia

University System of Georgia

Upon recommendation of the President and Faculty
hereby confers upon

Steve R. Adams

the degree of

Doctor of Humane Letters

with all the rights, honors, and privileges
thereunto appertaining

In witness whereof, the Seal of the University and the signatures of duly authorized officers are affixed to this diploma. Given at Carrollton, in the State of Georgia, this thirtieth day of April, two thousand and sixteen.

President

President

Interim Dean, College of Arts and Humanities

UNIVERSITY OF WEST GEORGIA
1906

Chancellor of the University System

Registrar

VERIDA

Phone
770.235.3531

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jdegliumberto@verida.com

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843 Dallas Highway
Villa Rica, Georgia 30180

Linkedin
https://www.linkedin.com/in/jim-degliumberto-07286412/

JAMES DEGLIUMBERTO

Chief Technology & Operations Executive

Transformational technology and Operations executive with 20+ years of experience driving enterprise-wide digital innovation, operational excellence, and strategic advisory for complex organizations. Experienced with AI technologies with multiple contact center AI project implementations. Proven track record of leading large-scale programs, launching new revenue-generating initiatives, and aligning IT strategy with business outcomes. Adept at engaging C-suite stakeholders, orchestrating cross-functional teams, and delivering measurable impact across healthcare, telecommunications, and public sector domains. Holds a U.S. patent for fraud prevention in medical transportation and brings deep expertise in Agile, DevOps, and emerging technologies.

WORK EXPERIENCE

VERIDA / ATLANTA, GEORGIA
Apr 2020 - Present
Aug 2011 - Present
Jan 2009 - August

CHIEF OPERATING OFFICER / CHIEF INFORMATION OFFICER / DIRECTOR, INFORMATION TECHNOLOGY

- Oversight of 1,200+ team members across 8 markets, delivering Non-Emergency Medical Transportation (NEMT) services with a focus on operational transformation and customer satisfaction.
- Spearheaded strategic planning and program execution in collaboration with the executive team, driving measurable improvements in service delivery and compliance, reducing manual claims adjudication by 75% over 3 years.
- Designed and implemented patented and patent-pending technologies to combat Medicaid fraud and streamline mobile medical billing.
- Directed HIPAA-compliant software development initiatives, integrating Agile methodologies and DevOps practices to accelerate delivery and enhance quality.
- Served as Corporate HIPAA Privacy Officer, ensuring regulatory compliance and risk mitigation across all IT operations.
- Built strategic partnerships with telecom and software vendors to support scalable infrastructure and innovation. Reduced Call Center Quality Assurance staff 50% by implementing an AI based Auto QA solution.

WORK EXPERIENCE

VERIDA / ATLANTA, GEORGIA
Apr 2020 - Present
Aug 2011 - Present
Jan 2009 - August

CHIEF OPERATING OFFICER / CHIEF INFORMATION OFFICER / DIRECTOR, INFORMATION TECHNOLOGY (CONT.)

- Played a key role in RFP strategy and client engagement for multimillion-dollar NEMT contracts, contributing to business growth and retention.
- Managed system implementations, enhancements, and data-driven reporting frameworks to support executive decision-making.
- Implemented "Vee", Verida's virtual agent using AI technology and partnering with best in class Contact Center technology vendors.

AT&T / ATLANTA, GEORGIA
Dec 2006 - Jan 2009

INFORMATION TECHNOLOGY MANAGER, MASS MARKET CUSTOMER CARE

- Directed IT operations supporting 5,000+ employees across 22 states, managing infrastructure, applications, and disaster recovery systems.
- Led integration of reporting systems into a unified portal using SQL Server and SharePoint, improving data accessibility and access to performance metrics such as MTR and CSAT.
- Oversaw development of .NET and ColdFusion applications to support customer care operations, enhancing agent productivity and service quality.
- Delivered executive-level reporting and analytics to inform strategic decisions and operational targets.

BELLSOUTH /
ATLANTA, GEORGIA
Dec 2003 - DEC 2006
JUN 2001 - DEC 2003

INFORMATION TECHNOLOGY MANAGER, NETWORK SERVICES / BUSINESS ANALYST, SHARED SERVICES

- Managed a team of developers and analysts responsible for metrics, reporting, and full lifecycle software development.
- Implemented structured project management practices, code reviews, and testing protocols to ensure delivery excellence.
- Developed business cases and documented requirements for cross-unit IT initiatives aligned with organizational goals.
- Led enterprise campaigns and initiatives, including BellSouth's United Way program, showcasing stakeholder engagement and program orchestration.

EDUCATION

Georgia State University, J. Mack Robinson College of Business
MBA, Computer Information Systems | Dec 2000

Rutgers University, Cook College
B.S., Environmental Studies | May 1998
Minor: Environmental & Business Economics

Southern Polytechnic State University
CISSP Certification Program, Information Security | Jun 2003

Core Competencies

- Digital Transformation Strategy
- AI Governance
- CIO Advisory & Executive Engagement
- Agile, DevOps & Emerging Technologies
- Program & Portfolio Management
- P&L Ownership & Revenue Growth
- Data & Analytics Leadership
- HIPAA Compliance & Risk Management
- Meeting Facilitation & Orchestration
- CXO-Level Relationship Building
- Structured Problem Solving & Critical Thinking

Georgia State University

To all persons to whom this writing may come, Greeting:

Be it known that the President and Faculty of this University in recognition of the successful completion of the course of study prescribed by the Faculty and by virtue of the authority granted by the Regents of the University System have conferred upon

James F. Degliumberto

the degree of

Master of Business Administration

In Testimony Whereof, we have hereunto affixed the seal of the University and the signatures of the officers thereof. Given at Atlanta on this twenty-second day of December, 2000.

Chancellor of the University System

Charles Gilleaudeau
Acting Registrar

GEORGIA STATE UNIVERSITY 1913

Carl V. Patton
President

Sidney S. Dean
Dean, J. Mack Robinson College of Business

RUTGERS · THE · STATE · UNIVERSITY

BY VIRTUE OF THE AUTHORITY VESTED IN IT BY THE LAWS OF THE STATE OF NEW JERSEY AND UPON RECOMMENDATION OF THE FACULTY OF

COOK COLLEGE

THE BOARD OF GOVERNORS OF RUTGERS UNIVERSITY CONFERS UPON

JAMES F. DEGLIUMBERTO

IN RECOGNITION OF THE COMPLETION OF THE REQUISITE COURSE OF STUDY THE DEGREE OF

BACHELOR OF SCIENCE

WITH ALL THE RIGHTS PRIVILEGES AND IMMUNITIES THEREUNTO APPERTAINING GIVEN UNDER THE SEAL OF THE UNIVERSITY ON THIS 21ST DAY OF MAY NINETEEN HUNDRED AND NINETY-EIGHT.

Bruce C. Carlton
DEAN

Francis L. Lawrence
PRESIDENT

VERIDA

Phone
770.598.0837

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Villa Rica, Georgia 30180

Linkedin
https://www.linkedin.com/in/denaadams/

DENA ADAMS-MCNEISH

Chief Development Officer

Executive with over 6 years of experience in healthcare technology and Non-Emergency Medical Transportation (NEMT). Proven track record in business development, strategic leadership, and implementing member-focused initiatives. Expert in driving growth, managing cross-functional teams, and fostering an inclusive corporate culture. Currently focused on diversifying the company's portfolio of services to expand market reach and drive innovation in the healthcare technology sector.

WORK EXPERIENCE

VERIDA / ATLANTA, GEORGIA
October 2021 - Present

CHIEF DEVELOPMENT OFFICER (CDO)

- Leads the Human Resource department, focusing on training, recruitment, retention, and benefits to enhance workforce effectiveness
- Spearheads strategic growth initiatives with a member-centric approach.
- Develops and coordinates client contracts, amendments, and pricing to ensure alignment with business objectives.
- Reviews and edits RFPs and bid opportunities, verifying all proposals meet organizational standards and client expectations.
- Oversees the administrative team and company-wide policies and procedures.
- Chairs the Quality Management and Diversity, Equity, and Inclusion Committees to promote inclusivity across the organization.
- Represents the company at national and local conferences.
- Supervises and coaches auditors assigned to engagements and providing guidance and overall review of deliverables.
- Conducts site audits at various locations to review and monitor corporate processes and procedures.

WORK EXPERIENCE

VERIDA / ATLANTA, GEORGIA
May 2020 - October 2021

VICE PRESIDENT OF BUSINESS DEVELOPMENT

- Led business development efforts to identify, pursue, and secure new client partnerships and opportunities.
- Developed and implement growth strategies to expand market share and drive revenue growth.
- Cultivated and maintained strong relationships with key clients, stakeholders, and industry partners.
- Oversaw contract negotiations, pricing strategies, and service level agreements to ensure profitability and client satisfaction.
- Monitored market trends and competitor activities to identify opportunities for differentiation and innovation.
- Collaborated with internal teams to align business development initiatives with operational capabilities and strategic goals.

VERIDA / ATLANTA, GEORGIA
May 2018 - May 2020

DIRECTOR OF ADMINISTRATIVE SERVICES

- Collaborated with the Chief Administrative Officer to coordinate with 12 clients on contracting, audits, and operational issues.
- Reviewed and edited RFPs and other bid opportunities, ensuring accurate bid pricing.
- Prepared and delivered presentations to potential clients to develop business opportunities.
- Worked on special projects, including the Independent Driver Program and construction for new headquarters.
- Managed operational documents, registrations, and licenses for business locations across 7 states and Washington, D.C.

NEWS MEDIA/ MULTIPLE STATES
March 2016 - February 2014

TV NEWS PRODUCER

KIRO-TV (Cox Media Group), Seattle, WA | March 2016 - May 2018
WBRC-TV (Raycom), Birmingham, AL | February 2014 - March 2016
WXI-TV (Tegna) Atlanta, GA | July 2012 - February 2014

- Produced news broadcasts and managed segment planning for daily newscasts, participated in story selection, and designed graphics.
- Field-produced special features and series.
- Demonstrated flexibility and expertise across multiple production roles.

EDUCATION

Georgia State University - J. Mack Robinson College of Business

- Executive Master of Business Administration
  -EMBA Fintech Certificate (Mar 2022)
  -Certificate in Change Management (Dec 2021)

EDUCATION

Georgia State University - J. Mack Robinson College of Business

- Executive Master of Business Administration
  -EMBA Fintech Certificate (Mar 2022)
  -Certificate in Change Management (Dec 2021)

Balchelor of Science in Journalism and Political Science
Belmont University, Nashville, TN

CERTIFICATIONS

- Lean Six Sigma Green Belt Certification (July 2021)
  -Georgia State University - J. Mack Robinson College of Business
  -Credential ID: Certification No. EMBA07242021-014

SKILLS & ABILITIES

- Strategic Business Development
- Contract Management and Negotiation
- RFP Development and Review
- Policy Development and Management
- Team Leadership and Management
- Member-Focused Service Design
- Quality Management
- Diversity, Equity, and Inclusion
- Change Management
- Fintech
- Lean Six Sigma Methodologies

BOARD MEMBERSHIPS

- Board Member, Verida, Inc. (formerly Southeastrans, Inc.)
- Medical Transportation Access Coalition (MTAC) board representative
- Vice Chair, Tanner Foundation
- Member, Carroll County Chamber of Commerce Executive Committee

THE J. MACK ROBINSON COLLEGE OF BUSINESS

OFFICE OF EXECUTIVE PROGRAMS

Certifies that

Dena Adams-McNeish

completed the Change Management Program on
December 10, 2021 and has earned a

Certificate in Change Management

Dr. Nathan Bennett, Faculty Director
EMBA Program, J. Mack Robinson College of Business

Brian Jennings, Associate Dean
Graduate Programs, J. Mack Robinson College of Business

Belmont University

Nashville, Tennessee

Be it known that

Dena Adams

having successfully completed the Course of Study as prescribed by the Faculty and Board of Trustees and having complied with all other requirements of the University, has been awarded this

Bachelor of Science

and is entitled to all the rights and privileges appertaining thereto.
Done this the sixteenth day of December, two thousand and eleven.

Chairman of the Board of Trustees

Secretary of the Board of Trustees

BELMONT UNIVERSITY 1951

President of the University

Provost

VERIDA

Phone
404.357.9926

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gkinard@verida.com

Address
843 Dallas Highway
Villa Rica, Georgia 30180

Linkedin
https://www.linkedin.com/in/gary-kinard-15b980120/

GARY W. KINARD

Financial Executive

Strategic and results-driven financial executive with over 40 years of progressive experience in healthcare, transportation, and public service industries. Proven track record of leading high-impact financial operations, driving organizational growth, and architecting scalable systems and tools that improve efficiency and transparency.

Recognized for being a visionary leader, operational driver, and influential communicator with expertise in cost accounting, budgeting, auditing, and performance benchmarking. Strong history of collaboration with executive leadership, boards, and cross-functional teams to execute strategic initiatives and deliver measurable outcomes.

WORK EXPERIENCE

VERIDA / ATLANTA, GEORGIA
2008 - Present

CHIEF FINANCIAL OFFICER

- Key leader for growth in revenue from $36MM to $308MM and FTEs from 300 to 1,300
- Provide direct leadership and support to accounting, claims administration, payroll, program integrity, and actuarial services.
- Coordinate the development of budgets and pricing proposals for State, managed care organizations, various other lines of business.
- Restructured the finance department to streamline processes, create efficiencies, and implement internal controls supporting company growth.
- Oversee all fiscal policies, treasury services, FP&A, external financial audits, and FWA.
- Designed advanced cost accounting tools to track 50 KPI's to inform, engage, and inspire all directors and executives with regards to their specific lines of business.
- Led the implementation of electronic claims submission, auto adjudication, and enhanced claims processing for approximately 6MM claims annually.
- Implemented and designed advanced reporting of financial statements for over 30 lines of business.

WORK EXPERIENCE

GRADY HEALTH SYSTEM / ATLANTA, GEORGIA
1998 - 2008
1996 - 1998
1994 - 1996
1992 - 1994

MANAGEMENT ENGINEER / SR. FINANCIAL ANALYST / AUDITOR / EMT

- Member of Top Quality Resource Team; contributed to $44.2M in operational improvements across 200+ initiatives.
- Co-developed and managed the $1.3B operating budget; created tools for labor productivity, variance reporting, and automated distribution.
- Led financial/statistical reporting to external stakeholders including GA Dept of Community Health, University HealthSystem Consortium, public / private agencies.
- Project manager for major cost-saving initiatives including ED redesig n, triage process improvement, and bedside skill validation, yielding $6.5M in annual savings.
- Oversaw RFP and vendor evaluations for enterprise-level initiatives and technology implementations.
- Served on the Value Analysis Oversight Committee to review and approve new product introductions with a focus on financial impact and supply chain optimization.

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES / ATLANTA, GEORGIA
1991 - 1995

DISASTER MEDICAL ASSISTANTS TEAM, CO-COORDINATOR

WEST GEORGIA AMBULANCE SERVICE / CARROLLTON, GEORGIA
1985 - 1991

EMERGENCY MEDICAL TECHNICIAN / SUPERVISOR

EDUCATION

University of West Georgia

- Bachelor degree in Business Administration in Accounting, 1991

Emergency Medical Technician

- Emergency Medical Technician, 1985

Core Compentencies

- **Operational Driver** – Data strategies, integrations, real-time reporting and dashboards
- **Visionary Leader** – Driving growth, leading high-performance teams, mentoring future leaders
- **Catalyst of Growth** – Architect of business expansion and transformation
- **Strategic Business Partner** – Trusted advisor to operational and front-line leadership
- **Influential Communicator** – Board-level presence and cross-functional engagement

BOARD SERVICE & COMMUNITY INVOLVEMENT

- **University of West Georgia Foundation**
  -Trustee (2013 - Present), Chair (2023 - 2025)
- **University of West Georgia Real Estate Foundation**
  -Treasurer (2025 - Present)
- **Partners Advancing Student Success (PASS)**
  -Board Treasurer, (2019 - 2023)
- **FBCVR Finance Committee**
  -Chair (2011 - 2013), Member (2009 - 2013)

PROFESSIONAL HIGHLIGHTS & SPEAKING ENGAGEMENTS

- **Sage Intacct** – *Healthcare Industry Customer of the Year (2023)*
- **Sage Future Conference (2025)** – *"Inside the High-Performance CFO Mindset"*
- **Sage Transform Conference (2024)** – *"Ask Me Anything – Health-care Edition"*
- **University Healthcare Consortium (UHC) National Conference**
  -"How to Start Up and Implement Benchmarking" (2002)
  -"Incorporating Benchmarks with Budgets" (2003)
- **HFMA National Newsletter Contributor** – *Published healthcare finance case studies*
- **Grady Great 100 Honoree** – *Grady Health System (2003)*
- **Solucient Gold Star Award** – *National Recognition for Quality & Operational Excellence in the 5% of hospitals*

VERIDA

Phone
470.819.4370

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clee@verida.com

Address
843 Dallas Highway
Villa Rica, Georgia 30180

CHRISTOPHER LEE

General Counsel and Chief Compliance Officer

Over 13 successful years of experience in the legal field as both a litigator and general counsel.

Chris has extensive drafting experience, including Discovery Materials, Answers, Motions to Dismiss, Motions for Summary Judgment, Cross-claims, Consolidated Pre-Trial Orders and Briefs.

His experience involved preparing clients for depositions and trial, preparing reports, litigation plans, budgets, pre-mediation and pre-trial reports, and fostering/maintaining relationships with insurance company representatives and other clients.

WORK EXPERIENCE

VERIDA / ATLANTA, GEORGIA
2016 - Present

GENERAL COUNSEL AND CHIEF COMPLIANCE OFFICER
As General Counsel, Chris is responsible for overseeing Southeastrans' legal affairs, including litigation, risk management, contracting, and various corporate matters.

As Chief Compliance Officer, Chris oversees both corporate and regulatory aspects of the Company. He is responsible for leading the internal processes to promote Southeastrans' compliance with the laws, regulations, company policies, and contracts. In doing so, he oversees a Regulatory Compliance Department with 60+ employees, as well as Southeastrans' Corporate Compliance Department.

Chris is also the Chairman of Southeastrans' Investment Committee and advises the Board of Directors on a variety of legal issues.

WORK EXPERIENCE

TISINGER VANCE, P.C. / CARROLLTON, GEORGIA
2006 - 2016

OF COUNSEL
Prior to joining Southeastrans, Chris represented individuals, corporations and medical facilities, including general litigation, employment matters, and transactional law. His litigation experience included having sole responsibility for a caseload fluctuating between 50-75 cases, primarily in the areas of premises liability, medical malpractice and automobile liability.

Chris is experienced in all levels of litigation, including conducting jury trials, bench trials, hearings, motions practice, discovery, taking and defending depositions, and mediations. He has conducted jury trials at both the federal and state court level.

EDUCATION

Emory University School of Law
- Juris Doctor (2006)

Emory University
- BA in Economics (2003)

Court Admissions
- United States District Court, Northern District of Georgia; State and Superior Courts, State of Georgia; Court of Appeals, State of Georgia

Emory University

To all persons to whom these presents shall come, Greeting

Be it known that

Christopher David Lee

having satisfied all the requirements for the degree of

Bachelor of Arts

is accordingly admitted by the faculty to that degree with all the honors, rights, and privileges thereunto appertaining here and elsewhere. In testimony whereof the seal of the University and the signatures of the President and the Dean of the School are hereunto affixed, under authority granted by the Trustees of the University at Atlanta, Georgia, this twelfth day of May, A. D. 2003, in the one hundred sixty-seventh year since the founding of the institution.

Interim Dean

EMORY UNIVERSITY

President

Emory University

School of Law

To all persons to whom these presents shall come, Greeting

Be it known that

Christopher David Lee

having satisfied all the requirements for the degree of

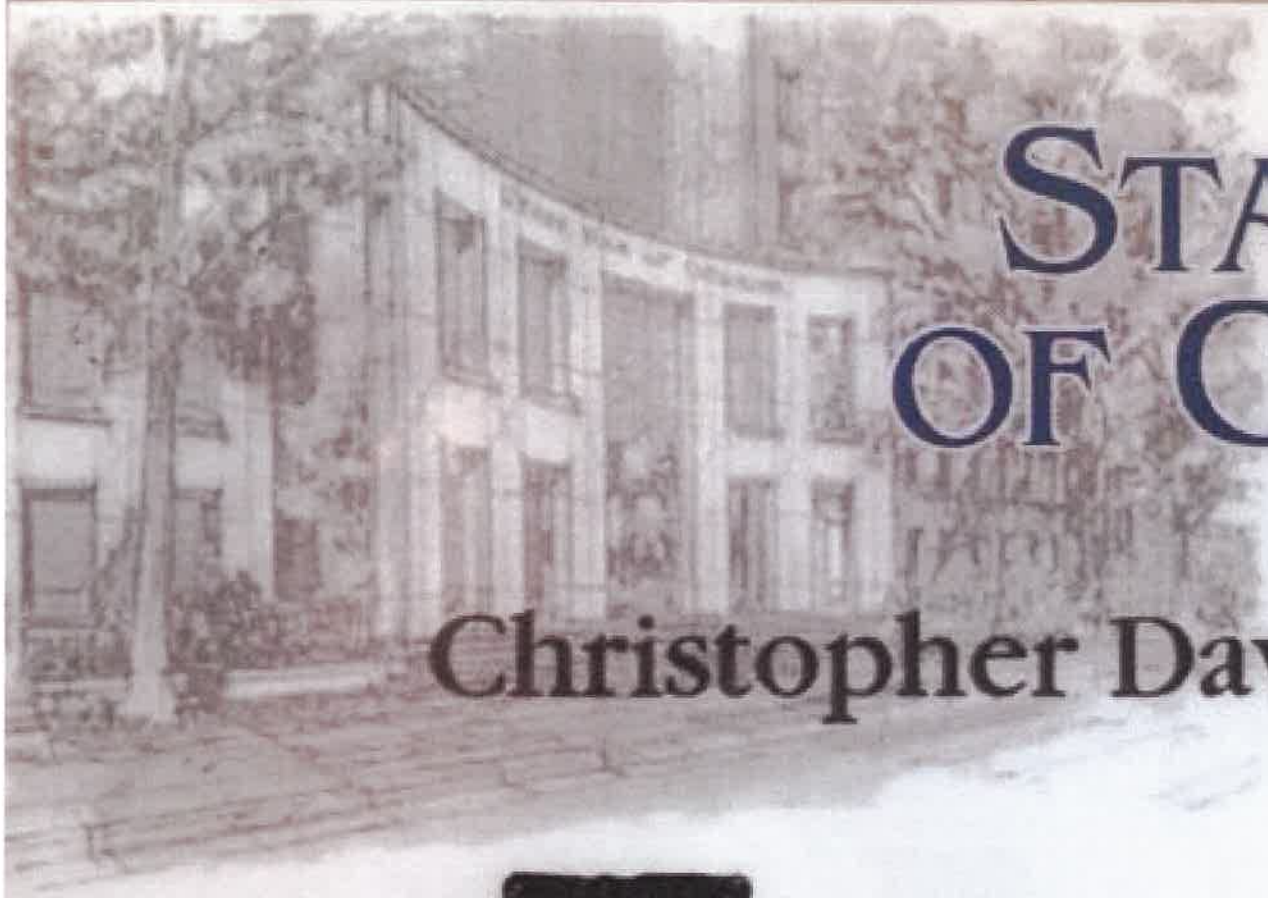
Doctor of Law

is accordingly admitted by the faculty to that degree with all the honors, rights, and privileges thereunto appertaining here and elsewhere. In testimony whereof the seal of the University and the signatures of the President and the Dean of the School are hereunto affixed, under authority granted by the Trustees of the University at Atlanta, Georgia, this fifteenth day of May, A. D. 2006, in the one hundred seventieth year since the founding of the institution.

EMORY UNIVERSITY

Interim Dean

James W. Wagner
President



State Bar of Georgia

Christopher David Lee

[redacted]

Membership Number

2006

Year Admitted

Phone
423.503.5795

Email
pboaz@verida.com

Address
843 Dallas Highway
Villa Rica, Georgia 30180

PHYLLIS BOAZ

Vice President, Operations

Accomplished professional with more than 30 years of experience in the managed care environment, including 18 years in Medicaid and more than two years in the NEMT industry. Experience in provider network management, vendor relations, and non-emergency medical transportation (NEMT) operations. Proven track record in overseeing operational support, contract negotiations, compliance, and performance metrics to optimize service delivery and ensure provider satisfaction. Skilled in leading cross-functional teams, fostering strong relationships with vendors and providers, and implementing process improvements to enhance efficiency and align with organizational goals.

WORK EXPERIENCE

VERIDA - VILLA RICA, GEORGIA
September 2023 - present

Vice President, Operations

- Strengthens customer relationships within the Operations organization to enhance the transportation experience.
- Oversees regional and statewide operational functions, ensuring efficiency and alignment with organizational goals.
- Leads large-scale projects from conception through implementation, driving operational improvements and success.
- Monitors call center operations making sure monthly metrics are achieved providing coaching and problem solving to leaders to assist in attaining required SOWs.
- Ensures contracts are meeting and/or exceeding key performance indicators.
- Collaborates with the Executive Team and State Directors to understand financial statements and develop action plans to improve and maintain profitability and maximize contract efficiency and profits.
- Manages and controls departmental expenditure within approved budgets.
- Conducts management level meetings to ensure effective organizational communication and performance.
- Provides daily oversight and support for contracts and operational teams to meet performance and compliance standards.
- Leverages prior experience as a Senior Manager for a large managed care organization to deliver effective leadership and strategic direction.

WORK EXPERIENCE

VERIDA / VILLA RICA, GEORGIA
February 2023 - September 2023

VICE PRESIDENT, NETWORK DEVELOPMENT

- Lead the development of network recruitment and retention strategies.
- Managed the strategic development of networks that support contract specific performance standards.
- Accountable for ensuring network composition includes appropriate distribution of general and specialty providers to achieve network adequacy.
- Drove cost effective strategies including the management and negotiation provider contracts.
- Responsible for overall performance including network effectiveness, cost containment, quality outcomes and provider engagement.
- Drove critical network development initiatives or analysis requiring collaboration with other functional areas.
- Developed and delivered comprehensive and value-add education and communication to providers and internal stakeholders to effectively execute strategic objectives.
- Engaged in assessment of new tools, capabilities and models which may create network differentiation in the market.

AMERIGROUP / CHATTANOOGA, TENNESSEE
July 2019 - January 2023

PROVIDER NETWORK MANAGER, SR. VENDOR MANAGEMENT

Oversaw all operational support for vendor relationships, including managing NEMT program reporting, auditing, and issue resolution. Played a key role in contract negotiation planning and implementation to meet evolving business needs, ensuring adherence to Service-Level Agreements (SLA) and Key Performance Indicators (KPI). Collaborated with procurement teams on contract development, renewals, and financial reimbursement strategies. Successfully expanded the provider network through strategic negotiations, relationship development, and exceptional support services.

AMERIGROUP / CHATTANOOGA, TENNESSEE
July 2014 - July 2019

PROVIDER NETWORK MANAGER, SR. PROVIDER SOLUTIONS

Led associate resources, special projects, and network planning while fostering strong provider relationships through on-site and virtual engagement. Proactively conducted outreach to educate providers on managed care policies, program changes, and initiatives. Monitored and analyzed provider utilization patterns to ensure quality service delivery and retention. Acted as a resource expert, addressing complex provider issues and appeals by coordinating resolutions with internal teams.

SOUTHEASTRANS / CHATTANOOGA, TENNESSEE
February 2012 - July 2014

SR. DIRECTOR OF TN OPERATIONS

Oversaw daily operations of the Medicaid Managed Care NEMT program, including administration staffing, call center management, special services, quality assurance, and compliance. Managed the Tennessee NEMT Provider Network, ensuring continued compliance with credentialing requirements and assessing network adequacy. Conducted provider orientations, evaluated resources and capabilities, and delivered ongoing training to improve claims accuracy and payment processes. Monitored and resolved member and provider complaints to maintain high service standards and satisfaction.

EDUCATION

SEPT 1980 - MAY 1982
UNIVERSITY OF TENNESSEE, CHATTANOOGA, TENNESSEE

SKILLS

- Proficient in Microsoft Office (Outlook, Word, Excel and PowerPoint)
- Excellent oral and written communication skills
- Strong interpersonal and organizational skills
- Ability to interpret and explain government policies.

VERIDA

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770.315.0451

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Linkedin
https://www.linkedin.com/in/kashif-anwer-a7b2a396/

KASHIF ANWER

Project Manager / Business Analytics Leader / Operations Strategist

Strategic and results-driven Business Analytics Director and Project Manager with over 30 years of experience leading diverse teams and delivering multimillion-dollar initiatives across healthcare, finance, transportation, and retail.

Skilled in transforming complex data into clear, actionable insights that optimize operations, enhance customer experience, and drive measurable cost savings. Recognized for empowering large teams (250+), implementing enterprise-wide systems, and building trusted relationships that foster collaboration and operational excellence.

WORK EXPERIENCE

VERIDA / ATLANTA, GEORGIA
Jul 2012 - Present

DIRECTOR, BUSINESS ANALYTICS

- Spearheads analytics and reporting for non-emergency medical transportation, supporting contract compliance and operational efficiency.
- Designs and implements dashboards, scorecards, and forecasting models to optimize staffing and performance.
- Lead call center restructuring initiatives that improved service levels and reduced abandonment rates.
- Delivers strategic insights through data mining, customer satisfaction analysis, and competitive benchmarking.
- Collaborates with external vendors and internal stakeholders to enhance data quality and reporting accuracy.

DATASCOPE, INC. / ATLANTA, GEORGIA
Jul 2010 - Jul 2012

BUSINESS SUPPORT ANALYST

- Managed POS terminal databases and ACH payment systems for wireless service providers.
- Provided technical support and training for enterprise web applications and customer service teams.
- Led hiring, coaching, and performance management for support staff.
- Analyzed helpdesk metrics to improve call routing and ticket resolution.

WORK EXPERIENCE

JP MORGAN CHASE / BANK ONE / ATLANTA, GEORGIA
Sept 1999 - May 2010

PROJECT MANAGER / BUSINESS ANALYST / CALL CENTER DIRECTOR

- Directed operations for a 250+ employee call center handling $3.7B in subprime loans and healthcare financing.
- Implemented customer engagement programs and training initiatives that boosted satisfaction and compliance.
- Managed system conversions (TSYS to TS2), ensuring seamless transitions with minimal customer impact.
- Oversaw dialer management, call routing, and reporting using Avaya CMS and NICE.
- Developed financial reports and forecasts for senior leadership and board presentations.

BOSTON MARKET / ATLANTA, GEORGIA
Jan 1997 - Sept 1999

MANAGER
My responsibilities included managing the call center and quality assurance departments. My duties included:

- Managed operations across 8 restaurants, improving inventory control and reducing attrition.
- Introduced a customer engagement program that increased loyalty and sales by 25%.
- Conducted market analysis and aligned strategies with industry trends.

TRIUMPH INTERNATIONAL INC. / ATLANTA, GEORGIA
Mar 1994 - Dec 1996

DISTRICT SALES MANAGER
My responsibilities included managing the call center and quality assurance departments. My duties included:

- Led district operations, hiring, and training across multiple retail locations.
- Achieved "Best District Manager" award for Punjab province.
- Conducted quarterly sales reviews and merchandising seminars.

EDUCATION

University of Punjab

- Bachelor degree in Business and Political Science

Asher School of Business

- Diploma in Computer Technology

VERIDA

Phone
470.544.6917

Email
awilliams@verida.com

Address
843 Dallas Highway
Villa Rica, Georgia 30180

APRIL WILLIAMS

Project Manager

Results-driven Project Manager with a proven track record in the NEMT industry. Expertise in streamlining operations, optimizing vendor relationships, and delivering data-driven solutions to enhance service quality and efficiency. Experienced in overseeing complex projects, ensuring regulatory compliance, and leading multi-disciplinary teams to achieve organizational goals. Skilled in developing innovative, cost-effective solutions that reduce costs, improve client satisfaction, and support sustainable growth within the healthcare transportation sector.

WORK EXPERIENCE

VERIDA / ATLANTA, GEORGIA
July 2020 - present

IT PROJECT MANAGER

- Develop and implement comprehensive project plans to streamline NEMT operations, ensuring on-time delivery of services while adhering to compliance standards.
- Collaborate with internal teams, healthcare providers, transportation vendors, and clients to align project goals and maintain effective communication.
- Oversee the implementation of transportation services, monitoring key performance indicators (KPIs) to ensure quality, efficiency, and regulatory compliance.
- Manage project budgets, allocating resources effectively to optimize cost efficiency without compromising service delivery.
- Use data analytics to track project progress, assess service performance, and provide actionable insights to stakeholders.
- Negotiate contracts and managed relationships with transportation providers to ensure reliable service and cost-effectiveness.
- Identify potential risks, developed mitigation strategies, and resolved operational challenges to ensure uninterrupted service.
- Implement process improvement initiatives to enhance efficiency and client satisfaction, leveraging technology and best practices.
- Ensure all operations complied with federal, state, and local transportation regulations, maintaining accurate records and documentation for audits and reporting.

WORK EXPERIENCE

InComm / ATLANTA, GEORGIA
NOVEMBER 2019 - JULY 2020

PROJECT MANAGER/BUSINESS ANALYST - HUMAN RESOURCES

- Designed and implemented a ticketing system for the HR team using Microsoft Power Platform, streamlining request management and improving team efficiency.
- Managed and optimized contingent worker data by leveraging iCIMS and UKG, ensuring accurate updates, processing, and compliance with organizational standards.
- Developed dynamic dashboards and comprehensive reports to provide actionable insights into contingent workforce trends and performance metrics.
- Authored detailed user guides tailored to all user types of the iCIMS platform, enhancing usability and onboarding efficiency for system users.
- Performed in-depth analyses of business processes and systems, uncovering inefficiencies and proposing actionable solutions to drive improvement.
- Partnered with cross-functional teams to gather and define project requirements, translating them into clear, functional specifications aligned with organizational goals.
- Led workshops and conducted interviews to elicit user requirements, ensuring alignment with business objectives and stakeholder needs.
- Developed and managed comprehensive project documentation, including business process workflows, use cases, and test plans, to support project clarity and execution.
- Supported user acceptance testing (UAT) by coordinating testing efforts, resolving issues, and providing post-implementation support for a seamless transition.

InComm / ATLANTA, GEORGIA
APRIL 2018 - NOVEMBER 2019

Talent Acquisition Coordinator II

Managed the end-to-end onboarding process for new hires, including background checks, pre-onboarding compliance, and documentation verification such as I-9 forms to ensure adherence to federal regulations. Facilitated clear communication with new hires, managers, HR leadership, and Talent Acquisition Partners, providing updates and addressing concerns throughout the onboarding journey. Supported New Hire Orientation to deliver a seamless introduction to company policies, culture, and procedures, fostering a positive employee experience.

EDUCATION

2019
• Masters of Business Administration | Western Governors University

2017
• Bachelors in Education | Piedmont University

Western Governors University

The Board of Trustees of Western Governors University, upon the recommendation of the faculty, has conferred upon

April R. Wallace

the degree of

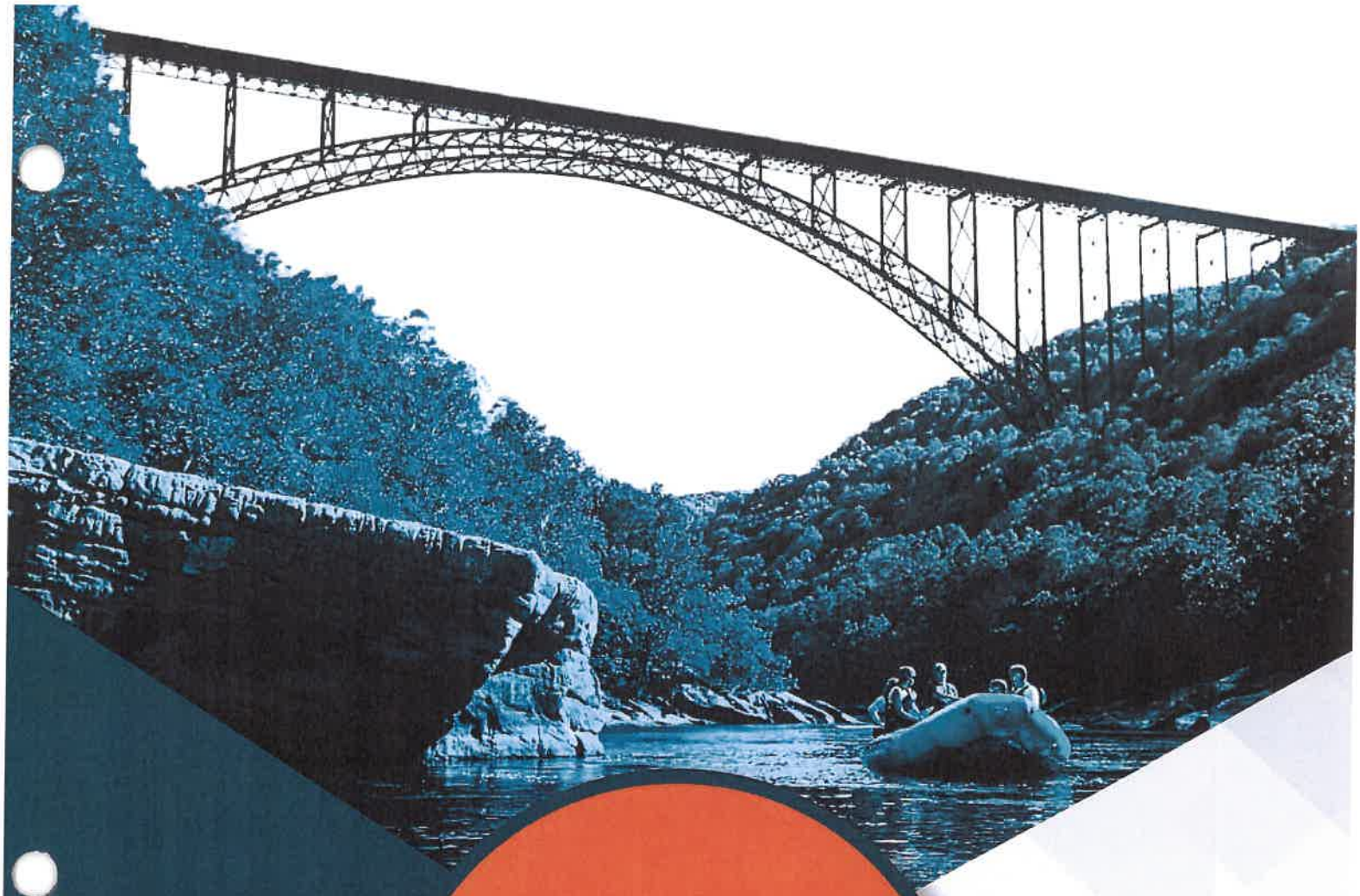
Master of Business Administration

With all the rights, honors, and privileges thereto appertaining. In witness whereof, the seal of the University and the signatures as authorized by the Board of Trustees, Western Governors University, are hereunto affixed, this third day of December, in the year two thousand and nineteen.

Scott D. Pulsipher
PRESIDENT

Governor Charles Swanson
STATE OF WYOMING, 1995-2003
CHAIRMAN, BOARD OF TRUSTEES

ID #0504181e-fdf1-4b13-8669-a4b8f8b8...



VERIDA

EXHIBIT 4

LETTERS OF COMMITMENT

October 15, 2025

CRFP 0511

BMS2600000001

VERIDA

Letter of Commitment to Provide Medicaid Non-Emergency Medical Transportation (NEMT) Services

To Whom It May Concern:

As the authorized representative of the organization named below, I have agreed to submit this **NON-BINDING** Letter of Commitment (LOC) to participate in Verida' Non-Emergency Medical Transportation (NEMT) Provider Network in the State of West Virginia. This LOC indicates my willingness to:

- Participate in Verida's NEMT Provider Network in West Virginia
- Provide transportation services in the service area(s) specified in this document
- Negotiate with Verida to establish rates and service areas
- Enter into an agreement with Verida, Inc.

I also understand that this letter is a non-binding agreement between my organization and Verida and does not create an obligation on either party to specific contracting terms and/or conditions.

C&H Company			
Name of Company/Organization			
312 21ST ST W	Charleston	WV	25387
Address	City	State	Zip Code
304-720-1796		jcorey@chtaxi.com	
Office Telephone	Fax Number	Email Address	
Jeb Corey		CEO	10/8/25
Printed Name	Signature	Title	Date

Please list which towns/cities or parish you currently serve:

Areas Currently Served		County
statewide		

Please provide the **number** of vehicles that would operate in Verida NEMT Provider Network should Verida be selected as the West Virginia Medicaid NEMT Broker.

Ambulatory: 30 Stretcher: Yes ALS: BLS:

Wheelchair: 3 Bariatric Wheelchair:

Is your company considered to be Minority Business Certified? ☐ Yes or No ☐

Is your company eligible to be Minority Business Certified? ☐ Yes or No ☐

Email completed forms to: mhanner@verida.com

VERIDA

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Central West Virginia Community Action Agency, Inc.			
Name of Company/Organization			
106 Frederick Street	Clarksburg	WV	26301
Address	City	State	Zip Code
304-622-8495		director@centralwvaction.org	
Office Telephone	Fax Number	Email Address	
Philip Keith		Executive Director	8/21/2025
Printed Name	Signature	Title	Date

Please list which towns/cities or parish you currently serve:

Areas Currently Served		County
Clarksburg and surrounding		Harrison

Please provide the **number** of vehicles that would operate in Verida NEMT Provider Network should Verida be selected as the West Virginia Medicaid NEMT Broker.

Ambulatory: 4 Stretcher: ALS: BLS:

Wheelchair: 3 Bariatric Wheelchair:

Is your company considered to be Minority Business Certified? ☐ Yes or No ☑

Is your company eligible to be Minority Business Certified? ☐ Yes or No ☑

Email completed forms to: mhanner@verida.com

VERIDA

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I also understand that this letter is a non-binding agreement between my organization and Verida and does not create an obligation on either party to specific contracting terms and/or conditions.

Harrison County Senior Center			
Name of Company/Organization			
500 W. Main St	Clarksburg	WV	26301
Address	City	State	Zip Code
304.623.6795	304.623.6798	bfitzgerald@hcscwv.org & cshort@hcscwv.org	
Office Telephone	Fax Number	Email Address	
Beth Fitzgerald	Beth Fitzgerald	Executive Director	10/9/2025
Printed Name	Signature	Title	Date

Please list which towns/cities or parish you currently serve:

Areas Currently Served		County
Harrison County, West Virgina		Harrison County

Please provide the **number** of vehicles that would operate in Verida NEMT Provider Network should Verida be selected as the West Virginia Medicaid NEMT Broker.

Ambulatory: 1 Stretcher: ALS: BLS:

Wheelchair: 2 Bariatric Wheelchair:

Is your company considered to be Minority Business Certified? ☐ Yes or No ☑

Is your company eligible to be Minority Business Certified? ☐ Yes or No ☑

Email completed forms to: mhanner@verida.com

VERIDA

Letter of Commitment to Provide Medicaid Non-Emergency Medical Transportation (NEMT) Services

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Medical Transport Services LLC			
Name of Company/Organization			
2534 15th Ave	Parkerburg	WV	26101
Address	City	State	Zip Code
304-834-1211	681-245-6354	mtstransport7@gmail.com	
Office Telephone	Fax Number	Email Address	
Steven L. Conlay		Owner	8-21-25
Printed Name	Signature	Title	Date

Please list which towns/cities or parish you currently serve:

Areas Currently Served		County
Pease see attached		

Please provide the **number** of vehicles that would operate in Verida NEMT Provider Network should Verida be selected as the West Virginia Medicaid NEMT Broker.

Ambulatory: 5 Stretcher: ALS: BLS:

Wheelchair: Bariatric Wheelchair:

Is your company considered to be Minority Business Certified? ☐ Yes or No ☑

Is your company eligible to be Minority Business Certified? ☐ Yes or No ☑

Email completed forms to: mhanner@verida.com

MTS

Currently we are based out of Wood County - traveling to/through the following counties – Wood, Pleasants, Richie, Tyler, Wetzel, Marion, Monongalia, Preston, Doddridge, Harrison, Taylor, Wirt, Calhoun, Gilmer, Lewis, Barber, Tucker, Grant, Mineral, Hampshire, Morgan, Berkeley, Jackson, Roane, Braxton, Mason, Cable, Putnam, Kanawha, Clay, Webster, Lincoln, Boone, McDowell, Wyoming, Fayette, Mingo, Logan, Raleigh, and Mercer

We as a company only do long distance trips (70 miles or more starting from wood county).

VERIDA

Letter of Commitment to Provide Medicaid Non-Emergency Medical Transportation (NEMT) Services

To Whom It May Concern:

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- Participate in Verida's NEMT Provider Network in West Virginia
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- Enter into an agreement with Verida, Inc.

I also understand that this letter is a non-binding agreement between my organization and Verida and does not create an obligation on either party to specific contracting terms and/or conditions.

C&H Company			
Name of Company/Organization			
312 21ST ST W	Charleston	WV	25387
Address	City	State	Zip Code
304-720-1796		jcorey@chtaxi.com	
Office Telephone	Fax Number	Email Address	
Jeb Corey		CEO	10/8/25
Printed Name	Signature	Title	Date

Please list which towns/cities or parish you currently serve:

Areas Currently Served		County
statewide		

Please provide the **number** of vehicles that would operate in Verida NEMT Provider Network should Verida be selected as the West Virginia Medicaid NEMT Broker.

Ambulatory: 30 Stretcher: Yes ALS: BLS:

Wheelchair: 3 Bariatric Wheelchair:

Is your company considered to be Minority Business Certified? ☐ Yes or No ☐

Is your company eligible to be Minority Business Certified? ☐ Yes or No ☐

Email completed forms to: mhanner@verida.com

VERIDA

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I also understand that this letter is a non-binding agreement between my organization and Verida and does not create an obligation on either party to specific contracting terms and/or conditions.

Mullens Manor Inc.			
Name of Company/Organization			
PO Box 1964	Pineville	WV	24874
Address	City	State	Zip Code
304-923-4022		slovejoy@mullensmanor.com	
Office Telephone	Fax Number	Email Address	
Samuel Lovejoy	[signature]	Asst. Administrator	9/15/2025
Printed Name	Signature	Title	Date

Please list which towns/cities or parish you currently serve:

Areas Currently Served		County
Sole Source Provider		

Please provide the **number** of vehicles that would operate in Verida NEMT Provider Network should Verida be selected as the West Virginia Medicaid NEMT Broker.

Ambulatory: 10 Stretcher: A.L.S. BLS:

Wheelchair: Bariatric Wheelchair:

Is your company considered to be Minority Business Certified? ☐ Yes or No ☑

Is your company eligible to be Minority Business Certified? ☐ Yes or No ☑

Email completed forms to: mhanner@verida.com

VERIDA

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Open Doors for the Developmentally Challenged, Inc.			
Name of Company/Organization			
1108 Washington St E	Lewisburg	WV	24901
Address	City	State	Zip Code
304.645.2130	304.647.9943	shinkle@opendoorswv.com	
Office Telephone	Fax Number	Email Address	
Amber L. Hinkle		Executive Director	9.2.25
Printed Name	Signature	Title	Date

Please list which towns/cities or parish you currently serve:

Areas Currently Served		County
Lewisburg, Ronceverte, WSS, Alderson	Union, Rupert, Rainelle, Frankford, Renick	Greenbrier and Monroe
Summersville, Nicholas, Craigsville, Canvas	Webster Springs, Quinwood, Cowen	Nicholas, Webster, Pocahontas

Please provide the number of vehicles that would operate in Verida NEMT Provider Network should Verida be selected as the West Virginia Medicaid NEMT Broker.

Ambulatory:	5	Stretcher:		ALS:	BLS:
Wheelchair:	2	Bariatric Wheelchair:			

Is your company considered to be Minority Business Certified? ☐ Yes or No ☑
Is your company eligible to be Minority Business Certified? ☐ Yes or No ☑

Email completed forms to: mhanner@verida.com

VERIDA

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I also understand that this letter is a non-binding agreement between my organization and Verida and does not create an obligation on either party to specific contracting terms and/or conditions.

Putnam County Aging Program, Inc.			
Name of Company/Organization			
2558 Winfield Road	St. Albans	WV	25177
Address	City	State	Zip Code
3047552385	3047552389	jsutherland@putnamaging.com	
Office Telephone	Fax Number	Email Address	
Jenni Sutherland	[signature]	Executive Director	10/8/2025
Printed Name	Signature	Title	Date

Please list which towns/cities or parish you currently serve:

Areas Currently Served		County
Entire County		Putnam
Oak Hill, Fayetteville area		Fayette

Please provide the **number** of vehicles that would operate in Verida NEMT Provider Network should Verida be selected as the West Virginia Medicaid NEMT Broker.

Ambulatory: 4 Stretcher: 0 ALS: BLS:

Wheelchair: 3 Bariatric Wheelchair: 0

Is your company considered to be Minority Business Certified? ☐ Yes or No ☑

Is your company eligible to be Minority Business Certified? ☐ Yes or No ☑

Email completed forms to: mhanner@verida.com

VERIDA

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WEBSTER COUNTY SENIOR CITIZENS, INC.			
Name of Company/Organization			
148 COURT SQUARE	WEBSTER SPRINGS	WV	26288
Address	City	State	Zip Code
3048475252	3048477182	care@websterseniors.org	
Office Telephone	Fax Number	Email Address	
Angela Gilstrap	[signature]	Director	10-7-2025
Printed Name	Signature	Title	Date

Please list which towns/cities or parish you currently serve:

Areas Currently Served		County
We pick up anyone from Webster Co. WV	and drop off anywhere in state of WV	Webster
We give priority to people over aged 60		

Please provide the **number** of vehicles that would operate in Verida NEMT Provider Network should Verida be selected as the West Virginia Medicaid NEMT Broker.

Ambulatory: 4 Stretcher: ALS: BLS:

Wheelchair: 1 Bariatric Wheelchair:

Is your company considered to be Minority Business Certified? ☐ Yes or No ☑

Is your company eligible to be Minority Business Certified? ☐ Yes or No ☑

Email completed forms to: mhanner@verida.com

VERIDA

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Blessed Transportation LLC			
Name of Company/Organization			
2006 Allison Rd	Chester	W.V	26034
Address	City	State	Zip Code
304 387 4175	304 387 4243	blessedtransportationllc@yahoo.com	
Office Telephone	Fax Number	Email Address	
Harold J Davis	Harold J Davis	Owner	8-19-2025
Printed Name	Signature	Title	Date

Please list which towns/cities or parish you currently serve:

Areas Currently Served		County
		Brooke
		Hancock

Please provide the **number** of vehicles that would operate in Verida NEMT Provider Network should Verida be selected as the West Virginia Medicaid NEMT Broker.

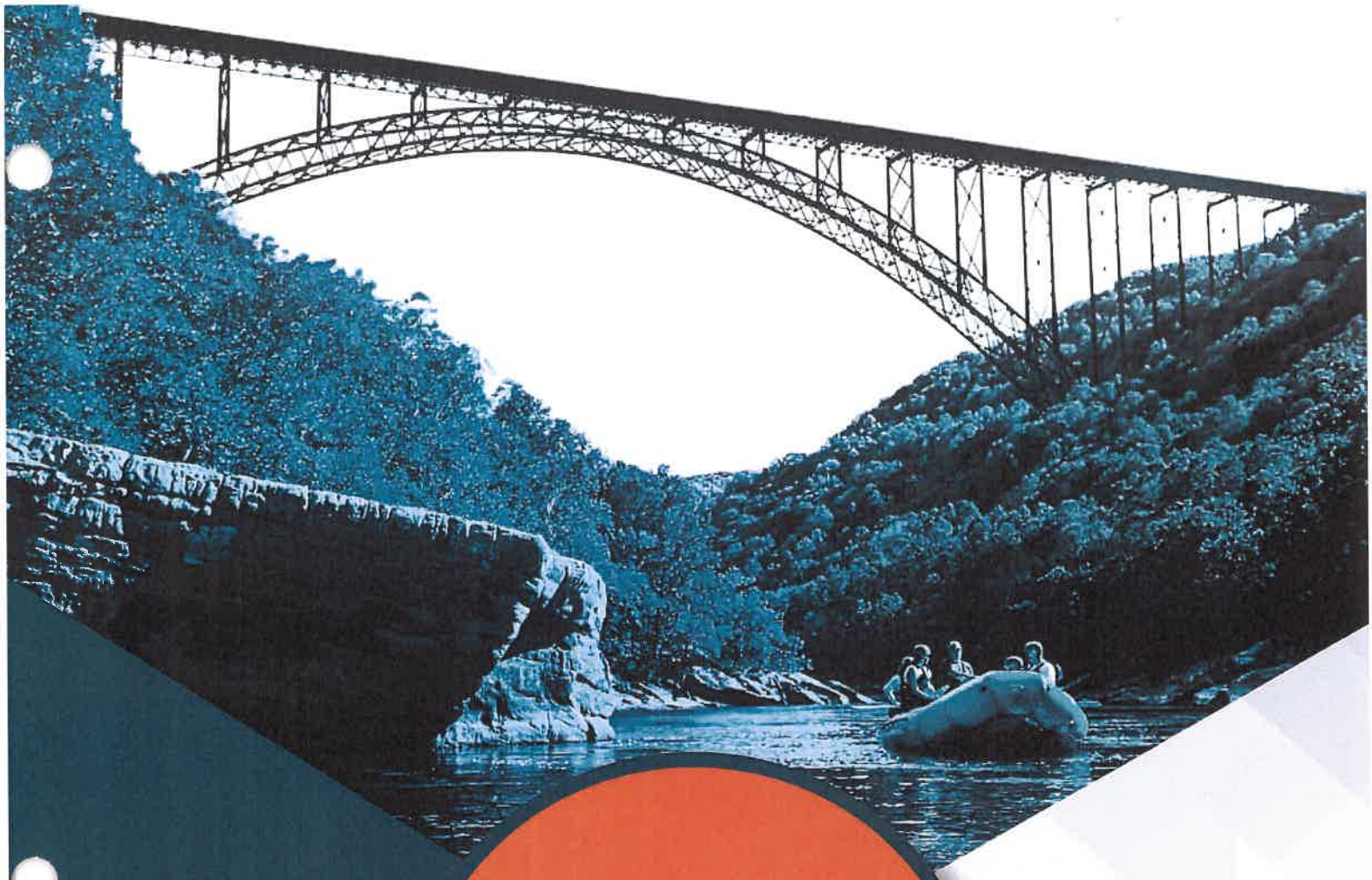
Ambulatory: 1 Stretcher: ALS: BLS:

Wheelchair: 8 Bariatric Wheelchair:

Is your company considered to be Minority Business Certified? ☐ Yes or No ☐

Is your company eligible to be Minority Business Certified? ☐ Yes or No ☐

Email completed forms to: mhanner@verida.com



VERIDA

EXHIBIT 5

DRAFT NEMT PROVIDER SERVICE AGREEMENT

October 15, 2025

CRFP 0511

BMS2600000001

VERIDA

WEST VIRGINIA

Non-Emergency Medical Transportation Provider Agreement

Traditional Providers

TABLE OF CONTENTS

TABLE OF CONTENTS 2
SIGNATURE PAGE 3
1. DEFINITIONS 4
2. BROKER DUTIES AND RESPONSIBILITIES 4
3. PROVIDER DUTIES AND RESPONSIBILITIES 5
4. TERM AND TERMINATION 5
5. INDEMNIFICATION 6
6. INSURANCE 6
7. LIQUIDATED DAMAGES 7
8. CONFIDENTIALITY AND USE OF RECORDS 7
9. RELATIONSHIP OF THE PARTIES 8
10. THIRD-PARTY RIGHTS 8
11. ARBITRATION; WAIVER OF CLASS ACTION; AND CONSOLIDATION OF CLAIMS 8
12. MISCELLANEOUS 8
13. FEDERAL PROVISIONS 9
SCHEDULE A: PAYMENT ADMINISTRATION 11
SCHEDULE B: SCOPE OF WORK 15
SCHEDULE C: LIQUIDATED DAMAGES 26
SCHEDULE D: BUSINESS ASSOCIATE AGREEMENT 28
SCHEDULE E: FRAUD AND ABUSE POLICY 31
SCHEDULE F: ELECTRONIC EQUIPMENT AGREEMENT 34

SIGNATURE PAGE

In consideration of the mutual promises herein, the parties agree to the terms of this Agreement. Each party, through its duly authorized representative, warrants that such representative has full authority to bind the party. By executing this Signature Page, each party acknowledges receipt and review of the Agreement and all referenced Schedules. The authorized representative of Provider further agrees Provider shall comply with the NEMT Program Requirements set forth in the Scope of Work. The authorized representative for each party executes this Agreement with the intent to bind the parties in accordance with this Agreement.

This Agreement shall become effective on the date it has been duly executed by both Parties (the "Effective Date").

PROVIDER SIGNATURE AND INFORMATION:

Provider's Legal Name (the "**Provider**"):	Authorized Representative's Signature:
Signature Date:	Authorized Representative's Name – Printed:
Email Address—Official Correspondence:	Authorized Representative's Title:
Mailing Address – Official Correspondence:	Telephone Number:

VERIDA SIGNATURE AND INFORMATION:

Verida's Legal Name ("**Verida**") **VERIDA, INC.**	Authorized Representative's Signature:
Signature Date:	Authorized Representative's Name – Printed:
Email Address—Official Correspondence:	Authorized Representative's Title:
Mailing Address – Official Correspondence: **843 Dallas Highway, Villa Rica, GA 30180**	Telephone Number:

AGREEMENT

This non-exclusive, Non-Emergency Medical Transportation ("**NEMT**") Provider Agreement (the "**Agreement**") is entered into by and between Broker and Provider (each a "**Party**", collectively, the "**Parties**"), as of the Effective Date set forth on the Signature Page of this Agreement.

A. Broker serves as a NEMT broker in the State of West Virginia pursuant to contracts (the "**Prime Contract(s)**") with the West Virginia Department of Human Services ("**DHS**"), Bureau for Medical Services ("**BMS**") and the Bureau for Behavioral Health ("**BBH**"), and/or Care Management Organizations ("**CMOs**") (collectively, the "**Prime Contractors**"). Broker desires to enter into an agreement with Provider to deliver on-street NEMT services, as provided under the Prime Contract(s).

B. Provider delivers on-street NEMT services, and desires to enter into an agreement with Broker to provide such services to eligible persons in the State of West Virginia ("**Members**") in accordance with the terms of this Agreement.

Now, therefore, in consideration of the promises, covenants, and warranties stated herein, Broker and Provider agree as follows:

1. DEFINITIONS

1.1 "Attendant" means an employee or agent of Provider who is properly credentialed to assist in the delivery of the Transportation Services, as set forth in Schedule B.

1.2 "Broker" means Verida, Inc.

1.3 "Covered Services" means those Transportation Services that are authorized as outlined in the Prime Contract(s).

1.4 "Driver" means an employee or agent of Provider who is properly credentialed to deliver Transportation Services, as set forth in Schedule B.

1.5 "Government Programs" means various government sponsored health products/programs in which Broker and Prime Contractor(s) participate, including Medicaid and Medicare.

1.6 "Government Program Requirements" means the requirements of governmental authorities for Government Programs, which include but are not limited to the requirements set forth by DHS, the Centers for Medicare and Medicaid Services ("CMS"), and in the Prime Contracts.

1.7 "Law" means all federal, State, and local statutes and regulations applicable to the subject matter of this Agreement or the Parties' performance of duties and obligations hereunder.

1.8 "Member" means an individual enrolled in or eligible for a benefit product offered by Prime Contractor(s), and who is eligible to receive Transportation Service.

1.9 "State" means the State of West Virginia.

1.10 "Transportation Services" means those non-emergency medical transportation services which shall be coordinated through Broker and which shall be performed by Provider as generally set forth in this Agreement, and more particularly set forth in Schedule B, Scope of Work, attached hereto and made a part hereof.

1.11 "Prime Contractor(s)" shall include those entities set forth in Schedule B, §1.1.

1.12 "Provider" means the transportation service provider set forth on the Signature Page of this Agreement, and which has agreed to be bound by the terms and conditions of this Agreement.

1.13 "Vehicle" means a motorized vehicle which satisfies all inspection and credentialing standards set forth in Schedule B, and which has been authorized to deliver Transportation Services under this Agreement.

2. BROKER DUTIES AND RESPONSIBILITIES

2.1 Process Transportation Requests

Broker will receive transportation requests from Members or their agents, verify Member eligibility, generate reservations, submit reservation requests to Provider (collectively referred to as a "**Manifest**"), verify billing information, and perform such other administrative functions as Broker deems necessary for the provision of Transportation Services to Members, as set forth in the Prime Contract(s). Notwithstanding anything herein to the contrary, Broker shall be under no obligation to submit to Provider a specific number of transportation requests. Any trip request submitted to Provider may be withdrawn by Broker, in its sole discretion, in the event Broker deems it necessary for the performance of its obligations under the Prime Contract(s).

2.2 Payment Administration

Broker shall pay Provider for the Transportation Services at the rates and on the terms set forth in Schedule A, Payment Administration (the **"Compensation"**), attached hereto and made a part hereof. Provider shall not invoice or require payment from Members or Prime Contractor(s) for the Transportation Services.

2.3 Orientation

Broker shall provide one or more orientation sessions to Provider, which may be offered at Broker's regional office, at Provider's primary place of business, or elsewhere in Broker's sole discretion. Provider shall ensure that Provider and Provider's agents and employees understand and appreciate all requirements and procedures for the provision of Transportation Services as set forth in this Agreement.

3. PROVIDER DUTIES AND RESPONSIBILITIES

3.1 Transportation Services

Provider will provide the Transportation Services as set forth in Schedule B.

3.2 Certifications and Licensing

Provider shall maintain in effect and shall submit to Broker evidence of all required permits, licenses, accreditations, certifications, and governmental and board authorizations and approvals, as set forth in Schedule B, §2.

3.3 Transportation and Performance Components

Provider shall comply with all Transportation and Performance Components set forth in Schedule B, §3 at all times during the delivery of the Transportation Services.

3.4 Administrative Components

Provider shall comply with all Administrative Components set forth in Schedule B, §4.

3.5 Quality Assurance

Provider shall comply with all Quality Assurance requirements set forth in Schedule B, §5.

4. TERM AND TERMINATION

4.1 Term

This Agreement shall begin on the Effective Date and shall continue in effect for one (1) year (the "**Initial Term**"). Thereafter, the Agreement shall automatically renew for successive one (1) year terms (the "**Renewal Terms**") unless and until terminated by either Party in accordance with the provisions of this Agreement.

4.2 Termination Without Cause

This Agreement may be terminated without cause by either Party upon thirty (30) days' prior written notice to the other Party.

4.3 Termination With Cause

This Agreement may be terminated by either Party in the event of a material breach of this Agreement by the other Party by giving ten (10) days' prior written notice specifying the breach and advising the other Party that it has ten (10) days to cure the breach. If the breaching Party does not cure the breach within the ten (10) day period, the Party providing the notice of termination shall have the right to immediately terminate this Agreement.

4.4 Immediate Termination

Notwithstanding any other provision herein, this Agreement may be immediately terminated upon written notice to the other Party in the event any of the below occurs:

(a) Broker determines, in its sole discretion, that continuation of this Agreement may negatively impact Member safety or care.

(b) Provider engages in fraud or deception, or knowingly permits fraud or deception by another in connection with Provider's obligations under this Agreement.

(c) Provider fails to maintain oversight standards for claims or credentialing as outlined in this Agreement.

(d) Provider becomes uninsurable or otherwise fails to maintain the required levels of insurance as outlined in this Agreement.

(e) Either Party loses its statutory or regulatory authority to conduct the businesses that are the subject of this Agreement.

(f) Termination or lapse of the Prime Contract(s).

(g) Provider violates any applicable and material law, or in the event of any indictment, charge, arrest or conviction of a felony, or any criminal charge related to the business of Provider.

(h) Provider ceases to operate or applies for consent to acquiesce in the appointment of a receiver, trustee, or liquidator for a substantial part of its assets; files a voluntary petition in bankruptcy; admits in writing its inability to pay its debts; files a petition or an answer seeking reorganization or arrangement with creditors; or takes advantage of any insolvency law.

(i) State or federal regulators do not approve this Agreement.

4.5 Debarment or Exclusion

Provider shall immediately notify Broker of any threatened, proposed, or actual exclusion from any federally funded health care program, including Medicare and Medicaid. In the event Provider is excluded from participation in any federally funded health care program during the Term of this Agreement, or if at any time after the Effective Date of this Agreement it is determined Provider is in breach of this Section, this Agreement shall, as of the date of such exclusion or breach, automatically terminate.

4.6 Transportation Services During Notice or Cure Period

To effectuate an orderly transition during any notice or cure period, in Broker's sole discretion, Provider may be ineligible to receive new trips and Broker may reassign any existing trips and Standing Orders

4.7 Effect of Termination

The expiration, cancellation or termination of this Agreement under any circumstances will not terminate the obligations of either Party under this Agreement arising prior to the effective date of the termination of this Agreement; and the expiration, cancellation or termination of this Agreement will in no way be construed as a restriction, limitation or waiver of either Party's rights to pursue any additional remedy at law or in equity. In the event of termination of this Agreement, Provider shall continue to provide Transportation Services through the date of termination. Following any termination, Provider will cooperate with Broker to transition responsibilities to another provider.

5. INDEMNIFICATION

Provider shall defend, keep harmless, and fully indemnify Broker, Prime Contractor(s) and the State (collectively the "**Indemnitees**"), as well as Indemnitees' officers, directors, shareholders, employees, agents, and representatives, from any and all liabilities, losses, damages, claims and expenses of any kind, including costs and attorneys' fees, which arise from or are alleged to have arisen from the acts, duties, or obligations of Provider and its officers, directors, shareholders, employees, agents, contractors and representatives under this Agreement. Provider further agrees to indemnify Broker for any liquidated damages assessed against Broker by Prime Contractor(s) which are directly attributable to Provider. This Section shall survive termination of this Agreement.

6. INSURANCE

Provider shall obtain, pay for, and maintain in full force and effect during the Term insurance as follows:

6.1 **Commercial Automobile Liability**: Not less than $1,000,000 each occurrence combined single limit of liability for bodily injury, death, and property damage, including any owned, non-owned and hired automobile, as applicable.

6.2 **Commercial General Liability (CGL)**: Not less than $1,000,000 combined single limit for bodily injury, death, and property damage, including personal injury, contractual liability, independent contractors, broad-form property damage, and sexual abuse and molestation.

6.3 **Workers' Compensation**: Workers' Compensation and employer's liability insurance with limits that conform to the amount required by applicable Law, including occupational disease coverage.

6.4 **Additional Insurance Requirements**:

(a) **Additional Insured Status**: Broker and Prime Contractors shall be "Additional Insureds" and "Certificate Holders" on a primary and non-contributing basis on Provider's commercial general liability and automobile liability policies, and such status shall be evidenced via endorsement.

(b) **Certificate of Insurance**: Certificates of Insurance evidencing all coverages described in this Section shall be furnished to Broker prior to the Effective Date. The Certificates shall list Broker and Prime Contractors as additional insureds and certificate holders. Each certificate shall describe the Provider's business as "non-emergency medical transportation services." Upon request, Provider shall supply to Broker certified copies of all required insurance policies, including endorsements required by these specifications. Provider shall submit additional certificates of insurance from its agent or carrier immediately upon the renewal or any change to its insurance coverage.

(c) **Primary Coverage**: For any claims related to this Agreement, Provider's insurance coverage shall provide primary limits over any other liability policy provided by Broker and Prime Contractors. Any insurance or self-insurance maintained by Broker shall be excess of Provider's insurance and shall not contribute with it.

(d) **Notice of Cancellation or Lapse**: Provider shall give Broker thirty (30) days' prior written notice of cancellation non-renewal, or material change in coverage, scope, or amount of any policy. Additionally, each insurance policy required under this Section shall provide that coverage shall not be cancelled, except with thirty (30) days' prior notice to Broker, as evidenced by return receipt of registered letter.

(e) **Waiver of Subrogation**: Provider hereby grants to Broker a waiver of any right to subrogation which any insurer of said Provider may acquire against Broker by virtue of the payment of any loss under such insurance. Provider agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation; however, this provision applies regardless of whether or not Broker has received a waiver of subrogation endorsement from the insurer.

(f) **Self-Insured Retentions**: Self-insurance retentions must be declared to and approved by Broker. Broker may require Provider to purchase coverage with a lower retention or provide proof of the ability to pay losses and related investigations, claim administration, and defense expenses within the retention.

(g) **No Claims-Made Policies**: The policies required under this Section shall not provide claims-made coverage.

(h) **Notice of Claims**: Notice of any claim against the Broker shall be deemed to have occurred only when Broker has received written notice thereof and has acknowledged actual knowledge of the claim.

(i) **Severability of Insured**: The policy shall not be subject to invalidations as to any insured due to any act or omission of another insured or any of its officers, employees, agents, or other representatives.

7. LIQUIDATED DAMAGES

Provider shall pay liquidated damages as set forth in Schedule C, Liquidated Damages, attached hereto and made a part hereof.

8. CONFIDENTIALITY AND USE OF RECORDS

8.1 **Member Information:** Provider shall maintain the confidentiality of Members' transportation records and related information in accordance with Law and Government Program Requirements. Provider shall obtain a specific written authorization from any Member prior to releasing the Member's transportation records to a third party. Provider shall not disclose or use Members' names, addresses, social security numbers, identities, other personal information, treatment modalities, or medical records without obtaining appropriate authorization. This provision shall not affect or limit Provider's obligation to make available transportation records and related information to Broker, Prime Contractor, or any authorized State or federal agency. This Section shall survive termination of this Agreement.

8.2 **HIPPA:** The Parties recognize information that may be exchanged between them may constitute Protected Health Information ("**PHI**"), as that term is defined by Subtitle F of Title II of the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations (45 Code of Federal Regulations Part 160-164)(the "HIPAA Rules"), and/or Nonpublic Personal Information as defined by applicable state statutes and/or regulations implementing Title V of the Gramm-Leach-Bliley Act (15 U.S.C. § 6801 et seq.)("**GLB Regulations**"). The Parties shall execute and shall comply with the provisions of Schedule D, Business Associate Agreement, attached hereto and made a part hereof.

8.3 **Confidential and Proprietary Information:** The Parties shall maintain and shall cooperate to maintain the confidentiality of each other's information. Each Party agrees the terms set forth in this Agreement are strictly confidential and neither Party will disclose such terms to any person or entity for purposes other than the administration of the Agreement without receiving prior written consent of the other Party, except as required by State or federal Law or Government Program Requirements. The Parties shall not disclose or use any confidential information for their own benefit during or after the Term of this Agreement. Upon termination of this Agreement, each Party agrees to return all confidential information in its possession upon the request and in the manner specified by the other Party. This Section shall survive the termination of this Agreement.

8.4 **Rule, Regulations, or Statute**: Nothing in this Section shall preclude either Party from disclosing information required to be disclosed pursuant to Law or Government Program Requirements; however, information referred to in this Section shall be disclosed only in the manner and to the extent permitted by such rule, regulation or statute.

8.5 **Member Access to Health Information:** Provider shall give Broker, Prime Contractor(s) and Members access to or copies of Members' health information at no cost to Broker, Prime Contractors(s) or Members including, but not limited to, transportation records and billing records, in accordance with the requirements of State and federal Law, applicable Government Program Requirements, and the Prime Contracts. This Section shall survive termination of this Agreement.

8.6 **Maintenance of Records**: Provider shall maintain and furnish all records and documents pertaining to the Transportation Services, including all financial records, as may be required by applicable Law, Government Program Requirements, and the Prime Contract(s), including those set forth in Schedule B. All such records shall be maintained for a period of ten (10) years from the date of final payment under this Agreement, or until such time as may be required by applicable Law. Provider shall cooperate with Broker and Prime Contractor(s) to facilitate the information and record exchanges necessary for quality management, utilization management, or other programs required for Broker's or Prime Contractor(s)' operations. This Section shall survive the termination of this Agreement.

8.7 **Delivery of Records:** Provider shall provide Broker, its designee and duly authorized third parties, including, but not limited to, applicable governmental regulatory agencies, accrediting agencies and Prime Contractor(s), with reasonable access during regular business hours to records related to Transportation Services rendered to Members under this Agreement. Such access shall be provided within the timeframes specified by the governmental regulatory authority or other agency requesting such access or, if such access is requested only by Broker or Prime Contractor(s), upon two (2) days' notice. This Section shall survive the termination of this Agreement.

9. RELATIONSHIP OF THE PARTIES

Nothing contained in this Agreement is intended to create, nor shall it be construed to create, any relationship between the Parties other than that of independent parties contracting with each other solely for the purpose of effectuating the provisions of this Agreement. This Agreement is not intended to create a relationship of agency, representation, joint venture, or employment between the Parties. Nothing herein contained shall prevent any of the Parties from entering into similar arrangements with other Parties. Each of the Parties shall maintain separate and independent management and shall be responsible for its own operations.

10. THIRD-PARTY RIGHTS

Nothing contained in this Agreement is intended to create, nor shall be construed to create, any right in any third-party, including but not limited to Members. The Parties acknowledge and agree that there are no third-party beneficiaries to this Agreement.

11. ARBITRATION; WAIVER OF CLASS ACTION; AND CONSOLIDATION OF CLAIMS

Subject to any exceptions as set forth herein, any dispute, controversy, or claim arising out of or relating to this Agreement (including without limitation the suspension, termination, material breach, and/or validity hereof) (a "**Dispute**") shall be submitted to mandatory final and binding arbitration ("**Arbitration**") before the American Arbitration Association in accordance with its commercial arbitration rules, before a tribunal of three (3) arbitrators (the "**Tribunal**"). Notwithstanding the foregoing, (i) class arbitration (including the presiding over any form of a representative or class proceeding); and (ii) the consolidation of claims made by more than one plaintiff, are both expressly prohibited (individually and collectively referred to as the "**Class Action Prohibition**"). The parties hereby agree to arbitrate any Dispute solely on an individual basis.

12. MISCELLANEOUS

12.1 Compliance with Law

Provider agrees to comply with all applicable State and federal Law, rules and regulations, policies, consent decrees, and court orders, including Constitutional provisions regarding due process and equal protection of the law.

Provider agrees to recognize and abide by all State and federal Law, regulations and guidelines applicable to Broker, Prime Contractor(s) and Provider. This Agreement incorporates by reference all applicable federal law and regulations and State laws, Agency rules and regulations, consent decrees or court orders, and revisions of such laws, regulations, consent decrees or court orders shall automatically be incorporated into this Agreement, as they become effective.

Provider agrees to abide by the Medicaid laws, regulations and Government Program Requirements that apply to Broker and Prime Contractor(s). Provider understands that payment of a claim by Broker is conditioned upon the claim and the underlying transaction complying with all such Law and regulations, (including, but not limited to, Federal anti-kickback statute, the Stark law, and federal requirements on disclosure, debarment and exclusion screening), and is conditioned upon Provider's compliance with all applicable conditions of participation in Medicaid. Provider understands and agrees that each claim Provider submits to Broker constitutes a certification that Provider has complied with all applicable Medicaid laws and regulations (including, but not limited to, the Federal anti-kickback statute, the Stark law and federal requirements on disclosure, debarment and exclusion screening), in connection with such claims and the Transportation Services.

12.2 Assignment and Subcontractors Prohibited

Provider may not assign, transfer, subcontract, or delegate, in whole or in part, any rights, duties, or obligations under this Agreement without the prior written consent of Broker. Subject to the foregoing, this Agreement is binding upon, and inures to the benefit of Provider and Broker and their respective successors in interest and assigns. Neither the acquisition of Broker nor a change of its legal name shall be deemed an assignment. Notwithstanding the foregoing, this Agreement may be assigned to Prime Contractor(s) and/or Prime Contractors' agents or assigns in the event of a default by Broker under the terms of the Prime Contract.

12.3 Amendment

Broker may, without Provider's consent, immediately amend this Agreement to maintain consistency and/or compliance with any State or federal Law, policy, directive, or Medicaid requirement. Broker may otherwise amend any portion of this Agreement, including all Schedules, upon thirty (30) days prior written notice to Provider. If Provider does not deliver to Broker a written notice of rejection of the amendment within that thirty (30) day period, the amendment shall be deemed accepted by and shall be binding upon Provider.

12.4 Notices

Any notice, request, or other communication to be given in writing under this Agreement will be deemed to have been given by either Party to the other Party upon the date of receipt, if hand delivered, or four (4) business days after deposit in the U.S. mail, if mailed to the other Party by registered or certified mail, properly addressed, postage prepaid, return receipt requested, or one (1) business day after deposit with a national overnight courier or next business day delivery, or upon the date of electronic confirmation of receipt of a facsimile or email transmission, when followed by the original copy mailed to the mailing address set forth on the Signature Page.

12.5 Waiver

Waiver of a term, condition or a breach of any provision of this Agreement shall not be deemed a waiver of any other term, condition or breach of the same or different provision. No act, delay or omission done, suffered, or permitted by a Party shall be deemed to exhaust or impair any right, remedy or power of that Party hereunder.

12.6 Severability

Neither the invalidity nor unenforceability of any term or provision in this Agreement shall affect the validity, enforceability or approval of any other term or provision of this Agreement.

12.7 Applicable Law; Jurisdiction; Service of Process

This Agreement shall be governed and construed according to the laws of the State. Any action or proceeding seeking to enforce any provision of, or based on any right arising out of, this Agreement may be brought against either of the parties in the courts of the State of West Virginia, County of Kanawha, or, if it has or can acquire jurisdiction, in the United States District Court for the Southern District of West Virginia (Charleston Division), and each of the parties consent to the jurisdiction of such courts (and of the appropriate appellate courts) in any such action or proceeding and waives any objection to venue laid therein. Process in any action or proceeding referred to in the preceding sentence may be served on any party anywhere in the world.

12.8 Headings

The headings of the various sections of the Agreement are inserted merely for the purpose of convenience and do not, expressly or by implication, limit or define or extend the specific terms of the section so designated.

12.9 Entire Agreement

This Agreement, including all schedules, exhibits and attachments hereto, contains the entire agreement between the Parties relating to the rights granted and the obligations assumed by the Parties and supersede any prior agreements, promises, negotiations or representations relating to the subject matter of this Agreement not expressly set forth in this Agreement. This Agreement shall be binding on and inure to the benefit of the Parties hereto and their respective successors and permitted assigns.

12.10 Notice of Adverse Action

Provider shall give Broker immediate written notice of any action or suit filed and prompt notice of any claim made against Provider, Broker, or Prime Contractor(s) which may result in litigation related in any way to this Agreement.

13. FEDERAL PROVISIONS

13.1 Non-Discrimination

Provider shall comply with all State and federal Law and regulations including Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972 (regarding education programs and activities), the Age Discrimination Act of 1975, the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990, and all amendments to those acts and all regulations promulgated thereunder. Provider shall also comply with the integration mandate in 28 C.F.R. § 35.130(d), Title II of the Americans with Disabilities Act and its implementing regulations published in the Code of Federal Regulations.

13.2 Contract Workhours and Safety Standards Act

(a) **Overtime Requirements:** No Provider or subcontractor contracting for any part of the Prime Contract(s) or this Agreement which may require or involve the employment of laborers or mechanics shall require or permit any such laborer or mechanic, including watchmen and guards, in any workweek in which he or she is employed on such work to work in excess of forty hours in such workweek unless such laborer or mechanic receives compensation at a rate not less than one and one-half times the basic rate of pay for all hours worked in excess of forty hours in such workweek.

(b) **Violation; Liability for Unpaid Wages; Liquidated Damages**: In the event of any violation of the clause set forth in paragraph (a) of this clause, Provider and any subcontractor responsible therefor shall be liable for the unpaid wages. In addition, such Provider and subcontractor shall be liable to the United States (in the case of work done under contract for the State or a territory, to such State or to such territory), for liquidated damages. Such liquidated damages shall be computed with respect to each individual laborer or mechanic, including watchmen and guards, employed in violation of the clause set forth in paragraph (a) of this clause, in the sum of $10 for each calendar day on which such individual was required or permitted to work in excess of the standard workweek of forty hours without payment of the overtime wages required by the clause set forth in paragraph (a) of this clause.

(c) **Withholding for Unpaid Wages and Liquidated Damages**: Broker or Prime Contractor(s) may, upon its own action or upon written request of an authorized representative of the Department of Labor, withhold or cause to be withheld from any monies payable on account of work performed by Provider under this Agreement or any other Federal contract with the same Provider or any other Federally-assisted contract subject to the Contract Work Hours and Safety Standards Act which is held by the same Provider, such sums as may be determined to be necessary to satisfy any liabilities of such Provider for unpaid wages and liquidated damages as provided in the provision set forth in Paragraph (b) of the clause.

(d) **Payrolls and Basic Records**:

(i) Provider shall maintain payrolls and basic payroll records during the Term of the Agreement and shall preserve them for a period of ten (10) years from the completion of the Contract for all laborers, mechanics, apprentices, or trainees working on the Agreement. Such records shall contain the information specified in 29 CFR 516.2(a).

(ii) The records to be maintained under Paragraph (d) of this clause shall be available by Provider for inspection, copying, or transcription by authorized representatives of Broker or the Department of Labor. Provider shall permit such representatives to interview employees during working hours on the job.

(e) **Subcontracts**: Provider shall insert paragraphs (a) through (d) of this clause in all subcontracts and shall require their inclusion in all subcontracts of any tier.

13.3 Lobbying

Provider certifies by signing the Agreement, to the best of its knowledge and belief, that federal funds have not been used for lobbying in accordance with 45 C.F.R. Part 93 and 31 U.S.C. 1352. The Parties shall disclose any lobbying activities using non-federal funds in accordance with 45 C.F.R. Part 93.

13.4 Debarment or Suspension

Provider certifies that neither it nor its principals, employees, or subcontractors is debarred, suspended, ineligible or otherwise excluded from Federal Procurement or Non-Procurement Programs.

13.5 Byrd Anti-Lobbying Amendment

Provider certifies that neither it nor its principals, employees, or subcontractors have used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any federal agency, a member of Congress or an employee of a member of Congress in connection with obtaining any federal contract, grant or other award covered by 31 USC 1352.

13.6 Copeland "Anti-kickback" Act

Provider certifies that it and its principals, employees, and subcontractors are in compliance with the Copeland "Anti-kickback" Act, 18 USC 874, as supplemented by Department of Labor regulations, 29 CFR 3.

13.7 Fraud, Waste & Abuse Reporting

Provider shall report to Broker all cases of suspected fraud and/or abuse, as defined in Title 42, of the Code of Federal Regulations, Section 455.2, where there is reason to believe that an incident of fraud and/or abuse has occurred, by Members, by Provider, or by Provider's subcontractors, agents, or employees within ten (10) business days of the date when Provider first becomes aware of, or is on notice of, such activity. Provider shall establish policies and procedures for identifying, investigating, and taking appropriate corrective action against fraud and/or abuse in the provision of health care services under the Medicaid program. Upon the request of Health Plan and/or the State, Provider shall consult with the appropriate State agency prior to and during the course of any such investigations.

SCHEDULE A: PAYMENT ADMINISTRATION

Broker and Provider hereby agree to the following terms for invoicing and payment of claims and for the re-submittal of denied claims.

1. TIMELINESS

As a condition of payment, Provider shall submit all claims via complete and accurate Trip Reimbursement Forms or e-Forms (collectively "TRFs") within 180 days of the date of service. Time is of the essence with respect to providing prompt and accurate invoices. TRFs submitted in excess of 180 days from the date of service are ineligible for payment and will not be accepted by Broker. Notwithstanding the foregoing, no payment will be made for Transportation Services performed by non-compliant Drivers, Attendants, or Vehicles.

2. SUBMISSION PROCESS AND REQUIRED INFORMATION

2.1 Electronic Submission

Unless Broker consents in writing to an alternate form of submission, TRFs shall be submitted by Provider electronically through use of a Broker-issued mobile device or web-based application (the "**Device**"). Provider shall utilize the Device to complete and submit all TRFs at the time/location of each Member pick-up and drop-off. Subject to Section 2.2 below, Provider may be assessed a 10% administrative fee upon submission of any paper trip reimbursement form, in Broker's sole discretion.

Prior to issuance of a Device by Broker, Provider shall execute Schedule F, Electronic Equipment Agreement, attached hereto and made a part hereof.

2.2 Device Malfunction

In the event Provider is unable to complete and submit TRFs electronically at the time of transport due to Device failure, inability to capture the information electronically, or otherwise, Provider shall immediately notify Broker's Provider Relations Manager or other authorized representative and shall request authorization to submit a paper TRF. All paper TRFs must be pre-approved by Broker and shall be submitted to Broker at the following address: Verida, Inc., Attn: Claims Department, 843 Dallas Highway, Villa Rica, GA 30180. Subject to the timely submission requirements set forth in this Schedule, paper TRFs, along with any other required documentation, must be received by Broker at least ten (10) calendar days before a scheduled pay date to be considered for payment within the current pay cycle. Claims received fewer than ten (10) calendar days before the scheduled pay date will be considered for payment in the next pay cycle.

2.3 Signatures

TRFs shall be signed by each Member at the time Transportation Services are rendered by Provider. Signatures shall only be made by the Member or Member's representative. If the Member is unable to sign, a healthcare professional acting as an agent for the receiving facility must sign on the Member's behalf. Neither Driver nor Attendant may sign for a Member. When using a Device, Provider shall capture signatures electronically via touch-screen. Provider shall have back-up paper TRFs available in the event of a Device failure. Broker will submit a blank master copy of the TRF to Provider.

2.4 Required Information: As a condition of payment, all TRFs shall include the following information:

Date of Service	Drop-Off Location
Driver Name	Scheduled drop-off time
Driver Signature	Actual Drop-Off Time
Member Name	Odometer Reading at Point of Drop-Off
Member Signature	Mode of Transportation (i.e., Stretcher, Wheelchair or Ambulatory
Member's Appointment Time (if applicable)	Name of Escort and Relationship to Member (if applicable)
Pick-Up Location	Name of Attendant (if applicable)
Scheduled Pick-Up Time	Trip Status (i.e., transported as scheduled, cancelled at door, or no-show)
Actual Pick-Up Time	Broker-Assigned Vehicle Number (SETI decal number) or VIN (last 5 digits only)
Odometer Reading at Point of Pick-Up	Any other information required by Broker or Prime Contractor(s)
Unique Trip Confirmation Number (Leg ID #)	

3. PAYMENTS

Broker will make full payment for undisputed, authorized trips to Provider provided that Provider submits complete, accurate, and timely TRFs ("**clean claims**"). Payments shall be calculated based on the rates set forth in Schedule A, Exhibit 1 ("**Rate Sheet**"), subject to the terms of this Agreement. Payment for denied or disputed trips will be withheld by Broker and may be resubmitted by Provider as set forth below. This payment provision shall be further interpreted in accordance with the following:

3.1 Authorized Trips

"**Authorized trips**" are defined as trips that are pre-authorized by Broker, submitted to and accepted by Provider, and performed by Provider as set forth in the Manifest. TRFs associated with unauthorized trips (i.e., incorrect pick-up/drop off locations and/or levels of service) are subject to denial.

3.2 Payment Delays

In the event a payment date falls on a weekend or holiday, payments will be made on the next working business day. Provider's receipt of funds may vary depending on mail delivery schedules and bank processing times. In the event a Prime Contractor is unable or unwilling to pay Broker amounts validly due under the Prime Contract, Broker may delay payments to Provider until such time as the Prime Contractor pays the outstanding amounts.

3.3 Mileage

Mileage associated with all trips is pre-authorized. To determine the payment amount, Broker calculates mileage using proprietary and/or third-party mapping software. Distances are measured as the shortest distance from the point of pick-up to the point of drop-off, rounded to the nearest 100th mile. Provider agrees that Broker's determination of mileage shall be final. If Provider believes there to be a material error, Provider may bring it to Broker's attention before running the trip. Broker will review the trip or trips in question and may reference other software to verify the distance. Any correction remains the sole decision of Broker. If Provider is not satisfied with Broker's decision regarding mileage after raising a dispute, Provider may refuse the trip. Performance of a trip constitutes acceptance of the mileage provided by Broker. Broker reserves the right to correct erroneous mileage calculations prior to or after claim payment and will notify Provider of any such adjustments.

3.4 Modifications

Broker, in its sole discretion, reserves the right to modify any rates and terms set forth in this Schedule A, including any exhibits associated therewith, upon notice to Provider, as set forth in this Agreement.

4. DENIED OR DISPUTED CLAIMS

Provider may appeal any denied or disputed claims by submitting a Claims Review Form to Broker. Claims Review Forms must be received within thirty (30) days of the date of denial for reconsideration. All appeals shall be filed using Broker's approved Claims Review Form, which shall contain all required information. Payment for resolved claims will be made during the next payment cycle following final adjudication of the claim. The submission of a Claims Review Form does not guarantee payment of the claim.

5. WAIVER AND RELEASE OF MEMBER

Provider hereby agrees and acknowledges that in no event, including nonpayment by Broker under the terms of the Agreement, shall Provider bill, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against any Member or persons other than Broker for amounts that are the legal obligation of Broker or of Prime Contractor(s). This Section shall survive termination of this Agreement and supersedes any agreement to the contrary now existing or hereafter entered between Provider and Members or persons acting on their behalf. Provider understands that this waiver does not negate any right to request further appeal under 42 CFR § 422.600.

6. ADJUSTMENTS AND DEDUCTIONS

Provider hereby grants to Broker the right to deduct from any payment due to Provider, any amount Provider owes Broker under the Agreement, including but not limited to, overpayments, fraudulent billing, late paperwork, data usage overage fees, administrative fees, inappropriate invoices, or Provider's expense paid by Broker, and further grants Broker the right to deduct liquidated damages assessed by Broker as set forth in Schedule C, Liquidated Damages.

7. MISCALCULATIONS

In the event an error in the calculation of payment(s) results in an underpayment to Provider, provided the error is confirmed by Broker, Broker will issue a reimbursement check, or issue an adjustment, during the next open pay period.

8. PRE-AUTHORIZATION OF CERTAIN TRIPS

Pre-authorized transportation rates ("**Special Rates**") for certain long-distance trips, after-hours trips, trips originating or ending outside of Provider's contracted service area, or other infrequent trip circumstances shall be negotiated by an authorized representative of Broker and shall be approved in writing as a condition to payment.

9. MEMBER NO-SHOWS

Broker shall not issue payment for a Member No-Show. For purposes of this Agreement, a "**Member No-Show**" occurs where Member fails to cancel an approved trip and the Provider has arrived to pick up Member on-time, as set forth in Schedule B.

10. PROVIDER NO-SHOWS

Broker shall not issue payment for a Provider No-Show. For purposes of this Agreement, a "**Provider No-Show**" occurs where: (1) Provider is not at the pre-arranged pick-up location within the pick-up timeframe as shown either on the Manifest or agreed to in advance by the Member and Broker; or (2) Driver leaves the pick-up location prior to the scheduled pick-up time and before the Member has boarded the vehicle.

11. FINAL PAYMENT

Provider shall accept payments by Broker as full and final payment for Transportation Services rendered by Provider. Provider shall not solicit or accept any surety or guarantee of payment from Prime Contractor(s) or Members.

IN WITNESS WHEREOF, the parties hereto have duly executed this Agreement, effective as of the date and year indicated on the Signature Page.

DRAFT

EXHIBIT 1 TO SCHEDULE A: RATE SHEET

INSERT PROVIDER RATE SHEET HERE

DRAFT

SCHEDULE B: SCOPE OF WORK

SERVICE ITEM				SERVICE REQUIREMENT
1. PRIME CONTRACTOR(S)				
1.1	**Prime Contractor(s)**			The following entities shall be considered "Prime Contractor(s)" for purposes of this Agreement: (1) State of West Virginia, Department of Human Services ("DHS"); (2) Bureau for Medical Services ("BMS"); and (3) Bureau for Behavioral Health ("BBH").
2. CERTIFICATIONS AND LICENSING				
2.1	**Business Licensure**			Provider shall: (a) be authorized to transact business in the State and remain in good standing; and (b) maintain all city, county, and other business licensure required to perform the Transportation Services, and as required by the State and the Prime Contract(s).
2.2	**TIN/EIN**			Provider shall obtain a Taxpayer Identification Number (TIN) or Employer Identification Number (EIN), as applicable, and shall submit a current Form W-9 to Broker.
2.3	**NPI**			Provider shall acquire and maintain a unique National Provider Identifier (NPI)) through the CMS National Plan and Provider Enumeration System (NPPES) and shall submit evidence of the NPI to Broker prior to providing Transportation Services.
2.4	**Motor Carrier**			If applicable, Provider shall be registered as a Motor Carrier through the West Virginia Department of Motor Vehicles.
2.5	**UCR**			If applicable, Provider shall maintain a Unified Carrier Registration (UCR).
2.6	**Change in Ownership**			In the event Provider's ownership changes in any capacity during the Term of this Agreement, Provider shall provide Broker written notice identifying the full legal name(s) of all current owners. This provision applies without limitation to changes in percentage of ownership as well as new owners.
2.7	**Name Change**			In the event Provider changes its company name, Provider shall complete and submit to Broker a new NEMT provider application. Provider shall not commence or continue operations until the application has been received and approved by Broker.
2.8	**Compliance with Law**			Provider warrants that it has and shall maintain throughout the term of this Agreement all licenses and certificates required by any federal, State, county or local governments, including but not limited to all licenses, registrations, or certificates required to provide transportation for hire. Provider will furnish Broker with such documentation immediately upon request.
3. TRANSPORTATION AND PERFORMANCE COMPONENTS				
3.1	**Mode of Transportation**			A mode (or level) of transportation (e.g., ambulatory, wheelchair, or stretcher) is determined for each Member based upon: (a) information provided to Broker by the Member; (b) information provided to Broker by the Member's representative/designee; and/or (c) information supplied by Member through a Standing Order Request Form (for scheduled re-occurring trips). Each Member's mode of transportation shall be disseminated to the Provider by way of Manifests and/or Urgent Care request forms. Provider shall supply each Member with the most appropriate mode of transportation. In the event a Member is assigned to an inappropriate mode of transportation (i.e., ambulatory patient assigned to a wheelchair trip, etc.), Provider shall promptly notify Broker and shall assist Broker in determining the most appropriate level of transportation.
3.2	**General Vehicle Requirements**			Vehicles utilized by Provider to deliver the Transportation Services under this Agreement must meet the requirements set forth in this Section. Any Vehicle failing to meet any requirement set forth in this Section or in the Prime Contract(s) may be precluded from providing Transportation Services.
	3.2.1	No Third-Party Vehicles		Provider shall utilize only its own leased or owned vehicles and shall not sublet, subcontract or arrange for transportation under this Agreement from any third-party.
	3.2.2	Inspections		Each Vehicle is subject to initial, bi-annual, and periodic interim inspections, as follows:
		(a)	Initial	Broker shall perform an initial inspection ("Initial Inspection") of each Vehicle prior to the Vehicle being placed into service by Provider, but not more than sixty (60) days prior to service.
		(b)	Bi-Annual	Broker shall perform bi-annual inspections ("Bi-Annual Inspection") of each Vehicle. Bi-Annual Inspections must occur within six (6) months of the most recent prior inspection.
		(c)	Periodic	Broker and/or Prime Contractor may perform periodic, at-will inspections ("Spot Inspection") of any Vehicle without prior notice to Provider.
	3.2.3	Vehicle Types		Vehicles used to deliver Transportation Services may include, but are not limited to, the following types:
		(a)	Wheelchair Vehicle	"**Wheelchair Vehicle**" means any Vehicle used to transport one or more Members utilizing wheelchairs, which are equipped with a wheelchair lift and appropriate wheelchair locking devices to safely secure a wheelchair while the Vehicle is in motion.

		(b)	Stretcher Vehicle	"**Stretcher Vehicle**" means any Vehicle capable of securely transporting a Member while confined to a stretcher, litter, or gurney (collectively "**Stretcher**"). Stretcher Vehicle service is an alternative mode of NEMT. It shall be provided to non-ambulatory Members who require the assistance of two (2) or more persons while being transported in a reclining position to and from the Vehicle and the healthcare provider, but who do not otherwise require the medical services of an ambulance.
		(c)	Minibus	"**Minibus**" means a multi-passenger van, which otherwise meets the vehicle, safety, licensing, and insurance requirements set forth in this Agreement.
	3.2.4	Communication Systems		Vehicles shall be equipped with a two-way communications system linking each Vehicle with the Provider's primary place of business. Cell phones are acceptable, but pagers may not be utilized. A Vehicle with an inoperative two-way communication system shall be placed out of service until the system is repaired or replaced. Driver(s) shall at all times comply with applicable Laws regarding the use of mobile phones within a vehicle.
	3.2.5	HVAC		Vehicles shall have functioning heating and air conditioning systems and shall maintain comfortable temperatures when performing the Transportation Services.
	3.2.6	Seatbelts		Vehicles shall have functioning seat belts and restraints as required by applicable Law. Seat belts shall be clean, accessible, and must be stored off the floor when not in use.
	3.2.7	Seatbelt Extensions		Vehicles shall be equipped with at least two (2) seatbelt extensions or extra-long seatbelts.
	3.2.8	Child Safety Seats		Vehicles shall properly utilize appropriate child safety seats when transporting children in accordance with State laws and regulations. Child safety seats shall be properly installed and shall meet applicable State and federal motor vehicle safety standards. Provider shall supply a child safety seat in the event a Member does not provide such seat. Provider shall not transport any child unless the child is properly secured in accordance with State and federal Law.
	3.2.9	Dashboard Display		Vehicles shall be equipped with a properly functioning speedometer, odometer, and clock.
	3.2.10	Lighting		Vehicles shall be equipped with properly functioning interior and exterior lighting, including lighting within the passenger compartment, headlights, taillights, brake lights, hazard lights, turn signals, and license plate lighting. Headlights shall be utilized when performing the Transportation Services.
	3.2.11	Interior Covering		Vehicle interiors shall be equipped with sidewall padding and ceiling covering.
	3.2.12	Windshield and Wipers		Vehicles shall have properly functioning windshield wipers. The windshield of each Vehicle shall be clear and uncracked.
	3.2.13	Windows		Vehicle windows shall not be cracked, damaged, or tinted. Each window must be operational and must conform to the manufacturer's specifications at all times.
	3.2.14	Exterior Mirrors		Vehicles shall have two exterior rearview mirrors, one on each side of the Vehicle. All mirrors shall be free from cracks and shall be securely mounted.
	3.2.15	Interior Mirror		Vehicles shall be equipped with an interior mirror to monitor the passenger compartment. All mirrors shall be free from cracks and shall be securely mounted.
	3.2.16	Exterior Appearance		The exterior of each Vehicle shall be clean and free of broken mirrors or windows, excessive grime, rust, major dents, or paint damage that detracts from the overall appearance of the Vehicle.
	3.2.17	Interior Appearance		The interior of each Vehicle shall be clean and free of torn upholstery, torn or damaged floor or ceiling covering, damaged or broken seats, protruding sharp edges, dirt or litter, oil, grease, hazardous debris, and unsecured items.
	3.2.18	Passenger Comfort		Vehicles shall ride smoothly and shall not create excessive noise or be prone to excessive vibration during operation.
	3.2.19	Contact Information		The following information shall be prominently displayed within the passenger compartment of each Vehicle: (a) Provider's name; (b) Vehicle number; and (c) Broker's phone number. This information must also be available in written form for distribution to Members upon request.
	3.2.20	Interior Signage		Vehicles shall have easily visible, interior signage that states: • All passengers must use seatbelts • No smoking, eating, or drinking • No firearms or weapons
	3.2.21	Exterior Signage		Provider's name and other identifying information must be displayed on the exterior of each Vehicle in accordance with DHS requirements, if applicable
	3.2.22	Smoking		Smoking shall be prohibited in all Vehicles at all times.
	3.2.23	Flooring		Vehicle floors must be covered with commercial anti-skid, ribbed rubber flooring or carpeting. Flooring in vehicles equipped to transport wheelchairs shall not interfere with wheelchair movement between the lift and the wheelchair securement positions.
	3.2.24	Fire Extinguisher		Vehicles shall be equipped with one or more functional fire extinguishers at least 2.5 lbs. in size, with a combined capacity totaling at least 5.0 lbs. Extinguishers should be ABC, Halon, or equal type, and must display a current inspection tag or sticker.

			Extinguishers must be safely and securely stored within reach of the Driver and should be visible to passengers.
	3.2.25	First Aid/Spill Kit	Vehicles shall be equipped with an OSHA-compliant first aid kit and a fluid "spill kit" that includes: liquid spill absorbent, latex or other impermeable gloves, hazardous waste disposal bags, scrub brush, disinfectant, and deodorizer.
	3.2.26	Safety Equipment	Vehicles shall be equipped with at least three (3) reflective triangles mounted on stands. Flares are prohibited and shall not be stored within the Vehicles.
	3.2.27	Navigation	Vehicles shall be equipped with a functioning GPS device or map of the travel area with sufficient detail to locate Members and medical destinations. Maps must be approved by DHS.
	3.2.28	Information Packet	Vehicles shall carry a vehicle information packet containing: (a) the Vehicle registration; (b) insurance card; and (c) accident procedures and forms. The packet must be securely stored within the driver compartment or on the driver's side visor.
	3.2.29	Step Stool	Vehicles with a floor threshold of greater than twelve (12) inches shall be equipped with a retractable step, fixed sideboard (running board), or a step stool meeting DHS requirements. Step stools must have four legs with anti-skid tips, be made of sturdy material, and have non-skid tread. Milk crates and similar substitutes may not be used as a step stool. Step stools must be secured away from aisles and doorways while the Vehicle is in motion. Stretcher Vehicles are exempt from this Section.
	3.2.30	Tires	Vehicle tires must be properly sized and rated in accordance with the manufacturer's recommendation and may not have thread wears less than 3/32 of an inch. Tires must not show evidence of excessive wear, exposed wire, bubbles, or appreciable sidewall damage.
	3.2.31	Manufacturer Standards	Vehicles and all Vehicle components shall comply with or exceed all State, federal, and manufacturer's safety and mechanical operating and maintenance standards for the particular vehicle and model. The number of persons in each Vehicle, including the Driver, shall not exceed the Vehicle manufacturer's approved seating capacity.
	3.2.32	Regulatory Compliance	Vehicles shall comply with all applicable State and federal laws and regulations, including but not limited to, applicable ADA regulations.
3.3	**Wheelchair Vehicle Requirements**		Wheelchair Vehicles shall satisfy all General Vehicle Requirements, as well as all Wheelchair Vehicle Requirements set forth in this Section.
	3.3.1	Height Clearance	Wheelchair Vehicles must maintain a floor-to-ceiling height clearance in the passenger compartment of at least fifty-six (56) inches.
	3.3.2	Lift Interlock System	Wheelchair Vehicles must have an engine-wheelchair lift interlock system that requires a Wheelchair Vehicle's transmission to be in park and the emergency brake engaged to prevent vehicle movement when the lift or ramp is deployed.
	3.3.3	Wheelchair Accessibility	Wheelchair Vehicles shall be equipped with a level-change or boarding device (e.g., lift or ramp) as set forth in this Section, and shall have sufficient clearances to permit a wheelchair or other mobility aid user to reach a securement location.
		(a) Ramps	Wheelchair Vehicles equipped with ramps shall meet the specifications set forth in 49 C.F.R. § 38.23(c), and such ramps shall be utilized as set forth in that Section.
		(b) Vehicle Lifts	Wheelchair Vehicles equipped with lift devices shall meet the specifications set forth in 49 C.F.R. § 38.23(b), and such lift devices shall be utilized as set forth in that Section.
	3.3.4	Securement Systems	Wheelchair Vehicles shall be equipped with securement systems for each wheelchair position. Securement Systems shall meet the specifications set forth in 49 C.F.R. § 38.23(d) and shall be utilized as set forth in that Section.
	3.3.5	Doors, Steps and Thresholds	Wheelchair Vehicles shall meet the specifications for doors, steps and thresholds set forth in 49 C.F.R. § 38.25.
	3.3.6	Scooters	Wheelchair Vehicles must be able to accommodate scooter-style wheelchairs ("**Scooter(s)**"); however, Provider shall request that any passenger utilizing a Scooter dismount from the Scooter, transfer to a passenger seat, and be properly secured prior to transport. Notwithstanding the foregoing, Provider shall comply with 49 CFR § 37.165(d).
	3.3.7	Regulatory Compliance	Wheelchair Vehicles shall comply with all applicable State and federal laws and regulations, including but not limited to, applicable ADA regulations.
3.4	**Stretcher Vehicle Requirements**		Stretcher Vehicles shall satisfy all General Vehicle Requirements, as well as all Stretcher Vehicle Requirements set forth in this Section.
	3.4.1	Stretcher	Stretcher Vehicles must have at least one (1) Stretcher capable of supporting 400 pounds or more.
	3.4.2	Operation	Each Stretcher must have the capability to be lowered and raised from a height of 18" to a height necessary to load the Stretcher into the Stretcher Vehicle without requiring the Stretcher to be manually lifted from the ground.
	3.4.3	Safety Restraints	Each Stretcher shall be equipped with no less than five (5) adjustable safety restraint belts or securement straps (collectively "Restraints") for each Stretcher. Restraints shall be positioned such that one crosses the legs, one crosses the waist, one crosses the chest, and two shoulder harness Restraints interconnect with the chest Restraint. All Restraints used during the delivery of Transportation Services shall be approved by the

				manufacturer for use on the Stretcher model for which they are utilized. Restraints must be fastened and properly utilized at all times while a Member is on a Stretcher. Provider shall maintain all Restraints in good working order and in a clean condition. Defective, visibly worn, or excessively-soiled Restraints shall be replaced immediately.
	3.4.4	Stretcher Securement		Stretcher Vehicles must have the necessary equipment to "lock" each Stretcher securely in place while in the Stretcher Vehicle.
	3.4.5	Inspection		Provider shall conduct annual safety inspections on all Stretchers, and any routine maintenance shall be performed by an authorized service technician. Provider must maintain all Stretcher safety inspection and maintenance records on file and must provide copies to Broker and/or Prime Contractor upon request.
	3.4.6	Attendants		Stretcher service requires a 2-person team consisting of a Driver and Attendant, who shall deliver a "bed-to-bed" level of service. An Attendant shall be present and seated in the passenger compartment alongside any Member transported on a Stretcher. Members on stretchers shall not be left unattended at any time.
	3.4.7	Regulatory Compliance		Stretcher Vehicles shall comply with all applicable State and federal laws and regulations, including but not limited to, applicable ADA regulations.
3.5	**Driver and Attendant Qualifications**			Provider represents and warrants that Drivers and Attendants used to perform the Transportation Services under this Agreement shall, at a minimum, meet the applicable qualifications listed in this Section. Each Driver's and Attendant's records and qualifications are subject to initial, annual, and interim inspections by Broker, in Broker's sole discretion. Any Driver or Attendant failing, at any time, to meet all applicable qualifications, or any other requirements imposed by State or local law, shall be prohibited from providing service under this Agreement. **It shall be Provider's responsibility to ensure that all Drivers and Attendants meet the minimum requirements set forth in this Section. Provider shall notify Broker immediately should any Driver or Attendant fail to satisfy any such requirement at any time during the Term of this Agreement.**
	3.5.1	Homeland Security		Drivers/Attendants who are not U.S. citizens must provide a work visa approved by the U.S. Department of Homeland Security.
	3.5.2	Age		Drivers must be at least twenty-one (21) years of age. Attendants must be at least eighteen (18) years of age.
	3.5.3	Licensing and Driving Record		
		(a)	Drivers' License	Drivers must have a current, valid driver's license issued by the State or by a bordering state of residence. Drivers must be licensed to operate the Vehicle to which they are assigned by Provider.
		(b)	Photo I.D.	Attendants must have a current, valid photo identification issued by the State, another state, or by the federal government.
		(c)	Motor Vehicle Report (MVR)	Prior to providing Transportation Services, Provider must obtain and submit to Broker a current seven (7) year driving history (Motor Vehicle Report or "MVR") for each Driver, obtained from a vendor approved by the Prime Contractor(s) and Broker. Thereafter, Provider must obtain and supply to Broker a current three (3) year MVR for each Driver on an annual basis.
		(d)	Citations	Drivers who receive citations for and are adjudicated guilty of any combination of two (2) moving violations or accidents related to the delivery of Transportation Services under this Agreement within a twelve (12) month period shall be prohibited from serving as a Driver.
		(e)	Suspended License	Drivers whose drivers' license has been suspended or revoked within the past five (5) years, commercial or otherwise, shall be prohibited from driving under this Agreement. This excludes suspensions related to the non-payment of child support, once the courts release the individual and such release is verified and the individual remains in good standing for a minimum of ninety (90) days after the release. If at any point thereafter the individual is again in arrears in the payment of child support, the individual is ineligible to serve as a Driver.
	3.5.4	Background/Criminal History		Prior to providing Transportation Services, and annually thereafter, Provider shall obtain and submit to Broker a national/state criminal background check from a reporting agency approved by the State on all Drivers and Attendants. Drivers and Attendants must have no prior convictions for a sexual crime or crime of violence. Any person convicted of a felony during the past five (5) years may serve as a Driver or Attendant only after satisfactory review and approval by Broker and the State.
	3.5.5	FMC Regulations		Drivers must meet State and federal motor carrier safety regulations and guidelines, if applicable.
	3.5.6	Drugs and Alcohol		
		(a)	Drug Screening	Provider shall conduct a 10-panel drug screen on all Drivers and Attendants upon hire. Thereafter, Provider shall conduct drug screens annually; upon reasonable suspicion of prohibited use or abuse; and upon request by Broker and Prime Contractor(s).

		(b)	Reasonable Suspicion	If Provider suspects a Driver to be driving under the influence of alcohol, narcotics or drugs/medications, Provider shall immediately remove the Driver from providing Transportation Services under this Agreement.
		(c)	DUI	Provider shall not utilize drivers who have been convicted of driving under the influence of alcohol, narcotics or drugs/medications within the past five (5) year period.
		(d)	Regulatory Compliance	Provider shall enforce all applicable laws regarding drug and alcohol testing on all Drivers and Attendants and shall conduct separate and independent drug testing as may be required by the USDOT, if applicable.
	3.5.7	Driver and Attendant Training Requirements		Drivers and Attendants must successfully complete the training set forth in this Section prior to delivering Transportation Services. Provider may establish and implement its own Driver and Attendant training program in lieu of the training set forth in this Section; however, such training must be approved in writing in advance by Broker and Prime Contractor.
		(a)	Drivers	Drivers must successfully complete the following training components prior to providing Transportation Services under this Agreement: • NEMT orientation program, • Passenger assistance, safety, and sensitivity training; • Defensive driver training; • Spill kit use and biohazard removal; • First aid training; • Wheelchair securement and wheelchair lift operation (wheelchair Providers); and • Stretcher use, operation, and securement (stretcher Providers) Drivers must obtain and present certificates indicating the dates of certification. Each Driver shall periodically receive continuing education and new certificates in all training set forth in the Prime Contract. Broker reserves the right to require Drivers to receive additional or remedial training, in Broker's sole discretion. Drivers who have not previously completed the above training and who do not hold current certificates evidencing required training shall not deliver Transportation Services. Evidence of such training must be presented to Broker prior to delivering Transportation Services.
		(b)	Attendants	Attendants must successfully complete the following training components prior to providing Transportation Services under this Agreement: • NEMT orientation program, • Passenger assistance, safety, and sensitivity training • Defensive driver training; • Spill kit use and biohazard removal; • First aid training; • Wheelchair securement and wheelchair lift operation (wheelchair Providers); and • Stretcher use, operation, and securement (stretcher Providers) Attendants must obtain and present certificates indicating the dates of certification. Each Attendant shall periodically receive continuing education and new certificates in all training set forth in the Prime Contract. Broker reserves the right to require Attendants to receive additional or remedial training, in Broker's sole discretion. Attendants who have not previously completed the above training and who do not hold current certificates evidencing required training shall not deliver Transportation Services. Evidence of such training must be presented to Broker prior to delivering Transportation Services.
3.6	**Driver and Attendant Conduct**			Drivers and Attendants shall adhere to the following standards of conduct during the delivery of Transportation Services:
	3.6.1	Sexual Misconduct and Touching		Drivers and Attendants shall not make sexually explicit comments, solicit sexual favors, or engage in sexual activity while in the course of their job duties. Drivers and Attendants shall not touch any passenger except as appropriate and necessary to assist the passenger into or out of a facility or Vehicle, to secure a passenger, or as necessary to render first aid or assistance for which the Driver or Attendant has been trained.
	3.6.2	Impairment		Drivers and Attendants shall not use or be under the influence of alcohol, narcotics, illegal drugs, or any drugs that impair their ability to perform while on duty.
	3.6.3	Abuse		Drivers and Attendants shall not physically, mentally, or verbally abuse Members or other passengers.
	3.6.4	Smoking		Drivers and Attendants shall not smoke while in the Vehicle, while assisting a Member, or in the presence of any Member. Members shall not be allowed to smoke in Vehicles.

	3.6.5	Soliciting Controlled Substances	Drivers and Attendants shall not solicit or accept controlled substances, alcohol or medications from Members.
	3.6.6	Soliciting Money	Drivers and Attendants shall not solicit or accept money from Participants.
	3.6.7	Protected Groups	Drivers and Attendants shall not engage in any behavior or practices that could subject Provider, Broker, or Prime Contractor(s) to charges against protected groups.
	3.6.8	Impermissible Items	Drivers and Attendants shall not allow firearms, alcoholic beverages in opened containers, unauthorized controlled substances, or highly combustible materials to be transported in Vehicles.
	3.6.9	Food and Drinks	Drivers and Attendants shall not smoke, eat or consume any beverage while in a Vehicle, while assisting any Member from entering or exiting the Vehicle, or while in the presence of any Member.
	3.6.10	Headphones and Mobile Phones	With the exception of hands-free devices for mobile telephones, Drivers and Attendants shall not wear headphones while on duty. Mobile telephones and two-way radios may only be used in connection with the Delivery of the Transportation Services under this Agreement, and Driver shall at all times comply with applicable Laws regarding the use of mobile phones and hands-free devices while driving. Personal phone calls are not permitted during the delivery of Transportation Services.
	3.6.11	Texting	Drivers shall not write, send or read text-based communication, to include email messages, while operating a Vehicle.
3.7	**Driver and Attendant Service Standards**		Drivers and Attendants shall adhere to the following service standards during the delivery of Transportation Services:
	3.7.1	Identification	Drivers and Attendants shall wear and have visible an identification badge ("I.D. Badge") that is easily readable and includes the name of the Driver/Attendant and the Provider. Drivers and Attendants must identify themselves and announce their presence at the entrance of the building at the specified pick-up location if a curbside pick-up location is not apparent. Drivers and Attendants must present the I.D. Badge when entering a facility, during pick-ups, and whenever requested by the Prime Contractors.
	3.7.2	General Assistance	Drivers and Attendants shall provide an appropriate level of assistance to a Member when requested or when necessitated by the Member's physical condition.
	3.7.3	Entering and Exiting Vehicles	Drivers and Attendants must assist all passengers in the process of entering and exiting Vehicles. Drivers or Attendants shall: (a) exit Vehicles to open and close Vehicle doors and to otherwise assist passengers during the entry and exit process; and (b) provide assistance, as necessary, to and from the access areas of passengers' destinations, except when doing so would endanger the safety of other passengers remaining in a Vehicle. Drivers shall confirm that all delivered passengers are safely inside each passenger's destination prior to departure.
	3.7.4	Passenger Securement	Drivers and Attendants must assist all passengers in the process of being seated, including fastening seat belts, securing wheelchairs and stretchers, and securing children/infants in properly-installed child safety seats. Drivers shall confirm, prior to moving the Vehicle, that all passengers and passenger mobility devices, if any, are properly belted and secured. Drivers and Attendants with one confirmed incident involving the failure to properly secure a wheelchair and/or passenger within a wheelchair shall be prohibited from providing Transportation Services until such time as Provider submits documentation to Broker confirming the Driver or Attendant has been retrained in the use of such securement devices.
	3.7.5	Verbal and Physical Assistance	Drivers and Attendants must provide physical support or assistance and oral directions to passengers. Such assistance shall also apply to wheelchairs and mobility-limited persons as they enter or exit the Vehicle using a wheelchair lift or ramp. Such assistance shall also include stowing mobility aids such as canes, walkers and folding wheelchairs.
	3.7.6	Presence	Drivers and Attendants shall not leave Members unattended at any time.
	3.7.7	Accessibility	Drivers shall park Vehicles such that passengers are not required to cross streets to reach the entrance to the destination, where possible.
	3.7.8	Professionalism	Drivers and Attendants shall be courteous, patient and helpful to all passengers, and shall be neat and clean in appearance.
	3.7.9	Securement of Personal Items	Drivers and Attendants shall secure all packages, mobility devices, and other personal items prior to moving the Vehicle. Drivers and Attendants are not responsible for passengers' personal items.
	3.7.10	Temperature	Drivers and Attendants shall regulate climate inside Vehicles during operation to a temperature suitable for passenger comfort.
	3.7.11	Unsafe Conditions	In the event any Member's or other passenger's behavior or any other condition impedes the safe operation of the Vehicle, the Driver shall park the Vehicle in a safe location out of traffic, notify the Provider, and request assistance.
	3.7.12	Walk-Through Inspections	Drivers and Attendants providing Transportation Services to minor children shall conduct walk-through inspections of each Vehicle (a) prior to departing each destination; (b) prior to departing the Vehicle for any length of time; and (c) following the final leg of Driver's or Attendant's shift. Drivers and Attendants must physically move from the front to the rear of each Vehicle's passenger compartment and shall

				visually inspect each seating location, including under all seats. The purpose of the walk-through inspection is to check for sleeping or hiding children and to identify any items which may have been dropped or left on the Vehicle. In the event a child safety alarm-style system is utilized, it shall only be silenced after a complete and thorough visual inspection of the Vehicle.
3.8	**Pick-Up and Delivery Standards**			Provider shall provide Transportation Services that meet or exceed the following minimum standards:
	3.8.1	Manifests		Provider will deliver the Transportation Services as set forth in the Manifest. Provider shall to pick up and drop off Members at the times and at the locations authorized in the Manifests. Provider shall promptly report to Broker any deviation from a Manifest.
	3.8.2	Confirmation		Provider shall confirm the scheduled pick-up time and location with each Member or the Member's representative at least 24-hours prior to a scheduled appointment.
	3.8.3	On-Time and Late Pick-Ups		On-time arrival for scheduled pick-ups shall be standard practice. "**On-time**" means arrival at the pick-up location within fifteen (15) minutes of the scheduled pick-up time. While early arrival is permissible, Members shall not be required to board Vehicles early unless the Member and/or Member's caregiver consent. Arrival of more than fifteen (15) minutes after the scheduled pick-up time is considered "late".
	3.8.4	On-Time Arrival		Provider shall transport Members to and from appointments on time. Any deviation from the stated time of pick-up exceeding fifteen (15) minutes is not timely service. For the return pick-up from an appointment, the Vehicle shall arrive within one (1) hour from time of notification.
	3.8.5	Dialysis Arrival		Notwithstanding the above On-Time Arrival standards, Provider shall deliver Members to scheduled dialysis appointments no later than the scheduled appointment time.
	3.8.6	Member No-Shows		Drivers shall make their presence known to Members upon arrival at the pick-up address and must wait at least ten (10) minutes after the scheduled pick-up time before the Member may be considered a "no-show". If the Member is not present within ten (10) minutes after the scheduled pick-up, Driver shall notify Broker and Provider's dispatcher before leaving the pick-up location and shall document the attempted pick-up as set forth in this Agreement.
	3.8.7	Will-Call		For "will call" return pick-up reservations from a medical appointment, Provider shall arrive within one (1) hour after notification the Member is ready, or by the close of the business day for the medical service provider, whichever is earlier.
	3.8.8	Hospital Discharges		For same day hospital discharge reservations, Provider shall pick up Members within three (3) hours after accepting the trip reservation from Broker.
	3.8.9	Delays		If a delay of fifteen (15) minutes or more occurs in the course of picking up scheduled riders, Provider must contact any waiting Member or Member's caregiver at the pick-up locations to inform them of the delay and of the expected arrival time of the Vehicle. Provider must advise scheduled riders of alternate pick-up arrangements when appropriate.
	3.8.10	Notification of Delay		Provider shall contact both Broker and the Member's medical service provider in the event of a delay that will result in the Member arriving late for a scheduled medical appointment.
	3.8.11	Multi-Load Delays		In multiple load situations, no Member shall remain in the Vehicle more than forty-five (45) minutes longer that the average travel time for direct transport from point of pick-up to the Member's destination.
	3.8.12	Force Majeure		Provider shall promptly notify Broker in the event Provider is unable to complete assigned trips due to weather or any other cause beyond the reasonable control of Provider.
	3.8.13	Standing Orders		
			(a) Definition	"**Standing Order Trip**" means a re-occurring trip that is pre-scheduled by a Member's medical provider through submission of a Standing Order Request Form to Broker, which assigns the re-occurring trips to a single Provider to transport on a regular basis without a Manifest.
			(b) Duration and Obligation	Non-dialysis Standing Order Trips can cover a period of up to six (6) months, while dialysis Standing Order Trips can cover a period of up to twelve (12) months. Once a Standing Order Trip is accepted by Provider, the Provider is responsible for all such scheduled trips, including deviations required by extenuating circumstances (including without limitation weather, power failures and equipment or vehicle changes).
			(c) Termination	Providers wishing to stop transporting an assigned Standing Order Trip must describe in writing the reasons for reassignment of the Standing Order Trip and give Broker at least ten (10) days to re-assign the Standing Order Trip to a new Provider. Provider shall continue transporting the Standing Order Trip until such time as a new Provider is assigned by Broker.
	3.8.14	Back-Up Service		Provider shall supply a replacement or back-up Vehicle in the event Provider's primary Vehicle is excessively late for a previously-assigned trip, or in the event Provider's

				primary Vehicle is otherwise unavailable to perform the Transportation Services. A Vehicle is excessively late if it is over twenty (20) minutes late for a scheduled pick-up. Provider shall have a replacement or back-up Vehicle in place at a previously-assigned pick-up address within (30) minutes of notification that a Vehicle is excessively late or is otherwise unavailable.
	3.8.15	Duty to Monitor		Provider shall monitor trips to confirm Members are delivered back from appointments in a timely manner.
	3.8.16	Level of Service		Members shall be picked up and delivered in a manner that suits their level of transportation according to the following assistance standards:
		(a)	From Personal Residence	• Ambulatory: Curb-to-Curb • Wheelchair: Door-to-Door • Stretcher: Bed-to-Bed
		(b)	From Nursing Home	• Ambulatory: Common Area • Wheelchair: Common Area • Stretcher: Room of Member
		(c)	With Attendant	• Ambulatory: Assist Attendant Curb-to-Curb • Wheelchair: Assist Attendant Door-to-Door • Stretcher: Bed-to-Bed
		(d)	Hand-to-Hand	"Hand-to-hand" service involves the transport of Members from the hands of a person at the point of pick-up into the hands of a facility staff member, family member, or other responsible party at the destination. Some Members should be transported hand-to-hand regardless of mobility status, including, but not limited to, those with dementia, behavioral health issues, developmental disabilities, and minors. Provider may additionally offer hand-to-hand service to any Member if deemed appropriate by Provider, in Provider's sole discretion. Notwithstanding the foregoing, Provider shall not leave any Member unattended in a Vehicle for any period of time while performing a hand-to-hand transport.
3.9	**Urgent Care Trips**			**"Urgent Care Trip"** means transportation associated with an unscheduled episodic situation, in which there is no immediate threat to life or limb, but for which the Member must be seen on the day of the request and treatment cannot be delayed until the next day. Hospital discharges and new appointments with medical providers scheduled with insufficient time for routine scheduling are also considered Urgent Care. Urgent Care Trips shall be considered a form of the Transportation Services, and Provider shall perform Urgent Care Trips as set forth in this Agreement.
3.10	**Transportation of Minors**			Members under the age of eighteen (18) years shall be accompanied by an Escort at all times during the delivery of Transportation Services. It is the responsibility of the Member's parent, foster parent, caretaker, legal guardian, or the Department of Human Services' Division of Family and Children Services ("DFCS") to provide the Escort.
4. ADMINISTRATIVE COMPONENTS				
4.1	**Manifests**			Provider shall receive trip Manifests through Broker's web portal, via telephone, or via e-fax (for back-up only). Trip manifests sent via e-fax will be sent encrypted to the number supplied by Provider. Provider shall confirm receipt of Manifests, including any requests for Urgent Care Trips, in a form acceptable to Broker.
4.2	**Compensation Prerequisites**			Provider shall perform the Transportation Services as set forth in this Agreement and shall submit required trip documentation set forth in Schedule A as a condition to becoming eligible to receive compensation for trips. **Provider warrants and agrees that all information submitted for trip reimbursement shall be true and accurate under penalty of violation of State and federal Medicaid laws and regulations. Provider further agrees to comply with Schedule E, Fraud and Abuse Policy, attached hereto and made a part hereof.**
4.3	**Escorts**			
	4.3.1	Definition		"**Escort**" means an authorized individual whose presence is required to assist a Member during transport and while at the place of treatment, as applicable, in accordance with the Manifest and the terms of this Agreement.
	4.3.2	Escort Approval		The Manifest will indicate whether an Escort is approved to accompany a Member or group of Members. Provider will allow, without charge to the Escort or Member, one (1) Escort to accompany a Member or group of Members who are residents of a nursing facility, blind, deaf, mentally disabled, a Member under twenty-one (21) years of age, or as otherwise determined by Broker or Prime Contractor, when the Members are transported to receive Medicaid Covered Services. Provider shall make appropriate space accommodations for approved Escorts.
	4.3.3	Guidelines		An Escort must accompany the assigned Member throughout the entire transport and appointment. The Escort must be picked up at the same time and location as the Member, and must leave the Vehicle at the same time and location as the Member. After the completion of the medical appointment, the Escort must be picked up and dropped off at the same location as the Member.
	4.3.4	Age Requirement		All Escorts must be at least eighteen (18) years of age.

	4.3.5	Children	On a space-available basis, Provider shall allow additional children to accompany an Escort or caregiver at no additional charge.
	4.3.6	No Charge	Escorts may not be charged any cost for the Transportation Services when accompanying a Member requiring assistance. Neither the Broker nor the Provider is responsible for arranging for or compensating an Escort for services rendered, with the exception of the cost of public transportation, which must be authorized in advance by Broker.
4.4	**Re-Dispatching Scheduled Trips**		Provider shall inform Broker of Provider's inability or unwillingness to complete any dispatched and/or accepted trip not less than two (2) days (48-hours) prior to the scheduled pick-up time to allow Broker to make alternative arrangements. In the event Provider does not provide two (2) days' notice and Broker must make, as a result, costlier alternate transportation arrangements, Provider shall be responsible for any incremental charges incurred by Broker. These charges may be deducted (set-off) from any amounts owed to Provider, at Broker's sole discretion.
4.5	**Technology Requirements**		
	4.5.1	Telephone/Fax	Provider shall establish and maintain a telephone line, email address, and fax line for the purpose of communications to and from Broker. The fax line shall be equipped with secure e-fax capabilities. Provider shall ensure that all telephone numbers distributed to Members are owned by Provider.
	4.5.2	Minimum Requirements	Provider shall have, at a minimum, the following technological abilities and components: (a) operational computer with functional internet; (b) ability to receive electronic Manifests; (c) ability to send and receive email remotely while not in the office; and (d) ability to access Broker's web portal.
	4.5.3	HIPAA Compliance	Provider shall ensure that its computer and fax systems implement security measures to enable the secure receipt and transmittal of confidential information in a manner that ensures the confidentiality, integrity and availability of information, and complies with HIPAA. Provider shall comply with the provisions of Schedule D, attached hereto and made a part hereof.
4.6	**Maintenance of Records**		Provider must establish, maintain, and provide upon request or as required under this Agreement, the following records and related information:
	4.6.1	Vehicle Records	Vehicle records, including the following documentation for each Vehicle: • Manufacturer and model; • Model year; • Current Vehicle registration; • Vehicle identification number (VIN); • Odometer reading at the time the Vehicle enters service under this Agreement; • Type of Vehicle (e.g., Minibus, Wheelchair Vehicle, Stretcher Vehicle, etc.); • Capacity (number of passengers); • License tag number; • Insurance certifications; • Evidence of UCR or GMIC registration, if applicable; • Special equipment (lifts etc.), and • Inspection Records, including date, odometer reading and description of all inspection activity (e.g., verification that Vehicle meets Vehicle requirements, inspection of equipment such as brakes, tire tread, turn signals, horn, seat belts, air-conditioning/heating, etc.). All Vehicle records must be maintained from the initial inspection through all subsequent inspections.
	4.6.2	Driver and Attendant Records	Driver and Attendant records, including the following documents for each, as applicable: • Name, date of birth and social security number; • Copy of a valid driver's license issued by the State; • Criminal background check from a reporting agency approved by Broker and Prime Contractor, updated annually; • For Drivers, a seven (7) year Certified Driving Record from the West Virginia Division of Motor Vehicles (DMV). Thereafter, Provider must obtain a three (3) year Certified Driving Record for each Driver, updated annually. • 10-panel drug screen conducted and documented in a manner acceptable to Broker and Prime Contractor(s); updated annually, upon reasonable suspicion of prohibited use or abuse, and upon request by Broker and Prime Contractor(s). • Documents evidencing the satisfactory completion of all required training courses set forth in Section 3.5 of this Schedule; and • Documentation of any Complaints received concerning the Driver or Attendant, as well as any accidents, Incidents, or moving violations involving the Driver.
5. QUALITY ASSURANCE			

5.1	**Quality Assurance Program**		Provider shall participate in Broker's quality assurance program, which may include but not be limited to: unannounced field monitoring; spot inspections; training components; and Member satisfaction and quality surveys. Provider shall develop, adopt, and submit a quality assurance program and/or corrective action plans upon request by Broker or Prime Contractor(s). Provider shall assist in the development of any such corrective action plans and, upon request, shall assist in the collection of data to monitor the plans.
5.2	**Complaints**		"**Complaint**" means any expression of dissatisfaction with Transportation Services and/or the behavior of person(s) associated with the delivery Transportation Services. Complaints may include but are not limited to: dissatisfaction with the appearance, cleanliness, or function of an NEMT Vehicle; the dispatching of an inappropriate mode of transportation; an unpleasant interaction with a Driver or other Member(s) during transport; or general dissatisfaction with the performance of Broker or Provider.
	5.2.1	Notification	Provider shall give Broker written notice of any Member Complaint(s) concerning the delivery of Transportation Services within 24-hours of the Complaint.
	5.2.2	Multiple Complaints	Any Vehicle receiving two (2) or more complaints from passengers concerning cleanliness, heating, air conditioning deficiencies, or other deficiencies within a five (5) day period must be inspected by Provider and appropriate corrective action must be taken. Such actions must be documented and become a part of the Vehicle's permanent record.
5.3	**Incidents**		"**Incident**" means any act, allegation, or occurrence which occurs during the delivery of the Transportation Services and which affects or potentially affects an individual's health, safety, or well-being. Incidents may include but are not limited to: injuries; fatalities; motor vehicle accidents; medical emergencies; falls; theft; property damage; harassment (sexual or otherwise); lewd conduct, drug/alcohol use; verbal/physical abuse; acts of moral turpitude; altercations; or other inappropriate behavior. Upon the occurrence of an Incident, Provider shall:
	5.3.1	Call 911	In the event of a motor vehicle accident, immediately call 911 and request that law enforcement be dispatched to the scene. In the event of any other Incident resulting in injury to any individual (including motor vehicle accidents), immediately call 911 and request that an ambulance be dispatched to the scene.
	5.3.2	Notification	Notify Broker without delay of any Incident resulting in injury or fatality to any individual. Notify Broker without delay, but no later than the same calendar day, of all other Incidents.
	5.3.3	Produce Investigative Documents	Obtain and supply Broker with all police reports and any other investigative reports associated with any Incident. Provider shall submit such reports to Broker within one business day of the reports being complete and available to Provider.
	5.3.4	Moving Violations	Notify Broker without delay after any Driver is issued a moving violation during the delivery of Transportation Services. Provider shall produce to Broker copies of all citations associated with any such moving violation within three (3) days of issuance of the violation.
	5.3.5	Incident Report	Complete and submit to Broker a detailed and accurate Incident Report on an Incident Report Form approved by Broker and Prime Contractor(s). Provider shall submit Incident Reports to Broker without delay, but in no event later than the same calendar day the Incident occurs.
	5.3.6	Request for Explanation	Upon request by Broker, complete and submit to Broker a detailed and accurate response to any Request for Explanation ("RFE") concerning any Incident, Complaint, or other allegation. Provider shall submit all RFE responses within 24 hours of Broker's request.
5.4	**Performance Review and Monitoring**		
	5.4.1	Records	Upon request, Provider shall provide Broker and Prime Contractor(s) with access to all records related to the Transportation Services, any Member, and/or Provider's business. All such records shall be made available for on-site or off-site review, and access shall be granted upon two (2) days' notice to Provider.
	5.4.2	Ride-Along	Upon request, Provider shall allow representatives of Broker and/or Prime Contractor(s) to ride-along during the delivery of Transportation Services.
	5.4.3	Monitoring	Provider acknowledges that Broker and Prime Contractor(s) may conduct unannounced field monitoring, spot inspections, and audits concerning the Transportation Services at any time during the Term of this Agreement.
	5.4.4	Financial Records	Provider shall provide Broker and/or Prime Contractor(s) with copies of Provider's most recent audited and un-audited financial records and balance sheets upon two (2) days' written notice.
	5.4.5	Reporting	Provider shall strictly comply with all other reporting requirements set forth in the Prime Contract(s) and this Agreement.
5.5	**Cooperation with Prime Contractor(s)**		Provider shall comply with all future procedural changes, corrective actions, and internal/external reviews implemented or requested by Prime Contractor(s).

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SCHEDULE C: LIQUIDATED DAMAGES

The Parties agree Broker will incur damages in the event Provider fails to perform the Transportation Services in conformance with this Agreement. The Parties agree that quantifying damages arising from Provider's breach of certain provisions in this Agreement is inherently difficult insofar as such breach will impact Broker's reputation and require Broker to provide other non-monetary concessions to Prime Contractor(s) and others. The Parties further stipulate that the liquidated damages set forth below are not penalties but are reasonable measures of damages based upon the Parties' experience in the NEMT industry. Therefore, Provider shall remit to Broker the sums set forth below as liquidated damages and waives any defense as to the validity of such liquidated damages on the grounds they are void as penalties or are not reasonably related to actual damages.

Provider agrees that any liquidated damages assessed by Broker shall be deducted from amounts due to Provider. In the event Provider is not due any sums, Provider agrees that Broker may deduct liquidated damages from future amounts owed to Provider. Provider further agrees that any liquidated damages assessed against Broker by Prime Contractor(s) which are attributable to Provider shall be assessed against Provider as its own liquidated damages.

1. QUALITY ASSURANCE			
1.1	Complaints		$250 per day for each calendar day Provider does not respond to complaints as set forth in Schedule B, Scope of Work.
1.2	Incidents		$250 per day for each calendar day Provider does not report an incident as set forth in Schedule B, Scope of Work.
1.3	Request for Explanation (RFE) Response		$250 per day for each calendar day Provider does not properly respond to an RFE as set forth in Schedule B, Scope of Work.
1.4	Performance Review and Monitoring		$1,000 per day for each calendar day Provider fails to allow Broker or Prime Contractor(s) to access the records or conduct reviews as set forth in Schedule B, Scope of Work.
1.5	Quality Assurance and/or Corrective Action Plan		$250 per day for each day after ten (10) calendar days Provider fails to submit its Quality Assurance Plan or Corrective Action Plan to Broker as set forth in Schedule B, Scope of Work.
B. ADMINISTRATIVE			
2.1	Discrimination and Harassment		$1,000 per day for each calendar day that Provider fails to institute appropriate training and policies and procedures concerning discrimination and harassment, or to prevent any type of discrimination or harassment in violation of Section 13.1, Non-Discrimination.
2.2	HIPAA		$1,000 for each day Provider fails to achieve or maintain compliance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and with Schedule D, Business Associate Agreement. The amounts set forth in this Section shall be in addition to Provider's obligation to indemnify Broker and Prime Contractor(s) for penalties or fines incurred by Broker or Prime Contractor(s) as a result of Provider's non-compliance with HIPAA, including but not limited to those fines contemplated by 42 U.S.C. § 1320d *et.seq.*).
2.3	Homeland Security		$5,000 per day for each calendar day Provider hires or utilizes any individual to perform Transportation Services who is required to have a work visa approved by the U.S. Department of Homeland Security and such individual has not met such requirement.
2.4	Record Retention		$250 per day for each calendar day Provider fails to make records available to Broker or Prime Contractor within two (2) business days upon request or fails maintain all records pertaining to performance of the Agreement for ten (10) years from final payment or longer as required by the Agreement or Law.
2.5	Reports		$250 per working day or any part thereof for each day each report or other documentation is late or unacceptable (e.g., missing required data).
2.6	Telecommunications		$100 for each instance in which the Provider fails to adhere to the technology requirements set forth in Schedule B, Scope of Work.
2.7	Federal/State Sanctions		In the event Broker and/or Prime Contractor(s) receives a fine, penalty, sanction, or liquidated damage by a federal or State agency having jurisdiction over this Agreement, and such fine, penalty, sanction, or liquidated damage was caused by the (in)action of Provider, Provider shall be responsible to Broker and/or Prime Contractor(s) for such amount.
3. VEHICLES			
3.1	Inspections		$1,000 per Vehicle for any Vehicle that is allowed into service that has not been fully inspected as set forth in Schedule B, Scope of Work.
3.2	Non-Compliance		
	3.2.1	Inspection Criteria	$500 per day per Vehicle for each calendar day the Vehicle does not meet the inspection criteria set forth in Schedule B, Scope of Work.
	3.2.2	Health/Safety Issue	$1,000 per day per Vehicle for any part of a calendar day that a Vehicle is not compliant with maintaining repairs, inspections, all routine maintenance, and any discrepancy that would result in a health and safety hazard for Vehicle occupants for any Vehicle that is in service from the date of discovery.

	3.2.3	Discomfort/Inconvenience	$500 per day per Vehicle for any part of a calendar day from the date of discovery that a non-compliant Vehicle is in service with a discrepancy that creates passenger discomfort or inconvenience.
	3.2.4	ADA	$500 per day for any part of a calendar day per Vehicle from the date of discovery that a Vehicle is in service which in any way is not in compliance with the ADA or any other applicable State or federal laws.
	3.2.5	Vehicle Requirements	$100 per day for any part of a calendar day per Vehicle that a Vehicle is non-compliant with the General Vehicle Requirements set forth in Schedule B, Scope of Work.
3.7	Removal from Service		$500 per day per Vehicle for each calendar day Provider fails to remove from service a Vehicle that does not meet the criteria as set forth in the Schedule B, Scope of Work.
3.8	Wheelchair Vehicles		$1,500 per calendar day per Wheelchair Vehicle for each calendar day the Wheelchair Vehicle fails to meet the requirements of the ADA or the conditions set forth in Schedule B, Scope of Work.
4. DRIVERS/ATTENDANTS/PERSONNEL			
4.1	Qualifications/Licensure		$250 per personnel per day for each calendar day that Provider's Driver(s) or Attendant(s) fail to meet the qualifications and licensure criteria set forth in Schedule B, Scope of Work.
4.2	Training		$250 per personnel per day for each calendar day that Provider's Driver(s) or Attendant(s) fail to meet the training criteria set forth in Schedule B, Scope of Work.
5. TRANSPORTATION			
5.1	Back-Up Service		$500 for every occurrence where back-up service is not available within the required timeframe, as set forth in Schedule B, Scope of Work.
5.2	Dialysis		$1,000 for each instance the Provider is late for arrival to a scheduled dialysis appointment, as set forth in Schedule B, Scope of Work.
5.3	Levels of Transportation		$1,000 per trip-leg when a Vehicle is utilized that is inadequate to meet the mobility status of the Member being transported.
5.4	Pick-Up and Delivery Standards		
	5.4.1	Excess Vehicle Time	$200 for each occurrence a Member remains in any Vehicle for more than forty-five (45) minutes longer than the average travel time for direct transport from the point of pick-up to the Member's point-of-destination.
	5.4.2	Late Pick-Up (A-Leg)	$200 for each occurrence a Provider fails to pick up a Member within fifteen (15) minutes of scheduled time for pick-up.
	5.4.3	Late Pick-Up (B-Leg)	$200 for each occurrence a Provider fails to pick up a Member within thirty (30) minutes of a scheduled pick-up from a Covered Service.
	5.4.4	Late Pick-Up (Will-Call)	$200 for each occurrence a Provider fails to return to pick-up a Member within one (1) hour of notification.
	5.4.5	No-Show	$200 for each occurrence a Provider is a No-Show.
	5.4.6	Pick-Up/Delivery Standards	$200 for each occurrence a Provider or Provider's Driver fails to comply with any Provider Performance or Pick-Up and Delivery Standards set forth in Schedule B, Scope of Work.
	5.4.7	Monthly Average	$1,000 for any month during which two percent (2%) of scheduled arrivals at the point of destination are late. An additional $1,000 may be assessed for each additional percentage point that exceeds two percent (2%).
5.5	Urgent Care		$100 per hour for each hour of late response for Urgent Care after the three (3) hour timeframe.
5.6	Child Safety: Vehicle Sweep		$1,000 for each occurrence a Driver or Attendant fails to physically move from the front to the rear of the passenger compartment to visually inspect all seats prior to exiting a Vehicle that has transported any child.
5.7	Child Safety: Disabling a Device		$1,000 for each occurrence a Driver or Attendant overrides or disables a child safety buzzer or similar device.
5.8	Child Safety: Unattended Child		$5,000 for each occurrence a child is left unattended in a Vehicle for any period of time.
5.9	Passenger Securement: Generally		$1,000 for each occurrence any passenger within the Vehicle is not properly secured during transport.
5.10	Passenger Securement: Removal		$3,000 per personnel per day for each calendar day Provider fails to remove from service any Driver or Attendant who fails to properly secure a passenger while delivering the Transportation Services, as set forth in Schedule B, Scope of Work.
6. DOCUMENTATION			
6.1	Signatures		$200 for each occurrence that a Driver or Attendant fails to obtain the proper signature to verify Transportation Services as required in Schedule A, Payment Administration.
6.2	Falsification of Records		$500 per occurrence that a Driver, Attendant, or other employee or agent of Provider falsifies a signature, record, claim or any other document required under this Agreement.

SCHEDULE D: BUSINESS ASSOCIATE SUBCONTRACTOR AGREEMENT

This Business Associate Subcontractor Agreement (the "BAA") is entered into between **VERIDA, INC.** ("Verida") and **PROVIDER** ("Subcontractor") and in Verida's and Subcontractor's capacity as a HIPAA Business Associate (as defined below) in connection with services to be provided by Verida on behalf of certain Covered Entities (the "Covered Entity" or "Covered Entities"). This BAA shall be effective (the "Effective Date") upon the date the Agreement is signed by both Parties.

1. **Definitions.**
   (a) The following terms used in this BAA shall have the same meaning as those terms in the HIPAA Rules: Breach, Breach Notification, Data Aggregation, Designated Record Set, De-Identified Information, Disclosure (Disclose), Electronic Protected Health Information, Electronic Transactions Rule, Enforcement Rule, Genetic Information, Health Care Operations, Individual, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required By Law, Sale, Secretary, Security Incident, Security Rule, Transaction, Unsecured Protected Health Information, and Use.
   (b) "Business Associate" shall generally have the same meaning as the term "Business Associate" at 45 C.F.R. § 160.103, and such term includes both Subcontractor and Verida with respect to this BAA.
   (c) "Covered Entity" shall generally have the same meaning as the term "Covered Entity" at 45 C.F.R. § 160.103.
   (d) "HIPAA Rules" shall mean the Privacy, Security, Breach Notification, and Enforcement Rules at 45 C.F.R. Part 160 and Part 164.
   (e) "HITECH Act" shall mean the Health Information Technology for Economic and Clinical Health Act.
   (f) "Subcontractor" shall generally have the same meaning as the term "Subcontractor" at 45 C.F.R. § 160.103.

2. **Obligations and Activities of Subcontractor.** Subcontractor agrees to:
   (a) Not Use or Disclose Protected Health Information other than as permitted or required by the BAA or as Required by Law;
   (b) Use appropriate safeguards, and comply with Subpart C of 45 C.F.R. Part 164BAA; implement written policies and procedures, conduct employee HIPAA training, and maintain an incident response plan with respect to Electronic Protected Health Information, to prevent Use or Disclosure of Protected Health Information other than as provided for by the BAA.
   (c) Report to Verida and, in coordination with Verida, to the Covered Entity any Use or Disclosure of the Covered Entity's Protected Health Information not provided for by the BAA of which it becomes aware, including Breaches of Unsecured Protected Health Information as required at 45 C.F.R. § 164.410, and report to relevant party(ies), e.g., Verida and/or Covered Entity any Security Incident of which it becomes aware;
   (d) Ensure that any other subcontractor that Subcontractor retains to create, receive, maintain, or transmit Protected Health Information on behalf of Subcontractor agree to the same restrictions, conditions, and requirements that apply to Subcontractor with respect to such Protected Health Information, In accordance with 45 C.F.R. §§ 164.502(e)(1)(ii) and 164.308(b)(2), if applicable;
   (e) Make available Protected Health Information in a Designated Record Set to relevant party(ies), e.g., Verida, Covered Entity and/or individuals designated by Verida or the Covered Entity as necessary to satisfy Covered Entity's obligations under 45 C.F.R. § 164.524, including furnishing upon Covered Entity's request or direction an electronic copy of Protected Health Information that is maintained in a Designated Record Set;
   (f) Make any amendment(s) to Protected Health Information in a Designated Record Set as directed or agreed to by the Covered Entity pursuant to 45 C.F.R. § 164.526 (or by Verida on the Covered Entity's behalf), or take other measures as necessary to satisfy Covered Entity's obligations under 45 C.F.R. § 164.526;
   (g) Maintain and make available the information required to provide an accounting of Disclosures to Verida, Covered Entity and/or individuals designated by Verida or the Covered Entity as necessary to satisfy Covered Entity's obligations under 45 C.F.R. § 164.528.
   (h) To the extent Subcontractor is to carry out one or more of Covered Entity's obligation(s) under Subpart E of 45 C.F.R. Part 164 ("Privacy of Individually Identifiable Health Information"), comply with the requirements of such Subpart E that apply to the Covered Entity in the performance of such obligation(s);
   (i) Make its internal practices, books, and records available to the Secretary for purposes of determining compliance with the HIPAA Rules;
   (j) Not participate in any Sale of Protected Health Information;
   (k) Not Use or Disclose Genetic Information for underwriting purposes in violation of the HIPAA Rules;
   (l) Comply with the Electronic Transaction Rule and any applicable corresponding requirements adopted by HHS with respect to any Electronic Transactions conducted by Subcontractor on behalf of the Covered Entity in connection with the services provided under this BAA.

3. **Representations of Subcontractor.** Subcontractor agrees that it is directly liable under the HIPAA Rules and the HITECH Act and is subject to civil and, in some cases, criminal penalties for making Uses and Disclosures of Protected Health Information that are not authorized by this BAA or Required by Law. Subcontractor also acknowledges that it is liable and subject to civil penalties for failing to safeguard Electronic Protected Health Information in accordance with the HIPAA Security Rule.

4. **Permitted Uses and Disclosures by Subcontractor.** Subcontractor shall not Use or Disclose Protected Health Information relating to Covered Entity, except as expressly permitted under and consistent with this Section 4.
   (a) Subcontractor may Use or Disclose Protected Health Information as Required by Law.
   (b) Subcontractor agrees to make Uses and Disclosures and requests for Protected Health Information consistent with Covered Entity's Minimum Necessary policies and procedures, a copy of which has been furnished to Subcontractor.
   (c) Subcontractor may not Use or Disclose Protected Health Information in a manner that would violate Subpart E of 45 C.F.R. Part 164 if done by Covered Entity.

5. **Provisions for Verida to Inform Subcontractor of Privacy Practices and Restrictions.**
   (a) Verida shall notify Subcontractor of any limitation(s) in the Notice of Privacy Practices of the Covered Entity under 45 C.F.R. § 164.520, to the extent that such limitation may affect Subcontractor's Use or Disclosure of Protected Health Information.
   (b) Verida shall notify Subcontractor of any changes in, or revocation of, the permission by an individual to Use or Disclose his or her Protected Health Information of which it becomes aware, to the extent that such changes may affect Subcontractor's Use or Disclosure of Protected Health Information.
   (c) Verida shall notify Subcontractor of any restriction on the Use or Disclosure of Protected Health Information of which it becomes aware that Covered Entity has agreed to or is required to abide by under 45 C.F.R. § 164.522, to the extent that such restriction may affect Subcontractor's Use or Disclosure of Protected Health Information.

6. **Notification of Breach.** If Subcontractor discovers a Breach of Protected Health Information, Subcontractor shall, following the discovery of the Breach of Unsecured Protected Health Information, notify Verida and, in coordination with Verida, the Covered Entity of such Breach in accordance with this Section 6.
   (a) A Breach is treated as discovered by Subcontractor on the first day on which such breach is known to Subcontractor or, by exercising reasonable diligence, would have been known to Subcontractor. Subcontractor shall be deemed to have knowledge of a Breach if the Breach is known, or by exercising reasonable diligence would have been known, to any person, other than the person committing the Breach, who is an employee, officer, or other agent of Subcontractor.
   (b) Subcontractor shall provide the notification required under this Section 6 without unreasonable delay and in no case later than three (3) calendar days after discovery of the Breach.
   (c) The notification shall include, to the extent possible, the identification of each individual whose Unsecured Protected Health Information has been, or is reasonably believed by Subcontractor to have been, accessed, acquired, used, or disclosed during the Breach.
   (d) Subcontractor shall provide to Verida (and, if so requested) to the Covered Entity with any other available information that the Covered Entity is required to include in notification to the individual under 45 C.F.R. § 164.404(c) at the time of the notification by Subcontractor, and any information that is not then available promptly after such information becomes available. Information to be provided includes, to the extent possible:
      (i) A brief description of what happened, including the date of the Breach and the date of the discovery of the Breach, if known;
      (ii) A description of the types of Unsecured Protected Health Information that were involved in the Breach (such as whether full name, social security number, date of birth, home address, account number, diagnosis, disability code, or other types of information were involved); and
      (iii) A brief description of what Subcontractor is doing to investigate the Breach, to mitigate harm to Individuals, and to protect against any further Breaches.

7. **Term and Termination.**
   (a) The term of this BAA shall be effective as of the Effective Date and shall terminate upon the termination of the underlying Agreement for services between Verida and Subcontractor or on the date Verida terminates for cause as authorized in clause (b) of this Section, whichever is sooner.
   (b) Subcontractor authorizes termination of this BAA by Verida if Verida reasonably determines in good faith that Subcontractor has violated a material term of the BAA.
   (c) Except as provided in clause (d) of this Section 7, upon termination of this BAA for any reason, Subcontractor shall return to Verida or, if so directed, to Covered Entity (or, if directed by Verida in coordination with the Covered Entity, destroy) all Protected Health Information created, maintained, or received by Subcontractor on behalf of the Covered Entity that the Subcontractor still maintains in any form. Subcontractor shall retain no copies. If return or destruction is not feasible, Subcontractor must extend protections indefinitely and document the reasons why destruction is not feasible of the Protected Health Information.
   (d) If so directed by Verida, Subcontractor will transmit any Protected Health Information created, maintained, or received by Subcontractor on behalf of Covered Entity to Verida, to another Business Associate of the Covered Entity, or to the Covered Entity at termination.

(e) Subcontractor shall be responsible for compliance with the obligations regarding the Covered Entity's Protected Health Information described in this Section 7 with respect to any applicable Protected Health Information that is created, received, or maintained by any other Subcontractors retained by Subcontractor.

(f) The obligations of Subcontractor under this Section shall survive the termination of this BAA.

8. **Indemnification.** Each party agrees to indemnify, defend and hold harmless each other party and each other party's respective officers, directors, employees and other agents, against any liability, loss, cost expense (including reasonable attorneys' fees and expenses), claim, damage suit, action or proceeding that may result from any third party claim if and to the extent proximately caused by any breach of this BAA by the other, as determined by a court of competent jurisdiction, including regulatory investigations, settlements, and administrative penalties, and provided that the party seeking indemnification furnishes to the other prompt written notice and requisite authority, information and assistance to defend.

9. **Miscellaneous.**

(a) **Regulatory References.** A reference in this BAA to a section in the HIPAA Rules means the section as in effect or as amended.

(b) **Amendment.** The parties agree to take such action as is necessary to amend this BAA from time to time as is necessary for compliance with the requirements of the HIPAA Rules and any other applicable law. Any amendment to this BAA must be in writing and signed by both parties.

(c) **Interpretation.** Any ambiguity in this BAA shall be interpreted to permit compliance with the HIPAA Rules.

(d) **Governing Law.** This BAA shall be governed by the laws of the State of West Virginia, except to the extent preempted by federal law.

(e) **Counterparts.** This BAA may be executed in any number of counterparts, and may be signed via facsimile or e-mail (scan), and each such counterpart shall be deemed to be an original instrument, but all such counterparts shall constitute one agreement.

(f) **Severability.** The provisions of this BAA shall be severable, and the invalidity of any provision shall not affect the validity of other provisions.

(g) **Entire Agreement.** This BAA contains the entire agreement between the parties. This BAA supersedes all prior agreements, understandings or writings, whether oral or written with regard to this subject matter.

(h) **Notice.** Any notice required under this BAA shall be in writing and shall be given by (i) delivery in person, (ii) by a nationally recognized next day courier service, (iii) by first class, registered or certified mail, postage prepaid, (iv) by electronic mail to the address of the party specified in this BAA or such other address as either party may specify in writing (provided that any electronic notices containing PHI or sensitive data must be encrypted).

IN WITNESS WHEREOF, the parties hereto have duly executed this Agreement, effective as of the date and year indicated on the Signature Page.

SCHEDULE E: FRAUD AND ABUSE POLICY

Federal law requires entities which receive certain payments from a state Medicaid program must establish written policies for the entities' employees, contractors and agents, and must also furnish detailed information regarding: (1) the federal and state False Claims Acts; (2) the administrative remedies and protections available under those acts; and the entities' procedures for detecting fraud, waste and abuse.

Broker hereby provides detailed information concerning federal and state False Claims Acts, as well as information concerning Broker's policies and procedures to detect and prevent fraud, waste and abuse. Broker requires that you adhere to these policies and disseminate the information in this Schedule to all employees and contractors. The information within this Schedule forms part of this Agreement and is distributed to Providers as required by the Deficit Reduction Act of 2005.

Federal False Claims Act

The federal False Claims Act applies to the submission of claims by healthcare providers for payment by Medicare, Medicaid and other federal and state healthcare programs. The False Claims Act is the federal government's primary civil remedy for improper or fraudulent claims. It applies to all federal programs, from military procurement contracts to welfare benefits to healthcare benefits.

The False Claims Act prohibits, among other things:

- Knowingly presenting or causing to be presented to the federal government a false or fraudulent claim for payment or approval;
- Knowingly making or using, or causing to be made or used, a false record or statement in order to have a false or fraudulent claim paid or approved by the government;
- Conspiring to defraud the government by getting a false or fraudulent claim allowed or paid; and
- Knowingly making or using, or causing to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the government.

"Knowingly" means that a person, with respect to information: 1) has actual knowledge of the information; 2) acts in deliberate ignorance of the truth or falsity of the information; or 3) acts in reckless disregard of the truth or falsity of the information.

Enforcement

The United States Attorney General may bring civil and criminal actions for violations of the False Claims Act. In a civil action the government must establish its case by presenting a preponderance of the evidence, while in a criminal action it must meet the higher burden of proof that applies in criminal cases. The False Claims Act allows private individuals to bring "*qui tam*" actions for violations of the False Claims Act.

Reporting Suspected Fraud, Waste or Abuse

An employee or contractor who has knowledge or information of any activity that may violate any of the laws discussed above or of any fraud, waste or abuse should notify his or her supervisor or other management official, who should in turn report the matter to Broker. Providers must have a system in place for reporting potential violations, which includes a way of reporting information anonymously.

No Retaliation

Federal and state laws prohibit any retaliation or retribution against any person who reports suspected violations of these laws whether to their employer, to Broker, to law enforcement officials or by filing a lawsuit on behalf of the government. Anyone who believes that he or she has been the subject to any such retaliation or retribution should also report this to their supervisor or other appropriate person, as provided by their employer's policy covering such matters.

Program Fraud Civil Remedies Act of 1986

The Program Fraud Civil Remedies Act of 1986 ("PFCRA") authorizes federal agencies such as the Department of Health and Human Services to investigate and assess penalties for the submission of false claims to the agency. The conduct prohibited by the PFCRA is similar to that prohibited by the False Claims Act. For example, a person may be liable under the PFCRA for making, presenting, or submitting, or causing to be made, presented, or submitted, a claim that the person knows or has reason to know:

- 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; and
- Include such material fact; or
- Is for payment for the provision of property or services which the person has not provided as claimed.

If a government agency suspects that a false claim has been submitted, it can appoint an investigating official to review the matter. The investigating official may issue a subpoena to further investigate the claim or may refer the matter to the Department of Justice for proceedings under the False Claims Act. If, based on the investigating official's report, an agency concludes that further action is warranted, it may issue a complaint regarding the false claim. A hearing following the detailed due process procedures set forth in the regulations implementing the PFCRA would be held.

State False Claims Acts

In addition to federal requirements, Provider must comply with all applicable West Virginia laws concerning fraud, abuse, and false claims, including the West Virginia False Claims and False Reporting Act (W. Va. Code § 9-7-6 et seq.) and the West Virginia Medicaid Fraud Control Act (W. Va. Code § 9-7-1 et seq.). These laws impose liability on any person or entity that knowingly presents, or causes to be presented, a false or fraudulent claim for payment to the State or its Medicaid program, or who makes or uses a false record or statement related to such a claim.

Violations may result in civil penalties of three (3) times the State's damages, plus a penalty of $5,500 to $11,000 per false claim, and may include criminal prosecution, suspension, or exclusion from Medicaid participation. It is also unlawful to offer or receive kickbacks, bribes, or other remuneration in exchange for Medicaid referrals.

Both Acts protect whistleblowers who report suspected fraud in good faith and may entitle them to a share of any recovery. Retaliation against individuals who make such reports is prohibited. Provider shall ensure its employees, agents, and subcontractors are informed of these obligations.

Fraud, Waste and Abuse / Company Detection

Broker has numerous policies and procedures for detecting fraud, waste and abuse. Some of the most important procedures are described as follows:

- Use of a gate-keeping protocol during the reservation process to verify the Member is eligible for transportation and that the trip is to a Medicaid provider;
- Verification process for claims submitted by Providers to determine whether the trip was performed by an eligible Driver in a certified Vehicle; whether the price is correct; and whether that the Member signed for the trip;
- Standing orders are regularly recertified with the health care facilities;
- Member attendance records at health care facilities are compared to Provider claims;
- Compliance officers inspect Vehicles and monitor trips for compliance;
- Every trip must be preauthorized, have a trip-leg identification number, and be performed in compliance with contracted requirements in order to be paid; and
- Drivers must undergo criminal background checks and are checked against the OIG exclusion database. No excluded person may drive under Broker's contract.

Broker takes allegations of fraud, waste or abuse seriously and appropriately investigates such allegations. Providers are required to report suspected cases of fraud, waste, abuse or other impropriety. Providers must cooperate in any investigations initiated by Broker or any government agency, as required by law.

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SCHEDULE F: ELECTRONIC EQUIPMENT AGREEMENT

THIS ELECTRONIC EQUIPMENT AGREEMENT (the "Agreement") is entered into by and between **BROKER** and **PROVIDER** (each a "**Party**", collectively, the "**Parties**"), and shall be effective (the "Effective Date") upon the date this Agreement is signed by both Parties.

Whereas, Provider is an independent contractor for Broker providing non-emergency transportation services pursuant to a Transportation Agreement between the parties which is now or hereafter in effect;

Whereas, Broker and Provider desire for Provider to utilize certain electronic equipment in the provision of services pursuant to the Transportation Agreement to increase efficiency and accuracy in trip reimbursement submission to enable timely and accurate payment for services rendered by Provider;

Whereas, Broker will purchase and own certain electronic devices known as tablet computers or mobile devices and a case (hereinafter referred to as "Device" or "Devices") containing proprietary and confidential software owned or licensed by Broker to be loaned to Provider at no charge for its sole use in providing services under the Transportation Agreement; and

Whereas, Provider and Broker desire to establish terms and conditions for the bailment and use of the Devices and the license of software, require Provider to carry insurance on the Devices and require payment to Broker in the event any Device is lost, damaged or stolen.

NOW THEREFORE, Provider and Broker, for full and adequate consideration, the receipt of which is hereby acknowledged, the parties agree as follows:

1. **Devices**. Broker will purchase and own Devices, which it will loan to Provider at no charge for Provider's sole use in delivering services to Broker. Broker will provide Provider with the Devices set forth in Exhibit "A". In the event additional or replacement Devices are provided at a later date, Exhibit "A" shall be updated and supplemented.

2. **Provider Responsibilities**. Provider is responsible for the following:

2.1 Restrictions on Use. Provider shall use the Devices solely for the business purpose of delivering services to Broker under the Transportation Agreement, including viewing maps, viewing and entering trip information and submitting trip data to Broker. The Devices shall be used by Provider in a safe manner and shall not be used during operation of any vehicle in a manner to cause unsafe driving. The Devices shall not be used for any personal, illegal or immoral purposes, including but not limited to the transmission of abusive or threatening material, spam, pornography or other communications prohibited by state or federal laws.

2.2. Passwords/Access. Provider shall allow only authorized and trained personnel to access and utilize the Devices. Devices shall be password protected to prevent unauthorized Device access. The software installed on the Device shall also be password protected. Both passwords shall have a combination of numbers and letters and be chosen so as to reasonably prevent unauthorized access to Devices. Provider shall establish procedures to safeguard data, including the passwords to access Devices. (For example, the password should not be the company name, written on the Device or visible in the vehicle).

2.3. Protection of Devices. Provider shall maintain Devices in good condition, reasonable wear and tear from ordinary use excepted. Provider shall exercise ordinary care and diligence, in good faith to protect the Devices. Provider shall establish and implement practices and procedures to ensure the safety and security of the Devices, including precautions to prevent the theft of devices and the occurrence and/or spread of viruses. (For example, Provider may implement a requirement that drivers remove Devices from all vehicles at the end of the workday and place all Devices in a locked cabinet inside a secured building.)

2.4. Risk of Loss. Provider shall bear the risk of loss of the Devices until the Devices are returned to Broker at the earlier of termination of this Agreement or the Transportation Agreement as provided in Section 7.

2.5. Repair or Replacement of Devices. If a Device is damaged, lost or stolen prior to termination, Provider shall notify Broker immediately and pay to repair or replace the Device as soon as practicable, in no more than fourteen (14) days.

2.5.1 Provider shall bear the expense of repair or replacement of damaged, lost or stolen Devices as set forth in Exhibit "A", and Provider shall make payment by setoff from the payments due to Provider from Broker under the Transportation Agreement.

2.5.2. Replacement devices shall be deemed Devices and the property of Broker. Once Provider has paid in full for the replacement Device in good working condition, the damaged Device will no longer be the property of Broker and shall be deemed the property of Provider, provided the license to Software as provided in Section 3 shall terminate, and the Software shall be uninstalled. Provider shall cooperate in good faith with Broker to install Software on replacement or repaired Devices and uninstall Software on replaced devices.

2.6. Notification of Lost or Stolen Devices. If a Device is lost or stolen (or suspected lost or stolen), Provider shall notify Broker immediately in order to implement data-loss protection measures that may enable recovery of the Device or erase proprietary or confidential information from said Device prior to unauthorized use or access by a third party.

The Provider shall contact Broker's Regional Manager immediately and then proceed to notify Broker's Information Technology department in the event of loss or theft (or suspected incident) of any Device. This contact information is Jim Degliumberto at (678)510-4600 or isupport@verida.com.

2.7. Insurance. Provider must provide adequate insurance for the Devices to provide for repair or replacement of the Devices in the event of damage, loss or theft of the Devices, including but not limited to those caused by negligence, acts of God or criminal acts. In the absence of such insurance, Provider must pay to repair or replace Devices in the event of damage, loss or theft as provided in Section 2(e).

2.8. Updates. Provider will cooperate in good faith to install any updates to the Devices as recommended by Broker.

2.9. Data and Data Overage. Each Device listed in Exhibit "A" (or otherwise issued to Provider) shall be allocated up to 2gb of data per month, which shall be used solely for the business purpose of delivering services under the Transportation Agreement. Provider shall bear all costs associated with data use beyond 2gb for any single Device, and Provider shall make payment to Broker by setoff from funds owed to Provider by Broker. Provider shall remain liable for any data usage costs which exceed the funds owed to Provider.

3. Broker Responsibilities. The Devices will be loaded with software enabling password-access and software that is owned by or licensed to Broker ("Software"), and the Devices containing the Software shall be loaned to Provider pursuant to the following terms and conditions:

3.1. AS IS. The Devices, the Software and content are provided on an "AS IS" and "AS AVAILABLE" basis. There is no guaranty off error-free or uninterrupted functioning. Broker and its licensors expressly disclaim all warranties with respect to the Software, documentation and content provided under this Agreement, whether express, implied, statutory or otherwise, including fitness for a particular purpose and merchantability.

3.2. Training. Broker will provide initial training to Provider employees regarding proper use and maintenance of Devices. New employees shall be trained by Broker during regularly scheduled driver training classes.

3.3. Limited License. Subject to the terms and conditions of this Agreement, Broker grants to Provider a limited, non-transferable, non-sub licensable, non-exclusive license within the State to use the Software. Provider shall not have the right to make or retain any third party to perform any modifications to the Software or its content or to delete or remove all or part of the Software or its content (including security profiles). The license granted herein authorizes use of the Software only by authorized users, trained current employees of Provider, for the internal business purposes of Provider on the Devices. Provider shall not transfer, lease, loan, resell, distribute or otherwise make available or grant any rights in the Software in any form to another person or transportation broker.

3.4. No Modification or Reverse Engineering. Provider shall not and shall not allow any third party to: (i) reverse engineer, reverse assemble, decompile, or otherwise attempt to derive the source code (or underlying structure of algorithms) from the Software or decode or decrypt any data files created by or associated with the Software, or (ii) alter, adapt or modify the Software or otherwise create any derivative works from the Software (except the limited license granted to modify the content for the purpose of inputting trip information).

3.5. Copy of Software. Broker shall furnish Provider with one (1) copy of Software per Device. Provider shall not copy the Software or documentation without the prior written consent of Broker. Provider shall not remove, modify or obscure any copyright or other proprietary rights notices. In the event a Device requires replacement, Provider shall cooperate in good faith with Broker to install Software on new devices, reinstall Software as necessary on existing Devices or uninstall Software on devices which were damaged and replaced with new Devices.

3.6. Acknowledgement of Broker' Ownership Rights. Provider acknowledges that the license granted above does not constitute a transfer or sale of any ownership rights in and to the Software, documentation or content (or modifications thereto). All right, title and interest, including all intellectual property rights, in and to the Software, documentation and content (or modifications) shall be, and will remain exclusive property of Broker or any third party from whom Broker has licensed software or technology. Provider further acknowledges that the Software, documentation content and information therein is proprietary to Broker and its licensors and comprises: (i) original works of authorship, including compiled information containing its selection, arrangement and coordination, and expression of such information, (ii) confidential and trade secret information, and (iii) information that has been created, developed and maintained by Broker or its licensors at great expense of time and money such that misappropriation or unauthorized use by others for commercial gain would unfairly and irreparably harm Broker or its licensors.

4. Title. Broker holds title for all Devices, and Provider acquires no title in the Devices except as provided above in Section 2(e). Broker warrants the right of possession of the Devices to Provider.

5. **Confidential Information**. Provider acknowledges that the Software, documentation and content contain Broker' and/or its licensor's proprietary information and Confidential Information (as defined below). Each party shall treat as confidential all Confidential Information of the other party, will not use such Confidential Information except as expressly set forth herein or as authorized under the Transportation Agreement, and will not disclose such Confidential Information to any third party except as may be necessary and required to perform the obligations of such party under this Agreement or the Transportation Agreement, and subject to confidentiality obligations at least as protective as those set forth herein. "Confidential Information" shall mean any information relating to, or disclosed in the course of, this Agreement, which is designated as 'confidential' or 'proprietary' or some similar designation or information which is or should be reasonably understood to be confidential or proprietary to the disclosing party. Confidential Information includes but is not limited to the Software, the documentation, the content, terms of this Agreement, business strategies, specifications, and technical data. Confidential Information shall not include information (a) already known to either party at the time of receipt thereof from the other; (b) that was readily available to the general public at the time of receipt thereof from the other; (c) that subsequently becomes known to the general public through no fault or omission on the part of the party receiving such information; (d) that is subsequently disclosed by a third party which has a bona fide and legal right to make such disclosure; or (e) that is required to be disclosed by a court of competent jurisdiction or other governmental authority or pursuant to applicable law, provided that the receiving party shall give prompt notice to the disclosing party prior to any such disclosure and reasonably assist the disclosing party in seeking a protective order.

6. **Term**. The "Term" of this Agreement shall be concurrent with the Transportation Agreements between Broker and Provider in place and any renewals thereof. This Agreement shall be considered terminated and superseded if a subsequent agreement between the parties specifically states it supersedes this Agreement.

7. **Termination**.

7.1. **Termination Rights**. Broker shall have the right to terminate this Agreement and any Software license granted hereunder upon ten (10) days written notice and in the event Provider commits a material breach of any of its obligations concerning the scope of use or the protection of the Software and/or documentation, intellectual property of Broker or confidential information. Either party may terminate this Agreement upon written notice if the other party materially breaches any of its obligations under any provisions of this Agreement. This Agreement will terminate automatically upon the termination of the Transportation Agreement, but shall be deemed to be extended if the parties simultaneously enter into another agreement for non-emergency transportation services.

7.2. **Return of Devices**. Within three (3) business days of termination, Provider shall return all Devices to Broker in specie, or in its actual form, reasonable wear and tear from ordinary use excepted. Provider shall bear the risk of loss until receipt of Devices by Broker.

8. **Notices**. Except as provided in Section 2(f), notices shall be delivered as provided in the Transportation Agreement.

9. **Non-Liability**. Provider shall indemnify and hold harmless Broker from any claims, damages, losses or injuries, including death or bodily injury, caused by use of the Devices or breach of this Agreement by Provider, except and to the extent that said claims, damages, losses or injuries were caused by the willful and wanton misconduct of Broker. Broker does not warrant the accuracy or completeness of Confidential Information, codes or other data contained in the Software or any third-party database included in the Software. Provider is responsible for utilizing due care in providing transportation services.

10. **Non-Waiver**. No waiver of any of the provisions of this Agreement shall be deemed, or shall constitute a waiver of any other provisions, whether or not similar, nor shall any waiver constitute a continuing waiver. No waiver shall be binding unless contained in a writing executed by the party making the waiver.

11. **Severability**. If it is found in a final judgment by a court of competent jurisdiction (not subject to further appeal) that any term or provision hereof is invalid or unenforceable: (i) the remaining terms and provisions hereof shall be unimpaired and shall remain in full force and effect and (ii) the invalid or unenforceable provision or term shall be replaced by a term or provision that is valid and enforceable and that comes closest to expressing the intention of such invalid or unenforceable term or provision.

12. **Jurisdiction; Service of Process**. Any action or proceeding seeking to enforce any provision of, or based on any right arising out of, this Agreement may be brought against either of the parties in the courts of the State of West Virginia, County of Kanawha, or, if it has or can acquire jurisdiction, in the United States District Court for the Southern District of West Virginia (Charleston Division), and each of the parties consent to the jurisdiction of such courts (and of the appropriate appellate courts) in any such action or proceeding and waives any objection to venue laid therein. Process in any action or proceeding referred to in the preceding sentence may be served on any party anywhere in the world.

13. **Governing Law**. This Agreement shall be governed by and enforced under the laws of the State of West Virginia.

14. **Survival of Obligations**. The restrictions and obligations of this Agreement in Sections 3(a), 3(d), 3(f), 5, 7(b), 9, 10, 11, 12, 13 and 15 shall survive any expiration, termination, or cancellation of the relationship between Broker and Provider, as well as the termination of the Transportation Agreement and shall continue to bind Provider, its successors and assigns, for a period of time including the term of the Transportation Agreement and for such length of time as the confidential information remains commercially valuable to Broker (as demonstrated by its continuing reasonable efforts to protect such information). In no instances shall the period of time be less than five years after termination of the Transportation Agreement.

15. **Remedies**. If it appears that Provider has disclosed or has threatened to disclose Confidential Information in violation of this Agreement, Broker shall be entitled to an injunction to restrain Provider from disclosing, in whole or in part, the Confidential

Information. Broker shall not be prohibited by this provision from pursuing other remedies, including a claim or losses or damages. Provider agrees that if it is held by a court of competent jurisdiction to be in a violation, breach or nonperformance of any term in this Agreement, then it will pay all costs of such action or suit, including reasonable attorneys' fees.

IN WITNESS WHEREOF, the parties hereto have duly executed this Agreement, effective as of the date and year indicated on the Signature Page.

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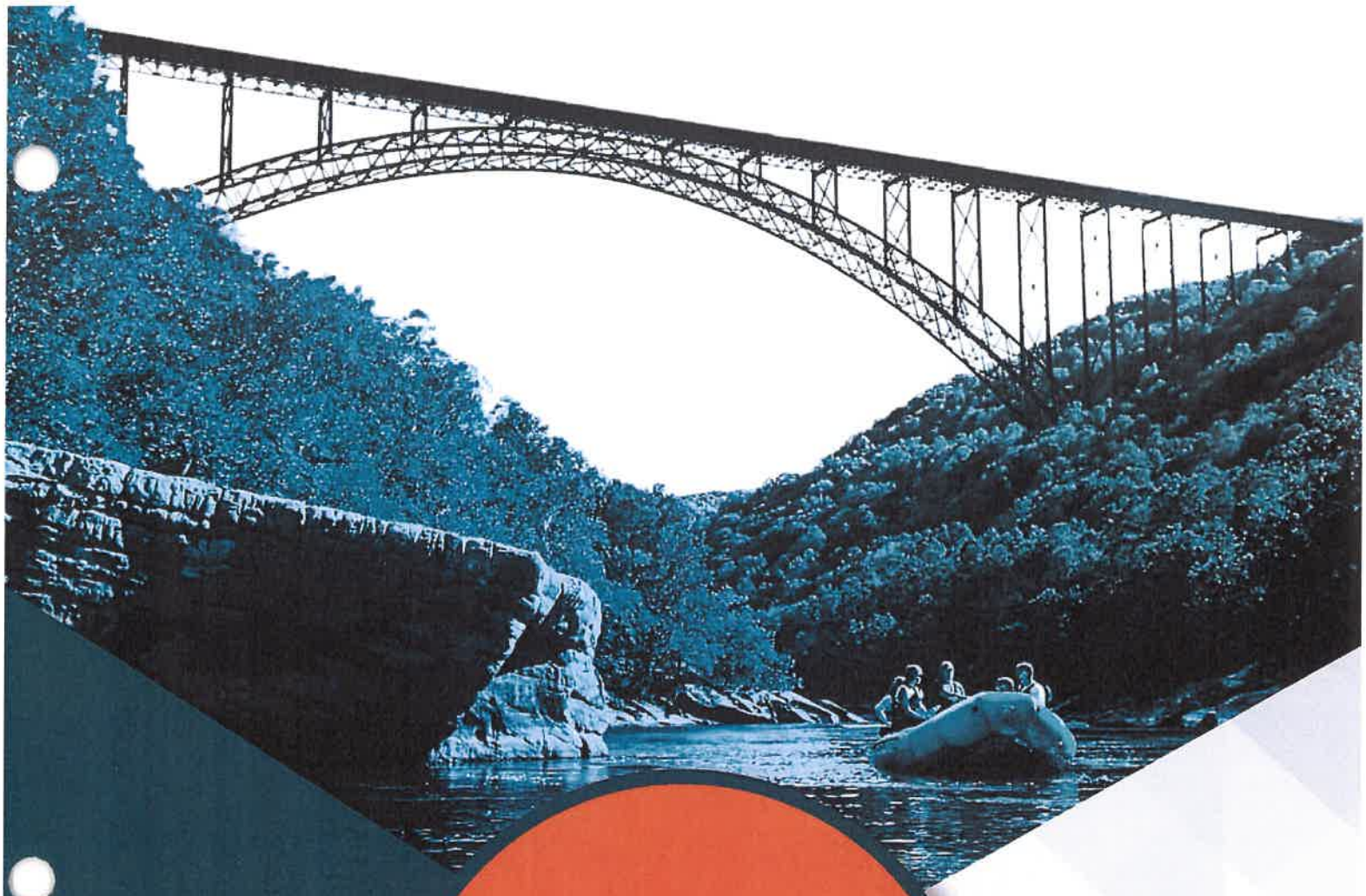
EXHIBIT 1 TO SCHEDULE F: DEVICE LIST

Item	Quantity	Replacement Cost	Repairs
Tablet computers or mobile devices(includes charger)	_____	$489 per device (charger alone at $_____)	At cost
Carrying Cases	_____	$ _____ per case	n/a

	Device Make	Device Model	Device Serial Number	Broker Asset Tag

Devices are loaned to Provider "AS IS." Replacement costs and repair costs for damaged, lost or stolen Devices shall be paid by Provider via setoff from the payments due to Provider from Broker under the Provider Agreement.

All Devices shall be returned to Broker in good working condition, reasonable wear and tear excepted, within 3 business days of termination.



VERIDA

EXHIBIT 6
TRANSPORTATION PROVIDER MANUAL DRAFT OUTLINE

October 15, 2025

CRFP 0511
BMS2600000001

VERIDA

Contents

Introduction 4

What is Non-Emergency Medical Transportation? 4

The Role of Verida 4

Transportation Provider Service Responsibilities 4

HIPAA 4

Confidentiality 5

Member Responsibilities 5

Member Safety 5

Contacting Verida 6

Office Location, Contact Numbers & Hours of Operation 6

Transportation Scheduling Procedures 7

NET Access 7

Approval Requirements 7

Validity of Information 8

Levels of Transportation 8

Escorts/Minor Children 9

Member Complaints & Appeals 10

Member Complaints 10

Member Appeals 12

Introduction 13

Transportations Performance Standards 13

Pickup and Delivery Standards 13

Transportation Provider Monitoring 14

Transportation Provider Key Indicators 15

Prospective Procedures 15

Provider Corrective Action 15

Transportation Performance Monitoring 16

On Time Performance 17

Significant Incidents 17

Insurance Requirements 21
Vehicle Requirements 22
Introduction 25
Transportation Provider Quality Indicators 25
Complaint Resolution Management 26
Member Complaints 26
Non-Member Complaints 27
Complaint Reporting 27
Fraud Monitoring 28
Transportation Provider Corrective Actions 29
Non-Compliant NET Providers 30
Introduction 31
iPortal (Provider Portal) 31
Submitting a Clean Claim 31
InSight Mobile Trip Reimbursement Submissions 32
Manual Claims Submission Requirements 33
Claims Dispute Process 34
Provider Reimbursement Quick Reference Guide (QRG) 35
Trip Reimbursement Form Instructions 37
Provider Information 37
Trip Information 38
Resubmitting a Denied Claim 39
Denial Legend 42
Claims Review Process 43
Mobile Device Technical Issues 43
Denied Trips 43
Submitting Claims Review 43
Appendices 44
Appendix A - Request for Explanation Form 45
Appendix B - Denial of Service Letter 46
Appendix C – Certificate of Liability Insurance 47

Appendix D – Reconciliation Frequently Asked Questions 48

Reconciliation Frequently Asked Questions 48

Appendix E – Driver Documentation Checklist 50

Appendix F – Provider Employee Update Form 51

Appendix G - Incident/Accident Form Instructions 52

Appendix H – Ownership & Disclosure/Business License – Annual Renewal Policy 54

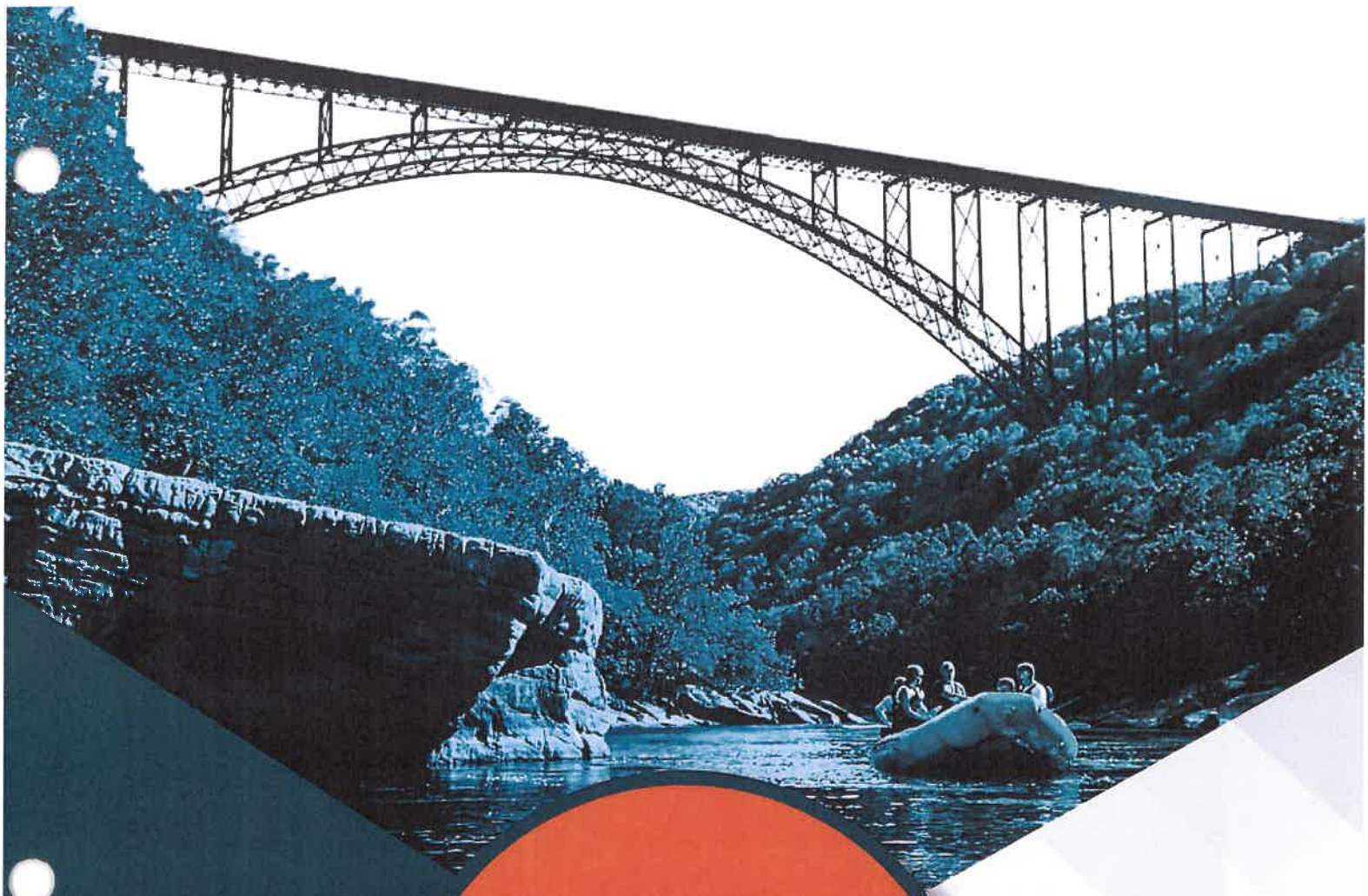
Appendix I - Ownership and Disclosure Forms 55

Appendix J – Transportation Services Authorization 60

Appendix K – Denial of Service Policy 63

Appendix L - Driver Responsibilities 64

Appendix M – Trip Reimbursement Form 67



VERIDA

EXHIBIT 6
TRANSPORTATION PROVIDER MANUAL DRAFT OUTLINE

October 15, 2025

CRFP 0511
BMS2600000001

VERIDA

Contents

Introduction 4

What is Non-Emergency Medical Transportation? 4

The Role of Verida 4

Transportation Provider Service Responsibilities 4

HIPAA 4

Confidentiality 5

Member Responsibilities 5

Member Safety 5

Contacting Verida 6

Office Location, Contact Numbers & Hours of Operation 6

Transportation Scheduling Procedures 7

NET Access 7

Approval Requirements 7

Validity of Information 8

Levels of Transportation 8

Escorts/Minor Children 9

Member Complaints & Appeals 10

Member Complaints 10

Member Appeals 12

Introduction 13

Transportations Performance Standards 13

Pickup and Delivery Standards 13

Transportation Provider Monitoring 14

Transportation Provider Key Indicators 15

Prospective Procedures 15

Provider Corrective Action 15

Transportation Performance Monitoring 16

On Time Performance 17

Significant Incidents 17

Insurance Requirements 21
Vehicle Requirements 22
Introduction 25
Transportation Provider Quality Indicators 25
Complaint Resolution Management 26
Member Complaints 26
Non-Member Complaints 27
Complaint Reporting 27
Fraud Monitoring 28
Transportation Provider Corrective Actions 29
Non-Compliant NET Providers 30
Introduction 31
iPortal (Provider Portal) 31
Submitting a Clean Claim 31
InSight Mobile Trip Reimbursement Submissions 32
Manual Claims Submission Requirements 33
Claims Dispute Process 34
Provider Reimbursement Quick Reference Guide (QRG) 35
Trip Reimbursement Form Instructions 37
Provider Information 37
Trip Information 38
Resubmitting a Denied Claim 39
Denial Legend 42
Claims Review Process 43
Mobile Device Technical Issues 43
Denied Trips 43
Submitting Claims Review 43
Appendices 44
Appendix A - Request for Explanation Form 45
Appendix B - Denial of Service Letter 46
Appendix C – Certificate of Liability Insurance 47

Appendix D – Reconciliation Frequently Asked Questions 48

Reconciliation Frequently Asked Questions 48

Appendix E – Driver Documentation Checklist 50

Appendix F – Provider Employee Update Form 51

Appendix G - Incident/Accident Form Instructions 52

Appendix H – Ownership & Disclosure/Business License – Annual Renewal Policy 54

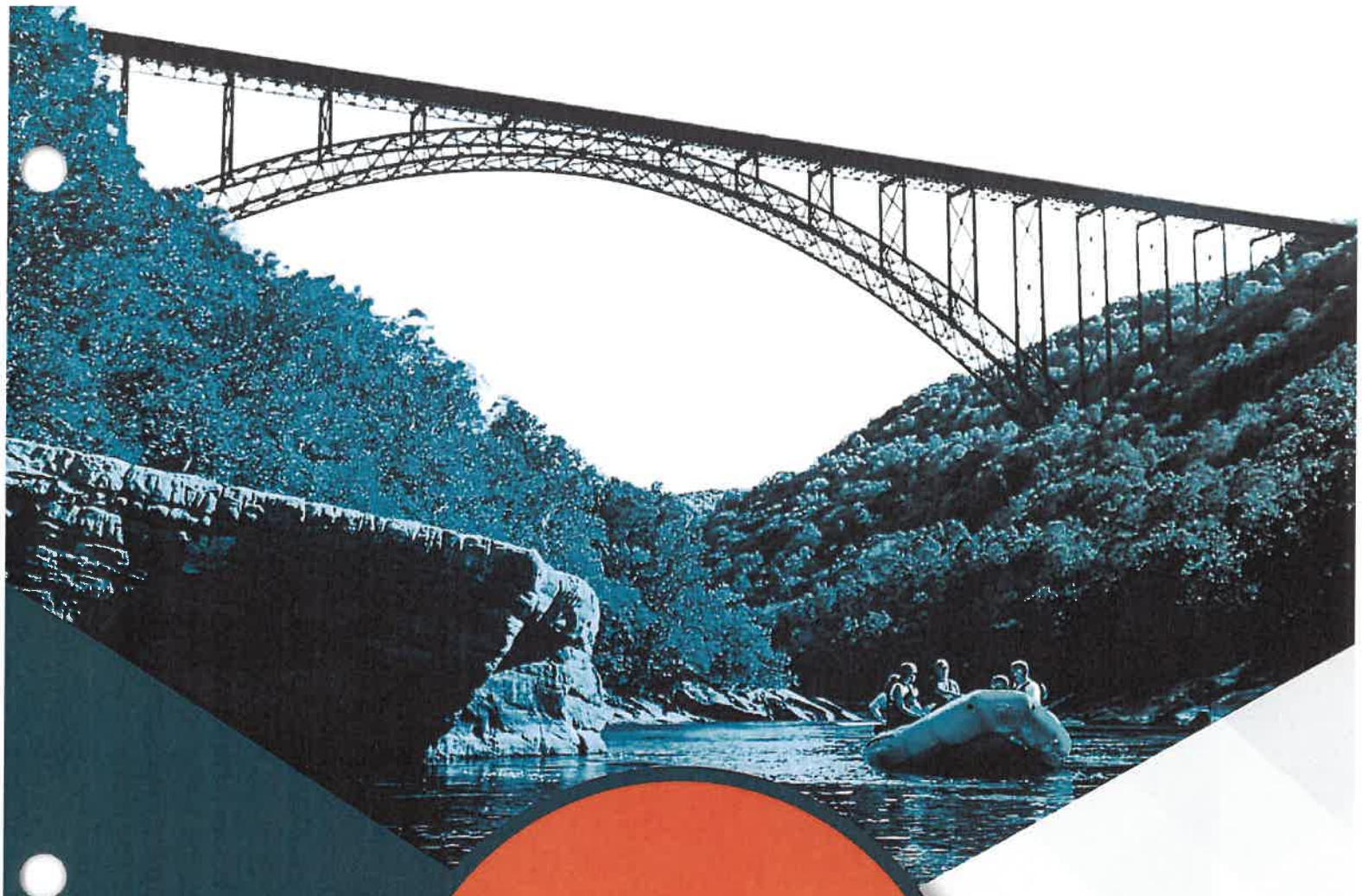
Appendix I - Ownership and Disclosure Forms 55

Appendix J – Transportation Services Authorization 60

Appendix K – Denial of Service Policy 63

Appendix L - Driver Responsibilities 64

Appendix M – Trip Reimbursement Form 67



VERIDA

EXHIBIT 7
OPERATIONS MANUAL DRAFT OUTLINE

October 15, 2025

CRFP 0511
BMS2600000001

VERIDA

Table of Contents

1 PURPOSE OF AN OPERATIONS MANUAL 3

2 WHAT IS NON-EMERGENCY TRANSPORTATION 3

THE ROLE OF VERIDA 3

3 OVERVIEW OF [STATE] [PROGRAM INT] PROGRAM 3

3.1 [STATE] PROJECT OVERVIEW 3
3.2 APPROVED SCOPE OF WORK 4
3.3 SERVICE AREA/REGIONS 4
3.4 [STATE] OPERATIONAL CONTACT INFORMATION 5
3.5 [STATE] CONTACT INFORMATION 6

4 CORPORATE OVERSIGHT 6

4.1 GENERAL RESPONSIBILITIES 6
4.2 CORPORATE STANDARD POLICIES 6

5 CALL CENTER 6

5.1 GENERAL RESPONSIBILITIES 6
5.2 CALL SCRIPTS 7
5.3 HOURS OF OPERATION 7
5.4 HOLIDAY'S 7
5.5 DAYS' NOTICE 7
5.6 URGENT REQUEST 7
5.7 ATTENDANTS VS ESCORTS 7
5.8 LANGUAGE LINE 8
5.9 MINORS 8
5.10 MEALS AND LODGING / LONG DISTANCE TRIPS 8
5.11 CALL RECORDING 7
5.12 CSR TRAINING MANUAL 8
5.13 POLICIES AND PROCEDURES 9

6 SPECIAL SERVICE UNIT 9

6.1 DIALYSIS 9
6.2 PERITONEAL DIALYSIS 9
6.3 HEMODIALYSIS 10
6.4 NURSING HOMES AND SKILLED NURSING FACILITIES (SNF'S) 10
6.5 STANDING ORDERS 11

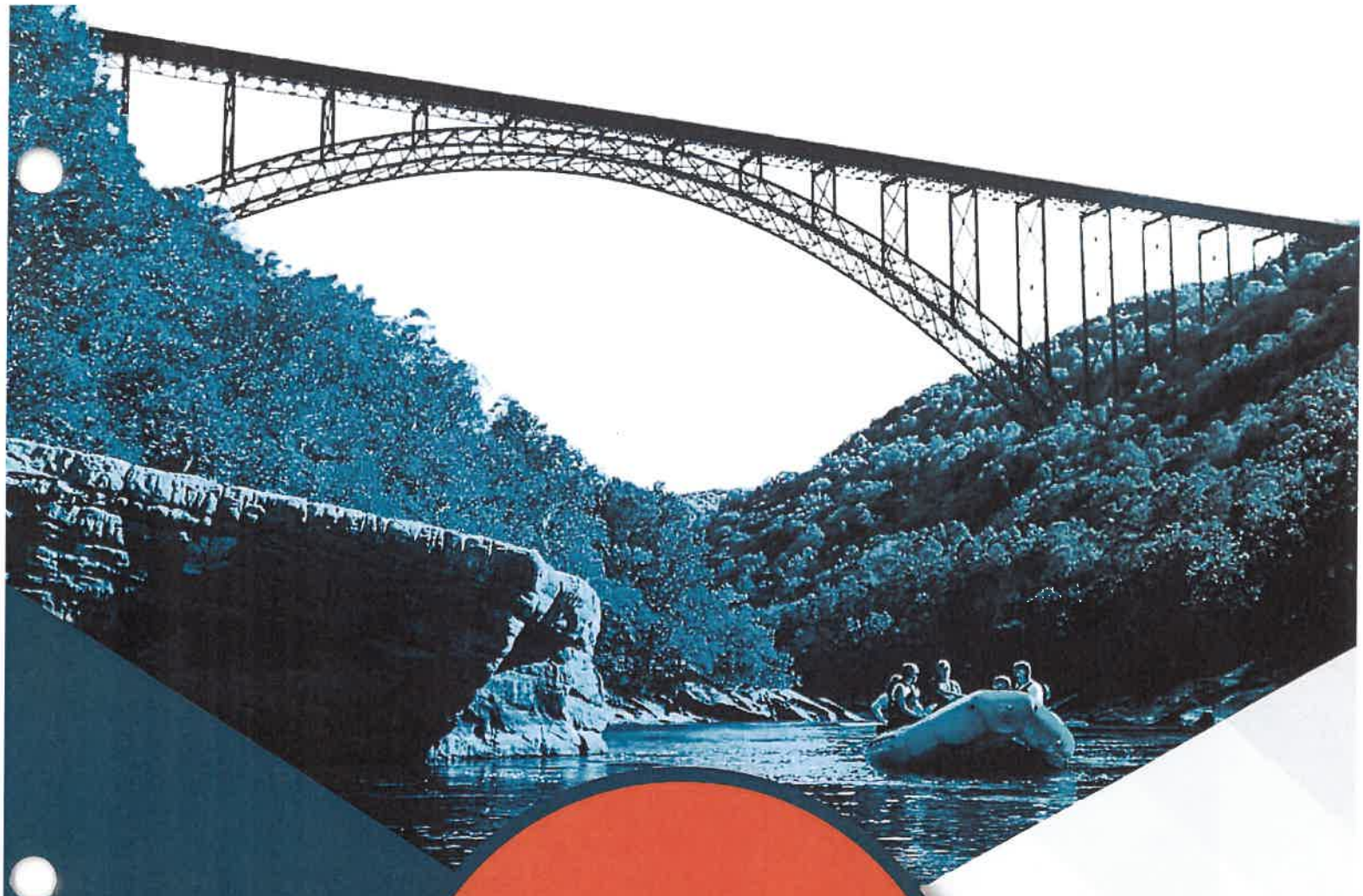
7 NETWORK MANAGEMENT 11

7.1 GENERAL RESPONSIBILITIES 11
7.2 MODES OF TRANSPORTATION AVAILABLE IN [STATE] 11
7.3 CAR SEATS 11
7.4 TRANSPORTATION MONITORING PLAN 11
7.5 BACKGROUND CHECKS 12
7.6 TRANSPORTATION TRAINING PROGRAM 12
7.7 [STATE] TRANSPORTATION PROVIDER TRAINING PLAN 13
7.8 POLICIES AND PROCEDURES 13

8 CLAIMS MANAGEMENT REQUIREMENTS 13

8.1 GENERAL RESPONSIBILITIES 13

8.2 Policies and Procedures 13
9 COMPLAINT HANDLING 13
9.1 General Responsibilities 13
9.2 Member Complaints 14
10 QUALITY DEPARTMENT 15
10.1 General Responsibilities 15
10.2 Quality Assurance Plan 15
10.3 Policies and Procedures 15
11 FRAUD, WASTE AND ABUSE 15
12 REPORTING REQUIREMENTS 15
12.1 General Responsibilities 15
12.2 Reporting tables 15
12.3 Record Retention 15
13 TECHNOLOGY REQUIREMENTS 16
13.1 General Responsibilities 16
13.2 Business Continuity Plan 16
13.3 Policies and Procedures 16



VERIDA

EXHIBIT 8

BUSINESS CONTINUITY AND DISASTER RECOVERY PLAN

October 15, 2025

CRFP 0511

BMS2600000001

Table of Contents

Table of Contents i
Verida Business Continuity and Disaster Recovery Plan 1
Communication with Stakeholders 1
Emergency Mode Operation Plan 1
Disaster or Catastrophic Procedures 2
Contingency Plan for Call Centers 2
Contingency Plan for Reductions in Staffing and/or Provider Network Resources 3
Contingency Plan for Claims Recovery 4
Technical Recovery of Verida Unique Systems 4

Verida Business Continuity and Disaster Recovery Plan

Verida maintains strict data backup and disaster recovery standards to reduce the possibility of data loss due to acts of nature, power loss, fire, or other disasters that may occur. We currently have a Disaster Recovery Plan in place for all our NEMT contracts. The plan is updated on an annual basis and submitted to our clients for review and approval. Interim updates are completed within 10 business days of a change in procedure. Further, any modifications to the plan required by our client are incorporated into the plan within 10 calendar days of notification.

Verida' Business Continuity and Disaster Recovery Plan is designed to prevent interruption of transportation services in the event of a natural, man-made or other unforeseen disaster, or any other catastrophic event that negatively impacts Verida core business functions. More specifically, the purpose of the Business Continuity and Disaster Recovery Plan is to:

1. Ensure the safety of all employees of Verida located inside office buildings occupies by Verida.
2. Minimize disruption of transportation services caused by a disaster at or near the Verida Call Center and Network Operations Center.
3. Reduce the risk of any loss of data essential to the operations of the scheduling and transportation software system.
4. Identify adequate data backup and restoration procedures to ensure continued scheduling and transportation capability in Verida' regions or areas of responsibility.
5. Ensure the continued operation of communication services with the members, transportation providers, and medical facilities in our regions.
6. Provide a contingency plan for acute staff shortages due to communicable disease or illness epidemics or pandemics such as N1H1 Influenza or other external event that impacts Verida ability to receive requests for and render transportation services.

In addition to these processes, Verida also has call center rollover provisions in place to accept member's telephone calls and schedule transportation from any call center (Arkansas, Georgia, Indiana, or Tennessee).

While Verida periodically tests our call center rollover and disaster recovery procedures, we also conduct a full disaster recovery plan review and exercise/drill at least every calendar year, or more often during system upgrades (3 to 4 times per year).

Communication with Stakeholders

In the event of an issue involving the disruption of services, the State Director or a Corporate Executive will notify the client immediately of the contingency plan that be activated to ensure minimal effect on business flow. Additional calls will be scheduled to ensure updates provide sufficient information for all stakeholders.

Emergency Mode Operation Plan

In the event of a disaster or other catastrophic event at Verida, the following personnel immediately engage in recovery processes:

Name	Title	Contact Type	Contact Information
Jim Degliumberto	COO/CIO	Work	678-510-4588
		Mobile	770-235-3531
		Email	jdegliumberto@verida.com
Jason Henderson	Director of Technology	Work	678-510-4543
		Mobile	678-656-1244
		Email	jhenderson@verida.com
Adrian Crawford	Systems Architect	Work	678-510-4593
		Mobile	678-779-4059
		Email	acrawford@verida.com
	Security Analyst	Work	678-510-4543
		Mobile	678-510-4543
		Email	security@verida.com

Disaster or Catastrophic Procedures

Contingency Plan for Call Centers

In order to minimize the effects of a disaster or other catastrophic event at Verida' Call Center, we have implemented the following measures:

1. Verida' Call Center, administrative offices and NOC are located in a secure building that has 24-hour security, requires electronic key access after business hours and is protected by a locked gate that can only accessed by a security code.
2. Important records, back-up disks and tapes are secured in locked office spaces inside fireproof safes and/or filing cabinets.
3. Verida' Call Center and administrative offices have smoke and heat detectors, sprinkler systems and portable fire extinguishers. In addition, emergency procedures are posted and employees are instructed how to respond to smoke or fire emergencies.
4. The network database and domain servers are connected to powerful Uninterruptible Power Supplies (UPS) that are automatically activated in the event of a loss of electrical power. This allows the servers to run for a limited period of time while we activate an Emergency Plan of Action to re-route telephone and communications traffic. It also allows the servers to be shut down in a controlled manor which reduces the possibility of data loss.
5. Verida has fault-tolerant computer servers working on our network. These computers are installed with multiple hard drives that are formatted with raid arrays. In the event that one hard drive fails, a spare hard drive is automatically activated and the data is re-written across this drive as well. All of this is done with no human interaction, which reduces the risk of data loss due to hard drive failure.
6. Verida utilizes a sophisticated IP Based telephony platform and phone system at our Call Centers. The telephones lines are routed through multiple incoming telephone circuits (or PRI's) instead of one or even multiple copper telephone wires. Therefore, we have less of a potential for complete telephones failure due to line outages because we do not rely on traditional, copper telephones lines.
7. In the event of sustained power failure or other catastrophic event in the Georgia Call center, all

calls will be routed to our Tennessee or Arkansas Call Center within one hour to assure uninterrupted processing of transportation service requests. The transfer of calls between Georgia and Tennessee is a seamless operation that allows for complete redundancy of both Call Center operations.

8. The entire patient and dispatch database records are backed up once every hour to a different server on the network using database tools from RedGate to assist in the management of those backups. The tools that RedGate provides allow Verida to automate our backup compression, testing and validation processes. In addition, the database is automatically backed up to a stand-alone terabyte storage drive as well as two separate servers on the network every night. In the event of a major disaster at our Call Center, these databases can be restored at one of our regional offices, which can be converted to a temporary Call Center that allows key business functions to continue while the disaster is assessed and other arrangements are made. In all, we backup the data on our SQL servers using three separate and complete methods to reduce the risk of data loss due to system failure. In addition, a check is performed in our SQL Servers that verifies the backup integrity. This is performed automatically by the database management system.
    a. In the event a server is completely destroyed, the process of restoring an entire copy of the *InSight* database to a new server would take 48 hours.
9. Backup files from our production servers are stored on the network in a Storage Area Network (SAN) for quick access. These backups are also placed on tape drives on a nightly basis.
10. Communication with the transportation providers is maintained via cellular telephones which are not affected by power loss. This helps to maintain an open channel of communication with the transportation providers and medical facilities in case of telephone outages.

These procedures are frequently reviewed and updated to include new technology that enhances continuity of operations and reduces downtime associated with disasters or catastrophic events.

Contingency Plan for Reductions in Staffing and/or Provider Network Resources

In the event of an adverse external event that impacts Verida' ability to appropriately staff the Call Center or to render transportation services due to interruptions within the NEMT Provider Network, Verida will implement the following appropriate actions to maintain essential transportation services. Examples of adverse external events beyond the control of Verida include, but are not limited to, unusually high employee absenteeism as a result of national, regional, or local outbreak of influenza or other communicable disease or illness, severe weather events such as ice storms that restrict or limit travel on public roads, or widespread fuel shortages.

If Verida experiences unanticipated and acute reductions in call center staff, we will activate one or more of the following options to assure continuity of essential business operations:

1. Route calls to our secondary call centers in Chattanooga, Tennessee and Little Rock Arkansas.
2. Route a portion of the incoming calls to our Georgia regional offices in Gainesville.
3. Utilize existing Verida personnel that do not routine process trip requests, but who are already trained in processing requests for transportation services to supplement call center staff. This would include managers, supervisors, and claims processing staff.

If Verida' network of NEMT Providers is significantly compromised due to extensive employee absenteeism, fuel shortages, or widespread hazardous road conditions, Verida will implement the following triage guidelines to ensure the availability of transportation services for the most essential or urgent need. At a minimum, trips for the following conditions will be provided in the order presented.

1. Dialysis
2. Hospital Discharges
3. Prescriptions (and doctor appointments for prescriptions that cannot be called in to the pharmacy)
4. Wound Care
5. Urgent Care
6. Outpatient Surgery
7. Post-Operative Follow-up
8. Medication Administration (mental health services)

During events that limit traditional NEMT Providers from rendering services in a timely or safe manner, Verida may elect to increase utilization of public service agencies such as emergency medical services to render essential transportation services.

Contingency Plan for Claims Recovery

In the event that there was an *Insight* outage, we would process paper claims by calculating the claim manually. The rate agreements are stored electronically by way of using Mosaic. Based on the Insight continuity plan, the electronic claim would be recovered from the backup server and placed on a spread sheet for payment.

Technical Recovery of Verida Unique Systems

In the event of total destruction of Verida servers, we have maintenance agreements in place with outside vendors that house copies our NET InSight and NICE CXone (call center system) backup servers, allowing us to restore program data no matter the catastrophe.