

# **Access2Care**

*Transportation Solutions*

SEALED BID  
BUYER: Access2Care, LLC  
SOLICITATION NO.: RFP # BMS 1 4054  
BID OPENING DATE: 12/9/2013  
BID OPENING TIME: 1:30 p.m.  
FAX NUMBER: Fax Number: 303-495-1295

**ORIGINAL**

12/09/13 09:59:22AM  
West Virginia Purchasing Division

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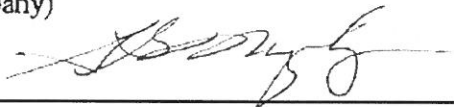


## CERTIFICATION AND SIGNATURE PAGE

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

Access2Care, LLC

\_\_\_\_\_  
(Company)



\_\_\_\_\_  
(Authorized Signature)

Steven G. Murphy, President

\_\_\_\_\_  
(Representative Name, Title)

1-866-860-8797

303-495-1295

\_\_\_\_\_  
(Phone Number)

\_\_\_\_\_  
(Fax Number)

December 3, 2013

\_\_\_\_\_  
(Date)

## Title Page

RFP Subject: Department of Health and Human Resources (DHHR), Bureau for Medical Services (BMS) to Provide a Full-Risk Capitation Broker to Directly Coordinate a Statewide Non-Emergency Medical Transportation (NEMT) Program

Number: RFP # BMS 14054

Vendor's Name: Access2Care, LLC

Business Address: 6200 S. Syracuse Suite 200, Greenwood Village, CO 80111-4739

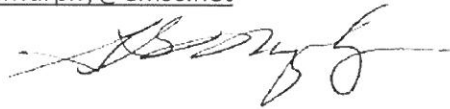
Telephone Number: 1-866-860-8797

Fax Number: 303-495-1295

Name of Contact Person: Steven G. Murphy

Email Address: [Steve.Murphy@emsc.net](mailto:Steve.Murphy@emsc.net)

Vendor's Signature:

A handwritten signature in black ink, appearing to read "Steve Murphy", written over a horizontal line.

Date: December 3, 2013

## Attachment A: Vendor Response Sheet

### Introduction to Access2Care, LLC

Access2Care, LLC (hereafter referred to as "Access2Care") has the proven experience, resources, established relationships and ability to manage a high-performing transportation program. We will deliver timely, safe, appropriate transportation with minimal complaints and at a sustainable price. Access2Care currently delivers nearly five (5) million trips for eight-and-a-half (8.5 )million covered lives across urban, suburban, rural, and remote rural regions throughout twenty-two (22) states and the District of Columbia. Access2Care currently provides Non-Emergency Medical Transport (NEMT) Program management to Medicaid members through over forty five (45) government and managed care organizations (MCO) contracts, with customized programs for each unique region and diverse population.

The Bureau for Medical Services (BMS) is the designated single state agency responsible for the administration of the State's Medicaid program. BMS provides access to appropriate health care for Medicaid-eligible individuals. Authorized under Title XIX of the Social Security Act, Medicaid is an entitlement program financed by the state and federal governments and administered by the states. The West Virginia Medicaid program is administered by BMS of Health and Human Resources (DHHR).

### The Mission of the Bureau for Medical Services is:

*BMS is committed to administering the Medicaid Program, while maintaining accountability for the use of resources, in a way that assures access to appropriate, medically necessary, and quality health care services for all members; provide these services in a user friendly manner to providers and members alike; and focus on the future by providing preventive care programs.*

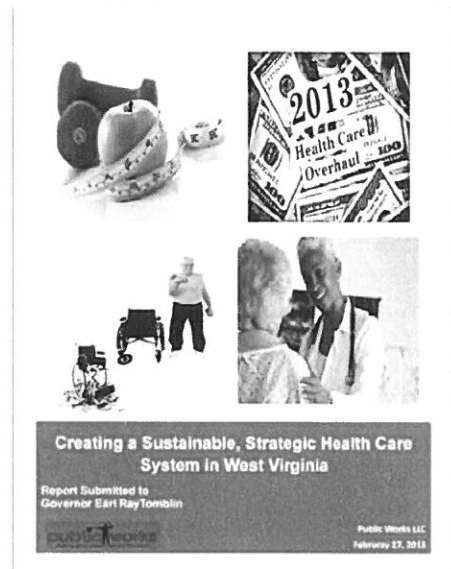
Access2Care will mirror this mission statement, if selected as the Full Risk Capitation Broker to directly coordinate a Statewide Non-Emergency Medical Transport (NEMT) Program.

BMS Mission Statement Goal	How Access2Care Will Accomplish this Goal
Maintaining Accountability For The Use Of Resources	<ul style="list-style-type: none"> <li>It is estimated that between three and ten (10) percent of West Virginia's Medicaid payments to providers are fraudulent or incorrect. Given the size of the NEMT Program, significant savings are possible.</li> <li>Given the large amount of friends and family mileage reimbursements currently being issued in West Virginia, Access2Care will target this population to ensure the mileage is being properly billed and the services are Medicaid Compensable.</li> <li>Most areas of the state are rural in nature and do not have access to public transportation. In these areas, providers are currently incentivized by approving any Medicaid recipient who calls for service. Access2Care will better screen callers to ensure they are indeed eligible for services, the service is Medicaid Compensable and the recipient does not have access to another form of transportation.</li> </ul>

BMS Mission Statement Goal	How Access2Care Will Accomplish this Goal
Assures Access To Appropriate, Medically Necessary, And Quality Health Care Services For All Members;	<ul style="list-style-type: none"> <li>• Access2Care will work closely with recipients and medical providers to ensure each Medicaid member has an appointment and that the appointment is medically necessary.</li> <li>• This will be accomplished by conducting validation checks on at least 5% of NEMT service requests in a month, both prior to the authorization of the request and after the services are rendered.</li> </ul>
Provide These Services In A User Friendly Manner To Providers And Members Alike;	<ul style="list-style-type: none"> <li>• Access2Care will ensure all written information will be developed (and approved by BMS) in a manner that is easy to read and at an appropriate reading level.</li> <li>• Access2Care will work with local providers to ensure they are properly trained on providing services in a sensitive and culturally competent manner.</li> <li>• Our Call Center Agents will deliver exceptional Customer Service as the result of in-depth training, coaching and performance reviews.</li> </ul>
Focus On The Future By Providing Preventive Care Programs	<ul style="list-style-type: none"> <li>• It is well known that non-emergency transportation helps to improve health outcomes. Access2Care is proud that the non-emergency transportation services we provide can reduce emergency room and hospital expenditures for members Medicaid population.</li> <li>• Lack of transportation can lead to under-immunization, difficulties in administering screening programs, failure to attend pediatric check-ups, and lack of prenatal care (<i>Cost Benefit Analysis of Providing Non-Emergency Medical Transportation-TCRP Web-Only Document 29 [Project B-27]</i>).</li> </ul>

On February 27, 2013, a report was submitted to Governor Earl Ray Tomblin titled "Creating a Sustainable, Strategic Health Care System in West Virginia." This report recommended seventy-eight (78) cost-savings recommendations due to the fact that West Virginia has rather high health care costs it consistently has some of the nation's poorest health outcomes, and residents have difficulty finding the care they need.

One of the recommended issue statements was that: West Virginia should establish a broker system to manage nonemergency medical transportation. Access2Care is a fully brokered transportation company, which means our company does not own or operate any vehicles. We utilize qualified transportation operators to provide the on-the-street



transportation services, while we provide the call intake process and the oversight of the entire program.

There are many benefits to utilizing a transportation brokerage system and Access2Care is the ideal company to improve the West Virginia NEMT program by implementing the benefits of a brokerage system, such as:

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

States have increased the use of transportation broker services consistently since 2001, when federal legislation was enacted to permit states to provide transportation through broker services. There are now thirty eight (38) states that use brokers to manage NEMT. We believe that Access2Care is the only vendor that has the ability to successfully transition the entire State of West Virginia, due to the following:

- We have the most **recent** experience of successfully transitioning unmanaged rural programs into managed programs in the following areas:
  - Iowa, Idaho, Nebraska and a portion of Texas.
- We understand rural NEMT. In addition to the recent successful transitions, we currently service Medicaid and Medicare populations in rural areas, such as:
  - New Mexico, Kansas, Alabama and Mississippi.
- Other vendors have not been successful in certain states where the transition was dependent on recruitment of rural providers and on-time service delivery.
- Although Access2Care does not operate any vehicles, our parent company, American Medical Response, Inc., is an ambulance company and we have staff that fully understands the challenges faced by the EMS community. We will commit to working closely with the ambulance providers to ensure the transition goes smoothly. No other vendor has the ability to reach out to a parent company for this expertise. Please Note: We accept the RFP Requirements and understand Centers for Medicare and Medicaid Services (CMS) Regulations regarding Self-Referrals.
- We have strong provider relationships due in part to our record of paying providers in a fair and timely manner.

Access2Care understands that the State of West Virginia needs to obtain exceptional value from each of its contracts. Accordingly, Access2Care will help BMS of Health and Human Resources Bureau for Medical Services control costs by creating efficiencies while also maintaining high user satisfaction and implementing operational enhancements that will effectively prevent and detect fraud and waste.

Due to the complexities of this business, there are only a handful of firms that can meet all of the requirements, and only Access2Care has the corporate experience, staff qualifications, and financial strength and stability to BMS's requirements. Moreover, the requirement to pay transportation providers in a timely manner and independent of payments from the State—requires that the firm selected to be the BMS's broker must have significant amounts of working capital to finance start-up

activities and payments to transportation providers in advance of payment from the State. Access2Care possesses the requisite working capital—and more. The transition process will be seamless, as Access2Care has the financial capacity and resources in place to ensure a timely and thorough program start-up.

**Section 4 - Vendor should provide a response to Subsection 3**

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

3.1 The Vendor should propose a staffing plan that includes staff that can address the unique needs of members while assuring that services are provided in the most economical manner. In their proposal, the vendor should describe how the staffing plan will provide the skills necessary to meet the requirements of the project throughout the life of the contract.

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

1. Organizational chart(s) showing the number and geographic location of all staff that will perform duties under the Contract, including Vendor and subcontractor staff. Key staff members, off-site (i.e., location other than the Vendor's call center facility) Vendor staff, and subcontractor staff should be clearly identified as such on each organizational chart. The Vendor should provide a chart showing the Vendor's entire organizational structure, including all parent entities. This chart should show the relationship of the Vendor's proposed project organization to its overall organizational structure. The Vendor should provide a revised organizational chart at any time during the Contract period that a change is made in the organizational structure.
2. Description of the roles, responsibilities and skills associated with each position on the organization chart(s).
3. Job descriptions and requirements for Call Center staff demonstrating a high school diploma or equivalent certification and all management staff demonstrating a bachelor degree and at least two years qualifying experience for this project.
4. Key staff positions, such as Project Manager, Assistant Manager, Provider Relations Manager, Outreach and Communications Manager and Call Center management staff, identified with named individuals and resumes demonstrating a bachelor degree, licenses, skills and at least two (2) years' experience that qualifies them for their role in this project. Resumes should be limited to three (3) single-sided pages.
5. Resumes of all other named individuals included in the Vendor's proposal, including any temporary staff that may be assigned to the project to provide specific, fixed-length services (e.g., training specialists, implementation staff). Resumes should include licenses, skills and relevant experience as it pertains to this project. Resumes should be limited to three (3) single-sided pages.
6. For any proposed work to be performed off-site, including work of subcontractor(s), the bidder should describe the assurance of quality and timeliness of the work done off-site or through subcontractors.
7. Approach to staff retention and ensuring continuity of staff.
8. Approach to personnel management.

Vendor Response:

**Access2Care's Staffing Plan is included on the following pages, addressing each provision in numbered sequential order.**



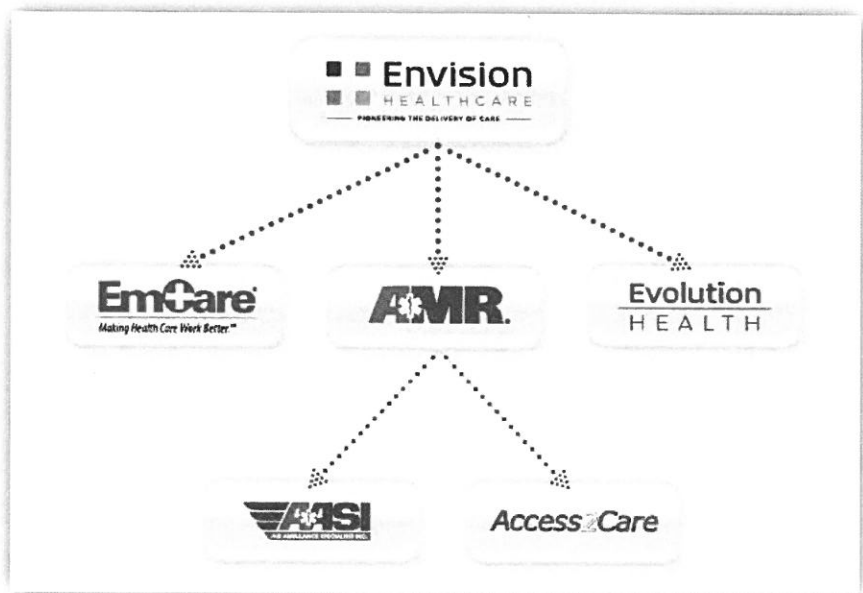
## 1. Organizational Charts

Access2Care, a subsidiary of American Medical Response, Inc. (AMR), a Delaware corporation, was established in August 1992 and is nationally headquartered in Greenwood Village, Colorado. The AMR family of companies is ultimately owned by Envision Healthcare Corporation (NYSE symbol EVHC), a public corporation, formerly Emergency Medical Services Corporation. EVHC is the largest provider of medical transportation and physician services in the United States, serving nearly 15 million patients a year. On a national scale, AMR maintains more than 5,000 client relationships. AMR's customer base includes hospitals, individuals, communities, health plans, managed care organizations, medical groups, and skilled nursing facilities, as well as city, county, state, and federal government agencies. AMR operates in 40 states and the District of Columbia, employs 16,458 personnel, maintains a fleet of 4,270 vehicles, manages 53 dispatch centers, and transports more than 4 million patients annually.

A graphic representation of Access2Care's relationship with its parent organizations is shown here.

***Access2Care is a component of Envision Healthcare and AMR.***

Access2Care currently has 320 employees in sites across Colorado, Nebraska, Idaho, Texas, Florida, Missouri (St. Louis), and Iowa.



### **Access2Care's Corporate Leadership Support Team**

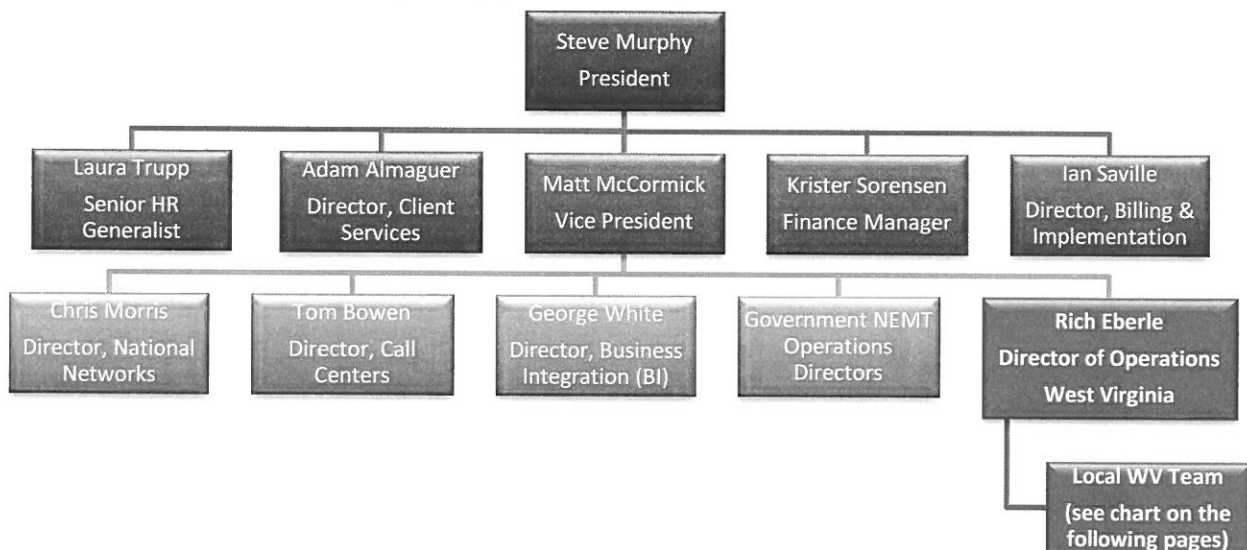
Our local leadership will be supported by a dedicated corporate support team comprised of regional and national leaders who possess specialized knowledge of key factors and functions relative to our smooth application and management of services. They are committed to client- and Department-focused decision making and to continuously improving services for BMS program clients. Throughout our partnership, these leaders remain an on-call and ready resource.

Our Corporate Leadership Support Team and their titles are shown below. Resumes for each of these individuals may be found in the back of this proposal as **Exhibit 1**.

Name	Title	Function and Responsibility for West Virginia
Steven Murphy	President	Company Oversight and Support
Matt McCormick	Vice President	NEMT Operations, Strategy and oversight
Amanda Doran	Director Corporate Compliance	Corporate Compliance
Ian Saville	Director of Billing and Implementation	Payment of Transportation Provider Claims, Client Billing, Fraud Waste and Abuse detection
Krister Sorenson	Manager of Finance	Finance
Adam Almaguer	Director of Client Services	Client Services, Quality, Implementation
Laura Trupp	Senior Human Resources Generalist	Staff hiring and monitoring, general training
George White	Director of Business Integration	Business Integration, Technology development and implementation
Tom Bowen	Director of Customer Service	National director of callcenters, monitoring productivity and performance to contract requirements
Chris Morris	Manager of Operations	Provider Network recruitment and Operations
Jeff Hutchison	Manager of Business Integration	IT system implementation of contract requirements
Sharon Vincent	Quality Assurance Manager	Oversight and audits of local operations, development of Policy and Procedures.
Jack Gojan	Business Integration Analyst	Reporting and analysis of West Virginia utilization
Duane Shull	Project Manager	IT Project Management, system development
Shawn Seewald	Manager of Business Integration	Network Provider recruitment, credentialing, contracting.
John Yeast	Information Technology Manager-Field Operations	Local implementation of IT and telecommunications hardware and software

Below is an organization chart showing how our Corporate Leadership Support Team structure and how it connects to our West Virginia Director of Operations.

### Corporate Leadership Support Team





## Leadership Biographies

### **STEVE MURPHY**

#### **Senior Vice President, Envision Healthcare Corporation and Access2Care**

Mr. Steve Murphy is Senior Vice President of Government and National Services for Envision Healthcare Corporation (EVHC) and its two largest operating companies American Medical Response and EmCare, which are respectively North America's largest emergency medical services and emergency physician practice management companies.

Prior to joining EVHC, Mr. Murphy held positions as National Vice President of Government Relations for CareLine Inc, and MedTrans, Inc., President and COO of Pruner Health Services, Inc. and Chief Administrative Officer for Piner's Napa Ambulance Service, Inc. He was previously an EMS Commissioner for the State of California and is also a past President and board member of the California Ambulance Association. He holds a Registered Nursing Degree and has been previously credentialed as a Certified Emergency Nurse and Mobile Intensive Care Nurse.

- Mr. Murphy has been with EVHC and its predecessor companies for twenty four years, and has been active in emergency medical services and the ambulance profession over forty years.
- In his current positions, he provides executive oversight for AMR's national, international, and multi-regional client relationships. He also provides executive oversight of EVHC's government relations programs and initiatives.

### **MATT MCCORMICK**

#### **Vice President, Access2Care**

Matt McCormick is Vice President for Emergency Medical Services Corporation and Access2Care. He is the former Chief Executive Officer of Mission Care Services, a holding company that included a regional ambulance service generating more than \$30 million in annual sales. In 2005, he led the creation of a managed transportation company that evolved into Access2Care. Mr. McCormick joined AMR in 2007 with AMR's acquisition of Access2Care. Throughout 2007, he was responsible for AMR operations in four Midwestern states and managed the St. Louis, Missouri operations of Access2Care. He joined the national organization in 2008. Matt serves on the board of a St. Louis community hospital and was formerly a member of a judicial nominating commission.

As the former owner and CEO of one of the nation's largest privately owned regional ambulance services and in his capacity as Vice President of Access2Care he has overseen the development, implementation and operations of complex medical management programs that integrate local provider network partnerships to achieve member satisfaction. These programs serve more than eight-and-a-half (8.5) million Medicare and Medicaid beneficiaries in over twenty-two (22) states.

- Mr. McCormick has more than twenty five (25) years working in health care as a senior executive.
- He is responsible for Access2Care's national operations and in that capacity has direct and indirect supervisory experience for over 350 team members.

**IAN SAVILLE**

**Director of Billing and Implementation**

Mr. Saville is a finance professional with 25 years of extensive domestic and international financial and accounting experience. He is directly responsible for overseeing the implementation of claims and billing processing for state and commercial non-emergency contracts and for directing budgetary planning and forecasting for the claims department.

- He is responsible for twenty (20) staff personnel handling claims for twenty seven (27) contracts, and processing 3,000,000 claims per year.
- His claims department processes in excess of ninety five percent (95%) of all claims within contractual filing requirements.

**JOHN YEAST**

**Manager IT and Field Operations**

Mr. Yeast has over 20 years' experience in public safety and is known for crafting the requisite strategic vision to achieve business goals for specific clients. His expertise helps Access2Care offer a unique blend of business acumen, team building, and IT solutions development. A St. Louis native, Yeast delivers results by aligning technological initiatives with business goals, substantial improvement to service delivery, and business systems with performance. Yeast serves on the board of directors for the St. Louis effort for AIDS, one of the city's largest non-profit agencies.

- Responsible for IT Field Support teams covering 14 states
- Field support teams provide 24x7x365 support to our Access2Care Call Centers
- Oversee IT Support staff responsible for supporting multiple 9-1-1 emergency dispatch centers
- Served as the IT Project Manager for more than thirty (30) of our state and government new contract implementations since 2007

**TOM BOWEN**

**Director of Customer Service**

Mr. Bowen has more than twenty four (24) years of experience in customer care, call center management, healthcare, and call center implementation. He is a proven executive, driven to create enhanced customer experiences while maintaining organizational profitability. With years of expertise in the customer service arena, Mr. Bowen has been able to identify, recommend, and implement focused improvements encompassing strategic direction and operational efficiencies through continuous process improvement.

- Twenty four(24) years of high volume inbound call center management experience, including ACD and workforce systems management responsibility.
- Responsible for the performance and 24x7x365 operations of 7 Access2Care call centers in six (6) States including Missouri, Texas, Florida, Nebraska, Iowa, and Idaho.
- Currently oversee an organization consisting of 283 Customer Service Representatives, four (4) Call Center Managers, and thirteen (13) Call Center Supervisors.
- Current call center operations process over 1.5 million customer contacts per year via an Avaya ACD phone system.
- Our call centers operate in a performance based environment delivering ninety six percent (96%) CSR quality and ninety two percent (92%) CSR productivity, with a focus on exceeding individual account key performance indicator goals for call service level and quality.

## **KRISTER SORENSEN**

### **Finance Manager**

Mr. Sorensen has over six years of experience in the finance industry. He is responsible for oversight of all financial reporting, forecasting and budgets for Access2Care, as well as international operations under Access2Care's parent company, Envision Healthcare. Krister excels at analyzing and interpreting statistical and financial data for strategic planning and provides recommendations to our organization's leadership team. He oversees all pricing for new business opportunities for Access2Care and drives process improvement of business reporting, systems, policies and procedures. Krister has his Bachelors of Science in Finance with a certificate in International Business from Colorado State University and his Masters of Business Administration from University of Colorado Denver specializing in Business Strategy and Entrepreneurship.

- Designs complicated Excel spreadsheets, building models to evaluate business unit financial results.
- Analyzes monthly internal financial statements.
- Completes general ledger close for multiple entities
- Conducts monthly close reviews, variance analysis and account reconciliation.
- Preparation and presentation of analyses to management including "what if" scenarios.
- Develops pro forma statements for new business opportunities.
- Performs internal ad-hoc reports as requested.
- Drives process improvement to business reporting, systems, policies and procedures.

## **RICHARD EBERLE**

### **Director of Operations**

Mr. Richard Eberle's career spans more than 24 years in the health delivery, transportation, and government service environment. For more than 15 years he has served as top management of operations specializing in transportation and logistics with extensive success in Medicaid NEMT. He has been instrumental in developing new transportation programs that significantly reduce waste and abuse while providing reliable and appropriate transportation service for Medicaid and Medicare clients. Mr. Eberle offers extensive insight into managed transportation services. His entire career has been dedicated to serving government agencies at the federal, state, and local levels.

- Responsible for a staff of 25 full time employees in Idaho who handled the operations 146,368 calls received in the past year (12,197 average) as well as the 1,176,423 authorized trips (98,035 average).
- Rich is also responsible to ensure that the close to 90 contracted transportation companies are properly credentialed per state and federal guidelines annually. In the past year, Rich's operation credentialed over 570 vehicles as well as maintained various driver files for well over 600 drivers in the state of Idaho.
- While overseeing the Idaho Operation, Rich has been able to ensure that the Idaho Call Center consistently answered all calls well below Idaho's required 2:00 minutes minimum average and maintained an abandonment rate below the required seven percent (7%) (1:02 and 5.37% average the past twelve (12) months). This all being accomplished while maintaining the states requirement to case manage all incoming trip requests to ensure that the closet most appropriate medical provider is utilized.

- Reducing waste in fraud and abuse as well as miles traveled to medical appointments (10.1 miles per trip average the past twelve (12) months from a high of thirteen (13) miles per trip at implementation September 2010). The operation was also able to identify and move more Medicaid participants to lower cost options like public transportation (33% increase first six (6) months of 2011 vs. last 6 months at the time of this writing) and mileage reimbursement (208% same time period)
- All of this occurred while maintain a complaint ratio of 5 valid complaints for every 1,000 authorized trips, 4.7 (out of 5.0) Customer Satisfaction Service Rating.

**SHAWN SEEWALD**

**Network Manager**

Mr. Seewald brings over 10 years of experience in the managed transportation business. His experience includes large implementations, coordinating transportation resources, ensuring network adequacy, and promoting high-quality customer service. He started in NEMT as a Customer Service Representative and was quickly promoted to Call Center Supervisor. Based on his drive for excellence and keen sense of operations, he has earned the position as one of our Sr. Managers of Transportation Network. He has a Bachelor of Science degree in Business Management with an emphasis in finance from the University of Wisconsin. His leadership supports a strong network of transportation providers with an emphasis on training and credentialing the finest providers available.

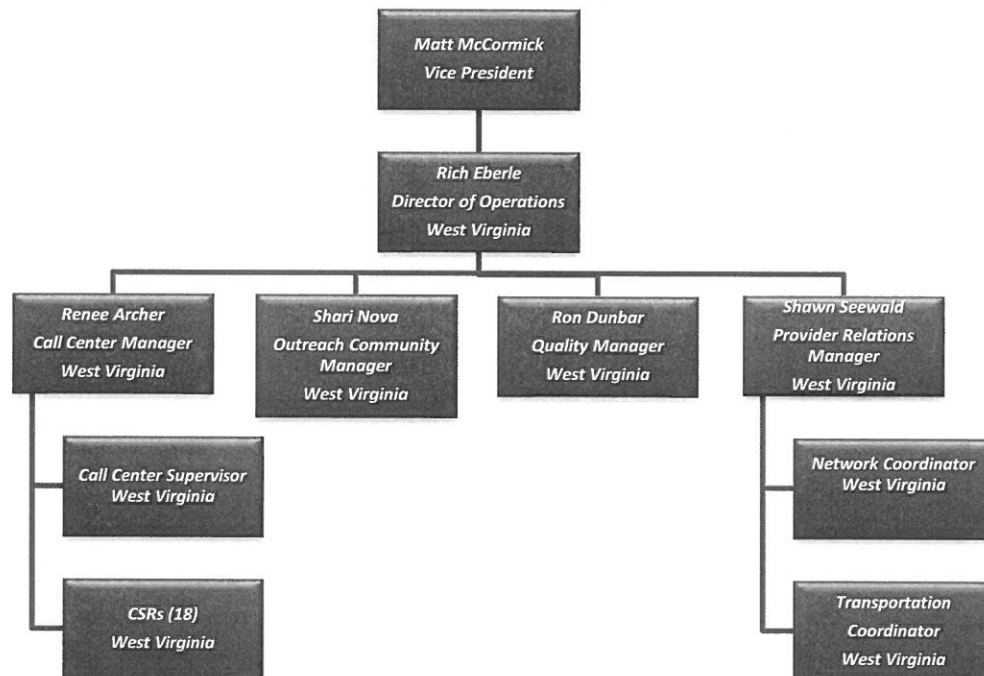
- Indirect oversight of 12 team members.
- Previously had direct oversight of an operation with 75 team members and \$30M Annual revenue.
- Oversight of compliance adherence to 700+ transportation providers
- Responsible for new network development in geographic areas not currently being served; including researching local and state regulations, payment structures, and cost drivers.

## Access2Care West Virginia

Our local leadership team titles and responsibilities are detailed below.

Name	Title	Responsibilities
Rich Eberle	Director of Operations West Virginia	Has clear authority over general administration and implementation of the provisions and requirements
Renee Archer	Call Center Manager / Customer Service Manager	Oversees our local call center and is responsible for call center performance, training, hiring, scheduling and all other call center activities. Oversees all aspects relating to customer service operations, and the call tracking system requirements.
Shawn Seewald	Provider Relations Manager	Ensures a network of qualified NEMT providers sufficient to provide adequate access to Medicaid covered services, address NEMT Provider inquiries and ensure provider compliance with the provisions and requirements
Ron Dunbar	Quality Manager	Oversees all aspects relating to quality of services; addressing Quality Assessment and Improvement Requirements; client grievances and appeals. Reports up to the national quality program.
Shari Nova	Outreach Community Manager	Specializes in Community Outreach for the entire state of West Virginia.

Detailed resumes and job descriptions are included in this proposal as **Exhibit 1**. Below is an organization chart showing how our local team reports up to our company Vice President, Matt McCormick.



*Through Access2Care's professional materials, programs and initiatives we look to recruit and hire the best and brightest talent. Access2Care educates, inspires and motivates employees to achieve their career goals. We continually promote an inclusive work force defined by diversity and skill.*

- 2. Description of Roles, Responsibilities and Skills
- 3. Job Descriptions and Requirements for Call Center Staff
- 4. Key Staff Positions
- 5. Resumes

Detailed resumes and job descriptions are included in this proposal as **Exhibit 1**.

## 6. Subcontractors

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

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

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

## 7. Staff Retention and Ensuring Continuity of Staff

Access2Care understands that retaining our core staff isn't as simple as increasing salaries and refining the benefits package. Professionals want an opportunity to grow and advance in their careers, and be given the opportunity for professional development and cross-training opportunities. This means encouraging them to expand their competencies, develop leadership abilities, and enhance communication skills.

Below are a few of the staff retention and continuity of staff efforts that Access2Care follows:

**\*Job Analysis** – Conduct regular job analysis audits to define behavioral assessments, job simulations, hard and soft skills assessment to define core competencies for each position. This information helps us to determine the best type of candidate for each position.

**\*Extensive Interviewing Process** – All candidates are interviewed to ensure minimum qualifications are met and they meet the necessary core competencies for the position. During our interviewing process we are also looking beyond qualifications to determine the likelihood of job longevity, the team synergy and customer service skills. The leaders interview only the top candidates so they can focus on the client. Final candidates must pass an extensive background check and drug screening process.

**\*HR Training** – All employees are required to attend New Hire Orientation to understand the Company's policies and expectations. Part of the HR Training includes Workplace Violence



Prevention, Harassment Prevention, Employee Handbook and General Compliance Training. Training is considered ongoing and not limited to new employees.

**\*Good training and development programs** – We are constantly developing training programs for all employees that can be accessed through our Learning Management System. Recently we have developed a 12 course module to assist in the training of new supervisors or those employees that aspire to become supervisors.

**\*Good management and employee working relationships** – We recently have developed a Skip Level Meeting Program for our call centers that allows employees to develop better working relationships with higher level leaders. This program improves the communication between the various staff levels while determining ways to improve the company's overall effectiveness.

**\*Fair pay system** – Access2Care hires outside companies that specialize in pay systems to annually evaluate our pay and salary grades. We utilize a plotting tool to assist leadership and HR in determining the appropriate pay for candidates and employees.

**\*Encourage Succession Planning** – We believe in promoting from within and identify roles that employees may be suited for in the future based on their career goals and current performance. Employees are given the opportunity to cross-train, job shadow, and work on special projects in order to increase their knowledge base and experience level.

**\*Employee Opinion Surveys** – We conduct the surveys on an as needed basis. The information is shared with all levels of employees and action items are developed and completed based on the results of the survey.

**\*Internal Competitions** – Some of our offices participate in Employee of the Month Programs, have friendly competition amongst the call center centers, host Christmas parties, potlucks, etc. to ensure a favorable employee morale and ultimately reduce turnover.

## 8. Approach to Personnel Management

Access2Care employs expert personnel who are dedicated to improving the quality of services, enhancing the relationships with transportation providers, and ensuring a responsive management team. We specialize in hiring quality employees who understand that the key to operating a successful transportation program is to form a strong and trustworthy relationship with BMS. Given our 99% client retention rate, you can be assured that the entire Access2Care team has years of directly relevant industry experience and strong leadership skills, and will pledge to continue to be highly responsive to BMS's needs.

### Commitment of Key Personnel

BMS can depend on the unwavering commitment of our key local, regional and national personnel to deliver on our promises to the program and the clients served.

### Our Commitment to Quality

Access2Care's key personnel are strongly committed to quality and improving outcomes. We prove our commitment through our consistent application of evidence-based policies and procedures focused on improving the delivery of the program objectives. Access2Care's leaders ensure that success standards

are shared throughout the organization and the system. They also commit to monitor closely the services delivered across the system, always seeking opportunities to apply the latest and most advanced standards. Access2Care's key personnel ensure our employees and providers are supported and heard and that they have the necessary resources and tools to administer quality services to all clients.

#### **Our Commitment to Transparency**

Access2Care's key personnel are committed to transparency. We believe in capturing and sharing data with the ultimate goal of improving the program and the reliability of the resources assigned to the delivery of service. Access2Care's West Virginia leadership team will share information, welcome input, feedback, and open communication.

#### **Our Commitment to Client Satisfaction**

Access2Care's personnel know the importance of a consistent and cohesive program, marked by collaboration and a shared set of standards. We take this commitment very seriously and provide transportation providers the resources and information necessary so they can focus on a quality experience for every client. Through Department program direction, system-wide credentialing standards, streamlined call center processes and technological solutions, Access2Care's key personnel lead West Virginia-specific initiatives focused on strengthening the program and improving client satisfaction.

#### **Leadership Training**

Access2Care supports the development and guidance of our current and future leaders through internal and external professional growth opportunities to increase knowledge and empower leaders to create value in the areas they serve. All leaders are required to attend leadership training on an annual basis. Access2Care believes in promoting from within and offers programs to support career path development. Additionally, Access2Care offers the utmost training to help BMS operate successfully.

Our initial training program is very comprehensive and covers the following areas:

- Human Resources and operations policy and procedures
- Telephone use
- Software applications
- Customer service skills

Access2Care has proven algorithms to determine appropriate staffing levels based upon membership, performance standards, and contract requirements. Because our proprietary "A2C" system software application and other technology drive efficient processes, our staffing models are effectively lean while meeting or exceeding all performance requirements.

Inter-rater reliability is reviewed in our Quality Assurance function, as a part of the training and ongoing supervision of CSRs. We assess the consistency with which each CSR handles calls as compared to the requirements of each client protocol.

Access2Care's leadership development programs ensure individuals in positions of responsibility and oversight are experienced, capable and always improving. Access2Care's learning curriculum is designed to prepare our key personnel for leadership positions and enhance their development as they progress within the organization. Our formal learning experiences are available to our employees in a variety of platforms and environments. We provide a core curriculum for each leadership level within the



organization. The intent is to ensure a baseline level of knowledge and competency at each level and to provide a foundation to build upon for future growth.

## Leadership Education Elements

### Supervisor Level

- Interdepartmental / cross-program exposure
- Strengths, Opportunities, Aspirations, Relationships (SOAR)
- Leadership Education and Development (LEAD) Program
- On-line prescribed and elective coursework

### Manager Level

- Seminars
- Community college courses (such as finance for non-financial professionals)
- Leadership Education and Development (LEAD) Program
- Strengths Opportunities, Aspirations, Relationships (SOAR) Program
- Online prescribed and elective coursework

### General Manager/Director Level

- Industry-wide conferences and seminars
- Strategic level DDI courses
- Leadership Education and Development (LEAD) Program

### Chief Executive Officer Level

- Executive succession planning
- Education programs at business schools
- Personal development and advancement seminars
- On-line prescribed and elective coursework

We recognize transitioning into a leadership role requires augmented skills and tools as well as ongoing training to support specific organizational/community needs. Access2Care has developed and tailored several unique programs that are available in a variety of platforms and learning environments, such as our Leadership, Education and Development University (LEAD U).

***The LEAD U Leadership Foundation Series***

The LEAD U leadership series of workshops are presented by certified instructors covering numerous development topics. Our company's leadership development programs include instructor-led seminars, self-directed online training, and workshops facilitated by certified instructors – all offered at no cost to our employees.

***The LEAD U Supervisor Series***

All new and incumbent supervisors have access to the LEAD U Supervisor Series. This self-directed online training covers the topics noted below and is managed through SuccessFactors, a family of online software that streamlines staff training and improves record keeping. We use several features of the SuccessFactors web-based platform to support training and education, as well as compliance, incident tracking, employee satisfaction, and other vital processes.

Supervisor 100 Topics	Supervisor 101 Topics
• History of Managed Transportation	• Financial Accounting
• Overview of Access2Care & the Supervisor Role	• Business Development
• Communication	• Clinical and Educational Services
• Key Performance Indicators	• Human Resources
• Conflict Resolution	• Government Relations
• Decision Making	• Safety and Risk Management
• Performance Management	• Billing Services
• Building Trust	• Operations
• Employment Law	• Labor Relations

***Strengths, Opportunities, Aspirations and Relationships (SOAR)***

A new, comprehensive employee career development program, SOAR, was introduced to all employees on January 1, 2013. SOAR will provide the tools, resources, and support for employees to create a career development plan and a career path to meet their individual goals. The foundation of this program is skills and competencies, and competency models were created for mission-critical positions in all business units. Through this program, employees strengthen their skills and competencies, identify development goals that align with their career aspirations, and manage their own career planning. In addition, through this program, on-demand, web-based training was created aligned with many of the skills and competencies to support employee success.

***Continuing Education Opportunities***

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

***External Learning Opportunities***

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

Recognizing the importance of investing in and assisting employees who wish to expand and advance their formal education, our parent company, Envision Healthcare Corporation, has partnered with the University of Phoenix to create a career development strategy for employees. University of Phoenix offers employees a tuition discount through the partnership.

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

***Personnel Recruiting***

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

Access2Care staffing specialists in our Denver office will use the staffing list to document the qualifications for the required staff.

It is Access2Care's intent and desire to continue any recruitment efforts within the local area for all positions. Access2Care solicits job applicants from the Welfare to Work Program and advertises in local media.

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

***Staff Training***

This task presents the activities necessary to develop training materials and deliver the personnel training.

***Update Training Materials***

We will review our existing training materials and update the materials to reflect the NEMT program and to incorporate the specific requirements of BMS. Our training includes the following modules:

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

***Conduct Training***

Members of Access2Care's Implementation Team and training staff lead classroom training. We use Access2Care experts to provide hands-on training of the application.

**3.2 The Vendor should provide credible, detailed evidence of their related experience and capabilities** in providing Non-Emergency Medical Transportation Services in a full brokerage program. At least three (3) Vendor references from government entities work within the last five (5) years should be provided.

**3.3 The Vendor should describe their experience within the last five (5) years operating a full brokerage NEMT Services program/s for a population of at least 90,000 lives, including with the following:**

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

Vendor Response:

Access2Care is an industry leading managed transportation services program. We recruit, credential, and monitor all transportation provider companies who work with us as well as all of their drivers and vehicles for compliance with all licensing, insurance, background checking and training.

Access2Care began its NEMT experience in 1998, with a national managed medical transportation program for Kaiser Permanente. Since 1998, our non-emergency medical transportation management experience has continued to grow. We currently deliver over 5 million trips for 8.5 million covered lives across urban, suburban, rural, and remote rural regions throughout 22 states and the District of Columbia. Access2Care currently provides NEMT management to Medicaid members through over 45 government and managed care organizations (MCO) contracts, with customized programs for each unique region and diverse population.

Access2Care well exceeds the required experience stated in the RFP. We have ample experience in state, national, and local transportation benefit programs with a population scale of at least 90,000 within the last five (5) years.

Access2Care manages transportation benefit services in diverse geographic locations including urban, suburban, rural, and remote rural. Across the country our statewide networks support diverse geographies, summarized in the table on the next page.



Access2Care Medicaid NEMT Experience

Name of Client	Contract Term (Start/End)	Medicaid / Medicare	Member Count	Providing/ Brokering NEMT	Recruiting NEMT Providers	Operating ACD System	Staffing Call Center	Develop Database
State of Texas	6/1/06-present	Medicaid	1,200,000	x	x	x	x	x
State of Idaho	2009-present	Medicaid	234,586	x	x	x	x	x
State of Nebraska	11/8/10-present	Medicaid	243,467	x	x	x	x	x
State of South Carolina	2011-2012	Medicaid	850,000	x	x	x	x	x
UnitedHealthcare - Great Lakes Health Plan of Michigan	7/1/2006-present	Medicaid	237,621	x	x	x	x	x
Molina Health of Ohio	2/15/2008 - 10/31/2011	Medicaid	230,097	x	x	x	x	x
Molina Health of Michigan	6/1/2008- 10/31/2011	Medicaid	218,403	x	x	x	x	x
Amerigroup	1/1/2008-present	Dual-Eligible & Medicaid	1,149,593	x	x	x	x	x
Total Health	1/1/2008-present	Medicaid	59,210	x	x	x	x	x
Bravo Health	7/15/2009-present	Medicaid	22,483	x	x	x	x	x
Bravo Star Plus	1/1/2010-present	Medicaid	23,150	x	x	x	x	x
Bluecare Network	4/1/2010- 12/31/2012	Dual-Medicare & Medicaid	46,995	x	x	x	x	x
Denver Health	4/1/2010-present	Dual-Medicare & Medicaid	61,793	x	x	x	x	x
Group Health Cooperative Superior	1/1/2011-present	Medicare	8,775	x	x	x	x	x
Trillium	1/1/2009-present	Medicaid	5,226	x	x	x	x	x
Community Health Choice	1/1/2008-present	Medicaid	3,090	x	x	x	x	x
Texas Children's Health Plan	8/1/2011-present	Medicaid	235,508	x	x	x	x	x
HealthSpring	8/1/2012-present	Medicaid	381,513	x		x	x	x
SelectCare	10/1/2008-present	Dual-Medicare and Medicaid	347,535	x	x	x	x	x
CarePlus	1/1/2008 - 12/31/2012	Medicaid	45,847	x	x	x	x	x
Coventry Kansas Medicare	3/1/2011 – present	Medicaid	185,150	x		x	x	x
	1/1/2013 – present	Dual-Medicare and Medicaid	4,500	x	x	x	x	x
Granite State Health Plan	TBD	Medicaid	40,000	x	x	x	x	x
Florida Commission for the Transportation Disadvantaged (Florida's state agency charged with Medicaid NEMT)- Brevard County	2004- Present	Medicaid	37,250	x	x	x	x	x
Florida Commission for the Transportation Disadvantaged (Florida's state agency charged with Medicaid NEMT)- Broward County	2005- Present	Medicaid	83,869	x	x	x	x	x
Florida Commission for the Transportation Disadvantaged (Florida's state agency charged with Medicaid NEMT)- Duval County	2010- Present	Medicaid	115,000	x	x	x	x	x
Florida Commission for the Transportation Disadvantaged (Florida's state agency charged with Medicaid NEMT)- Manatee	2007- Present	Medicaid	47,917	x	x	x	x	x

Name of Client	Contract Term (Start/End)	Medicaid / Medicare	Member Count	Providing/ Brokering NEMT	Recruiting NEMT Providers	Operating ACD System	Staffing Call Center	Develop Database
<b>County</b>								
Easy Choice Health Plan of New York	2012 – Present	Medicare	750	x	x	x	x	x
Florida Medicaid Reform Transportation for Sunshine State Health Plans	2009- Present	Medicaid	85,833	x	x	x	x	x
First Coast Advantage Medicaid Reform Transportation	2009- Present	Medicaid	68,750	x	x	x	x	x
Better Health Medicaid Reform Transportation	2006- Present	Medicaid	41,250	x	x	x	x	x
Freedom Health Plans Medicare Transportation	2008-Present	Medicare	133,333	x	x	x	x	x
Buckeye Community Health Plans Transportation	2008-Present	Medicaid	162,500	x	x	x	x	x
Paramount Advantage Non-Emergency Medical Transportation	2009- Present	Medicaid	141,043	x	x	x	x	x
Physicians United Plan	2012 – Present	Medicaid	6,833	x	x	x	x	x
Coventry Health Care	2012-Present	Medicare	30,667	x	x	x	x	x
Meridian Health Plan of Illinois	2012-Present	Medicaid	16,617	x	x	x	x	x
<b>Statewide Broker for NEMT Services</b>								
Iowa Medicaid Enterprise-Statewide Broker for the Iowa Medicaid Non-Emergency Transportation Program	2010- Present	Medicare	475,000	x	x	x	x	x
Meridian Health Plan of Michigan Statewide Broker for NEMT Services	2012-Present	Medicaid	294,000	x	x	x	x	x
Simply Healthcare Plans	2012-Present	Medicare	4,750	x	x	x	x	x
American Eldercare	Sept 2013 – Present	Medicaid Long - Term Care	<1,000	x	x	x	x	x
University of Florida, College of Medicine. Ped-I-Care, aka CMS Duval	2007 – Present	Medicaid	2,900	x	x	x	x	x
Florida Commission for the Transportation Disadvantaged (Florida's state agency charged with Medicaid NEMT)- Pinellas County	2011- Present	Medicaid	64,538	x	x	x	x	x
CareSource Ohio	2011 – Present	Medicaid/ Medicare	929,336	x	x	x	x	x

As seen above, Access2Care has credible, detailed evidence of our experience and capabilities providing Non-Emergency Medical Transportation Services in a full brokerage system to 8.5 million eligibles across the country. The vast majority of the projects above include providing all of the following services:

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

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

**State of Idaho Department of Health and Welfare**

Start Date: April 16, 2010 – Apr 15, 2014

Number of Medicaid members served: 223,241

The state of Idaho's initial NEMT brokerage program went live in September 2010, on time, within budget, and with an impressively low complaint rate of 0.007%. Our Idaho call center received a perfect score in URAC Core Standards accreditation, which verifies our commitment to best practices in operational procedures and quality assurance. By contracting with Access2Care, the state of Idaho reported savings of \$500,000 in the first year, and they continue to save an estimated \$50,000 per month.

**Contact: Matt Wimmer**

**State of Idaho Department of Health and Welfare**

**650 State Street**

**Boise, ID 83702**

**208-354-1989**

[wimmerm@dhw.idaho.gov](mailto:wimmerm@dhw.idaho.gov)

**State of Nebraska**

Start Date: November 8, 2010 and currently runs until November 7, 2014.

Number of Medicaid members served: 240,000

The state of Nebraska sought a NEMT transportation manager for improvements in program efficiency, cost savings, oversight, quality, and reporting. Based on Access2Care's technology, commitment to quality, and highly qualified personnel, we were selected and the contract was fully implemented on May 1, 2011.

**Contact: Courtney Miller**

**State of Nebraska Department of Health and Human Services**

**301 Centennial Mall South, 1<sup>st</sup> Floor**

**Lincoln, NE 68505**

**402-471-9185**

[Courtney.Miller@nebraska.gov](mailto:Courtney.Miller@nebraska.gov)



**State of Iowa**

Start Date: July 1, 2010 Contract end date: 6/30/2016

Number of Medicaid members served: 220,000

Access2Care is proud to have recently merged with TMS Management Group, Inc., another leading Non-Emergency Medical transportation provider. Operating as one entity under the Access2Care name, the two companies (TMS and Access2Care) have adopted the most efficient and successful practices from each, creating one of the largest, most efficient, and most experienced transportation management companies in the nation. Among the experience that the merger brings to our organization is its contract with the State of Iowa. In 2010 TMS, won the contract to be the single, Statewide Medicaid NEMT broker. TMS was given the task of transitioning the entire state from a fee-for-service program to a fully capitated model. TMS opened a local call center in Des Moines, Iowa with senior management who are from the State of Iowa, several weeks prior to full implementation. TMS experienced no delays in implementation and was fully prepared to begin services on October 1, 2010.



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

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

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

#### **ACCESS2CARE Case Study: Iowa**

##### **Geography**

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



##### **Topography**

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

##### **Population Distribution and Road Systems**

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

##### **Total Medicaid Eligibles**

405,000 +

##### **Location of Medical Providers**

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

##### **Utilization Habits of Medicaid Population**

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

### Access2Care Reforms to NEMT System

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

### Total Cost Savings for the Iowa NEMT System:

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

### Lessons Learned:

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



**Below is Summary in table format of Access2Care in Idaho, Nebraska and Iowa:**

<b>Program</b>	<b>State of Idaho Department of Health and Welfare</b>	<b>State of Nebraska</b>	<b>State of Iowa</b>
<b>Time Period</b>	Four years	Two years with two subsequent one year renewals (four years total)	Three years, five months
<b>Scheduled / Actual Completion Dates</b>	Contract Start: April 16, 2010 – Apr 15, 2014	November 8, 2010 and currently runs until November 7, 2014	Contract: Start date – 7/1/2010 End of base contract term: 6/30/2013 Contract end date: 6/30/2016
<b>Responsibilities</b>	NEMT brokerage program including network development and call center management, provider network recruitment and oversight, Quality management	NEMT transportation manager for improvements in program efficiency, cost savings, oversight, quality, and reporting; call center management; NEMT work development	Medicaid NEMT broker.; transitioning the entire state from a fee-for-service program to a fully capitated model; call center management
<b>Contact</b>	Matt Wimmer State of Idaho Department of Health and Welfare 650 State Street Boise, ID 83702 208-354-1989 <a href="mailto:wimmerm@dhw.idaho.gov">wimmerm@dhw.idaho.gov</a>	Courtney Miller State of Nebraska Department of Health and Human Services 301 Centennial Mall South, 1st Floor Lincoln, NE 68505 402-471-9185 <a href="mailto:Courtney.Miller@nebraska.gov">Courtney.Miller@nebraska.gov</a>	Tim Weltzin Iowa Medicaid Enterprise 100 Army Post Road Des Moines, IA 50315 515-256-4633 <a href="mailto:TWeltzi@dhs.state.ia.us">TWeltzi@dhs.state.ia.us</a>
<b>Project Description</b>	Number of Medicaid members served: 223,241 The state of Idaho's initial NEMT brokerage program went live in September 2010, on time, within budget, and with an impressively low complaint rate of 0.007%. Our Idaho call center received a perfect score in URAC Core Standards accreditation, which verifies our commitment to best practices in operational procedures and quality assurance. By contracting with Access2Care, the state of Idaho reported savings of \$500,000 in the first year, and they continue to save an estimated \$50,000 per month.	Number of Medicaid members served: 220,000 The state of Nebraska sought a NEMT transportation manager for improvements in program efficiency, cost savings, oversight, quality, and reporting. Based on Access2Care's technology, commitment to quality, and highly qualified personnel, we were selected and the contract was fully implemented on May 1, 2011.	Access2Care is proud to have recently merged with TMS Management Group, Inc., another leading Non-Emergency Medical transportation provider. Operating as one entity under the Access2Care name, the two companies (TMS and Access2Care) have adopted the most efficient and successful practices from each, creating one of the largest, most efficient, and most experienced transportation management companies in the nation. Among the experience that the merger brings to our organization is its contract with the State of Iowa. In 2010 TMS, won the contract to be the single, Statewide Medicaid NEMT broker. TMS was given the task of transitioning the entire state from a fee-for-service program to a fully capitated model. TMS opened a local call center in Des Moines, Iowa with senior management who are from the State of Iowa, several weeks prior to full implementation. TMS experienced no delays in implementation and was fully prepared to begin services on October 1, 2010

## Subsection 4.1 Approach

### Section 4, Subsection 4.1

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

1. Appendix 1. Operational Specifications, including all deliverables and proposal components described therein.
2. Appendix 2. Implementation Specifications, including all deliverables and proposal components described therein.

The Vendor's approach should exhibit an up-to-date knowledge and understanding of the NEMT Brokerage Program and NEMT Services in general, including the requirements of Chapter 524 of the West Virginia State Medicaid Manual, Chapter 27 of the West Virginia Bureau for Children and Families Income Maintenance Manual and 42 CFR § 440.170.

Access2Care understands that changing from a fee for service program to utilizing a full-risk capitation brokerage model can be a difficult transition. Effectively managing this transition takes certain skills that not every vendor possesses. Access2Care is unique in our industry. Over the past few years we have successfully transitioned many rural environments from a non-managed program into a broker model: Idaho, Iowa, Nebraska (state pays provider claims), New Hampshire (for MCO's), Texas, and Alabama (for MCO's). It is important that BMS selects a vendor that has a clear understanding of the overall engagement and services to be provided. Access2Care will utilize qualified transportation operators to provide the on-the-street transportation services, while providing the call intake process and the oversight of the entire program. There are many benefits to utilizing a transportation brokerage system and Access2Care is the ideal company to improve the coordination of various non-emergency medical transportation programs by implementing the benefits of a brokerage system, such as:

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

Currently, it is our understanding that West Virginia is utilizing numerous different modes and providers across the state, including public transit providers, common carriers, ambulance providers, and mileage reimbursements to friends/family. There is a high probability that without true coordination of these transportation services, inherent problems can occur. Some of these issues are:

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



In addition, the BMS staff time that is being utilized to provide information for services, conduct monitoring of the providers, dealing with complaints or service issues, reconciliation of billing, etc., could be saved by the utilization of a brokered transportation system. Many state agencies, health plans and other human service entities are turning to transportation brokerages as a viable alternative to less well-organized fee-for-service and any-willing-provider transportation programs. Transportation brokerages promote greater accountability and better data management, thereby reducing abuse, fraud and waste.

As a result of Access2Care not owning any vehicles, our company does not make decisions based on enhancing revenue at service level. We base our decisions on the most appropriate service for the client. Access2Care will contract with local transportation providers, community service organizations and public transit agencies in order to create a quality transportation network in West Virginia. Transportation companies have to undergo credentialing processes which verifies that they are correctly insured and their drivers and vehicles all meet the necessary quality standards. ***We are already holding meetings with providers in their local communities and have sent an Access2Care team leader on the ground in West Virginia to talk with the current providers, learn the best practices occurring today and begin trouble shooting the challenges that we might face in the future. Currently, providers are reluctant and apprehensive about this significant change in their business. This is not unusual, we have seen this in every transition and we have always been successful at building a robust network after an award is announced and being ready for go-live.***

Access2Care will operate a call center in Charleston, WV with highly trained highly trained Customer Service Representatives that will act as "gatekeepers." They do this by verifying that anyone requesting non-emergency transport are eligible under the terms and conditions of the Medicaid program. The Access2Care Customer Service Representatives will always ensure that each eligible client is transported to the correct covered medical service using the most appropriate and least-costly method of transportation.

By utilizing Access2Care to broker your transportation services, we will maximize the most economical modes of transportation as well as utilizing all available transportation resources in the community. Access2Care has a specialized team of professionals who are acutely prepared to transition a fee-for-service program, such as West Virginia, into a fully brokered system that provides improved quality while maintaining costs.

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

Currently, West Virginia Medicaid covers and reimburses air and ground ambulance services rendered to Medicaid members, subject to medical necessity and appropriateness criteria. In addition, WV Medicaid covers the non-ambulance transportation of members to appropriate medical appointments for diagnostic and therapeutic services, subject to various requirements. A transportation provider must meet applicable general requirements in Chapter 300, as well as all applicable Federal and State laws,

regulations, and certification requirements, including those established and regulated by the WV Public Service Commission (PSC) to enroll and participate in the WV Medicaid Program. The provider must also meet the certification requirements of Part B of the Medicare Program. Ambulance transportation providers must be licensed by and meet the personnel certification requirements of the WV Bureau for Public Health, Office of Emergency Medical Services (OEMS).

***The RFP Sections of Appendix 1 and Appendix 2 are shown on the following pages.***



## Appendix 1: Operational Specifications

The following operational specifications have been developed by BMS to describe expectations for the provision of NEMT Services by the Vendor. BMS is to consider responses to this RFP that propose modifications to the following specifications. Modifications should be clearly stated in the Vendors proposal.

### I. NEMT Service Request Processing

The Vendor is to provide screening, assignment, dispatch, and monitoring of NEMT requests to ensure consistent application of guidelines. The Vendor should fully and specifically describe in its Proposal how it intends to screen, authorize, schedule, and assign trips to NEMT Providers and communicate the information in a timely and efficient manner. The Vendor should also describe its procedure for assigning standing orders, urgent trips, and re-routed and refused trips.

Access2Care Understands and Agrees to the above.

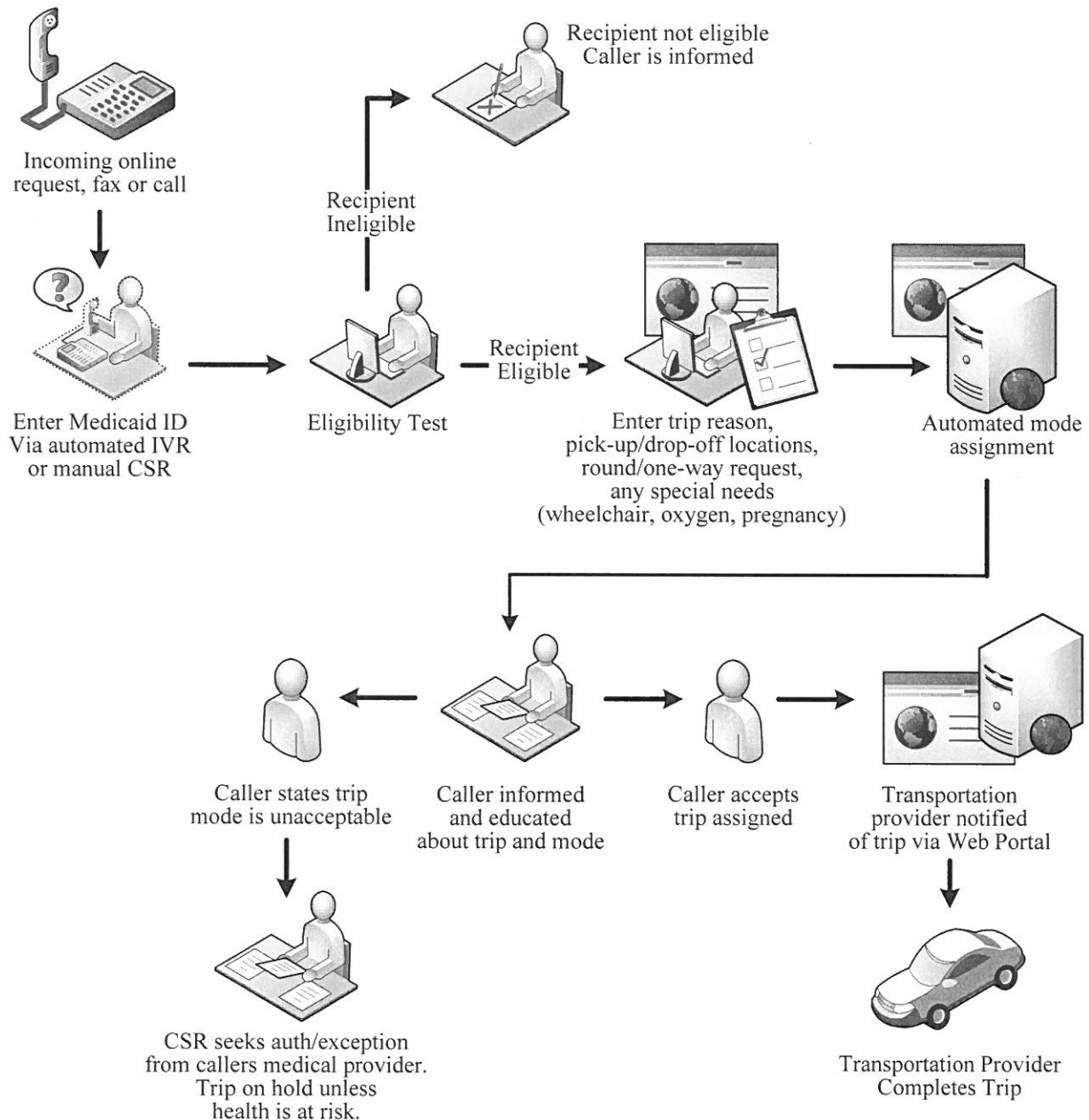
Non-emergency transportation can be a complicated process with verifying eligibility and Medicaid-covered services, appropriate mode assignment, paying transportation providers, and performing various audits throughout each process. Access2Care's objective in developing our call intake process was to make it as easy for members to obtain appropriate service through an automated process that provides accuracy, consistency and efficiency. By having much of the system automated, members make just one call, fax, or online request to procure transportation, answer a few questions, and are able to receive an answer quickly. Callers have one place to go to ensure all of their needs are met.

The Access2Care system is so well designed that we complete all of the steps in the process including the trip assignment to a specific provider during the initial call. This system allows us to deliver the trip request directly to the transportation provider within seconds of completing the reservation. It allows us to provide the member with the authorization, level-of-service determination and in most cases the name of the transportation company that will provide service. Accuracy during the scheduling of a transport contributes to timely service delivery and thus improves healthcare outcomes and member satisfaction levels.

Our CSRs are trained to handle the entire call transaction process including verifying member eligibility, any special needs they may have, the basic trip need, and the transportation provider assignment within the protocols of the client. Call times are minimized via efficiency metrics and training, and specifically via a CSR performance goal to handle incoming member calls within five (5) minutes on average. This handle time is tempered with a "quality" score where CSRs are scored on their accuracy in following guidelines, as well as their customer service levels on the call. We have a "coaching culture" in our call centers with low supervisor-to-CSR ratios (15:1 max) with a requirement to complete five CSR evaluations per employee per month and summarize the feedback in a monthly update meeting with each CSR where their performance is reviewed. Urgent member calls may be handled via call routing to a dedicated "ambulance" team that is trained to handle (non-emergency) non-ambulatory transportation, but if a member is in an emergency we refer them to 9-1-1 for emergency medical assistance. They may also be escalated to an on-staff supervisor, if over-ride assistance is needed. As a rule, if a transportation need is presented for urgent service, we follow our provided client protocols and may reach out to the client for approval prior to setting up an urgent (last minute) non-emergency transportation trip.



The graphic below illustrates our service provision process from the initial request to provider payment. Below the graphic on the following pages, we have provided the process narrative.



### **Step 1: Requesting Service**

Eligible members and health care facilities will call a dedicated toll-free number, or can make an online request for transportation via our website with the required five-business day notice before the trip, unless the trip is urgent. When utilizing our call center option, callers will be prompted to enter their Medicaid ID number and then be transferred to one of our courteous and professional CSRs to answer the call. Access2Cares proprietary “A2C” computer system automatically brings up the member details. Members can also wait for a CSR to provide the ID number and information, and the system will then pre-populate all other demographic information.

The CSR will then begin the call intake process using a pre-approved script, which appears in the Windows-based A2C reservation system. All scripts and queues will be approved by BMS prior to implementation or any subsequent change.

If eligible members and health care facilities choose to utilize the online method for requesting transportation the requestor will provide some basic trip information such as Member Medicaid Id, name, pick-up address, destination name and address, appointment date and time, as examples. This information is captured into the A2C system and validated against the trip protocols; if all parts of the trip request are approved, then the trip will be scheduled and a notification sent back to the requestor via text or call back.

Online ordering of routine transportation requests will be available to members, health plans, healthcare facilities, and other approved stakeholders through a secure portal. After scheduling their first trip by telephone through our West Virginia call center, members will be able to register for the online process. The registration process will provide user names and passwords needed for future online trip reservations. Approved stakeholders will also be required to obtain secure login credentials. Our online services exceed the requirements of the RFP. The online reservation system will meet all federal requirements regarding patient confidentiality. All online requests must include valid contact information for the member being transported so that verification of the request may occur.

Access2care also works with high volume facilities by coordinating the scheduling of trips by secure email. These facilities regularly submit service requests directly to our network team via secure email. Requests are entered and verified by the network team and assigned to the appropriate provider for execution.

### **Step 2: Checking Eligibility**

The A2C system will verify eligibility based on a variety of benefit levels, including specific RFP requirements.

#### **Automated Eligibility Process**

Each day, week, or month, BMS will provide Access2Care with a master file containing eligibility information for all persons eligible for Medicaid transportation. BMS decides how often it will provide the master file, and Access2Care will load eligibility files accordingly. Using the loaded Medicaid ID number the system runs a check to verify that the number is in the file provided by the State. If the member is in the A2C database, the CSR moves to the next phase of call intake.

If a caller is not eligible in our system and the caller insists that they are eligible, our CSR will attempt to verify the member’s eligibility according to state and federal protocols. If we are unable to determine eligibility using this method, and the member still claims to be eligible for a particular

date of service, the member will be referred to the appropriate state line for assistance. Once eligibility is confirmed, the CSR will either create a new member record or reactivate any member records previously in the A2C system and verify the member's eligibility through the approved portal.

#### **Verify Medicaid Covered Service**

After initial eligibility confirmation, the CSR will ask the member a series of questions such as where their destination will be and the type of medical provider they are seeing. The system uses this information to verify the appointment is to a Medicaid provider and for a Medicaid-covered service (see below for Mode/Level of Service determination). As described earlier we classify health care providers with a type code which allows us to compare the trip reason with the requested destination to assure an appropriate match. This business rules driven system is flexible so that we can accommodate almost any West Virginia specific goals such as using the closest appropriate provider and enforcing "in-network" requirements.

#### **Denying a Trip Request**

If eligibility is not confirmed, or if a service is not covered, the reason for denial will be documented and the system will automatically generate a denial letter. In compliance with the requirements in the RFP, the member will be contacted the same day, and the denial letter will be sent to the member the following business day. Denial reasons are at the discretion of BMS and all denial letters will contain BMS-approved language. At the request of BMS, Access2Care will prepare documents, reports, or exhibits. Access2Care acknowledges that BMS retains ultimate authority on authorization of transportation services and may direct Access2Care to accept a trip request and/or mode assignment.

### **Step 3: Advance Notice**

Members must schedule their routine transportation requests at least five (5) business days before the appointment. This will allow Access2Care to schedule the most cost-effective transportation based on the member's needs, abilities, and location.

#### **Urgent Trips**

Trip requests made within less than 5 days of the appointment are sometimes more difficult to schedule, but Access2Care understands that there are situations when the required notice cannot be given. Certain types of trips will be exempt of the requirement: hospital discharges, transports to/from dialysis and chemotherapy are examples. By establishing a specific and clear policy for urgent trip requests we will improve member conformance with program rules and reduce dissatisfaction that results when decision making is arbitrary.

#### **Trip Details**

The CSR will enter all trip-related details such as the reason for the trip, pick-up and drop-off locations, if the member is requesting a one-way or round-trip, or if the member has any special needs like a wheelchair or oxygen.

#### **Step 4: Determining Mode/Level of Service**

Following eligibility verification, the CSR is presented with a screen that displays the client's authorized mode(s) of transportation. The CSR is also presented with a series of questions to ask the caller that helps to determine or confirm the least costly, most appropriate level of service. It is the business rules functionality that determines the authorized level of service and not a discretionary decision made by the CSR. Our system automatically geocodes pickup locations, destination addresses and public transportation routes. This functionality supports our use of nationally accepted mapping software to best determine when, for example, public transportation is the appropriate level-of-service. BMS will have complete visibility on the business rule and the decision algorithms that bring back the service level determination. We believe that this exceptional technology is another example of how Access2Care will exceed the requirements of this RFP.

Transportation modes are assessed and assigned in the following order:

- Free transportation resources
- Friends or family mileage reimbursement
- Public Transportation
- Common carrier (Amtrak, Greyhound, taxi's, etc.)
- Basic Vehicle
- Enhanced Vehicle
- Non-Emergency Ambulance
- Fixed Wing Aircraft

#### **Step 5: Caller is Informed About Trip and Mode**

Our system uses pre-defined criteria to determine the most appropriate transportation provider to meet the physical and cognitive needs of the member. If public transportation is appropriate and available, the member is told of their assignment. If public transportation is not available, A2C prompts the CSR to investigate the possibility of securing transportation with mileage reimbursement. If neither public transportation nor mileage reimbursement is an option, the system will then assign the trip to the next most appropriate mode per the bulleted list above.

#### **If the Member Refuses Assigned Mode**

Access2Care's goal is to provide the least-cost, most appropriate level of service for each transport. We maintain open lines of communication with health care providers, community service agencies and case management professionals to obtain new information that might change level of service determinations. The member has an opportunity, after the initial determination and while still on the call to provide additional information that might change the level of service determination. Further,

Access2Care will offer to assist the member in obtaining a completed level-of-service form from their medical provider. The form must be completed by a medical provider and seeks basic mobility and functional assessments to determine if a higher mode is appropriate. The form will be returned to the Access2Care clinical case manager.

Once Access2Care receives the completed form, we will determine the appropriate mode of transportation based on the member's current level of mobility and functional independence as reported by the medical provider. All authorization decisions will occur within 2 days if additional

information is needed to schedule the transport. But if the trip is urgent or if the member health would be jeopardized, the member will receive a temporary higher mode of service. Only case management staff can override the automatic level of service.

The CSR will call the member to notify them of the approved trip assignment and continue scheduling of the trip request. If the member refuses the assigned mode, the CSR will cancel the trip request and send an auto-generated letter to the member no later than the next business day, informing them how to proceed.

In the absence of any new information (supplied by the member or a health care professional) that warrants a change in a level of service determination the member may always utilize the appeal/grievance process to contest the determination.

### **Concluding the Call**

If the member is in agreement with the level of service authorized, the CSR or clinical case manager will review all trip information to ensure the member understands the arrangements made. Inform the member that he or she will need to be ready one hour before the scheduled appointment. The CSR will then provide the number and queue prompt to call when the caller is ready for a return ride.

### **Step 6: Transportation Provider Notified of Trip**

Transportation providers have access to their own customized portal that displays all upcoming trip schedules. Once the CSR logs the trip request into the A2C system, it appears on the selected transportation provider's portal. Transportation providers are informed of all detailed trip information well ahead of the trip date and time.

Transportation providers will call the member 24 hours before the pick-up date and time to confirm transportation and will wait at least 10 minutes after the scheduled pick-up time before leaving the pick-up address. Trips will be monitored via our network GPS system to ensure members arrive to the appointment and back home on time. Transportation providers are required to call Access2Care immediately if they are running more than fifteen (15) minutes late for pickups.

All network providers are required to have an appropriate back-up plan, which includes extra vehicles to assist them in their scheduling. When the transportation provider notifies Access2Care that they are late, we will assess the issue and either call another transportation provider to pick up the passengers who may be affected, or call the passenger to notify them that the vehicle is running late.

### **Step 7: Transportation Provider Completes Trip**

Transportation will be scheduled to ensure the average waiting time for pick-up or drop-off delivery does not exceed fifteen (15) minutes, and ninety five percent (95%) of pick-ups must be within fifteen (15) minutes of the scheduled pick-up time, measured on a monthly basis.



#### A. Screening

Based on authorization of previous NEMT Services, the Vendor is to consider 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 is to adhere to the following specifications:

1. Requests for NEMT Services may be made by Members, their families, guardians or representatives, and by Providers.

Access2Care's system collects and stores the name of the person making the transportation request and their relationship to the member.

2 The Vendor is to screen all NEMT requests to determine each of the following items:

a. The Member's eligibility for NEMT Services.

Eligibility for transportation verification is required for all transportation requests. Verification can be done using a West Virginia eligibility file or via an electronic lookup to a state website. If a member is not found manual verification procedures are used.

b. The Member's medical need which requires NEMT Services.

All trips require a trip reason be entered that is then validated against the state's Medicaid benefit. In addition the program screens the destination to assure that the member is going to a Medicaid participating provider. We have the ability to code health care provider based on the type of services they render so that we can match the trip reason to the service provider. For example, a trip scheduled for an eye exam should result in a destination of an ophthalmologist or optometrist.

c. The Member's lack of access to available transportation. The Vendor is to require the Member to verbally certify this.

This information is gathered as part of the call intake protocols questions asked by the customer service representative when entering the transport request. Documentation of the question and response will be made. Further, call center agent reviews will include this element in the call scoring process which is used to evaluate agent performance.

d. The Member's service, for which the NEMT Service is requested, meets one or more of the following criteria: is to be provided by an in- network/in- state provider (an enrolled WV Medicaid provider located within the state or within thirty (30) miles of its border)

Approved providers will be loaded into the Access2Care system and used to validate that the provider is in-network / in-state or is a WV Medicaid provider with 30 miles of the state. The provider file will be loaded weekly or as frequently as supplied by the state. Access2Care will exceed this requirement by coding all providers by type, as described above.

e. or the Member received prior authorization from the Utilization Management Contractor (UMC) to receive medical services from an out-of-network/out-of-state provider, (a provider not enrolled in WV Medicaid located out of state beyond the 30-mile border), or an in- network/out-of-state provider (limited providers that are enrolled with WV Medicaid located beyond the 30-mile border that are all owed enrollment for their specialty services).

Trip distances are automatically calculated by the Access2Care system and if they exceed the mileage threshold listed here automatically flagged for further verification. If the required paperwork has

already been received the trip will be automatically approved and scheduled. Those requiring further documentation or approvals are sent to a queue where they are processed by specially trained agents. Access2Care will work with the state and the UMC to create automated processes that streamline requests and improve efficiency.

f. That the medical service for which NEMT Service is requested is a Covered Medical Service and if it requires prior authorization that it has been granted by the appropriate entity.

Our robust rules based scheduling system uses a number of features to assure that transports are scheduled only for Covered Medical Services. As described above we use a combination of trip reasons and destination verifications to support this goal. In addition, the system utilizes 'red flag' notices to our agent to track pre-authorized transport requests. Trip reasons or mileage / location exception trips are processed by a specially trained group of agents to get the necessary approvals or documentation.

g. The most economical Mode of Transportation appropriate to meet the medical needs of the Member, based on the Member's mobility status and personal capabilities on the date of service. Reasons for approval of Mode of Transportation that is not the most economical should be documented in detail.

The system automatically determines the least costly mode of transportation based on the member's mobility status and personal capabilities. The business rules which drive this decision making function may be pre-approved by the XX (state agency initials). The use of this robust and proprietary rules based platform assures consistency and auditability. Any change from the system determined level of service is documented in the system. This documentation includes why a different level of service was chosen and who made the decision to change.

h. 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 Necessity of attendant or assistance request. The Vendor may require a medical certification statement from the Member's Provider in order to approve door-to-door service or hand-to-hand service.

Access2Care has a unique program tool that allows us to determine the closest appropriate medical provider and in conformance with state rules properly restrict transportation services. We accomplish this through applying a provider type code to each health care provider and then, instantaneously with the trip request, compare the geo-code of the member's home to all providers with the same code. The system then returns the closest appropriate medical provider as a valid destination.

These business rules are flexible enough to accommodate requirements specific to West Virginia.

3. The Vendor should determine whether the Member is eligible for NEMT at the time of service.

4. The Vendor is not responsible for arranging the transportation of the remains of a Member who expires while receiving medical treatment.

5. If a Member expires while in transit, the Vendor's NEMT Provider should contact the nearest law enforcement agency for instructions. The Vendor is to notify BMS of the occurrence within one (1) business day.

Access2Care Understands and Agrees to the above.

### **Access2Care is experienced in Screening Low-income Individuals and Racially and Culturally Diverse Groups**

Our customer service center and operations staff are familiar with providing NEMT services for vulnerable populations. Our experience has shown us the importance of understanding the populations

we serve. This understanding begins with ensuring we have the capability to communicate with the population, understand the culture and environment, and train all our staff to meet their needs. We have a case management team available to coordinate the needs of all high-risk members and trips. An example of our experience with low-income, culturally diverse populations is in Idaho. The state of Idaho has a large influx of African and Bosnian refugees processed through a federally funded refugee center. Each individual is placed on Medicaid temporarily for mandatory health checks such as tuberculosis screening. Access2Care is responsible for transporting these individuals to their required and/or voluntary medical appointments.

Most of these individuals are low-income and do not speak English, and there are specific sensitivities in regards to their families within their culture. Access2Care has customized procedures with its transportation providers in Idaho to meet the needs of this population in order to ensure they receive comfortable transportation to their medical appointments. We accomplished this by modifying our transportation provider agreements to allow family members to accompany members on their trips.

Our provider training recognizes that language is not the only potential challenge in providing services to culturally diverse communities. In one state, we redesigned a policy regarding additional riders when we learned that a particular cultural community was less likely to attend an appointment if they were forced to travel alone. In 2011 we worked with an advocacy group for persons with service animals and created an online training video for our network providers that explained the rights of people who use them.

#### B. Advance Reservations

The Vendor is to educate the Members on how to request NEMT Services. The Vendor should instruct the Members that requests for NEMT Services are to be made at least five (5) business days before NEMT Service is needed. Because scheduling issues do occasionally occur, the Vendor is strongly encouraged to develop processes for handling urgent trips, last minute and evening, weekend and holiday requests from Members, scheduling changes, and NEMT Providers who do not arrive for scheduled pick-ups.

Access2Care Understands and Agrees to the above.

As part of the pre-rollout notification packages we will notify members, health care facilities and managed care organizations of the five (5) day advance notification requirement. We will also configure the system to notify our agents whenever a transportation request is received with less than 5 days advance notice. We recognize the need for flexibility and will accommodate request with less than the 5 days advance notice. In addition processes will be developed to support urgent requests made outside of normal call center hours. In addition we will have processes in place to handle customer calls when NEMT providers do not show up for their scheduled transports or are running late.

We are also proposing providing an online ordering system for eligible members, health care facilities, and managed care organizations choose to utilize to request transportation or to see who is scheduled to pick them up. The requestor will provide some basic trip information such as Member Medicaid Id, name, pick-up address, destination name and address, appointment date and time, as examples. This information is captured into the A2C system and validated against the trip protocols; if all parts of the trip request are approved, then the trip will be scheduled and a notification sent back to the requestor via email, text, or call back.

Online ordering of routine transportation requests will be available to members, health plans, healthcare facilities, and other approved stakeholders through a secure portal.

Access2Care is the most innovative manager of medical transportation in the country:

- We were the first to create and implement secure web-based connectivity between our systems and our network providers.
- The A2C system has reduced errors, improved service and created efficiencies.
- We were the first in the country to create an electronic online claims submission system. This system has reduced provider administrative costs, increased their cash-flow and improved their overall ability to provide exceptional service.

Access2Care has been piloting a number of innovative programs to leverage technology and improve quality and efficiencies of NEMT programs. An example of our creative solutions utilizing technology to improve quality and efficiencies in West Virginia's NEMT program.

- **Automated Text Messaging:** Text messaging members to remind them of upcoming appointments has the potential to reduce member no-shows. When a member has forgotten an appointment or forgotten to cancel an appointment the text reminder may prompt them to take appropriate action. Assuming the member has authorized the sending of a text message, they have also provided a cellular phone number. This additional contact information allows both Access2Care and the provider to reach the member when new information needs to be shared.

In addition to the above solutions we welcome an opportunity to work with BMS on other initiatives such as automated outbound calling and the use of email to create efficiencies.

### **Urgent Trips**

Access2Care understands the necessity of waiving the pre-scheduling requirement when appropriate. Certain types of trips will be exempt of the requirement: hospital discharges, transports to/from dialysis and chemotherapy are examples. By establishing a specific and clear policy for urgent trip requests we will improve member conformance with program rules and reduce dissatisfaction that results when decision making is arbitrary.

### **C. Notification of Arrangements**

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

Access2Care Understands and Agrees to the above.

The information from our on-line ordering system is captured into the A2C system and validated against the trip protocols; if all parts of the trip request are approved, then the trip will be scheduled. The caller is then notified of the NEMT provider being assigned the transport. Fixed route and mileage reimbursement arrangements are also identified at this time and if either are used the caller is told of the arrangements. If the transport is via a NEMT provider the provider is also required to call the member within twenty four (24) hours of the transport to verify the arrangements and to verify that the



member is still requesting the transport. Transportation requests made via the online ordering module will also display the mode of transportation and vendor selected to perform the transport.

#### D. Scheduling and Dispatching Trips

The Vendor is to schedule and assign authorized trips to an appropriate NEMT Provider. The following standards are to be maintained:

1. The Vendor is to 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 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.

Access2Care has found that the most successful programs establish a pick-up window in which the transportation provider may arrive for transport to the destination. This process improves member satisfaction and contributes to transportation provider efficiency. This same process can be established for the return trip. Access2Care will accept the state's requirement regarding Scheduling and Dispatching and will provide appropriate documentation and record keeping to assure that the requirement is satisfied. Pickup times will be calculated so that average waiting time does not exceed the 15 minute threshold.

2. The Vendor and NEMT Provider may group Members and trips to promote efficiency and cost effectiveness. The Vendor may contact Providers in this process.

Access2Care will work cooperatively with transportation providers, community service organizations and public transit agencies to maximize multi-loading while minimizing ride times. Efficient multi-loading reduces program waste, strengthens provider networks and increases member satisfaction. Our professional experience and knowledge of transportation will be a significant resource to the West Virginia transportation community. Just as important, we believe in listening to and learning from the local experts especially those in public transportation programs.

3. NEMT Members should not be allowed absolute freedom to choose transportation by particular NEMT Provider. However, the Vendor should strive to maintain existing relationships between NEMT Providers and Members, and should try to accommodate a Member's request for specific NEMT Provider enrolled with BMS.

The system automatically assigns the most cost effective vendor to the transport request. We do allow members to request a different NEMT provider and if available and still cost effective our agents can override the system recommendation with this provider. We also recognize that for patients having regular appointments using the same provider improves member satisfaction with the program. We can identify these members and indicate in the client record which providers they prefer and have that provider assigned to all future trips.

4. The Vendor is to notify the NEMT Provider of the assignment at least two (2) business days prior to the trip, if possible, and is to timely assign the trip to another NEMT Provider if necessary.

In the majority of cases, Members will be notified of their transportation arrangements during their initial call. All Members will be notified at least two (2) business days prior to their trip, when possible. We also require that transport providers contact the Member 24 hours in advance of the trip to confirm. This reduces member and provider no-shows and increase efficiency.



5. The Vendor is to contact an appropriate NEMT Provider so that pick-up occurs within three (3) hours after notification of a hospital discharge.

Access2Care Understands and Agrees to the above.

6. Trip Types. Specific scheduling and dispatching standards unique to specific trip types are defined as follows:

a. Single Trips Requests: The Vendor is to require that requests for NEMT Services to a single appointment be made via a toll-free telephone number. Other methods of single trip requests may be allowed with BMS approval.

Most trips are setup as round trip transport requests in the Access2Care system. The return leg of these trips can either have a predefined pickup time, for example dialysis treatments with known duration, or as a “will call” return trip where the member or facility calls when the patients visit is complete. We also support one way transports.

b. Standing Order Trip Requests: The Vendor is to establish procedures to handle trip requests so that Members are not required to continually make arrangement for repetitive appointments. The Vendor is to include in its procedure to recertify the need of a Standing Order with the Medical Provider at least every ninety (90) calendar days.

Access2Care has a standing order process under which we can set up-to-90-days-worth of trips for specific reasons including dialysis, mental health rehabilitation, chemotherapy, radiation, and other repeated treatment statuses. Every thirty (30) days, Access2Care checks the State system to verify continued eligibility for these trips. In addition, we also receive a daily eligibility report from BMS against which these trips are also checked.

Using the automated eligibility report, the A2C System alerts us of any client who has a standing order but no longer has eligibility. We contact those clients and let them know they are no longer eligible and that their standing order trips booked through Access2Care are cancelled.

c. 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 an ambulatory vehicle, wheelchair vehicle, or commercial the Vendor shall make the appropriate arrangements for the one-way transport for the Member and up to one (1) attendant.

This is supported in the A2C system.

d. Commercial Air Travel: In limited situations, the medical care required for a Member cannot be provided within the State of West Virginia. WV Medicaid has enrolled specialty hospitals located elsewhere in the United States 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 is to be responsible for making the appropriate arrangements, purchasing the tickets, and distributing them to the member. The Vendor is to be responsible for purchasing tickets for the Member receiving medical services and up to one (1) attendant only. The Vendor is to use the most cost efficient arrangements possible with reasonable allowances for choosing a flight that would reduce the number of transfers and/or reduce travel time, and/or choosing an appropriate departure/arrival time based on the medical needs of the member. All tickets purchased for commercial air travel are to be coach seating.

The Access2Care system includes a case management module that manages all aspects of these long distance transports, most of which include air transportation. We utilize the most cost effective arrangements that meet the patient's medical needs. Attendants' expenses and arrangements are supported by this module

7. Out-of-State Meals and Lodging: 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 an 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.

In our A2C system, we identify providers who can handle long distance and out of area trips. We have considerable experience transporting patients and attendants across state lines for medical care, and arranging for air transport, connecting ground transport and lodging. We can also arrange to use either vouchers or reimbursement for other authorized expenses, such as meals.

8. Fixed Wing Transports: Fixed wing air ambulance services are covered by WV Medicaid when the Member's condition meets medical necessity as described in Chapter 524 of the WV Medicaid Provider Manual. The Member's medical condition may be such that they could actually fly on a commercial flight with a medical escort and special arrangements with the airline, or they may be able to fly by a less expensive charter flight rather than a true fully staffed air ambulance. Air ambulance providers are to operate in compliance with the requirements listed in Chapter 524 of the WV State Medicaid Manual. The Vendor should evaluate and arrange the most appropriate air 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, private charter flight (non-air ambulance), or licensed air ambulance. 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. 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 ambulance transports in emergencies that occur after business hours, on weekends, and on holidays.

The Access2Care system includes a case management module that manages all aspects of these long distance transports, most of which include air transportation. We utilize the most cost effective

arrangements that meet the patient's medical needs. Attendants' expenses and arrangements are supported by this method.

## II. NEMT Providers

### A. Network of NEMT Providers

The Vendor is to establish a network of NEMT Providers and negotiate reimbursement with qualified transportation entities. 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 is to establish and maintain a good working relationship with NEMT Providers, Medical Providers and professional associations with which it is required to be in contact in the performance of the Contract.

The Vendor is to submit with its Proposal Letters of Commitment from 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 NEMT Provider operates and the geographic areas in which the NEMT Provider is to operate.

The Vendor should also include in its Proposal the proposed number of vehicles by type as of the anticipated Operations Start Date of the NEMT Broker Program. The Vendor should include contingency plans for the unexpected peak transportation demands, weather and other related natural disasters, and back up plans for instances when a vehicle is excessively late or is otherwise unavailable for service. The Vendor should identify NEMT Providers for bariatric transportation by geographic areas of coverage.

If the Vendor recruits existing NEMT Providers, the Vendor should ensure that drivers may continue to provide NEMT Services under the current state- administered program until coverage under the NEMT Brokerage Program starts. The Vendor is to include in its Proposal a plan ensuring that there is NO delegation of service.

Access2Care builds networks to meet every level of service that supports the demand in each county of the state. Our reimbursement to the transportation network will be fair, but not predatory. We deliver a transportation network that operates at the most cost competitive reimbursement, which allows the transportation provider to sustain their business. Further, we are already holding meetings with providers in their local communities and have sent an Access2Care team leader on the ground in West Virginia to talk with the current providers, learn the best practices occurring today and begin trouble shooting the challenges that we might face in the future. Currently, providers are reluctant and apprehensive about this significant change in their business. This is not unusual, we have seen this in every transition and we have always been successful at building a robust network after an award is announced and being ready for go-live.

### **Innovative strategies for network development include:**

- Encouraging mileage reimbursement through the use of our ACD technology
- Multiple trips in the same month eligible for a monthly bus pass would result in savings per trip
- Working with public transit providers to identify heavy use areas to customize their routing to increase utilization of public transit.
- Utilize electronic bus passes that can be reloaded remotely for each trip scheduled
- Build a volunteer driver network that provides rides to medical appointments by

- volunteers that are reimbursed their mileage driven.
- Work with other human service organizations that may be providing transportation to other entities to add Medicaid NEMT to their service offerings

**Transportation Providers across the industry prefer Access2Care because of our:**

- Cost effective training resources
- Collaborative approach to performance improvement/corrective action plans
- Easy technology solution for invoicing and payment receipt
- Accurate trip assignment process

**Access2Care has a specialized and dedicated team for outreach and a support team to medical providers. This team is successful because:**

- They are medically trained, generally holding an RN license from the state
- They are the direct contact for facilities to use
- They are the conduit between facilities/medical providers and any special medical requests that require approval by the state.
- They are located in the state and have local literacy

Access2Care participates in professional transportation organizations, or is available to meet with them as needed. We are committed to creating advisory committees for reviewing NEMT services that includes constituents from all entities that can be effected by transportation, including the professional organizations.

Access2Care has received Letters of Commitment from transportation providers serving the state of WV (Included in **Exhibit 2**), indicating a willingness to work with us. We believe that they have signed these letters because, after meeting with our staff and researching Access2Care, they understand our partnership philosophy and approach to working with providers.

Among these letters is one from J. Douglas Carter, General Manager of Potomac Valley Transit Authority, one of West Virginia's largest NEMT providers.

A demand analysis for the state of West Virginia is completed (see below). It includes the number of vehicles required by Level of Service. During the implementation of the project, a more detailed analysis completed at the local levels will give a geographic representation of the required vehicles to service the location. The calculation for vehicle demand is designed to meet the demand for the heaviest transportation day, which in our experience is generally Wednesday.

**Access2Care's Estimated Vehicle Demand Analysis for West Virginia**

Sedan	WC	BLS	ALS
90	50	33	25

**Unexpected heavy demand, weather, or excessive lateness can be addressed by:**

- Building a network to have excess capacity.
- Using vehicles that support a higher level of service to meet unexpected demand of a lower level of service (e.g. use a wheelchair van to provide sedan service)
- Shift resources from an area not experiencing unexpected utilization temporarily
- As a last resort, utilize a non-network provider to provide services temporarily with basic credentialing
- Bariatric services are contracted as a level of service for each geographic area.
- Access2Care utilizes a variety of methods to ensure the current service is not impacted by credentialing and inspecting vehicles that are serving the program by inspecting vehicles during times of non-use during the day, early morning or late evening, or on weekends
- Access2Care does not delegate any service. Our teams take on responsibility for all network oversight including, but not limited to; contracting, credentialing, training, performance oversight, and ongoing network outreach. The plan is as follows:
  - 90 – 45 days before go live - Initial outreach – Contracting Team
  - 75 – 30 days before go live – Contracting – Contracting Team
  - 75 – 20 days before go live – Credentialing – Local Network Coordinators
  - 30 - 15 days before go live - Training– Local Network Coordinators
  - 15 - 1 day(s) before go live - Trip Assignment for Go Live – Application & Call Center
  - 15 – 1 day(s) before go live – Outreach to ensure Transportation Provider understands their requirements and processes – Local Network Coordinators

**B. NEMT Provider Contracts**

The Vendor is to identify, recruit, and negotiate contracts with NEMT Providers, including all modes of transportation, sufficient to meet the needs of the Members. The Vendor is to 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 is to 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 BMS 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 BMS 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 BMS at its sole discretion;
22. Indemnification language to protect the State of West Virginia and BMS;
23. Evidence of insurance for vehicle and driver;
24. Sub mission of documentation as required by BMS;
25. Appeal and dispute resolution; and
26. Assurance of no over-lap of services with other programs

Access2Care has experience in twenty (20) states negotiating contracts with transportation providers. To measure success of readiness to meet member demands, a demand analysis is completed on a county by county basis to ensure each area has sufficient vehicles to meet the expected demand. In the demand analysis, a factor is applied to ensure there is excess capacity built into each area to account for unexpected failures of a particular transportation provider or specific vehicle.

The Proposed Model Contract is attached (**Exhibit 2**). The specific area of the subcontractor agreement that meets the requirements of the above are listed for ease of identification to the evaluator.

RFP REQUIREMENT	SUBCONTRACTOR PARAGRAPH REFERENCE
1. Payment administration and timely payment;	9 (ii)
2. Modes of transportation;	Schedule A - I.A
3. Geographic coverage area(s);	Schedule A – II
4. Attendant services;	Schedule C – 3
5. Telephone and vehicle communication services;	Schedule C – 2.2, 3.13, 9.1.4.5
6. Information systems;	Schedule C – 10.1 – 10.5, 10.11 – 10.13
7. Scheduling;	Schedule C- 10.2
8. Dispatching;	Schedule C – 2.2, 10.5 – 10.7
9. Pick-up and deliver standards;	Schedule C – 9.1.1
10. Urgent trip requirements;	Schedule C – 10.4
11. Driver qualifications;	Schedule C – 3.0
12. Expectations for door-to-door, hand-to-hand, curb-to-curb;	Schedule C – 3.15
13. Driver conduct;	Schedule C – 3.0
14. Driver manifest delivery;	Schedule C – 8.0
15. Vehicle requirements;	Schedule C – 5.0
16. Back-up service;	Schedule C – 2.4
17. Quality assurance;	7
18. Non-compliance with standards;	7, Schedule C 5.22
19. Training for drivers;	Schedule C – 4.0
20. Confidentiality of information;	19

21. Specific provision that, in the instance of default by Vendor, the agreement should be passed to BMS 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 BMS at its sole discretion;	16
22. Indemnification language to protect the State of West Virginia and BMS;	14
23. Evidence of insurance for vehicle and driver;	17, Schedule C 7.0
24. Sub mission of documentation as required by BMS;	Schedule C 2.6
25. Appeal and dispute resolution; and	15
26. Assurance of no over-lap of services with other programs	28

Please see **Exhibit 2** for a copy of our Initial Service Agreement/ Proposed Model Contract.

#### C. NEMT Provider Reimbursement

The Vendor is to provide timely payment to each contracted NEMT Provider for the services rendered. 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 is to describe the following:

Access2Care Understands and Agrees to the above. Access2Care exceeds the requirements for the establishment of statewide reimbursement rates and reimbursing network providers for transportation benefit services.

1. Payment methodology;
2. Billing system;
3. Billing policies;
4. NEMT Providers instructions and procedure; and
5. Penalties for late submission of reimbursement request.

The Vendor's billing options are to include options for electronic submission of invoices by NEMT Providers. The Vendor should pay at least ninety percent (90%) of all "clean claims" from NEMT Providers within forty-five (45) calendar days following receipt. Further, the Vendor should pay at least ninety-nine (99%) of all "clean claims" from NEMT Providers within ninety (90) calendar days following receipt.

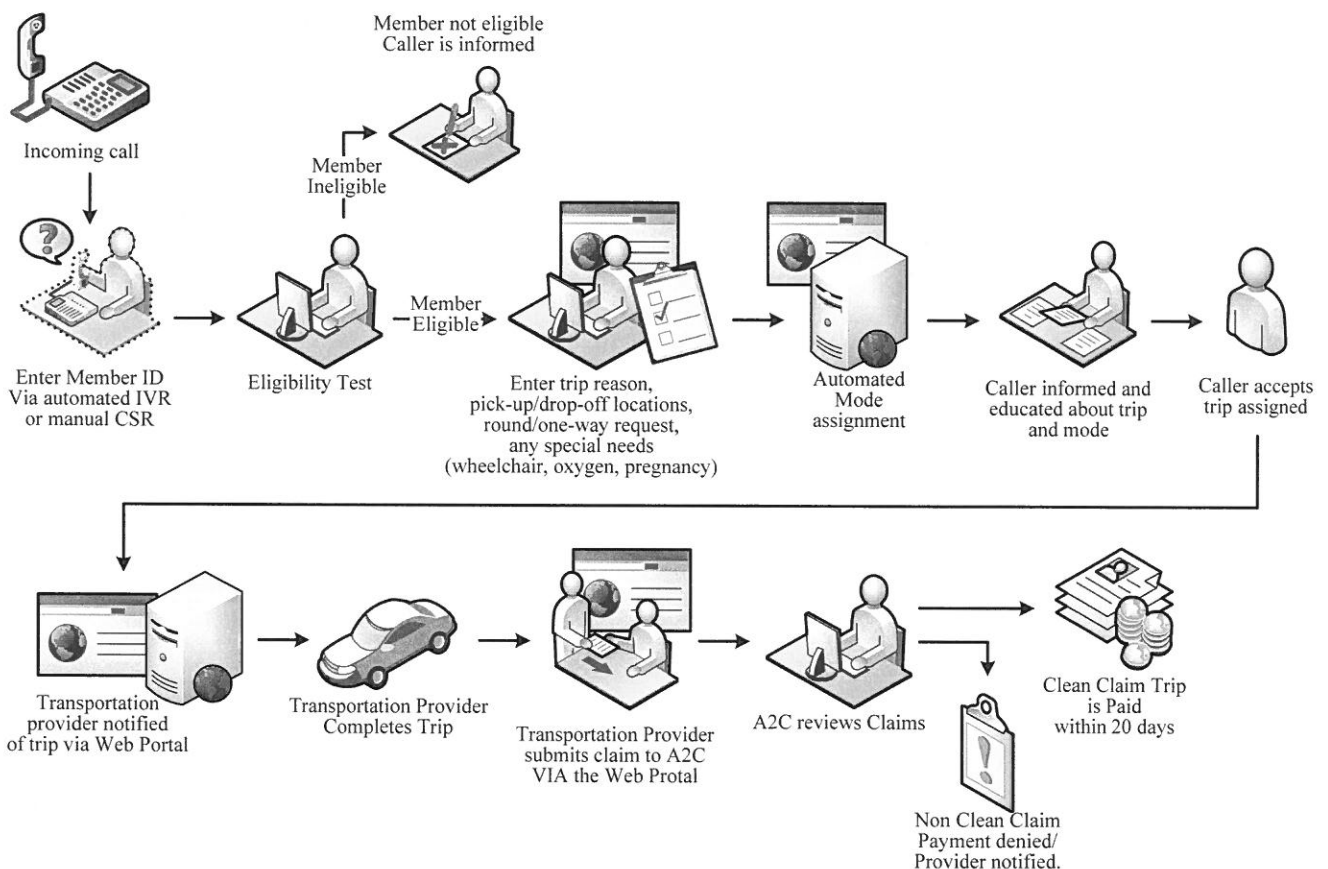
A "clean claim" is defined as a claim that can be processed without obtaining additional information from the NEMT Provider or from a third party, with the exception of any claim submitted by or on behalf of a NEMT Provider or Provider who is under investigation for Fraud or Abuse, or a claim that is under review for medical necessity. Complaints are to be subject to the Vendor's Provider grievance resolution system.

Access2Care exceeds the requirements for the establishment of statewide reimbursement rates and reimbursing network providers for transportation benefit services.

## Claims Experience

Access2Care was the first broker in the industry to develop a web portal and online claims system to streamline our payment process. We have over 15 years of experience paying transportation providers, and we have the financial stability and resources to often pay our providers before we receive reimbursement from our client. In 2013 to date, Access2Care has received and processed over 2.2 million claims. We have paid in excess of ninety five (95) percent of all these claims within twenty (20) days, exceeding the requirements in the RFP.

Reimbursement for our transportation providers is just as important to us as our internal payroll. We have developed an efficient automated process to ensure transportation providers can easily submit their claims and that we only pay for services rendered. Because we know that transportation providers have varied technology capabilities, we have developed an automated claims process (via our transportation provider web portal) and a manual fax process. Approximately 99% of our transportation providers use the online claims submission process. The claims submission and payment process is depicted in the graphic below.



## Claims Process

When a transportation provider chooses to use the online trip assignment and claims submission process, they receive a secure login and password so they are able to retrieve their trip assignments and submit claims using the secure web portal. Once the trips are routed by the transportation provider to a driver, drivers can create and complete a driver log/manifest directly from the A2C system. The electronic log will contain all of the items. The driver will use the log to complete his or her assigned trips. The driver will return the trip log to the provider's administrative office at the end of the shift.

Drivers must ensure accuracy of trip documentation, including pick-up times, odometer readings, and member (or designee) signature. All uncompleted trips must have an appropriate reason code.

**Step 1: Provider Trip Entry**

Transportation providers use the clear trips screen in the A2C system to update or reconcile their trips. In this screen, transportation providers enter all the required trip information, such as pick-up/drop-off times, member signature, and trip outcome.

**Step 2: Automated Claims System**

The A2C system reviews the transportation provider entry in the database and automatically determines the pay status. If a specific trip is flagged for audit, the provider is alerted in the pending screen and is then required to send documentation into Access2Care's claims department for verification. A trip can be flagged for three reasons:

1. Pre-payment audit: Each day prior to adjudicating claims Access2Care flags five percent (5%) of each transportation provider's cleared trips for audit. This process identifies individual trips and notifies the provider that they need to submit their driver manifests or trip logs for review prior to payment.
2. Post-payment focus audits: Periodically each month we perform audits on specific transportation providers on an as needed basis. This includes verification with the medical provider that the member actually attended their appointment. We identify and trend procedural, financial and over-all errors on a monthly basis.
3. Complaint: If a complaint has been filed to Access2Care about a specific trip, that trip is flagged for manual review before it is paid.

**Step 3: Manual Review/Investigation**

Once Access2Care receives all the required information, the claims department reviews the documentation to verify everything is complete. The claims department also verifies with the medical provider that the member actually attended the appointment. Pending the outcome of the audit, the claims staff either approves or denies the claim. If a complaint is associated with a trip, the claims staff works with the service recovery specialist to ensure that payment is approved or denied, pending the outcome of the complaint.

**Step 4: Prompt Payment or Denial**

Access2Care pays all transportation providers, within the timeframes noted below, for all trips verified as completed. During the credentialing and contracting phases, the provider notifies us how they prefer to be paid. We can electronically deposit funds via Automated Clearing House (ACH), Electronic Funds Transfer (EFT), or mail the funds via U.S. Mail. We use Oracle as our accounting interface. Oracle is an industry standard, and we can generate reports of payable data directly through the Oracle interface. We provide timely payment to each network transportation provider based on the authorized services rendered. Full payment of all authorized trips is made to the transportation provider within twenty (20) days of receipt of a clean invoice. If information is missing or incomplete, the claim will be resolved within fifteen (15) days. One hundred percent of all claims are paid or denied within 30 days of receipt of a complete and valid claim.

Our payment procedures ensure that transportation provider claims for reimbursement match verification of authorized trips. Access2Care validates that all transportation services paid for under the contract are properly authorized and rendered.

#### **Invoicing without internet access**

For transportation providers who prefer to use the manual fax process, we train them on the claims submission process. Access2Care faxes a weekly reconciliation form to the transportation provider. The transportation provider must complete and return the form for the previous week's trips.

Access2Care will provide BMS with online access to all claims data and related information.

#### **D. Geographic Coverage Area**

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

Access2Care Understands and Agrees to the above.

As a NEMT manager with national experience, Access2Care has worked in geographies similar to those of West Virginia. Our expertise managing populations in diverse areas will help ensure timely implementation and professional execution of the program. Many of our state-wide networks, Texas and Michigan for example, contain urban, suburban-rural, and far rural areas. Our other state NEMT contracts contain provisions for support transportation to adjacent states when required. All have mileage or geographic restrictions.

#### **Rural Areas**

Access2Care has substantial experience coordinating transportation in rural areas. In rural Michigan we partnered with an organization called Hope Network to help us recruit, train, and use volunteer drivers. We reimburse Hope Network slightly more than traditional gas reimbursement so that the agency has the resources to continually recruit and develop new drivers.

#### **Remote Rural**

Access2Care serves far rural markets in many states such as Texas, Alabama, Idaho, and Nebraska. Few areas of America are as far rural as Harding County New Mexico, population 740. In the first six (6) months of 2012 one transport was generated from this area. Far from any transportation resource and having a member who had no opportunity to use gas reimbursement, Access2Care took the unusual step of negotiating special reimbursement for a provider to come from another community, 100 miles away, effect the transport, stay with the member at their appointment, and return the member home. Our obligation is to care for every West Virginia citizen, regardless of where they reside.

#### **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 is to be familiar with schedules of fixed route transportation in communities where it is now available and in areas where it becomes available during the term of the Contract. The Vendor may distribute or arrange for the distribution of fixed route passes to Members for whom fixed route transportation is the most appropriate mode of transportation. The furthest distance a Member should be required to walk to or from a fixed route transportation stop is one-half ( 1/2) mile.

If the Vendor determines that fixed route transportation is an appropriate mode of transportation for a Member, but the Member requests a different mode of transportation, the Vendor may require the Member to supply documentation from his or her physician. The Vendor should consider the following when determining whether to allow an exception:

1. The Member's ability to travel independently, including the age of the Member and any permanent or temporary debilitating physical or mental condition that precludes use of fixed route transportation.
2. The availability of the fixed route transportation in the Member's area or community including the accessibility of the location to which the Member is traveling and whether the Member is to travel more than one-half (112) mile to and from the fixed route transportation stop;
3. Inclement weather conditions (including extreme heat or cold) or other pertinent factors that make use of fixed route transportation unfeasible;
4. The compatibility of the fixed route transportation schedule with the Member's appointment times for the Covered Medical Service. The schedule for the fixed route transportation should allow the Member to arrive at the drop off location no more than ninety (90) minutes prior to the scheduled appointment time, and should allow the Member forty-five (45) minutes after the estimated time the appointment may end to arrive at the pick-up location; and
5. Any special needs of the Member which requires the coordination of services with other Providers.

#### 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.

#### 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 above).

#### 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, or is equipped specifically for the transportation of passengers who cannot sit upright and are required to remain in a lying position during transport. 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).

#### E. Fixed Wing Aircraft

Fixed wing aircraft is defined as an aircraft used when a Member needs to be transported over long distances more quickly than ground ambulance or other NEMT modes of transportation.

#### Non-Emergency Ambulance

Non-emergency ambulance is defined as a motorized vehicle equipped specifically for the transportation of a passenger whose medical condition requires transfer by stretcher with medical supervision. The patient's condition may also require the use of medical equipment, monitoring, aid, care, or treatment, including the administration of drugs or oxygen, during transport.

#### Other Transportation

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

Access2Care Understands and Agrees to the above.

Access2Care has extensive experience in developing robust and diverse transportation networks. We have worked in partnership with a broad range of transportation providers for over fourteen (14) years to meet the needs of our passengers and the contractual obligations of our clients. We currently contract with over 850 NEMT transportation providers across the United States, managing over 4,000 vehicles.

***Our networks support all modes, including:***

- Fixed Route (public transportation, fixed and deviated routes)
- Private Auto
- Basic Vehicle
- Enhanced Vehicle
- Fixed-Wing Aircraft
- Non-Emergency Ambulance
- Other Transportation

In every NEMT program, Access2Care successfully recruited local transportation providers and Fixed route bus or other scheduled routing services are supported by the Access2Care application because, normally, they are the least expensive way to transport members to their appointments. Route information is loaded into the system allowing the CSRs to determine walking distances accurately for any member's pickup and drop-off location.

**IV. Miscellaneous Operation Rules**

**A. Excessive Distance**

The Vendor should question whether a Covered Medical Service could be provided closer to the Member's residence. Examples of possible excessive distance requests include a request for NEMT Services to a Provider that is not in the area where the Member resides, or a request for NEMT Services to a Provider that is not in the same county, bordering county or metropolitan area in a bordering state for Members living in rural areas. Vendor may deny the request if the Covered Medical Services are available closer to the Member's residence and they do not provide medical certification that the closer Provider cannot provide the care.

Generally, in determining if the transport is within reasonable proximity of a Member, the Vendor is to 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. Vendor is to ensure that any transportation requests for NON- in-network/in -state providers are prior authorized by the UMC.

If a Member has recently moved to a new area, the Vendor is to 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.

Access2Care Understands and Agrees to the above.

We understand the miscellaneous operation rule for excessive distance and in and out of network and state restrictions and will implement processes to ensure that we comply with these requirements. We also recognize the need for patients to utilize their existing medical providers for ninety (90) days after a change in address while they find new medical providers and will accommodate this requirement. Access2Care's Senior Manager of Facilities, Outreach, Education and Training handles all long distance or out-of-state trips. The Manager works closely with medical providers to ensure appropriate mode assignment.

Many states require that members use the closest appropriate, participating medical provider in order for NEMT services to be accessed. In order for this approach to be effective without negatively affecting the quality of services, the transportation manager needs the tools to make that determination quickly and accurately. For Ohio-based Medicaid NEMT services Access2Care designed and implemented functionality into our technology platform that determines closest appropriate provider instantly during the member's call, via geo-locating. This technology approach reduces costs for the transportation, and encourages use of participating providers.

#### B. On-Time Arrival

The driver should make his presence known to the Members 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 is to 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 two percent (2%) of the scheduled trips should be late or missed per day.

Access2Care Understands and Agrees to the above.

We grade our transportation providers on key indicators such as complaints and on-time performance. This grading system rewards high performing transportation providers by automatically assigning trips to them first. Rewarding providers fosters positive relationships and positive program results.

#### C. Travel Time on Board

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

Access2Care Understands and Agrees to the above. No member can remain on a network transportation provider's vehicle more than one forty-five (45) minutes longer than the average travel time would take.

#### D. Adverse Weather Plan

The Vendor should have a written plan for transporting Members who need critical medical care during adverse weather conditions. "Adverse weather conditions" includes/ but is not limited to 1 extreme heat 1 extreme cold 1 hurricane, tropical storms, flooding, tornado warnings, and heavy snowfall. The Vendor should submit a final completed plan to BMS for approval no later than two (2) weeks prior to the Operations Start Date and thereafter upon BMS request. The Vendor should not begin operations without an approved Adverse Weather Plan.

Access2Care Understands and Agrees to the above.

Special attention is also given to these cases when weather or other events threaten to disrupt regular operations. Access2Care has coordinated transportation through hurricanes, blizzards, and floods and when severe weather or disruptions happen, these cases are priorities for our transport coordinators and case managers. They coordinate with the providers, medical facilities and the members to modify transportation plans as needed to assure that member health is not jeopardized.

The safety of passengers is the first consideration when determining whether or not to perform services during inclement weather conditions. It is the policy of Access2Care to make every reasonable attempt to adjust an assigned travel method, as appropriate and necessary, to accommodate client transportation requests during inclement or changing weather conditions. Special consideration is given to life-sustaining trips such as dialysis, chemotherapy, and radiation treatments.

During inclement weather, the West Virginia Operations Senior Leadership is responsible for acquiring information on an ongoing basis to determine possible weather-related concerns that could impact transportation services. This information is obtained in combination with state highway control websites, local weather forecasters, area law enforcement, and local network provider evaluations. Operations leadership determines locations and risk levels. After a determination is made, call center personnel are informed of the risk level and the areas affected.

When inclement weather threatens Access2Care's ability to provide transportation services, the center notifies the client of the steps Access2Care is taking to minimize disruptions to travelers.

We manage this process by categorizing the risk in the following levels.

#### Level One:

- Public transportation and transportation providers are running; non-high-risk riders are either unable and/or unwilling to use originally scheduled transportation because of inclement weather conditions.
- Inform rider that required advance notice will be waived to allow them to reschedule their appointment for another day.
- CSRs make every effort to locate a provider capable of providing the services requested for all urgent requests.

#### Level Two:

- Transportation is slowed; public transportation and transportation providers remain operational. For public transportation users, minimum walking distance requirements can be waived at the client's request.
- Inform rider that required advance notice will be waived to allow them to reschedule their appointment for another day.

- CSRs will make every effort to locate a provider capable of providing the services for urgent requests.

**Level Three:**

- When the area is threatened with or experiencing serious inclement weather and transportation providers notify Access2Care that they are discontinuing service.
- The operation will immediately notify the client of the stoppage.
- Access2Care and the transportation provider will make every attempt to notify riders that have already scheduled transportation of the travel restrictions and encourage them to reschedule their appointments.

***CSRs begin shifting high-risk trips to providers who remain operational and who will accept new trips.***

- CSRs will make every effort to locate a provider capable of providing services urgent requests.
- If the rider and the transportation provider agree to a transport, CSRs will verify with the medical provider that the appointment has not been cancelled or delayed before transportation is scheduled. If so, the trip will be cancelled and they will be asked to reschedule the appointment.
- CSRs begin cancelling non-essential, non-urgent trips.
- Inform rider that the required notice will be waived to allow them to reschedule his or her appointment for another day.

**Level Four:**

- The state declares a state of emergency.
- Operations leadership immediately notify the client of a non-essential transportation stoppage.
- CSRs begin cancelling all trips for the next twenty-four (24) hours by notifying all participant/clients and transportation providers.
- Operations leadership and appropriate network personnel ensure that all transports in progress are completed and riders are returned to their points of origin.

**E. Vendor as a NEMT Provider**

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

Access2Care Understands and Agrees to the above. Although Access2Care does not operate any vehicles, our parent company, American Medical Response, Inc., is an ambulance company and we have staff that fully understands the challenges faced by the EMS community. We will commit to working closely with the ambulance providers to ensure the transition goes smoothly. No other vendor has the ability to reach out to a parent company for this expertise. **Please Note:** We fully understand the RFP requires that the selected vendor cannot operate transportation services, and we will comply with this provision.



#### 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 for post-transportation authorization of NEMT Services without BMS review and approval. The Vendor should submit a final completed policy to BMS for approval no later than thirty (30) calendar days prior to the Operations Start Date. The Vendor should not begin operations without an approved Post-Transportation Authorization of NEMT Services Policy.

Post-transportation authorization is to be allowed in instances when prior authorization was not obtainable, such as services requested when the Vendor's Call Center was closed and back-dated eligibility of the Member. 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.

Access2Care Understands and Agrees to the above. Access2Care will submit a final completed policy to BMS for approval no later than thirty (30) calendar days prior to the Operations Start Date.

#### G. Accidents and Incidents

The Vendor is to 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 passenger becomes unruly or ill. Details are to be reported in the Accident and Incident Report (as described in Appendix 3, Reporting Requirements).

Access2Care Understands and Agrees to the above.

Automobile accidents are serious events, and BMS deserves an equally serious report. Access2Care's accident report is nearly as detailed as a police report, with many fields that provide a narrative of the event as well as any injuries sustained. This report has capabilities to display detailed data regarding all vehicles and parties involved, including passengers, and even gives the reason for the accident. Access2Care is dedicated to maintaining important records like accidents and those involved, and the A2C system fully supports this function.

Our policy goal is to define expectations and report guidelines for any Network Transportation Provider involved in an accident or any situation that is out of the ordinary or unusual in nature.

Network Transportation Providers must notify Access2Care within twenty four (24) hours of accidents or situations that result in an unexpected occurrence involving the actual or potential physical or psychological injury of a client or otherwise adversely affects the quality of service, operations, assets or reputation of BMS and/or Access2Care.

Transportation providers involved in an accident are required to notify the appropriate police agency so that a police report can be completed and submitted to AMR/A2C within twenty four (24) hours of the accident. The written report must include:

- Names and addresses of all parties involved in the accident
- Date/time/location of accident
- A description and summary of the accident
- Description of illness or injuries to involved parties

- Name of person submitting the report
- Date of report
- The name and driver's license number of the transportation driver
- The name of the client transported at the time of the accident
- The names of all parties transported to a facility

#### 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 below, the Vendor is to deny the request and record the reason(s) for the denial in its information system on the same business day.
2. The Vendor is to 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 to the right to appeal the denial. The Vendor is to develop the denial letter and criteria for sending of the denial letter. The Vendor should submit the final completed denial letter and criteria to BMS for approval no later than thirty (30) calendar days prior to the Operations Start Date. The Vendor should not begin operations without approved versions of these deliverables.
3. In the event a Member does not have sufficient information to arrange the transport and has to hang up and call back at a later time, the initial phone call with incomplete information should not be considered a trip denial for reporting purposes.

Access2Care Understands and Agrees to the above.

All denial letters will be submitted to BMS for approval, at least 30 days prior to Operational Start and any subsequent changes to the letters will be also be submitted to BMS for approval prior to their use.

All authorizations or denials are based on West Virginia's program requirements. Access2Care will deny service based on the criteria in the above section, and we will not deny an elevated level of service without first conferring with the member's medical provider

#### B. Denial Reasons

NEMT Service requests may be denied for one or more of the following reasons:

1. The Member is not eligible for NEMT Services on the date of service;
2. The Member does not have a medical need that required NEMT Services;
3. The medical service for which NEMT Service is requested is not a Covered Medical Service;
4. The medical service for which NEMT Service is requested requires prior authorization and prior authorization has not been obtained;
5. The service was done out-of-network without a prior authorization and did not meet policy criteria for an emergency or foster child placed out-of-state ;
6. The Member has access to affordable transportation;
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 trip was not requested within an appropriate timeframe and the request cannot be a accommodated because of this;
12. Additional documentation was requested and was not received within an appropriate timeframe;
13. The Member refuses the appropriate mode of transportation; or
14. The Member refuses the NEMT Provider assigned to the trip and another NEMT Provider is not available.

Access2Care Understands and Agrees to the above.

Appropriate reasons (listed above 1-14) for denial will be loaded into the Access2Care application's business rules during implementation and will be in compliance with West Virginia's policies. Denial reasons are at the discretion of BMS and can be changed during the contract. All denial letters will contain Department-approved language. If a service is denied, reduced, or terminated, the system will automatically generate a denial letter containing the member's appeal rights, which we will send to the member the following business day; however, the member will be contacted the same day, as specified in the RFP. The reason for a denial will be documented in the A2C system.

#### 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. 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.

Access2Care Understands and Agrees to the above.

Eligible members, health care facilities and managed care organizations will call a dedicated toll-free number, or can make an online request for transportation via our website with the required five-business day notice before the trip, unless the trip is urgent. When utilizing our call center option, callers will be prompted to enter their Medicaid ID number and then be transferred to one of our courteous and professional CSRs to answer the call. The A2C system automatically brings up the member details. The CSR will then begin the call intake process using a pre-approved script, which appears in the

Windows-based A2C reservation system. All scripts and queues will be approved by BMS prior to implementation or any subsequent change.

If eligible members, health care facilities, and managed care organizations choose to utilize the online method for requesting transportation the requestor will provide some basic trip information such as Member Medicaid Id, name, pick-up address, destination name and address, appointment date and time, as examples. This information is captured into the A2C system and validated against the trip protocols; if all parts of the trip request are approved, then the trip will be scheduled and a notification sent back to the requestor via text or call back.

Online ordering of routine transportation requests will be available to members, health plans, healthcare facilities, and other approved stakeholders through a secure portal. After scheduling their first trip by telephone through our West Virginia call center, members will be able to register for the online process. The registration process will provide user names and passwords needed for future online trip reservations. Approved stakeholders will also be required to obtain secure login credentials. Our online services exceed the requirements of the RFP. The online reservation system will meet all federal requirements regarding patient confidentiality. All online requests must include valid contact information for the member being transported so that verification of the request may occur.

Access2care also works with high volume facilities by coordinating the scheduling of trips by secure email. These facilities regularly submit service requests directly to our network team via secure email. Requests are entered and verified by the network team and assigned to the appropriate provider for execution.

Online ordering of routine transportation requests will be available to members, health plans, healthcare facilities and other approved stakeholders through a secure portal. After scheduling their first trip by telephone through our West Virginia call center, members will be able to register for the online process. The registration process will provide user names and passwords needed for future online trip reservations. Approved stakeholders will also be required to obtain secure login credentials.

#### B. Non-Routine NEMT Service

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

Access2Care Understands and Agrees to the above.

#### VII. Validation Checks

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

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

B. Post-Transportation Validation Checks--The Vendor is to conduct post-transportation validation checks on no fewer than two percent (2%) of the NEMT Services requests received in a month. The Vendor is to 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 is to alert Call Center staff that any future requests to this specific Provider are to be validated before it can be authorized.

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



Access2Care Understands and Agrees to the above. Access2Care agrees to submit a final completed Validation Plan to BMS for review and approval no later than thirty (30) calendar days prior to the Operations Start Date.

Along with the required validation checks per the procedure above, Access2Care proposes working with BMS to create an automated process to match transport data with claims from healthcare providers. It would be rare for a transport to occur and not have a claim generated. Identifying the exceptions will better enable us to identify trends that suggest inappropriate use of NEMT.

Currently, Access2Care has utilization reporting tools that allow us to compare each member's trip frequency and generate a report of those who have a statistically higher mean rate (excluding dialysis trips from the calculation). This tool allows us identify the highest users of transportation and then manually confirm that appointments are being kept.

#### VIII. Suspected Fraud, Abuse, and Misuse

Vendor is to refer suspected fraud, abuse, or misuse by Members, NEMT Providers, Providers, or Contractor staff to BMS's Office of Quality and Program Integrity (OQPI) and the BMS Contract Manager within three (3) calendar days after discovery of the suspected fraud, abuse, or misuse. The Vendor should expect the contact for all investigations to be provided by BMS prior to Operations Start Date. The referral is to detail the NEMT Provider's name and Medicaid ID number, the Member's name and Medicaid ID number, the Provider's name and Medicaid ID number and a narrative of all information the Vendor has regarding the suspected fraud, abuse, or misuse, including whether the Vendor was able to verify that the Member was transported to or from a source of medical care. Vendor's staff and management are to be available and are to fully cooperate with any Office of Inspector General (OIG) or law enforcement investigations or review. Vendor is to require adherence with these requirements in any contracts it enters into with subcontractors, NEMT Providers or Providers.

Access2Care Understands and Agrees to the above.

#### Verification of Member Appointments

Access2Care proposes working with BMS to create an automated process to match transport data with claims from healthcare providers. It would be rare for a transport to occur and not have a claim generated. Identifying the exceptions will better enable us to identify trends that suggest inappropriate use of NEMT.

#### Verification of Trip Mileage

Access2Care pioneered technology to reduce over-billing of transport mileage. By linking trip reservations with MapQuest and geocoding both the pickup and destination we make a shortest mileage determination. The transportation provider is paid based on that determination. This system not only prevents overbilling, it also gives the provider certainty as to the claim amount. We are able to determine the exact cost of a trip within seconds of entering it into our system. When the trip is offered to the provider, they immediately recognize that reimbursement is based on contract terms.

### Member Identification and Verification:

Access2Care has the technology to seamlessly retrieve eligibility information from BMS's file. Access2Care's trained CSR's then do a four-point HIPAA validation of the member information. Once member information is loaded it is then easily searchable to present to the CSR on the next call. This functionality shortens call time, improves service, reduces errors, and improves member satisfaction.

### IX. Vehicle Requirements

#### A. Americans with Disabilities (ADA) Compliance

Vehicles are to comply with the Americans with Disabilities Act (ADA) Accessibility Specifications for Transportation. The Vendor is to supply all NEMT Providers with a copy of the ADA vehicle requirements and inspect the vehicles for compliance. Vehicles used for transporting Members with disabilities are to be in compliance with applicable ADA vehicle requirements in order to be approved for use under this program.

Access2Care will inspect all vehicles in the network to ensure compliance with Access2Care and BMS standards, as well as state, federal, and ADA regulations for licensing and insurance. This includes all applicable modes of transportation.

Medicaid clients, healthcare facilities, network transportation providers, and the West Virginia community will have a custom website to access information about West Virginia's NEMT services. The website design and content will be presented in a user friendly, intuitive manner; the website will also comply with the American Disabilities Act's (ADA) development standards for user screens and all information is downloadable.

#### B. Other Compliance

Vehicles should also comply with all federal, state, county, and local requirements, and the requirements listed below:

1. The number of persons in the vehicle, including the driver, should not exceed the vehicle manufacturer's approved seating capacity.
2. All vehicles should have adequately functioning heating and air conditioning systems and should maintain a temperature at all times that is comfortable to the Member.
3. All vehicles should have functioning seat belts and restraints as required by federal, state, county or local statute ordinance. All such vehicles should have an easily visible interior sign that states: "ALL PASSENGERS ARE REQUIRED TO USE SEAT BELTS". Seat belts are to be stored off the floor when not in use.
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 cove ring; damaged or broken seats; protruding sharp edges; dirt; oil, grease or litter; and hazardous debris or unsecured items.

11. All vehicles should be operated within the manufacturers safe operating standards at all times.
12. All vehicles should have NEMT Provider's business name and telephone number displayed on at least both sides of the exterior of the vehicle. The business name and phone number are to appear in lettering that is at least three (3) inches in height and of a color that contrasts with its surrounding background.
13. To comply with confidentiality requirements, no words may be displayed on the vehicle that implies that Medicaid Members are being transported. The name of the NEMT Provider's business may not imply that Medicaid Members 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 Member's upon request.
15. Smoking is to be prohibited in all vehicles at all times. All vehicles should have an easily visible interior sign that states: "NO SMOKING".
16. All vehicles should carry a vehicle information packet containing vehicle registration, insurance card, and accident procedures and forms.
17. All vehicles should be equipped with a first aid kit stocked with antiseptic cleansing wipes, triple antibiotic ointment, assorted sizes of adhesive and gauze bandages, tape, scissors, latex or other impermeable gloves and sterile eyewash.
18. Each vehicle should contain a current map (where a GPS unit may be considered a map) of the applicable geographic area with sufficient detail to locate Member and Provider addresses.
19. Each vehicle should be equipped with a multipurpose dry chemical fire extinguisher for use on Class A, B, and C fires. With the exception of sedans, the fire extinguisher should be mounted securely within reach of the driver and visible to passengers for use in emergencies when the driver is incapacitated. In sedans, the extinguisher may be mounted securely in a rear compartment if there is no space for mounting it in the interior of the vehicle.
20. Insurance coverage for all vehicles at all times during the Contract period should be in compliance with state law, and any county or local ordinance. The Vendor should be listed as "an additional interested party" to ensure notification is made to the Vendor in the event of a lapse in insurance coverage.
21. Each vehicle should be equipped with a "spill kit" that includes liquid spill absorbent, latex or other impermeable gloves, hazardous waste disposal bags, scrub brush, disinfectant and deodorizer.
22. The Vendor should document the lifting capacity of each vehicle in its network in order to route trips to NEMT Providers that have appropriate lift capacity for Members.
23. 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.
24. 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.
25. Each vehicle which requires the 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 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.
26. Each wheelchair vehicle is to comply with the following:
  - a. Wheelchair Lifts. Each wheelchair vehicle with a

b. 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.

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

c. Vehicle Inspection

The Vendor should inspect all NEMT Provider's vehicle prior to the Operations Start Date and at least every six (6) months thereafter. 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 BMS should be applied to the vehicle. The Vendor is to place the inspection sticker on the outside of the passenger side rear window in the lower right corner. The sticker is to state the license plate number and vehicle identification number of the vehicle. Records of all inspections should be reported pursuant to Appendix 3 (Report #R20) of this RFP.

Authorized employees of BMS or the Vendor should immediately remove from service any vehicle or driver found to be out of compliance with these requirements, including any local, state or federal regulations. The vehicle or driver may be returned to service only after Vendor verifies that the deficiencies have been corrected. Any deficiencies, and actions taken to remedy deficiencies, should be documented and become a part of the vehicle's and the driver's permanent records.

The Vendor should submit the final plan for vehicle inspection, forms, inspection sticker and a list of trained inspectors to BMS at least thirty (30) calendar days prior to the Operations Start Date. The plan is to include the names of all employees or sub-Vendors who are authorized to inspect the vehicles for the Vendor, and the Vendors inspection requirements, including those mandated by local, state and federal law. The Vendor should not begin operations without an approved NEMT Vehicle Inspection Plan.

Access2Care Understands and Agrees to the above. Access2Care will conduct an initial pre-service inspection of all transportation provider vehicles as part of the credentialing process. This verifies the condition of the vehicle before placing it into passenger service. We will develop vehicle inspection forms for approval by BMS during implementation.

Access2Care records Vehicle Identification Numbers (VINs), license plate numbers, and evidence confirming any Americans with Disabilities Act information (e.g., the width of wheelchair ramps) for each vehicle. This information is placed into the vehicle files. We also review the maintenance and repair records for each vehicle, verify the occurrence of scheduled preventive maintenance (PM), and also identify any recent repairs and inspections. Access2Care will ensure each vehicle is sound and that appropriate maintenance has been and is being performed to mitigate accidents or mechanical delays while transporting Medicaid members.

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



network coordinators and the transportation providers for follow-up before the dates expire. BMS staff will be provided access to these logs.

Transportation providers understand Access2Care may inspect any vehicle at any time upon request. Any vehicle or driver found out of compliance with these requirements or state or federal regulations shall be removed from service immediately until the transportation provider can verify the correction of deficiencies to Access2Care.

#### X. NEMT Providers' Drivers Policies and Procedures

##### A. Driver Requirements

The Vendor is to ensure that NEMT Providers' drivers are in compliance with the following requirements:

1. All drivers should abide by state and local laws.
2. All drivers, at all times during their employment, should be at least eighteen (18) years of age and have a current valid driver's license to operate the transportation vehicle to which they are assigned.
3. Drivers who receive citations and are convicted of two (2) moving violations or accidents related to transportation provided under the NEMT Brokerage Program are to be removed from service.
4. Drivers should not have had their license suspended or revoked for moving traffic violations in the previous five (5) years. The Vendor agrees to require that NEMT Providers' drivers comply with the West Virginia State Plan regarding criminal background checks. The Vendor should conduct criminal background checks on all drivers, and the Vendor's Proposal should include the specific criteria the Vendor may use to determine if a driver can provide services under the NEMT Brokerage Program.
6. All drivers should be courteous, patient, and helpful to all passengers and be neat and clean in appearance.
7. No driver is to use alcohol, narcotics, illegal drugs, over-the-counter medications or prescription medications that impair the ability to perform.
8. All drivers should wear and have visible a nametag that is easily readable and identifies the employee and the employer.
9. No drivers should smoke while in the vehicle, while assisting a Member, or in the presence of any Member. Members should not be allowed to smoke in the vehicle.
10. Drivers should not wear any type of headphones at any time while on duty, with the exception of hands-free headsets for mobile telephones. Mobile telephones may only be used for communication with the NEMT Provider or to call 911 in an emergency. Drivers should not talk on mobile phones and/or text when the vehicle is in motion.
11. Drivers should provide an appropriate level of assistance to a Member when requested or when necessitated by the Member's mobility status or personal condition. This includes curb-to-curb, door-to-door, and hand-to-hand assistance, as required. Before departing the drop-off point, the driver should confirm that the Member is safely inside the destination. The Driver should be responsible for properly securing any mobility devices utilized by the Member.
12. The driver should assist the Member in the process of being seated and confirm that all seat belts are fastened properly, and that all passengers are safely and properly secured.
13. Upon arrival at the destination, the driver should park the vehicle so that the Member does not have to cross streets to reach the entrance of the destination.
14. The driver should not leave a Member unattended at any time.
15. If a Member or other passenger's behavior or any other condition impedes the safe operation of the vehicle, the driver should park the vehicle in a safe location out of traffic, notify the dispatcher, and request assistance.



16. Drivers with more than one confirmed incident of failure to properly secure a Member's wheelchair should be removed from providing services until such time as the NEMT Provider submits documentation to the Vendor to support that the driver has been properly trained in the use of the securement devices.

Access2Care Understands and Agrees to the above. We collect a copy of each driver's valid license and proof of appropriate insurance and vehicle registration for the vehicle used. In addition, all drivers must submit to criminal and child abuse background checks before transporting passengers on behalf of Access2Care and BMS.

All vehicles used in the volunteer program will be inspected to meet safety requirements and will have seat belts and child safety seats as well as functional heating and air conditioning systems. Access2Care will obtain prior Department approval for the reimbursement method and schedule for member vouchers and/or mileage reimbursement.

Transportation providers that do not meet standards are placed on performance improvement plans. These plans identify the performance areas that need improvement, the standard used to measure adequate performance, the steps expected to be taken by the transportation provider within a specific time period, and the implications of not meeting the performance improvement plan objectives.

#### B. Provider Daily Trips Logs

The Vendor should require that the NEMT Providers' drivers maintain daily trip logs containing, but not limited to, the information listed below. Fixed route transportation should be excluded from this requirement.

1. Date of service;
2. Driver's name;
3. Driver's signature;
4. Member's name;
5. Member's or attendant's signature;
6. Vehicle Identification Number (VIN) or other identifying number on file with the Vendor;
7. NEMT Provider's name;
8. Trip ID Number;
9. Mode of transportation authorized;
10. Actual drop off time in military time;
11. Miles driven per trip odometer; and
12. Notes, if applicable. The log is to show notes in the case of, but not limited to, the following cancellation, incomplete requests, "no-shows", accident and incident.

Access2Care Understands and Agrees to the above. Once the trips are routed by the transportation provider to a driver, Transportation Providers can download a driver log/manifest directly from the A2C system.

Once the trips are routed by the transportation provider to a driver, drivers can create and complete a driver log/manifest directly from the A2C system. The electronic log will contain all of the items required in this RFP. The driver will use the log to complete his or her assigned trips. The driver will return the trip log to the provider's administrative office at the end of the shift. Drivers must ensure accuracy of trip documentation, including pick-up times, odometer readings, and member (or designee) signature. All uncompleted trips must have an appropriate reason code.

C. Trip Manifests

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

Access2Care Understands and Agrees to the above.

The secure transportation provider web portal is used for trip assignments to transportation providers. The web portal shows new and accepted trips assigned to the transportation provider for the next 30 days. The transportation provider has the ability to create the trip manifest via their web portal. The trip manifest includes all the requirements above including pickup and destination locations, with on time record spaces, member demographics including phone number, special instruction, and special needs, mode of transportation. Transportation providers are required to have dedicated telephone and fax lines for use by Access2Care for trip assignment and secure delivery of information. Urgent trip requests are handled via telephone outreach to the transportation provider to confirm acceptance, then the trip is placed on the secure web portal or faxed to the transportation provider. The requirements of the driver manifest, communication requirements, and urgent trip assignment are listed in the subcontractor agreement.

**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 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 is to 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 Provider 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 is to immediately notify the NEMT Provider and the NEMT Provider is to immediately notify the Vendor so that the authorization may be cancelled.

Access2Care Understands and Agrees to the above.

We utilize an Avaya system for managing our telephone network, and Verizon is our primary telecom provider. The Avaya system is configured with two redundant switches at our main datacenter with a third switch located at our California datacenter as backup. Any of the switches can handle all of the telephone switching for our entire parent company as well as the A2C system. All systems are automatically synched with each other and will automatically start managing traffic in the event of the failure of any node. We have engineered this telephone system for our planned growth. Additional capacity can easily be added by requesting additional bandwidth from our telecom providers.

As part of our credentialing, Access2Care verifies that each transportation provider office and vehicle has an adequate and appropriate communication device. For the office, that is a dedicated and functioning telephone and fax line. For the vehicles, the two way communication device can be, but is not limited to, a two-way radio or cell phone. Pagers are not an approved two-way communication device. These requirements are part of the subcontractor agreement.

Member communication to Access2Care occurs into our call center. Any situation requiring real time communication, such as verification of a pickup, is handled initially by our customer service representatives (CSR). We strive for one call resolution. The CSR makes direct calls to the NEMT provider to obtain resolution to the member's needs.

A special call queue specifically for transportation providers is directed to specially trained CSR's. These CSR's are equipped to handle real time resolution of member no shows, changes in appointment requirements, or other situations coming from the NEMT providers, including situations requiring emergency relief such as vehicle breakdown.

The call center oversight is handled by Tom Bowen, Director of Call Center Operation, as well as Renee Archer, Call Center Manager, and a Call Center Supervisor yet to be hired. The specialized CSR's handling calls from NEMT providers are supervised by the NEMT Provider Manager.

Emergencies such as accidents and incidents will be handled in a professional manner. Access2Care requires the notification immediately so alternative arrangements can be made.

Access2Care requires member no shows to be called into our call center for verification the member is not available, and to properly document the no show for cancellation.

#### Monitoring Plan

The Vendor is to develop and implement a plan for monitoring NEMT Providers' compliance with all applicable local, state and federal laws and regulations. The Vendor is to 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 is to submit a final completed plan to BMS for approval no later than thirty (30) calendar days prior to the Operations Start Date. The Vendor should not begin operations without an approved NEMT Provider Monitoring Plan.

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

1. On-street observations;
2. Accident and incident reporting;
3. Statistical reporting of trips;
4. Analysis of complaints;
5. Driver licensure, driving record, experience and training;
6. Member safety;
7. Member assistance;
8. Completion of driver trip logs;
9. Driver communication with dispatcher; and
10. Routine scheduled vehicle inspection and maintenance.

The Vendor's NEMT Provider monitoring plan should include written procedures for ensuring that an appropriate corrective action is taken when NEMT Provider furnishes in appropriate or substandard services when, a NEMT Provider does not furnish services that should have been furnished, or when a NEMT Provider is out of compliance with federal or state laws or regulations. The Vendor should report monthly to BMS on monitoring activities, monitoring findings, corrective actions taken, and improvements made by the NEMT Provider.

Access2Care Understands and Agrees to the above.

Quality assessment practices ensure that all stakeholders are consistently satisfied and safety is ensured for members. The West Virginia NEMT program will have at least three (3) full-time-equivalent (FTE) Network Coordinators available to work cooperatively with local transport providers to enhance performance and facilitate improvement. We closely monitor all of our transportation providers through a variety of proven processes to ensure compliance with Access2Care and BMS requirements. We monitor and work with our transportation providers to ensure they consistently meet all the requirements of the NEMT program that are detailed in the transportation provider service agreements. We customize the service agreements according to the State's needs in order to clearly communicate requirements to transportation providers. Monitoring of providers begins with credentialing and training and continues through proactive quality controls.

#### Credentialing and Training

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

Once contracts are signed and visual inspections are completed, the network coordinator begins training the providers. We establish a training schedule, and the transportation providers are trained on all program requirements, and they review the transportation provider manual. Once the above is completed, the transportation providers are considered fully credentialed and ready to begin transportation. Access2Care re-credentials all transportation providers semi-annually. Each transportation provider must pass the desktop credentialing and vehicle inspections annually. Access2Care evaluates the providers' existing driver training program and provides transportation providers with feedback and resources in order to develop a compliant and exceptional driver training program. We encourage the use of local resources for training as well as provide resources for online training. We then audit documentation submitted by providers to verify that drivers have received the required training.

All information gathered during credentialing (service agreements, inspection records, accidents or moving violations records, and all initial training and ongoing training documentation) is stored in the A2C system and in the transportation provider and driver files. This facilitates the automated monitoring of expiration dates for licenses, insurance, and inspections. Semi-annually, Access2Care will provide a list of providers in the West Virginia network, including additions and terminations of providers. This list will also include a current mailing list for network providers. We maintain all documentation for five years and will make the records available to BMS upon request.

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

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

#### **Quality Assurance – Transportation Providers**

In addition to the monitoring of our transportation providers through the methods described above, our quality department also monitors their performance through Key Performance Indicators (KPIs) for transportation provider/driver performance. We monitor key indicators at specified intervals to identify compliance and/or issues. A2C provides exception reports that identify any unmet standards. Our QA staff uses these reports to follow up with providers and/or internal staff to determine necessary improvements or corrective actions. BMS will have access to all West Virginia QA monitoring reports in which the Access2Care management team identifies operational trends and areas for improvement.



Trend reports in most of our contracts focus on particular functional areas, such as call center performance, transportation provider performance, and complaints. As needed, we will add or modify key indicators to meet BMS expectations.

The quality assurance staff report to Access2Care's corporate office and will thus remain continuously independent of the local operations. This structure is standard in most industry and health care quality assurance programs and ensures the greatest possible objectivity on behalf of our clients.

#### **Performance Standards and Corrective Actions**

The following table lists the standard KPIs set for transportation providers. As needed, Access2Care will modify these indicators to meet the needs of BMS. In addition, Access2Care agrees to the performance standards for trips, vehicles and drivers listed in the RFP.

TRANSPORTATION PROVIDER QUALITY STANDARDS	
INDICATOR	STANDARD
<b>Pick-Up, Drop-Off &amp; Return Trip Times</b>	Initial pick-up within fifteen (15) minutes of scheduled pick-up time. Urgent requests: within 3 hours of call request Return trip pick-up within one (1) hour of notification that the member is ready.
<b>Vehicle Condition</b>	100% compliance with vehicle maintenance and safety requirements.
<b>Overall Complaint Rate</b>	Less than .03% (99.7% compliance)
<b>Multi-Load Trip Times</b>	No member can remain on a network transportation provider's vehicle more than one 45 minutes longer than the average travel time would take.

### Working with Providers for Improvement

In the unlikely event that we find a transportation provider out of compliance with contractual standards of federal and/or state laws, we initiate swift corrective action through a Performance Improvement Plan (PIP). We believe in working collaboratively with the provider to correct non-compliance, rather than levy liquidated damages or fines on the providers, as other brokers often do. Depending on the severity and frequency of occurrence or re-occurrence of a specific offense, such action include written warnings, formal corrective action planning, suspension, or as a last resort, termination from the network. Providers placed on a PIP will receive a bi-monthly performance report until the completion of the PIP, correction of the infraction, and sustained compliant performance. The network coordinator is responsible for designing and approving corrective actions required to resolve quality-related issues. A corrective action plan will identify:

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

#### F. Member Satisfaction Surveys

The Vendor's Proposal should describe in detail the vendor's approach to, and experience with, customer satisfaction surveys, various methods of measuring customer satisfaction and its plan, if any, for surveying specific populations such as Members with disabilities, family Members of Members, facilities, and Providers.

Every six (6) months, the Vendor is to conduct a Member satisfaction survey regarding the NEMT Brokerage program. The purpose of the survey is to verify the availability, appropriateness and timeliness of the trips provided and the manner in which the Vendor's staff and the NEMT Provider's staff interacted with Members. The initial six (6) month period is to 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 BMS prior to use, and BMS 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;
- Driver and Vendor staff courtesy;
3. Driver and attendant assistance, when required;
4. Overall driver behavior;
- Driver safety and operation of the vehicle;
6. Condition, comfort and convenience of the vehicle; and
7. Punctuality of service.

The survey responses received and the Vendor's analysis of those responses are to be submitted to BMS no later than sixty (60) calendar days after the surveys are taken.

Access2Care Understands and Agrees to the above.

Access2Care monitors customer survey results and reviews dashboard at the monthly Quality Improvement Meetings. The Quality Manager will guide the team in looking at the survey results to improve our processes and procedures.

#### XI. Call Center

##### A. Facility

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

Access2Care Understands and Agrees to the above.

Access2Care will establish the primary West Virginia NEMT call center in Charleston. The call center will be fully staffed from 7 a.m. until 6 p.m., Monday through Friday, with after-hours staff to provide 24-hour service year-round. We will hire and place the required key staff resources on site in the Charleston call center for the duration of the contract and supervisors will be available to report to work in person and/or by telephone within a 15 minute response time Monday through Friday, 7 a.m. until 6 p.m. CST. In addition to reporting to the West Virginia Assistant General Manager, West Virginia call center staff will have a functional reporting relationship to the National Director of Call Centers, Tom Bowen, in St. Louis, Missouri.

Based on our analysis of BMS-provided data we will offer a sufficient number of toll-free and voice/TTY telephone numbers for members, NEMT providers, facilities, and other service providers. The toll-free lines will include an IVR system that will prompt callers to various queues to schedule transportation, answer questions, or register complaints. We designed the IVR system to create efficiencies within the call intake system by ensuring callers get to the right person the first time. After normal call center hours, an IVR option will connect callers needing hospital discharge or urgent after-hours services to live CSRs for assistance. In addition to the required call center staff dedicated to handling West Virginia specific needs or complaints, we will add additional staff to cover the same hours for other Access2Care accounts using live agents on-site. This additional Charleston-based staff will also provide backup for the dedicated West Virginia complaint staff to ensure performance standards are met 24/7.

The calls center in West Virginia will support the day-to-day operations and provide the local site redundancy in the event of a disaster in one facility.

##### B. Telephone Access

The Vendor Call Center is to 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 NE MT Services and one (1) statewide toll-free telephone number for all 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 Time including 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 is to 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 placed during 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 "9-1-1 ", or the appropriate emergency number, in the case of an emergency.

4. The Vendor may also route calls placed during hours that the Call Center is not required by BMS to be open to any Call Center operated by the Vendor staff in any location in the continental United States of America.

5. The Vendor should accommodate for callers who are deaf, hard of hearing, blind, and/or speech disabled.

6. The Vendor should release and transfer the toll-free telephone number(s) to BMS or a successor Vendor upon termination of Contract.

Access2Care Understands and Agrees to the above.

Access2Care's call center supervisors routinely monitor call center performance. Call center supervisors audit at least three percent (3%) of calls each month, and our automatic call distribution (ACD) systems readily provide automated reports on call center responsiveness.

Access2Care's call center supervisors routinely monitor call center performance for all contracts, including those for which the client does not require monitoring or reporting. Call center supervisors audit at least three percent (3%) of calls each month, and our automatic call distribution (ACD) systems readily provide automated reports on call center responsiveness. We monitor the following Key Performance Indicators (KPIs):

- Number of CSRs logged in to the system
- Number of incoming calls and calls received
- Number of calls answered within 120 seconds (average daily)
- Number of calls abandoned (less than five percent (5%) average daily)
- Percentage of calls abandoned and average time call abandoned
- Average talk time of answered calls shall not exceed 5 minutes 30 seconds
- Average time in queue
- Number of outbound calls
- Number of calls answer per defined intervals
- Busiest hour
- Total calls received after hours
- Number of messages left on voicemail
- Average talk time per call

All of these items are monitored in order to rapidly modify call center staff assignments or work schedules or trigger acquisition of additional equipment to maintain compliance with performance standards.

Each of our call centers uses advanced technology that ensures callers receive prompt call response, and data is captured for monitoring and trending. Each call center is equipped with phone systems that

integrate with our NEMT management software, A2C, creating efficiencies in call handling and scheduling for members and medical providers.

### **The West Virginia Customer Service Center (Call Center)**

Access2Care will establish a primary duly licensed, non-residential local customer service call center located within 15 miles of the DHS central office in Charleston. The customer service call center will be fully staffed from Monday through Friday from 7 a.m. to 6 p.m. central time, with after-hours staff to provide 24-hour service year-round. Detailed information about call center practices and member services are provided in the RFP.

Our experience implementing and operating several customer service centers has given us the knowledge necessary to calculate staffing in West Virginia's local call center during normal business hours as well as after hours. All staff are properly trained and compliant with all state and federal regulations.

### **Dedicated Phone Lines and Technology**

Access2Care will supply one exclusive, dedicated toll-free telephone number for Medicaid members. Our call centers use Hewlett Packard thin clients to combine our proprietary A2C software with automatic call distribution (ACD) software. Our phone system is a complete interaction management system that provides the most comprehensive set of tools in the industry integrating voice, interactive voice response (IVR), email, web interactions, fax, and agent tasks.

Access2Care operates on a current release redundant Avaya ACD/IVR based in a secure facility with generator backup in our Data Center. We utilize 100% call recording via the Syntellect Call Recording System. A high capacity DS3 phone circuit provides ample call load capacity for all call centers. All of our call centers operate with send/receive fax ability and high-speed internet connection technology supporting Access2Care trip intake applications.

As a caller places their call to Access2Care, the caller's information is routed through the Call Management System located in our data center and distributed to local customer service representatives. The ACD function distributes the calls to a customer service representative who can most quickly answer the phone and provide prompt service. The caller is greeted in their own language with an option to speak to a customer service representative (CSR) in their preferred language. The phone system also tracks and assigns voice mail in conjunction with incoming calls. The ACD application is a robust system that allows for a high level of multiple requests for simultaneous service.



The integrated management information system tool provides real-time phone system data reporting and full-range reporting for longer periods as specified by the report writer. We use our phone system to record and aggregate critical performance and quality-related call information on an hourly, daily, weekly, and monthly basis for the call centers and CSRs. These reports are clear and detailed and give BMS access to all data regarding call volume, talk time, hold times, and the number of dropped calls. BMS can also receive daily customizable reports in which data is even more detailed and broken down by the day and even by the hour.

To protect the NEMT program from service interruption during an unexpected power failure, Access2Care will purchase and install a generator in the West Virginia call center. This generator is able to power the entire office for at least 8 hours at full capacity without interruption. If the outage were to last longer than eight (8) hours, we will roll all calls over to one of our other twelve (12) call centers. See **Exhibit 3** for a copy of our full disaster recovery plan.

### **Automated Systems**

Both our cutting-edge call distribution system and our customized software system, A2C, allow our agents to focus on providing excellent customer service. The phone system is a complete interaction management system that provides the most comprehensive set of tools in the industry, integrating voice and interactive voice response (IVR). The system uses an integrated IVR system that allows for the entering of information such as Medicaid member name or identification number into the call intake screen prior to the interaction with the CSR, thus reducing call processing time. Our member-friendly systems reduce the number of steps needed to complete a trip request and hold member data in the queue if more information is needed to complete the request. Storing this data allows the member to confirm the standard information instead of having to repeat themselves each time. Other information that our system captures for each call includes:

- Time and date of call
- Unique number or ID for each call
- Nature or details of the call
- Whether the contact was made via phone, email, or other
- CSR name and ID
- CSR response and format of the response
- Status of inquiry
- Area for text notation

The A2C system provides a quick, simple process for callers. The highly configurable system contains a rules-based engine and contract management system programmed with BMS program protocol and covered services. The contract management system defines the specific reasons a trip can be authorized, while the business rules engine manages exceptions or special protocols and assigns the most appropriate mode of transportation. A2C tracks and archives every transportation request, and stores the information gathered during each call or portal visit for easy reference during subsequent requests.

We also process calls for hearing or speech impaired callers through Teletype (TTY) and Telecommunications Devices for the Deaf (TDD) services. We have successfully used the Language Line and TTY/TDD services for our other contracts, and we train CSRs to process these calls with sensitivity to the callers' needs.

Transportation needs do not always occur during business hours, and members deserve to reach a live person when they need to schedule trips, have cancellations/modifications to an existing trip, or have a “where is my ride?” query. Access2Care ensures continuous service with live, responsive contact, and a West Virginia customer service center that will not close. Members will have access to a friendly, knowledgeable, and professional CSR to request and schedule transportation during all hours.

#### 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.

Access2Care Understands and Agrees to the above. Whenever possible, we staff CSRs who share the language of the major population groups. For West Virginia, we will recruit English and Spanish speaking staff. We strategically placed our current call centers (which will serve as back up to West Virginia) in culturally diverse communities such as South Florida and Texas, allowing us to recruit qualified bilingual agents. We also utilize Language Line Solutions for telephone interpretation and translation services. During a recent 30 day period Access2Care utilized Language Line for callers who needed to communicate in Arabic (66% of calls), Vietnamese (7%), Haitian (4%), French (2%), Korean (4%) and Polish (2%). We also publish materials in languages appropriate to the communities we serve. In West Virginia, we will publish in English and Spanish.

We support our network providers in their daily face-to-face communications with the membership. In Texas, we found that when a non-Spanish speaking driver served a Spanish-only speaking member their voices and gestures could escalate into frustration as they struggled to understand each other. We addressed this situation with a simple flier published in Spanish that first introduced the driver, then reassured the member that the driver's goal was to get them to their appointment safely and then offered the member our phone number so that we could provide interpretation services to answer any questions for either the member or the driver. We also recruit providers and drivers from non-English speaking communities wherever possible, so that we can match members with providers who speak their language and are familiar with their culture.

#### 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 members are to greet callers and should identify the Vendor and themselves by name when answering.

The Vendor is to monitor at least two (2) “live” calls for each Call Center staff member on a monthly basis by listening to the conversation as it occurs. The Vendor should use this monitoring to identify problems or issues, for quality control or training purposes. The Vendor should document and retain results of this monitoring and subsequent training and report results to BMS as defined in Appendix 3 (Reporting Requirements).

Access2Care Understands and Agrees to the above.

Complementing our transportation management expertise, Access2Care is also an experienced customer service/call center manager, with five (5) locations across the United States and URAC

accredited facilities. These 5 facilities serve a diverse population of callers including the economically challenged, the elderly, and those for whom English is a second language or simply not spoken.

Access2Care operations completes between 3-5 live call monitoring sessions per call center staff member per month and completes a standardized "Evaluation form" with a pass fail score and a required minimum quality percentage of ninety five percent (95%). Regular call calibration sessions are held with the call center management team to ensure all Supervisors are grading calls consistently.

The monthly Evaluation scores feed into an annual performance review document to ensure high quality levels are maintained ongoing. Supervisors are also held to the same quality standards for their entire team.

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.

Access2Care Understands and Agrees to the above. Great customer service is a high priority for Access2Care. Our proven methods for managing high-volume call centers, managing NEMT services effectively, and providing effective support structures for providers have resulted in high levels of satisfaction for all stakeholders and historically low complaint rates in all of our state and MCO contracts.

#### E. Automatic Call Distribution System

The Vendor should operate an automatic call distribution (ACD) system. Callers shall be advised that calls are monitored and recorded for quality assurance purposes. Administrative lines need not be recorded. The ACD and reporting system should be able to record and aggregate the following information and should be able to produce the reports listed below daily, weekly, or monthly, as well as on an ad hoc basis.

1. The number of incoming calls.
2. The number of calls answered.
3. The average time for a call to be answered by a live operator.
4. The number of abandoned calls during the wait in queue for interaction with Call Center staff.
5. The average abandonment time.
6. The highest call abandonment call time (to the nearest 15-minute increment).
7. The average talk time.
8. The id entity 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.

Access2Care Understands and Agrees to the above.

Access2Care will supply one exclusive, dedicated toll-free telephone number for Medicaid members. Our call centers use Hewlett Packard thin clients to combine our proprietary Access2Care software with automatic call distribution (ACD) software. Our phone system is a complete interaction management

system that provides the most comprehensive set of tools in the industry integrating voice, interactive voice response (IVR), email, web interactions, fax, and agent tasks.

Access2Care operates on a current release redundant Avaya ACD/IVR based in a secure facility with generator backup in our Aurora, CO data center with a second system in our Modesto, CA datacenter. We utilize 100% call recording via the Syntellect Call Recording System. A high capacity DS3 phone circuit provides ample call load capacity for all call centers. All of our call centers operate with send/receive fax ability and high-speed internet connection technology supporting Access2Care trip intake applications.

As a caller places a call to Access2Care, the caller's information is routed through the Call Management System located in our data center and distributed to local customer service representatives. The ACD function distributes the calls to a customer service representative who can most quickly answer the phone and provide prompt service. The caller is greeted in the caller's own language with an option to speak to a customer service representative (CSR) in the caller's preferred language. The phone system also tracks and assigns voice mail in conjunction with incoming calls. The ACD application is a robust system that allows for a high level of multiple requests for simultaneous service.

The integrated management information system tool provides real-time phone system data reporting and full-range reporting for longer periods as specified by the report writer. We use our phone system to record and aggregate critical performance and quality-related call information on an hourly, daily, weekly, and monthly basis for the call centers and CSRs. These reports are clear and detailed and give BMS access to all data regarding call volume, talk time, hold times, and the number of dropped calls. BMS can also receive daily customizable reports in which data is even more detailed and broken down by the day and even by the hour.

To protect the NEMT program from service interruption during an unexpected power failure, Access2Care will purchase and install a generator in the West Virginia call center. This generator is able to power the entire office for at least 8 hours at full capacity without interruption. If the outage were to last longer than eight (8) hours, we will roll all calls over to one of our other twelve (12) call centers. See **Exhibit 3** for our full disaster recovery plan.

## Automated Systems

Both our cutting-edge call distribution system and our customized software system, A2C, allow our agents to focus on providing excellent customer service. The phone system is a complete interaction management system that provides the most comprehensive set of tools in the industry, integrating voice and interactive voice response (IVR). The system uses an integrated IVR system that allows for the entering of information such as Medicaid member name or identification number into the call intake screen prior to the interaction with the CSR, thus reducing call processing time. Our member-friendly systems reduce the number of steps needed to complete a trip request and hold member data in the queue if more information is needed to complete the request. Storing this data allows the member to confirm the standard information instead of having to repeat themselves each time. Other information that our system captures for each call includes:

- Time and date of call
- Unique number or ID for each call
- Nature or details of the call
- Whether the contact was made via phone, email, or other
- CSR name and ID
- CSR response and format of the response
- Status of inquiry
- Area for text notation

The A2C system provides a quick, simple process for callers. The highly configurable system contains a rules-based engine and contract management system programmed with BMS program protocol and covered services. The contract management system defines the specific reasons a trip can be authorized, while the business rules engine manages exceptions or special protocols and assigns the most appropriate mode of transportation. A2C tracks and archives every transportation request, and stores the information gathered during each call or portal visit for easy reference during subsequent requests.

### 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 BMS's request, the Vendor should document compliance in these areas.

### Capture, Store and Manage Data

Our A2C application captures the following data:

- Member Data – We have the ability to capture and process daily member files with no size restrictions. We archive these records for an agreed upon timeframe.
- Provider Data – Provider data is captured and stored in the same manner as member data.
- Encounter Data – We have the ability to create encounter files to meet the demands of our clients including 837 or custom formats based on CMS1500. Normally these are produced weekly, bi-monthly, or monthly. We can also receive the 835 for reconciliation of the data.
- Audit Trail Data – The A2C system has the capability to capture and report on member and trip data inquiries and changes. All “red-flag” data items can be tracked in the system. The online reporting capability can be developed for West Virginia to meet web access needs.



Access2Care can retrieve any information in the A2C database for BMS at any time. A2C also interfaces with Oracle, the industry standard in accounting system interfaces. We can generate reports for all data regarding transportation provider payments as well. The system currently meets all HIPAA compliance requirements. Access to member trip history data is available via the client web portal that contains on-demand member trip history reports.

#### Effective Data Analysis

- **Member Data** – We utilize the member data to track eligible members against total trips taken to determine utilization. We also track utilization daily and can identify how many unique members are calling that day or have trips on any given day. We use this information to facilitate reducing utilization by showing, for example, where 17% of the membership is accounting for 32% of the utilization.
- **Provider Data** – We can track how many trips to any provider for any day and can determine the closest provider. Our system has the ability to determine if the member is going to the closest provider of the same type for their trips. We have this as an opened program, meaning all we have to do is enter a mileage amount for a contract and then the closest provider is determined within this mileage. We also have the ability to exclude certain provider types. For example if the members should always see the closest provider except when it is their PCP, we can accommodate this.
- **Encounter Data** –We can receive all the normal reply files associated with encounter files. We utilize this data to reconcile our records and assist clients with any issues or concerns.

#### 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 BMS approval prior to implementing any queue not specified in the Contract.

Access2Care Understands and Agrees to the above.

Access2Care utilizes an Avaya ACD phone system that efficiently and effectively routes incoming calls to available customer service representatives based on their job function and/or skill level. For example, we answer with a brief call menu to offer Spanish language assistance and route those calls immediately to one of our bilingual representatives. Additionally, our Avaya phone system would offer assistance to set up a trip, or to check on the status of an existing trip and routes those calls immediately to a skilled customer service representative to assist. Call reporting is generated for any call routing queue, including member and providers for month end reporting, or as needed.

The Vendor should maintain sufficient equipment and Call Center staff to ensure that, on a monthly basis:

1. The ACD system is programmed to answer all calls within three (3) rings.

Access2Care's Avaya ACD system meets the above requirement.

2. The average queue time after the initial automatic voice response is five (5) minutes or less.

Access2Care's Avaya ACD system meets the above requirement.

3. The average abandonment rate is no more than seven percent (7%).

Access2Care's Avaya ACD system meets the above requirement.

4. All criteria stated in Appendix 1, Section XI (D) are captured or met.

Access2Care's Avaya ACD system meets the above requirement.

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 is to record all incoming calls for quality control, program integrity and training purposes. The Vendor should provide prior notification to the caller that the conversations be recorded. Vendor should maintain the recordings for up to twelve (12) months, at the direction of BMS.

The Call Center will be sufficiently staffed to meet anticipated call volumes. On site staff will communicate with English callers and either on site or interpreter services will be utilized for callers using another language.

7. In the event of a power failure or outage, the Vendor should have a battery back-up system capable of operating the telephone system for at least of eight (8) hours at full capacity, with no interruption of data collection as identified in the Contract. The Vendor should notify BMS immediately when its phone system is on battery power or is inoperative. Vendor should have a manual back-up procedure to allow it to continue to take requests if its computer system is down.

Access2Care's Avaya ACD system meets the above requirement. The call center will be connected to backup system capable of operating the telephone and call intake system for at least eight (8) hours in the event of a power outage.

8. The ACD system logs should be maintained daily, tallied and sent to BMS on a monthly basis by the 15th day of the month following the report month, in a reporting format approved by BMS. The Vendor should also maintain daily logs on the Call Center to comply with the reporting requirements of the Contract. The Vendor's Proposal is to include a detailed description of the proposed ACD system and its capabilities and capacities. The Vendor should describe how the ACD is to meet the specifications of this section (Section XI), and include a sequence of questions and criteria that the Call Center representatives are to use to determine the Member's eligibility, the appropriate mode of transportation, the purpose of the trip and all other pertinent information relating to the trip. All scripts are to be approved by BMS prior to use by the Vendor.

Access2Care's Avaya ACD system meets the above requirement.

Access2Care operates on a current release redundant Avaya ACD/IVR based in a secure facility with generator backup in our Greenwood Village, CO headquarters. We utilize 100% call recording via the Syntellect Call Recording System. A high capacity DS3 phone circuit provides ample call load capacity for all call centers. All of our call centers operate with send/receive fax ability and high-speed internet connection technology supporting Access2Care trip intake applications.

As a caller places their call to Access2Care, the caller's information is routed through the Call Management System located in our data center and distributed to local customer service representatives. The ACD function distributes the calls to a customer service representative who can most quickly answer the phone and provide prompt service. The caller is greeted in their own language with an option to speak to a customer service representative (CSR) in their preferred language. The phone system also tracks and assigns voice mail in conjunction with incoming calls. The ACD application is a robust system that allows for a high level of multiple requests for simultaneous service.

## XII. Training and Education

### A. NEMT Provider Manual

The Vendor is to develop and maintain a NEMT Provider Manual. The Vendor's NEMT Provider Manual should contain all policies and procedure for the NEMT Brokerage Program. The Vendor is to work closely with BMS on the development of the NEMT Provider Manual, and is to obtain BMS approval prior to release of the manual. The manual is to 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 BMS before distribution. BMS is to notify the Vendor in writing if a modification is required, and the Vendor should incorporate any modifications within ten (10) business days after such notification.

The Vendor should submit a draft outline of the NEMT Provider Manual with the Vendor's Proposal. The Vendor is to submit a final completed manual to BMS for approval no later than thirty (30) calendar days prior to the Operations Start Date. The Vendor should not begin operations without an approved NEMT Provider Manual. The Manual should include, at least, the following:

1. NEMT Provider enrollment and participation requirements;
2. NEMT Provider file maintenance and record keeping requirements;
3. Standard reimbursement requirements;
4. Covered and Non-Covered Services;
5. Vehicle requirements;
6. Limitations and considerations of NEMT Services to Covered Medical Services.

The Vendor should provide the NEMT Provider Manual to all NEMT Providers in Vendor's network and to all Vendor staff. Vendor should make the NEMT Provider Manual available electronically through a link on Vendor's website, and is to incorporate the NEMT Provider Manual into all training programs for NEMT Providers and Vendor's employees.

### 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 Providers, including information on training sessions, training materials, ongoing meetings with NEMT Providers and Medical Providers, and continuing education. Separate training programs should be submitted for NEMT Providers and 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 Provider.

The Vendor should submit its final plans for educating NEMT Providers and Providers at least thirty (30) calendar days prior to the Operations Start Date. The Vendor should not begin operations without an approved version of the NEMT Provider and Provider Training and Education Plan.

No later than fifteen (15) business days prior to the Operations Start Date, the Vendor should conduct NEMT Provider and Provider training sessions in at least five (5) locations throughout the state. BMS is to 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 BMS.

The draft Access2Care manual is attached (see **Exhibit 4**). Access2Care is committed to working closely with BMS to produce and obtain approval for the final NEMT provider manual during implementation. Thereafter, at least annually, Access2Care will review the NEMT provider manual with BMS, create any required modifications, and send to all NEMT providers. The draft manual addresses the requirements for enrollment, record keeping and retention, payment processes, covered and non-covered services,

vehicle and driver requirements. The NEMT provider manual will be available on the public website, as well as the secure transportation provider portals.

Access2Care believes training is one of the key components to operating a successful program. The initial training for transportation providers on the expectations of the NEMT program, the processes Access2Care will employ, and payment processes will be done in a series of ways.

1. Training sessions will be held throughout the state no later than fifteen (15) business days prior to the Operation Start Date. These training sessions will be held at public venues that Access2Care has obtained BMS approval, for attendance by multiple transportation providers. The approved NEMT Provider Manual will be provided to attendees. The training will occur via Power Point presentation and handouts by the national network manager.
2. Training sessions will be held electronically for any NEMT provider not able to make the above referenced sessions. These sessions will be held via conference call, utilizing a toll free number, and WebEx technology to allow screen sharing for the power point presentation. Handouts will be emailed to all participants.
3. Individual training sessions will be held for transportation providers unable to meet either of the sessions listed above. These sessions can be held in person at the NEMT provider's office, at Access2Care office, or via WebEx technology.
4. After the go live, training will be held to specifically review the payment processes the NEMT provider will follow to receive payment for the services they performed. These training sessions will be done either in person or via WebEx technology within three (3) business days of the first services being performed.

#### C. Member Outreach and Education Plan

The Vendor's Proposal should include an overview of the Vendor's plan to develop and implement NE MT Member outreach and education regarding the NEMT Brokerage Program. The Member Outreach and Education Plan included with the Vendor's Proposal should describe, but not be limited to, the following:

1. The Vendor's plan to educate current and future Members and other NE MT program stakeholders (e.g., facilities, local human service agencies, NEMT Providers, and Providers) in the state on NEMT Services, procedures and the transition of service administration from county BCF staff to the Broker.
2. Written and verbal instructions to educate Members and other NEMT program stakeholders. All Member outreach and education instructions and other materials should:
  - a. Emphasize the availability of NEMT Services, eligibility for these services, standing orders, medical documentation of need, and how to request and use NEMT Services;
  - b. Be easily understood and written on an approximately 5th grade reading level;
  - c. Be available in English and in Spanish; and
  - d. Be available in alternative format for the intellectually disabled as well as for those with vision and hearing impairments.
3. Strategies for working with Members who do not comply with established policies and procedures (as described below).
4. Strategies for working with facilities such as hospitals, nursing homes, and dialysis centers to achieve NEMT efficiencies.

The Vendor is to submit a final completed Member Outreach and Education Plan to BMS for approval no later than thirty (30) calendar days prior to the Operations Start Date. The Vendor should not begin operations without an approved Participant Education Plan.



At least thirty (30) calendar days prior to the Operations Start Date, the Vendor is to mail, by first class mail and at the Vendor's expense, written materials to inform and educate Members and other stakeholders about the NEMT Brokerage Program. The Vendor should work with BMS to obtain a listing of Members, other stakeholders and addresses. The Vendor should not begin operations without mailing of these materials.

Access2Care Understands and Agrees to the above.

At least thirty (30) calendar days prior to the Operations Start Date, Access2Care will mail, by first class mail and at Access2Care's expense, one letter per household to inform and educate Members and other stakeholders about the NEMT Brokerage Program.

#### D. Non-Compliant Member Education

The Vendor's Member Outreach and Education Plan should include a description of continuing education for Members who do not comply with established policies and procedures of the NEMT Brokerage Program, including, but not limited to, additional education to Members who habitually request transportation less than three (3) business days in advance of the appointment date. The Vendor may impose transportation options on Members with excessive incidents of non-compliance.

In the case of 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 Members for no-shows.

The Vendor's Member Outreach and Education Plan should include an education policy and transportation options for Members whose behavior en-route threatens the safety of the Member, driver, or other passengers.

#### **Education of Non-Compliant Members**

Access2Care will provide continuing education to Members who do not comply with established policies and procedures of the NET Brokerage Program. Our efforts may include direct telephone contact to discuss reasons for non-compliance and address ways to mitigate those causes, provision of written educational materials on why compliance is necessary and beneficial to the Member. As a last resort, we may impose transportation options, at the approval of BMS, on Members with excessive incidents of non-compliance.

In the case of Members who are chronically late or absent for scheduled trips, Access2Care may require the Member to call when the Beneficiary is ready to be picked up. Neither Access2Care nor the NEMT Provider will ever charge Members for appointments to which they do not show up. We will have a BMS approved education policy and transportation options for Members whose behavior en-route threatens the safety of the Beneficiary, driver or other passengers.

Access2Care will maintain a record of Members for whom transportation limited options are imposed and present this information to BMS via a quarterly deliverable report. Access2Care provides additional education via telephone to those Members who habitually request transportation less than two business days in advance of the appointment date. Should the additional education not modify the beneficiary's behavior, Access2Care will work with BMS to determine any additional actions that might be necessary or appropriate.



Access2Care understands that at time members may become non-compliant with regards to chronic no shows or behaviors that may not be acceptable. We have policies and will address with the State to ensure that we are in agreement with the criteria on how to handle these situations.

**Non-compliant members**

Access2Care will provide continuing education to Beneficiaries who do not comply with established policies and procedures of the NEMT Brokerage Program. Our efforts may include direct telephone contact to discuss reasons for non-compliance and address ways to mitigate those causes, provision of written educational materials on why compliance is necessary and beneficial to the beneficiary. As a last resort, we may impose transportation options, at the approval of BMS, on Beneficiaries with excessive incidents of non-compliance. Access2Care will notify BMS in writing prior to making such determinations and must do so within ten (10) business days prior to the action.

In the case of Beneficiaries who are chronically late or absent for scheduled trips, Access2Care may require the Beneficiary to call when the Beneficiary is ready to be picked up. Neither Access2Care nor the NEMT Provider will ever charge Beneficiaries for appointments to which they do not show up. We will have a BMS approved education policy and transportation options for Beneficiaries whose behavior en-route threatens the safety of the Beneficiary, driver or other passengers.

Access2Care will maintain a record of Beneficiaries for whom transportation limited options are imposed and present this information to BMS via a quarterly deliverable report. Access2Care provides additional education via telephone to those beneficiaries who habitually request transportation less than two business days in advance of the appointment date. Should the additional education not modify the beneficiary's behavior, Access2Care will work with BMS to determine any additional actions that might be necessary or appropriate.

Access2Care believes that we are partners in the NEMT program along with our transportation providers and BMS and in this regard we are different than other brokers who maintain a distant relationship with their transportation providers. Rather, Access2Care strives to maintain collegial relationships with our transportation providers as is evidenced by our "open door" policy whereby transportation providers have an identified person who serves as their primary point of contact where the provider can ask questions, file inquiries and complaints and have problems resolved. Our identified staff person is empowered to probe into the provider's issue and determine whether the inquiry is likely justified as a complaint and whether the individual complaint might rise to the level of a systemic problem.

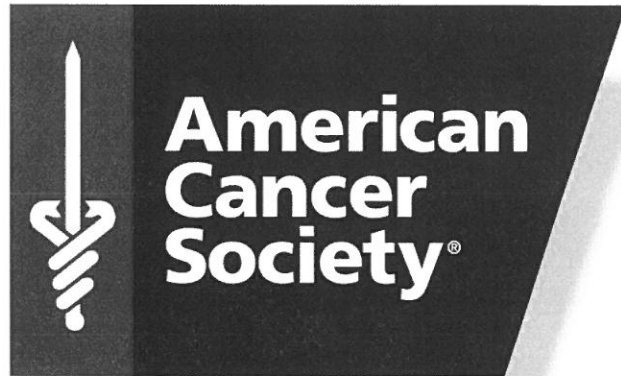
Access2Care finds unique ways to develop relationships in every community we serve based on the needs, culture and demographics of each area. We attend and sponsor interest group conferences, meet in-person with trade association representatives, and hold regional open houses to facilitate dialogue in a casual setting. Since 1998 we have worked with countless hospitals, healthcare facilities, community organizations, and millions of members. We also participate in a variety of professional associations including CTAA (Community Transit Association of America), the American Ambulance Association, and MHPA (Medicaid Health Plans of America) that help us stay in touch with the needs and trends of the transportation industry and Medicaid management.

We sponsor community-oriented programs that increase access to affordable care. One community transportation project coordinated transport for individuals to radiation and chemotherapy when volunteer drivers were not available through the American Cancer Society (ACS).

***“From the beginning, Access2Care was responsive to all our questions and needs. As start-up issues arose, they had team members working with us to resolve all concerns. Our operation is a smooth and successful program.”***

*– Diana Dew, American Cancer Society*

We understand the need for transparency, openness to consumer input, and more communication with stakeholders in West Virginia to improve the NEMT system. Access2Care looks forward to partnering with numerous organization to benefit BMS and the citizens of West Virginia.



In addition to working within each of the communities we serve, we also provide outreach to hundreds of agencies across our NEMT partnerships.

**Our outreach and relationship building approaches to the above referenced stakeholder groups incorporate a number of tactics which include:**

- Printed materials – Access2Care develops materials to distribute to members, transportation providers, and medical facilities and their advocates educating them on the requirements of NEMT and how to use NEMT services properly.
- Outreach and Communications Manager – Use our liaison with medical facilities and clinicians to provide education about the NEMT program and to consult with specific patients about their needs in order to ensure appropriate transportation is furnished to them.
- We provide various training to medical providers educating on the rules of the program and appropriate mode assignments, call intake, and scheduling standing orders (recurring trips). Access2Care will establish regional training sessions throughout the state, archive the sessions, and make the training materials and presentation available via the web. We acknowledge that BMS will approve the training presentation and materials, in the time frame specified in the RFP, and BMS may participate in these trainings.
- We will sponsor discussions with BMS and other state or community agencies to leverage the NEMT program infrastructure to meet related transportation or logistical coordination needs.

Additionally, networking with our transportation providers and health care professionals has provided us insight into ongoing needs and ideas for bringing valued added service to members. Examples of some of these relationships include the following:

#### **Communicating Effectively with Members**

In order to serve the needs of our members, we reach out to them through their facility social workers, administrators, or nurses. The case manager visits health care facilities personally and develops relationships with key personnel as quickly as possible. Facilities have graciously welcomed the presence of a case manager for their patient interests in the NEMT service. This case manager is an advocate for the needs of members. Social workers and other professionals are in-serviced regarding best practices

for utilization of the NEMT program.

On occasion, it becomes necessary to meet directly with a member. When this occurs, the case manager requests the presence of the social worker, member, family member, and facility administrator and/or charge nurse. Typically, this is to support social workers needing assistance in teaching the member about benefits and proper utilization of program services.

Follow-up visits to the health care facilities are conducted regularly; other communications such as email are also effective in keeping the lines of communication open and “staying in touch” with members.

Our experience within the communities we serve gives us better insight into identifying the unique needs of the communities we have yet to serve, while understanding that each community is different and requires a specialized approach. Our experiences in other NEMT programs have taught us to get to know the people of West Virginia as soon as possible and to conduct intensive outreach projects in West Virginia’s communities to find out exactly what type of service is needed in order to best meet the requirements of this RFP.

### XIII. Operations Procedures Manual

The Vendor is to develop an Operations Procedures Manual detailing all procedures to be used in scheduling and delivery of NEMT Services. The Vendor should submit a draft outline of this manual with the Vendor's Proposal. The Vendor is to submit a final completed Operations Procedures Manual to BMS for review and approval no later than thirty (30) calendar days prior to the Operations Start Date. The Vendor should not begin operations without a BMS-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 is to be reviewed, updated and distributed to Vendor staff annually and whenever changes in operating procedures are made. BMS may require modification of the Operations Procedures Manual at any time, and notify the Vendor in writing of the required modification. The Vendor is to modify the Operations Procedures Manual within ten (10) business days of notification.

Access2Care Understands and Agrees to the above.

Access2Care holds high performance standards for both its personnel and transportation providers that join our network. We begin by recruiting individuals that have previous experience in the position they are applying for, with a preference in non-emergency transportation. We have developed a training program and manuals for all levels in our organization that address the necessary requirements to deliver seamless service to BMS and its members, including transportation needs assessment, eligibility verification, and authorization, scheduling and dispatching of non-emergency medical transportation.

Access2Care is submitting a draft outline of our manual with this Proposal (see **Exhibit 4**). Access2Care will submit a final completed Operations Procedures Manual to BMS for review and approval no later than thirty (30) calendar days prior to the Operations Start Date.

#### 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 Members and NEMT Providers (as described below). The policies and procedures should provide for prompt resolution, and ensure the participation of individuals who have authority to require corrective action. The Vendor should attempt to resolve any complaint in accordance with the complaint resolution process. The Vendor should work with all parties, and BMS, as necessary, to resolve complaints.

The Vendor should submit a final Complaint Policies and Procedures Manual to BMS at least thirty (30) calendar days prior to the Operations Start date for BMS review and approval. The Vendor should not begin operations without a BMS-approved Complaint Policies and Procedures Manual. The Vendor should review its complaint policies and procedures every six (6) months, and notify BMS if it determines that an amendment is necessary. The Vendor should perform amendments only with the prior written consent of BMS. 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.

Access2Care Understands and Agrees to the above. Access2Care will submit a final Complaint Policies and Procedures Manual to BMS at least thirty (30) calendar days prior to the Operations Start date for BMS review and approval.

We have documented policies and procedures to ensure that complaints are resolved at the lowest possible appropriate level of administration. BMS will approve our formal, written complaint process. Access2Care will designate a liaison with BMS to ensure prompt response to all complaints. Access2Care will comply with all BMS requests to investigate, re-train, or remove any personnel.

Complaints are just one way to measure a program's success. Access2Care consistently maintains complaint rates as low as one valid complaint per 1,219 trips cleared. Our highly visible complaint tracking and reporting provides BMS with direct oversight to guarantee that complaints are handled appropriately.

To ensure Access2Care is responding to all complaints in the appropriate timeframe, we train all employees on the complaint intake process.

#### **Complaint Process**

When Access2Care receives any written or verbal complaints from Medicaid stakeholders including passengers, their representatives, advocates, transportation providers, or BMS staff, they are immediately logged in the A2C system to maintain accurate program records. The complainant will receive an acknowledgment that the complaint has been logged, and the member will be informed of his or her next steps. The complaint resolution process is illustrated on the following page.

Once the complaint is logged, the Access2Care Service Recovery Specialist is assigned to investigate by contacting the reporting parties, gathering facts from all parties involved, and examining driver manifests, if necessary. If during the investigation there are issues deemed "significant," those issues will immediately be brought to management for further review. A significant event is an unexpected occurrence that demonstrates a real or potential threat to customer care or staff safety, including serious physical or psychological injury. Significant events are rare and undesirable occurrences associated with a noteworthy deviation from usual processes. These events are "significant" because they send a signal or a warning that requires immediate attention. A significant event may also be

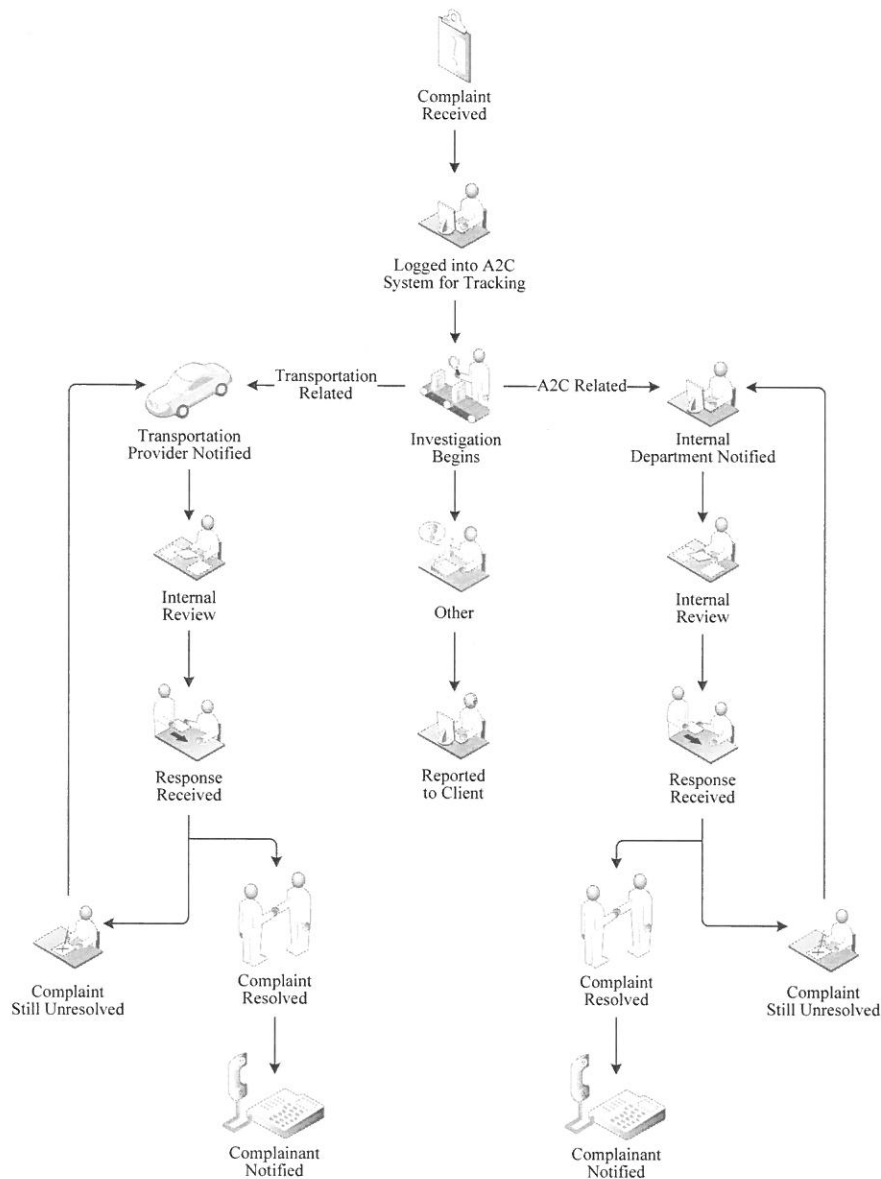
categorized as a series or pattern of serious deviations from safety or quality standards.

All investigated issues will be assigned a preliminary score based on the severity of the incident or event. All events will be analyzed by the quality improvement team for tracking, monitoring, and resolution. Corrective action may include re-training the driver or educating members on program requirements. The resolution is then documented in the A2C system. Complaints are available in the client portal on the A2C system for BMS review.

## Appeals

Members receiving services through Access2Care may appeal an adverse decision to BMS. Appeal rights are noted in every denial letter and are posted on the website. We will assist members when they need assistance completing appeal documentation. Access2Care is responsible for the preparation of the hearing summary and the presentation of our case.

### Complaint Resolution Process





## Quality Review

The quality team reviews all complaint data for trending and analysis. If any individual provider receives two substantiated complaints within 90 days, they will be placed on a temporary probation, and will receive additional education on Access2Care and BMS standards. If at any time they receive four (4) substantiated complaints in twelve (12) consecutive months, they will be permanently removed from the program.

## Tracking Complaints

Our complaint management system is integrated into the A2C software system. The system maintains all data collected during the complaint resolution process for the purpose of review and reporting. The complaint report will be sent in a format approved by BMS and will meet all RFP requirements. The complaint report will capture the following information:

- Name and contact information of the complainant
- Date filed
- Member affected
- Complaint description
- Documentation gathered during the investigation (trip logs, investigation reports)
- Provider information
- Final resolution
- Name of the Access2Care employee investigating
- Date complaint closed

The A2C system allows BMS to compile real-time reporting on complaints by specific type, date range, complaint status, category (transportation provider, call center, member-generated complaints), and timeframe via our client web portal. How a particular complaint was received is also included in the report, as is the status of all complaints pending resolution.

In addition to the above, we will ensure all calls from BMS to Access2Care will be responded to within one business day of receipt. Access2Care will submit a response to written inquiries within five (5) days of receipt, and our average percentage of complaint-free trips will meet or exceed 99.7% of all trips. Access2Care will always inform BMS of any legislative or executive-level inquiries within one day of receipt.

### A. Member Complaint Resolution and Appeal Process

The Vendor should have a complaint resolution process for 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 BMS, as necessary, to resolve the complaint.

Access2Care Understands and Agrees to the above. We have documented policies and procedures to ensure that complaints are resolved at the lowest possible appropriate level of administration. BMS will approve our formal, written complaint process. Access2Care will respond verbally to a complaint within twenty four (24) hours of complaint receipt, and will provide a written record to BMS within three (3) days of BMS's request.

Complaint information provided to BMS should include:

1. Documentation or testimony by the Project Manager or other medical or expert consultant who is familiar with and able to testify to the specific case being appealed.
2. Records and documentation regarding a denial of a NEMT Service.

Records should be maintained as outlined in Section V of this Appendix, and information should be reported as outlined in Appendix 2.

3. Comprehensive documentation specific to the particular case.

If BMS overturns the denial and authorizes the NEMT Services, the Vendor should notify the Member and the NEMT Provider of the appeal decision; then the Vendor is to approve the NEMT Services and reimburse the NEMT Provider.

#### NEMT Provider Complaint Resolution and Grievance Process

The Vendor should establish and maintain a procedure for reviewing complaints and grievances made by NEMT Providers. Each complaint or grievance is to 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 or BMS or both. Failure to request a review within fifteen (15) calendar days is to be a waiver of the NEMT Provider's right to request a review.

Access2Care Understands and Agrees to the above.

The A2C System verifies eligibility based on a variety of benefit levels, including specific RFP requirements.

#### **User-Friendly, Real-Time Complaint Reporting**

Our complaint management system is integrated into the A2C software system. The system maintains all data collected during the complaint resolution process for the purpose of review and reporting. The A2C system allows BMS to compile real-time reporting on complaints by specific type, date range, complaint status, category (transportation provider, call center, client-generated complaints), and timeframe via our client web portal.

#### XV. Contract Close-Out and Turnover Procedures

##### A. Turnover Plan

The Vendor is to submit a Turnover Plan to BMS no later than fourteen (14) calendar days after the date of Contract award. The Plan should provide for an orderly and controlled turnover of the Vendor's responsibilities to a successor Vendor or to BMS at the end of the Contract period or upon termination of the Contract, and minimize the disruption of NEMT Services to Members.

The Turnover Plan should include the following:

1. The Vendor's proposed approach to turnover;
2. The tasks and subtasks for turnover;
3. A schedule for turnover;
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.

Access2Care Understands and Agrees to the above. In the event of turnover, we will facilitate a seamless transition focused on minimizing service disruption for members and in compliance with this RFP. To ensure a smooth transition, we will develop a systematic schedule of tasks much like the implementation plan. Each task will have an assigned owner to ensure its completion and report on its status. We will provide the incoming transportation manager with necessary support to transition the program responsibly. The plan will be finalized after contract award and submitted to the state six months after the contract start date.

Access2Care understands the need to assist the state or the Successor Vendor (hereinafter referred to as Successor) as necessary in order to minimize disruption of the medical and non-medical transportation services to Medicaid members. We will work with BMS and the associated Successor to turn over records and information in a manner that is best for all parties.

The tasks and sub-tasks in this turnover plan are designed to ensure a thorough and complete transition process that will occur over a period of ninety (90) days. Access2Care will ensure that it will not fail to operate as required during the transition; services will be uninterrupted during this time. All documents and files pertinent to performing the contract will be provided to the state as required. This turnover plan details, in paragraph form, the proposed schedule, activities, and resource requirements associated with the turnover tasks outlined in the sections below. We have provided a brief overview of key tasks below.

***The plan includes the following sections:***

1. Access2Care's proposed approach to turnover;
2. The tasks and subtasks for turnover;
3. A schedule for turnover;
4. Operational resource requirements;
5. Any training provided; and
6. Procedures for the transfer of data, documentation, files, training materials, the Operations Procedures Manual, brochures, pamphlets, and all other written materials and records developed in support of the NEMT Brokerage Program.

**B. Turnover Notification and Turnover Period**

In the event BMS desires a turnover of the duties and obligations of the Vendor to BMS or to a new Vendor upon termination of the Contract, the Vendor should expect BMS 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 is to begin on the date specified by BMS in the notice and continue until BMS determines that all of the Vendors Contract duties and obligations have been met, even if that date extends beyond the termination date of the Contract. The Vendor may expect BMS's notification to provide written instructions regarding the packaging, documentation, data formats, delivery location, and delivery date of all records, data and information BMS determines are required to provide for an orderly turnover.

Access2Care Understands and Agrees to the above. Access2Care expects BMS to give written notification of the need for turnover at least ninety (90) calendar days prior to the termination date of the Contract.

**C. Specific Close-Out Requirements**

The Vendor is to complete all duties required in the Contract with regard to requests for NEMT Services for dates of services up to and including 11:59 p.m. Eastern Time on the termination date of the Contract. These duties should include, but not be limited to, the following:

1. Screening, authorization, scheduling, and provision of NEMT Services;
2. Successful submission to BMS of all utilization data;
3. Generation and sending of all required notices to Providers and Members;
4. Validation Checks as required in Section VII of this Appendix; and
5. Submission and correction, as necessary, of all reports required by this RFP.

Access2Care Understands and Agrees to the above.

**D. Agency Access**

During the Turnover Period, the Vendor should allow BMS full remote access during the Vendor's regular business hours to all data records as required in the Contract.

Access2Care Understands and Agrees to the above.

**E. Specific Turnover Requirements**

At any time prior to BMS's determination that all requirements under the Contract have been completed, BMS may request, and the Vendor is to provide, the following information to BMS:

1. Information including, but not limited to, the number, the review status, and the completion date of all transportation that was scheduled, authorized or provided by the Vendor up to and including 11:59 p.m. Eastern Time on the termination date of the Contract and that have not been transmitted to BMS for processing.
2. Information including, but not limited to, the number, the review status and the completion date of all transportation that was scheduled, authorized or provided by Vendor up to and including 11:59 p.m. Eastern Time on the termination date of the Contract and that BMS returned to Vendor as unprocessed with an error code.
3. Information on any other deliverables that are pending as of 11:59 p.m. Eastern Time on the termination date of the Contract, including, but not limited to, any outstanding reports, the status of any unresolved complaints or grievances, and the status of any BMS hearings that have been scheduled or are in process.

Access2Care Understands and Agrees to the above.

Throughout each section of the plan, we have a proactive approach regarding movement to a Successor. BMS will already have direct access to our Project Director and will continue to have that access for the duration of the transition period. It is our intent to support this program to the very last day and to help BMS and the Successor through the smoothest possible transition.

**F. Vendor Response to Questions**

The Vendor is to answer any written questions from BMS for a new Vendor regarding the review of the information and data that Vendor has transferred to BMS or a new Vendor. The Vendor's answers should be in writing and should be submitted to BMS or the new Vendor within five (5) business days after receipt of the question.

Access2Care Understands and Agrees to the above.

**G. Turnover Meetings**

The Vendor should expect BMS to notify the Vendor of the date, time, and location of meeting(s) regarding the close-out or turnover to be held among BMS, the Vendor and new vendor. The Vendor should provide two (2) individuals to attend meetings. The individuals attending should be proficient and knowledge able regarding the paper materials and electronic data to be transferred and delivered to BMS or a new vendor.

Access2Care Understands and Agrees to the above.



## Appendix 2: Implementation Specifications

The following specifications have been determined by BMS for the Implementation Phase of this project. BMS is to consider responses to this RFP that propose modifications to the following specifications. Modifications should be clearly stated in the Vendor's proposal.

### I. Implementation Work Plan

The Vendor's Proposal should include an Implementation Work Plan to be maintained throughout the implementation period that includes all tasks required to successfully begin operation of the NEMT Brokerage Program. The Work Plan should be sufficiently detailed to satisfy BMS 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 implementation Work Plan electronically and in hard copy to BMS no later than fourteen (14) calendar days after the date of Contract award.

Access2Care Understands and Agrees to the above. Access2Care will submit the final implementation Work Plan electronically and in hard copy to BMS no later than fourteen (14) calendar days after the date of Contract award.

Please see our draft of the West Virginia Implementation is included as **Exhibit 5**.

### A. Work Plan Tasks

The Work Plan should include task-level detail, including timeframes, milestones and names of Vendor staff members who may be responsible for each task. Each task listed in Implementation Work Plan 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 Implementation Work Plan should include, but not be limited to, the following:

1. Acquisition of office space, furniture, and telecommunications, 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 BMS's Readiness Review;
7. Installation of trip scheduling/ reservation, and dispatch systems;
8. Member, NEMT Provider and Medical Provider education; and
9. Development of required deliverables, including reports, Operations Procedure Manual, NEMT Provider Manual, eligibility file requirement, utilization data submission procedures, Quality Assurance Plan (as described in Section II of this Appendix), and Business Continuity and Disaster Recovery Plan (as described in Section V of this Appendix).

Access2Care Understands and Agrees to the above.

Access2Care has a proven track record in executing effective and efficient contract startups and a successful history of implementing State and commercial contracts. Each of our startups was successfully implemented during transition periods ranging from thirty (30) to ninety (90) days. We are thoroughly familiar with the challenges of transitioning services for a contract of this size, and we

mitigate the risk of transition of this scope by using a proven implementation plan see **Exhibit 5** for a sample draft for West Virginia.

Our analysis of this RFP suggests that any other contractor will additionally face three qualitative issues that could potentially generate single points of failure:

- Lack of experience among the personnel implementing the implementation
- Inadequate corporate experience in transitions
- The lack of a proven system to track progress and respond to issues with agility

Upon contract award, we will immediately begin working with BMS to facilitate implementation. The official kick-off for transition activities will be a joint planning meeting. We will provide timely, effective and ongoing communications to BMS to ensure all implementation tasks and activities are thoroughly communicated and coordinated. We will provide status and related information through dedicated meetings. Ongoing status reports will be made available to other BMS representatives as necessary.

Members of the Access2Care senior management team have been involved in many large contract transitions. For example, the implementation of the current state of West Virginia NEMT contract and existing state of Idaho contracts involved implementing systems and processes to serve the needs of BMS.

We will work closely with BMS to implement a cohesive, seamless transition through;

- Early-on development of strong working relationship and partnership
- Strong open lines of communication
- Proactive management of all contact requirements and deliverables as outlined in the RFP

Upon contract award, our implementation transition team will begin transition planning meetings with BMS to gain insight into what is deemed important. We will discuss what has worked well and what has not worked well in prior transitions, as well as status, emerging issues and other areas of concern.

Our implementation plan covers three major phases of the work:

- **Pre-Mobilization** occurs pre-award, making use of the proposal preparation period to develop the draft transition plan and coordinate for required resources. This time is also used to conduct network development, contracting and credentialing. This phase is underway now.
- **Mobilization** begins at contract award. Post-award activities consist of hiring personnel, training employees and transportation providers, establishing transition facilities, ordering equipment and developing processes.
- **Transition** activities will begin at contract award and will end upon go-live.

By drawing from our experience on numerous other transitions, we have identified tasks which are critical to effective initial contract performance. These tasks include, but are not limited to:

- Establish interface with BMS
- Finalize the implementation plan
- Initiate new employee hiring processes
- Initiate training program for employees and transportation providers
- Initiate information system modifications
- Complete additional transportation credentialing
- Design reports and deliverable templates

We will systematically complete each necessary task to ensure smooth contract transition. All unforeseen difficulties will be quickly and carefully sourced through our well-tested management for timely resolution.

## II. Quality Assurance Plan

At least thirty (30) calendar days prior to the Operations Start Date, the Vendor is to submit a final Quality Assurance Plan to BMS for its review and approval. The Quality Assurance Plan should include at least the following:

1. The Vendor's procedures for certification that all NEMT Services paid for are properly authorized and actually rendered;
2. The Vendor's plan to develop safeguards against fraud or abuse by NEMT Providers, Medical Providers, Members and Vendor staff and fulfill BMS reporting requirements regarding such activity;
3. The Vendor's agreement to indemnify BMS against any causes of actions or claims of payment brought by NEMT Providers or 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.

The Vendor should not begin operations without a BMS-approved Quality Assurance Plan. BMS reserves the right to make quality assurance reviews on services provided by the Vendor under the Contract anonymously and without advance notice.

Access2Care Understands and Agrees to the above.

## Quality Assurance

Quality assurance is an integral part of our planning, operation, and service delivery. We continually seek to make our operations and employees exceptional in all aspects of job performance through consistent feedback, mentoring, and ongoing training and education. Operational staff and management remain committed to delivering a high-quality program.

Access2Care's quality improvement plan fully supports the provision of high quality transportation services to West Virginia Medicaid members. We will submit our plan to BMS at least 30 days prior to the start of operations. We will incorporate into the plan any modifications BMS requires within 10 days of notification. The plan will be reviewed annually thereafter, and any revisions will be submitted to BMS at least thirty (30) days prior to implementation.

The quality improvement plan involves procedures overseen by the general manager. The Director of Operations is responsible for promoting, monitoring, and evaluating quality-related activities. Access2Care will work continuously to advance KPIs, enabling us to track our performance in meeting benchmark criteria. As directed by BMS, we will modify these indicators to meet the needs of this contract.

In addition to the emphasis we place on monitoring and addressing complaints, our quality assurance program consists of prospective (proactive) and retrospective (reactive) components. For example, we continually monitor our transportation providers to ensure contract compliance and high-quality service. In the event that we identify a deficiency, we work with the provider to initiate improvements. The quality improvement plan uses a systematic process to objectively assess the quality of services provided to our clients.

#### **Monitoring Key Indicators**

Most of the key indicator metrics will be available from our internal systems reports, which are generated as part of our standard operations. Each indicator that we establish for review will be analyzed to identify the specific source of indicator information and the reports that will be produced to report this information.

To identify issues, our system will provide exception reports that focus on unmet standards, as identified in member surveys and any complaint data received. Our QA staff will use these reports to follow up with providers and/or internal staff to determine necessary improvements or corrective actions.

One example of our commitment to quality includes the monitoring of key indicators of the transportation providers (among other aspects of our operation). The following list demonstrates our commitment to safe, reliable, high quality service to the passengers entrusted to our care.

Report Name	Purpose	Who Reviews Report
QA Reports 1	Present to Quality Improvement Team at quarterly meeting	Quality Manager and Quality Improvement Team
QA Reports 2	Quantify levels of transportation services	Transportation Provider Network Team
Monthly Performance & Quality Report	Monitor performance requirements for call center with trip information	Senior Manager of Call Center Operations
Daily Performance & Quality Report	Quantify call center activity over a month-long period	Senior Manager of Call Center Operations
West Virginia Vehicle Demand	Designate vehicle demand by county	Transportation Network Team
Complaint Resolution & Tracking Report - Quarterly	Detail complaints logged into A2C system	Quality Manager
Complaint Summary Report 2- Complaint Resolution & Tracking Report - Quarterly	Monitors volume and status (open/closed) of complaints by source	Quality Manager
Complaint Summary Report 3- Complaint Resolution and Tracking Report	Examination of trips and reasons they were denied – client driven report	Senior Manager of Call Center Operations
Daily Performance and Quality Report 1	Detail of cancel reasons by level of service	Senior Manager of Call Center Operations
Daily Report 2	Details entire complaint process, from beginning to end	Quality Manager
West Virginia Denial Detail Report	Monitors denials by reason	Quality Manager and Senior Manager of Call Center Operations with ultimate responsibility
West Virginia Utilization Daily Report	Utilization report of who is using what services, how often	General Manager

#### Transportation Monitoring Methodologies

These activities include but are not limited to:

- On-street observations
- Accident/incident reporting
- Statistical reporting of trips
- On-time performance measures
- A detailed analysis of complaints
- Credential expiration dates (driver licensure, driving record, experience, and training compliance)
- Compliance with vehicle requirements
- Completion of driver logs
- Routine vehicle inspections, maintenance, emergency equipment, and breakdowns
- A detailed analysis of re-routed trips
- Detailed analysis of no show trips
- Member survey



Access2Care understands BMS has the right to conduct a review of our records and perform on-site reviews to ensure we comply with all requirements of this procurement. Our quality department will perform a yearly audit of the West Virginia operations to ensure that we are in compliance. We would be happy to provide BMS with all the documentation gathered during these audits for you to review.

BMS will have access to all QA monitoring reports. Data from the final, approved set of QA reports will be used by the Access2Care management team to spot operational trends and to identify areas for improvement. Trend reports in most of our projects focus on particular functional areas, such as call center performance, transportation provider performance, and complaints. Each month the management team, led by the Access2Care Quality Assurance Manager, meets to review the trending reports. In areas where the team finds declining or insufficient performance an action plan is developed to determine the root cause of the problem and devise strategies and tactics for improvement. The results of those efforts are then reviewed in future team meetings to determine if additional or different actions should be taken.

Operational staff and management are key team members in the quality program to modify operations based on the findings. For example, call center staffing may be modified based on trends in the percentage of calls involving long distance travel. Also, drill downs on customer satisfaction survey data may identify providers who have “best practices” that can be shared with other providers, or can be used to modify provider training materials. Unexpected increases in “Provider Late” occurrences may reflect changes due a sudden change in resources (such as vehicles out of service or driver vacancies) of a particular provider; in such a case, the quality finding would trigger a network coordinator’s further investigation of the provider, leading to imposition of a quality improvement plan or perhaps modifying the A2C system to reduce the maximum number of trips assigned to a provider until resources can be restored to full strength.

#### **Quality Assurance Staffing Resources**

Access2Care’s quality improvement team comprises Access2Care’s corporate quality director and quality supervisor, Director of Operations, call center manager, Call Center Supervisor, Outreach Coordinator, network coordinators, claims quality assurance lead, and a representative from the CSR staff. The team meets monthly. We also designate the additional positions to quality assurance measures and activities, including service recovery specialist, process improvement coordinator, quality assurance analyst, and network coordinator. Service recovery specialists are critical in modifying operations because of a quality finding, because a complaint may be the earliest alarm that something has failed. Often, their investigations identify and trigger other changes such as limiting a provider’s eligible zip codes.

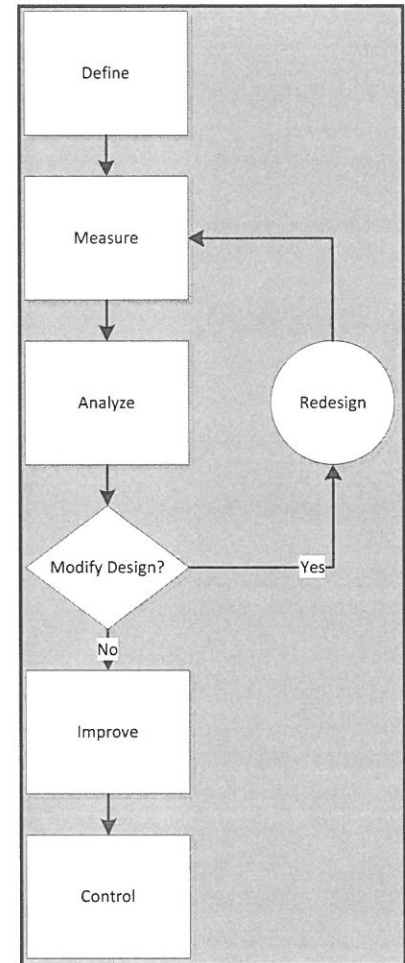
Access2Care is committed to enacting an effective Quality Management Plan to ensure that the services we deliver are performed in an accurate and timely manner in compliance with client expectations and requirements. We will maintain quality assurance mechanisms consistent with the performance work statement. Additionally, we will assume the responsibility for timely notification regarding any problems or situations that could negatively impact compliance with the provisions of the contract.

A comprehensive discussion of quality requires focus on three dimensions: structure, process and outcome.

## Six Sigma Methodology

The Six Sigma problem-solving process focuses on improvement of company-wide performance to ensure the highest quality and reliability of products, services and transactions. The life-cycle approach to quality ensures that we not only identify current issues and correct problems, but that we also implement controls to continuously improve.

- The **Define** phase focuses on identifying what is important to the customer, clarifying the business case and developing a project plan. This phase also includes identifying the output and input of the process.
- The **Measure** phase addresses development of a problem / goal statement by operationally defining the output and inputs. Methodologies are employed to confirm measurement accuracy and then a performance baseline is established with appropriate descriptive statistics. In this phase, a detailed process-level map of the current process may be developed that clearly defines the activities subject to
- The **Analyze** phase uses data and tools to understand the cause-and-effect relationships in the process or system. During analysis, inputs that have the greatest impact are determined and causes with the greatest influence on these inputs are identified. Subsequently, plans are developed to achieve a greater level of control on inputs.
- The **Improve** phase verifies the magnitude or impact of respective inputs and determines how an optimal output performance level can be obtained. The outcome of this is the definition of new practices to replace current operating procedures. Additionally, an implementation plan is constructed to institutionalize the improvements.
- The **Control** phase involves monitoring established mechanisms to ensure future results and contingency plans if a process begins to perform in an abnormal manner.



The graphic at the right illustrates the Six Sigma methodology.

Access2Care will provide the reports to the client as required by the RFP. The Quality Assurance department will partner with the functional business units to ensure proper reporting adheres to requirements. Reports are used as a management tool to further identify

Additionally, the Quality Assurance department will work with business units to develop standardized approaches to data collection, performance metric calculations and reporting.

Access2Care business units utilize a proprietary system which collects, stores, retrieves, and aggregates program data to provide necessary internal and external reports. Our system meets the reporting requirements of our contracts related to program data including management reports, utilization data, and other program reporting, and will provide a secure file exchange.

We regularly measure performance against standards to ensure that contract requirements are consistently met or exceeded. The quantifiable performance standards, based on requirements, are defined in the contract. This definition will specify measurement frequency and methodology, data to be included in the measurement and the business data points to be used to determine performance acceptability. Senior leaders will review results on a frequent basis to confirm performance levels are met or exceeded. They will establish accountability and maintain oversight of performance improvement through reporting. When necessary, executive management will coordinate process improvements across functional lines. While this process will be under the sponsorship of the Quality Assurance department and governance by executive leadership, and all cases, functional managers will be held accountable for ensuring standards are met. Individual manager performance will be tracked and trended with monthly feedback provided by executive leadership. A manager's ability to meet standards is a key component of the annual performance evaluation.

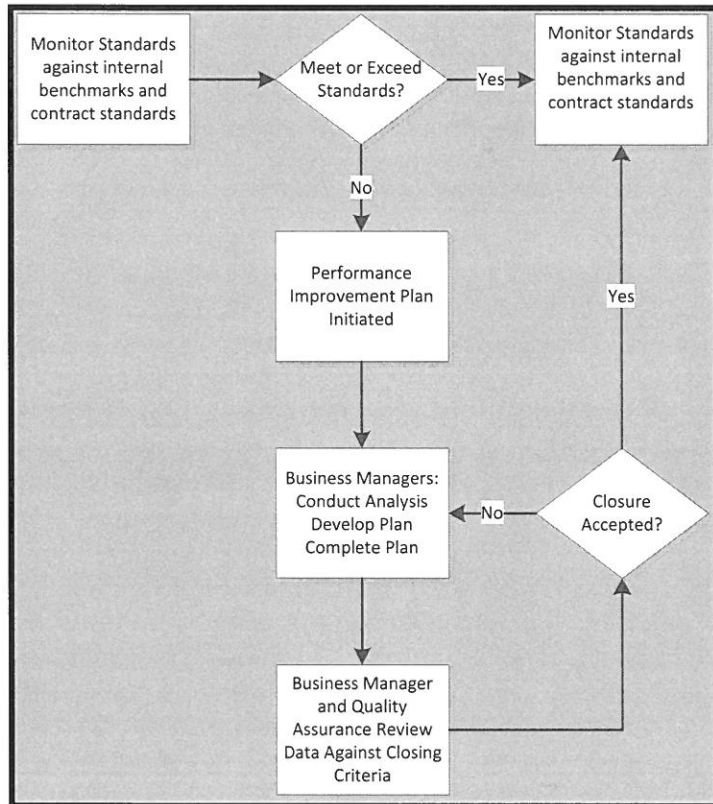
Access2Care believes that problems are best resolved at the lowest, most granular level possible without being escalated to high level within the company. We have developed a process to ensure problems are resolved quickly and effectively if they do arise. Our problem solving approach is flexible depending on the nature of the issue. We believe there are two types of problems: First, an isolated problem that could occur frequently and primarily at the local level; and second, a higher-level situation which potentially involved variance from performance standards and targeted metrics.

We aim to resolve isolated issues at the local level through a staff Lead or Call Center Manager of an employee, for example. These are the types of problems which do not require involvement of senior management at the corporate level. For the more systemic problems, we will utilize management resources to resolve these issues through a business process focused on continuous improvement. In this case, we will first focus on the open lines of communication within the enterprise, such that problem resolution can be implemented quickly, efficiently and effectively.

We address the systemic problems and variances from target metrics through our continuous improvement process. While our goal is to assure the client that it will always be satisfied with the services we provide, we realize that problems may arise from time to time that need to be addressed quickly and effectively without disruption to our services. Implementing a corrective action plan through our performance improvement plan program is an important aspect of our Quality Assurance program. The performance improvement plan is conceptually based on the Six Sigma steps.

The performance improvement plan focuses on measuring quantitative and qualitative variables and then identifying where gaps exist between the planned program performance and actual outcomes. It is with this data analysis, after identifying the sources and variations and root causes, that we can implement a performance improvement plan, which prioritizes opportunities for improvement. The

Analyze, Improve and Control components of the process are the most important for executing on a performance improvement plan. During these three phases, we will analyze the causes of the performance gap, design and implement a creative solution to the business problem, which brings the process into control and meets out targets. At the final phase, we will continue our ongoing measurement to ensure the modifications to the processes are in compliance with performance expectations. The performance improvement process will be initiated by the appropriate business unit. The process is illustrated below



As the graphic above describes, the performance improvement plan process is a metrics-driven program. The Quality Assurance department collaborates with the business unit manager to ensure compliance with and completion of the performance improvement plan when applicable. If the metrics monitored at the business unit level adversely deviate from the targeted goals for the unit, a performance improvement plan is initiated. At this time, the business unit manager will work directly with staff in the Quality Assurance department to conduct an analysis of the processes which are variant from the metric target and will develop and implement an improvement plan to close gaps and ensure that the business processes are in control. With the assistance from the Quality Assurance department as needed, the performance improvement plan is completed and forwarded for review. Several iterations of the plan may be required before it is accepted by the Quality Assurance department. The business unit manager implements the proposed process improvement and the Quality Assurance department monitors progress.

When all actions required in the performance improvement plan are completed, the Quality Assurance department reviews the outcomes against closing criteria included in the plan and closes the plan if the objectives have been met. Execution of the performance improvement plan may require multiple cycles to explore different process improvement options, until the desired outcomes are achieved.



### III. Operational Readiness Review

Approximately two (2) weeks prior to the Operations Start Date, the Vendor should expect that BMS may conduct an operational readiness review of the Vendor, after which BMS may approve the Vendor for implementation. The Vendor is to receive written BMS approval of all submission and demonstration Requirements prior to the Operations Start Date.

#### A. Readiness Review Deliverables

At least thirty (30) calendar days prior to the operational readiness review, the Vendor is to submit the following deliverables for BMS review and approval to ensure that each process or item fully and consistently meets BMS's requirements.

1. The Vendor's data systems (as described in Appendix 2, Section IV);
2. The Vendor's information systems screen prints and logic;
3. The Vendor's brokerage process, including authorization, scheduling, dispatch, coordination, management, generation of denial letters, and reimbursement process;
4. The Vendor's NEMT Provider Network and Geographic Coverage Report (as described in Appendix 1, Section II (D));
5. Proof of the Vendor's NEMT Provider network sufficiency;
6. The Vendor's Adverse Weather Plan (as described in Appendix 1, Section IV (D));
7. The Vendor's Post-Transportation Authorization of NEMT Services Policy (as described in Appendix 1, Section IV (F));
8. The Vendor's NEMT Service denial criteria and service denial letter (as described in Appendix 1, Section V (A, #2));
9. The Vendor's Validation Policy (as described in Appendix 1, Section VII);
10. The Vendor's Vehicle Inspection Plan (as described in Appendix 1, Section IX (C));
11. Proof of compliance with vehicle and driver requirements;
12. The Vendor's NEMT Provider Monitoring Plan (as described in Appendix 1, Section X (E));
13. The Vendor's final NEMT Provider Manual (as described in Appendix 1, Section XII (A));
14. The Vendor's NEMT Provider and Provider Training and Education Plan (as described in Appendix 1, Section XII (B));
15. The Vendor's final Member Outreach and Education Plan (as described in Appendix 1, Section XII (C));
16. Verification that education of 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 Plan and Disaster Recovery Plan (as described in Appendix 2, Section V); and
21. The Vendor's reporting capabilities, including the ability to produce BMS-Specific reports (as described in Appendix 3).

#### Call Center Readiness Requirements

As part of the readiness review, the Vendor is to demonstrate to BMS that the Vendor's Call Center meets all Contract requirements, including reporting capabilities. The Vendor's data system is to meet and/or demonstrate compliance with all Contract requirements, including the following:

1. The Vendor's data collection;
2. The Vendor's method by which Member information is recovered by the Vendor and displayed on screens used by Call Center staff at their work stations;



3. The Vendor's method by which BMS 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 Members, NEMT Providers, and 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 BMS-Specific reports (see Call Center reporting described in Appendix 3);
9. The Vendor's staff is appropriately trained; and
10. The Vendor's staff is sufficient to meet the timeliness and telephone system requirements (as described in Appendix 1, Section XI (G)).

Access2Care Understands and Agrees to all of the above.

Access2Care Understands and Agrees to the above. Approximately two (2) weeks prior to the Operations Start Date, Access2Care expects that BMS may conduct an operational readiness review of Access2Care, after which BMS may approve Access2Care for implementation.

As part of the readiness review, we will develop and submit a written status report the day before the meeting and will record and provide meeting minutes to each attendee. In addition, we will ensure the educational website is in full operation and ready for public viewing. Access2Care will be ready for any pre-implementation testing at BMS's discretion, including testing of telephone and computer systems and determining the sufficiency of all staff and transportation provider networks.

#### Remediation & Start-Up

The Vendor is to have an opportunity to make corrections (if necessary, as determined by BMS) prior to Operations start date and may be required, upon request of BMS, to submit documentation to BMS that corrections have been made. Two (2) weeks prior to the scheduled Operations Start Date, the Vendor is to begin taking calls for requests for NEMT Services that are scheduled to be provided on or after the scheduled Operation Start Date.

Access2Care Understands and Agrees to the above. Two (2) weeks prior to the scheduled Operations Start Date, Access2Care will begin taking calls for requests for NEMT Services that are scheduled to be provided on or after the scheduled Operation Start Date.

#### IV. Data Systems Requirements

##### A. Eligibility Verification

Each week, the Vendor should expect BMS to provide the Vendor with Member and Provider extract files. The Member extract file should contain eligibility information for all persons enrolled in the Medicaid Program who are eligible to receive NEMT benefits. The Provider extract file should contain eligibility information for all Providers enrolled in the WV Medicaid program. The Vendor should upload the weekly Member and Provider extract files within two (2) business days after receipt.

In addition, the Vendor should expect BMS to provide the Vendor with limited access to the West Virginia Medicaid Management Information System (MMIS) Automated Voice Response System (AVRS) to verify Member eligibility as needed for eligibility changes made between extract files.

##### B. Data Capture

The Vendor should capture and retain data used to administer the NEMT Brokerage Program. The data captured and retained should be sufficient to meet Contract requirements, including reporting requirements.

The Vendor should have the capability to manually enter eligibility data for Members, including name and Member ID number. The Vendor should be capable of reconciling the information entered manually against the weekly Member eligibility extract file to ensure that the information in Vendor's system is accurate.

##### C. Encounter Data

The Vendor should provide BMS with a monthly aggregate file of detailed encounter data on each trip made on behalf of Medicaid Members. The transactions are to comply with HI PAA regulations in the version prescribed by BMS.

The file should contain, but not be limited to, the following data elements:

1. Member Medicaid ID number;
2. Member name;
3. Date of service;
4. NEMT Service type;
5. Cost of service; and
6. Number of units provided. The Vendor should submit the monthly aggregate file and a summary report to be used for reconciliation purposes to BMS by the 20th of the following month. The summary report is to balance to the detailed aggregate file.

Access2Care Understands and Agrees to the above.

### **Capture, Store and Manage Data**

Our A2C application captures the following data:

- **Member Data** – We have the ability to capture and process daily member files with no size restrictions. We archive these records for an agreed upon timeframe.
- **Provider Data** – Provider data is captured and stored in the same manner as member data.
- **Encounter Data** – We have the ability to create encounter files to meet the demands of our clients or custom formats. Normally these are produced weekly, bi-monthly, or monthly.
- **Audit Trail Data** – The A2C system has the capability to capture and report on member and trip data inquiries and changes. All “red-flag” data items can be tracked in the system. The online reporting capability can be developed for West Virginia to meet web access needs.

Access2Care can retrieve any information in the A2C database for BMS at any time. A2C also interfaces with Oracle, the industry standard in accounting system interfaces. We can generate reports for all data regarding transportation provider payments as well. The system currently meets all HIPAA compliance requirements. Access to member trip history data is available via the client web portal that contains on-demand member trip history reports.

### **Effective Data Analysis**

- **Member Data** – We utilize the member data to track eligible members against total trips taken to determine utilization. We also track utilization daily and can identify how many unique members are calling that day or have trips on any given day. We use this information to facilitate reducing utilization by showing, for example, where 17% of the membership is accounting for 32% of the utilization.
- **Provider Data** – We can track how many trips to any provider for any day and can determine the closest provider. Our system has the ability to determine if the member is going to the closest provider of the same type for their trips. We have this as an opened program, meaning all we have to do is enter a mileage amount for a contract and then the closest provider is determined within this mileage. We also have the ability to exclude certain provider types. For example if the members should always see the closest provider except when it is their PCP, we can accommodate this.
- **Encounter Data** – We can receive all the normal reply files associated with encounter files. We utilize this data to reconcile our records and assist clients with any issues or concerns.

### **Report Generation**

- **Member Data** – We currently track member data to determine unique members, how many members have trips per day, and their destinations.
- **Provider Data** – We track how many trips to a given destination per day, week, or month. This data is used to consolidate trips, which allows us to distribute trips to the transportation providers in more regionalized areas.
- **Demonstrating our commitment to innovation and efficiency**, Access2Care makes reports available to our clients via a secure web portal. Our clients can review reports anytime, anywhere, instead of waiting for a scheduled monthly report.

**There are over 30 reports available that include:**

- Customer service center report
- Utilization report
- Complaints report
- Transportation provider report
- Member usage report

**Provider and Service Area Data**

Our provider management system collects the information on transport providers. In addition to the data specifically requested below the system also keeps a performance score for each provider. This score is one factor that determines which provider will be assigned to a trip. Detailed encounter data is maintained on each transport and can be supplied in a format required by the state. Encounter data is generated by a third-party organization from our system and includes extensive data validations before creating any data sent to the state. The system will support multiple provider IDs for each provider including the NPI and state assigned IDs. Unique provider IDs will be generated by the system for all providers not assigned IDs by the state. Provider IDs assigned by the system will be unique and will not be reused. The system maintains extensive demographic data on each provider including name, address, phone, multiple contacts, multiple address types, etc.

In addition to vehicle and driver information, we also keep extensive service area, vehicle, and driver information for that provider. Service area information includes vehicle types and hours of vehicle availability. In addition we keep extensive provider scoring data on the provider that is used both for vendor management and trip assignments.

**D. Audit**

The Vendor is to provide BMS or their designee access to the Vendor's data system for auditing and monitoring purposes. Access is to include, but not be limited to, all equipment, systems, and communications software necessary for BMS to obtain utilization information.

The Vendor is to use accurate and reliable software to calculate mileage. The Vendor is to be responsible for the accuracy of the calculation and is to represent such in audit or legal.

Access2Care Understands and Agrees to the above. Access2Care understands BMS has the right to conduct a review of our records and perform on-site reviews to ensure we comply with all requirements of this procurement. Our quality department will perform a yearly audit of the West Virginia operations to ensure that we are in compliance. We would be happy to provide BMS with all the documentation gathered during these audits for you to review.

**E. Web-Based Inquiry System**

The Vendor should establish and maintain a secure, web-based inquiry system for NEMT Providers to access NEMT Services trip authorization information. This system should provide access to the current status of all trip requests. The Vendor should provide technical assistance and training to NEMT Providers regarding use of the web-based inquiry system.

The Vendor's web-based inquiry system is to comply with the following:

1. The web-based inquiry system is to conform to BMS's security requirements including, but not limited to, the following:
  - a. HIPAA Privacy Guidelines;

- b. HTTPS Web Page;
  - c. 128-Bit Encryption; and
  - d. User Authentication and Authorization.
2. Web-based screens are to conform to the requirements for readability set forth in the Americans with Disabilities Act (ADA).
3. The screens are to provide the following information.
- a. Summary of trips for a date range;
  - b. Summary of trips by a Member for a date range; and
  - c. Details of trips by request tracking number.

Access2Care Understands and Agrees to the above.

#### **Transportation Provider Portal**

Access2Care was the first NEMT manager to utilize a transportation provider web portal and we continue to work on ways to lead innovation in the industry. The A2C transportation provider portal provides a single interface for managing transportation with Access2Care. From this portal providers can accept or reject a transport, verify the completion of the trip, and check on the payment for the trip from a single interface. Over 95% of transportation providers utilize our transportation portal to interface to the A2C system. This portal provides the transportation provider with the most efficient process to access to all trips assigned to them. Utilizing the portal a transportation provider can accept or reject transports, see transports they have accepted, and download accepted transports to their own scheduling software to optimize their vehicle utilization and scheduling. In addition, the portal allows them to clear the trips after completion with an online way to enter pick and drop-off times. The portal also displays to the transportation provider payment status that allows them to manage their receivables. Address data is validated against a third-party address database for validity and consistency in presentation to our transportation providers; in addition, we use another third-party tool to calculate trip mileages. Trip pricing is calculated based on contract specific rules as well as negotiated rates for each provider. A demonstration of the portal is available upon request.

#### **V. Business Continuity and Disaster Recovery Plan**

The Vendor's Proposal should include a Business Continuity and Disaster Recovery Plan that details the steps the Vendor should take to enable the Vendor to continue to meet all requirements of the Contract in the event of a failure of BMS's or the Vendor's data, communication or technical support systems. The plan should include a process for back-up of the Vendor's data systems, phones, and electronic media records in an appropriate location that is protected against fire, theft or disaster. The Vendor should ensure that its back-up system minimizes the potential for loss of data.

At least thirty (30) calendar days prior to the Operations Start Date, the Vendor is to submit a final Business Continuity and Disaster Recovery Plan to BMS for review and approval. The Vendor should not begin operations without a BMS-approved Business Continuity and Disaster Recovery Plan. The Vendor is to review and update the Business Continuity Plan and Disaster Recovery Plan at least annually.

Access2Care Understands and Agrees to the above. At least thirty (30) calendar days prior to the Operations Start Date, Access2Care will submit a final Business Continuity and Disaster Recovery Plan to BMS for review and approval.

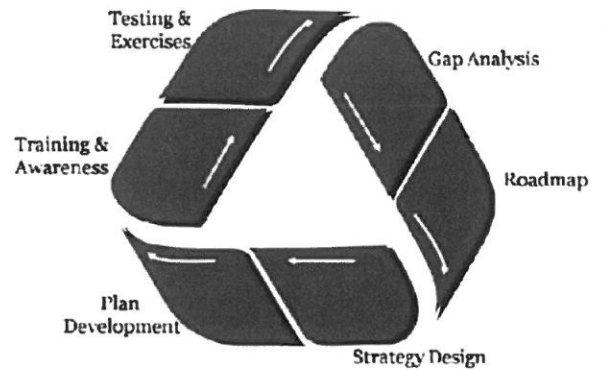
Access2Care understands the importance of having a robust, scalable, and fully tested disaster recovery plan in place for all facilities and functions. Policies, process and technology capabilities are necessary to support a disaster recovery plan. We work with each of our clients to fully develop a plan that supports



the specifics needs of the contract on top of our existing disaster recovery plans. Our approach to implementing a DR strategy with the State of West Virginia is a proven methodology and shown in the diagram.

The Disaster Recovery plan will meet all requirements of the Proposal. Please see **Exhibit 3** for a draft copy of the Initial Disaster Recovery Plan.

The Access2Care systems and server infrastructure is hosted in two Tier 4 Data Centers in Denver and Dallas, which provide multiple layers of redundancy to ensure business continuity in support of the contract. The two data centers have the same physical and logical security to protect access to the facilities, servers, and data. All remote locations have a primary and secondary method of access to these data centers. The primary database and application reside in our national data center in Denver, Colorado.



In the event of a disaster, our disaster response team will engage per our standard operating procedures and start the process of executing the disaster recovery plan. The A2C application and systems have a Recovery Point Objective (RPO) of 5 minutes or less and a Recovery Time Objective (RTO) of one hour or less for the primary modules. Some ancillary systems such as our knowledge management systems have a different RTO, but these systems do not affect the ability for operations to provide the same level of service to the members, providers, or to the State in the event of a disaster. The call centers will continue to receive and place calls throughout a data center disaster. The backup data center maintains a real time replicated copy of the A2C database ensuring that no transports are lost in the event of an outage at the main data processing center and to ensure we can comply with the RPO and RTOs described above. We will work with the State of West Virginia to ensure voice circuits and 800 services are dual-homed into our voice network and that we have the ability to automatically or manually reroute calls to our redundant ACD/PBX.

It is vital our technology infrastructure has disaster recovery plans but just as important is having local operational disaster recovery plans for our staff and call centers. The call center representatives will have the training and tools to continue to support the other center in a reduced capacity during this disaster. Access2Care has the ability and will bring on additional call center staff outside of the affected areas using remote telecommuting capabilities or in call centers outside of West Virginia.

The call centers are fully equipped to handle power spikes or power outages with each center having UPS equipment and generators. We maintain contracts with local companies for additional fuel sources and partner with UPS America for 24/7 maintenance and support on our UPS equipment. We leverage redundant voice and data circuits to minimize disruptions from telecommunication issues in the local area, along with 24/7 maintenance contracts with Cisco, Avaya, and our telecommunication carriers.

Our experience managing NEMT call centers during events like Hurricane Sandy require us to be prepared and test our disaster recovery plans. In all of these incidents our local and disaster recovery operations continued to support our business and customers without any disruption to our customers.

### Subsections 4.2-4.12

Section 4, Subsection 4.2 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:

1. List the subcontractor's name, address, contact person, and phone number.
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.
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. State the consequences of failure to perform.
5. Provide three (3) references for the subcontractor.
6. Provide a draft of the proposed subcontract.

Vendor Response:

Access2Care will not be utilizing any subcontractors for any administrative functions.

Section 4, Subsection 4.3: The Vendor should describe their approach and methodology for developing and managing a database of comparable scope to that of BMS, including the ability to submit data via batch mode, perform statistical analysis (including transportation utilization analysis), and provide detailed reports, and the flexibility to produce additional ad hoc reports based on the data collected.

Vendor Response:

Based on our experience in NEMT contract management, we have designed and implemented the A2C system as a unique information system to collect and store data regarding all electronic systems; determine eligibility; calculate distances and appropriate mode assignments, including claims processing (including electronic claim forms in any format BMS uses), member information, and transportation provider information. Access2Care has the ability to submit encounter data to BMS in the format prescribe by the State.

Our NEMT services system was one of the first comprehensive systems developed, and we have continued to refine and evolve the system to meet changing needs of the NEMT programs and technology innovations. The A2C system runs on the latest Microsoft technology platform to meet and surpass coding standards in the NEMT industry. This technology gives the A2C system improved efficiency and a significantly redesigned architecture to support growth into the future. The A2C system is built to handle all call intake, appropriate mode assignment, scheduling and dispatching of trips, claims process, and complaint recording. In addition to processing all items, it stores the data in an easily retrievable manner.

The A2C system is currently running at approximately 40% capacity (about 600 GB) with an architecture that allows for unlimited expansion without changes to the application. Our current environment can easily add the West Virginia contract with minimal changes to the application's infrastructure. Through consistent archiving, logic, and infinite scalability, A2C's storage capacity far exceeds needed requirements.

The overall NEMT services database comprises a number of components that are integrated and easily accessed to ensure effective NEMT service delivery. **We have over 15 years of experience managing all components of this database. Each month Access2Care manages the receipt, integration, and storage of data for over 4 million Medicare, Medicaid, and commercially insured members.** We manage the

receipt, integration, and storage of data for thousands of health care providers. We develop, maintain, and store data for thousands of transportation providers, and we manage, maintain, and store millions of records relating to the delivery of transportation services.

Our technology, resources, and experience allow us to seamlessly facilitate not only the request for transportation but also provide accurate and effective communication to our clients, their members, the health care community, and transportation providers. The following are specific examples of how our expertise with the NEMT database enhances the transportation experience of those we serve.

- Often the address and phone numbers for members in a client's eligibility file are inaccurate as the member has moved or changed their phone numbers. We obtain this updated information with the request for service long before the records are changed in the client's eligibility file. Access2Care creates an internal mirror of the client's eligibility file with the most recent address and phone number when a trip is created. This record is updated instantaneously with trip scheduling address information if the client's eligibility data is outdated. The accurate data is then shared with the transportation provider within seconds of the completion of the trip request. This increases on-time performance and decreases the potential of provider no-shows. Each time the member calls for additional services we pull the most recent data into the CSR's screen so that we avoid repetitiously asking the caller for this information. This shortens call times and improves member satisfaction through more accurate communication. The system also makes available to the client the changed information allowing them to update their data.
- Within the database we maintain every transport record for every member. We then calculate, against the mean number of unique member trips, which members fall one and two standard deviations higher. Through our management of the data base we are able to filter out dialysis and physical therapy trips. The resulting list of exceptionally high users is then monitored, and we can communicate with primary care physicians or a health plan case manager to determine if the member's health condition is deteriorating. This enhanced use of the NEMT database is also an important tool in reducing fraud, waste, and abuse of the system.

### **Using Data to Improve Service**

Access2Care meets and exceeds all the requirements, and in addition to the requirements listed, A2C has the ability to receive in the eligibility file, store it in our database and generate data for staff use that can help improve service delivery and stakeholder satisfaction. Some collected data that help us deliver better service include:

- Information on the member's MCO enrollment to facilitate communication with important stakeholders;
- Access to a member's primary care physician contact information so that we can more quickly address urgent scheduling requests and thus improve stakeholder satisfaction; and
- Information on a member's acute condition such as diabetes allows us to educate the provider community regarding any special needs the member may have and thus improve service delivery (as long as we get this in the eligibility file).

Access2Care can meet all requirements by contract start date with minor modifications to our current practices. Access2Care's database structure and functionality exceeds the requirements in a number of ways that all promote better network provider performance.

**For example:**

- The A2C database stores the providers' service areas to the zip code level. This is integrated into the trip scheduling functionality so that automated service requests are offered only to those providers who have the ability to provide on-time transports within a specific service area.
- The A2C database stores the providers' trip capacities to the hour. We then integrate that data into the trip scheduling functionality so that automated service requests do not exceed the providers' capacity to provide service. A provider who can complete 5 pick-ups between 8:00 a.m. and 9:00 a.m. is scheduled only the capacity of trips they can handle.

**Secure Handling of Encounter Data**

Access2Care meets and exceeds the requirements relating to encounter data. Our national experience serving government entities, managed care organizations, and health care facilities has provided us with the opportunity to develop varied and sophisticated NEMT database service capabilities. We currently process over 180 encounter files per month totaling over 35,000,000 records. We have 5 GB dedicated to the member file retrieval process, and we complete all retrievals within one day. We are capable of receiving files in various formats such as 834, .csv, and pipe delimited. Access2Care receives the files through a secure FTP site, or we can retrieve the files from the client's FTP site. After our automated process retrieves the files, a copy is sent to archive and the original is processed. We have been securely processing files in the current manner for over 7 years.

Section 4, Subsection 4.4: The Vendor should describe their approach and methodology for reporting and should also provide examples of reports produced for projects of the type, size, and scope of that described in the RFP.

**Vendor Response:**

Our system will meet all the reporting requirements of this contract related to program data including management reports, utilization data, and other program reporting, and will provide a secure file exchange. This information will also be available on the client web portal. **Our system reports will mirror the reporting requirements of the RFP Appendix 3, pages 88-97.**

Sample reports are provided as **Exhibit 6**.

Our system can be configured to conduct daily, weekly, monthly, and quarterly reviews of the various data to evaluate the program's overall success and contract compliance. During implementation, our technology team will work with BMS to design a reporting program that meets the requirements specified in the RFP. In addition, the web-based client-reporting component of the A2C system allows Department staff to generate reports from their computers at their convenience.

**These reports include the following:**

**Transportation Provider Report**

BMS has the right to know who is transporting its members. The A2C system aggregates all information about our transportation providers and makes that data accessible each month. Included in the transportation provider report is detailed information regarding numbers of trips each provider has scheduled and completed, as well as any complaints or incidents incurred. Missed appointments are logged and compared to the transportation provider's billing claims, which aids Access2Care and BMS in the eradication of fraud and abuse. This report will be available on the client web portal for review at any time during the contract and can also be delivered at BMS's discretion.



### **Accident and Moving Violation Report**

Automobile accidents are serious events, and BMS deserves an equally serious report. Access2Care's accident report is nearly as detailed as a police report, with many fields that provide a narrative of the event as well as any injuries sustained. This report has capabilities to display detailed data regarding all vehicles and parties involved, including passengers, and even gives the reason for the accident. Access2Care is dedicated to maintaining important records like accidents and those involved, and the A2C system fully supports this function.

### **Vehicle report**

Access2Care's vehicle report is a storehouse of information regarding the vehicles used in our network. From everything to the vehicle's VIN to its insurance policy number, this report details all pertinent information for each vehicle in our network.

### **User-Friendly, Real-Time Complaint Reporting**

Our complaint management system is integrated into the A2C software system. The system maintains all data collected during the complaint resolution process for the purpose of review and reporting. The A2C system allows BMS to compile real-time reporting on complaints by specific type, date range, complaint status, category (transportation provider, call center, member-generated complaints), and timeframe via our client web portal. How a particular complaint was received is also included in the report, as is the status of all complaints pending resolution.

### **Daily and Monthly Customer Service Center Reports**

BMS can view detailed monthly reports of all customer service center activity on the client Web portal. These monthly reports are clear and detailed and give BMS access to all data regarding call volume, talk time, hold times, and the number of dropped calls. BMS can also receive daily customizable reports in which data is even more detailed and broken down by the day and even by the hour.

### **Utilization reports**

The A2C system retrieves, stores and maintains data regarding Department member utilization, and makes it available for BMS to see how often members use the benefits of a specific plan in the NEMT program. Detailed utilization reports are always available on the client web portal for review, and all data captured from the previous month is sent to the client at the client's discretion. The utilization reports are designed specifically for Department requirements, a useful tool for viewing and recording the various customized parameters of member activity.

### **Member Usage Report**

The member usage report includes the same information as the utilization report, only broken down on a member-by-member level. The A2C system retrieves stores and maintains data regarding Department member utilization and makes it available for BMS to see how often a member uses what services in the NEMT program. Detailed member usage reports are always available on the client web portal for review, and all data captured from the previous month is sent to the client at the client's discretion. The member usage reports are designed specifically for Department requirements, a useful tool for viewing and recording the various customized parameters of member activity. We can also supply any ad hoc or customizable reports for the state in most formats. A2C interfaces with Oracle, the industry standard in accounting system interfaces. We can generate reports for all data regarding transportation provider payments as well.

Delivery of reports can be provided through the client web portal, via email, or FTP sites. Report formats include Microsoft Excel, Acrobat PDF, or HTML via the Web. Please refer to **Exhibit 6** for sample reports.



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

Vendor Response:

Access2Care continuously looks for unique or innovative features we can add to provide additional partnership benefits to BMS. We conduct routine meetings with BMS and maintain local points of contact to help unveil opportunities to improve system advantages or provide additional support.

#### **The A2C System “Dashboard” Portal**

Our A2C system is an innovative, user-friendly portal which allows BMS access and interface with complete system data in a secure environment.

*Our integrated A2C system gives BMS access to information on both providers and clients, as well as other critical data points used in managing the system’s services. We believe transparency and information disclosure is an important component of performance monitoring and we offer BMS these tools to ensure access to the efficacy of our operation.*

BMS has full administration rights to grant viewing and usage permissions to any client of Department staff. The system offers the “dashboard” access mentioned in the RFP. The web-based client-reporting component of the A2C system allows Department staff to generate reports from their computers at their convenience. These reports include, but are not limited to, the following:

- **Transportation Provider Report**

BMS has the right to know who is transporting its clients. The A2C system aggregates all information about our transportation providers and makes that data accessible each month. Included in the transportation provider report is detailed information regarding numbers of trips each provider has scheduled and completed, as well as any complaints or incidents incurred. Missed appointments are logged and compared to the transportation provider’s billing claims, which aids Access2Care and BMS in the eradication of fraud, abuse, and/or misuse. This report will be available on the client web portal for review at any time during the contract and can also be delivered at BMS’s discretion.

- **Accident and Moving Violation Report**

Automobile accidents are serious events, and BMS deserves an equally serious report. Access2Care’s accident report is nearly as detailed as a police report, with many fields that provide a narrative of the event as well as any injuries sustained. This report has capabilities to display detailed data regarding all vehicles and parties involved, including passengers. The report even provides the reason for the accident. Access2Care is dedicated to maintaining important records like accidents and those involved, and the A2C system fully supports this function.

- **Vehicle Report**  
Access2Care's vehicle report is a storehouse of information regarding the vehicles used in our network. From everything to the vehicle's VIN to its insurance policy number, this report details all pertinent information for each vehicle in our network.
- **User-Friendly, Real-Time Complaint Reporting**  
Our complaint management system is integrated into the A2C software system. The system maintains all data collected during the complaint resolution process for the purpose of review and reporting. The A2C system allows BMS to compile real-time reporting on complaints by specific type, date range, complaint status, category (transportation provider, call center, client-generated complaints), and timeframe via our client web portal. How a particular complaint was received is also included in the report, as is the status of all complaints pending resolution.
- **Daily and Monthly Customer Service Center Reports**  
BMS can view detailed monthly reports of all customer service center activity on the client Web portal. These monthly reports are clear and detailed and give BMS access to all data regarding call volume, talk time, hold times, and the number of dropped calls. BMS can also receive daily customizable reports in which data is even more detailed and broken down by the day and even by the hour.
- **Utilization reports**  
The A2C system retrieves, stores and maintains data regarding Department client utilization, and makes it available for BMS to see how often clients use the benefits of a specific plan in the NET program. Detailed utilization reports are always available on the client web portal for review, and all data captured from the previous month is sent to the client at the client's discretion. The utilization reports are designed specifically for Department requirements, a useful tool for viewing and recording the various customized parameters of client activity.
- **Client Usage Report**  
The client usage report includes the same information as the utilization report, only broken down on a client-by-client level. The A2C system retrieves stores and maintains data regarding Department client utilization and makes it available for BMS to see how often a client uses what services in the NET program. Detailed client usage reports are always available on the client web portal for review, and all data captured from the previous month is sent to the client at the client's discretion. The client usage reports are designed specifically for Department requirements, a useful tool for viewing and recording the various customized parameters of client activity.

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

Section 4, Subsection 4.6: The Vendor should describe their approach to supply all written material, including (but not limited to) reports, letters, training materials, Member education materials, Provider manuals, and operations manuals, to the Bureau for approved in advance of distribution.

**Vendor Response:**

Access2Care has developed informational materials for both clients and transportation providers. All informational materials will be updated, as needed, approved, published, and ready to be distributed 30 days prior to the implementation of the new contract.

**Develop Client Education Plans and Materials**

Access2Care has informational materials for both clients and transportation providers. Access2Care will work closely with the Department staff to determine the types of materials to be distributed (e.g. letters, brochures, information packets, etc.) before determining how to best lay out the content. At a minimum, these packets address the following topics:

- About the Access2Care program
- Reservations and scheduling process
- Urgent Care procedures
- Denials and appeals
- Clients rights and responsibilities
- Complaint resolution and appeals process

Access2Care will develop any needed new informational materials and submit them to the Department for approval.

**Develop Transportation Provider Brochures and Packets**

Access2Care will modify its existing transportation provider materials as necessary to incorporate any new West Virginia requirements. At a minimum, these materials address the following topics:

- Explanation of NEMT services
- Office hours and contact information
- Hours of transportation services
- How to become a provider

These materials will be available at all provider training session, and available upon request.

**Publish Informational Materials**

Upon the Department approval of all informational materials, Access2Care will submit print-ready copies to printers and obtain final proofs. Final proofs will be submitted to the Department for final approval before publishing any materials.

**Develop Distribution Plan**

Access2Care works with the Department staff to develop a distribution plan for all materials. The plan developed must maximize outreach in a cost effective manner.

Section 4, Subsection 4.7: The Vendor should describe their plan to adjust and/or provide increased training of NEMT Providers without additional cost to the Bureau, if the Vendor or the Bureau determine that requirements, quality or other standards (Appendix 1 ) are not being met.

Vendor Response:

Through years of experience managing complex and high-volume NEMT programs Access2Care has developed the strategies and tactics that result in high-quality network performance. What we have learned in dozens of meetings across West Virginia is that your transportation provider community wants to perform well. They are dedicated hardworking men and women.

***The quality of a transportation network is fundamentally related to these factors:***

- Adequate number of providers and vehicles of each type and geography: When there are too few providers those who are operating are assigned too many trips and generally cannot perform well.
- Intelligent trip assignment: As discussed throughout this response the A2C system makes trip assignments based on a provider's service area and their capacity. Asking a provider to routinely transport from a distance far outside their service leads to poor performance and member complaints. Our technology assigns trips to the zip code level.
- Admission to the network of only highly qualified providers who share commitment to service quality: Our exclusive relationship with AU is an example of how Access2Care partners with the best providers in the state.
- Ongoing accurate and timely performance monitoring: Access2Care's system continuously scores providers based on several critical data elements including on time performance, no-shows and complaint ratios. The score derived is shared with the provider. They can easily understand the factors that contribute to their score and how they rank compared with other providers in the state. The A2C system will offer transports first to the highest scoring providers thus aligning the incentives of all stakeholders.
- Partnership approach with providers: Access2Care believes in collaboration. Our network specialist coach and mentor providers to achieve the very best results. Just as important we listen to their concerns and their ideas. Working together, rather than as adversaries, West Virginia receives the very best in NEMT services. In that spirit, we look forward to meeting and working with the West Virginia Coordinated Transportation Cooperative.
- Proper staffing of the network team: We believe in a "boots-on-the-ground" strategy that allows network specialists to meet in person with the provider community they oversee. Access2Care supports work-from-home strategies that will allow some network specialists to live and work in diverse areas of the state.

Section 4, Subsection 4.8: The Vendor should describe their plan to follow formalized change control procedures for all changes to project scope, including (but not limited to) changes arising during the Implementation and Operations phases of the project, and changes necessitated as a result of new and amended federal and state regulations and requirements.

Vendor Response:

***Access2Care understands and agrees to comply fully with this RFP. If the need for a change to the project plan or provisions is identified by either the State or Access2Care, a meeting is to be called by the initiating party to negotiate the terms of the change. Any change that requires changes to the Contract scope and/or language must be processed through BMS.***

Section 4, Subsection 4.9: The Vendor should describe their communication plan that addresses communication with all stakeholders, including the Bureau, which could include face to face, video conference, or teleconference meetings to discuss and resolve administrative and operational issues.

Vendor Response:

***Access2Care reaches out to medical providers and community organizations who are most likely to be involved in Members' transportation needs. We educate them on how to best access our services on behalf of Members.*** Area resources such as dialysis centers, hospitals, clinics, etc will be contacted by our Outreach and Communications Manager for collaborative communication and where requested, training sessions will be provided for staff and/or community members. Attendees were able to review required forms, ask questions regarding available services, and walk through a typical scheduling transportation within the program.

***Our entire leadership staff, coordinated by our Quality Manager, will continue to work with the community to ensure the quality and adequacy of the program***

***Reaching out to community stakeholders including the medical providers, gives us a better understanding of our clients' needs and perspectives. We actively seek opportunities for outreach programs with community agencies.***

#### **Experience Delivering Successful Outreach Programs**

A smooth implementation requires educating and informing members and stakeholders of the program about changes, expectations, and responsibilities. It also requires ensuring that stakeholders, members, transportation providers, medical providers, advocacy groups, BMS staff and legislators have confidence in the incoming broker. To build this confidence, we will work with the BMS to modify our educational material templates to be West Virginia-specific and affirm modes of distribution. These materials will explain the transition to Access2Care and will include, at a minimum, the description of available services, eligibility requirements, process for transportation service authorization, proper access and use of the program, and a toll-free contact number. All materials can be posted to BMS's website. The information will be included in the household mailing, and copies will be available for medical facilities and organizations. and also distributed to members by mail.

Clear communication will help ensure a smooth implementation and provide, concise direction and support for members, the community and facilities. We have extensive experience in developing



community-accessible marketing programs to educate the population served through a series of community meetings, brochures, and other informational materials. Access2Care has a breadth of experience educating all stakeholders about program changes. In one state, we mailed over 500,000 member brochures, created flyers for the medical community, and engineered a state-specific website. Materials were developed in English and Spanish, and in large print versions for the visually impaired.

A sample outreach plan is provided inside the Implementation Plan in **Exhibit 5**.

Section 4, Subsection 4.10: The Vendor should describe their grievance process to ensure compliance with the Bureau's hearing process for Members and allow Providers a review process.

Vendor Response:

Access2Care will maintain independent reviewers, Service Recovery Specialists, outside the West Virginia office and operation who are able to objectively review grievances. This specially trained staff does not report to the local operation and instead report to our national Quality Assurance team. Service Recovery Specialists are empowered to investigate grievances and create a plan of action within ten days of the grievance being filed.

All investigated issues will be assigned a preliminary score based on the severity of the incident or event. All events will be analyzed by the quality improvement team for tracking, monitoring, and resolution. Corrective action may include re-training the driver or educating members on program requirements. The resolution is then documented in the A2C system. Complaints are available in the client portal on the A2C system for Department review.

Section 4, Subsection 4.11: The Vendor should describe their plan for contracting with qualified NEMT Providers, including examples of reasons they would terminate a Provider service agreement and timeframes.

Vendor Response:

Access2Care identifies, recruits, and facilitates BMS's provider enrollment process with NEMT providers to maintain a network of appropriate NEMT providers that is sufficient to provide adequate access to Medicaid program covered services.

When BMS or Access2Care recognizes that inadequate amounts or no NEMT providers are available within low access areas of the state, Access2Care develops and presents a plan of action to the Department for approval and report monthly on the progress of an approved plan of action.

Access2Care fully investigates and responds to issues involving NEMT providers upon request and within the timelines provided by BMS. Access2Care will immediately exclude NEMT providers or drivers from our network that have been identified as having Office of Inspector General (OIG) sanctions, having failed to renew their license or certification registration, having a revoked professional license or certification, having been excluded from participation in federal health care programs under either section 1128 of the Social Security Act, or having been terminated by the Department. We note that we can access debarred and OIG sanction information on the Internet at <http://exclusions.oig.hhs.gov/>.

Access2Care completes and will continue to conduct annual compliance reviews to ensure ongoing compliance with all NEMT provider requirements provided in the RFP and subsequent contract.

Access2Care maintains evidence of NEMT providers' non-compliance or deficiencies, as identified either through individual reports or as a result of monitoring activities, the corrective action taken, and improvements made by the NEMT provider.

#### **Corrective Action**

Transportation providers that do not meet standards are placed on performance improvement plans (PIPs). These plans identify the performance areas that need improvement, the standard used to measure adequate performance, the steps to be taken by the transportation provider within a specific period of time, and the implications of not meeting the performance improvement plan objectives, including potential termination from the network.

The Director of Client Services has the responsibility for designing and approving PIPs required to resolve identified quality-related issues with providers. A performance improvement plan will contain the following:

- What has to be changed
- What is the intended result of the change
- When and how the corrective action will be implemented
- Who is responsible for implementation
- Determine an issue reevaluation timeframe
- Post implementation review timeline and desired outcome

Section 4, Subsection 4.12 : The Vendor should describe their plan for assuring qualified and staff and providers and verifying they have not had previous felony convictions.

Vendor Response:

All Access2Care staff, transport providers and drivers must have documentation of a criminal and child abuse background checks before being employed by Access2Care or transporting passengers.

Access2Care checks are conducted prior to job offer and are obtained through Info Cubic, LLC. They include a Statewide Criminal Records or County Criminal Record search for a minimum of seven years, an Instant Criminal Database search in addition to other background checks. Without an acceptable record, the candidate cannot be hired.

Access2Care requires the transportation provider to obtain a criminal background checks on their drivers, then submit a copy to Access2Care for our review to the standards prior to a driver being permitted to transport members.

## Attachment B: Mandatory Specification Checklist

### Subsections 5.1-5.4

List mandatory specifications contained in Section 4, Subsection 5:

Section 4, Subsection 5.1: The Vendor must comply with all current and future state and federal regulations, including those relating to the Medicaid Non-Emergency Transportation program. The Vendor must also comply with of 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. 1 70, and follow the Bureau's exclusions.

Vendor Response:

Access2Care will comply with all current and future state and federal regulations, including those relating to the Medicaid Non-Emergency Transportation program. Access2Care will comply with of 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. 1 70, and follow the Bureau's exclusions.

Section 4, Subsection 5.2: The Vendor must agree to provide increased staffing levels if requirements, timelines, quality or other standards are not being met, based solely on the discretion of and without additional cost to the Bureau. In making this determination, the Bureau will evaluate whether the Vendor is meeting deliverable dates, producing quality materials, consistently maintaining high quality and production rates, and meeting contract standards without significant rework or revision. Beginning thirty (30) calendar days prior to the Operations Start Date and commencing through the end of the Contract, the Vendor may not reduce staffing without BMS approval.

Vendor Response:

Access2Care agrees to provide increased staffing levels if requirements, timelines, quality or other standards are not being met, based solely on the discretion of and without additional cost to the Bureau. In making this determination, the Bureau will evaluate whether Access2Care is meeting deliverable dates, producing quality materials, consistently maintaining high quality and production rates, and meeting contract standards without significant rework or revision. Beginning thirty (30) calendar days prior to the Operations Start Date and commencing through the end of the Contract, Access2Care will not reduce staffing without BMS approval.

Section 4, Subsection 5.3: The Vendor agrees to locate and operate the NEMT Call Center within 15 miles proximity of the West Virginia State Medicaid agency located at 350 Capitol Street, Charleston, WV so the State agency can easily perform on-site monitoring duties. The Vendor shall never route calls outside of the continental United States of America. The Vendor will not delegate screening, authorization or scheduling duties. The Vendor may delegate dispatch activities to the NEMT Provider, but the Vendor will retain responsibility for the proper performance of dispatch activities.

Vendor Response:

Access2Care will locate and operate the NEMT Call Center within 15 miles proximity of the West Virginia State Medicaid agency located at 350 Capitol Street, Charleston, WV so the State agency can easily perform on-site monitoring duties. Access2Care will never route calls outside of the continental United States of America. Access2Care will not delegate screening, authorization or scheduling duties. Access2Care understands that it may delegate dispatch activities to the NEMT Provider, but Access2Care will retain responsibility for the proper performance of dispatch activities.

Section 4, Subsection 5.4: The Vendor must agree to provide NEMT services described in the RFP from the operations start date until service delivery is turned over to a successor Vendor at the end of the contract, including any optional additional periods or extensions.

Vendor Response:

Access2Care agrees to provide NEMT services described in the RFP from the operations start date until service delivery is turned over to a successor at the end of the contract, including any optional additional periods or extensions.

Vendor will not be required to reimburse for unauthorized NEMT Services to out-of-network providers. The Vendor must agree to make payments to NEMT Providers for services provided in accordance with the Claims Payment Procedure described in federal requirement 42 U.S.C. § 1 396a (a) (37) (A). 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 the expected annualized payments for NEMT services during the contract period. The vendor shall enroll as a West Virginia Medicaid provider and receive payment for services through the State's claim system, Medicaid Management Information System (MMIS).

Vendor Response:

Access2Care understands it will not be required to reimburse for unauthorized NEMT Services to out-of-network providers. Access2Care agrees to make payments to NEMT Providers for services provided in accordance with the Claims Payment Procedure described in federal requirement 42 U.S.C. § 1 396a (a) (37) (A). Access2Care agrees not use NEMT Providers with which Access2Care has not executed a contract. Access2Care will maintain an appropriate reserve equivalent to the expected annualized payments for NEMT services during the contract period. Access2Care will enroll as a West Virginia Medicaid provider and receive payment for services through the State's claim system, Medicaid Management Information System (MMIS).



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

Access2Care, LLC

(Company)

A handwritten signature in black ink, appearing to read "S. Murphy", written over a horizontal line.

Steven G. Murphy, President

(Representative Name, Title)

1-866-860-8797

(Contact Phone/ Fax Number)

December 3, 2013

(Date)

## Attachment C: Cost Sheet

Cost information below as detailed in the Request for Proposal and submitted in a separate sealed envelope. Cost should be clearly marked.

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.

Please see the sealed envelope in the front of this binder for **Attachment C: Cost Sheet**

## **Purchasing Affidavit (Next Page)**

RFQ No. BMS14054STATE OF WEST VIRGINIA  
Purchasing Division**PURCHASING AFFIDAVIT**

**MANDATE:** Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

**EXCEPTION:** The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

**DEFINITIONS:**

**"Debt"** means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

**"Employer default"** means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

**"Related party"** means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceeds five percent of the total contract amount.

**AFFIRMATION:** By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (W. Va. Code §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

**WITNESS THE FOLLOWING SIGNATURE:**Vendor's Name: Access2Care, LLCAuthorized Signature: [Signature] Date: November 21, 2013  
Steven G. Murphy, PresidentState of ColoradoCounty of Arapahoe, to-wit:Taken, subscribed, and sworn to before me this 21 day of November, 2013.My Commission expires October 12, 2016.

AFFIX SEAL HERE



NOTARY PUBLIC

[Signature]

Purchasing Affidavit (Revised 07/01/2012)

## **Vendor Reference Certificate (Next Page)**



## State of West Virginia

**VENDOR PREFERENCE CERTIFICATE**

Certification and application\* is hereby made for Preference in accordance with **West Virginia Code**, §5A-3-37. (Does not apply to construction contracts). **West Virginia Code**, §5A-3-37, provides an opportunity for qualifying vendors to request (at the time of bid) preference for their residency status. Such preference is an evaluation method only and will be applied only to the cost bid in accordance with the **West Virginia Code**. This certificate for application is to be used to request such preference. The Purchasing Division will make the determination of the Resident Vendor Preference, if applicable.

**1. Application is made for 2.5% resident vendor preference for the reason checked:**

- \_\_\_ Bidder is an individual resident vendor and has resided continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,
- \_\_\_ Bidder is a partnership, association or corporation resident vendor and has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or 80% of the ownership interest of Bidder is held by another individual, partnership, association or corporation resident vendor who has maintained its headquarters or principal place of business continuously in West Virginia for four (4) years immediately preceding the date of this certification; or,
- \_\_\_ Bidder is a nonresident vendor which has an affiliate or subsidiary which employs a minimum of one hundred state residents and which has maintained its headquarters or principal place of business within West Virginia continuously for the four (4) years immediately preceding the date of this certification; or,

**2. Application is made for 2.5% resident vendor preference for the reason checked:**

- \_\_\_ Bidder is a resident vendor who certifies that, during the life of the contract, on average at least 75% of the employees working on the project being bid are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,

**3. Application is made for 2.5% resident vendor preference for the reason checked:**

- \_\_\_ Bidder is a nonresident vendor employing a minimum of one hundred state residents or is a nonresident vendor with an affiliate or subsidiary which maintains its headquarters or principal place of business within West Virginia employing a minimum of one hundred state residents who certifies that, during the life of the contract, on average at least 75% of the employees or Bidder's affiliate's or subsidiary's employees are residents of West Virginia who have resided in the state continuously for the two years immediately preceding submission of this bid; or,

**4. Application is made for 5% resident vendor preference for the reason checked:**

- \_\_\_ Bidder meets either the requirement of both subdivisions (1) and (2) or subdivision (1) and (3) as stated above; or,

**5. Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:**

- \_\_\_ Bidder is an individual resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard and has resided in West Virginia continuously for the four years immediately preceding the date on which the bid is submitted; or,

**6. Application is made for 3.5% resident vendor preference who is a veteran for the reason checked:**

- \_\_\_ Bidder is a resident vendor who is a veteran of the United States armed forces, the reserves or the National Guard, if, for purposes of producing or distributing the commodities or completing the project which is the subject of the vendor's bid and continuously over the entire term of the project, on average at least seventy-five percent of the vendor's employees are residents of West Virginia who have resided in the state continuously for the two immediately preceding years.

**7. Application is made for preference as a non-resident small, women- and minority-owned business, in accordance with West Virginia Code §5A-3-59 and West Virginia Code of State Rules.**

- \_\_\_ Bidder has been or expects to be approved prior to contract award by the Purchasing Division as a certified small, women- and minority-owned business.

Bidder understands if the Secretary of Revenue determines that a Bidder receiving preference has failed to continue to meet the requirements for such preference, the Secretary may order the Director of Purchasing to: (a) reject the bid; or (b) assess a penalty against such Bidder in an amount not to exceed 5% of the bid amount and that such penalty will be paid to the contracting agency or deducted from any unpaid balance on the contract or purchase order.

By submission of this certificate, Bidder agrees to disclose any reasonably requested information to the Purchasing Division and authorizes the Department of Revenue to disclose to the Director of Purchasing appropriate information verifying that Bidder has paid the required business taxes, provided that such information does not contain the amounts of taxes paid nor any other information deemed by the Tax Commissioner to be confidential.

Under penalty of law for false swearing (West Virginia Code, §61-5-3), Bidder hereby certifies that this certificate is true and accurate in all respects; and that if a contract is issued to Bidder and if anything contained within this certificate changes during the term of the contract, Bidder will notify the Purchasing Division in writing immediately.

Bidder: Access2Care, LLC

Date: December 3, 2013

Signed: 

Title: President

## **Addendum Acknowledgement Form (Next Page)**

**ADDENDUM ACKNOWLEDGEMENT FORM**  
**SOLICITATION NO.: BMS14054**

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

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

**Addendum Numbers Received:**

(Check the box next to each addendum received)

- |                                                    |                                          |
|----------------------------------------------------|------------------------------------------|
| <input checked="" type="checkbox"/> Addendum No. 1 | <input type="checkbox"/> Addendum No. 6  |
| <input type="checkbox"/> Addendum No. 2            | <input type="checkbox"/> Addendum No. 7  |
| <input type="checkbox"/> Addendum No. 3            | <input type="checkbox"/> Addendum No. 8  |
| <input type="checkbox"/> Addendum No. 4            | <input type="checkbox"/> Addendum No. 9  |
| <input type="checkbox"/> Addendum No. 5            | <input type="checkbox"/> Addendum No. 10 |

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

Access2Care, LLC

\_\_\_\_\_  
Company

\_\_\_\_\_  
Authorized Signature

December 3, 2013

\_\_\_\_\_  
Date

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

## Appendix 3: BMS-Specific Reporting Requirements

The Vendor is to provide BMS with sample versions of the reports specified below at least thirty (30) calendar days prior to the Operations Start Date for BMS review and approval. The Vendor should not begin operations without BMS approval of reports. Report formats may include paper reports or data files. Upon BMS request, the Vendor should supply the underlying data to support any report submitted. The data is to be in a BMS-approved electronic file format.

Access2Care will provide BMS with sample versions of the reports specified below at least thirty (30) calendar days prior to the Operations Start Date for BMS review and approval.

Access2Care agrees that any changes to report templates after implementation of the new contract shall be submitted to BMS for consideration. We will adjust reports to respond to any changes in State and Federal parameters. Access2Care further agrees BMS may add or delete reports to be submitted with thirty (30) day notice.

Access2Care will provide additional reports or make revisions in the data elements or format of the reports required under the contract with a thirty (30) day notice from BMS. We agree the content and layout of reports shall accommodate BMS.

Access2Care will supply underlying data to support any report submitted, as requested by BMS. The data will be in a Department specified electronic file format.

## **Exhibits**

- 1. Resumes/Job Descriptions*
- 2. Initial Service Agreement/Proposed Model Contract, Letters of Commitment & Insurance*
- 3. Disaster Recovery Plan*
- 4. Draft Operations Manual*
- 5. Draft Implementation Plan & Draft Initial Quality Plan*
- 6. Sample Reports*
- 7. Addendum Acknowledgement*
- 8. Certification and Signature Page (RFP Addendum 1 requested as last proposal page, this is also found on Page 2.)*



**STEVE MURPHY**  
**PRESIDENT, ACCESS2CARE**

**6200 S. SYRACUSE WAY SUITE 200 GREENWOOD VILLAGE, CO 80111**  
**STEVE.MURPHY@EMSC.NET**  
**ACCESS2CARE.NET**

## **SUMMARY**

Access2Care President Steve Murphy is also Senior Vice President of Government and National Services for Envision Healthcare Corporation (EVHC) and its two largest operating companies American Medical Response and EmCare, which are respectively North America's largest emergency medical services and emergency physician practice management companies. He is also the President of Global Medical Response, Inc. (GMR), EVHC's international operating subsidiary and Access2Care, EVHC's national transportation management company.

Mr. Murphy has been with EVHC and its predecessor companies for twenty four years, and has been active in emergency medical services and the ambulance profession over forty years. In his current positions, he provides executive oversight for AMR's national, international and multi-regional client relationships. He also provides executive oversight of EVHC's government relations programs and initiatives.

Prior to joining EVHC, Mr. Murphy held positions as National Vice President of Government Relations for CareLine Inc, and MedTrans, Inc., President and COO of Pruner Health Services, Inc. and Chief Administrative Officer for Piner's Napa Ambulance Service, Inc. He was previously an EMS Commissioner for the State of California and is also a past President and board member of the California Ambulance Association.

Mr. Murphy is a co-author of the American Ambulance Association's (AAA) recently published Emergency Medical Services Structured for Quality: Best Practices in Designing, Managing and Contracting for Emergency Ambulance Service, a textbook used by both domestic and international government planners for establishing emergency ambulance system design, performance measures and provider selection criteria. He serves as the AAA's official liaison to several national organizations and has participated on a number of national EMS policy and program development initiatives for various federal agencies. He holds a Registered Nursing Degree and has been previously credentialed as a Certified Emergency Nurse and Mobile Intensive Care Nurse.

**MATT MCCORMICK**  
**VICE PRESIDENT, ACCESS2CARE**

**6200 S. Syracuse Way Suite 200 Greenwood Village, CO 80111**  
**Matt.McCormick@emsc.net**  
**Access2Care.net**

**25 years experience working with Medicaid programs, 7 years with Access2Care**

**Summary**

Matt McCormick is Vice President for Emergency Medical Services Corporation and Access2Care. He is the former Chief Executive Officer of Mission Care Services, a holding company that included a regional ambulance service generating more than \$30 million in annual sales. In 2005, he led the creation of a managed transportation company that evolved into Access2Care. Mr. McCormick joined AMR in 2007 with AMR's acquisition of Access2Care. Throughout 2007, he was responsible for AMR operations in four Midwestern states and managed the St. Louis, Missouri operations of Access2Care. He joined the national organization in 2008. Matt serves on the board of a St. Louis community hospital and was formerly a member of a judicial nominating commission.

Mr. McCormick's has over 25+ years working in health care as a senior executive. He is responsible for Access2Care's national operations and in that capacity has direct and indirect supervisory experience for over 350 team members. As the former owner and CEO of one of the nation's largest privately owned regional ambulance services and in his capacity as Vice President of Access2Care he has overseen the development, implementation and operations of complex medical management programs that integrate local provider network partnerships to achieve member satisfaction. These programs serve over 5 million Medicare and Medicaid beneficiaries in over 20 states.

**Education**

B.S. in Business, Webster University, 1987  
470 East Lockwood Ave., St. Louis, MO 63119

**IAN SAVILLE, CPA CGMA**  
**DIRECTOR OF CLAIMS & BILLING**

**Access2Care**  
**6200 S Syracuse Way, Suite 200**  
**Greenwood Village, CO 80111**  
**ian.saville@emsc.net**

### **Summary**

Finance professional with extensive domestic and international financial and accounting experience with over 27 years of experience in multiple industries including the healthcare industry. Known for skillful decision making that executes the company's business strategies; a strong leader, a team player, great work ethic and extremely motivated with a high degree of integrity.

Big 4 Accounting	Internal Controls / Sarbanes-Oxley (SOX)	Acquisitions / Integrations
Financial Reporting	Process Improvement	Operations
Planning & Analysis	Business Process Reengineering	Forensic Accounting
Budgeting & Forecasting	Management Behavioral Change	Project Management

### **Experience**

American Medical Response/Access2Care 2011 - Present

Director Claims & Billing

Oversee and manage a team in the processing of claims and billing for state and commercial non-emergency transportation contracts.

Pendum 2007 – 2011

Senior Financial Analyst / Director of Finance

Parson Consulting 2004 – 2007

Lead Consultant

HealtheTech 2002 – 2003

Procurement & Fulfillment Manager (Operations) Manager

Expanets 2001 - 2002

Corporate Accounting Manager

### **Education**

Business Administration, University of Northumbria, Newcastle-Upon-Tyne, United Kingdom

Certified Public Accountant (Colorado – Active Status)

**KRISTER SORENSEN**  
**MANAGER OF FINANCE**  
**KRISTER.SORENSEN@AMR.NET**

## **OVERVIEW**

For six years I have worked as a financial professional, but my skill set goes beyond analysis, income statements, and general ledgers. I make it a priority to have a detailed understanding of the operation I am supporting in order to provide relevant and accurate analysis when a request comes from the operation managers. Also, my experience working with IT on developing and enhancing systems and process improvements has been integral in releasing successful information systems.

EMSC/Access2Care, Greenwood Village, CO

- Finance Manager
- Complete general ledger close for multiple entities
- Analysis of operational and strategic objectives.
- Prepare monthly forecasts and annual budget.
- Design complicated Excel spreadsheets, building models to evaluate business unit financial results.
- Analyze and present monthly internal financial statements to Executive Management.
- Conduct monthly close reviews, variance analysis and account reconciliation.
- Preparation and presentation of analyses to management including "what if" scenarios.
- Develop pro forma statements for new business opportunities.
- Perform internal ad-hoc reports as requested.
- Drive process improvements to business reporting, systems, policies and procedures.

## **EDUCATION**

University of Colorado Denver  
Masters of Business Administration  
Specializations: Business Strategy, Entrepreneurship

Colorado State University  
Bachelor of Science: Business Administration  
Major: Finance with a certificate in International Business

## **TECHNICAL SKILLS**

- Experienced with Oracle
- Advanced in Excel, Access, Word, and Outlook
- Training and experience with SQL query language

**ADAM ALMAGUER**  
**DIRECTOR OF CLIENT SERVICES**  
**ADAM.ALMAGUER@AMR.NET**

### **SUMMARY**

Mr. Almaguer is an experienced project and program manager with over 13 years' experience in the commercial, state and federal government contracting industry. His years of experience has refined decisive leadership attributes which led to the promotion and nurturing of organizational goals and strategic objectives for healthcare companies. His expertise encompasses:

- Strategic planning
- Program development
- Process integration
- Continuous improvement
- Project and program management
- Contract administration

### **RESPONSIBILITIES**

- Direct the internal and external quality assurance oversight and reporting
- Direct the administration team responsible for client relationships, service recovery and response to client credentialing
- Oversee program implementations including new contracts and the company's internal strategic planning
- Execute and maintain program management processes and disciplines in the areas of budgetary planning, operations, schedule ,quality, control and risk management
- Initiate and manage large scale, cross-departmental projects focused on new business development, performance objectives and contractual requirements

### **ACADEMICS**

Indiana Wesleyan University  
Masters of Business Administration

University of North Texas  
Bachelor of Science: Business Administration

Project Management Institute  
Project Management Professional

Humana Strategic Consultancy  
Six Sigma Black Belt





**LAURA TRUPP**  
**SENIOR HR BUSINESS PARTNER**

**6200 S. Syracuse Way Suite 200**  
**Greenwood Village, CO 80111**  
**Laura.Trupp@emsc.net**

**SUMMARY**

Laura Trupp is a self-motivated human resources professional with excellent organizational and communication skills. She is a Human Resources professional with over 18 years of proven experience in all facets of Human Resources Management. Experienced in employee relations, staffing and retention, compensation and benefits, investigations, performance management, development of policies and procedures.

Laura is a valuable team member with proven effectiveness in managing her own department, employees, as well as working with tight deadlines and managing multiple projects. She has experience in successfully implementing two state NEMT contracts.

**UNDERSTANDING OF PROCESS AND QUALIFICATION**

Laura will oversee HR numerous functions including:

- Employee Relations
- Investigations
- FMLA
- Performance Management
- Page1
- Recruiting
- Organizational Development
- Employment Law
- Leadership Development
- Onboarding
- Temporary Placement
- Process Improvement
- Training
- Budgets
- Compensation

**GEORGE WHITE**  
**DIRECTOR OF BUSINESS INTEGRATION**

**6200 South Syracuse Way Ste. 200**  
**Greenwood Village, CO 80111**  
**George.white@emsc.net**

**PROFESSIONAL BIOGRAPHY**

- Successful implementation LATOS/Millennium integration project.
  - Phase 1 implementation of 3 State NEMT and 3 National Contracts for Access2Care
  - 2 years as Lead Communications Training Officer for AMR Torrance Communications Center.
  - Developed, researched, and implemented Training Manual for AMR Torrance Communications Center.
  - Trained 3 call centers in processing Kaiser National Contract Transports utilizing Millennium Transport Management.
  - Co-developed Data Reconciliation and Integrity Engine to ensure National Contract Performance Standards are met.
  - For 4 years was a Kaiser Account Manager for the AMR Southern California Region.
  - 10 months as Communications Manager for Torrance Communications Center
- 
- Understanding of Process and Qualification      Proficient in managing multiple priorities and projects within tight deadlines.
  - Possess very strong analytical, detail/follow-through and problem solving skills.
  - Extensive experience in projects that require interfacing with disparate systems
- 
- Academic Background and Degrees      Emergency Medical Technician, Pasadena City College - August 1994
  - High School Diploma, East Anchorage High School, Anchorage Alaska, 1985

**EXPERIENCE**

Director of Business Integration- American Medical Response, Greenwood Village Colorado  
October 2011 –Present

- Responsible for the technical infrastructure, implementation of Managed Transportation and NET contracts
- Responsible for the technical implementation of national, multi-regional and NET managed transportation contracts
- Manage Client representatives and other members of the AMR implementation team in identifying business requirements and rules that are aggregated into a requirements document for system enhancement.



**TOM BOWEN**  
**DIRECTOR OF CUSTOMER SERVICE**

**ACCESS2CARE.NET**

Mr. Bowen has over 23 years of experience in customer care, call center management, healthcare, and call center implementation. He is a proven executive, driven to create enhanced customer experiences while maintaining organizational profitability. With years of expertise in the customer service arena, Mr. Bowen has been able to identify, recommend, and implement focused improvements encompassing strategic direction and operational efficiencies through continuous process improvement.

**EDUCATION**

B.S. in Agriculture, University of Missouri at Columbia

**CHRIS MORRIS**  
**NATIONAL DIRECTOR OF TRANSPORTATION NETWORKS**

Chris.morris@amr.net  
Access2Care.net

**SUMMARY**

I am a versatile leader with experience in multiple facets of the non-emergency transportation and emergency industry. As Operations Manager of Access2Care's South Region, I am engaged with health plan clients, transportation providers, and supervisory staff in order to ensure high-quality service and dedication to clients and members. I am ED-Q certified with the International Academy of Emergency Dispatch. I possess the tools and understanding to properly evaluate and score the six elements of the Priority Dispatch System as well as ways of measuring effective employee performance.

**TECHNICAL SKILLS**

Cortelco, Voiceprint, MS project, MS office, MS PowerPoint, Visio 4.0, GEAC Cad, Enroute Cad, Citrix, Windows OS, Motorola, Cisco VOIP, Aqua, Pro-QA.

**EXPERIENCE**

American Medical Response/Access2Care 1998 - Present  
Operations Manager, Dispatch Communications Manager, Assistant Communications Manager, EMD-Q Quality Supervisor, Dispatch Communications Supervisor, Call Center Supervisor, NEMT Supervisor.

**EDUCATION**

Avionics and Administration, State University of NY Farmingdale  
Accounting and Data Entry, MTI Business, Brooklyn NY  
Emergency Medical Dispatching (EMD), International Academy of Emergency Dispatching, Emergency Medical Quality Assurance(ED-Q) International Academy of Emergency Dispatching

**TRAINING**

Managed Cad Training, PROQA drills, AQUA exercises and Telecom training on all cellular and two way radio equipment for all assigned employees. Also managed training processes for all NEMT drivers at three (3) AMR locations in South Florida.

**JEFF HUTCHISON**  
**MANAGER OF BUSINESS INTEGRATION**

**6200 S. Syracuse Way Suite 200**  
**Greenwood Village, CO 80111**  
[Jeff.hutchison@emsc.net](mailto:Jeff.hutchison@emsc.net)

**SUMMARY**

Mr. Hutchison joined Access2Care in 2006 and has a complete understanding of the transportation networks along with the technical infrastructure. Educated with over 15 years of transportation and information systems experience, Mr. Hutchison is able to identify software deficiencies related to both company and clients needs and expectations. Utilizing his past experience and knowledge, Mr. Hutchison is managing a team to build a new NET system which will interface with current and future technology to help Access2Care and its clients continued success.

**Understanding of Process and Qualification**

Jeff will work closely with the Nebraska team on business integration and technology solutions.

**Academic Background and Degrees**

B.S. in Information Systems, Maryville University

B.S. in Business Administration, Maryville University



**SHARON VINCENT**  
**CORPORATE QUALITY SUPERVISOR**  
**ACCESS2CARE 2007-CURRENT**

**SUMMARY**

- Monitor compliance via internal audits for contractual compliance in nine (9) call centers, identifying gaps implementing process improvements improving customer satisfaction and increasing center profits.
- Establish KPI's for vehicle response time for non-emergency medical transportation reducing response time allowing for centers to reach performance bonuses.
- Serve as project manager for quality implementation for new contracts including training newly hired quality personnel and developing key process/performance indicators (KPI's) and tracking customer/supplier requirements for process improvements opportunities.
- Develop, wrote and trained multiple call centers on policy and procedures including developing process flow charts on local and corporate procedures.
- Served as project manager for the development and implementation of quality standards for company's first State URAC quality core certification achieving 100% standards rate.
- Utilize customer requirements trained and developed quality personnel to use six sigma and lean tools to measure requirements, produce cost-benefit analysis and implement project improvements.
- Develop financial indicators to measure improvement activities to corporate business indicators.

**JACK GOJAN**  
**TITLE BUSINESS INTEGRATION ANALYST**  
**CONTACT INFORMATION**

**6200 S. Syracuse Way Suite 200 Greenwood Village, CO 80111**  
**Jack.gojan@emsc.net**

Business Integration & Reports Analyst  
Envision Healthcare (formerly Emergency Medical Services Corporation)  
September 2012 – Present (1 year 3 months) Greater Denver Area

**SUMMARY**

Provide ad-hoc reporting from the A2C (Access2Care) and call center applications via Professional with many years experience in developing reports in multi-data platform environments. Background includes: report development ( Crystal Reports ), programming (mainframe, desktop & Interactive Voice Response (IVR) platforms), application & systems support, help desk, project planning, project management

Understanding of Process and Qualification experience in developing reports in multi-data platform environments

**Academic Background and Degrees**  
Queensboro Community College

**DUANE SHULL**  
**PROJECT MANAGER**

**6200 S. Syracuse Way Suite 200 Greenwood Village, CO 80111**  
**Duane.shull@emsc.net**

**SUMMARY**

Duane is a computer software professional with over a decade of project mangement and business analyst experience.

Understanding of Process and Qualification

**Program Management**

**SDLC**

**Project Management**

**Team Building**

**Healthcare**

**Process Improvement**

Academic Background and Degrees

**Colorado State University**

1971 - 1975

**SHAWN R. SEEWALD**  
**MANAGER, NATIONAL TRANSPORTATION NETWORKS**  
[SHAWN.SEEWALD@AMR.NET](mailto:SHAWN.SEEWALD@AMR.NET)  
**ACCESS2CARE.NET**

**SUMMARY**

Mr. Seewald brings over 10 years of experience in the managed transportation business. His experience includes large implementations, coordinating transportation resources, ensuring network adequacy, and promoting high-quality customer service. He started in NEMT as a Customer Service Representative and quickly was promoted to Call Center Supervisor. Based on his drive for excellence and keen sense of operations, he has earned the position as our Wisconsin Senior Manager of Transportation Network.

Mr. Seewald has a Bachelor of Science degree in Business Management with an emphasis in finance from the University of Wisconsin. He has enjoyed a prosperous career thus far, promoting strong ethical behavior and practical business acumen. His leadership will support a strong network of transportation providers with an emphasis on training and credentialing the finest providers available.

**EDUCATION**

B.S. in Business Management, University of Wisconsin Parkside



**JOHN YEAST**  
**SR. MANAGER OF INFORMATION SYSTEMS**

**6200 S. Syracuse Way Suite 200 Greenwood Village, CO 80111**  
**John.yeast@emsc.net**  
**Access2Care.net**

**SUMMARY**

Yeast has over 20 years of experience in public safety, and is known for crafting the requisite strategic vision to achieve business goals for specific clients. His expertise helps Access2Care offer a unique blend of business acumen, team building, and IT solutions development. A St. Louis native, Yeast delivers results by aligning technological initiatives with business goals, substantial improvement to service delivery, and business systems with performance.

Yeast serves on the board of directors for the St. Louis effort for AIDS, one of the city's largest non-profit agencies. He enjoys spending time with his kids, particularly in the outdoors.

**EDUCATION**

New Horizons Technical School 2001-2003  
IHM Health Studies 1995-1999  
St. Louis Community College 1998-1991



**RICHARD EBERLE**  
**DIRECTOR OF OPERATIONS**  
**RICHARD.EBERLE@AMR.NET**

**SUMMARY**

Mr. Richard Eberle's career spans more than 24 years in the health delivery, transportation, and government service environment. For more than 15 years he has served as top management of operations specializing in transportation and logistics with extensive success in Medicaid NEMT. He has been instrumental in developing new transportation programs that significantly reduce waste and abuse while providing reliable and appropriate transportation service for Medicaid and Medicare clients. Mr. Eberle offers extensive insight into managed transportation services. His entire career has been dedicated to serving government agencies at the federal, state, and local levels.

- Responsible for a staff of 25 full time employees in Idaho who handled the operations 146,368 calls received in the past year (12,197 average) as well as the 1,176,423 authorized trips (98,035 average).
- Rich is also responsible to ensure that the close to 90 contracted transportation companies are properly credentialed per state and federal guidelines annually. In the past year, Rich's operation credentialed over 570 vehicles as well as maintained various driver files for well over 600 drivers in the state of Idaho.
- While overseeing the Idaho Operation, Rich has been able to ensure that the Idaho Call Center consistently answered all calls well below Idaho's required 2:00 minutes minimum average and maintained an abandonment rate below the required 7% (1:02 and 5.37% average the past 12 months). This all being accomplished while maintaining the states requirement to case manage all incoming trip requests to ensure that the closet most appropriate medical provider is utilized.
- Reducing waste in fraud and abuse as well as miles traveled to medical appointments (10.1 miles per trip average the past 12 months from a high of 13+ miles per trip at implementation September 2010). The operation was also able to identify and move more Medicaid participants to lower cost options like public transportation (33% increase first 6 months of 2011 vs. last 6 months at the time of this writing) and mileage reimbursement (208% same time period)
- All of this occurred while maintain a complaint ratio of 5 valid complaints for every 1,000 authorized trips, 4.7 (out of 5.0) Customer Satisfaction Service Rating.

**RENEE ARCHER**  
**CALL CENTER MANAGER/ CUSTOMER SERVICE MANAGER**

**SUMMARY**

Oversees our local call center and is responsible for call center performance, training, hiring, scheduling and all other call center activities.

Oversees all aspects relating to customer service operations, and the call tracking system requirements.

**Skills**

Negotiated and implemented multi-million dollar programs for EHI including: rental agreements, print fulfillment, promotional products, pest control, vending services, janitorial services and office supplies.

- Collaborated with senior management and field locations to facilitate the purchase of print and promotional items, employee service awards and milestone program items.
- Reduced U.S. and Canadian office supply expenditures by 25% or \$75K annually by eliminating redundant products and creating program efficiencies (i.e. standardized catalog, order controls, alternate item choices, etc.).
- Led U.S./Canadian stationery RFP which reduced the supplier base, streamlined the on-line ordering process and resulted in annual savings of \$50K (50% reduction in spend).
- Implemented an electronic Certificate of Insurance tracking program which reduced risk from insurance claims and saved \$100K annually.
- Led task force that facilitated the EHI 50th anniversary program which included; negotiating, sourcing and shipping 200K +recognition gifts worldwide.

**EDUCATION**

BA-Bachelor of Arts, Mass Communications  
Southern Illinois University-Carbondale, Illinois

**RON DUNBAR JR.**  
**QUALITY MANAGER WEST VIRGINIA**  
**Access2Care.net**

Customer/client support professional experienced in working in fast paced environments demanding strong organizational, technical and interpersonal skills. Trustworthy, ethical, and discreet: committed to superior customer and client support. Confident and poised in interactions with individuals at all levels. Detailed-oriented and resourceful in completing all tasks and projects assigned: able to multitask effectively.

Capabilities include:

- Customer service
- Computer operation
- Client Relations
- Quality Assurance and Training
- Office Equipment Operation
- Problem Solving
- General Accounting
- Filing and Data Archiving
- Telephone Reception

**EDUCATION**

Central State University, Ohio (1989-1993)  
English Composition and Writing

Relevant Experience

As a support case worker my duties include managing ongoing collections, client education, customer service and extensive financial work while completing each task within both state and federally mandated timelines. Casework involves accurate, honest and concise information disclosure.

A rounded knowledge of the other 49 states statutes and policies for cases involving interstate enforcement. I also participated in several hiring panels and training sessions for incoming new hire employees. Developed cost cutting measures and piloted program to gain efficiency in collection of delinquent cases which was initiated statewide and is the current standard. I also maintain and provide resources to include job listings, potential employers and other social services for clients in need.

**SHARI NOVA**  
**OUTREACH COMMUNITY MANAGER**

A successful Human Services Professional with distinctive skills to assess individual needs and unique circumstances to determine the best way to assist or recommend the program available to them. My success is driven by my true passion to help every person that I have been assigned to. Through this passion and my organization skills, not only did I provide superior client assistance, I also helped each agency that I worked for by taking on a high volume of cases as well developing tailored care plans specific to client needs. Although most of my work has been with Government agencies, my expertise can be utilized in various organizations such as hospitals, schools, and home health agencies.

- Maintain a case load of 130+ clients with ongoing referrals on a daily basis.
- Conduct in-depth assessments to determine situational and medical needs in order to ensure client maintained an independent living environment increased available
- Developed close work relationships with various agencies, vendors and health departments that lead to quick implications of my assessments.
- Applied effective conflict resolution skills between client/vendor and/or resident/property manager to ensure a stress free environment for the client
- Maintained in-depth client assessments and case records for audit or state review.

**EDUCATION**

University of Illinois  
Chicago, IL  
B.A., Psychology  
August 1999

## **JOB DESCRIPTION**

**Job Title:** Transportation Coordinator NEMT

**Reports To:** Call Center Manager

**Department:** Government & National Services

**Position Summary:** The Transportation Coordinator answers incoming network transportation provider calls regarding non-emergency transportation services in a prompt, courteous and professional manner.

### **Essential Duties and Responsibilities:**

- Answer incoming calls from network transportation providers in a prompt and courteous manner.
- Coordinate scheduling of trips with network transportation providers.
- Negotiate rates with network providers in special circumstances.
- Work with the Pending Team to help identify problem areas and providers within all plans.
- Problem solve on how to control quality and cost initiatives to reduce cost of trips.
- Improve system handling and identifying trips that go to park and pending.
- Recommend a process to decrease the amount of negotiated trips by customer service representatives.
- Serves as a liaison between the patient and transportation providers.
- When needed, perform the duties of a Customer Service Representative.
- Adhere to all company policies and procedures.

### **Non-Essential Duties and Responsibilities:**

- Perform other duties as assigned.

### **Minimum Qualifications:**

**Education/Licensing/Certification:** High School Diploma or GED required.

### **Experience:**

- Must have a minimum of one year experience working in the transportation industry or in a heavy volume inbound call center.
- Must be familiar with local geography.
- Supervisory experience preferred.
- Healthcare experience preferred.
- Ability to deal with complex problems involving a broad scope of issues while under pressure.
- Ability to effectively solve customer complaints in a timely manner by utilizing all tools available.

### **Other i.e. knowledge and skills:**

- Must be proficient with Microsoft Office applications.
- Must type 30 wpm.
- Must have effective oral, written and interpersonal communication skills.



## **JOB DESCRIPTION**

**Job Title:** Call Center Supervisor  
**Reports To:** Call Center Manager  
**Department:** Government & National Services

### **Position Summary:**

The Call Center Supervisor's job entails organizing and directing the daily activities of the call center's operation. The main responsibility of a call center supervisor is to manage, train, and guide call center representatives to execute their tasks. By resolving problems and complaints, a supervisor supports the team. The supervisors monitor agents and calculate call center performance, and analyze reports. They prepare and assist in the development of schedules to control adequate staffing levels.

### **Essential Duties and Responsibilities:**

- Accept and handle supervisory requests and calls from staff and customers. Provide the Call Center Manager with all information about any extraordinary situations.
- Ensure that the staff follows call control procedures at all times and enforce all department and company policies.
- Collaborate with the Call Center Manager in the development and implementation of any training for newly hired and existing Customer Service Representatives.
- Act as a resource for the Customer Service Representatives.
- Maintain accurate performance evaluations of the Customer Service Representatives by reviewing message history, call history, trip setup and recorded calls.
- Coordinate and approve the monthly schedule, scheduling requests and call que assignments.
- Provide back-up support to the Call Center Manager as necessary.
- Assist in the hiring process.

### **Non-Essential Duties and Responsibilities:**

- Performs other duties as assigned.

### **Minimum Qualifications:**

#### **Education:**

- High School Diploma or GED. College Degree preferred.

#### **Experience:**

- Must have a minimum of two years of call center experience.
- Must have a minimum of two years of supervisory/leadership experience.

### **Other knowledge and skills:**

- Must be proficient with Microsoft Office software.
- Healthcare industry experience is preferred.
- Demonstrated knowledge of medical terminology is preferred.
- Must type 40 wpm.
- Must have effective oral, written and interpersonal communication skills.

## **JOB DESCRIPTION**

**Job Title:** Customer Service Representative

**Reports To:** Call Center Supervisor

**Department:** Government & National Services

**POSITION SUMMARY:** The Customer Service Representative is responsible for answering all incoming calls from outside sources of a transportation nature and responding to these calls appropriately, while maintaining a professional, courteous demeanor. The CSR will also ensure eligibility, determining transportation requirements and mode of transportation. Utilizes scheduling software to optimize the number of rides and minimize indirect routing.

### **Essential Duties and Responsibilities:**

- Answer all incoming telephone calls of a transportation nature and confirm eligibility, scheduling and appropriate mode of transportation.
- Maintain a professional, courteous demeanor with callers, network providers and any other individual who may contact the business office.
- Reviews trips in area of specialization and determines provider assignments.
- Assigns reservations to network transportation providers to ensure vehicle resources are used most efficiently.
- Tracks specific passengers and trip progress as requested.
- Routes trips to providers and prepares manifests.
- Completes reports as assigned.
- Adhere to all company policies and procedures.

### **Non-Essential Duties and Responsibilities:**

- Perform other duties as assigned.

### **Minimum Qualifications:**

#### **Education/Licensing/Certification:**

- High School Diploma or GED.

#### **Experience:**

- Must have one year of previous inbound call center experience or dispatcher.
- Experience in a high stress and high call volume center preferred.
- Prior dispatch/routing experience is preferred.

#### **Other i.e. knowledge and skills:**

- Knowledge of medical terminology and services preferred.
- Healthcare industry experience is preferred.
- Must be proficient with Microsoft Office software.
- Must type 30 wpm.
- Multilingual capabilities a plus.
- Must have effective oral, written and interpersonal communication skills.

## Initial Service Agreement/ Proposed Model Contract

**THIS SUBCONTRACTOR AGREEMENT** is made between Access2Care, LLC ("A2C") and the subcontractor (the "Subcontractor") set out on the signature page of this Agreement. This Agreement is effective as of the Commencement Date as defined in Schedule "A".

**WHEREAS**, A2C on occasion needs subcontractors to provide medical transportation, non-medical transportation ambulance, paratransit and wheelchair services to A2C customers in various locations;

**WHEREAS**, A2C manages non-emergency transportation. As such we use subcontractors to provide non-emergency medical transportation for our clients who request such services. ;

**WHEREAS**, A2C wishes to retain Subcontractor to perform certain tasks in furtherance of this effort as set forth in this Agreement; and

**WHEREAS**, Subcontractor wishes to perform, and is capable of performing such tasks upon request by A2C.

**NOW THEREFORE**, in consideration of the foregoing and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree as follows:

1. **Provision of Services.** Subcontractor will provide the transportation services described in Schedule "A" hereto (the "Services") to Clients or Recipients (collectively referred to as "Recipients") on the conditions, if any, described in Schedule "A" and in the service area(s) described in Schedule "A" (the "Service Area"), only when and as requested by A2C.
2. **Compliance with Laws.** The parties will comply in all material respects with all applicable federal and state laws and regulations, including the federal Anti-kickback statute, and shall submit to the State all documentation necessary for Subcontractor to provide the services more specifically described herein. Subcontractor's vehicles will conform to applicable state regulations and be duly licensed for the transportation of Recipients. All Subcontractor personnel staffing vehicles that provide the Services will be licensed or certified as required by applicable law.
3. **Term.** The initial term of this Agreement shall be one (1) year, commencing on the Commencement Date set out in Schedule "A" hereof, and this Agreement shall automatically renew for subsequent one-year periods

thereafter, subject to the termination rights herein. The initial term and all renewal periods shall be cumulatively referred to as the "Term".

4. **Termination.** Each party may terminate this Agreement: (a) at any time without cause and at its sole discretion upon sixty (60) days written notice to the other party; or (b) upon the material breach of this Agreement by the other party if such breach is not cured within thirty (30) days of written notice thereof to the other party. Notwithstanding the foregoing, A2C may terminate this Agreement immediately upon: (i) the failure of Subcontractor to respond to requests by A2C for the provision of Services to Recipients within the Service Area or (ii) following Subcontractor's loss or suspension of licensure necessary for the provision of the Services or reduction or loss of Subcontractor's insurance coverage.
5. **Scheduling of Services.** A2C shall schedule and request any and all Services to be provided by Subcontractor pursuant to this Agreement. All Services will be scheduled according to the procedures provided for in the Network Provider Requirements, as modified from time to time by A2C in its sole discretion and attached hereto as Schedule C and incorporated herein by this reference.
6. **No Utilization Obligation.** A2C does not guarantee any level of utilization of Subcontractor and A2C is under no obligation to utilize Subcontractor for any Services.
7. **Standards for Services.** Subcontractor represents and warrants that (a) any and all Services shall be provided in accordance with prevailing industry standards of quality and care applicable to the Services provided; (b) any and all Services rendered shall be performed in a good and workmanlike manner; (c) Subcontractor shall comply with all requirements of A2C's Network Provider Requirements as may be modified by A2C from time to time and which is attached hereto as Schedule "C" and incorporated herein by this reference; The parties acknowledge and agree that all references to specific sections of the Network Provider requirements are based on the requirements in place at the time of execution of this agreement. In the event a revision to the requirements causes those section references to change, the current and prevailing Network Provider requirements shall prevail.

8. **Trip Management.** Subcontractor acknowledges and agrees that they will satisfy all requirements of the Network Provider Requirements as it relates to the manner in which the services, activities, and tasks are to be performed as well as requirements for pickup and delivery of all participants.
9. **Compensation and Billing.** Prior to or at the commencement of any scheduled Service, A2C shall instruct Subcontractor to bill either: (i) a third-party payor or Patient; or (ii) A2C.
  - (i) *Services billed to Payors or Patients.* If A2C directs Subcontractor to bill a third-party payor or Patient, A2C will provide Subcontractor with Patient billing information, including all documentation available to A2C that is necessary for third-party payor reimbursement and determination of medical necessity when applicable. Subcontractor shall be responsible for all Patient and third party billing and shall bill in accordance with all applicable laws and any applicable membership agreement between a Patient and health plan. Subcontractor shall not seek payment from A2C or A2C's customer for any such Services and neither A2C nor its customer shall have any financial responsibility for such Services.
  - (ii) *Services billed to A2C.* For any Services for which A2C has accepted responsibility for payment and A2C has provided Subcontractor with an authorization number, A2C shall pay Subcontractor within twenty-one (21) days of receipt of an invoice in a format reasonably acceptable to A2C. Subcontractor shall submit its invoice within forty-five (45) days of the date that Services were provided by Subcontractor – failure to submit its invoice within this time period will result in non-payment by A2C to Subcontractor. Subcontractor shall not seek payment from A2C's customer, the Patient or any third-party payor for any such Services. A2C shall reimburse Subcontractor at the rates set forth in Schedule "B" and Subcontractor shall accept the rates in Schedule "B". Provided that A2C has authorized the Subcontractor to bill the Patient, the preceding sentence shall not preclude Subcontractor from billing a Patient for any Patient responsible amounts under the requirements of the Patient's applicable health plan membership agreement, e.g., co-payment, co-insurance or deductible.
10. **Record Retention.** Subcontractor will retain books and records respecting Services rendered to Patients for the greater of ten (10) years or the time periods required under all applicable laws (including the requirements of the Secretary of Health and Human Services ("HHS")) and allow access to such books and records by duly authorized agents of the Secretary of HHS, the Comptroller General and others to the extent required by law.
11. **Compliance with the terms of A2C's contract with the client.** Subcontractor acknowledges and agrees that Subcontractor shall comply with all mandatory terms and conditions of A2C's contract with the client.
12. **Injury to an A2C Passenger.** If an A2C passenger is injured while being transported, Subcontractor shall submit a claim through their insurance first, and through A2C's insurance if Subcontractor's insurance does not cover the costs associated with the incident.
13. **Audit Rights.** Subcontractor shall, within a reasonable amount of time after written notice from A2C provide representatives of A2C or the U.S. Government (as specified in the notice), with access to all records, documents, fiscal and accounting data, and other information (whether in paper form, microform, electronic media or other form) that relate to this Agreement. This obligation of Subcontractor shall survive for a period of three (3) years following final payment under this Agreement or until such later time as required under applicable law and regulation.
14. **Indemnity.** Each party will indemnify and hold the other party, and West Virginia and BMS, harmless from and against liability claims resulting from or alleged to result from any negligence or willful misconduct of the indemnifying party related to the performance of this Agreement.
15. **Dispute Resolution.** Subcontractor acknowledges and agrees that in the event of a dispute arising out of the relationship between A2C and the Subcontractor and the services provided for herein, Subcontractor shall look solely to A2C to resolve this dispute, and at no time, shall Subcontractor pursue a resolution of any dispute related to this Agreement with either the client or any agency thereof. All disputes involving payment of claims shall be resolved according the procedure outlined in the Claims Appeals Process in the Network Provider Procedure Manual. If necessary, a dispute shall

be resolved in a court of competent jurisdiction and according to the laws of the State.

## IF TO SUBCONTRACTOR:

Insert Subcontractor Contact  
Insert Subcontractor Legal Name  
Insert Street Address  
Insert City, State, Zip

## IF TO A2C:

Government and National Services Dept.  
American Medical Response  
6200 South Syracuse Way, Suite 200  
Greenwood Village, Colorado 80111

With Mandatory Copy to:

Legal Department  
American Medical Response, Inc.  
6200 South Syracuse Way, Suite 200  
Greenwood Village, Colorado 80111

**16. Default by A2C.** In the instance of default by A2C, the Agreements and all rights and obligations associated therewith shall pass to the client or its duly appointed agent for the continued provision of the services more specifically described herein. Subcontractor acknowledges and agrees that in the event the client assumes responsibility for this Agreement, all terms, conditions, and rates established herein shall remain in effect until or unless renegotiated by the client or its agent unless otherwise terminated immediately by the client in its sole discretion.

**17. Insurance.** Subcontractor currently maintains and will maintain during the Term of this Agreement liability insurance policies for claims that may be made against Subcontractor arising out of the Services under this Agreement. Subcontractor shall maintain comprehensive general and automobile liability coverage with limits no less than Insert Amount per occurrence and Insert Amount annual aggregate and other such coverage as required by the State. Subcontractor shall maintain workers' compensation insurance in the statutory required amounts. Subcontractor shall cause A2C to be added as an additional insured to all such policies. Subcontractor shall provide to A2C upon execution of this Agreement certificates of insurance evidencing coverage. Coverage shall not be changed or modified without at least thirty (30) days prior written notice to A2C. Further, Subcontractor's insurance shall be primary in the event of any claim resulting from Services provided by Subcontractor and shall be exhausted in full prior to any contribution from any other source. Subcontractor shall also be solely responsible for any and all damages or repairs to its owned, leased or contracted vehicles used in providing Services under this Agreement.

**18. Notices.** Any notice required or permitted by this Agreement shall be in writing and shall be delivered as follows, with notice deemed given as indicated: (a) by personal delivery, when delivered personally; (b) by overnight courier, upon written verification of receipt; (c) by facsimile transmission, upon acknowledgment of receipt of electronic transmission; or (d) by certified or registered mail, return receipt requested, upon verification of receipt. Notice shall be sent to the following addresses:

**19. Confidentiality.** All information with respect to the operations and business of a party (including but not limited to the rates charged hereunder) and any other information considered to be and treated as confidential by that party gained during the negotiation or Term of this Agreement will be held in confidence by the other party and will not be divulged to any unauthorized person without prior written consent of the other party, except for access required by law, regulation and third party reimbursement agreements. The obligations under this section shall not apply to information which (a) at the time of disclosure is in the public domain or, after disclosure, enters the public domain other than by breach of this Agreement; or (b) is already in the possession of the recipient at the time of disclosure and is not acquired from the other Party; or (c) is later received on a non-confidential basis from a third Party having the right to impart such information; or (d) is independently developed by the recipient's employees who did not have access to such information in connection with this Agreement.

**20. HIPAA Compliance.** Each party shall comply with the privacy and security provisions of the *Health Insurance Portability and Accountability Act of 1996* and the regulations thereunder ("HIPAA"), and with such other requirements of HIPAA that may become effective during the Term. All patient medical records shall be treated as confidential so as to comply with all state and federal laws. The Subcontractor shall report in writing to A2C any use or disclosure of Protected Health Information ("PHI") not provided for or allowed by the SUBCONTRACTOR AGREEMENT immediately upon becoming aware of the same.



**21. CMS Required Contract Provisions-42 CFR 422.**

(i) *Privacy and Accuracy of Records:* Providers and suppliers agree to safeguard beneficiary privacy and confidentiality and assure the accuracy of beneficiary health records. 422.504(a)13. (ii) *Hold Harmless for MAs offering SNPs:* For all Medicare Advantage ("MA") organizations with enrollees eligible for both Medicare and Medicaid, such enrollees will not be held liable for Medicare Part A and B cost sharing when the State is responsible for paying such amounts, and inform providers of Medicare and Medicaid benefits and rules for enrollees eligible for Medicare and Medicaid. The MA plans may not impose cost sharing that exceeds the amount of cost sharing that would be permitted with respect to the individual under the XIX if the individual were not enrolled in such plan. Subcontractor will accept the MA plan payment as payment in full, or bill the appropriate State source.

**22. Relationship.** In the performance of this Agreement, each party shall be, as to the other, an independent contractor, and neither party shall have the right or authority, express or implied, to bind or otherwise legally obligate the other. Nothing contained within this Agreement shall be construed to constitute either party assuming or undertaking control or direction of the operations, activities or medical care rendered by the other. As to either party's employees, nothing contained herein shall be construed in such a manner as to give effect to the notion that either party shall in anyway assume responsibility for the oversight or provision of the other party's employee benefits, including but not limited to the payment of wages, provision of health insurance, or any and all other commonly accepted benefits of employment.

**23. Compliance Program and Code of Conduct.** A2C has made available to the Subcontractor a copy of its Code of Conduct, Anti-kickback policies and other compliance policies, as may be changed from time-to-time, at A2C's web site, located at: [www.Access2care.net](http://www.Access2care.net), and the Subcontractor acknowledges receipt of such documents. A2C warrants that its personnel shall comply with A2C's compliance policies, including training related to the Anti-kickback Statute.

**24. Non-Exclusion.** Each party represents and certifies that neither it nor any practitioner who orders or provide Services on its behalf hereunder has been convicted of any conduct that constitutes grounds for mandatory exclusion as identified in 42 U.S.C. § 1320a-7(a).

Each party further represents and certifies that it is not ineligible to participate in Federal health care programs or in any other state or federal government payment program. Each party agrees that if OIG excludes it, or any of its practitioners or employees who order or provide Services, from participation in Federal health care programs, the party must notify the other party within five (5) days of knowledge of such fact, and the other party may immediately terminate this Agreement, unless the excluded party is a practitioner or employee who immediately discontinues ordering or providing Services hereunder.

**25. Vehicle and Personnel Requirements.**

Subcontractor acknowledges and agrees that all vehicles and personnel utilized to provide the Services shall comply with the requirements included within the Network Provider Requirements and any other applicable sections as may be added from time to time by A2C.

**26. Training Requirements.** Subcontractor acknowledges and agrees that all personnel shall be trained and oriented according to the Network Provider Requirements.

**27. Background Investigation.** Subcontractor warrants and represents that it has performed a background investigation on employees that provide patient care services or drive vehicles. The investigation report includes the following:

- a. Social Security Number Verification
- b. Criminal Search
- c. Employment Verification to include reason for separation and eligibility for re-employment for each employer for 7 years
- d. OIG List of Excluded Individuals/Entities
- e. Sex Offender Registry
- f. GSA List of Parties Excluded from Federal Programs
- g. Department of Motor Vehicle Driving History
- h. State and Local Licensure Verification
- i. Drug Screen

Upon request and from time-to-time, Subcontractor shall provide A2C with a continuing certification.



**28. Referrals.** It is not the intent of either party that any remuneration, benefit or privilege provided for under this Agreement shall influence or in any way be based on the referral or recommended referral by either party of Recipients to the other party or its affiliated providers, if any, or the purchasing, leasing or ordering of any services other than the specific services described in this Agreement. Any payments specified herein are consistent with what the parties reasonably believe to be a fair market value for the services provided. Subcontractor represents and warrants that the rates and pricing that it has accepted do not place it in violation of any federal or state anti-kickback statute.

**29. Other.** During the term of this Agreement and for a period of six (6) months following termination of this Agreement: Subcontractor shall not provide transportation services to any A2C customer that Subcontractor has rendered Services to under this Agreement, either directly or through a network of providers or intermediary other than A2C; or (ii) solicit any such A2C customer to obtain transportation services from Subcontractor either directly or through such other network or intermediary in the Service Area.

**30. Equal Employment Opportunity.** If the provisions of Executive Order 11,246 are applicable to this Agreement, the parties

incorporate the equal employment opportunity clause set forth in 41 C.F.R. part 60-1. If the provisions of Executive Order 13,201 are applicable to this Agreement, the parties incorporate the equal employment opportunity clause set forth in 29 C.F.R. part 470.

**31. Miscellaneous.** This Agreement (including the Schedules hereto): (a) constitutes the entire agreement between the parties with respect to the subject matter hereof, superseding all prior oral or written agreements with respect thereto; (b) may be amended only by written instrument executed by both parties; (c) may not be assigned by either party without the written consent of the other party, such consent not to be unreasonably withheld; (d) shall be binding on and inure to the benefit of the parties hereto and their respective successors and permitted assigns; (e) shall be interpreted and enforced in accordance with the laws of the state where the Services are performed, without regard to the conflict of laws provisions thereof, and the federal laws of the United States applicable therein; (f) may be executed in several counterparts (including by facsimile), each of which shall constitute an original and all of which, when taken together, shall constitute one agreement; and (g) shall not be effective until executed by both parties. In the event of a conflict between this Agreement and any Schedule hereto, the terms of this Agreement shall govern.

**[Signature Page To Follow]**

# Access2Care

IN WITNESS WHEREOF, the parties have hereto executed this Agreement.

Access2Care, LLC

By: \_\_\_\_\_  
Matt McCormick  
Vice President, Managed Transportation

Insert Legal Name of Subcontractor

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Print Title: \_\_\_\_\_

# Access2Care

## SCHEDULE "A"

### I. Services:

#### A. Transportation Services

If checked, Subcontractor shall provide the following transportation services (the "Services"):

- ☐ "Advanced Life Support" or "ALS";
- ☐ "Basic Life Support Service" or "BLS";
- ☐ "Specialty/Critical Care Transportation" or "SCT" or "CCT" or Neonatal Transports;
- ☐ "Wheelchair Van" non-Ambulance ground transportation provided for non-ambulatory patients;
- ☐ "Non-Medical Stretcher Van" non-Ambulance ground transportation provided for non-ambulatory patients;
- ☐ "Ambulatory Services" non-Ambulance and non-Wheelchair transportation provided to ambulatory patients; or
- ☐ "Other" \_\_\_\_\_

### II. Service Area:

Services shall be provided in and around Insert Other Requirements or Indicate None and in other locations as may be agreed upon by the parties.

### III. Commencement Date

The Commencement Date referred to in Section 3 of this Agreement shall be: Insert Start Date .

### IV. Scheduling Requirements

In accordance with Section 5 of the Agreement, different or additional Subcontractor scheduling requirements shall be:

Insert Other Requirements or Indicate None

### V. Additional Requirements

Additional Subcontractor administrative and operational requirements shall be set forth by in the Manual identified below:

Insert Manual Name or Indicate None

# Access2Care

## SCHEDULE "B" RATES

Ambulance Services	HCPC	Rate
BLS Non-Emergency (one way)	A0428	\$ Insert Rate or Insert N/A
BLS Emergency (one way)	A0429	\$ Insert Rate or Insert N/A
ALS Non- Emergency (one way)	A0426	\$ Insert Rate or Insert N/A
ALS-Emergency (one way)	A0427	\$ Insert Rate or Insert N/A
Specialty/Critical Care Transport-SCT/CCT (one way)	A0434	\$ Insert Rate or Insert N/A
Mileage, per urban mile	A0425	\$ Insert Rate or Insert N/A

Other Services	HCPC	Rate
Wheelchair Van (one way)	A0130	\$ Insert Rate or Insert N/A
Wheelchair Van mileage	S0209	\$ Insert Rate or Insert N/A
Ambulatory (one way)	A0120	\$ Insert Rate or Insert N/A
Ambulatory mileage	A0215	\$ Insert Rate or Insert N/A
Non-Medical Stretcher Van (one way)	T2005	\$ Insert Rate or Insert N/A
Non-Medical Stretcher Van mileage	T2009	\$ Insert Rate or Insert N/A
Other	A0999	\$ Insert Rate or Insert N/A

**A2C does not pay for "No Shows", "Dry Runs" or "Deadhead" miles.**

# Access2Care

## SCHEDULE "C"

### NETWORK PROVIDER REQUIREMENTS

#### 1.0 Transportation Provider Requirements

- 1.1 Transportation Provider agrees not to differentiate or discriminate in the treatment of any passenger on the basis of sex, marital status, age, race, color, national origin, ancestry, religion, disability, medical condition, veteran status, political affiliation, economical status, or sexual orientation.
- 1.2 Transportation Provider shall provide drivers with visible employee picture identification card, picture ID badge or uniform with name for security and identification purposes.
- 1.3 Transportation Providers must comply with all applicable State and Federal laws including, but not limited to, the Americans With Disabilities Act (ADA) of 1990; Federal Transit Administration (FTA) regulations (including FTA's drug and alcohol regulations); the Federal Highway Administration's drug and alcohol regulations' Rehabilitation Act of 1973, Section 504; the requirements of 42 Code of Regulations, Part 431, Subpart F; and Title VII of the Civil Rights Act of 1964.

#### 2.0 Transportation Provider Operational Requirement

- 2.1 Transportation Providers must obtain and maintain current status on any and all business licenses, permits, certificates, and registrations that are required by Federal, State or local laws, rules and regulations
- 2.2 During normal business hours the transportation provider's must be staffed so that all calls from A2C can be answered by a "live" person, not by an answering machine or answering service.
  - 2.2.1 If a transport happens before or after normal business hours, A2C must have a way of contacting the transportation provider / driver during those times when the office is not open.
- 2.3 All records must be kept in secure files for a minimum of ten (10) years and be readily accessible to A2C staff within 2 business days without additional expense to A2C.
- 2.4 Transportation provider must maintain an adequate backup service plan for planned and unplanned outages for vehicles and business office operations.
- 2.5 Transportation Provider agrees to work with A2C to respond to all complaints within[Client Requirements].
  - 2.5.1 Transportation Providers understands that not responding to complaints may result in Corrective Action.
- 2.6 Transportation Provider agrees to cooperate in all on-site visits of the Transportation Provider's place of business and inspection of business records and vehicles.
- 2.7 Transportation Provider may not solicit or accept any money from any passengers you transport for A2C.
- 2.8 Transportation Provider agrees to follow A2C accident and incident process.

## **Access2Care**

- 2.8.1** Transportation Provider must report all incidents, accident and injuries occurring while the Transportation Provider is transporting any A2C passenger(s) with [client requirements].
- 2.8.2** Transportation Provider must have a form to document all information about the accident/incident. This form must be approved by A2C.
- 2.8.3** Transportation provider must request a copy of the police report and must forward the report to A2C as soon as possible.

### **3.0 Driver/Attendants/Escorts Requirements**

- 3.1** Drivers and attendants/escorts are required to wear visible identification badges or similar items so staff is easily identified as employees of your company;
- 3.2** All drivers /attendants/escorts must be at least 18 years of age;
- 3.3** All drivers must have a current valid driver's license to operate the transportation vehicle to which they are assigned;
- 3.4** Drivers must have no more than one chargeable accidents or two moving violations in the last three years;
- 3.5** Drivers must not have a driver's license suspension or revocation for moving traffic violations within the previous five years;
- 3.6** All drivers /attendants/escorts must have a current background checks. Current means no more than 1 year old;
- 3.7** All drivers /attendants/escorts cannot be on any state or federal Sex Offender Registry;
- 3.8** Drivers /attendants/escorts must not have been convicted of any felony crime and/or misdemeanor related to health care fraud, theft, embezzlement, breach of fiduciary responsibility, or other financial misconduct; elder abuse; patient abuse in connection with the delivery of a health care item or service; unlawful manufacture, distribution, prescription, or dispensing of a controlled substance; and any felony or misdemeanor conviction for child abuse, elderly abuse, domestic violence, criminal sexual conduct, drugs or weapons;
- 3.9** All drivers /attendants/escorts must be courteous, patient, and helpful to all passengers and be neat and clean in appearance;
- 3.10** Drivers /attendants/escorts shall NOT use alcohol, narcotics, medical marijuana, illegal drugs or drugs that impair ability to perform while on duty and shall NOT abuse alcohol or drugs at any time. The transportation provider shall not use drivers who are known abusers of alcohol or known consumers of narcotics or drugs/medications that would endanger the safety of recipients, whether those drugs are legally prescribed or not.
- 3.11** All transportation providers must implement a verifiable 5-panel drug-testing program for drivers. Pre-employment, post-accident, and random drug screens covering more than 50% of the drivers each year shall be mandatory;
- 3.12** Drivers /attendants/escorts must not smoke while in the vehicle, or while in the presence of any A2C passenger;



## **Access2Care**

- 3.13** Drivers must not wear any type of headphones at any time while on duty, with the exception of hands-free headsets for mobile telephones if this is the company communication device; Mobile telephones may only be used for communication with the NEMT Provider or to call 911 in an emergency.
- 3.14** If a non curbside pick-up is being made, drivers must identify themselves, show their identification and announce their presence at the entrance of the facility or residence;
- 3.15** Drivers must assist A2C passengers getting into and out of the vehicle, provide service as requested for assistance door to door, hand to hand, or curb to curb, and confirm that all seat belts are fastened.
  - 3.15.1** No A2C passenger will be transported unless all passengers are buckled;
- 3.16** The number of persons in the vehicle, including the driver, must not exceed the vehicle manufacturer's approved seating capacity;
- 3.17** Drivers must ensure A2C passengers in wheelchairs are properly secured prior to departure and at all times while in transit;
- 3.18** Upon arrival at the destination, the vehicle should be parked or stopped so that A2C passengers do not have to cross streets to reach the entrance of their destination.
- 3.19** Drivers must not leave passengers unattended in the vehicle;
- 3.20** Drivers must not touch any recipient except as appropriate and necessary to assist the A2C passengers into or out of the vehicle, into a seat, to secure the seat belt, or to render first aid or assistance for which the driver has been trained.
- 3.21** Drivers /attendants/escorts are expected to follow company and broker guidelines for HIPAA compliance by keeping all A2C passengers protected health information (PHI) confidential. It should not be visible to other recipients/passengers, and drivers must not discuss this information with anyone who is not involved with the recipient's treatment or connected health care services.

### **4.0 Required Training**

- 4.1** A2C requires and is willing to assist transportation providers with establishing an on-going training program that includes at a minimum:
  - 4.1.1** Passenger Assistance Training (PAT);
  - 4.1.2** Defensive driving;
  - 4.1.3** Use of common assistive devices such as wheelchairs, walkers, etc;
  - 4.1.4** Methods of handling wheelchairs, scooters;
  - 4.1.5** Methods of moving, lifting and transferring passengers with mobility limitations;
  - 4.1.6** Operation of lifts, ramps and wheelchair securement devices;
  - 4.1.7** CPR and basic first aid;
  - 4.1.8** Customer service;
  - 4.1.9** Vehicle emergency evacuation;
  - 4.1.10** Recognize emergencies (what does an operator need to do in the event of a life-threatening emergency);
  - 4.1.11** Behind the wheel training (hands-on operator training to ensure safe driving habits)
  - 4.1.12** Handling Blood borne Pathogens;
  - 4.1.13** Passenger Assistance – transferring, loading, unloading;
  - 4.1.14** HIPAA Compliance.

# Access2Care

- 4.2** Transportation providers must maintain sign in sheets or logs of all training provided to all drivers /attendants/escorts . These logs must be included in the staff files and available for review by A2C.

## **5.0 Vehicle Requirements**

- 5.1** All vehicles must pass A2C inspection prior to transporting Medicaid recipients.
- 5.2** All vehicles used to transport passengers will be inspected annually.
- 5.3** All vehicles must be equipped with adequate and functioning heating and air-conditioning systems.
- 5.3.1** Functionality must be defined by temperature readings from the rear of the vehicle, achieving air conditioning to 68 degrees and heating to 72 degrees.
- 5.4** All vehicles shall have functioning, clean and accessible seat belts for each passenger seat position. Each vehicle shall utilize child safety seats when transporting children under age six (6).
- 5.5** Seat belts must be stored off the floor when not in use.
- 5.6** Each vehicle must have at least two (2) functional seat belt extensions available.
- 5.7** Each vehicle must be equipped with at least one seat belt cutter within easy reach of the driver.
- 5.8** All vehicles must have an accurate speedometer and odometer.
- 5.9** All vehicles must have two exterior rear view mirrors, one on each side of the vehicle.
- 5.10** All vehicles must be equipped with an interior mirror for monitoring the passenger compartment.
- 5.11** The exterior of the vehicle must be
- 5.11.1** clean;
  - 5.11.2** free of broken mirrors or windows;
  - 5.11.3** excessive grime,
  - 5.11.4** have no major dents or paint damage that detract from the overall appearance of the vehicle.
- 5.12** The interior of the vehicle must be
- 5.12.1** clean;
  - 5.12.2** free from torn upholstery;
  - 5.12.3** floor or ceiling covering;
  - 5.12.4** free from damaged or broken seats;
  - 5.12.5** free from protruding sharp edges;.
  - 5.12.6** must also be free of dirt, oil, grease and litter.

## **Access2Care**

- 5.13** Vehicles will be free of hazardous debris or unsecured items and will be operated within the manufacturers safe operating standards at all times.
- 5.14** All vehicles shall have the transportation provider's name, vehicle number, and the vendor's toll free and local phone number prominently placed within the interior of each vehicle.
- 5.15** The vehicle license number, the A2C's transportation scheduling toll-free phone number and a local phone number for the broker must be prominently displayed on the interior of each vehicle.
- 5.16** Smoking is prohibited in all vehicles at all times.
- 5.17** All vehicles must have the following signs posted in all vehicle interiors, easily visible to the passengers:
  - 5.17.1** "NO SMOKING"
  - 5.17.2** "ALL PASSENGERS MUST USE SEAT BELTS"
- 5.18** Vehicles must carry an information packet containing vehicle registration, insurance card, and accident procedures and forms.
- 5.19** Vehicles must be equipped with a first aid kit.
- 5.20** Each vehicle shall contain a current map of the applicable State(s) with sufficient detail to locate recipients and medical providers.
- 5.21** Vehicles must be equipped with a "spill kit" including: liquid spill absorbent, latex gloves, hazardous waste disposal bags, scrub brush, disinfectant and deodorizer.
- 5.22** Non-compliance: Any vehicle or driver found out of compliance with any of these requirements or any State or Federal regulations must be removed from service immediately.
- 5.23** Wheelchair/Stretcher Vehicles
  - 5.23.1** When a Transportation Provider utilizes a high profile/tall vehicle to transport A2C passengers that has greater ground clearance than an average-sized sedan, Transportation Provider must provide a sturdy, non-skid, stepping aid to assist the passenger in entering and exiting the vehicle. This stepping aid must be capable of safely supporting 300 pounds, must be no higher than twelve inches (12") above the ground, with a nonskid top surface not less than eight inches by twelve inches (8" x 12").
  - 5.23.2** For all vehicles used for paralift operations, the overhead clearance between the top of the door opening and the raised lift platform, or highest point of ramp, shall be a minimum of 56 inches, or such other distance as may be required by ADA or other federal or state laws or regulations.
  - 5.23.3** All wheelchair lifts must have a design load of at least 600 pounds.
  - 5.23.4** All ramps used for the loading and unloading of passengers must meet ADA Accessibility Guidelines.
  - 5.23.5** All tie-downs or other securement devices used for paralift operations must meet the ADA Accessibility Guidelines.

## 6.0 Vehicle Maintenance

- 6.1 Network transportation providers must have a comprehensive Preventive Maintenance (PM) program for all vehicles and equipment used for members.
- 6.2 The required maintenance program will include:
  - 6.2.1 Inspected and serviced in accordance with manufacturer recommendations
  - 6.2.2 A vehicle maintenance file for each vehicle that includes records of all maintenance actions, including but not limited to:
  - 6.2.3 Servicing,
  - 6.2.4 Preventive maintenance inspections,
  - 6.2.5 Repairs,
  - 6.2.6 Brake adjustments,
  - 6.2.7 Any bodywork,
  - 6.2.8 Documentation of vehicle inspection,
  - 6.2.9 Repair and replacement of associated equipment, such as radios.
  - 6.2.10 Records of inspections conducted by an entity with jurisdiction, if applicable and certification that the vehicle passed inspection.
- 6.3 Providers should be able to demonstrate documented operational and safety checks (pre- and post-trip inspection) at the beginning of each workday. These include a check of:
  - 6.3.1 Tires,
  - 6.3.2 Brakes,
  - 6.3.3 Lights,
  - 6.3.4 Horn,
  - 6.3.5 Fluids,
  - 6.3.6 Wipers,
  - 6.3.7 Climate control devices,
  - 6.3.8 Seat belts,
  - 6.3.9 Safety equipment,
  - 6.3.10 Vehicle damage.
  - 6.3.11 Documentation of maintenance actions will include the date and mileage.
- 6.4 These records must be stored for a period of at least 10 years and must be made available to A2C for inspection as requested.

## 7.0 Insurance Requirements

## **Access2Care**

- 7.1** Insurance coverage for all vehicles must be in force at all times during the contract period in accordance with state and local regulations and contract requirements.
- 7.2** In compliance with A2C and our clients requirements, all vehicles shall have a minimum of \$1,500,000 combined single limit insurance coverage for vehicles at all times during the contract period.
- 7.3** Transportation Provider must supply up-to-date copies of all insurance certificates to A2C before they expire. Transportation provider understands that if current copies are not on file with A2C the provider will be suspended and no trips will be assigned.

### **8.0 Trip Log Requirements**

- 8.1** All transportation providers must require each driver to maintain a daily trip log for each trip.
- 8.2** The Daily trip log must capture at the minimum the items below.
  - 8.2.1** Date of service,
  - 8.2.2** Driver's name,
  - 8.2.3** Driver's signature,
  - 8.2.4** Recipient's name,
  - 8.2.5** Recipient's signature,
  - 8.2.6** Escort full name (if applicable),
  - 8.2.7** Escort signature (if applicable),
  - 8.2.8** Vehicle ID number,
  - 8.2.9** Each authorized recipient's scheduled and actual pick up time,
  - 8.2.10** Recipient no-show indicator,
  - 8.2.11** Each authorized recipient's scheduled and actual drop off time,
  - 8.2.12** Actual service level per trip provided,
  - 8.2.13** Mileage for each leg of trip.
- 8.3** All of the above information must be included on the trip or the provider will not receive payment for the trip. Providers can use the sample form included in their Transportation Provider manual or any other form as long as it meets the requirements above.
- 8.4** Signatures – each trip log must have a recipient signature.
  - 8.4.1** If a recipient refuses to sign the driver log for any reason, the driver may sign the log with "RECIPIENT REFUSED TO SIGN".
  - 8.4.2** This method is only acceptable if the recipient has been asked to sign the document and has verbally refused.
  - 8.4.3** Driver should notate the reason the recipient is refusing to sign the trip log.
  - 8.4.4** Transportation provider must contact the A2C call center so a "claims note" can be added to the recipients record.

## **Access2Care**

- 8.4.5** Trip logs with this notation will be flagged for an audit so that A2C to provide education to the recipient.
- 8.4.6** If recipient is medically unable to sign the driver log, the driver must attempt to get a signature from one or any the following:
  - 8.4.6.1** Medical facility staff,
  - 8.4.6.2** Escort or attendant,
  - 8.4.6.3** Family recipient.
- 8.4.7** If a driver exhausts all options to unable to obtain a signature from any acceptable source, the driver may sign the log with "PUTS" patient unable to sign.
- 8.4.8** This method of signature is only acceptable if the driver has attempted to gather other approved signatures.
- 8.5** Trip logs with this in the signature line will automatically be flagged for an audit.
- 8.6** Transportation provider is required to send in all trip documentation with the invoice before any payment will be made for these trips.
- 8.7** Transportation provider must contact the A2C call center so a "claims note" can be added to the recipients record.

### **9.0 Transportation Provider Performance Standards**

- 9.1.1** On Time Performance Standards:
  - 9.1.1.1** Arrival within fifteen (15) minutes of recipients scheduled pick up time 95% of the time
  - 9.1.1.2** Return trip within sixty (60) minutes of notification for "will call" trips
- 9.1.2** Provider No-Show Standard:
  - 9.1.2.1** Provider must maintain a 99.5% monthly compliance
  - 9.1.2.2** Includes: provider arrives late causing a recipient to miss their appointment.
- 9.1.3** Complaint Ratio Standard:
  - 9.1.3.1** Complaint free trips to be no less than 99
- 9.1.4** Provider Equipment Standard:
  - 9.1.4.1** Transportation providers will maintain their vehicles within the guidelines described in the Transportation Provider Manual
  - 9.1.4.2** No more than three (3) complaints within a month
  - 9.1.4.3** Unmarked Vehicles Standard
  - 9.1.4.4** No more than one (1) complaint
  - 9.1.4.5** Two-way communication device

### **10.0 Trip Assignment Requirements**

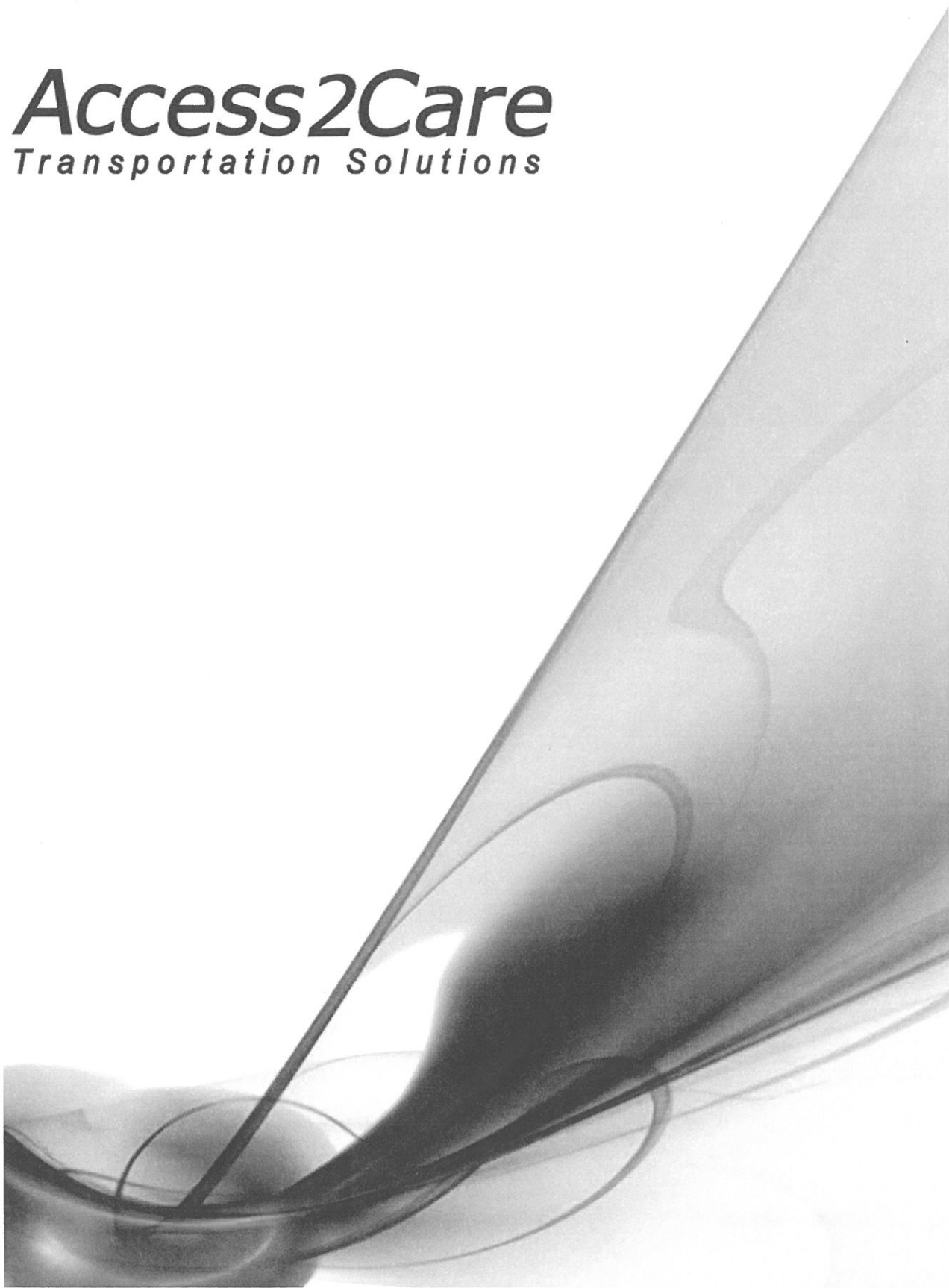


## **Access2Care**

- 10.1 Web Portals:** A2C prefers all transportation providers have Internet access to enable use of the A2C web portal for efficient trip assignment and claims processing. We send trip requests to transportation providers directly via the A2C system. Transportation providers will be assigned trips based on the following:
  - 10.1.1** Level of need of the passenger (appropriate mode assignment)
  - 10.1.2** Lowest cost / highest quality provider
- 10.2** You must check your trip assignments nightly and accept/reject the trips within 24 hours of assignment.
- 10.3** When you accept a trip, you have made a commitment to perform the transport.
  - 10.3.1** If you do not accept a trip the trip will be removed from your schedule and assigned to another provider.
- 10.4** Urgent trip requests from Access2Care will be made via phone, then placed on the web portal or faxed to the transportation provider.
- 10.5** A2C will assign every trip an authorization number. Trips performed without prior authorization from A2C will not receive payment.
- 10.6** Always verify your accepted trips directly with the recipients within 24 hours in advance of the appointment time to ensure no changes have occurred such as a canceled appointment or altered appointment time. The trip manifest includes the member's contact number.
- 10.7** You must re-confirms the pick-up with the recipient twenty-four (24) hours ahead of the scheduled medical appointment to reduce the possibility of a no-show.
- 10.8** You must wait at least ten (10) minutes after the scheduled pick-up time before "no-showing" the recipient at the pick-up location.
- 10.9** You must immediately inform A2C of any breakdown, accident or incident as well as any other problems that might cause a delay of more than fifteen (15) minutes in the trip.
- 10.10** At times A2C may authorize the transportation provider the ability to negotiate pick-up and drop-off time to maximize multi-loading opportunities.
- 10.11** At no time is the member allowed to remain in the vehicle greater than one (1) hour longer than average of the time for direct transport.
- 10.12** All transportation providers are required to have a working fax machine to be used as a back-up for trip scheduling.
- 10.13 Faxed request:** A2C can assign transports on a temporary basis via fax or telephone until Internet access is established. We will make longer term accommodations for providers who do not have Internet access in their areas.
- 10.14** For transportation providers without Internet access due to their remote location or for those providers awaiting Internet installation, we have designed efficient processes for trip management and claims reconciliation. Instead of Internet access, this process requires a working facsimile (fax) machine.

# ***Access2Care***

*Transportation Solutions*



# Access2Care

## Letter of Commitment

Dear Transportation Provider,

Access2Care is interested in bidding to manage the Medicaid non-emergency transportation benefit for the state of West Virginia. We would like to add you to our portfolio of transportation providers to serve this need. Part of the state's bid process is to request **Letters of Commitment** from local transportation providers that are interested in providing NEMT services. **This is not a binding contract** but simply a letter stating your intent to work with Access2Care. By signing this LOC, you acknowledge and understand this letter does not change the status of services you are currently providing for the state administered program until coverage under the NEMT brokerage program begins. If you are interested in proceeding with this LOC, please complete the following information and email, fax or mail to the address below.

My company intends to work with Access2Care to provide non-emergency transportation services, provided that the rates and contract terms are agreeable. Any contract with Access2Care for services under the Medicaid brokerage program is subject to the rules and regulations of the state.

List all counties in which you will provide transportation. (use additional space as needed)

- |                     |                     |
|---------------------|---------------------|
| 1. <u>Grant</u>     | 4. <u>Mineral</u>   |
| 2. <u>Hampshire</u> | 5. <u>Pendleton</u> |
| 3. <u>Hardy</u>     | 6. <u></u>          |

### Number of vehicles by type and capacity

	Number of vehicles	Seating Capacity
Basic Vehicle	See Attached	
Enhanced Vehicle		
Bariatric		
Non-Emergency Ambulance		

This letter does not bind Access2Care or the transportation provider to any particular terms or conditions.

Name and Title: J. Douglas Carter, General Manager

Company Name: Potomac Valley Transit Authority

Address: 185 Providence Lane

City, State and Zip: Petersburg, WV 26847

Phone: (304) 257-1414 E-mail: jcarter@potomacvalleytransit.org

Signature:  Date: 11/22/2013

Please fax, email or mail to:	Access2Care	Email: <u>Shawn.Seewald@emsc.net</u>
	6200 South Syracuse Way, Suite 200	Fax: <u>303-495-1295</u>
	Greenwood Village, CO 80111	
	Attn: Shawn Seewald	Phone: <u>303-495-1579</u>

## POTOMAC VALLEY TRANSIT AUTHORITY FLEET CHARACTERISTICS

County	Vehicle Type	Number	ADA Compliant	Capacity	Used for NEMT
Grant	Mini-Van	1	Yes	5	Yes
Grant	Mini-Van	1	No	5	Yes
Grant	Cutaway (Pacer)	1	Yes	8	Yes
Grant	Small Bus (CTS)	3	Yes	22	No
Grant	Cutaway	4	Yes	18	Yes
Grant	Cutaway	2	Yes	12	No
Hampshire	Mini-Van	1	No	5	Yes
Hampshire	Cutaway	1	Yes	12	Yes
Hampshire	Small Bus (CTS)	6	Yes	22	
Mineral	Mini-Van	1	No	5	Yes
Mineral	Cutaway	2	Yes	18	Yes
Mineral	Small Bus (CTS)	2	Yes	22	No
Total		26			

Total Fleet:	Mini Vans	4
	8 Passenger Cutaway	1
	12 Passenger Cutaway	4
	18 Passenger Cutaway	6
	22 Passenger Bus	11
	Total Vehicles	26

Of the above vehicles, the mini-vans and the eight passenger cutaway are used almost exclusively for NEMT purposes. NEMT services in Hardy and Pendleton Counties have been operated utilizing vehicles located in Grant County. PVRTA provides daily services to groups going to a sheltered workshop in Keyser, WV; a sheltered workshop in Romney, WV; and a day treatment site between Petersburg and Moorefield, WV. Vehicles used in the workshop services are:

Keyser	1 Eighteen passenger cutaway
Romney	3 Twenty-two passenger small buses
Romney	1 Eighteen passenger cutaway

Other vehicles in the fleet could be used on an occasional basis for NEMT, but size makes regular use prohibitive.

# Access2Care

Company Name: Potomac Valley Transit Authority

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Ashland, KY

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Ashland, KY

Pikeville Methodist Hospital  
Pikeville, KY

Three Rivers Medical Center  
Louisia, KY

University of Kentucky Hospital  
Lexington, KY

## MARYLAND

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Cumberland, MD

Frederick Memorial Hospital  
Cumberland, MD

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Hagerstown, MD

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Duke University Medical Center  
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North Carolina Baptist Hospital  
Winston-Salem, NC

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University of Virginia Health  
Sciences Center  
Charlottesville, VA

Warren Memorial Hospital  
Front Royal, VA

Winchester Medical Center  
Winchester, VA

## WASHINGTON DC

Children's National Medical Center  
Washington DC

Please fax, email or mail to:

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Attn: Shawn Seewald

Email: [Shawn.Seewald@emsc.net](mailto:Shawn.Seewald@emsc.net)

Fax: 303-495-1295

Phone: 303-495-1579

# Access2Care

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List all counties in which you will provide transportation. (use additional space as needed)

1. Monongalia County
2. Preston
3. Harrison
4. Marion
5. \_\_\_\_\_
6. \_\_\_\_\_

### Number of vehicles by type and capacity

	Number of vehicles	Seating Capacity
Basic Vehicle	<u>1 minivan</u>	<u>4-6 (1 wheel)</u>
Enhanced Vehicle	<u>high top (2)</u>	<u>8 (1 wheelchair)</u>
Bariatric		
Non-Emergency Ambulance		

This letter **does not** bind Access2Care or the transportation provider to any particular terms or conditions.

Name and Title: Valerie H Romee Executive Director

Company Name: LT Touch & Concerned

Address: 1877 Chaplin Rd,

City, State and Zip: Morgantown, WV 26501

Phone: 301-296-6109 E-mail: admin@ltacwv.org

Signature: [Signature] Date: 12/3/13

Please fax, email or mail to: Access2Care  
6200 South Syracuse Way, Suite 200  
Greenwood Village, CO 80111  
Attn: Shawn Seewald

Email: Shawn.Seewald@emsc.net  
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# Access2Care

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Clinch Valley Medical Center  
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Rockingham Memorial Hospital  
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University of Virginia Health  
Sciences Center  
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Warren Memorial Hospital  
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Winchester Medical Center  
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List all counties in which you will provide transportation. (use additional space as needed)

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

### Number of vehicles by type and capacity

	Number of vehicles	Seating Capacity
Basic Vehicle		
Enhanced Vehicle		
Bariatric		
Non-Emergency Ambulance		

This letter does not bind Access2Care or the transportation provider to any particular terms or conditions.

Name and Title: GEORGE LEVITSKY CCTM

Company Name: FAIRMONT-MARION CO. TRANSIT AUTHORITY

Address: 400 QUINCY ST

City, State and Zip: FAIRMONT WV 26554-3185

Phone: 304-366-8177 E-mail: FMCTA@WVDSL.NET

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax, email or mail to:

Access2Care  
6200 South Syracuse Way, Suite 200  
Greenwood Village, CO 80111  
Attn: Shawn Seewald

Email: Shawn.Seewald@emsc.net  
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# Access2Care

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List all counties in which you will provide transportation. (use additional space as needed)

1. Parkersburg & Vienna, WV
2. only is used, CO.
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

### Number of vehicles by type and capacity

	Number of vehicles	Seating Capacity
Basic Vehicle	-	-
Enhanced Vehicle	-	-
Bariatric WC Vehicles	21	16-24
Non-Emergency Ambulance	-	-

This letter does not bind Access2Care or the transportation provider to any particular terms or conditions.

Name and Title: Timothy P. Thomas General Manager

Company Name: Mid - Ohio Valley Transit Authority

Address: 520 Julian Street

City, State and Zip: Parkersburg, WV 26101

Phone: 304-422-4100 E-mail: timothyt@EasyRiderBus.com

Signature: [Signature] Date: 11/26/13

Please fax, email or mail to: Access2Care  
6200 South Syracuse Way, Suite 200  
Greenwood Village, CO 80111  
Attn: Shawn Seewald

Email: Shawn.Seewald@emsc.net  
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Phone: 303-495-1579

# Access2Care

Company Name: Mid-Ohio Valley Transit Authority

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Fax: 303-495-1295

Phone: 303-495-1579

November 19, 2013

To Whom It May Concern:

My name is Dee Prewett and I am with Access2Care. We are one of the Medicaid Transportation Brokers who is bidding on the West Virginia RFP. I have either tried to reach you by telephone, left a message or was unable to reach anyone at your office.

I would like to ask you to read and complete the attached document that the State requires us to submit with our RFP response. This document gives both the State and Access2Care information on your NEMT services and says you would consider working with us should we win the bid. This document is not a contract and in no way commits you to anything in the future.

Thank you for your consideration in this matter. Please contact me by email if you have questions.

Dee Prewett

Access2Care

# Access2Care

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List all counties in which you will provide transportation. (use additional space as needed)

1. All Counties
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

### Number of vehicles by type and capacity

	Number of vehicles	Seating Capacity
Basic Vehicle	<u>12</u>	<u>8 Passenger</u>
Enhanced Vehicle		
Bariatric		
Non-Emergency Ambulance		

This letter does not bind Access2Care or the transportation provider to any particular terms or conditions.

Name and Title: Chris Westfall - OWNER

Company Name: JCC TRANSPORTATION

Address: 1916 MAIN STREET

City, State and Zip: WHEELING WV 26003

Phone: 304 232 4280 E-mail: JCC.TRANSPORTATION@YAHOO.COM

Signature: Chris Westfall Date: 11-20-13

Please fax, email or mail to: Access2Care  
6200 South Syracuse Way, Suite 200  
Greenwood Village, CO 80111  
Attn: Shawn Seewald

Email: Shawn.Seewald@emsc.net  
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# Access2Care

Company Name: JCC TRANSPORTATION

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List all counties in which you will provide transportation. (use additional space as needed)

- |                          |                            |                          |
|--------------------------|----------------------------|--------------------------|
| 1. <u>Hancock Co. WV</u> | 4. <u>Jefferson Co. OH</u> | 7) <u>Allegheny, PA</u>  |
| 2. <u>Brodie Co. WV</u>  | 5. <u>Belmont Co. OH</u>   | 8) <u>Washington, PA</u> |
| 3. <u>Ohio Co. WV</u>    | 6. <u>Columbiana Co OH</u> | 9) <u>Beaver Co, PA</u>  |

### Number of vehicles by type and capacity

	Number of vehicles	Seating Capacity
Basic Vehicle	2	5
Enhanced Vehicle		
Bariatric		
Non-Emergency Ambulance		

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Name and Title: PAUL Colabella, Assistant Mgr

Company Name: Colabella Corp dba Weir Cove Taxi

Address: 3075 Main St

City, State and Zip: Whitson WV 26062

Phone: 740-337-4172 E-mail: paul.colabella@yahoo.com

Signature: Paul Colabella Date: 11-20-13

Company Name: Weir Cove Taxi

Please fax, email or mail to: Access2Care  
6200 South Syracuse Way, Suite 200  
Greenwood Village, CO 80111  
Attn: Shawn Seewald

Email: Shawn.Seewald@emsc.net  
Fax: 303-495-1295  
Phone: 303-495-1579

# Access2Care

## Letter of Commitment

Please note - the email/letter sent to us on Thurs - phone call Friday that it was due to Ryan Taylor - ?? Did you wait til last minute?

Dear Transportation Provider,

Access2Care is interested in bidding to manage the Medicaid non-emergency transportation benefit for the state of West Virginia. We would like to add you to our portfolio of transportation providers to serve this need. *if successful and awarded bid.* Part of the state's bid process is to request **Letters of Commitment** from local transportation providers that are interested in providing NEMT services. **This is not a binding contract** but simply a letter stating your intent to work with Access2Care. By signing this LOC, you acknowledge and understand this letter does not change the status of services you are currently providing for the state administered program until coverage under the NEMT brokerage program begins. *and Access2Care is successful bidder only* If you are interested in proceeding with this LOC, please complete the following information and email, fax or mail to the address below.

My company intends to work with Access2Care to provide non-emergency transportation services, provided that the rates and contract terms are agreeable. Any contract with Access2Care for services under the Medicaid brokerage program is subject to the rules and regulations of the state. *if they are chosen as bidder*

List all counties in which you will provide transportation. (use additional space as needed)

1. Kanawha
2. Putnam Boarding Co.
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

### Number of vehicles by type and capacity

	Number of vehicles	Seating Capacity
Basic Vehicle	9	83 total
Enhanced Vehicle	4 wheelchair	30 total
Bariatric	N/A	
Non-Emergency Ambulance	N/A	

This letter **does not** bind Access2Care or the transportation provider to any particular terms or conditions.

Name and Title: Paulette Justice, Executive Director  
 Company Name: Kanawha Valley Senior Services, Inc.  
 Address: 2428 Kanawha Blvd., East  
 City, State and Zip: Charleston, WV 25311  
 Phone: 304-348-0707 E-mail: pjustice@KVSS.org  
 Signature: Paulette Justice Date: 11-25-13

Please fax, email or mail to:

Access2Care  
 6200 South Syracuse Way, Suite 200  
 Greenwood Village, CO 80111  
 Attn: Shawn Seewald

Email: Shawn.Seewald@emsc.net  
 Fax: 303-495-1295  
 Phone: 303-495-1579

# Access2Care

Company Name: \_\_\_\_\_

*KVSS - Kanawha County WV only*

Occasionally, specialized medical services are not available in a member's local area. Below are medical facilities in neighboring states that members may need to be transported to for services. Please circle all medical facilities you are willing to provide transportation to for West Virginia members.

## KENTUCKY

King's Daughters Medical Center  
Ashland, KY

Our Lady of Bellefonte Hospital  
Ashland, KY

Pikeville Methodist Hospital  
Pikeville, KY

Three Rivers Medical Center  
Louisville, KY

University of Kentucky Hospital  
Lexington, KY

## MARYLAND

Cumberland Memorial Hospital  
Cumberland, MD

Frederick Memorial Hospital  
Cumberland, MD

Garrett County Memorial Hospital  
Oakland, MD

Johns Hopkins Bayview Medical Center  
Baltimore, MD

Washington County Hospital  
Hagerstown, MD

## NORTH CAROLINA

Duke University Medical Center  
Durham, NC

North Carolina Baptist Hospital  
Winston-Salem, NC

## OHIO

Arthur G. James Cancer Hospital and Research Institute  
Columbus, OH

Belmont Community Hospital  
Bellaire, OH

Cincinnati Children's Hospital Medical Center  
Cincinnati, OH

Cleveland Clinic  
Cleveland, OH

Columbus Children's Hospital  
Columbus, OH

Convalescent Hospital for Children  
Cincinnati, OH

East Liverpool City Hospital  
East Liverpool, OH

East Ohio Regional Hospital  
Martin's Ferry, OH

Holzer Medical Center  
Gallipolis, OH

Lawrence County General Hospital  
Ironton, OH

Marietta Memorial Hospital  
Marietta, OH

Marietta Memorial Rehab Center  
Marietta, OH

Ohio State University Medical Center  
Columbus, OH

Selby General Hospital  
Marietta, OH

Trinity Medical Center  
Steubenville, OH

Veteran's Memorial Hospital  
Pomeroy, OH

## PENNSYLVANIA

Allegheny General Hospital  
Pittsburgh, PA

Children's Hospital  
Pittsburgh, PA

Magee-Women's Hospital  
Pittsburgh, PA

Medical Center  
Beaver, PA

Mercy Hospital  
Pittsburgh, PA

North Hills Passavant Hospital  
Pittsburgh, PA

St. Francis Medical Center  
Pittsburgh, PA

United Community Hospital  
Grove City, PA

University of Pittsburgh Medical Center  
Pittsburgh, PA

UPMC Presbyterian  
Pittsburgh, PA

UPMC Shadyside  
Pittsburgh, PA

Western Pennsylvania Hospital  
Pittsburgh, PA

## VIRGINIA

Buchanan General Hospital  
Grundy, VA

Carilion Giles Memorial Hospital  
Pearisburg, VA

Carilion Medical Center for Children  
Roanoke, VA

Roanoke Community Hospital  
Roanoke, VA

Carilion New River Valley Medical Center  
Christiansburg, VA

Clinch Valley Medical Center  
Richlands, VA

Columbia Allegheny Regional Hospital  
Low Moor, VA

Inova Fairfax Hospital  
Fairfax, VA

Lewis-Gale Medical Center  
Salem, VA

Medical College of Virginia  
Richmond, VA

Rockingham Memorial Hospital  
Harrisonburg, VA

Shenandoah Memorial Hospital  
Woodstock, VA

Tazewell Community Hospital  
Tazewell, VA

University of Virginia Health Sciences Center  
Charlottesville, VA

Warren Memorial Hospital  
Front Royal, VA

Winchester Medical Center  
Winchester, VA

## WASHINGTON DC

Children's National Medical Center  
Washington DC

Please fax, email or mail to:

Access2Care  
6200 South Syracuse Way, Suite 200  
Greenwood Village, CO 80111  
Attn: Shawn Seewald

Email: [Shawn.Seewald@emsc.net](mailto:Shawn.Seewald@emsc.net)

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# Access2Care

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My company intends to work with Access2Care to provide non-emergency transportation services, provided that the rates and contract terms are agreeable. Any contract with Access2Care for services under the Medicaid brokerage program is subject to the rules and regulations of the state.

List all counties in which you will provide transportation. (use additional space as needed)

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

### Number of vehicles by type and capacity

	Number of vehicles	Seating Capacity
Basic Vehicle	12	5 each
Enhanced Vehicle		
Bariatric		
Non-Emergency Ambulance		

This letter does not bind Access2Care or the transportation provider to any particular terms or conditions.

Name and Title: TAM W HALL Owner

Company Name: Ohio Valley Cab's Delivery Service LLC

Address: 311 LANCASTER ST

City, State and Zip: MARIETTA OH 45750

Phone: 740-374-8294 E-mail: THALL7014@YAHOO.COM

Signature: [Signature] Date: 12-5-13

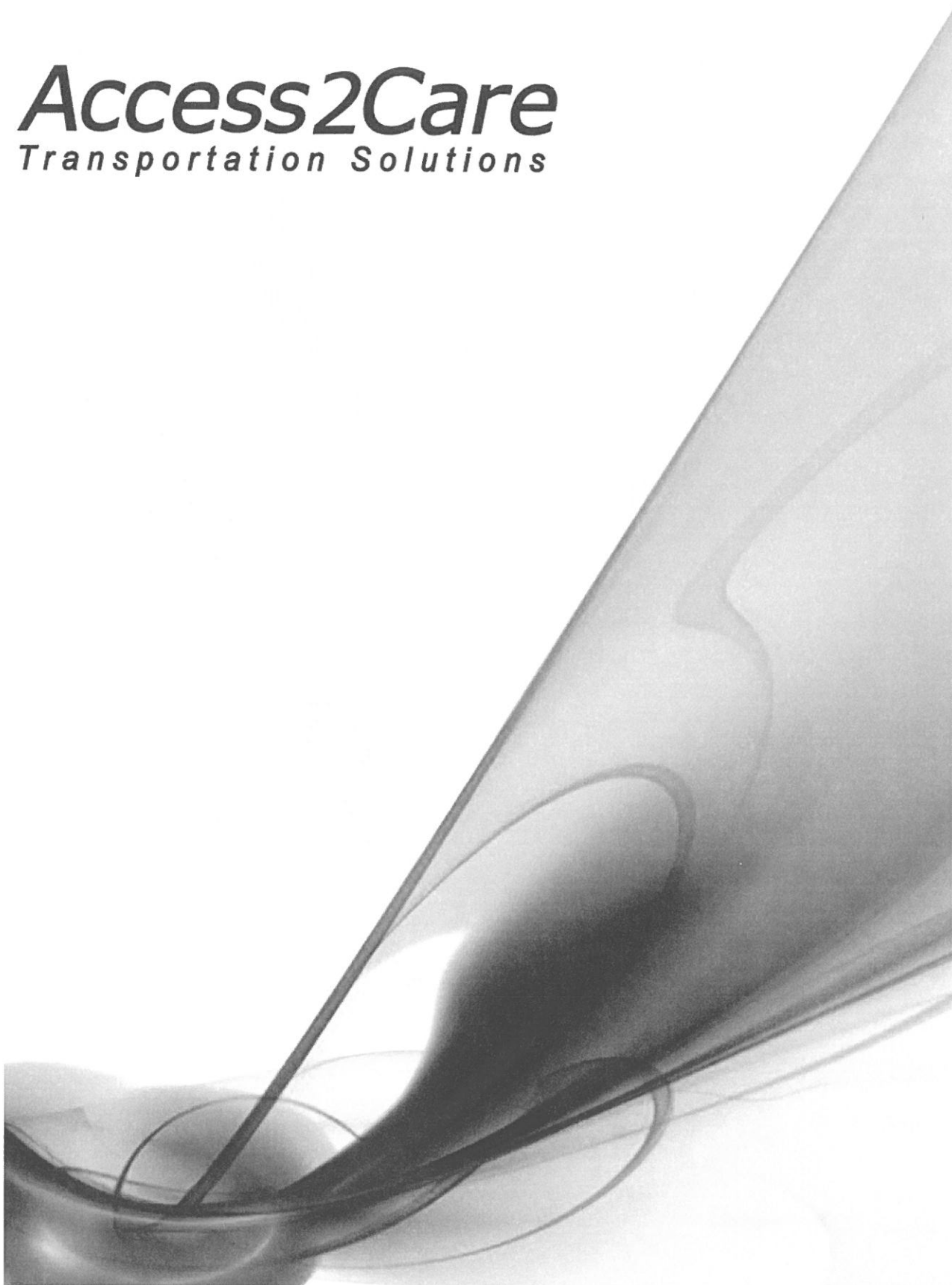
Please fax, email or mail to:

Access2Care  
6200 South Syracuse Way, Suite 200  
Greenwood Village, CO 80111  
Attn: Shawn Seewald

Email: Shawn.Seewald@emsc.net  
Fax: 303-495-1295  
Phone: 303-495-1579

# ***Access2Care***

*Transportation Solutions*







# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
03/28/2013

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> MARSH USA INC. 1225 17TH STREET, SUITE 2100 DENVER, CO 80202-5534 Attn: Denver.CertRequest@marsh.com / F: 212-948-4381  850539-12345-GAWUP-13-14	<b>CONTACT</b> NAME: PHONE (A/C, No, Ext): E-MAIL: ADDRESS:  <b>INSURER(S) AFFORDING COVERAGE</b> <b>INSURER A:</b> Continental Casualty Company <b>INSURER B:</b> Indemnity Insurance Co of North America <b>INSURER C:</b> Lexington Insurance Company <b>INSURER D:</b> ACE American Insurance Company <b>INSURER E:</b> <b>INSURER F:</b>	<b>FAX</b> (A/C, No):  <b>NAIC #</b> 20443  19437 22667
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**COVERAGES** **CERTIFICATE NUMBER:** SEA-002178556-18 **REVISION NUMBER:** 3

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> SIR \$250,000  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC			HAZ4032074089-0	03/31/2013	03/31/2014	EACH OCCURRENCE \$ 2,750,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 2,750,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 2,750,000
	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			ISAH08718635	03/31/2013	03/31/2014	COMBINED SINGLE LIMIT (Ea accident) \$ 5,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			6796605 GL Only	03/31/2013	03/31/2014	EACH OCCURRENCE \$ 25,000,000 AGGREGATE \$ 25,000,000
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N N/A		WLRC47318063 AOS SCFC47318087 WI* WLRC47318051 CA, AZ, MA WCUC47318075 OH/WA	03/31/2013 03/31/2013 03/31/2013 03/31/2013	03/31/2014 03/31/2014 03/31/2014 03/31/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
Named Insured Includes: Access2Care, IHM Health Studies Center, IHM West, Mission Care Services LLC, Mission Care of Missouri LLC, Mission Care of Illinois LLC dba Abbott EMS and Abbott Ambulance, Inc. dba Abbott EMS. Evidence of Coverage.

## CERTIFICATE HOLDER

Access2Care 2500 Abbott Place St. Louis, MO 63143	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Sharon A. Hammer <i>Sharon A. Hammer</i>
---------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



## ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY MARSH USA INC.		NAMED INSURED ACCESS2CARE 2500 ABBOTT PLACE ST. LOUIS, MO 63143	
POLICY NUMBER			
CARRIER	NAIC CODE	EFFECTIVE DATE:	

## ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

\*\$1,000,000 SIR APPLIES TO EXCESS WC POLICY NO. SCFC47318087

INSURER: D - ACE AMERICAN INSURANCE COMPANY

POLICY #: ISAH0871390A

COVERAGE: AUTOMOBILE LIABILITY (NY)

POLICY TERM: 01/01/13 TO 01/01/14

LIMIT: \$50,000 COMBINED SINGLE LIMIT

# Access2Care

## *Disaster Recovery*

By virtue of its expertise in providing emergency and non-emergency medical services including call intake, dispatching and vehicle tracking across the country, Access2Care, a wholly owned subsidiary of American Medical Response, understands the importance of having a robust, scalable, and fully tested disaster recovery plans in place for all facilities and functions. In an integrated network such as Access2Care's, discussing disaster recovery in a single facility would be woefully inadequate — as our national network of call centers, dispatch and operations centers is designed to support the failure of one or more centers in the network. The following is a discussion of our system architecture philosophy, and how this architecture plays a vital role in the overall availability of our capabilities.

### **System Infrastructure and Design**

Access2Care has designed its infrastructure to provide multiple layers of redundancy to ensure business continuity in support of each contract. The primary database and application reside in our hardened national data center in Denver, CO. If the site needs to be evacuated or is deemed "dark" due to an outage or natural disaster the system can transfer the calls to any one of our other call centers where the calls can be processed. The Denver location will route the telephone calls to an off-site location or to a call center that is using the A2C application for business continuance.

### **Data Center System Redundancy**

Access2Care has designed the network to provide multiple layers of electronic security for systems, data and services. Any external connection is secured by redundant firewalls. Data centers are additionally secured with separate security devices. Since no system can be immune to external threats, Access2Care has implemented and maintains this multi-tiered security model to provide multiple barriers to entry and the ability to rapidly minimize and respond to any threats.

Access2Care also has implemented security best practices based on ISO-17799 processes and programs to continuously monitor and improve the electronic security of its systems. In cooperation with an objective, third-party security firm, Access2Care undergoes a Continuous Security Improvement Program managed by the Information Systems Security Office Manager. These internal and external security scans produce work lists of issues for resolution and an annual end-of-year electronic security audit that produces a comprehensive view of Access2Care's infrastructure and its security status.

This program delivers the IT Group a focused set of objectives to accomplish and prioritizes issues based on the severity of the security warnings identified. The IT Group is then able to quickly and effectively address issues related to every network device (firewalls, VPN, routers, and switches), telephone switch, server, printer and workstation at all locations within the infrastructure. With the scanning program, the engineers immediately can see the results of their actions and fine-tune the infrastructure to further remove any potential for vulnerabilities. All scans within the program are maintained as confidential information and will not be shared with anyone outside of the infrastructure team.

### **Data Architecture and Replication**

Access2Care's data-storage capabilities have been designed using state-of-the-art architecture to provide for high availability and fail-over. Application and database servers are clustered to provide high availability, and a storage-area network is employed to provide centralized data repositories for the clusters. Database servers use Microsoft Clustering Server to keep each server in fail-over mode. This

# Access2Care

architecture allows any one of our call centers to act as a backup or fail-over for other call centers. Redundant call center locations include but are not limited to the following sites: Meridian Idaho, Omaha Nebraska, Houston Texas, St. Louis Missouri, Ft. Lauderdale Florida and Denver Colorado.

## **Fault Tolerance**

Access2Care's network and systems infrastructure is designed to provide fault tolerance in the event of a major issue or problem. Server hard-disk drives are mirrored as a precaution against service interruption or data loss due to hardware failure. Network devices are configured in fail-over mode to maintain continuous operation regardless of hardware or service issues. Enterprise Monitoring and Management software is used to monitor and execute automated resolution instructions and notify IT staff of issues; both pending and immediate. IT business processes are designed to proactively identify and resolve issues before they can affect business operations. Back-up procedures follow industry standards for ensuring the security of data. Network redundancy and diverse providers ensure that network traffic is successfully carried, even if some components or providers should fail. Electronic data security is a key component of the A2C architecture. All network traffic between locations is sent via private point-to-point circuits. Most servers employ RAID technology that allows for the replacement of hard drives without shutting down a server. Critical servers are configured such that all systems functions are performed by more than one server. Thus the system will not be shut down by the failure of any one single server in the system. By employing mirrored servers and storage media, the need to repair a failed component in one server will not require Access2Care to interrupt working services while repairs are made to the affected server. Finally, new data is filed off the system daily and stored in off-site locations in accordance with our enterprise backup processes.

## **Facility Considerations**

This section highlights potential problem areas that more directly affect individual facilities, including the following:

- Phone services
- Electrical power
- Building safeguard
- Data safeguards
- Fire detection and prevention

## **Continuous Phone Service**

Access2Care has defined business-continuity activities for each location that may transfer responsibilities and phone services to an alternate facility in the event of an interruption in local phone service. The established procedures, combined with our daily business processes, allow for a quick and smooth transition of operations from one facility to another so no local problem can hinder our ability to provide services to our customers. In addition, Service Delivery Coordinators at back-up locations are trained in the Access2Care application so they can properly service callers.

## **Electrical Power**

The call center equipment is attached to Uninterruptible Power Supply (UPS) systems. This allows for the continuous operation of systems in the event of a temporary interruption of power. It also allows Access2Care to condition the power delivered to systems, further protecting those systems from damaging power spikes. In addition, the center is attached to a local generator that will maintain the call center in the event of a local power outage lasting longer than the UPS systems can bridge. This

# Access2Care

generator will be able to keep the center running for at least 8 hours in the event of a power disruption from the local utility company. In the case of our data centers, UPS units and generator power provides additional security and allows Access2Care to continue to deliver services during extended outage periods, even when there is no commercial power available. Generator power is automatically initiated in the event of an interruption in our data center without the need for manual intervention.

## **Building Safeguards**

Access2Care physically secures all data centers to control access to the critical services and hardware installed therein. Access to the facility and server rooms is controlled with key access that also maintains a log of individuals that access the locations.

Access2Care's National Data Center in Denver is protected by an FM-200 pre-action fire protection system. With this system, smoke detection and air-sampling technology provides advance warning of any problems and notifies staff to shut off power to the computer room in the event of an electrical fire. If staff cannot shut down the services, the system automatically initiates and eliminates the potential for a fire without causing damage to the systems. In addition, a Liebert RCM8CE Monitoring System monitors data center conditions and alerts staff to any problems it may detect. Finally, the NetBotz camera system delivers another layer of monitoring by allowing real-time and historical access to server-room conditions (heat, humidity, etc). An independent air-conditioning system provides overall climate control in the computer room. This system also has the ability to maintain the temperature and humidity of the systems within acceptable factor-specified levels. The rooms are key-card controlled to provide limited access and a history of access by cardholders. In addition, a digital camera system is installed in each data-center room, to snap and record photos of entry and exit. These photos may be viewed remotely and researched to provide historical documentation of activities within the data center room. We monitor all systems.

## **Data Safeguards**

Access2Care has implemented operational safeguards, procedures, and contractual amendments to ensure full compliance with the Health Insurance Portability and Accountability Act (HIPAA). Under HIPAA, Access2Care is deemed a "Business Associate" of its health care-related clients. As such, to the extent Access2Care receives personally identifiable health care information ("PHI") from its clients; Access2Care has undertaken to protect that information in the same manner and to the same degree as that required of its clients. Access2Care has entered into Business Associate agreements with those clients that spell out Access2Care's obligations. As required by the statute and the applicable Business Associate agreement, Access2Care will use or disclose only the minimum necessary PHI to perform its duties. Access2Care employees have been trained in HIPAA requirements and applicable state law confidentiality requirements.

## **Disaster Recovery Situations**

Access2Care is aware of the effect that disasters can have on people and businesses. We maintain the following priorities when confronted with a fire, flood, or other disaster:

- 1) Protect the safety and security of our employees and other people who may be at our facilities
- 2) Work to maintain uninterrupted service to our clients
- 3) Protect the physical assets we have invested into serving our clients

Access2Care has policies and systems in place to mitigate the impact of a disaster. The first part of this section provides a brief overview of the steps we take to protect human life in the event of relevant



# Access2Care

disasters. All these processes are a combination of good common sense, best practices, and legal compliance. The second part of this section discusses the processes we have in place to provide uninterrupted service to our clients and to protect our corporate assets. Since technology is such an important part of contract execution and a large component of our assets, the majority of this section will cover protection of technology and our physical plant in disaster situations.

## **The Protection of Human Life in Disaster Situations**

### **Tornadoes**

Tornadoes are most likely to occur in the spring and summer. Each Access2Care facility is required to identify itself as a tornado shelter or identify nearby locations that are appropriate for protection in the event of a tornado. When a Tornado Watch has been issued in an area with Access2Care facilities, a decision will be made on a case-by-case basis as to whether to keep that facility open. In the event of a Tornado Warning indicating that severe weather is occurring, the facility's manager may direct employees to the predetermined shelter location.

### **Severe Thunderstorms**

In addition to significant downbursts of wind, severe windstorms can produce dangerous hail. When a Severe Thunderstorm Watch or Warning is issued, Access2Care will follow the same policies as outlined above for tornadoes.

### **Floods**

Flooding is a frequent hazard. While Access2Care avoids acquiring facilities in potential flood zones, each of our new offices nonetheless will develop a flood emergency action plan appropriate to each specific location.

### **Fires**

Access2Care meets or exceeds all fire-prevention regulations. Access2Care works with our respective building owners to make each building as safe as possible. In the event of fire, our employees will follow pre-designated plans to escape from buildings safely and quickly. Our office managers facilitate the practice of regular fire drills.

### **Hazardous Material Emergencies**

To prepare for the remote possibility of the discharge of hazardous materials near an Access2Care facility, facility managers will familiarize themselves with the recommended best practices to establish a "Shelter in Place."

### **Terrorism**

A terrorist attack occurs with little or no warning. As preparation for these events, Access2Care facility managers familiarize themselves with terrorism best practices to know how to best direct others in the facility before, during, and after any attack. We currently reference best practices from the Federal Emergency Management Agency (FEMA). An overview of these best practices is contained in FEMA's terrorism fact sheet located at: <http://www.fema.gov/hazard/terrorism>.

## **Protecting Assets and Continuing Service in Disaster Situations**

When ensuring service continuity and protection of assets, it is not as important to be ready to connect a plan to a specific type of disaster as it is when considering human safety. Rather, it is important to



# Access2Care

have in place the resistance, protection, redundancy and work-around plans and systems to maintain continuity of service and protect assets regardless of the type of disaster.

The system-security plans and prevention methods described earlier in this document fully document our preparation for managing these kinds of problems.

Access2Care maintains a corporate Disaster Recovery & Business Continuity Plan that defines the issues and requirements of each call center in the event of any disruption of normal business operation, including any interruption of computer functionality, be it a power failure or any other local disaster situation. Each facility maintains a local plan that builds on the corporate approach and defines specific actions related to that location, its staff and its clients. Technology and processes used in Access2Care operations and call centers facilitate the delivery of high measures of stability and continuity in situations posing unusual and dramatic challenge to our operations.

Our enterprise software systems and data centers are designed with severe weather safeguards to maintain operations in times of crisis and inclement conditions. As described earlier, these safeguards include daily backups, alternative power sources, physically and digitally secure locations, and redundant design. To ensure uninterrupted operations in each of our operations centers, Access2Care maintains mirrored capabilities throughout our nationwide operations-center infrastructure. If one center cannot operate normally, its work can roll over to its designated backup center(s). Our enterprise systems are designed with diverse connectivity and redundant devices that are configured to allow fault tolerance and automatic fail-over in the event of any service or hardware failure.

Additionally, Access2Care maintains four-hour response maintenance services with our major suppliers to ensure a rapid solution in the event of hardware issues. The effectiveness of our emergency preparedness has been tested numerous times in a wide variety of conditions and has been proven effective in every circumstance. Access2Care also has stand-by "go to paper" procedures for continuing to receive call reservations and record reservations requests, even if the computerized reservations system is down. Reservations calls can be fully recorded on paper forms and faxed to providers. Data can then be entered into the computer system when power has been restored.

Any failure in the center operation will result in a staff member contacting the facility manager, who will in turn address the areas outline below that are affected by the failure.

Utility Power Failure: With operational UPS and generator, call handling should not be interrupted.

- Notify Access2Care Technical Support at 1.866.267.9111
- If call center "goes dark"
  - Contact local Utility company
  - Ensure that generator has started
    - Generator not automatically started
    - Start generator
  - Notify affected clients

Verizon (3) T1 Data and Voice Circuit Failure: Call handling at local center would not be halted. Calls will be handled on the local bank of dedicated Cellular Devices for a short term interruption of service.

- Notify Access2Care Technical Support 1.866.267.9111
- Notify affected clients
- Reroute calls, if necessary:

# Access2Care

- Verizon Contact
- Escalation level
- C/B and Response Times
- Verizon Emergency Routing
  - To Local center
  - To alternate call center
- All call routing returned to normal when service is restored

Telephony Server and/or Router Failure: Calls will be routed to agents in another facility. Agents will be able to use the application to take calls.

- Notify Access2Care Technical Support 1.866.267.9111
- Re-route calls to live agents in alternate call center
- Notify affected clients
- Notify Telephony Vendor Technical Support (if necessary)
- All call routing returned to normal when system is operational

Access2Care Application Failure: Agents take call information manually Notify Access2Care Technical Support

- 1.866.267.9111
- Activate manual process
- Check/change call allocation. All call routing returned to normal when system is operational
- Notify affected clients

# Sample West Virginia Operations Policies and Procedures Manual



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DRAFT

**NEMT Services Operational Policies and Procedures Manual**

The guiding principles of the Operational Policy and Procedures Manual (PPM) are the management of overall day-to-day operations necessary for the delivery of non-emergency transportation services, maintenance of appropriate records, and systems of accountability necessary to manage non-emergency transportation.

The PPM will be reviewed and updated on a yearly basis and whenever changes in operations are made. Any such updates to the manual will be approved by the client and client services prior to distribution.

The PPM is divided into the following sections:

1. Contract Information
2. Contact Information
3. Core Services
4. Aetna Coverage Map
5. Beneficiary Rights and Responsibilities
6. HIPAA
7. Network Management
8. Customer Services
9. Quality Management
10. Reporting Requirements
11. Payment Administration
12. Disaster Recovery Plan

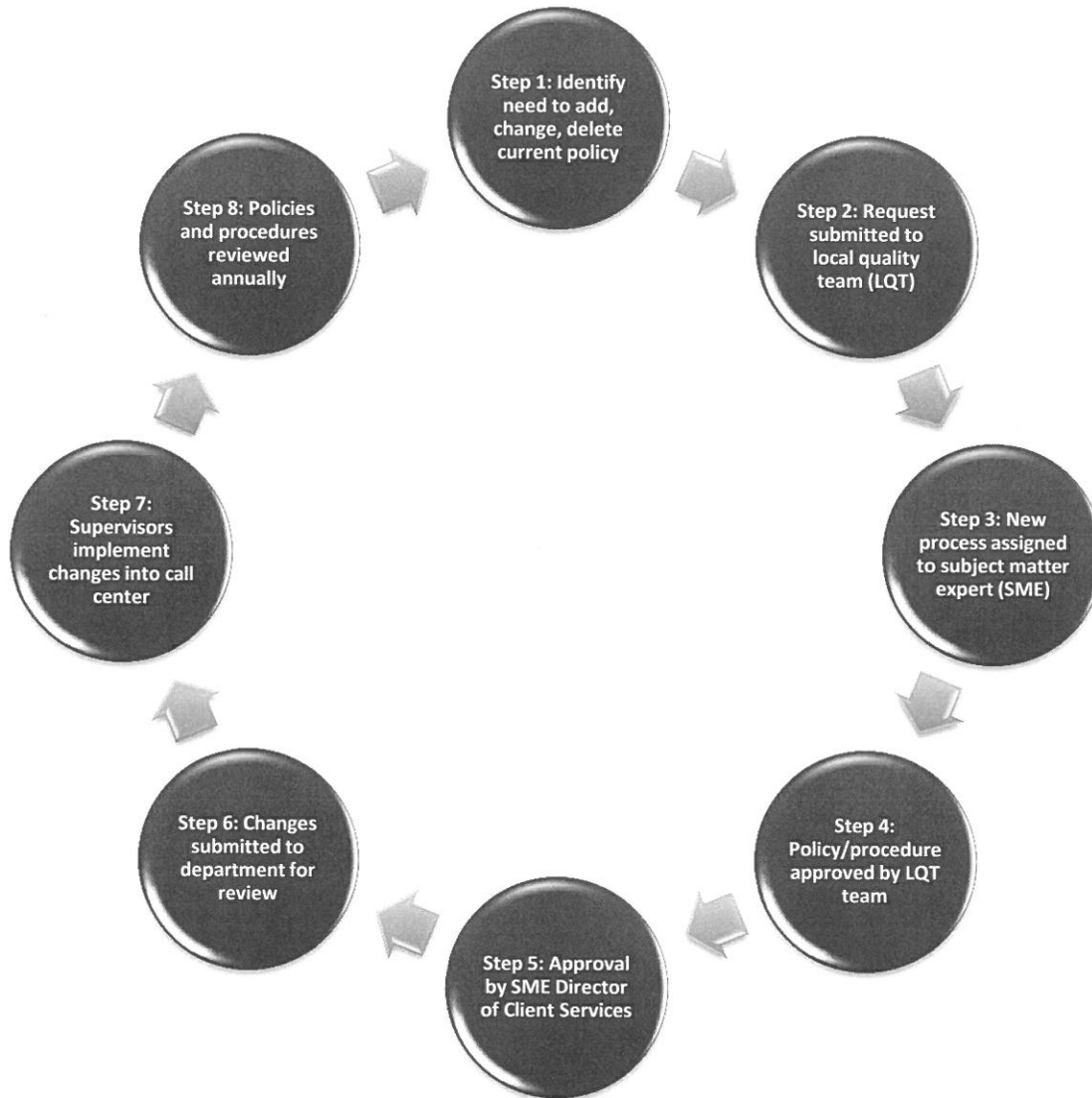
Additionally, the manual can be divided into stand-alone sections related to each specific discipline (function) of the program, and serve as handbooks and desk guides for the various functional areas. Sufficient copies of each type will be produced and distributed as necessary.

**Updating the PPM**

All PPM changes will be sent to the quality and client services staff for review and insertion into the master PPM within five (5) business days after the client has accepted the edits. Any policy changes having a significant impact on Access2Care or transportation provider operations will be issued within five (5) business days of the client's acceptance.

The following flow chart details typical internal steps Access2Care takes when making changes to the PPM.

**Policies and Procedures Manual Update Process**





## **1.0 Contract Information**

Access2Care will manage the NEMT program, including overall program design. Access2Care will work in partnership with clients to develop a high quality NEMT program. The following are the client's primary responsibilities:

- Ensuring regulatory compliance.
- Providing Access2Care with all up-to-date member eligibility and provider information.
- Reviewing and approving policies, manuals, subcontracts, and/or procedural communications written by Access2Care to members, providers, and others prior to release.

## **2.0 Contact Information**

Director, Call Center  
Tom Bowen  
(314) 768-1306

### **Corporate Office:**

Access2Care, Inc.  
6200 S. Syracuse Way Ste. 200  
Greenwood Village, CO 80111  
(303) 495-1295 (fax)

### **Corporate Staff:**

Director, Client Services  
Adam Almaguer  
(303) 495-1279

Manager of Operations  
Chris Morris

### **WV Office**

Operations Manager  
Shawn Seewald  
(303) 495-1279

Program Director  
TBD

Manager, Network Management  
TBD  
Network Coordinators  
TBD

Clinical Case Manager (RN)  
TBD

Quality Manager  
TBD

Customer Service Manager  
TBD

### **3.0 Staffing**

**Key Employees for the West Virginia Operations:**

Project Director

Operations Manager

Implementation Project Manager

Customer Service Manager

Clinical Case Manager (RN)

Quality Manager

Key Employee Termination: A2C must provide BMS with immediate notice of the termination, the reason(s) for the termination and an action plan for replacing the discharged employee.

Employee Change/Substitutions: A2C must notify BMS at least fifteen (15) calendar days in advance of any change and must submit justification (including proposed substitutions) in sufficient detail to permit evaluation of the impact upon the contract.

Replacements of key personnel listed in the A2C proposal must be approved in writing by BMS prior to being assigned to this project. A2C must ensure that staff employed in the work of the contract is not on the Office of Inspector General (OIG) exclusions list.

In the event BMS determines A2C's staff or staffing levels are not sufficient, BMS will advise A2C in writing. A2C will have thirty (30) calendar days to remedy the identified staffing deficiencies. The Call Center Manager must maintain a periodic schedule and records for on-going training, and competency checks must be established for each employee. These records must be kept in the Human Resources office or the local training file.

The Operations Manager will meet monthly with BMS representatives at BMS offices. Meetings may be more frequently based on BMS needs. During these meetings the Operations Manager will discuss the programs, staffing, current trending, and any issues with the program.

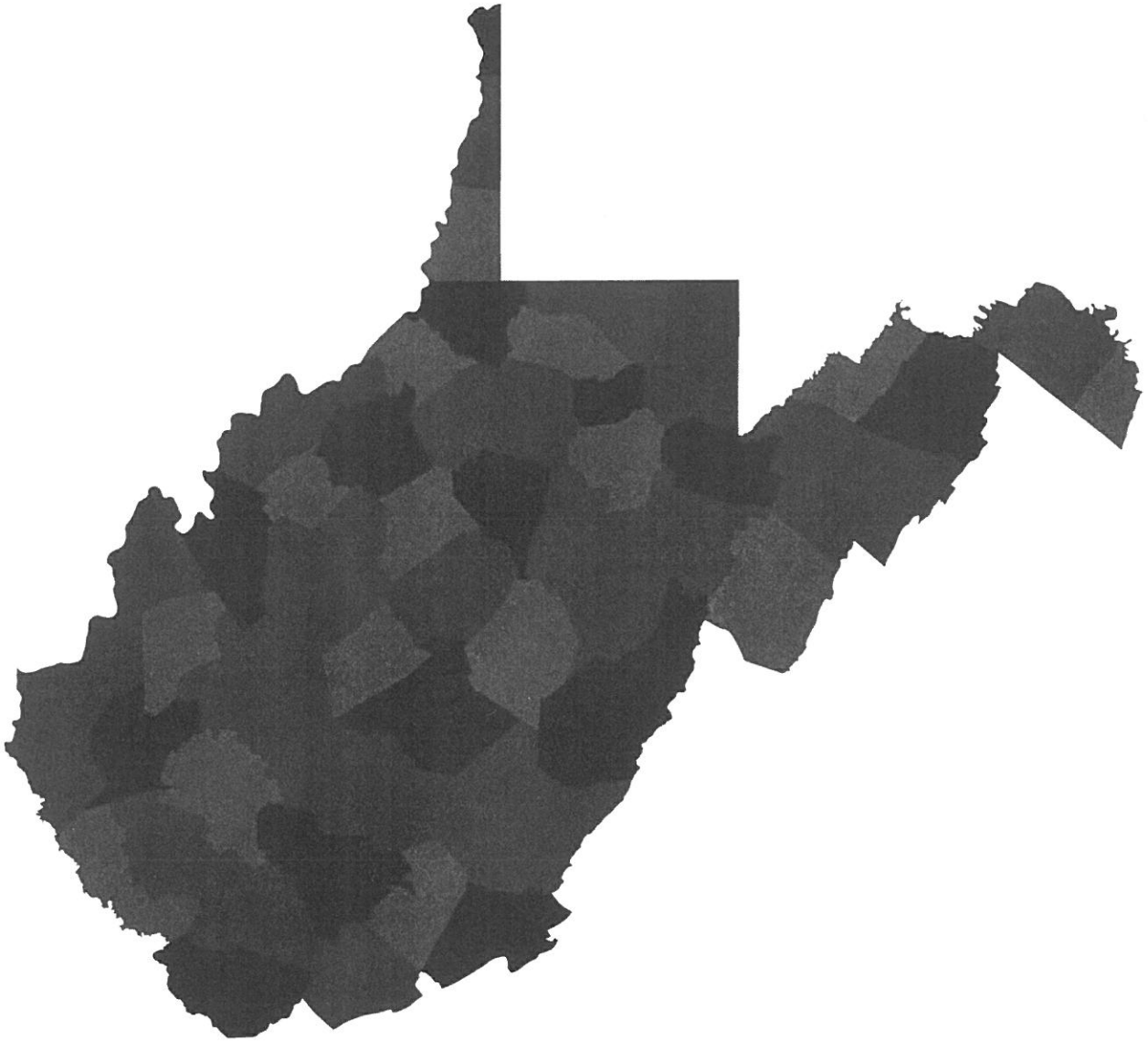
## **4.0 Core Services**

Access2Care must perform all tasks related to the provision of NEMT for members. Access2Care's primary objective will be to provide NEMT services in accordance with client, federal and state laws, regulations, policies, interpretations, and procedures. Access2Care must perform all the functions listed below throughout the life of the contract unless otherwise stated. Additional services will be included in the proposal price:

- 1) Maintain adequate staff and facilities.
- 2) Develop and maintain comprehensive policies and procedures.
- 3) Process transportation requests from members, facilities, and other approved parties requesting services on behalf of the member.
- 4) Verify member eligibility.
- 5) Operate a telephone call center and develop a call center operations manual.
- 6) Establish an orientation and training program for transportation and Access2Care employees.
- 7) Recruit and maintain an adequate transportation provider network.
- 8) Establish an orientation and training program for transportation providers.
- 9) Inform and educate members and facility providers about the NEMT program and process.
- 10) Develop and implement a complaint and tracking and resolution plan.
- 11) Participate in hearings when issues involve Access2Care, as determined by the client.
- 12) Provide administrative management oversight.
- 13) Submit management and performance reports.
- 14) Develop a turnover plan for transition of the contract to another broker or client.
- 15) Protect member confidentiality.

Access2Care must ensure that all of these functions are performed properly and efficiently.

## 5.0 Service Area Map



## **6.0 Beneficiary Rights and Responsibilities**

- ✓ Members are entitled to prompt, courteous service by Access2Care and our entire network of transportation providers.
- ✓ Members are entitled to be picked up on-time by a courteous, helpful driver in a clean, safe vehicle.
- ✓ If members are asked to share a vehicle with another rider, the travel time cannot exceed one hour longer than the normal travel time for direct transport.
- ✓ Members have the right to have an attendant or escort accompany them, based on certain parameters, at no cost.
- ✓ Members have the right to complain to Access2Care or Aetna about any problems or issues with NEMT services.
- ✓ Members are entitled to be transported with the required three (3) business days' notice.



## **7.0 HIPAA**

Access2Care has implemented a comprehensive program to comply with the Health Insurance Portability and Accountability Act (HIPAA) requirements for privacy, as well as transactions and code sets. As part of this program, we ensure that Personal Health Information (PHI) is released only as permitted under applicable state or federal HIPAA regulations. In addition, we created training programs so that all personnel learn the practical applications of HIPAA on their jobs. All of our employees receive this training, which is repeated annually.

Access2Care implemented operational and security safeguards, procedures, and contractual amendments to ensure full compliance with HIPAA. We are fully committed to meeting all HIPAA requirements for PHI. HIPAA and its Administrative Simplification and Privacy (AS&P) rules have affected how we collect, store, transmit, and release PHI. As a network transportation provider that transmits PHI electronically, we meet the definition of a “covered entity” under the HIPAA regulations. Therefore, we are subject to all three segments of the HIPAA regulations: transactions and code sets, privacy, and technical and physical security.

## **8.0 Network Management**

Network Management is responsible for the development, credentialing and monitoring of the entire network service area.

### **Modes Available**

Contractual requirements vary for protocols and offerings are determined by contract. Protocols will determine the levels of service. Although contract requirements can vary Access2Care will always try to determine the most cost effective methods. Different transportation that can be available:

- Independent provider program
- Public Transportation
- Paralift
- Wheelchair
- Mileage Reimbursement
- Van
- NEMT ambulatory transportation
- NEMT wheelchair transportation

Emergency ambulance service is not provided through the NEMT Program. If the request is for emergency ambulance service, Access2Care must instruct the caller to dial 9-1-1.

Transportation Providers will use a Transportation Provider Manual for orientation, training, and monitoring. For complete transportation provider requirements and training please refer to the Transportation Manual.

### **Transportation Provider Requirements**

All transportation providers will be required to meet Access2Care internal standards and client requirements. All requirements are included in the Service Agreement between the subcontractor and Access2Care.

## **9.0 Customer Service**

Customer service is responsible for call intake of all transportation requests. The Call Center Director ensures appropriate staffing levels to meet call center requirements.

### ***Customer Service Policy***

#### **1. Purpose:**

In fulfilling its mission, Access2Care strives to provide outstanding customer service at all times. Access2Care staff will offer its services in a fair and professional manner that treats everyone with courtesy and respect.

#### **2. Policy:**

Access2Care staff will provide outstanding customer service to its customers, network providers and staff. Access2Care supports these high standards through a plan of employee training, leadership development and opportunities for customer input.

#### **3. Procedures:**

Staff will be patient, respectful, and helpful, even when being firm regarding Access2Care's operating constraints.

During interactions with Access2Care staff, participants can expect to:

Be greeted appropriately.

Be treated courteously and respectfully.

Be valued for their input.

Receive prompt and timely service.

Receive knowledgeable service and professionalism from all staff.

Have their privacy and confidentiality respected. (See Confidentiality- HIPAA Policy 224)

Customer service training materials will be reviewed bi-annually by staff to ensure effectiveness.

All employees will receive initial orientation and training prior to assuming their assigned roles and responsibilities.

All employees will receive training on the URAC Accreditation program as part of initial new hire training and during continuing education sessions.

Employees will receive a minimum of 14 hours additional training annually, to maintain professional competency.

Should problems with the performance of customer service staff be detected through observation and/or monitoring, corrective action will be promptly taken. (See CSR Assistance Policy 202).

Customer service policies are reviewed annually, at a minimum, by the Quality Improvement staff.

**CSR Assistance Program****4. Purpose:**

To provide expectations and guidelines for Access2Care Customer Service Representatives (CSRs) who are not meeting Access2Care performance standards and expectations.

**5. Policy:**

CSRs failing to meet identified performance standards will enter a defined period of additional training until the standards are achieved.

5.1.1. **95% quality each month**

5.1.2. **Over 20% "unavailable" time (in a "not ready" state in Apropos)**

5.1.3. **Demonstrating poor customer service skills**

**6. Procedures:****6.1. CSRs will enter the Assistance Program:**

6.1.1. **If they fall below call intake performance standards for two (2) consecutive months.**

6.1.2. **If they receive three (3) non-compliance reports within a 30-day period.**

6.1.3. **If they receive two (2) customer service complaints within a 30-day period.**

6.1.4. **At the discretion of Access2Care management.**

6.1.5. **Upon the request of the CSR.**

**6.2. Upon placement in the Assistance Program:**

6.2.1. **CSR and management will discuss the areas that require improvement.**

6.2.2. **CSR and management will outline improvement steps to meet defined standards.**

6.2.3. **Program placement will range from 5-10 days as determined by all parties.**

6.2.4. **CSR will be assigned a mentor to assist in program completion.**

**6.3. Failure to achieve acceptable standards may result in continuation in the program or progressive discipline up to and including termination of employment.****Hours of Operations**

Staffing hours are determined by contract and calls are answered 24-7.

**Local Business Center Observed Holidays****New Year's Day**

Memorial Day

Independence Day

Labor Day

Thanksgiving Day

Christmas Day

**Scheduling Phone line**

To schedule transportation: XXX-XXX-XXXX

**Administrative Phone line**

The client will be able to reach Access2Care:

Account Manager: Brandon Foster, (303) 961-8902

Account Manager: Cassandra Henrichs xxxxx

Call Center Director: Tom Bowen, (314) 768-1306

**Advance Notification**

All eligible members requesting NEMT services are educated as to plans minimum number of days required to schedule an appointment.

**Urgent Trips (Less than client requirement)**

For urgent trip requests with less than the determined days notice , Access2Care may confirm with the medical provider (via phone or fax) for urgency.

In all cases other than hospital discharges, we will make every reasonable effort to accommodate the member's request for transportation. Hospital Discharges will be picked up within three (3) hours of the original request.

**Short notice /non urgent trips: Less than required notice.**

Access2Care will attempt to set trip. If transportation cannot be found, advise caller to reschedule appointment to a date that meets days' notice requirement.

**No-Show Process:**

CSRs will flag any member who no-shows for a scheduled pick up. This is noted in the member's file. On the third occurrence of a member no-show, Access2Care's Account Manager will reach out to the client for assistance in transportation compliance.

**Unassigned Trip Escalation**

All trips in the A2C system must have a provider assigned in order for the trips to be appropriately scheduled. Trips can be canceled if there is "No Provider Available" (outlined in Policy 214). If the trip is canceled the Scheduler must notify the member twelve (12) hours prior to their trip appointment time as to the status and attempt to reschedule the trip for the member at a later date.

**Long Distance Trips**

Long distance trips are those trips which fall out of the clients defined reasonable mileage trip requirements. Long Distance trips are handled according to client requirements.



## 10.0 Quality Management

The Client Services Department or equivalent is responsible for monitoring compliance of all quality-related program requirements. The Quality Department also oversees the handling and tracking of all complaints and applies necessary corrective actions.

### **Monitoring Plan:**

Access2Care has developed a comprehensive Quality Assurance (QA) plan to meet or exceed client program requirements.

Monitoring activities must include, but are not limited to:

**Accident/Incident Reporting** - Transportation providers must notify Access2Care within three (3) hour of accidents involving injuries, or in situations that result in an unexpected occurrence involving the actual or potential physical or psychological injury of a member. Network transportation providers must notify Access2Care within six (6) hours of accidents with no injuries. Occurrences that adversely affect the quality of service, operations, assets, or reputation of the State and/or Access2Care must be reported within twenty four (24) hours.

**Statistical Reporting of Trips** - The Operations Manager (OM) or equivalent monitors the statistical data of the program through the Access2Care application. This information can then be extracted in a report such as a transportation summary report. The OM will review the report for trending and compliance to contract requirements.

**On-Time Performance Measures** - The OM and Network Coordinators monitor on-time performance of network transportation providers on a daily basis. We will do this by monitoring our system reporting and by keeping track of missed or late call complaints.

**A Detailed Analysis of Complaints – Appeals.** The Service Recovery Specialist (SRS) is assigned the responsibility of reviewing all complaints, initiating investigations, alerting members of the management team of potential serious issues, and monitoring complaints for trends or common occurrences while ensuring that all complaints are resolved within fourteen (14) business days from receipt of the complaint or issue.

The Client Services Department oversees the complaint process, including related policy and procedure updates and reporting. Complaint-related reports will be generated and distributed by the 30th of each month for the preceding month's data. The Account Manager will review report data prior to dissemination to clients, and takes ultimate responsibility for the complaint function.

**Driver Licensure, Driving Record, Experience and Training Compliance** - The Network Coordinators will review transportation provider records annually and as needed to ensure providers are compliant with Access2Care and client standards. All of these standards are outlined in the Transportation Provider Manual.

**Compliance with Vehicle Requirements** - Transportation provider vehicles are inspected annually to ensure they are compliant with the Provider Agreement and any regulatory requirements. The vehicles are also subject to spot checks to ensure the condition meets standards. If a complaint is made against a network transportation provider because of the condition of a vehicle, that vehicle is subject to immediate inspection and may be taken out of service until full compliance is achieved.

**Member Safety, Assistance, and Courtesy** - During our member surveys we gather information about the quality of our Call Center and transportation services. This information will be monitored by the Quality Department and the Account Manager to ensure that all members are treated with respect and dignity.

**Completion of Driver Logs** - Access2Care requires all transportation providers to keep a daily log of each trip and a signature for each leg of a trip. If the member is unable to sign, the provider is trained how to gather an appropriate signature. The Claims department randomly audits the logs to ensure transportation providers are compliant with these requirements. No provider will be paid unless they have the required paperwork.

**Vehicle Inspections, Maintenance, Emergency Equipment, and Breakdowns** - Access2Care conducts an initial pre-service inspection of every vehicle prior to signing the final agreement with the transportation provider. The Quality Department will audit transportation provider files to ensure that these requirements are being met and recorded.

**A Detailed Analysis of "Re-routed" Trips** - Access2Care's Network Management department is responsible for tracking and trending all trips that are re-assigned or re-routed after initial scheduling.

**Detailed Analysis of Cancelled Trips** - Access2Care's Network Management department will review the trip data and trend cancelled or uncompleted trips.

**Mileage Reimbursement Program**- If it is a client offering Access2Care uses a Web-based tool to determine the mileage of the trip requested and reimburse the member based on client predetermined rate per mile. Staff is unable to override the original mileage without a supervisor. The A2C system will capture the miles driven and the amount paid to the member for the trip.

**Transportation Providers, Including Providers of Individual Transportation –If it is a client offering** Access2Care monitors transportation providers through initial credentialing and re-credentialing, complaints monitoring, and Provider Performance Reports as described in our Quality Plan and the Transportation Provider Manual.

**Volunteer Drivers** - Access2Care's transportation coordinators will monitor the training of all volunteer drivers to ensure they meet Access2Care and the client requirements.

**Surveys****Member Surveys**

Access2Care will conduct member satisfaction surveys regarding transportation. Periodic sampling issues will include, but are not be limited to:

- Reservation process
- Confirmation of scheduled trip
- Driver and Access2Care staff courtesy
- Driver assistance when required
- Overall driver behavior
- Driver safety and operation of the vehicle
- Condition, comfort, and convenience of the vehicle
- Punctuality of service
- Complaint resolution

## 11.0 Reporting Requirements

The A2C system captures and can supply all the required reports in a HIPAA-compliant storage and retrieval system as required. The A2C system employs user-configurable online and batch audit trail functionality that provides electronic capture and storage of audit trail information related to all data inputs and uploads, changes and modifications, inquiries, authorizations, access requests, archive and retrieval processes, and log files, and makes them available for inquiry.

We have redundant servers located at our Denver, CO. data center. We maintain a tightly controlled, audited and tested data backup and restore process with our offsite data backup storage. New data is filed off the system daily and stored in off-site locations in accordance with our enterprise backup processes.

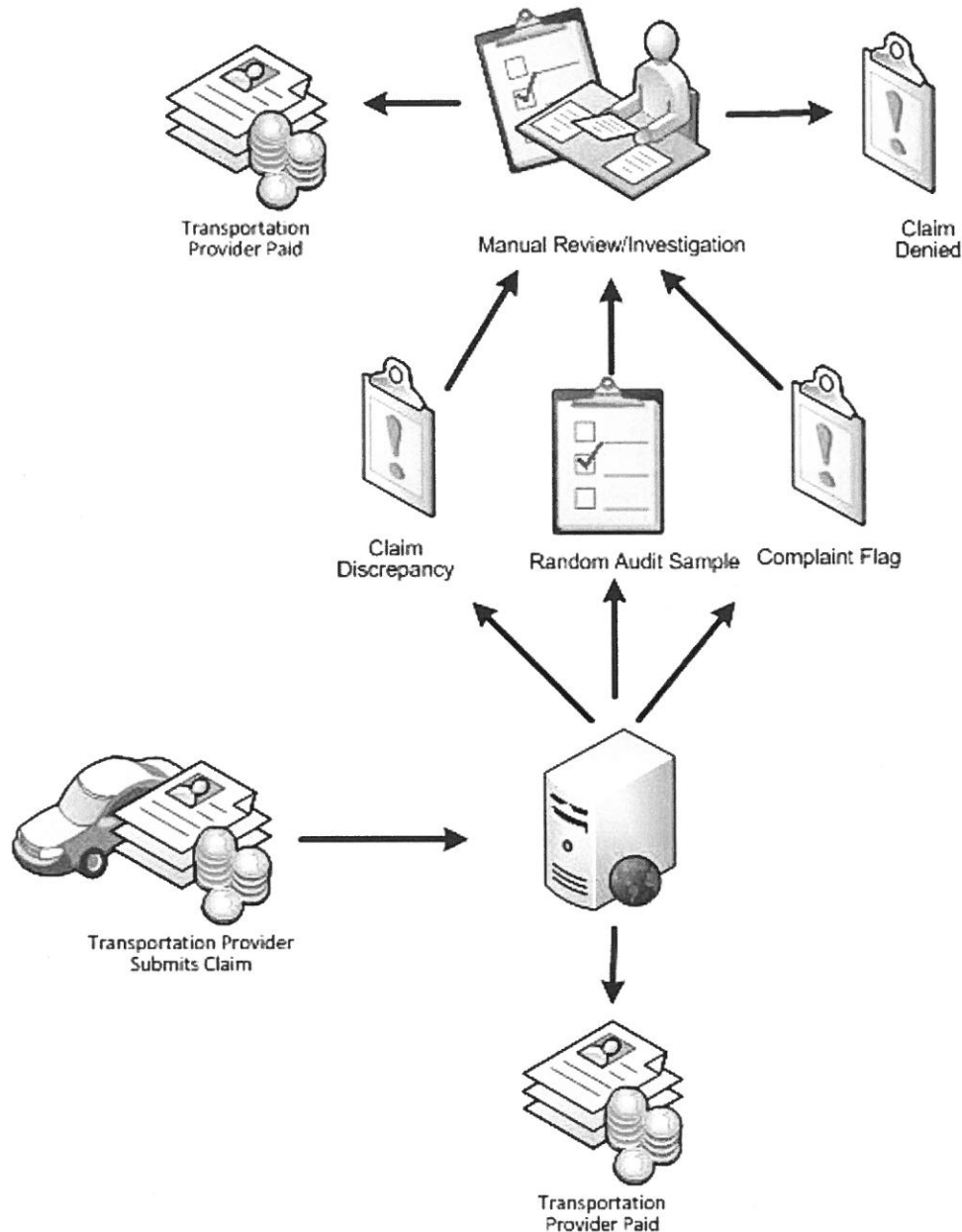
Monthly reports can be accessed via the online Web Portal. Each client is assigned their own login & password.

- Monthly
  - Transportation Utilization
  - Call Center Performance
  - Transportation Provider On-Time Performance
  - Call Center to Complaint Ratio
  - Transportation to Complaint Ratio

Web Portal address <https://a2cclient.emsc.net/Login.aspx?ReturnUrl=%2fDefault.aspx>

## 12.0 Payment Administrations/Billing

Access2Care will only provide payment to a transportation provider based on authorized services rendered. Access2Care must pay transportation providers in accordance with the terms of the written service agreement between Access2Care and each transportation provider. For all transportation providers, full payment of undisputed invoices for all authorized trips is generally made within twenty (20) business days of Access2Care's receipt of an undisputed invoice.



**Claims Policies and Procedures**

<b>Policy Number</b>	<b>Policy Name</b>	<b>Revised Date</b>
301	Transportation Provider Claims Adjudication	10/10/12
302	Transportation Provider Claims Audit	10/10/12
303	Long Distance Transportation Payment Process	10/10/12
304	Mileage Reimbursement Payment Process	10/10/12
305	Claims Fraud Waste and Abuse	10/10/12
306	Claims Denials and Appeals	10/10/12
307	Claims Complaints Investigation	10/10/12



## **13.0 Disaster Recovery Plan and Business Continuity Plan**

By virtue of its expertise in providing emergency and non-emergency medical services including call intake, dispatching and vehicle tracking across the country, Access2Care, a wholly owned subsidiary of American Medical Response, understands the importance of having a robust, scalable, and fully tested disaster recovery plans in place for all facilities and functions. In an integrated network such as Access2Care's, discussing disaster recovery in a single facility would be woefully inadequate — as our national network of call centers, dispatch and operations centers is designed to support the failure of one or more centers in the network. The following is a discussion of our system architecture philosophy, and how this architecture plays a vital role in the overall availability of our capabilities.

### **System Infrastructure and Design**

Access2Care has designed its infrastructure to provide multiple layers of redundancy to ensure business continuity in support of each contract. The primary database and application reside in our hardened national data center in Denver, CO. If the site needs to be evacuated or is deemed "dark" due to an outage or natural disaster the system can transfer the calls to any one of our other call centers where the calls can be processed. The Denver location will route the telephone calls to an off-site location or to a call center that is using the A2C application for business continuance.

### **Data Center System Redundancy**

Access2Care has designed the network to provide multiple layers of electronic security for systems, data and services. Any external connection is secured by redundant firewalls. Data centers are additionally secured with separate security devices. Since no system can be immune to external threats, Access2Care has implemented and maintains this multi-tiered security model to provide multiple barriers to entry and the ability to rapidly minimize and respond to any threats.

Access2Care also has implemented security best practices based on ISO-17799 processes and programs to continuously monitor and improve the electronic security of its systems. In cooperation with an objective, third-party security firm, Access2Care undergoes a Continuous Security Improvement Program managed by the Information Systems Security Office Manager. These internal and external security scans produce work lists of issues for resolution and an annual end-of-year electronic security audit that produces a comprehensive view of Access2Care's infrastructure and its security status.

This program delivers the IT Group a focused set of objectives to accomplish and prioritizes issues based on the severity of the security warnings identified. The IT Group is then able to quickly and effectively address issues related to every network device (firewalls, VPN, routers, and switches), telephone switch, server, printer and workstation at all locations within the infrastructure. With the scanning program, the engineers immediately can see the results of their actions and fine-tune the infrastructure to further remove any potential for vulnerabilities. All scans within the program are maintained as confidential information and will not be shared with anyone outside of the infrastructure team.

### **Data Architecture and Replication**

Access2Care's data-storage capabilities have been designed using state-of-the-art architecture to provide for high availability and fail-over. Application and database servers are clustered to provide high availability, and a storage-area network is employed to provide centralized data repositories for the clusters. Database servers use Microsoft Clustering Server to keep each server in fail-over mode. This architecture allows any one of our call centers to act as a backup or fail-over for other call centers.

Redundant call center locations include but are not limited to the following sites: Meridian Idaho, Omaha Nebraska, Houston Texas, St. Louis Missouri, Ft. Lauderdale Florida and Denver Colorado.

**Fault Tolerance**

Access2Care's network and systems infrastructure is designed to provide fault tolerance in the event of a major issue or problem. Server hard-disk drives are mirrored as a precaution against service interruption or data loss due to hardware failure. Network devices are configured in fail-over mode to maintain continuous operation regardless of hardware or service issues. Enterprise Monitoring and Management software is used to monitor and execute automated resolution instructions and notify IT staff of issues; both pending and immediate. IT business processes are designed to proactively identify and resolve issues before they can affect business operations. Back-up procedures follow industry standards for ensuring the security of data. Network redundancy and diverse providers ensure that network traffic is successfully carried, even if some components or providers should fail. Electronic data security is a key component of the A2C architecture. All network traffic between locations is sent via private point-to-point circuits. Most servers employ RAID technology that allows for the replacement of hard drives without shutting down a server. Critical servers are configured such that all systems functions are performed by more than one server. Thus the system will not be shut down by the failure of any one single server in the system. By employing mirrored servers and storage media, the need to repair a failed component in one server will not require Access2Care to interrupt working services while repairs are made to the affected server. Finally, new data is filed off the system daily and stored in off-site locations in accordance with our enterprise backup processes.

**Facility Considerations**

This section highlights potential problem areas that more directly affect individual facilities, including the following:

- Phone services
- Electrical power
- Building safeguard
- Data safeguards
- Fire detection and prevention

**Continuous Phone Service**

Access2Care has defined business-continuity activities for each location that may transfer responsibilities and phone services to an alternate facility in the event of an interruption in local phone service. The established procedures, combined with our daily business processes, allow for a quick and smooth transition of operations from one facility to another so no local problem can hinder our ability to provide services to our customers. In addition, Service Delivery Coordinators at back-up locations are trained in the Access2Care application so they can properly service callers.

**Electrical Power**

The call center equipment is attached to Uninterruptible Power Supply (UPS) systems. This allows for the continuous operation of systems in the event of a temporary interruption of power. It also allows Access2Care to condition the power delivered to systems, further protecting those systems from damaging power spikes. In addition, the center is attached to a local generator that will maintain the call center in the event of a local power outage lasting longer than the UPS systems can bridge. This generator will be able to keep the center running for at least 8 hours in the event of a power disruption from the local utility company. In the case of our data centers, UPS units and generator power provides

additional security and allows Access2Care to continue to deliver services during extended outage periods, even when there is no commercial power available. Generator power is automatically initiated in the event of an interruption in our data center without the need for manual intervention.

**Building Safeguards**

Access2Care physically secures all data centers to control access to the critical services and hardware installed therein. Access to the facility and server rooms is controlled with key access that also maintains a log of individuals that access the locations.

Access2Care's National Data Center in Denver is protected by an FM-200 pre-action fire protection system. With this system, smoke detection and air-sampling technology provides advance warning of any problems and notifies staff to shut off power to the computer room in the event of an electrical fire. If staff cannot shut down the services, the system automatically initiates and eliminates the potential for a fire without causing damage to the systems. In addition, a Liebert RCM8CE Monitoring System monitors data center conditions and alerts staff to any problems it may detect. Finally, the NetBotz camera system delivers another layer of monitoring by allowing real-time and historical access to server-room conditions (heat, humidity, etc). An independent air-conditioning system provides overall climate control in the computer room. This system also has the ability to maintain the temperature and humidity of the systems within acceptable factor-specified levels. The rooms are key-card controlled to provide limited access and a history of access by cardholders. In addition, a digital camera system is installed in each data-center room, to snap and record photos of entry and exit. These photos may be viewed remotely and researched to provide historical documentation of activities within the data center room. We monitor all systems.

**Data Safeguards**

Access2Care has implemented operational safeguards, procedures, and contractual amendments to ensure full compliance with the Health Insurance Portability and Accountability Act (HIPAA). Under HIPAA, Access2Care is deemed a "Business Associate" of its health care-related clients. As such, to the extent Access2Care receives personally identifiable health care information ("PHI") from its clients; Access2Care has undertaken to protect that information in the same manner and to the same degree as that required of its clients. Access2Care has entered into Business Associate agreements with those clients that spell out Access2Care's obligations. As required by the statute and the applicable Business Associate agreement, Access2Care will use or disclose only the minimum necessary PHI to perform its duties. Access2Care employees have been trained in HIPAA requirements and applicable state law confidentiality requirements.

**Disaster Recovery Situations**

Access2Care is aware of the effect that disasters can have on people and businesses. We maintain the following priorities when confronted with a fire, flood, or other disaster:

- 1) Protect the safety and security of our employees and other people who may be at our facilities
- 2) Work to maintain uninterrupted service to our clients
- 3) Protect the physical assets we have invested into serving our clients

Access2Care has policies and systems in place to mitigate the impact of a disaster. The first part of this section provides a brief overview of the steps we take to protect human life in the event of relevant disasters. All these processes are a combination of good common sense, best practices, and legal compliance. The second part of this section discusses the processes we have in place to provide uninterrupted service to our clients and to protect our corporate assets. Since technology is such an

important part of contract execution and a large component of our assets, the majority of this section will cover protection of technology and our physical plant in disaster situations.

### **The Protection of Human Life in Disaster Situations**

#### **Tornadoes**

Tornadoes are most likely to occur in the spring and summer. Each Access2Care facility is required to identify itself as a tornado shelter or identify nearby locations that are appropriate for protection in the event of a tornado. When a Tornado Watch has been issued in an area with Access2Care facilities, a decision will be made on a case-by-case basis as to whether to keep that facility open. In the event of a Tornado Warning indicating that severe weather is occurring, the facility's manager may direct employees to the predetermined shelter location.

#### **Severe Thunderstorms**

In addition to significant downbursts of wind, severe windstorms can produce dangerous hail. When a Severe Thunderstorm Watch or Warning is issued, Access2Care will follow the same policies as outlined above for tornadoes.

#### **Floods**

Flooding is a frequent hazard. While Access2Care avoids acquiring facilities in potential flood zones, each of our new offices nonetheless will develop a flood emergency action plan appropriate to each specific location.

#### **Fires**

Access2Care meets or exceeds all fire-prevention regulations. Access2Care works with our respective building owners to make each building as safe as possible. In the event of fire, our employees will follow pre-designated plans to escape from buildings safely and quickly. Our office managers facilitate the practice of regular fire drills.

#### **Hazardous Material Emergencies**

To prepare for the remote possibility of the discharge of hazardous materials near an Access2Care facility, facility managers will familiarize themselves with the recommended best practices to establish a "Shelter in Place."

#### **Terrorism**

A terrorist attack occurs with little or no warning. As preparation for these events, Access2Care facility managers familiarize themselves with terrorism best practices to know how to best direct others in the facility before, during, and after any attack. We currently reference best practices from the Federal Emergency Management Agency (FEMA). An overview of these best practices is contained in FEMA's terrorism fact sheet located at: <http://www.fema.gov/hazard/terrorism>.

### **Protecting Assets and Continuing Service in Disaster Situations**

When ensuring service continuity and protection of assets, it is not as important to be ready to connect a plan to a specific type of disaster as it is when considering human safety. Rather, it is important to have in place the resistance, protection, redundancy and work-around plans and systems to maintain continuity of service and protect assets regardless of the type of disaster.

The system-security plans and prevention methods described earlier in this document fully document our preparation for managing these kinds of problems.

Access2Care maintains a corporate Disaster Recovery & Business Continuity Plan that defines the issues and requirements of each call center in the event of any disruption of normal business operation, including any interruption of computer functionality, be it a power failure or any other local disaster situation. Each facility maintains a local plan that builds on the corporate approach and defines specific actions related to that location, its staff and its clients. Technology and processes used in Access2Care operations and call centers facilitate the delivery of high measures of stability and continuity in situations posing unusual and dramatic challenge to our operations.

Our enterprise software systems and data centers are designed with severe weather safeguards to maintain operations in times of crisis and inclement conditions. As described earlier, these safeguards include daily backups, alternative power sources, physically and digitally secure locations, and redundant design. To ensure uninterrupted operations in each of our operations centers, Access2Care maintains mirrored capabilities throughout our nationwide operations-center infrastructure. If one center cannot operate normally, its work can roll over to its designated backup center(s). Our enterprise systems are designed with diverse connectivity and redundant devices that are configured to allow fault tolerance and automatic fail-over in the event of any service or hardware failure.

Additionally, Access2Care maintains four-hour response maintenance services with our major suppliers to ensure a rapid solution in the event of hardware issues. The effectiveness of our emergency preparedness has been tested numerous times in a wide variety of conditions and has been proven effective in every circumstance. Access2Care also has stand-by "go to paper" procedures for continuing to receive call reservations and record reservations requests, even if the computerized reservations system is down. Reservations calls can be fully recorded on paper forms and faxed to providers. Data can then be entered into the computer system when power has been restored.

Any failure in the center operation will result in a staff member contacting the facility manager, who will in turn address the areas outline below that are affected by the failure.

Utility Power Failure: With operational UPS and generator, call handling should not be interrupted.

- Notify Access2Care Technical Support at 1.866.267.9111
- If call center "goes dark"
  - Contact local Utility company
  - Ensure that generator has started
    - Generator not automatically started
    - Start generator
  - Notify affected clients

Verizon (3) T1 Data and Voice Circuit Failure: Call handling at local center would not be halted. Calls will be handled on the local bank of dedicated Cellular Devices for a short term interruption of service.

- Notify Access2Care Technical Support 1.866.267.9111
- Notify affected clients
- Reroute calls, if necessary:
  - Verizon Contact
  - Escalation level
  - C/B and Response Times
- Verizon Emergency Routing



- To Local center
- To alternate call center
- All call routing returned to normal when service is restored

Telephony Server and/or Router Failure: Calls will be routed to agents in another facility. Agents will be able to use the application to take calls.

- Notify Access2Care Technical Support 1.866.267.9111
- Re-route calls to live agents in alternate call center
- Notify affected clients
- Notify Telephony Vendor Technical Support (if necessary)
- All call routing returned to normal when system is operational

Access2Care Application Failure: Agents take call information manually Notify Access2Care Technical Support

- 1.866.267.9111
- Activate manual process
- Check/change call allocation. All call routing returned to normal when system is operational
- Notify affected clients



## 14.0 Communication Plan

Educating stakeholders is an important step in a new program's implementation process and ongoing operation, or when changes occur within an existing program. The following plan will outline the steps that Access2Care (A2C) will take to educate all the appropriate stakeholders and continue to work with the medical community to help improve services to the Medicaid membership. Education is provided in a variety of media such as printed materials, websites, classroom settings, Web-Ex trainings and face-to-face meetings.

Stakeholder's education will consist of the following individuals:

- Members (M)
- Medical Provider (MP)
- Transportation Providers (TP)

### Printed Materials and Manuals

#### Members

**Member Brochure:** Initial education of members will happen at least 15 days prior to the start of transportation. The Member Brochure provides details of the pending changes and how to access services through A2C. A2C's marketing department will mail the brochure via the U.S. Mail. Preferred method is mailing to Head of Households 1st class pre-sorted. The brochure will be provided to State/county Medicaid offices and can be downloaded from the A2C West Virginia web site [www.WV-access2care.com](http://www.WV-access2care.com)

**On-going Education:** Quarterly, A2C will distribute member education literature to West Virginia Department of Health and Human Services (BMS) offices and medical offices for the members. The literature will bring awareness to the program and educate the members about transportation options available for their use.

**Denials, Appeals and Fair Hearing:** A2C will send out denial letters for any trip request that is denied. The letters will explain the reason for the denials, and the members' right to appeal any decision they feel was made in error. Including in these letters A2C will offer to assist the member with filing any next steps.

#### Medical Provider

Medical providers can reach Access2Care during normal business hours from 0800 – 1700 Monday through Friday by calling 855-777-1255. For urgent needs, Access2Care is available from 0700 to 1900.

**Initial Medical Provider Education:** Medical Provider Education is completed in the following steps: Initial Contact: A2C will make initial contact with medical providers via e-mail, phone or USPS. The purpose of this contact is to introduce them to Access2Care and our role in providing non-emergency medical transportation to West Virginia Medicaid beneficiaries.

A2C is committed to maintaining an on-going relationship with all medical facilities, specifically dialysis facilities via telephone contact. The Clinical Case Manager will be available to discuss the program and schedule appointments with the facilities management and medical teams as needed for issues of continuity of care and/or concerns that may arise.

**On-going Medical Provider Education:** Updates/changes to the facility manual will occur as necessary. The updates will be e-mailed to the facility. The email will request a confirmation that the facility received the update. The facility manual will also be located on the State specific website ([www.WVaccess2care.net](http://www.WVaccess2care.net)).

Facilities will have a single point of contact for complex trip schedules or any additional questions they have. Medical Flyers: A2C will distribute flyers educating the facility on changes in the Medicaid Non-Emergency Medical Transportation program. The items will have important contact numbers and the details on scheduling transportation.

#### Transportation Providers

**Initial Transportation Provider Education:** Initial contact with the current transportation providers will begin with regional meetings. During these meetings we review who we are, how we work with the local providers and gather as much contact information as we can for the purpose of bidding.

**Contracting Transportation Providers:** We hold various town hall meetings with providers interested in contracting with A2C. During this meeting we further explain our operational model and the requirements of the transportation providers.

**Credentialing Transportation Providers:** Once the transportation provider has committed to becoming part of our network, the Network department will inspect all vehicles. During this time the Network department will review the Transportation Provider Manual with the provider. The Transportation Provider Manual will include all the information necessary to meet the requirements necessary for the West Virginia NEMT program.

**On-going Transportation Provider Education:** Updates/changes to the transportation provider manual will occur as necessary. The updates will be e-mailed to the transportation provider training officer. The email will request a confirmation that the provider received the update. The transportation provider training officer will be responsible to distribute all materials internally. The training officer will be the single point of contact for the network coordinator.

Additional training is offered in a variety of media: classroom style, Web-Ex training sessions and faceto-face meetings. Depending on the training topic, the sessions may be mandatory. Transportation providers will also receive periodic updates through our quarterly newsletter *On the Road with Access2Care*.

**Provider Improvement Plans:** If at any time the transportation provider fails to meet contractual standards they may be placed on a Provider Improvement Plan (PIP).

#### West Virginia Specific Website

(M) (MC) (TP) - The A2C Website is a great resource to learn more about A2C and to find specific information that connects stakeholders to important contact numbers and other points of interest. For example, transportation providers will find information on how to join the network, internal and external monitoring processes, and other pertinent sections. Members will find information on how to schedule their transportation. The medical community will see details on their role in scheduling transportation for members. It is a great starting point to get to know A2C - who we are and what we

do. The West Virginia Website ([www.WV-access2care.net](http://www.WV-access2care.net) ) will contain information related specifically to the West Virginia Medicaid Non-Emergency Medical Transportation (NEMT) program. The website includes the procedures required to request transportation, complaint and appeal procedures, and contact information.

- Descriptions of transportation services
- Instructions on how to access services
- Contact information
- Frequently Asked Questions (FAQ)
- How to file a complaint and/or appeal
- Sections for transportation providers, facilities, and recipients
- State Specific forms (downloadable PDFs)
- Brochures

All website content and functionality will require BMS approval. The website will be reviewed quarterly for update and changes.

### Training of Stakeholders

#### (TP) Transportation Provider Training Plan

A range of training methods will be utilized to accommodate a variety learning styles and settings, including written materials, WebEx sessions, classroom-style sessions, or on- site one-on-one training. The Network Coordinators are responsible for conducting all training with transportation providers.

Overview of NEMT Program and division of responsibilities between A2C and transportation provider	Vehicle requirements: to include GPS tracking equipment and use
Procedures for handling accidents, moving violations and vehicle breakdowns	Driver qualifications
Driver conduct	The use of escorts and/or companions
Scheduling procedures during regular operating hours, including criteria for determining the most appropriate mode of transportation for the member	After hours and urgent trip scheduling procedures
Web portal training	Driver customer service standards and requirements during pickup, transport and delivery
A review of the transportation provider manual	Required communication with members
Required communication with health care providers	Required communication with Broker
Record keeping and documentation requirements for scheduling, dispatching and driver personnel, including completion of required logs:	HIPAA compliance requirements
Hazardous weather policy	Emergency contingency procedures
Disaster recovery procedures	Quality assurance processes

For specific information on transportation provider training see the Transportation provider training manual.

**(MC) Medical Community Training**

The A2C Clinical Case Manager will oversee all training of large medical facilities, including nursing homes, dialysis facilities and large doctor offices. Training will be available via WebEx, over the phone, and onsite. The facilities will be provided a packet of materials with information on working with A2C such as:

Orientation Topics	
Overview of NEMT Program and division of responsibilities between A2C and transportation providers	All policies and procedures
Scheduling procedures during regular operating hours, including criteria for determining the most appropriate mode of transportation for the member	After hours and urgent scheduling procedures
Appointment verification	Driver customer service standards and requirements during pickup, transport and delivery
Quality assurance processes	Record keeping and documentation
Who and how to contact Access2Care Management	Sample forms and documents

**List of forms**

Group	Form Name	Sent
Member	Educational Brochure	Implementation, as requested
Member	Denial Notice	3 days from denial
Member	Appeal Notice	10 days from appeal notice
Member	Fair Hearing Request	10 days from request
Facility	Trip Verification Form	1 day from trip request
Facility	Facility Manual	Implementation, as requested
Transportation Provider	Transportation Provider Manual	Implementation, 5 days from new provider joining network
All Groups	Website	Implementation, Life of contract

**Meetings:****State-**

A2C Project Director will meet with the State monthly or as requested by the State. The meetings will be used to discuss the program, review monthly reporting data, and identify trends in the programs and areas of improvements. The Project Director will be responsible for communication with the State on all matters. He will also be responsible for meeting minutes of all meetings.

If the Project Director is out of the office for more than 1 day the State will be notified of the absence and will be provided the name and contact numbers of the interim leader.

**Advisory Committee Meetings-**

A2C will establish an advisory committee whose members will represent a cross section of NEMT stakeholders. The advisory committee will, at a minimum consist of representatives from: adult day health care facilities, dialysis centers, hospitals, or other medical services provider(s), transportation provider(s) and the member community. Members of the committee will be asked to commit to serving

on the committee for a period of one (1) year and be able to meet at least quarterly. A2C, as the chair of this committee will produce meeting agendas, and meeting minutes that will be supplied to the Department.

These committees usually serve as a rich source of information for program and process improvements and represent a good cross section of ideas. A2C staff will meet quarterly with each committee and will provide information on program performance, issues, and upcoming changes. A short presentation will be made, sometimes from guest speakers, and information will be exchanged and ideas solicited. A question and answer period will follow.

No information will be presented at these meetings without prior Department approval. We would encourage the Department's staff to attend these meetings.

#### **Approval Process for Printed and Electronic Material**

No materials including manuals will be released into the community without internal A2C approval and BMS approval. This includes all letters, manuals and brochures. All member materials will be written at the 6th grade level using Flesch-Kincaid.

Marketing will work with the Project Director to ensure that all Client materials have been approved prior to release.

#### **Media**

A2C will not issue any statement or printed materials to any public media unless authorized by BMS. If A2C receives such a request, the call/email will be immediately forwarded to the Project Director. The Project Director will take down all the pertinent information:

- Name of Organization
- Telephone number
- Best time to reach the requester

If the requester has specific questions, the Project Director will tell them to email their questions.

The questions will be forwarded to BMS and A2C's internal Public Affairs department.



# Sample West Virginia Implementation and Work Plan





## Access2Care's West Virginia Implementation and Work Plan

The following Microsoft Project Gantt Charts, titled **Access2Care-West Virginia Implementation and Startup**, clearly outlines the key implementation tasks we will accomplish, the schedule for each task completion, and the interrelationship of one task to another. A subtask Implementation Work Plan is included with each task description.

Access2Care's **West Virginia Implementation and Startup Plan** assumes an estimated Implementation start date of July 1, 2014. The following notes are pertinent for the reader to fully understand the Access2Care strategy:

Our work plan is based on our understanding of the tasks and activities required to implement the NET brokerage operations and responsibilities in West Virginia and on the specifications of the current RFP. The plan provides a structured, multi-tasking approach and clearly indicates how we will meet each requirement and deliverable. The dependencies among the tasks and subtasks, the time frames, and the deliverables to be produced, have all been taken into account as part of the plan's development.

Access2Care is confident in our ability to complete the implementation as required, maintain our complete provider network, and have our organization management and administrative systems ready for BMS readiness reviews. The remainder of this section describes each key tasks we will complete to successfully initiate the NET brokerage operations and responsibilities.

### Task 1: Contracting Process

The tasks associated with the Contracting Process outline Access2Care's projected award notice on April 1, 2014 and contract go-live date of July 1, 2014. Tasks 2-15 are built with dependencies upon these opening tasks and will change in unison with any change to these dates, which are based on calendar days.

SubTask ID	Task Name	Duration	Start	Finish	Resource Names
	<b>West Virginia Implementation Project Plan</b>	<b>158 days</b>	<b>Fri 11/22/13</b>	<b>Tue 7/1/14</b>	
<b>1</b>	<b>Contracting Process</b>	<b>88 days</b>	<b>Mon 12/2/13</b>	<b>Wed 4/2/14</b>	<b>Business Development</b>
1.1	Contract Award Notice	86 days	Mon 12/2/13	Mon 3/31/14	
1.2	Award Review	1 day	Tue 4/1/14	Tue 4/1/14	A2C and BMS
1.3	Contract Signing	1 day	Wed 4/2/14	Wed 4/2/14	A2C and BMS

### Task 2: Internal Project Management

The Internal Project Management subtasks summarize action items required during the first four weeks following contract award to successfully launch the startup plan. Aside from an array of subtasks focused on internal process and procedures, the Internal Project Management primarily revolves around the following key items;

#### Assemble Project Team

Upon contract award, Access2Care will immediately notify members of the West Virginia project team to prepare for assignment to West Virginia upon contract signing. Access2Care has assumed that the contract state date will be July 1, 2014. We will work with BMS to schedule a Project Kickoff meeting with members of your staff when our team is on-site.

## **Project Kickoff Meeting**

During the Project Kickoff, Access2Care implementation team members will meet with BMS staff to discuss this proposal and our *Implementation Work Plan*. We will review any changes that may have occurred at BMS or in the program since the proposal's submission. This will allow us to verify project scope and to identify any barriers to create a successful NET broker implementation. We will work with BMS to identify representatives from BMS's IT, enrollment and other relevant departments to serve on the implementation project team.

We also will review the deliverables list for the project and confirm our understanding of the purpose and objective of each deliverable. The Project Kickoff also will establish the formal and informal reporting relationships for Access2Care and BMS staff, including weekly project status meetings, status reporting, contact information, and issue resolution.

## **Project Planning**

During the project planning, Access2Care will update the preliminary project plan to reflect any changes noted in the Project Kickoff meeting and assign specific Access2Care resources to tasks as appropriate. We found it helpful during our prior implementations and with other projects to schedule a fixed day and time for weekly status meetings and to discuss when the Steering Committee—which is our internal, senior-level management team—meetings likely would take place.

We will provide BMS an updated Implementation Work Plan within two weeks of the contract start date. During this task, we will also begin establishing our Steering Committee. This committee, chaired by the Vice President of Access2Care, will ensure appropriate levels of support and coordination for the work plan.

## **Day-to-Day Project Management**

The Director of Client Services and Quality Assurance, Adam Almaguer, is responsible for day-to-day project management, including planning and execution. Mr. Almaguer ensures that the myriad of required tasks are completed, maintains the project implementation work plan, and uses it as the tool to ensure tasks are accomplished on schedule, and will take corrective action as necessary. The Director of Client Services and Quality Assurance reports directly to the Access2Care Executive Vice President should senior level assistance be required.

## **Weekly Progress Status Meeting**

Access2Care recommends weekly progress status meetings with key BMS staff, the Access2Care Director of Client Services and Quality Assurance, and other selected Access2Care staff during the Implementation Phase of the project. These meetings will ensure that BMS staff is apprised of the project status and are aware of all the issues related to the project. Review of the weekly updated *Implementation Work Plan* will serve as the formal basis for the meeting.

## **Internal Quality Assurance**

Quality Assurance (QA) is essential to every aspect of our implementation and operations. Access2Care has assumed that the contract start date will be July 1, 2014. The Quality Manager is responsible for reviewing each final deliverables before it is submitted to BMS, as well as reviewing the project work plan and the resource allocations to ensure that sufficient resources are available to successfully complete the project. The

Quality Manager is responsible for establishing the ongoing QA program including the transportation providers monitoring plan during the operation phase of this project.

Early in the process we will work jointly with BMS to create protocols to make sure that all requirements are met.

2	Internal Project Management	120 days	Fri 11/22/13	Thu 5/8/14 Project Manager and Quality Assurance
2.1	Week 0 - Pre Implementation Activities	94 days	Fri 11/22/13	Wed 4/2/14 Project Manager and Quality Assurance
2.1.1	Request Final Pro forma	1 day	Fri 11/22/13	Fri 11/22/13
2.1.2	Start Implementation Checklist	2 days	Fri 11/22/13	Mon 11/25/13
2.1.3	Review Preliminary Project Implementation Plan	1 day	Fri 11/22/13	Fri 11/22/13
2.1.4	Finalize Staffing Plan	1 day	Mon 11/25/13	Mon 11/25/13
2.1.5	Schedule recurring Implementation meeting	1 day	Wed 4/2/14	Wed 4/2/14
2.2	Week 1	3 days	Mon 4/7/14	Wed 4/9/14 Project Manager and Quality Assurance
2.2.1	Distribute Implementation Package to Implementation Team	1 day	Mon 4/7/14	Mon 4/7/14
2.2.2	Conduct Kickoff Meeting	1 day	Mon 4/7/14	Mon 4/7/14 A2C and BMS
2.2.3	Review A2C Approach	3 days	Mon 4/7/14	Wed 4/9/14 A2C and BMS
2.2.4	Finalize Implementation Plan	3 days	Mon 4/7/14	Wed 4/9/14 A2C and BMS
2.3	Week 2	11 days	Wed 4/16/14	Wed 4/30/14 Client Services
2.3.1	Create Protocols	9 days	Wed 4/16/14	Mon 4/28/14 A2C and BMS
2.3.2	Submit Protocols	1 day	Tue 4/29/14	Tue 4/29/14 A2C and BMS
2.3.3	Protocols Approved	1 day	Wed 4/30/14	Wed 4/30/14 BMS
2.3.4	Send Information request document for contact name	1 day	Tue 4/29/14	Tue 4/29/14
2.4	Week 3	2 days	Wed 5/7/14	Thu 5/8/14 Business Integration
2.4.1	Complete ETSR to create FTP site	1 day	Wed 5/7/14	Wed 5/7/14
2.4.2	Request client to set up FTP site for us to use	1 day	Thu 5/8/14	Thu 5/8/14 A2C and BMS

### Task 3: Site Setup - Operation

This task encompasses all the activities needed to locate and build a suitable facility within 15 miles of the Medicaid Agency office to encompass both the call center and the required business office. Access2Care will lease a single facility in West Virginia to serve all regions of the service area. We will finalize the lease and furnish the spaces following the contract signing.

Once we have signed the lease for the Operations Center, we will develop the build out specifications for the Operations Center to include the following components:

- Call Center
- Business Office
- Office Areas
- Data Communication Center
- LAN Network Cabling
- Security

We will also ensure that any modifications required for access security are identified in the build out specifications. We will work with the property owner to ensure the space is built out in accordance with our specifications and that the space will be ready prior to new hire training which will be conducted in the facility where they will be working.

3	Site Setup - Operation	29 days	Thu 4/3/14	Tue 5/13/14 Information Technology and Business Integration
3.1	Identify Location Needs and Requirements	1 day	Thu 4/3/14	Thu 4/3/14
3.2	New space	29 days	Thu 4/3/14	Tue 5/13/14 Information Technology and Business Integration
3.2.1	Identify spacing needs	1 day	Thu 4/3/14	Thu 4/3/14
3.2.2	Contact a realtor	1 day	Fri 4/4/14	Fri 4/4/14
3.2.3	Select top 3 locations	15 days	Mon 4/7/14	Fri 4/25/14
3.2.4	Receive floor plan	1 day	Mon 4/28/14	Mon 4/28/14
3.3	Identify furniture needs	10 days	Mon 4/28/14	Fri 5/9/14 Information Technology and Business Integration
3.3.1	Order Furniture	5 days	Mon 4/28/14	Fri 5/2/14
3.3.2	Receive Furniture	5 days	Mon 5/5/14	Fri 5/9/14
3.3.3	Select Final location	1 day	Mon 4/28/14	Mon 4/28/14
3.3.4	Negotiate Leasing Agreement	1 day	Tue 4/29/14	Tue 4/29/14
3.3.5	Sign Lease	1 day	Wed 4/30/14	Wed 4/30/14
3.4	Build out Specs	11 days	Tue 4/29/14	Tue 5/13/14 Information Technology and Business Integration
3.4.1	Send Specs to Contractor	1 day	Tue 4/29/14	Tue 4/29/14
3.4.2	Receive Pricing from Contractors	10 days	Wed 4/30/14	Tue 5/13/14
3.5	Build Out	9 days	Thu 5/1/14	Tue 5/13/14 Information Technology and Business Integration
3.5.1	Install Furniture	2 days	Mon 5/12/14	Tue 5/13/14
3.5.2	Electrical wiring	3 days	Thu 5/1/14	Mon 5/5/14
3.5.3	Data Wiring	3 days	Thu 5/1/14	Mon 5/5/14

**Task 4: Human Resources**

This task defines how Access2Care will recruit and train our staff for the operation of the NEMT brokerage project. This will include re-locating those current and experienced Access2Care staff who will become the WV operations leadership. Other Access2Care staff will be temporarily and periodically assigned to WV to ensure a thorough implementation.

**Personnel Recruiting**

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

Access2Care staffing specialists in our Denver office will use the staffing list to document the qualifications for the required staff. It is Access2Care's intent and desire to continue any recruitment efforts within the local area for all positions. Access2Care solicits job applicants from Workforce West Virginia and West Virginia's Welfare to Work Program, and advertises in local media and makes trip to local colleges to post and recruit staff.

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

**Update Training Materials**

We will review our existing training materials and update the materials to reflect the NET program and to incorporate the specific requirements of BMS. Our training includes the following modules:

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

## Conduct Training

Members of Access2Care's implementation team and training staff lead classroom training. We use Access2Care experts to provide hands-on training of the application. The experts will teach from the updated training materials as well as incorporate lessons learned from day-to-day operational experience.

<b>4</b>	<b>Human Resources</b>	<b>43 days</b>	<b>Thu 4/3/14</b>	<b>Mon 6/2/14 Human Resources</b>
4.1	Identify Hire Need	1 day	Thu 4/3/14	Thu 4/3/14
4.2	Post Open Position	5 days	Fri 4/4/14	Thu 4/10/14
4.3	Contact Recruiting/Temp Agency	1 day	Fri 4/4/14	Fri 4/4/14
4.4	Review Resumes	5 days	Fri 4/11/14	Thu 4/17/14
4.5	Preliminary Interviews	10 days	Fri 4/18/14	Thu 5/1/14
<b>4.6</b>	<b>Hire Staff</b>	<b>22 days</b>	<b>Fri 5/2/14</b>	<b>Mon 6/2/14 Human Resources</b>
4.6.1	<b>Project Manager (Director)</b>	<b>22 days</b>	<b>Fri 5/2/14</b>	<b>Mon 6/2/14 Human Resources and Vice President</b>
4.6.1.1	Interviews Schedule	3 days	Fri 5/2/14	Tue 5/6/14
4.6.1.2	Primary Offer Extended	1 day	Wed 5/7/14	Wed 5/7/14
4.6.1.3	Schedule Screening	1 day	Thu 5/8/14	Thu 5/8/14
4.6.1.4	Screening completed	1 day	Fri 5/9/14	Fri 5/9/14
4.6.1.5	Offer Accepted	1 day	Mon 5/12/14	Mon 5/12/14
4.6.1.6	New Hire Orientation	1 day	Mon 5/26/14	Mon 5/26/14
4.6.1.7	Employee Application Training - Kronos ; Oracol	1 day	Mon 5/26/14	Mon 5/26/14
4.6.1.8	Manager Training	5 days	Tue 5/27/14	Mon 6/2/14
4.6.2	<b>Assistant Manager</b>	<b>22 days</b>	<b>Fri 5/2/14</b>	<b>Mon 6/2/14 Human Resources and Vice President</b>
4.6.2.1	Interviews Schedule	3 days	Fri 5/2/14	Tue 5/6/14
4.6.2.2	Primary Offer Extended	1 day	Wed 5/7/14	Wed 5/7/14
4.6.2.3	Schedule Screening	1 day	Thu 5/8/14	Thu 5/8/14
4.6.2.4	Screening completed	1 day	Fri 5/9/14	Fri 5/9/14
4.6.2.5	Offer Accepted	1 day	Mon 5/12/14	Mon 5/12/14
4.6.2.6	New Hire Orientation	1 day	Mon 5/26/14	Mon 5/26/14
4.6.2.7	Employee Application Training - Kronos ; Oracol	1 day	Mon 5/26/14	Mon 5/26/14
4.6.2.8	Manager Training	5 days	Tue 5/27/14	Mon 6/2/14
4.6.3	<b>Customer Service Manager</b>	<b>22 days</b>	<b>Fri 5/2/14</b>	<b>Mon 6/2/14 Human Resources and Call Center Operations</b>
4.6.3.1	Interviews Schedule	3 days	Fri 5/2/14	Tue 5/6/14
4.6.3.2	Primary Offer Extended	1 day	Wed 5/7/14	Wed 5/7/14
4.6.3.3	Schedule Screening	1 day	Thu 5/8/14	Thu 5/8/14
4.6.3.4	Screening completed	1 day	Fri 5/9/14	Fri 5/9/14
4.6.3.5	Offer Accepted	1 day	Mon 5/12/14	Mon 5/12/14
4.6.3.6	New Hire Orientation	1 day	Mon 5/26/14	Mon 5/26/14
4.6.3.7	Employee Application Training - Kronos ; Oracol	1 day	Mon 5/26/14	Mon 5/26/14
4.6.3.8	Manager Training	5 days	Tue 5/27/14	Mon 6/2/14
4.6.4	<b>Network Manager</b>	<b>22 days</b>	<b>Fri 5/2/14</b>	<b>Mon 6/2/14 Human Resources and Network Operations</b>
4.6.4.1	Interviews Schedule	3 days	Fri 5/2/14	Tue 5/6/14
4.6.4.2	Primary Offer Extended	1 day	Wed 5/7/14	Wed 5/7/14
4.6.4.3	Schedule Screening	1 day	Thu 5/8/14	Thu 5/8/14
4.6.4.4	Screening completed	1 day	Fri 5/9/14	Fri 5/9/14
4.6.4.5	Offer Accepted	1 day	Mon 5/12/14	Mon 5/12/14
4.6.4.6	New Hire Orientation	1 day	Mon 5/26/14	Mon 5/26/14
4.6.4.7	Employee Application Training - Kronos ; Oracol	1 day	Mon 5/26/14	Mon 5/26/14
4.6.4.8	Manager Training	5 days	Tue 5/27/14	Mon 6/2/14
4.6.5	<b>Network Coordinators</b>	<b>22 days</b>	<b>Fri 5/2/14</b>	<b>Mon 6/2/14 Human Resources and Network Operations</b>
4.6.5.1	Interviews Schedule	3 days	Fri 5/2/14	Tue 5/6/14
4.6.5.2	Primary Offer Extended	1 day	Wed 5/7/14	Wed 5/7/14
4.6.5.3	Schedule Screening	1 day	Thu 5/8/14	Thu 5/8/14
4.6.5.4	Screening completed	1 day	Fri 5/9/14	Fri 5/9/14
4.6.5.5	Offer Accepted	1 day	Mon 5/12/14	Mon 5/12/14
4.6.5.6	New Hire Orientation	1 day	Mon 5/26/14	Mon 5/26/14
4.6.5.7	Training	5 days	Tue 5/27/14	Mon 6/2/14
4.6.7	<b>Call Center Supervisor</b>	<b>20 days</b>	<b>Fri 5/2/14</b>	<b>Thu 5/29/14 Human Resources and Call Center Operations</b>
4.6.7.1	Primary Offer Extended	3 days	Fri 5/2/14	Tue 5/6/14
4.6.7.2	Schedule Screening	1 day	Wed 5/7/14	Wed 5/7/14
4.6.7.3	Screening completed	1 day	Thu 5/8/14	Thu 5/8/14

4.6.7.4	Offer Accepted	1 day	Fri 5/9/14	Fri 5/9/14
4.6.7.5	New Hire Orientation	1 day	Fri 5/23/14	Fri 5/23/14
4.6.7.6	Training	5 days	Fri 5/23/14	Thu 5/29/14
4.6.8	<b>Call Center Staff</b>	18 days	Fri 5/2/14	Tue 5/27/14 Human Resources and Call Center Operations
4.6.8.1	Primary Offer Extended	1 day	Fri 5/2/14	Fri 5/2/14
4.6.8.2	Schedule Screening	1 day	Mon 5/5/14	Mon 5/5/14
4.6.8.3	Screening completed	1 day	Tue 5/6/14	Tue 5/6/14
4.6.8.4	Offer Accepted	1 day	Wed 5/7/14	Wed 5/7/14
4.6.8.5	New Hire Orientation	1 day	Wed 5/21/14	Wed 5/21/14
4.6.8.6	Training	5 days	Wed 5/21/14	Tue 5/27/14
4.6.9	<b>Public Transportation Coordinators</b>	17 days	Fri 5/2/14	Mon 5/26/14 Human Resources and Network Operations
4.6.9.1	Primary Offer Extended	1 day	Fri 5/2/14	Fri 5/2/14
4.6.9.2	Schedule Screening	1 day	Mon 5/5/14	Mon 5/5/14
4.6.9.3	Screening completed	1 day	Tue 5/6/14	Tue 5/6/14
4.6.9.4	Offer Accepted	1 day	Wed 5/7/14	Wed 5/7/14
4.6.9.5	New Hire Orientation	1 day	Tue 5/20/14	Tue 5/20/14
4.6.9.6	Training	5 days	Tue 5/20/14	Mon 5/26/14
4.6.10	<b>Prior Authorization Coordinators</b>	18 days	Fri 5/2/14	Tue 5/27/14 Human Resources and Network Operations
4.6.10.1	Primary Offer Extended	1 day	Fri 5/2/14	Fri 5/2/14
4.6.10.2	Schedule Screening	1 day	Mon 5/5/14	Mon 5/5/14
4.6.10.3	Screening completed	1 day	Tue 5/6/14	Tue 5/6/14
4.6.10.4	Offer Accepted	1 day	Wed 5/7/14	Wed 5/7/14
4.6.10.5	New Hire Orientation	1 day	Wed 5/21/14	Wed 5/21/14
4.6.10.6	Training	5 days	Wed 5/21/14	Tue 5/27/14
4.6.11	<b>Process Improvement</b>	18 days	Fri 5/2/14	Tue 5/27/14 Human Resources and Quality Assurance
4.6.11.1	Primary Offer Extended	1 day	Fri 5/2/14	Fri 5/2/14
4.6.11.2	Schedule Screening	1 day	Mon 5/5/14	Mon 5/5/14
4.6.11.3	Screening completed	1 day	Tue 5/6/14	Tue 5/6/14
4.6.11.4	Offer Accepted	1 day	Wed 5/7/14	Wed 5/7/14
4.6.11.5	New Hire Orientation	1 day	Wed 5/21/14	Wed 5/21/14
4.6.11.6	Training	5 days	Wed 5/21/14	Tue 5/27/14
4.6.12	<b>Service Recovery Specialist</b>	18 days	Fri 5/2/14	Tue 5/27/14 Human Resources and Quality Assurance
4.6.12.1	Primary Offer Extended	1 day	Fri 5/2/14	Fri 5/2/14
4.6.12.2	Schedule Screening	1 day	Mon 5/5/14	Mon 5/5/14
4.6.12.3	Screening completed	1 day	Tue 5/6/14	Tue 5/6/14
4.6.12.4	Offer Accepted	1 day	Wed 5/7/14	Wed 5/7/14
4.6.12.5	New Hire Orientation	1 day	Wed 5/21/14	Wed 5/21/14
4.6.12.6	Training	5 days	Wed 5/21/14	Tue 5/27/14
4.7	<b>New Hire Technology Request ETSR</b>	4 days	Thu 5/8/14	Tue 5/13/14 Human Resources
4.7.1	Project Manager (Director)	1 day	Tue 5/13/14	Tue 5/13/14
4.7.2	Assistant Manager	1 day	Tue 5/13/14	Tue 5/13/14
4.7.3	Customer Service Manager	1 day	Tue 5/13/14	Tue 5/13/14
4.7.4	Network Manager	1 day	Tue 5/13/14	Tue 5/13/14
4.7.5	Call Center Supervisor	1 day	Mon 5/12/14	Mon 5/12/14
4.7.6	Call Center Staff	1 day	Thu 5/8/14	Thu 5/8/14
4.7.7	Public Transportation Coordinators	1 day	Thu 5/8/14	Thu 5/8/14
4.7.8	Prior Authorization Coordinators	1 day	Thu 5/8/14	Thu 5/8/14
4.7.9	Process Improvement	1 day	Thu 5/8/14	Thu 5/8/14
4.7.10	Service Recovery Specialist	1 day	Thu 5/8/14	Thu 5/8/14

## Task 5: Telecom and Network Configuration

During this task, Access2Care will define, acquire and install the various telecommunication components of our system.

### Telecommunication Hardware and Circuits

Access2Care will verify the telecommunications capacity required and test the toll-free numbers, hardware and circuits. Given Access2Care's size and because of the number of contracts it manages, Access2Care always has several T1 circuits on order from the phone companies, allowing us to bypass the several month ordering lead time that is normal for T1 circuits. We will install and test all telecommunication voice and data components.

### Telephone System

The next step will be to test the telephone systems in the Operations Center, including the Language Line.



## IVR System

Access2Care will review our IVR scripts and protocols with BMS staff to identify specific changes that will be needed to tailor the system for West Virginia Members'. We will modify the system with the changes identified during the review. We also will verify capacity and acquire and install all appropriate hardware and infrastructure. We will then load and test the system's multi-language capabilities and the scripts.

5	<b>Telecom and Network Configuration</b>	<b>44 days</b>	<b>Tue 4/1/14</b>	<b>Fri 5/30/14 Information Technology</b>
5.1.1	<b>Phone Lines</b>	<b>44 days</b>	<b>Tue 4/1/14</b>	<b>Fri 5/30/14 Information Technology</b>
5.1.1.1	Identify 800 Line Requirements	1 day	Tue 4/1/14	Tue 4/1/14
5.1.1.2	Identify 800 Fax Line Requirements	1 day	Tue 4/1/14	Tue 4/1/14
5.1.1.3	Order 800 Number	1 day	Thu 4/3/14	Thu 4/3/14
5.1.1.4	Assign Call Queues	1 day	Thu 5/1/14	Thu 5/1/14
5.1.1.5	Create Call Flow	1 day	Thu 5/1/14	Thu 5/1/14
5.1.1.6	Record Wave File	1 day	Thu 5/1/14	Thu 5/1/14
5.1.1.7	Test 800 Numbers	1 day	Fri 5/30/14	Fri 5/30/14
5.1.2	<b>Communication Circuits</b>	<b>31 days</b>	<b>Thu 4/3/14</b>	<b>Thu 5/15/14 Information Technology</b>
5.1.2.1	Order Communication Circuits	1 day	Thu 4/3/14	Thu 4/3/14
5.1.2.2	Install Communication Circuits	1 day	Wed 5/14/14	Wed 5/14/14
5.1.2.3	Test Communication Circuits	1 day	Thu 5/15/14	Thu 5/15/14
5.2	<b>Computer Equipment / Cell Phones</b>	<b>33 days</b>	<b>Tue 4/1/14</b>	<b>Thu 5/15/14 Information Technology</b>
5.2.1	<b>Computers</b>	<b>20 days</b>	<b>Tue 4/1/14</b>	<b>Mon 4/28/14 Business Integration</b>
5.2.1.1	Identify Needs	1 day	Tue 4/1/14	Tue 4/1/14
5.2.1.2	Order Equipment	1 day	Thu 4/3/14	Thu 4/3/14
5.2.1.3	Receive Equipment	1 day	Fri 4/25/14	Fri 4/25/14
5.2.1.4	Configure Equipment	1 day	Mon 4/28/14	Mon 4/28/14
5.2.2	<b>Phone</b>	<b>15 days</b>	<b>Tue 4/1/14</b>	<b>Mon 4/21/14 Business Integration</b>
5.2.2.1	Desktop Phones	1 day	Tue 4/1/14	Tue 4/1/14
5.2.2.2	Order Headsets	1 day	Thu 4/3/14	Thu 4/3/14
5.2.2.3	Order Cell Phones including DR	1 day	Thu 4/3/14	Thu 4/3/14
5.2.2.4	Receive Phones	1 day	Fri 4/18/14	Fri 4/18/14
5.2.2.5	Test DRP Cell Phones	1 day	Mon 4/21/14	Mon 4/21/14
5.2.3	<b>Office Equipment</b>	<b>33 days</b>	<b>Tue 4/1/14</b>	<b>Thu 5/15/14 Business Integration</b>
5.2.3.1	Identify Needs	1 day	Tue 4/1/14	Tue 4/1/14
5.2.3.2	Order Equipment	1 day	Thu 4/3/14	Thu 4/3/14
5.2.3.3	Receive Equipment	1 day	Fri 4/18/14	Fri 4/18/14
5.2.3.4	Install Equipment	1 day	Wed 5/14/14	Wed 5/14/14
5.2.3.5	Test Equipment	1 day	Thu 5/15/14	Thu 5/15/14
5.3	<b>Communication Hardware</b>	<b>31 days</b>	<b>Thu 4/3/14</b>	<b>Thu 5/15/14 Information Technology</b>
5.3.1	<b>Network Routers</b>	<b>31 days</b>	<b>Thu 4/3/14</b>	<b>Thu 5/15/14 Information Technology</b>
5.3.1.1	Order Router	1 day	Thu 4/3/14	Thu 4/3/14
5.3.1.2	Receive Router	1 day	Fri 4/25/14	Fri 4/25/14
5.3.1.3	Install Router	1 day	Wed 5/14/14	Wed 5/14/14
5.3.1.4	Test Router	1 day	Thu 5/15/14	Thu 5/15/14
5.3.2	<b>Network Switches</b>	<b>31 days</b>	<b>Thu 4/3/14</b>	<b>Thu 5/15/14 Information Technology</b>
5.3.2.1	Order Switches	1 day	Thu 4/3/14	Thu 4/3/14
5.3.2.2	Receive Switches	1 day	Fri 4/25/14	Fri 4/25/14
5.3.2.3	Install Switches	1 day	Wed 5/14/14	Wed 5/14/14
5.3.2.4	Test Switches	1 day	Thu 5/15/14	Thu 5/15/14
5.3.3	<b>Data Center</b>	<b>2 days</b>	<b>Thu 4/3/14</b>	<b>Fri 4/4/14 Information Technology</b>
5.3.3.1	ViaWest Upgrades / Setup	1 day	Thu 4/3/14	Thu 4/3/14
5.3.3.2	UAT Environment	1 day	Thu 4/3/14	Thu 4/3/14
5.3.3.3	Production Server	1 day	Thu 4/3/14	Thu 4/3/14
5.3.3.4	Evaluate System	1 day	Thu 4/3/14	Thu 4/3/14
5.3.3.5	Purchase Systems	1 day	Fri 4/4/14	Fri 4/4/14

## Task 6: Access2Care Infrastructure

Access2Care will verify hardware requirements during this task and confirm installation and configuration of hardware in our West Virginia Operations Center. We also will test our backup site in our operations center.

### Verify Hardware System and Capacity Requirements

We will review utilization statistics with BMS and use our experience to verify the system-hardware capacity that we established during our existing operations and estimated during our proposal development analysis. We also will review our recommended hardware with BMS technical personnel to assure them that we are installing sufficient hardware capacity and developing a contingency plan for quickly upgrading hardware if the expected volumes increase significantly. Our analysis will project capacity needs for the duration of the contract, so we can plan when upgrades are needed, not simply react to degrading performance.

We also will ensure that our backup hardware in meets or exceeds the capacity and configurations of the hardware installed in the West Virginia center.

### Install and Configure Hardware

This task is the actual installation and configuration of the hardware necessary to operate all the components of the A2C system, including installation of appropriate security for the hardware and an UPS system. The hardware servers that have been currently identified include the following:

- Production Server
- Training Server
- SQL Server
- Citrix Server
- FTP Server
- Web Server

6	Access2Care Infrastructure	32 days	Tue 4/1/14	Wed 5/14/14 Business Integration
6.1	Identify A2C Gaps to client requirements	4 days	Tue 4/1/14	Fri 4/4/14
6.2	Verify Hardware System and Capacity Requirements	6 days	Tue 4/1/14	Tue 4/8/14
6.3	Install and Configure Equipment	32 days	Tue 4/1/14	Wed 5/14/14 Information Technology
6.3.1	Rack(s)	32 days	Tue 4/1/14	Wed 5/14/14 Information Technology
6.3.1.1	Define Number and Type Needed	1 day	Tue 4/1/14	Tue 4/1/14
6.3.1.2	Order Rack	1 day	Thu 4/3/14	Thu 4/3/14
6.3.1.3	Receive Rack	1 day	Fri 4/18/14	Fri 4/18/14
6.3.1.4	Install Rack	1 day	Wed 5/14/14	Wed 5/14/14
6.3.2	UPS System	32 days	Tue 4/1/14	Wed 5/14/14 Information Technology
6.3.2.1	Define Number and Type Needed	1 day	Tue 4/1/14	Tue 4/1/14
6.3.2.2	Order System	1 day	Thu 4/3/14	Thu 4/3/14
6.3.2.3	Receive System	1 day	Fri 4/25/14	Fri 4/25/14
6.3.2.4	Install System	1 day	Wed 5/14/14	Wed 5/14/14

### Task 7: Access2Care System

The A2C software is a complete working system that needs only to be modified to meet the specific reporting and billing requirements of each contract. Our installation approach, therefore, verifies that the system load contains representative data from BMS and the transportation providers. Because the system is completely Web-based and fully functional, it is available to the West Virginia team for demonstrations, training, prototyping, and modification. During implementation, we will demo the system to BMS staff to identify necessary changes. This approach is a type of Rapid Application Development (RAD) that expedites the change-definition process and lets BMS staff clearly see the impact of requested changes. Under an initial implementation this task encompasses the activities necessary to install and modify the A2C software, to meet the specific requirements of West Virginia. Our technique especially is beneficial to West Virginia because we are able to rapidly develop and demonstrate specific West Virginia policy and gate keeping rules. As the reviewer also will note from our work plan, our objective is to make all necessary changes and completely test the system (with the exception of BMS specific reports), before the training tasks for the new contract that will occur at the beginning of July. That way, our staff will be trained on the actual system, including West Virginia's customization and any updates they will be using during production. These training sessions will serve as one last testing of the system before Operational Readiness Testing.

### Implement A2C Prototype System

Immediately upon meeting with BMS staff, Access2Care will identify the legacy data that we need for the A2C system, as well as the data sources; and load them into a West Virginia specific A2C system. We will maintain

the populated system with actual West Virginia data and demonstrate the system for BMS. This system will then facilitate the definition of changes required for the new contract for the NET brokerage program.

### **Customize A2C Software**

We thoroughly review and demonstrate our automated system and the underlying process and protocols that the automation support. While we use a form of Joint Application Development for this particular component it is important that we both agree on the continuatino of this approach, and the details to support this vital function. Our analysis and design include but are not be limited to the following:

- Client eligibility verification
- CSR business rules (scripts)
- Prior approval process
- Gatekeeping
- Trip Assignment
- Provider Billing
- Provider Adjudication
- Complaint resolution and Tracking
- Reporting Modules

We will meet with BMS staff to discuss the design before the launch of the new contract. We will note any changes that need to be made, modify the system, and re-demonstrate the automated system to BMS. We also will review the operational procedures that have been modified by our staff as part of Task 8 (below). The testing team will provide feedback to the policy development team to make revisions as required.

We have an efficient, practical and user friendly solution for NET automation that is modifiable as necessary to support West Virginia Medicaid policy.

### **Client Eligibility Verification Services**

Access2Care understands that we will be required to create and maintain several eligibility interfaces for various eligible populations as follows:

We will meet with BMS and technical staff to jointly determine the best method for receiving updated eligibility data; and to explore backup alternatives that will enable us to obtain client eligibility information from alternate sources (e.g. automated verification systems, etc.). We will develop a letter of understanding of the communication protocols and test our communication service.

### **Modify/Prototype Web Portals**

The fundamental basis for the efficiencies achieved from our automated system are due to the transportation provider Web portal. This portal allows us direct, secure access to our partners in operating a successful transportation program for Medicaid clients. Because this portal is already in use, we will demo this portal and its use to BMS officials and make changes as required.

7	<b>Access2Care System</b>	31 days	Thu 4/3/14	Thu 5/15/14 Business Integration
7.1	Customize Existing Business Rules - A2C Software	9 days	Thu 5/1/14	Tue 5/13/14
7.2	Create New Business Rules - A2C Software	1 day	Wed 5/14/14	Wed 5/14/14
7.3	Verify GAPS are closed	1 day	Thu 5/15/14	Thu 5/15/14
7.4	<b>Update Static Data</b>	1 day	Thu 5/1/14	Thu 5/1/14 Business Integration
7.4.1	Trip Reason	1 day	Thu 5/1/14	Thu 5/1/14
7.4.2	Cancel Reason	1 day	Thu 5/1/14	Thu 5/1/14
7.4.3	Denial Reason	1 day	Thu 5/1/14	Thu 5/1/14
7.4.4	Contract Related Data	1 day	Thu 5/1/14	Thu 5/1/14
7.5	<b>Obtain Interface Data</b>	16 days	Thu 4/3/14	Thu 4/24/14 Business Integration
7.5.1	<b>Eligibility Data</b>	13 days	Thu 4/3/14	Mon 4/21/14 Business Integration
7.5.1.1	Obtain	5 days	Thu 4/3/14	Wed 4/9/14
7.5.1.2	Identify Separate Benefit Level	1 day	Thu 4/10/14	Thu 4/10/14
7.5.1.3	Test	2 days	Fri 4/11/14	Mon 4/14/14
7.5.1.4	Map to A2C	2 days	Tue 4/15/14	Wed 4/16/14
7.5.1.5	Develop Interface	2 days	Thu 4/17/14	Fri 4/18/14
7.5.1.6	Test Interface	1 day	Mon 4/21/14	Mon 4/21/14
7.5.2	<b>Facility Data</b>	16 days	Thu 4/3/14	Thu 4/24/14 Business Integration
7.5.2.1	Obtain	10 days	Thu 4/3/14	Wed 4/16/14
7.5.2.2	Test	1 day	Thu 4/17/14	Thu 4/17/14
7.5.2.3	Map to A2C	2 days	Fri 4/18/14	Mon 4/21/14
7.5.2.4	Develop Interface	2 days	Tue 4/22/14	Wed 4/23/14
7.5.2.5	Test Interface	1 day	Thu 4/24/14	Thu 4/24/14
7.5.3	<b>Billing File</b>	14 days	Thu 4/3/14	Tue 4/22/14 Claims and Billing Operations
7.5.3.1	Obtain	10 days	Thu 4/3/14	Wed 4/16/14
7.5.3.2	Test	1 day	Thu 4/17/14	Thu 4/17/14
7.5.3.3	Map to A2C	1 day	Fri 4/18/14	Fri 4/18/14
7.5.3.4	Develop Interface	1 day	Mon 4/21/14	Mon 4/21/14
7.5.3.5	Test Interface	1 day	Tue 4/22/14	Tue 4/22/14
7.5.4	<b>Encounter File</b>	14 days	Thu 4/3/14	Tue 4/22/14 Claims and Billing Operations
7.5.4.1	Obtain	10 days	Thu 4/3/14	Wed 4/16/14
7.5.4.2	Test	1 day	Thu 4/17/14	Thu 4/17/14
7.5.4.3	Map to A2C	1 day	Fri 4/18/14	Fri 4/18/14
7.5.4.4	Develop Interface	1 day	Mon 4/21/14	Mon 4/21/14
7.5.4.5	Test Interface	1 day	Tue 4/22/14	Tue 4/22/14

## Task 8: Test the A2C System

### Test the A2C System

Prior to go-live, BMS staff will have seen the system demonstrated several times, and all identified modifications will have been made to fully meet the specifications of the new contract. Local space will have been completed, telecommunication circuits will have been installed and tested, and local servers will have been installed and tested. At this point, the system at the West Virginia Operations Center will be tested internally by Access2Care technical staff. All tests will be reviewed by our Quality Manager to verify the changes have been made correctly. We will provide BMS with access to the results of our testing and demonstrate the changes to ensure that BMS is satisfied that the changes have been made in accordance with requested modifications.

8	<b>Test the A2C System</b>	1 day	Fri 5/16/14	Fri 5/16/14 Business Integration
8.1	Internal Software Testing	1 day	Fri 5/16/14	Fri 5/16/14
8.2	Software Reading for Training	1 day	Fri 5/16/14	Fri 5/16/14
8.3	Quality Assurance Business Sign Off	1 day	Fri 5/16/14	Fri 5/16/14
8.4	Network Business Sign Off	1 day	Fri 5/16/14	Fri 5/16/14
8.5	Call Center Sign Off	1 day	Fri 5/16/14	Fri 5/16/14
8.6	Claims Sign Off	1 day	Fri 5/16/14	Fri 5/16/14
8.7	Modifications as Necessary	1 day	Fri 5/16/14	Fri 5/16/14

**Task 9: Manuals and Print Materials, Outreach & Community Plan**

Access2Care will develop informational materials for internal operations, clients and transportation providers. All informational materials will be submitted for approval approved, and then published, and ready to be distributed.

Once the final requirements for the system and operation have been defined to meet the terms of the contract, Access2Care will update our plans, processes, and documentation to reflect all changes. We will develop and document the operational plans, administrative processes, and Policy and Procedures Manual concurrent with the development of the system modifications and have these submitted for approval at least 30 days prior to Operational Readiness Review date as required in Appendix 2, section III.A .

**Update Operational Plans**

Access2Care will develop the following operational plans to manage and monitor the Operations Phase of the project:

- Complaint Resolution and Tracking System Plan
- Quality Assurance Plan
- Disaster Recovery Plan
- Transition Plan

We will submit these plans for BMS review in conjunction with the timeliness requirements outlined in Appendix A of the RFP.

**Define Operational Processes and Protocols**

Before any updates to the Policy and Procedures Manual (PPM) begin, a checklist of processes will be verified. We will review this list with you to ensure that our list is complete. Each item on the list will become a chapter or component in the final PPM. We will then develop high level functional flowcharts of each process (multiple processes may be combined on a single flow chart depending upon the degree of integration) that defines the both the manual and automated components of the process. The flow charts will then become the basis for updating the PPM. While some firms bypass this step, we find our approach identifies problems earlier in the development cycle and forces us to understand the total impact of the integrated processes before implementation.

**Develop/Update Policy and Procedures Manual**

Access2Care will use our existing PPM along with the current BMS policy and procedures manual for the existing operation. Access2Care will update either our Policy and Procedures Manual, or the existing BMS PPM (whichever seems most appropriate) to incorporate changes specific to BMS, such as procedures to be used to improve the compliance of target populations with scheduled transports, and procedures to deal with last-minute requests from clients, scheduling changes, “no-shows”, and late-running vehicles. As noted, we will review our approach to the Manual with BMS during the Project Kickoff meeting, obtaining preliminary approval of the content before moving forward. We expect to complete the PPM and submit it to our Quality Manager for review before submitting it to BMS during Readiness review. Access2Care understands we cannot begin operations without an approved PPM.

**Develop Client Education Plans and Materials**

Access2Care has informational materials for both clients and transportation providers. Access2Care will work closely with BMS staff to determine the types of materials to be distributed (e.g. letters, brochures, information packets, etc.) before determining how to best lay out the content. At a minimum, these packets address the following topics:

- Change to the Access2Care program
- Reservations and scheduling process
- Urgent Care procedures
- Denials and appeals
- Clients rights and responsibilities
- Complaint resolution and appeals process

Access2Care will develop any needed new informational materials and submit them to BMS for approval.

**Develop Transportation Provider Brochures and Packets**

Access2Care will modify its existing transportation provider materials as necessary to incorporate any specific West Virginia requirements. At a minimum, these materials will address the following topics:

- Explanation of NET services
- Office hours and contact information
- Hours of transportation services
- How to become a provider

These materials will be available at all provider training session, and available upon request.

**Publish Informational Materials**

Upon BMS approval of all informational materials, Access2Care will submit camera-ready copies to printers and obtain final proofs. Final proofs will be submitted to BMS for final approval before publishing any materials.

**The West Virginia Plan for Outreach**

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

Communications materials, including brochures and public training presentations will be submitted to the BMS for review and approval before use. All materials will be customized for West Virginia, and made available in English and Spanish and if necessary, any other language needed. They will be written at a sixth grade level. These vital documents will be available to each identified Limited English Proficiency (LEP) group. We will develop culturally sensitive materials that include taglines describing how to get help translating the document for other language groups. We use internal bi-lingual staff, familiar with our processes, whenever possible to assist in the preparation of these materials.



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

## Develop Distribution Plan

Access2Care works with BMS staff to develop a distribution plan for all materials.

9	Manuals and Print Materials	60 days	Tue 4/1/14	Mon 6/23/14 All Departments
9.1	Operations Manual	59 days	Tue 4/1/14	Fri 6/20/14 All Departments
9.1.1	Update Quality Section	3 days	Thu 5/1/14	Mon 5/5/14 Quality Assurance
9.1.1.1	Update Section	1 day	Thu 5/1/14	Thu 5/1/14
9.1.1.2	Submit for Department for Review	1 day	Fri 5/2/14	Fri 5/2/14
9.1.1.3	Edit	1 day	Mon 5/5/14	Mon 5/5/14
9.1.1.4	Insert in Operation Manual	0 days	Mon 5/5/14	Mon 5/5/14
9.1.2	Update Policies and Procedure	4 days	Thu 5/1/14	Tue 5/6/14 Quality Assurance
9.1.2.1	Update Section	1 day	Thu 5/1/14	Thu 5/1/14
9.1.2.2	Submit for Department for Review	1 day	Fri 5/2/14	Fri 5/2/14
9.1.2.3	Edit	1 day	Mon 5/5/14	Mon 5/5/14
9.1.2.4	Insert in Operation Manual	1 day	Tue 5/6/14	Tue 5/6/14
9.1.3	Update Network Section	4 days	Thu 5/1/14	Tue 5/6/14 Network Operations
9.1.3.1	Update Section	1 day	Thu 5/1/14	Thu 5/1/14
9.1.3.2	Submit for Department for Review	1 day	Fri 5/2/14	Fri 5/2/14
9.1.3.3	Edit	1 day	Mon 5/5/14	Mon 5/5/14
9.1.3.4	Insert in Operation Manual	1 day	Tue 5/6/14	Tue 5/6/14
9.1.4	Update Call Center Section	4 days	Thu 5/1/14	Tue 5/6/14 Call Center Operations
9.1.4.1	Update Section	1 day	Thu 5/1/14	Thu 5/1/14
9.1.4.2	Submit for Department for Review	1 day	Fri 5/2/14	Fri 5/2/14
9.1.4.3	Edit	1 day	Mon 5/5/14	Mon 5/5/14
9.1.4.4	Insert in Operation Manual	1 day	Tue 5/6/14	Tue 5/6/14
9.1.5	Update Communications Section	4 days	Thu 5/1/14	Tue 5/6/14 Network Operations
9.1.5.1	Update Section	1 day	Thu 5/1/14	Thu 5/1/14
9.1.5.2	Submit for Department for Review	1 day	Fri 5/2/14	Fri 5/2/14
9.1.5.3	Edit	1 day	Mon 5/5/14	Mon 5/5/14
9.1.5.4	Insert in Operation Manual	1 day	Tue 5/6/14	Tue 5/6/14
9.1.6	Update Claims Section	28 days	Thu 5/1/14	Mon 6/9/14 Claims and Billing Operations
9.1.6.1	Update Section	20 days	Thu 5/1/14	Wed 5/28/14
9.1.6.2	Submit for Department for Review	4 days	Thu 5/29/14	Tue 6/3/14
9.1.6.3	Edit	3 days	Wed 6/4/14	Fri 6/6/14
9.1.6.4	Insert in Operation Manual	1 day	Mon 6/9/14	Mon 6/9/14
9.1.7	Update DRP and BC	27 days	Tue 4/1/14	Wed 5/7/14 Business Integration
9.1.7.1	Update Section	19 days	Tue 4/1/14	Fri 4/25/14
9.1.7.2	Submit for Department for Review	4 days	Mon 4/28/14	Thu 5/1/14
9.1.7.3	Edit Pass	3 days	Fri 5/2/14	Tue 5/6/14
9.1.7.4	Insert in Operation Manual	1 day	Wed 5/7/14	Wed 5/7/14
9.1.8	Edit	2 days	Tue 6/10/14	Wed 6/11/14
9.1.9	Submit to Client	1 day	Thu 6/12/14	Thu 6/12/14
9.1.10	Client Approval	1 day	Thu 6/19/14	Thu 6/19/14 BMS
9.1.11	Publish Manual	1 day	Fri 6/20/14	Fri 6/20/14
9.2	Update Transportation Provider Manual	20 days	Thu 5/1/14	Wed 5/28/14 Network Operations
9.2.1	Customize Manual	5 days	Thu 5/1/14	Wed 5/7/14
9.2.2	Submit for Department for Review	5 days	Thu 5/8/14	Wed 5/14/14
9.2.3	Edit	3 days	Thu 5/15/14	Mon 5/19/14
9.2.4	Submit to Client	1 day	Tue 5/20/14	Tue 5/20/14
9.2.5	Client Approval	1 day	Tue 5/27/14	Tue 5/27/14 BMS
9.2.6	Final Manual Released Internal	1 day	Wed 5/28/14	Wed 5/28/14
9.3	Update Facility Manual	32 days	Tue 4/1/14	Wed 5/14/14 Network Operations
9.3.1	Customize Manual	14 days	Tue 4/1/14	Fri 4/18/14
9.3.2	Submit for Department for Review	4 days	Mon 4/21/14	Thu 4/24/14
9.3.3	Edit	3 days	Fri 4/25/14	Tue 4/29/14
9.3.4	Submit to Client	1 day	Wed 4/30/14	Wed 4/30/14
9.3.5	Client Approval	5 days	Wed 5/7/14	Tue 5/13/14 BMS
9.3.6	Final Manual Released Internal	1 day	Wed 5/14/14	Wed 5/14/14
9.4	Update Member Educational Material	40 days	Tue 4/1/14	Tue 5/27/14 Network Operations
9.4.1	Update Education Material	19 days	Tue 4/1/14	Fri 4/25/14
9.4.2	Submit for Department Review	5 days	Mon 4/28/14	Fri 5/2/14
9.4.3	Submit to Client	1 day	Mon 5/5/14	Mon 5/5/14
9.4.4	Receive Member Eligibility File for Mailing	1 day	Tue 5/6/14	Tue 5/6/14
9.4.5	Client Approval	1 day	Mon 5/12/14	Mon 5/12/14 BMS
9.4.6	Send Material to Printer	1 day	Tue 5/13/14	Tue 5/13/14
9.4.7	Approve Proof	1 day	Wed 5/14/14	Wed 5/14/14
9.4.8	Obtain Internal Approval for Mailing	1 day	Thu 5/15/14	Thu 5/15/14
9.4.9	Mail Educational Material	9 days	Wed 5/14/14	Tue 5/27/14
9.5	Website	30 days	Tue 5/13/14	Mon 6/23/14 Business Integration
9.5.1	Customize Website	15 days	Tue 5/13/14	Mon 6/2/14
9.5.2	Submit for Department for Review	5 days	Tue 6/3/14	Mon 6/9/14
9.5.3	Edit	3 days	Tue 6/10/14	Thu 6/12/14
9.5.4	Submit to Client	1 day	Fri 6/13/14	Fri 6/13/14
9.5.5	Client Approval	1 day	Fri 6/20/14	Fri 6/20/14 BMS
9.5.6	Launch Website	1 day	Mon 6/23/14	Mon 6/23/14

**Task 10: Build Transportation Provider Network**

This task encompasses all the tasks necessary to recruit providers and to verify they meet BMS's health and safety standards, as follows:

**Finalize Provider Service Agreement**

The purpose of this task is to ensure that the agreement meets all West Virginia requirements before we begin new contract negotiations with providers. We will meet with your program or legal staff as necessary to ensure we have incorporated all West Virginia requirements into the agreement.

**Provider Manual and Processes**

The objective of this task is to update the provider related processes and incorporate these processes into the provider manual section of the PPM. We will update or develop the following processes:

- Provider Manual
- NET Provider Complaint Resolution and Grievance Process
- Provider Monitoring Plan
- Provider Billing Process

Within 30 days prior to Commencement of Operations under the new contract, Access2Care will develop and mail to all transportation providers an introductory informational package to include (1) URP procedures; (2) standards; (3) retrospective review procedures; and, (4) how to obtain prior authorizations and claims processing. We will review each process with BMS staff and submit them for final review and approval with the PPM.

**Recruitment**

Access2Care already has its recruitment process in place. We will continue to ensure we have sufficient transportation providers to transport clients immediately on the Commencement of Operations under the new contract. We also will solicit new providers, as needed, through the following:

- Direct mailing to potential providers announcing award of contract and our desire to identify and work with a select group of providers;
- Phone solicitation and contact via e-mail based primarily upon references from providers and providers that we are familiar with through our emergency and non-emergency transportation operations; and,
- Invitations to providers to attend group meetings in their local area to discuss the NET program and how they could be a part of that program.

In addition to recruiting for ambulatory clients, Access2Care is sensitive to special needs clients and our recruitment plan targets transportation providers with specialized capabilities. Recruitment is an ongoing process that will continue throughout our Operations Phase. We continually will assess our need for transportation providers by monitoring trip trends, trip volume, trip mix, and transportation provider performance to determine if we have the right number of providers with the right capabilities to meet the requirements of the population being served.

**Contract with Transportation Providers**

Access2Care conducts a preliminary evaluation of each individual potential transportation provider to determine if they can meet the requirements of the program. When a transportation provider is selected to join our network of providers, we negotiate trip rates and sign a Provider Service Agreement that will be contingent on the potential provider passing the credentialing process. Once the Provider Service Agreement is signed we begin our credentialing process to ensure that the provider, drivers and equipment meet all West Virginia requirements.

**Provider Orientation Materials**

This section of the training plan includes the agenda for our transportation provider orientation session. Our orientation session includes the following topics:

- NET program orientation
- Vehicle safety and cleanliness
- Driver qualifications and conduct
- Client Complaints
- Provider Complaints
- Provider Monitoring
- Provider trip scheduling and assignment
- Provider Trip Documentation
- Provider Billing Process

Our Training Plan identifies the locations and dates that the training will occur. We review our provider database and select locations that are accessible to the most providers. We will submit the provider Training Plan for review and approval.

**Driver Training Materials**

This section of our training plan will contain the detailed information required to implement the training program. Course curricula, schedules, training locations, and training personnel will be identified and submitted for BMS review.

Access2Care updates training materials to be specific to the West Virginia program and West Virginia requirements. Our materials include client handouts and PowerPoint presentations. We use computer simulations to demonstrate the information that is available on the provider website.

**Conduct Provider Training**

We will work with BMS to select training sites across the State to conduct both our orientation and training sessions. Once the sites are approved, we will conduct the training at each of the approved sites. Access2Care will provide each attendee with appropriate training material and provide for a question and answer period to resolve any issues that may not be covered in the training. Each trainee will have the opportunity to complete a training evaluation form to assist us ensuring that the training was well received, and beneficial to the trainee. We use the evaluations to improve each subsequent training session. All provider training will be completed at least 7 days before the Fully Operational Start Date.

### Establish Vehicle Inventory

Access2Care obtains an inventory of vehicles from each transportation provider to create an inventory in our system of every provider vehicle. We use this inventory to manage our initial and ongoing review of transportation provider-vehicle documents and inspections.

### Review Vehicle Records

Access2Care obtains copies of appropriate vehicle records, including registrations, insurance and annual inspections and will develop a process to maintain all the vehicle files. We will review each document to ensure that the record meets BMS and State requirements. Our A2C system maintains tracking dates on all vehicle records and produces tickler reports to remind Access2Care and the transportation provider when it is time to renew specific licenses, insurance, and so on.

As part of our records review, we review the maintenance records for each vehicle. We verify that records are kept and that scheduled routine maintenance are performed. We periodically audit provider maintenance records as part of our overall audit process of transportation providers. We will provide transportation providers with appropriate maintenance record keeping forms, files and processes and ensure they are used.

### Inspect Vehicles

Access2Care provides an initial inspection of each vehicle to certify that it is safe and acceptable for transporting clients. We document any deficiencies noted during the inspection and provide a copy of the inspection form to the transportation provider with a timetable for correcting any deficiencies. ***We update our A2C system with a pass/fail flag for each vehicle. We will not schedule any failed vehicles for trips. Our A2C system produces exception reports of failed vehicles for follow-up by our Network Representatives.***

### Establish Driver Roster

Access2Care collects a driver roster from each transportation provider and creates a profile of each operator in our system. We then use the A2C system to create reports to validate each operator's credentials and qualifications.

### Verify Driver Credentials

Access2Care prepares a report to identify which operator credentials are to be reviewed. We require the transportation provider to make copies of the appropriate credentials and submit them to Access2Care. We review these documents to ensure that all operators have appropriate, valid, and current credentials. Following this initial stage, Access2Care implements procedures to maintain files of credential documents for each operator at the Operations Center, including establishing "tickler files" to provide advance notification of the expiration of key credentials (such as driver's licenses, etc).

## Validate Operator Credentials

Access2Care conducts background checks, including criminal and Department of Motor Vehicles record checks for each driver using both ID and fingerprint validation. It is Access2Care's policy that all drivers take and pass drug tests. Access2Care requires each driver take and pass a drug test at an Access2Care approved laboratory as part of the initial credentialing process.

<b>10</b>	<b>Build Transportation Provider Network</b>	<b>144 days</b>	<b>Mon 12/9/13</b>	<b>Thu 6/26/14 Network Operations</b>
10.1	Build Demand Analysis	19 days	Tue 4/1/14	Fri 4/25/14
10.2	Develop Recruitment Plan	19 days	Tue 4/1/14	Fri 4/25/14
<b>10.3</b>	<b>Service Agreements</b>	<b>42 days</b>	<b>Tue 4/1/14</b>	<b>Wed 5/28/14 Network Operations</b>
10.3.1	Customize Agreement	9 days	Tue 4/1/14	Fri 4/11/14
10.3.2	Submit for Department Review	4 days	Mon 4/14/14	Thu 4/17/14
10.3.3	Department Approval	1 day	Fri 4/18/14	Fri 4/18/14
10.3.4	Submit to Legal for Review	5 days	Mon 4/21/14	Fri 4/25/14
10.3.5	Legal Approval	2 days	Mon 4/28/14	Tue 4/29/14
10.3.6	Submit to Client	1 day	Wed 4/30/14	Wed 4/30/14
10.3.7	Client Approval	15 days	Wed 5/7/14	Tue 5/27/14 BMS
10.3.8	Approved Provider Service Agreement	1 day	Wed 5/28/14	Wed 5/28/14
<b>10.4</b>	<b>Develop Recruitment Packages</b>	<b>3 days</b>	<b>Tue 4/1/14</b>	<b>Thu 4/3/14 Network Operations</b>
10.4.1	Customized Vehicle and Driver Checklist	2 days	Tue 4/1/14	Wed 4/2/14
10.4.2	Create Transportation Provider Instruction	3 days	Tue 4/1/14	Thu 4/3/14
10.4.3	Identify Volunteer Network Opportunities	3 days	Tue 4/1/14	Thu 4/3/14
<b>10.5</b>	<b>Recruit Current NET Transportation Providers</b>	<b>96 days</b>	<b>Mon 12/9/13</b>	<b>Mon 4/21/14 Network Operations</b>
10.5.1	Research Local Transportation Resources	15 days	Tue 4/1/14	Mon 4/21/14
10.5.2	Mail Recruitment Packet to Interested Transportation Provider	1 day	Mon 12/9/13	Mon 12/9/13
10.5.3	Reach out to existing volunteer network	15 days	Tue 4/1/14	Mon 4/21/14
<b>10.6</b>	<b>Credentialing</b>	<b>90 days</b>	<b>Fri 12/13/13</b>	<b>Thu 4/17/14 Network Operations</b>
<b>10.6.1</b>	<b>Receive Recruitment Packets</b>	<b>60 days</b>	<b>Fri 12/13/13</b>	<b>Thu 3/6/14 Network Operations</b>
10.6.1.1	Review Recruitment Packets	60 days	Fri 12/13/13	Thu 3/6/14
<b>10.6.2</b>	<b>Schedule On-site Inspections</b>	<b>15 days</b>	<b>Fri 3/7/14</b>	<b>Thu 3/27/14 Network Operations</b>
10.6.2.1	Conduct On-site Inspections	15 days	Fri 3/7/14	Thu 3/27/14
10.6.3	Enter Transportation Providers into the systems	10 days	Fri 3/21/14	Thu 4/3/14
10.6.4	Finalize Network	10 days	Fri 4/4/14	Thu 4/17/14
10.6.5	Audit Transportation Providers files in A2C System	5 days	Fri 4/11/14	Thu 4/17/14
10.6.6	Audit Sales Force Data	5 days	Fri 4/11/14	Thu 4/17/14
<b>10.7</b>	<b>Public Transportation Network</b>	<b>10 days</b>	<b>Tue 4/1/14</b>	<b>Mon 4/14/14 Network Operations</b>
10.7.1	Identify Fixed and Irregular Route Service	1 day	Tue 4/1/14	Tue 4/1/14
10.7.2	Obtain Bus Routes	1 day	Wed 4/2/14	Wed 4/2/14
10.7.3	Enter Transit Information in System	1 day	Tue 4/8/14	Tue 4/8/14
10.7.4	Load and Test Bus Route	1 day	Wed 4/9/14	Wed 4/9/14
10.7.5	Order Bus Tickets	1 day	Thu 4/10/14	Thu 4/10/14
10.7.6	Receive Bus Tickets	1 day	Fri 4/11/14	Fri 4/11/14
10.7.7	Inventory	1 day	Mon 4/14/14	Mon 4/14/14
10.7.8	Customize Distribution Process & Procedure	1 day	Tue 4/1/14	Tue 4/1/14
<b>10.8</b>	<b>New Transportation Provider Orientation</b>	<b>16 days</b>	<b>Thu 5/29/14</b>	<b>Thu 6/19/14 Network Operations</b>
10.8.1	Customize Training Material	2 days	Thu 5/29/14	Fri 5/30/14
10.8.2	Submit for Department Review	5 days	Mon 6/2/14	Fri 6/6/14
10.8.3	Edit Pass	3 days	Mon 6/9/14	Wed 6/11/14
10.8.4	Submit to Client	1 day	Thu 6/12/14	Thu 6/12/14
10.8.5	Client Approve	1 day	Thu 6/19/14	Thu 6/19/14 BMS
<b>10.9</b>	<b>Transportation Provider Training</b>	<b>66 days</b>	<b>Fri 3/21/14</b>	<b>Fri 6/20/14 Network Operations</b>
10.9.1	Establish Regional Training Site	15 days	Tue 4/1/14	Mon 4/21/14 A2C and BMS
10.9.2	Schedule Training and Notify Providers	5 days	Fri 3/28/14	Thu 4/3/14
10.9.3	Conduct Training	45 days	Fri 4/18/14	Thu 6/19/14
10.9.4	Certify Training Completed	1 day	Fri 6/20/14	Fri 6/20/14
10.9.5	Establish Provider Web Access	1 day	Fri 3/21/14	Fri 3/21/14
<b>10.10</b>	<b>Existing Recurring Trip Scheduling</b>	<b>33 days</b>	<b>Tue 5/13/14</b>	<b>Thu 6/26/14 Network Operations</b>
10.10.1	Identify Medical Facilities	1 day	Tue 5/13/14	Tue 5/13/14
10.10.2	Initial Contact Medical Facilities	3 days	Fri 5/16/14	Tue 5/20/14
10.10.3	Receive Trip Information from Facilities	7 days	Wed 5/21/14	Thu 5/29/14
10.10.4	Receive Trip Information from TP	7 days	Wed 5/21/14	Thu 5/29/14
10.10.5	Enter information into Spreadsheet	7 days	Mon 5/26/14	Tue 6/3/14
10.10.6	Compare list	1 day	Wed 6/4/14	Wed 6/4/14
10.10.7	Identify Issue	1 day	Thu 6/5/14	Thu 6/5/14
10.10.8	Load trip information into the A2C System	15 days	Fri 6/6/14	Thu 6/26/14
10.10.9	Notify Facility and Members of Transportation Schedule	4 days	Wed 6/11/14	Mon 6/16/14
10.10.10	QA Team Audit of scheduled trips	2 days	Tue 6/17/14	Wed 6/18/14

### Task 11: Claims

Access2Care will establish, maintain and monitor a state-of-the-art claims processing system featuring advanced components. This system will ensure that we process claims in an accurate and timely manner.

Our claims processing system is HIPAA-compliant and benchmark tested. It is fully operational today, already processing hundreds of thousands of claims a month for various other state and commercial contracts.

With our vast experience, we already have an existing claims billing process to service BMS on the scope and scale envisioned for this contract. We will partner with BMS to ensure that our billing processes are customized to your exact specifications.

11	Claims	28 days	Fri 4/18/14	Tue 5/27/14 Claims and Billing Operations
11.1	TP Oracle QA	2 days	Fri 4/18/14	Mon 4/21/14
11.2	Billing File	5 days	Thu 5/1/14	Wed 5/7/14 Claims and Billing Operations
11.2.1	Preferred Billing File Format	2 days	Thu 5/1/14	Fri 5/2/14
11.2.2	Submit Client	1 day	Mon 5/5/14	Mon 5/5/14
11.2.3	Electronic File Approved	1 day	Tue 5/5/14	Tue 5/5/14
11.2.4	Test File Sent To Client	1 day	Wed 5/7/14	Wed 5/7/14 A2C and BMS
11.3	Encounter File	3 days	Thu 5/1/14	Mon 5/5/14 Claims and Billing Operations
11.3.1	Process Documented and Approved	1 day	Thu 5/1/14	Thu 5/1/14
11.3.2	Electronic File Approved	1 day	Fri 5/2/14	Fri 5/2/14
11.3.3	Test File Sent To Client	1 day	Mon 5/5/14	Mon 5/5/14 A2C and BMS
11.4	Client Remittance	16 days	Tue 5/6/14	Tue 5/27/14 Claims and Billing Operations
11.4.1	Develop Process	15 days	Tue 5/6/14	Mon 5/26/14
11.4.2	Process Approved	1 day	Tue 5/27/14	Tue 5/27/14 A2C and BMS

### Task 12: Customize Client Reports

Access2Care understands the need for data to monitor and evaluate the success of the program. We will collaborate with BMS to develop the contractually required reports under this contract to your exact specifications. The reports will be delivered in accordance with the contract and within the applicable timeframes. The Access2Care system has the capability to monitor, track and store the required data elements as well as populate ad hoc reporting when required. We will partner with BMS to ensure that all reporting requirements are satisfactory to your needs within the RFP, upon contract award and during the life of the contract.

12	Customize Client Reports	23 days	Tue 5/13/14	Thu 6/12/14 Business Integration
12.1	Broker Monthly Report Card	1 day	Tue 5/13/14	Tue 5/13/14
12.2	Provider Monthly Report Card	1 day	Tue 5/13/14	Tue 5/13/14
12.3	Monthly County Level Detail Report	1 day	Tue 5/13/14	Tue 5/13/14
12.4	Monthly Call Center Report	1 day	Tue 5/13/14	Tue 5/13/14
12.5	Monthly Staffing Report	1 day	Tue 5/13/14	Tue 5/13/14
12.6	Monthly CSR Monitoring Report	1 day	Tue 5/13/14	Tue 5/13/14
12.7	Reservation Summary Report	1 day	Tue 5/13/14	Tue 5/13/14
12.8	Unduplicated Riders by Level of Service Report	1 day	Tue 5/13/14	Tue 5/13/14
12.9	Monthly Compliant Summary	1 day	Tue 5/13/14	Tue 5/13/14
12.10	Monthly Compliant Detail Report	1 day	Tue 5/13/14	Tue 5/13/14
12.11	Monthly Denial Summary Report	1 day	Tue 5/13/14	Tue 5/13/14
12.12	Monthly Denial Detail Report	1 day	Tue 5/13/14	Tue 5/13/14
12.13	Monthly Network Report	1 day	Tue 5/13/14	Tue 5/13/14
12.14	NEMT Services Scheduled Trip Requests Report	1 day	Tue 5/13/14	Tue 5/13/14
12.15	Provider Training Schedule	1 day	Tue 5/13/14	Tue 5/13/14
12.16	Accident and Incident Report	1 day	Tue 5/13/14	Tue 5/13/14
12.17	Biannual Member Satisfaction Survey Report	1 day	Tue 5/13/14	Tue 5/13/14
12.18	Quarterly FWA Report	1 day	Tue 5/13/14	Tue 5/13/14
12.18	Annual Report	1 day	Tue 5/13/14	Tue 5/13/14
12.19	Records of Vehicle Inspections	1 day	Tue 5/13/14	Tue 5/13/14
12.20	Monthly NEMT Provider Monitoring Report	1 day	Tue 5/13/14	Tue 5/13/14
12.21	Excessive Distance Report	1 day	Tue 5/13/14	Tue 5/13/14
12.22	Monthly Encounter Data Reconciliation Report	1 day	Tue 5/13/14	Tue 5/13/14
12.22	User Acceptance Testing and Approval of Report	22 days	Wed 5/14/14	Thu 6/12/14 Business Integration
12.22.1	Test Report	2 days	Wed 5/14/14	Thu 5/15/14
12.22.2	Submit to the Client	2 days	Fri 5/16/14	Mon 5/19/14
12.22.3	Client Approval	15 days	Fri 5/23/14	Thu 6/12/14 BMS



### Task 13: Internal Readiness Review

Access2Care will initiate this task with an internal review under the direction of the Quality Manager. The purpose of this review is to ensure we are ready for BMS review. We will allow three full days for this test; which will allow Access2Care staff 13 calendar days after this review to correct any deficiencies prior to the state review. Concurrent with this review, which will focus mostly on system readiness, provider training, vehicle inspection, and client education tasks are being conducted.

#### Review Readiness Checklist

The Quality Manager will prepare an Operational Readiness Checklist that will include reviews of credentialing documentation, staffing and infrastructure and test scenarios for the A2C System. At a minimum, this checklist will include:

- Provider Agreements Signed
- Policies and Procedures approved
- Informational materials approved
- Customer Service System tested and functioning
- Complaint Tracking system tested
- Report production system tested
- Website and portals tested and approved
- Systems and data security plan approved and in production
- Quality assurance plan approved
- Disaster recovery plan approved
- Transition plan approved

Once the items on the checklist are affirmed, the internal (Access2Care) readiness review can commence.

#### Conduct Readiness Review of NET System

The Quality Manager will orchestrate the review of the Readiness Review to ensure that Access2Care is ready for operations. The review will be scheduled for several days to provide for an in-depth review and for time to correct any deficiencies and re-test as required.

13	Internal Readiness Review	16 days	Thu 5/29/14	Thu 6/19/14 All Departments
13.1	Transportation Providers Trained & Ready	3 days	Thu 5/29/14	Mon 6/2/14
13.2	All Transportation Providers Loaded in A2C System	3 days	Thu 5/29/14	Mon 6/2/14
13.3	A2C Staff Trained	3 days	Thu 5/29/14	Mon 6/2/14
13.4	Call system and Staff Ready for Live Calls	3 days	Thu 5/29/14	Mon 6/2/14
13.5	Written Material Approved and Mailed	3 days	Thu 5/29/14	Mon 6/2/14
13.6	Web Portal Approved and Accessible	3 days	Thu 5/29/14	Mon 6/2/14
13.7	A2C Software Developed and Working	3 days	Thu 5/29/14	Mon 6/2/14
13.8	A2C System Signoff	3 days	Thu 5/29/14	Mon 6/2/14
13.9	Quality Assurance	3 days	Thu 5/29/14	Mon 6/2/14
13.10	Network	3 days	Thu 5/29/14	Mon 6/2/14
13.11	Call Center	3 days	Thu 5/29/14	Mon 6/2/14
13.12	Claims	3 days	Thu 5/29/14	Mon 6/2/14
13.13	Subscription trips entered	3 days	Thu 5/29/14	Mon 6/2/14
13.14	Electronic System Interfaces with Department	3 days	Thu 5/29/14	Mon 6/2/14
13.15	Transportation Providers Using A2C software	3 days	Thu 5/29/14	Mon 6/2/14
13.16	Bus Routes Entered & Tickets Ordered	3 days	Thu 5/29/14	Mon 6/2/14
13.17	Reports Completed & Approved	3 days	Thu 5/29/14	Mon 6/2/14
13.18	Identify-Correct Deficiencies	13 days	Tue 6/3/14	Thu 6/19/14

### Task 14: West Virginia Readiness Review

The following items will be reviewed in this task:

- That transportation providers are transitioned, trained, and ready to provide services
- That Access2Care's staff and transportation providers have information and are trained on all requirements
- That the automated call distribution system tested and ready for live calls; that CSR's are trained to receive calls
- That the test reports from the reporting system are run and accurate
- That the client website is functional
- That the A2C System is receiving and processing eligibility data from BMS
- That the transportation providers utilizing the A2C System for documenting and reporting trip transactions
- That Access2Care staff and transportation providers are trained to electronic requirements
- That the Client Service Satisfaction surveys are approved, and the methodology for distribution and analyzing them is in place and Access2Care staff trained to all requirements
- That Access2Care staff and transportation providers are trained to disaster recovery requirements
- That the initial Transition Plan has been accepted by BMS

The Quality Manager will orchestrate the review of the state Readiness review to ensure that Access2Care is ready for operations. The review will be scheduled to allow for time to correct any deficiencies noted in the review. Access2Care also wants to allow approximately two weeks for taking live calls during the transition period leading up to the operational cutover date. This will allow clients and/or medical providers to call Access2Care directly where trips need to be scheduled after the cutover date.

14	West Virginia Readiness Review	6 days	Mon 6/2/14	Mon 6/9/14 All Departments
14.1	Conduct Readiness Review	3 days	Mon 6/2/14	Wed 6/4/14
14.2	Correct Deficiencies	2 days	Thu 6/5/14	Fri 6/6/14
14.3	Pass Readiness	1 day	Mon 6/9/14	Mon 6/9/14 A2C and BMS

### Task 15: Operational Cutover

Once readiness is approved, Access2Care will request authorization to commence executing the transition plan for the new contract, which will be a continuation of taking live calls before the actual Fully Operational Start Date.

We proved during past implementations that a collaborative working relationship with state/client staff works best in the short timeframe during transition, and immediately after cutover. As issues are identified, Access2Care project staff are prepared to make immediate corrective action so as to minimize operational disruptions.

Access2Care's West Virginia-experienced operations team will remain in place during and after cutover should any problems that may arise.

15	Operational Cutover	65 days	Wed 4/2/14	Tue 7/1/14 All Departments
15.1	Begin Taking Live client Calls	1 day	Mon 6/16/14	Mon 6/16/14
15.2	Full Cutover	65 days	Wed 4/2/14	Tue 7/1/14

# Sample Report Package

**SAMPLE**

CallCenter - by Day by Hour (M-F 8AM-6PM)

2013-07-01

Day	Hour	Total Calls	Completed in Queue	Expired Deleted	Transferred External	Queue Escalated	Voice Mail	Avg Voice Mail	Max Voice Mail	Total Abandon	Avg Abandon	Max Abandon	% Abandon	Taken	Avg Taken	Max Taken	Avg Work	Max Work	Avg All Queue	Max All Queue	Avg Hold
July 1, 2013-MonDay		756	0	0	0	0	1	00:00:01	00:00:01	48	00:01:07	00:09:57	6.32%	707	00:00:47	00:11:48	00:05:02	00:34:00	00:00:48	00:11:48	00:01:36
July 2, 2013-TuesDay		629	0	0	0	0	2	00:02:44	00:02:45	23	00:00:43	00:02:47	3.61%	604	00:00:28	00:03:32	00:05:20	00:59:42	00:00:29	00:03:32	00:02:35
July 3, 2013-WednesDay		588	0	0	0	2	0	00:00:00	00:00:00	24	00:01:02	00:02:28	4.05%	562	00:00:31	00:07:43	00:05:07	00:57:39	00:00:32	00:07:43	00:01:44
July 4, 2013-ThursDay		0	0	0	0	0	0	00:00:00	00:00:00	0	00:00:00	00:00:00	0.00%	0	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00
July 5, 2013-FriDay		488	0	0	0	0	2	00:00:38	00:01:13	14	00:00:52	00:01:42	2.85%	472	00:00:25	00:06:42	00:05:21	00:50:03	00:00:26	00:06:42	00:01:40
July 6, 2013-SaturDay		0	0	0	0	0	0	00:00:00	00:00:00	0	00:00:00	00:00:00	0.00%	0	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00
July 7, 2013-SunDay		0	0	0	0	0	0	00:00:00	00:00:00	0	00:00:00	00:00:00	0.00%	0	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00
July 8, 2013-MonDay		895	0	0	0	0	3	00:01:24	00:04:13	76	00:02:04	00:13:00	8.41%	816	00:01:23	00:15:28	00:05:14	01:00:58	00:01:25	00:15:28	00:02:04
July 9, 2013-TuesDay		665	0	0	0	0	4	00:02:22	00:04:15	22	00:01:55	00:08:41	3.25%	639	00:00:34	00:04:46	00:05:22	00:41:44	00:00:36	00:08:41	00:01:42
July 10, 2013-WednesDay		651	0	0	0	0	1	00:02:48	00:02:48	14	00:00:31	00:03:09	2.14%	636	00:00:24	00:07:05	00:04:38	00:39:19	00:00:24	00:07:05	00:01:49
July 11, 2013-ThursDay		573	0	0	0	0	0	00:00:00	00:00:00	13	00:01:49	00:04:36	2.27%	560	00:00:14	00:05:54	00:04:46	00:40:56	00:00:16	00:05:54	00:01:28
July 12, 2013-FriDay		447	0	0	0	0	1	00:17:49	00:17:49	7	00:00:60	00:04:09	1.55%	439	00:00:16	00:03:57	00:05:18	01:06:25	00:00:19	00:17:49	00:01:40
July 13, 2013-SaturDay		0	0	0	0	0	0	00:00:00	00:00:00	0	00:00:00	00:00:00	0.00%	0	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00
July 14, 2013-SunDay		0	0	0	0	0	0	00:00:00	00:00:00	0	00:00:00	00:00:00	0.00%	0	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00
July 15, 2013-MonDay		794	0	0	0	0	4	00:02:30	00:05:44	83	00:01:38	00:10:14	10.35%	707	00:01:25	00:09:39	00:05:11	00:43:32	00:01:26	00:10:14	00:01:40
July 16, 2013-TuesDay		673	0	0	2	0	3	00:02:15	00:02:50	55	00:01:36	00:06:54	8.06%	613	00:01:09	00:15:36	00:05:04	00:55:32	00:01:10	00:15:36	00:01:57
July 17, 2013-WednesDay		566	0	0	0	0	0	00:00:00	00:00:00	27	00:01:22	00:04:05	4.75%	539	00:00:58	00:12:44	00:04:55	00:31:16	00:00:59	00:12:44	00:01:31
July 18, 2013-ThursDay		570	0	0	0	0	2	00:02:07	00:02:50	22	00:01:05	00:03:12	3.83%	546	00:00:41	00:10:32	00:05:14	00:30:14	00:00:42	00:10:32	00:01:48
July 19, 2013-FriDay		497	0	0	0	1	1	00:00:33	00:00:33	8	00:00:34	00:02:52	1.59%	488	00:00:13	00:03:31	00:05:14	00:58:31	00:00:13	00:03:31	00:02:04
July 20, 2013-SaturDay		0	0	0	0	0	0	00:00:00	00:00:00	0	00:00:00	00:00:00	0.00%	0	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00
July 21, 2013-SunDay		0	0	0	0	0	0	00:00:00	00:00:00	0	00:00:00	00:00:00	0.00%	0	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00
July 22, 2013-MonDay		780	0	0	0	0	1	00:01:46	00:01:46	42	00:01:18	00:04:37	5.36%	737	00:01:13	00:09:55	00:05:26	01:02:10	00:01:13	00:09:55	00:01:43
July 23, 2013-TuesDay		639	0	0	0	0	3	00:00:38	00:00:57	34	00:01:23	00:07:34	5.26%	602	00:00:50	00:06:11	00:05:12	00:48:59	00:00:53	00:07:34	00:01:32
July 24, 2013-WednesDay		583	0	0	0	0	0	00:00:00	00:00:00	10	00:00:51	00:02:16	1.72%	573	00:00:23	00:05:46	00:04:39	00:29:05	00:00:23	00:05:46	00:01:40
July 25, 2013-ThursDay		567	0	0	0	0	2	00:02:04	00:02:47	16	00:01:07	00:06:08	2.80%	549	00:00:34	00:05:53	00:05:14	00:45:44	00:00:35	00:06:08	00:01:39
July 26, 2013-FriDay		485	0	0	0	0	3	00:01:44	00:02:07	26	00:01:14	00:03:54	5.31%	456	00:01:02	00:07:27	00:05:45	01:16:48	00:01:02	00:07:27	00:01:54
July 27, 2013-SaturDay		0	0	0	0	0	0	00:00:00	00:00:00	0	00:00:00	00:00:00	0.00%	0	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00
July 28, 2013-SunDay		0	0	0	0	0	0	00:00:00	00:00:00	0	00:00:00	00:00:00	0.00%	0	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00	00:00:00
July 29, 2013-MonDay		862	0	0	0	0	5	00:03:24	00:05:58	150	00:02:19	00:42:02	17.24%	707	00:02:38	00:37:53	00:05:51	00:40:22	00:02:32	00:42:02	00:02:00
July 30, 2013-TuesDay		586	0	0	0	0	1	00:01:48	00:01:48	28	00:00:52	00:02:52	4.75%	557	00:00:46	00:07:45	00:05:41	00:55:40	00:00:46	00:07:45	00:01:48
July 31, 2013-WednesDay		563	0	0	0	0	5	00:03:22	00:06:01	54	00:02:49	00:15:47	9.47%	503	00:01:31	00:14:18	00:06:01	00:36:15	00:01:40	00:15:47	00:01:48
		13857	0	0	4	0	44	00:02:28	00:17:49	796	00:01:23	00:42:02	5.67%	13012	00:00:51	00:37:53	00:05:15	01:16:48	00:00:52	00:42:02	00:01:48

**Daily Performance & Quality Report  
For Trips Scheduled: 9/10/2013**

**Gross Trips by Level Of Service**

	<i>Ambulatory</i>	<i>Wheelchair</i>	<i>Other</i>	<i>Total</i>
Total	6,229	403	184	6,816

**Trips by Level Of Service (includes 'Cancelled')**

	Ambulatory			Wheelchair			Other			Total		
	# Mems	# Trips	% of LOS	# Mems	# Trips	% of LOS	# Mems	# Trips	% of LOS	# Mems	# Trips	% of LOS
No Cancel	2,466	4,890	78.50%	164	326	80.89%	27	53	28.80%	2,656	5,269	77.30%
Advance Notice Not Met	0	0	0.00%	0	0	0.00%	4	8	4.35%	4	8	0.12%
Caller Cancelled / Hold	41	73	1.17%	1	1	0.25%	2	4	2.17%	44	78	1.14%
Caller Hung-Up	2	4	0.06%	0	0	0.00%	1	2	1.09%	3	6	0.09%
Cancel - Misc.	41	81	1.30%	1	2	0.50%	5	10	5.43%	47	93	1.36%
Cancel- by Plan	30	61	0.98%	0	0	0.00%	5	12	6.52%	35	73	1.07%
Cancel- No Vendor Available	3	6	0.10%	1	2	0.50%	0	0	0.00%	4	8	0.12%
Cancel- SocialWorker/Facility	178	370	5.94%	7	16	3.97%	7	13	7.07%	190	399	5.85%
Cancelled - Duplicate Trip	110	234	3.76%	8	18	4.47%	3	7	3.80%	119	259	3.80%
Cancelled At Intake	23	46	0.74%	1	2	0.50%	32	63	34.24%	55	111	1.63%
Duplicate Call	1	2	0.03%	0	0	0.00%	0	0	0.00%	1	2	0.03%
Expired Eligibility	4	8	0.13%	0	0	0.00%	0	0	0.00%	4	8	0.12%
Not Eligible For Transport	0	0	0.00%	1	2	0.50%	0	0	0.00%	1	2	0.03%
Member Cancelled Prior to Trip	205	393	6.31%	17	31	7.69%	0	0	0.00%	222	424	6.22%
Member Did Not Confirm Appt.	4	8	0.13%	0	0	0.00%	0	0	0.00%	4	8	0.12%
Member No Show	18	24	0.39%	1	1	0.25%	0	0	0.00%	19	25	0.37%
Non-Covered Service	1	1	0.02%	0	0	0.00%	1	2	1.09%	2	3	0.04%
Non-Urgent Short Notice Denied	3	6	0.10%	0	0	0.00%	5	10	5.43%	8	16	0.23%
Not Closest Provider	1	2	0.03%	0	0	0.00%	0	0	0.00%	1	2	0.03%
Patient Cancelled / Refused	6	12	0.19%	0	0	0.00%	0	0	0.00%	6	12	0.18%
Patient D.O.A. / Expired	2	4	0.06%	1	2	0.50%	0	0	0.00%	3	6	0.09%
Provider Problem	1	2	0.03%	0	0	0.00%	0	0	0.00%	1	2	0.03%
Vendor No Show	1	2	0.03%	0	0	0.00%	0	0	0.00%	1	2	0.03%
Total	2,772	6,229	100.00%	186	403	100.00%	90	184	100.00%	3,015	6,816	100.00%

### Complaint Statistics

<u>TypeName</u>		<u>SubTypeName</u>	
Call Center	1	Appointment Incorrectly Scheduled	0
Driver	3	Appointment Not Scheduled	0
Inquiry	0	Bad Behavior	0
Member	0	Break-down	0
Plan	0	CSR was Rude	0
System	1	Dirty vehicle	1
Vehicle	0	Got Lost	0
		Inadequate Coverage	1
		Incorrect vehicle	0
		Lack of Equipment	0
		Late	0
		No Follow-up on Transport	0
		No-Show	0
		Non-Compliant	0
		On Hold too Long	0
		Other	0
		Response Time	0
		Routing Difficulties	0
		Rude	1
		Transportation Provider No-Show	0
		Un-kept	1
		Unclean	1
		Unmarked	0
		Unsafe Driving	0
		Unsafe driving/accident	0

### Denial Statistics

# Trips Denied:	2 (0%)	
Submitted After Timely Filing		0
No Documentation to Substantiate Trips		0
Member Cancelled Prior to Trip		0
Trip Not Authorized		0



# Access2Care

Transportation Solutions

## Monthly UM Report

Report period: 01/01/2013 to 08/31/2013

### Transportation Metrics

#### Completed Trip Legs by Vehicle Type

	Q1				Q2				Q3			YTD
	Jan	Feb	Mar	Total	Apr	May	Jun	Total	Jul	Aug	Total	
Ambulatory	7,358	7,297	8,990	23,645	10,139	10,286	11,138	31,563	10,061	8,750	18,811	74,019
Gas	1,336	1,714	2,176	5,226	2,398	2,611	2,833	7,842	3,269	1,508	4,777	17,845
Wheelchair	971	998	1,258	3,227	1,444	1,424	1,324	4,192	1,493	1,342	2,835	10,254
Stretcher	0	2	5	7	12	5	9	26	12	216	228	261
Total	9,665	10,011	12,429	32,105	13,993	14,326	15,304	43,623	14,835	11,816	26,651	102,379

#### Completed Trip Legs by Vehicle Type %

	Q1				Q2				Q3			YTD
	Jan	Feb	Mar	Total	Apr	May	Jun	Total	Jul	Aug	Total	
Ambulatory	76.13	72.89	72.33	73.649%	72.46	71.80	72.78	72.354%	67.82	74.05	70.583%	72.299%
Gas	13.82	17.12	17.51	16.278%	17.14	18.23	18.51	17.977%	22.04	12.76	17.924%	17.430%
Wheelchair	10.05	9.97	10.12	10.051%	10.32	9.94	8.65	9.610%	10.06	11.36	10.637%	10.016%
Stretcher	0.00	0.02	0.04	0.022%	0.09	0.03	0.06	0.060%	0.08	1.83	0.856%	0.255%
Total	100.00	100.00	100.00	100.00%	100.00	100.00	100.00	100.00%	100.00	100.00	100.00%	100.00%

#### Incomplete Reservations (by Trip Leg) - using TripOutcome

##### Reason

No show by Member	3,307
No show by Transportation Provider	123
Denied	2,749
Cancelled by Member	6,582
Cancelled by Transportation Provider	84,622
Other	16,986
<b>TOTAL</b>	<b>29,747</b>

	Q1				Q2				Q3			Total
	Jan	Feb	Mar	Total	Apr	May	Jun	Total	Jul	Aug	Total	
Member No Show	597	761	503	1,861	340	335	275	950	259	237	496	3,307
Provider No Show	9	7	11	27	18	38	18	74	16	6	22	123
Member Canceled	852	906	599	2,357	778	804	742	2,324	1,024	877	1,901	6,582
Cancelled - misc	812	1,240	763	2,815	784	844	675	2,303	878	790	1,668	6,786
Member Did Not Confirm	33	13	18	64	10	11	10	31	10	12	22	117
Spend Down Not Met	0	0	0	0	0	22	20	42	21	8	29	71
Total	2,303	2,927	1,894	7,124	1,930	2,054	1,740	5,724	2,208	1,930	4,138	16,986

#### DENIED TRIP SUMMARY

	Q1				Q2				Q3			Total
	Jan	Feb	Mar	Total	Apr	May	Jun	Total	Jul	Aug	Total	
Denied	66	62	141	269	193	547	501	1,241	720	519	1,239	2,749

#### Utilization Information

Number of Eligible Members (to-date) 116,275

	Q1			Q2			Q3	
	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Total	81,396	86,792	94,582	99,743	104,155	108,017	112,147	116,275

#### Denials by Type (# Trip Legs)

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Total
Addt info req and not received	0	0	0	14	30	29	50	46	169
Advance Notice Not Met	0	0	0	8	86	32	142	64	332
Does not meet Transpt Protocol	0	0	0	13	31	8	2	8	62
Exceeds Max Passenger	0	0	0	0	0	0	4	0	4
Expired Eligibility	0	0	0	2	30	46	0	88	166
Incomplete Information	0	0	0	12	19	10	34	64	139
Ineligible For Transport	0	0	0	0	2	2	6	2	12
No Cancel	46	54	139	100	164	156	170	60	889
Non-Covered Service	0	0	0	0	0	0	4	2	6
Non-Urgent Short Notice Denied	0	0	0	34	141	100	104	106	485
Closest Provider	0	0	0	0	0	0	2	0	2
or Available Transportation	0	0	0	0	1	0	0	1	2
Out of service area	0	0	0	0	0	22	24	0	46
Spend Down Not Met	0	0	0	2	32	82	168	72	356
Trip Distance Exceeded	0	0	0	0	2	2	0	0	4
Trip Limit Exceeded	0	0	0	0	0	2	0	0	2
Unable to Confirm	0	0	0	0	4	2	4	6	16
Untimely Filing	20	8	2	0	3	8	0	0	41
Vendor Cancel-Other	0	0	0	8	2	0	4	0	14

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Total
Wrong Level of Service & AMB	0	0	0	0	0	0	2	0	2
Total	66	62	141	193	547	501	720	519	2,749

	January	February	March	April	May	June	July	August	YTD
<b>0</b>	179	194	266	319	321	255	294	298	2,126
<b>1</b>	256	249	322	335	266	222	233	232	2,115
<b>2</b>	276	217	314	346	270	260	190	165	2,038
<b>3</b>	342	288	399	392	442	403	335	423	3,024
<b>4</b>	265	254	371	412	285	340	282	227	2,436
<b>5</b>	355	299	336	415	410	420	451	346	3,032
<b>6 or more</b>	3,092	3,407	3,954	4,352	5,123	5,196	5,239	4,249	34,612
<b>Backdated</b>	264	309	532	654	290	812	630	229	3,720
<b>Total</b>	5,029	5,217	6,494	7,225	7,407	7,908	7,654	6,169	53,103

	Q1				Q2				Q3				Total
	Jan	Feb	Mar	Total	Apr	May	Jun	Total	Jul	Aug	Total		
	0	0	0	0	0	0	0	0	0	2	2	2	
Abortion	0	0	0	0	0	1	0	1	0	1	1	2	
AlcoholAbuseEval	0	0	0	0	1	0	0	1	0	0	0	1	
AlcoholRehab	11	5	9	25	8	11	1	20	26	2	28	73	
Allergist	5	4	12	21	2	7	10	19	4	9	13	53	
Allergy	9	4	1	14	12	11	11	34	12	5	17	65	
Audiologist	3	6	8	17	12	5	9	26	5	7	12	55	
BdMember	1	0	0	1	0	0	0	0	0	0	0	1	
CCAA	0	0	0	0	0	1	0	1	0	0	0	1	
Chemotherapy	6	6	8	20	9	24	21	54	58	64	122	196	
Commevent	0	0	0	0	0	1	8	9	10	0	10	19	
CommunityPsychRehab	8	0	0	8	1	0	0	1	1	1	2	11	
Counselor	367	393	346	1,106	354	316	318	988	349	283	632	2,771	
CourtOrderExam	1	1	0	2	0	1	0	1	0	0	0	3	
DentalExam	33	29	35	97	42	43	34	119	35	53	88	304	
DentalService	105	116	125	346	138	126	161	425	171	171	342	1,113	
Dermatologist	26	19	24	69	37	24	32	93	34	36	70	232	
DevelopTherapy	3	0	0	3	7	6	7	20	5	2	7	30	
Dialysis	1,198	1,221	1,540	3,959	1,699	1,873	1,723	5,295	1,908	1,897	3,805	13,059	
DrugAbuseEval	14	3	2	19	3	7	15	25	3	15	18	62	
DrugRehab	108	77	106	291	152	133	52	337	66	86	152	780	
DurableMedEquip	5	3	4	12	5	4	2	11	10	4	14	37	
EduTrainEnroll	1	0	0	1	1	1	0	2	0	1	1	4	
Endocrinologist	10	3	14	27	14	18	13	45	19	18	37	109	
ENT	15	23	23	61	25	25	32	82	32	45	77	220	
EPSDT	0	0	0	0	0	0	0	0	0	2	2	2	
ERDischarge	6	4	2	12	4	2	2	8	0	3	3	23	
FamilyPlanning	0	1	1	2	0	2	5	7	0	4	4	13	
FamilyPractitioner	4	7	6	17	4	6	15	25	5	9	14	56	
FootCare	4	6	3	13	7	8	4	19	1	1	2	34	
FromUrgentCare	0	0	1	1	5	1	2	8	1	0	1	10	
Gastroenterologist	27	16	27	70	20	23	18	61	34	42	76	207	
GeriatricMedicine	0	0	0	0	0	0	1	1	1	0	1	2	
GroupTherapy	34	144	461	639	509	556	1,916	2,981	2,126	927	3,053	6,673	
HearingAid	4	2	2	8	3	6	5	14	3	2	5	27	
Hematologist	4	7	4	15	8	6	4	18	7	3	10	43	
HospitalAdmission	7	5	18	30	16	17	19	52	19	115	134	216	
HospitalDischarge	41	36	61	138	71	68	59	198	71	97	168	504	
HospitalOutpatient	13	7	20	40	33	22	17	72	40	22	62	174	
HospitalToHospital	0	2	2	4	4	0	0	4	1	43	44	52	
HyperbaricTreatment	0	0	0	0	1	0	0	1	0	0	0	1	
Immunizations	0	1	5	6	5	1	1	7	1	0	1	14	
InfusionTherapy	7	3	12	22	5	14	12	31	4	2	6	59	
InternalMedicine	16	16	24	56	55	44	37	136	33	64	97	289	
Lab	64	69	79	212	84	102	76	262	92	86	178	652	
LeadScreening	1	0	3	4	1	0	2	3	1	1	2	9	
Mammogram	18	14	20	52	24	17	22	63	20	22	42	157	
MHAdultRehab	26	22	23	71	24	53	42	119	33	46	79	266	
MHAdultTreat	32	38	38	108	77	96	96	269	171	125	296	673	
Neonatologist	6	3	4	13	4	1	11	16	9	0	9	38	
Nephrologists	17	13	23	53	23	19	13	55	16	17	33	141	
Neurologist	52	51	54	157	68	66	76	210	69	78	147	514	
NewHousing	0	0	0	0	0	1	0	1	0	0	0	1	
NursHomToNursHom	0	0	0	0	0	0	0	0	0	1	1	1	

	Q1				Q2				Q3				Total
	Jan	Feb	Mar	Total	Apr	May	Jun	Total	Jul	Aug	Total		
OBGYN	85	86	92	263	125	131	97	353	112	107	219	835	
OccupationalTherapy	11	8	9	28	6	3	10	19	12	16	28	75	
Oncologist	42	36	39	117	44	62	95	201	48	58	106	424	
Ophthalmologist	38	39	55	132	74	71	57	202	77	65	142	476	
Optical	43	41	68	152	49	47	49	145	54	69	123	420	
OpticalContact	0	0	0	0	2	0	0	2	0	0	0	2	
OpticalEyeglass	9	8	11	28	12	8	5	25	6	7	13	66	
OpticalRoutine	15	24	20	59	24	32	24	80	31	34	65	204	
Orthodontics	4	4	6	14	7	4	9	20	4	11	15	49	
Orthopedic	58	55	72	185	90	85	72	247	112	102	214	646	
Orthotic	3	2	0	5	3	3	0	6	7	5	12	23	
OrthoticServices	3	0	2	5	2	2	1	5	1	2	3	13	
PainManagement	48	87	81	216	93	72	86	251	80	95	175	642	
Pediatrician	48	41	32	121	48	43	48	139	58	60	118	378	
PediatricService	32	26	23	81	51	38	40	129	24	38	62	272	
Pharmacy	7	1	4	12	12	13	17	42	12	9	21	75	
PhysicalExam	2	7	3	12	7	9	6	22	3	4	7	41	
PhysicalMedicine	11	4	1	16	2	4	2	8	8	14	22	46	
PhysicalTherapy	188	278	363	829	335	327	314	976	377	418	795	2,600	
PhysicianServices	129	179	240	548	287	272	281	840	318	402	720	2,108	
Plan	2	0	0	2	1	1	2	4	0	0	0	6	
PlasticSurgeon	3	2	3	8	2	1	3	6	4	6	10	24	
Podiatrist	24	23	25	72	43	45	54	142	54	53	107	321	
Podiatry	8	9	13	30	12	16	11	39	7	19	26	95	
PrenatalServices	7	2	5	14	3	2	0	5	2	1	3	22	
PrimaryCarePhysician	783	720	930	2,433	953	978	807	2,738	939	910	1,849	7,020	
ProResourceFamCare	3	0	11	14	8	2	4	14	2	1	3	31	
Prosthetic	5	5	4	14	6	4	4	14	3	4	7	35	
ProstheticServices	2	2	4	8	6	3	3	12	8	3	11	31	
PsychiatricFacility	58	65	45	168	48	36	16	100	32	70	102	370	
PsychiatricServices	75	90	85	250	234	154	341	729	345	148	493	1,472	
Psychiatrist	449	514	578	1,541	517	566	484	1,567	558	533	1,091	4,199	
Psychologist	76	57	49	182	63	95	121	279	88	80	168	629	
PulmonaryTherapy	10	4	0	14	5	8	11	24	7	12	19	57	
Pulmonologist	22	12	20	54	35	16	24	75	18	24	42	171	
RadiationTreatment	51	61	50	162	80	42	64	186	86	76	162	510	
RadiologyServices	61	56	87	204	72	66	76	214	92	70	162	580	
Rehabilitation	46	28	22	96	76	130	149	355	142	141	283	734	
RHC	2	9	1	12	1	2	8	11	5	6	11	34	
Rheumatologist	10	10	16	36	17	11	14	42	22	13	35	113	
ResearchStudy	11	13	17	41	19	17	12	48	11	16	27	116	
RespiratoryCessation	0	0	0	0	0	0	1	1	0	0	0	1	
SpeechTherapy	18	22	43	83	59	37	34	130	20	30	50	263	
SponsoredEvent	0	0	2	2	0	0	0	0	7	0	7	9	
SportsMedicine	1	0	1	2	1	2	0	3	2	1	3	8	
SSI	0	1	0	1	0	0	1	1	1	0	1	3	
SupportGroups	1	0	2	3	5	7	4	16	0	1	1	20	
Surgeon	87	67	93	247	102	145	138	385	145	151	296	928	
ToUrgentCare	11	6	8	25	0	0	0	0	0	1	1	26	
TransplantService	2	5	4	11	6	2	3	11	5	7	12	34	
Urology	12	13	24	49	25	35	15	75	26	29	55	179	
VisionHearingScreen	0	1	0	1	0	0	0	0	0	0	0	1	
VocationalRehab	0	0	0	0	1	0	0	1	0	2	2	3	
WCEval	0	3	0	3	1	0	1	2	1	1	2	7	
WeightProgram	0	1	10	11	2	1	3	6	3	5	8	25	
WIC	1	3	5	9	3	3	4	10	2	4	6	25	
WICAppointment	13	6	9	28	14	6	15	35	10	8	18	81	
WoundCare	73	60	92	225	83	73	76	232	104	108	212	669	
Total	4,958	5,138	6,466	16,562	7,260	7,418	8,543	23,221	9,506	8,382	17,888	57,671	

Trips By Medical Reason % (as above)

	Q1				Q2				Q3				Total
	Jan	Feb	Mar	Total	Apr	May	Jun	Total	Jul	Aug	Total		
	0.00%	0.00%	0.00%	0.00	0.00%	0.00%	0.00%	0.00	0.00%	0.02%	0.01	0.003%	
Abortion	0.00%	0.00%	0.00%	0.00	0.00%	0.01%	0.00%	0.00	0.00%	0.01%	0.01	0.003%	
AlcoholAbuseEval	0.00%	0.00%	0.00%	0.00	0.01%	0.00%	0.00%	0.00	0.00%	0.00%	0.00	0.002%	
AlcoholRehab	0.22%	0.10%	0.14%	0.15	0.11%	0.15%	0.01%	0.09	0.27%	0.02%	0.16	0.127%	
Allergist	0.10%	0.08%	0.19%	0.13	0.03%	0.09%	0.12%	0.08	0.04%	0.11%	0.07	0.092%	
Allergy	0.18%	0.08%	0.02%	0.08	0.17%	0.15%	0.13%	0.15	0.13%	0.06%	0.10	0.113%	
Audiologist	0.06%	0.12%	0.12%	0.10	0.17%	0.07%	0.11%	0.11	0.05%	0.08%	0.07	0.095%	
BdMember	0.02%	0.00%	0.00%	0.01	0.00%	0.00%	0.00%	0.00	0.00%	0.00%	0.00	0.002%	
CCAA	0.00%	0.00%	0.00%	0.00	0.00%	0.01%	0.00%	0.00	0.00%	0.00%	0.00	0.002%	
Chemotherapy	0.12%	0.12%	0.12%	0.12	0.12%	0.32%	0.25%	0.23	0.61%	0.76%	0.68	0.340%	
Commevent	0.00%	0.00%	0.00%	0.00	0.00%	0.01%	0.09%	0.04	0.11%	0.00%	0.06	0.033%	
CommunityPsychRehab	0.16%	0.00%	0.00%	0.05	0.01%	0.00%	0.00%	0.00	0.01%	0.01%	0.01	0.019%	
Counselor	7.40%	7.65%	5.35%	6.68	4.88%	4.26%	3.72%	4.25	3.67%	3.38%	3.53	4.727%	
CourtOrderExam	0.02%	0.02%	0.00%	0.01	0.00%	0.01%	0.00%	0.00	0.00%	0.00%	0.00	0.005%	
DentalExam	0.67%	0.56%	0.54%	0.59	0.58%	0.58%	0.40%	0.51	0.37%	0.63%	0.49	0.527%	
DentalService	2.12%	2.26%	1.93%	2.09	1.90%	1.70%	1.88%	1.83	1.80%	2.04%	1.91	1.930%	
Dermatologist	0.52%	0.37%	0.37%	0.42	0.51%	0.32%	0.37%	0.40	0.36%	0.43%	0.39	0.402%	
DevelopTherapy	0.06%	0.00%	0.00%	0.02	0.10%	0.08%	0.08%	0.09	0.05%	0.02%	0.04	0.052%	
Dialysis	24.16%	23.76%	23.82%	23.90	23.40%	25.25%	20.17%	22.80	20.07%	22.63%	21.27	22.644%	
DrugAbuseEval	0.28%	0.06%	0.03%	0.11	0.04%	0.09%	0.18%	0.11	0.03%	0.18%	0.10	0.108%	



	Q1				Q2				Q3				Total
	Jan	Feb	Mar	Total	Apr	May	Jun	Total	Jul	Aug	Total		
DrugRehab	2.18%	1.50%	1.64%	1.76	2.09%	1.79%	0.61%	1.45	0.69%	1.03%	0.85	1.352%	
DurableMedEquip	0.10%	0.06%	0.06%	0.07	0.07%	0.05%	0.02%	0.05	0.11%	0.05%	0.08	0.064%	
EduTrainEnroll	0.02%	0.00%	0.00%	0.01	0.01%	0.01%	0.00%	0.01	0.00%	0.01%	0.01	0.007%	
Endocrinologist	0.20%	0.06%	0.22%	0.16	0.19%	0.24%	0.15%	0.19	0.20%	0.21%	0.21	0.189%	
ENT	0.30%	0.45%	0.36%	0.37	0.34%	0.34%	0.37%	0.35	0.34%	0.54%	0.43	0.381%	
EPSDT	0.00%	0.00%	0.00%	0.00	0.00%	0.00%	0.00%	0.00	0.00%	0.02%	0.01	0.003%	
ERDischarge	0.12%	0.08%	0.03%	0.07	0.06%	0.03%	0.02%	0.03	0.00%	0.04%	0.02	0.04	
FamilyPlanning	0.00%	0.02%	0.02%	0.01	0.00%	0.03%	0.06%	0.03	0.00%	0.05%	0.02	0.02%	
FamilyPractitioner	0.08%	0.14%	0.09%	0.10	0.06%	0.08%	0.18%	0.11	0.05%	0.11%	0.08	0.097%	
FootCare	0.08%	0.12%	0.05%	0.08	0.10%	0.11%	0.05%	0.08	0.01%	0.01%	0.01	0.059%	
FromUrgentCare	0.00%	0.00%	0.02%	0.01	0.07%	0.01%	0.02%	0.03	0.01%	0.00%	0.01	0.017%	
Gastroenterologist	0.54%	0.31%	0.42%	0.42	0.28%	0.31%	0.21%	0.26	0.36%	0.50%	0.42	0.359%	
GeriatricMedicine	0.00%	0.00%	0.00%	0.00	0.00%	0.00%	0.01%	0.00	0.01%	0.00%	0.01	0.003%	
GroupTherapy	0.69%	2.80%	7.13%	3.86	7.01%	7.50%	22.43%	12.84	22.36%	11.06%	17.07	11.571%	
HearingAid	0.08%	0.04%	0.03%	0.05	0.04%	0.08%	0.06%	0.06	0.03%	0.02%	0.03	0.047%	
Hematologist	0.08%	0.14%	0.06%	0.09	0.11%	0.08%	0.05%	0.08	0.07%	0.04%	0.06	0.075%	
HospitalAdmission	0.14%	0.10%	0.28%	0.18	0.22%	0.23%	0.22%	0.22	0.20%	1.37%	0.75	0.375%	
HospitalDischarge	0.83%	0.70%	0.94%	0.83	0.98%	0.92%	0.69%	0.85	0.75%	1.16%	0.94	0.874%	
HospitalOutpatient	0.26%	0.14%	0.31%	0.24	0.45%	0.30%	0.20%	0.31	0.42%	0.26%	0.35	0.302%	
HospitalToHospital	0.00%	0.04%	0.03%	0.02	0.06%	0.00%	0.00%	0.02	0.01%	0.51%	0.25	0.090%	
HyperbaricTreatment	0.00%	0.00%	0.00%	0.00	0.01%	0.00%	0.00%	0.00	0.00%	0.00%	0.00	0.002%	
Immunizations	0.00%	0.02%	0.08%	0.04	0.07%	0.01%	0.01%	0.03	0.01%	0.00%	0.01	0.024%	
InfusionTherapy	0.14%	0.06%	0.19%	0.13	0.07%	0.19%	0.14%	0.13	0.04%	0.02%	0.03	0.102%	
InternalMedicine	0.32%	0.31%	0.37%	0.34	0.76%	0.59%	0.43%	0.59	0.35%	0.76%	0.54	0.501%	
Lab	1.29%	1.34%	1.22%	1.28	1.16%	1.38%	0.89%	1.13	0.97%	1.03%	1.00	1.131%	
LeadScreening	0.02%	0.00%	0.05%	0.02	0.01%	0.00%	0.02%	0.01	0.01%	0.01%	0.01	0.016%	
Mammogram	0.36%	0.27%	0.31%	0.31	0.33%	0.23%	0.26%	0.27	0.21%	0.26%	0.23	0.272%	
MHAdultRehab	0.52%	0.43%	0.36%	0.43	0.33%	0.71%	0.49%	0.51	0.35%	0.55%	0.44	0.466%	
MHAdultTreat	0.65%	0.74%	0.59%	0.65	1.06%	1.29%	1.12%	1.16	1.80%	1.49%	1.65	1.167%	
Neonatologist	0.12%	0.06%	0.06%	0.08	0.06%	0.01%	0.13%	0.07	0.09%	0.00%	0.05	0.066%	
Nephrologists	0.34%	0.25%	0.36%	0.32	0.32%	0.26%	0.15%	0.24	0.17%	0.20%	0.18	0.244%	
Neurologist	1.05%	0.99%	0.84%	0.95	0.94%	0.89%	0.89%	0.90	0.73%	0.93%	0.82	0.891%	
NewHousing	0.00%	0.00%	0.00%	0.00	0.00%	0.01%	0.00%	0.00	0.00%	0.00%	0.00	0.002%	
NursHomToNursHom	0.00%	0.00%	0.00%	0.00	0.00%	0.00%	0.00%	0.00	0.00%	0.01%	0.01	0.002%	
OBGYN	1.71%	1.67%	1.42%	1.59	1.72%	1.77%	1.14%	1.52	1.18%	1.28%	1.22	1.448%	
OccupationalTherapy	0.22%	0.16%	0.14%	0.17	0.08%	0.04%	0.12%	0.08	0.13%	0.19%	0.16	0.130%	
Oncologist	0.85%	0.70%	0.60%	0.71	0.61%	0.84%	1.11%	0.87	0.50%	0.69%	0.59	0.735%	
Ophthalmologist	0.77%	0.76%	0.85%	0.80	1.02%	0.96%	0.67%	0.87	0.81%	0.78%	0.79	0.825%	
Optical	0.87%	0.80%	1.05%	0.92	0.67%	0.63%	0.57%	0.62	0.57%	0.82%	0.69	0.728%	
OpticalContact	0.00%	0.00%	0.00%	0.00	0.03%	0.00%	0.00%	0.01	0.00%	0.00%	0.00	0.003%	
OpticalEyeglass	0.18%	0.16%	0.17%	0.17	0.17%	0.11%	0.06%	0.11	0.06%	0.08%	0.07	0.11	
OpticalRoutine	0.30%	0.47%	0.31%	0.36	0.33%	0.43%	0.28%	0.34	0.33%	0.41%	0.36	0.35%	
Orthodontics	0.08%	0.08%	0.09%	0.08	0.10%	0.05%	0.11%	0.09	0.04%	0.13%	0.08	0.085%	
Orthopedic	1.17%	1.07%	1.11%	1.12	1.24%	1.15%	0.84%	1.06	1.18%	1.22%	1.20	1.120%	
Orthotic	0.06%	0.04%	0.00%	0.03	0.04%	0.04%	0.00%	0.03	0.07%	0.06%	0.07	0.040%	
OrthoticServices	0.06%	0.00%	0.03%	0.03	0.03%	0.03%	0.01%	0.02	0.01%	0.02%	0.02	0.023%	
PainManagement	0.97%	1.69%	1.25%	1.30	1.28%	0.97%	1.01%	1.08	0.84%	1.13%	0.98	1.113%	
Pediatrician	0.97%	0.80%	0.49%	0.73	0.66%	0.58%	0.56%	0.60	0.61%	0.72%	0.66	0.655%	
PediatricService	0.65%	0.51%	0.36%	0.49	0.70%	0.51%	0.47%	0.56	0.25%	0.45%	0.35	0.472%	
Pharmacy	0.14%	0.02%	0.06%	0.07	0.17%	0.18%	0.20%	0.18	0.13%	0.11%	0.12	0.130%	
PhysicalExam	0.04%	0.14%	0.05%	0.07	0.10%	0.12%	0.07%	0.09	0.03%	0.05%	0.04	0.071%	
PhysicalMedicine	0.22%	0.08%	0.02%	0.10	0.03%	0.05%	0.02%	0.03	0.08%	0.17%	0.12	0.080%	
PhysicalTherapy	3.79%	5.41%	5.61%	5.01	4.61%	4.41%	3.68%	4.20	3.97%	4.99%	4.44	4.508%	
PhysicianServices	2.60%	3.48%	3.71%	3.31	3.95%	3.67%	3.29%	3.62	3.35%	4.80%	4.03	3.655%	
Plan	0.04%	0.00%	0.00%	0.01	0.01%	0.01%	0.02%	0.02	0.00%	0.00%	0.00	0.010%	
PlasticSurgeon	0.06%	0.04%	0.05%	0.05	0.03%	0.01%	0.04%	0.03	0.04%	0.07%	0.06	0.042%	
Podiatrist	0.48%	0.45%	0.39%	0.43	0.59%	0.61%	0.63%	0.61	0.57%	0.63%	0.60	0.557%	
Podiatry	0.16%	0.18%	0.20%	0.18	0.17%	0.22%	0.13%	0.17	0.07%	0.23%	0.15	0.165%	
PrenatalServices	0.14%	0.04%	0.08%	0.08	0.04%	0.03%	0.00%	0.02	0.02%	0.01%	0.02	0.038%	
PrimaryCarePhysician	15.79%	14.01%	14.38%	14.69	13.13%	13.18%	9.45%	11.79	9.88%	10.86%	10.34	12.172%	
ProResourceFamCare	0.06%	0.00%	0.17%	0.08	0.11%	0.03%	0.05%	0.06	0.02%	0.01%	0.02	0.054%	
Prosthetic	0.10%	0.10%	0.06%	0.08	0.08%	0.05%	0.05%	0.06	0.03%	0.05%	0.04	0.061%	
ProstheticServices	0.04%	0.04%	0.06%	0.05	0.08%	0.04%	0.04%	0.05	0.08%	0.04%	0.06	0.054%	
PsychiatricFacility	1.17%	1.27%	0.70%	1.01	0.66%	0.49%	0.19%	0.43	0.34%	0.84%	0.57	0.642%	
PsychiatricServices	1.51%	1.75%	1.31%	1.51	3.22%	2.08%	3.99%	3.14	3.63%	1.77%	2.76	2.552%	
Psychiatrist	9.06%	10.00%	8.94%	9.30	7.12%	7.63%	5.67%	6.75	5.87%	6.36%	6.10	7.281%	
Psychologist	1.53%	1.11%	0.76%	1.10	0.87%	1.28%	1.42%	1.20	0.93%	0.95%	0.94	1.091%	
PulmonaryTherapy	0.20%	0.08%	0.00%	0.08	0.07%	0.11%	0.13%	0.10	0.07%	0.14%	0.11	0.099%	
Pulmonologist	0.44%	0.23%	0.31%	0.33	0.48%	0.22%	0.28%	0.32	0.19%	0.29%	0.23	0.297%	
RadiationTreatment	1.03%	1.19%	0.77%	0.98	1.10%	0.57%	0.75%	0.80	0.90%	0.91%	0.91	0.884%	
RadiologyServices	1.23%	1.09%	1.35%	1.23	0.99%	0.89%	0.89%	0.92	0.97%	0.84%	0.91	1.006%	
Rehabilitation	0.93%	0.54%	0.34%	0.58	1.05%	1.75%	1.74%	1.53	1.49%	1.68%	1.58	1.273%	
RHC	0.04%	0.18%	0.02%	0.07	0.01%	0.03%	0.09%	0.05	0.05%	0.07%	0.06	0.059%	
Rheumatologist	0.20%	0.19%	0.25%	0.22	0.23%	0.15%	0.16%	0.18	0.23%	0.16%	0.20	0.196%	
SleepStudy	0.22%	0.25%	0.26%	0.25	0.26%	0.23%	0.14%	0.21	0.12%	0.19%	0.15	0.20%	
SmokingCessation	0.00%	0.00%	0.00%	0.00	0.00%	0.00%	0.01%	0.00	0.00%	0.00%	0.00	0.00%	
SpeechTherapy	0.36%	0.43%	0.67%	0.50	0.81%	0.50%	0.40%	0.56	0.21%	0.36%	0.28	0.456%	
SponsoredEvent	0.00%	0.00%	0.03%	0.01	0.00%	0.00%	0.00%	0.00	0.07%	0.00%	0.04	0.016%	
SportsMedicine	0.02%	0.00%	0.02%	0.01	0.01%	0.03%	0.00%	0.01	0.02%	0.01%	0.02	0.014%	
SSI	0.00%	0.02%	0.00%	0.01	0.00%	0.00%	0.01%	0.00	0.01%	0.00%	0.01	0.005%	
SupportGroups	0.02%	0.00%	0.03%	0.02	0.07%	0.09%	0.05%	0.07	0.00%	0.01%	0.01	0.035%	
Surgeon	1.75%	1.30%	1.44%	1.49	1.40%	1.95%	1.62%	1.66	1.53%	1.80%	1.65	1.609%	

	Q1				Q2				Q3				Total
	Jan	Feb	Mar	Total	Apr	May	Jun	Total	Jul	Aug	Total		
ToUrgentCare	0.22%	0.12%	0.12%	0.15	0.00%	0.00%	0.00%	0.00	0.00%	0.01%	0.01	0.045%	
TransplantService	0.04%	0.10%	0.06%	0.07	0.08%	0.03%	0.04%	0.05	0.05%	0.08%	0.07	0.059%	
Urology	0.24%	0.25%	0.37%	0.30	0.34%	0.47%	0.18%	0.32	0.27%	0.35%	0.31	0.310%	
VisionHearingScreen	0.00%	0.02%	0.00%	0.01	0.00%	0.00%	0.00%	0.00	0.00%	0.00%	0.00	0.002%	
VocationalRehab	0.00%	0.00%	0.00%	0.00	0.01%	0.00%	0.00%	0.00	0.00%	0.02%	0.01	0.005%	
WC5val	0.00%	0.06%	0.00%	0.02	0.01%	0.00%	0.01%	0.01	0.01%	0.01%	0.01	0.012%	
ValProgram	0.00%	0.02%	0.15%	0.07	0.03%	0.01%	0.04%	0.03	0.03%	0.06%	0.04	0.043%	
WIC	0.02%	0.06%	0.08%	0.05	0.04%	0.04%	0.05%	0.04	0.02%	0.05%	0.03	0.043%	
WICAppointment	0.26%	0.12%	0.14%	0.17	0.19%	0.08%	0.18%	0.15	0.11%	0.10%	0.10	0.140%	
WoundCare	1.47%	1.17%	1.42%	1.36	1.14%	0.98%	0.89%	1.00	1.09%	1.29%	1.19	1.160%	
Total	100.00%	100.00%	100.00%	100.00	100.00%	100.00%	100.00%	100.00	100.00%	100.00%	100.00	100.00%	

**Monthly Performance & Quality Report**  
**For Trips Between: 08/01/2013 and 08/31/2013**

**Gross Number of Trips by Level Of Service**

	Ambulatory	Stretcher	Wheelchair	Other	Total
Total	134,690	12	9,073	3,823	147,598

**Trips by Level Of Service (includes 'Cancelled' reason)**

	Ambulatory			Stretcher			Wheelchair			Other			Total		
	# Mems	# Trips	% of LOS	# Mems	# Trips	% of LOS	# Mems	# Trips	% of LOS	# Mems	# Trips	% of LOS	# Mems	# Trips	% of LOS
No Cancel	6,506	95,060	70.58%	6	10	83.33%	388	6,891	75.95%	239	1,179	30.84%	7,008	103,140	69.88%
Addt info req and not received	2	6	0.00%	0	0	0.00%	0	0	0.00%	40	80	2.09%	42	86	0.06%
Advance Notice Not Met	11	22	0.02%	0	0	0.00%	1	2	0.02%	77	161	4.21%	89	185	0.13%
Beneficiary Has Med-B/Alt Cov	1	2	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	1	2	0.00%
Caller Cancelled / Hold	342	1,345	1.00%	0	0	0.00%	23	64	0.71%	25	89	2.33%	386	1,498	1.01%
Caller Hung-Up	22	48	0.04%	0	0	0.00%	0	0	0.00%	71	145	3.79%	93	193	0.13%
Cancel - Misc.	299	3,023	2.24%	0	0	0.00%	14	155	1.71%	125	304	7.95%	420	3,482	2.36%
Cancel- by Plan	81	1,606	1.19%	0	0	0.00%	6	102	1.12%	17	142	3.71%	103	1,850	1.25%
Cancel- No Show Return	8	16	0.01%	0	0	0.00%	0	0	0.00%	0	0	0.00%	8	16	0.01%
Cancel- No Vendor Available	9	44	0.03%	0	0	0.00%	3	30	0.33%	1	2	0.05%	13	76	0.05%
Cancel- SocialWorker/Facility	985	7,905	5.87%	2	2	16.67%	34	265	2.92%	30	194	5.07%	1,037	8,366	5.67%
Cancelled - Duplicate Trip	492	4,806	3.57%	0	0	0.00%	21	252	2.78%	23	145	3.79%	532	5,203	3.53%
Cancelled At Intake	139	974	0.72%	0	0	0.00%	7	51	0.56%	404	898	23.49%	534	1,923	1.30%
Documentation Request	6	66	0.05%	0	0	0.00%	0	0	0.00%	3	6	0.16%	9	72	0.05%
Does not meet Transpt Protocol	0	0	0.00%	0	0	0.00%	1	2	0.02%	0	0	0.00%	1	2	0.00%
Duplicate Call	11	122	0.09%	0	0	0.00%	0	0	0.00%	4	10	0.26%	15	132	0.09%
Expired Eligibility	37	102	0.08%	0	0	0.00%	2	4	0.04%	3	6	0.16%	42	112	0.08%
General Information	2	12	0.01%	0	0	0.00%	0	0	0.00%	41	84	2.20%	43	96	0.07%
Incomplete Information	0	0	0.00%	0	0	0.00%	1	2	0.02%	1	2	0.05%	2	4	0.00%
Ineligible For Transport	4	99	0.07%	0	0	0.00%	0	0	0.00%	0	0	0.00%	4	99	0.07%
LOS Not Available	2	4	0.00%	0	0	0.00%	1	2	0.02%	2	3	0.08%	5	9	0.01%
Member Cancelled Prior to Trip	3,059	17,034	12.65%	0	0	0.00%	190	1,135	12.51%	25	82	2.14%	3,258	18,251	12.37%
Member Did Not Confirm Appt.	217	368	0.27%	0	0	0.00%	9	14	0.15%	4	7	0.18%	228	389	0.26%
Member No Show	843	1,735	1.29%	0	0	0.00%	36	57	0.63%	4	13	0.34%	879	1,805	1.22%
No Resources Available	1	2	0.00%	0	0	0.00%	0	0	0.00%	0	0	0.00%	1	2	0.00%
Non Medical Transport	0	0	0.00%	0	0	0.00%	0	0	0.00%	1	4	0.10%	1	4	0.00%
Non-Covered Service	3	12	0.01%	0	0	0.00%	0	0	0.00%	23	48	1.26%	26	60	0.04%
Non-Urgent Short Notice Denied	19	36	0.03%	0	0	0.00%	3	6	0.07%	69	142	3.71%	91	184	0.12%
Not Closest Provider	15	34	0.03%	0	0	0.00%	0	0	0.00%	26	57	1.49%	41	91	0.06%
Other Available Transportation	6	12	0.01%	0	0	0.00%	0	0	0.00%	8	16	0.42%	14	28	0.02%
Patient Cancelled / Refused	6	11	0.01%	0	0	0.00%	1	2	0.02%	0	0	0.00%	7	13	0.01%
Patient Condition Changed	1	20	0.01%	0	0	0.00%	0	0	0.00%	0	0	0.00%	1	20	0.01%
Patient D.O.A. / Expired	6	88	0.07%	0	0	0.00%	2	30	0.33%	0	0	0.00%	8	118	0.08%
Provider Problem	1	17	0.01%	0	0	0.00%	0	0	0.00%	0	0	0.00%	1	17	0.01%
Timely Denial	3	6	0.00%	0	0	0.00%	0	0	0.00%	1	2	0.05%	4	8	0.01%
Trip Distance Exceeded	1	2	0.00%	0	0	0.00%	0	0	0.00%	1	2	0.05%	2	4	0.00%
Vendor Cancel-Other	0	0	0.00%	0	0	0.00%	1	3	0.03%	0	0	0.00%	1	3	0.00%

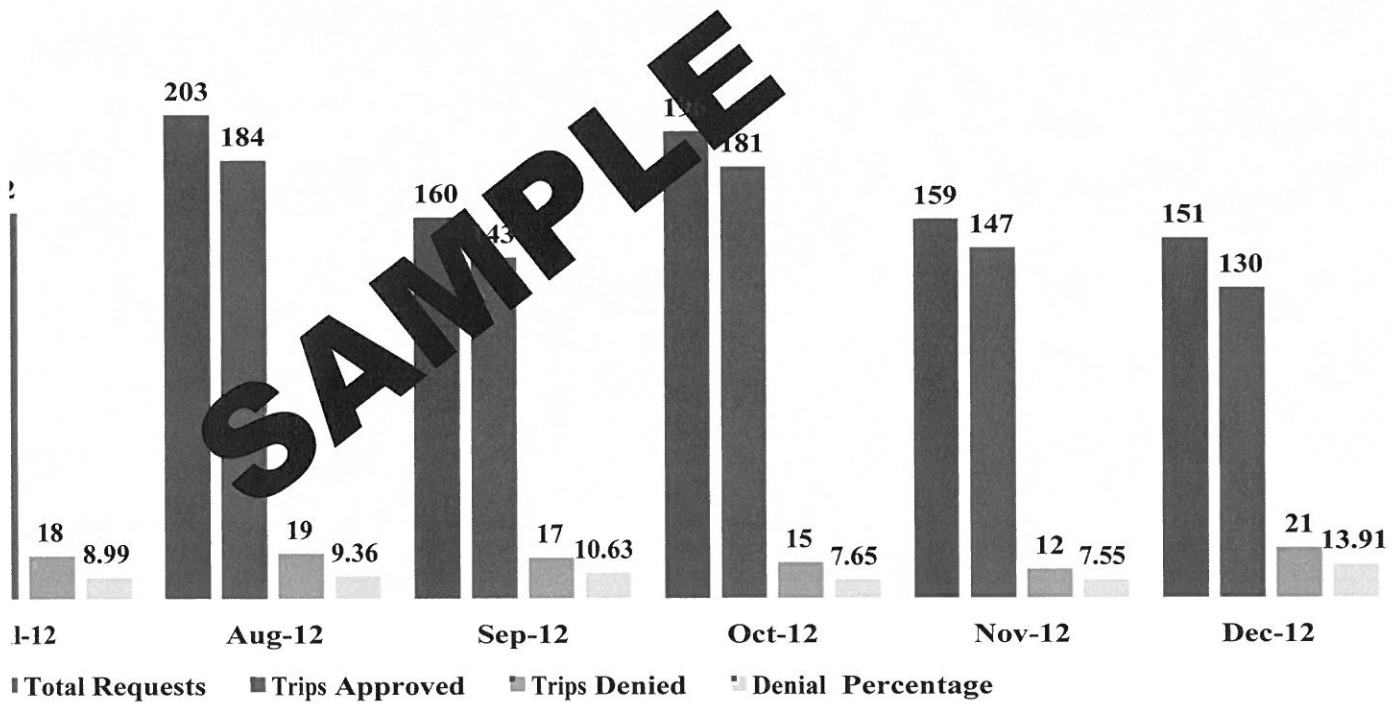


	Ambulatory			Stretcher			Wheelchair			Other			Total		
	# Mems	# Trips	% of LOS	# Mems	# Trips	% of LOS	# Mems	# Trips	% of LOS	# Mems	# Trips	% of LOS	# Mems	# Trips	% of LOS
Vendor No Show	24	56	0.04%	0	0	0.00%	2	4	0.04%	0	0	0.00%	26	60	0.04%
Total	7,097	134,690	100.00%	8	12	100.00%	418	9,073	100.00%	1,095	3,823	100.00%	7,819	147,598	100%

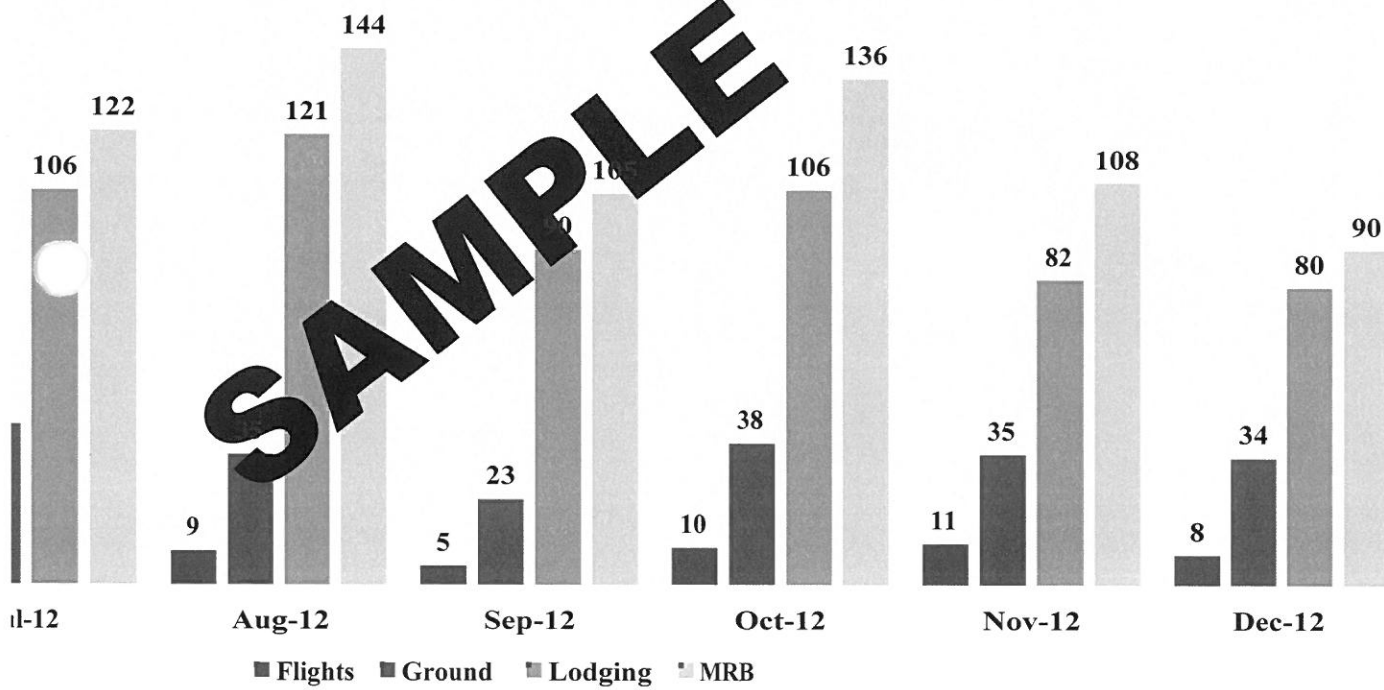
#### Other Measures

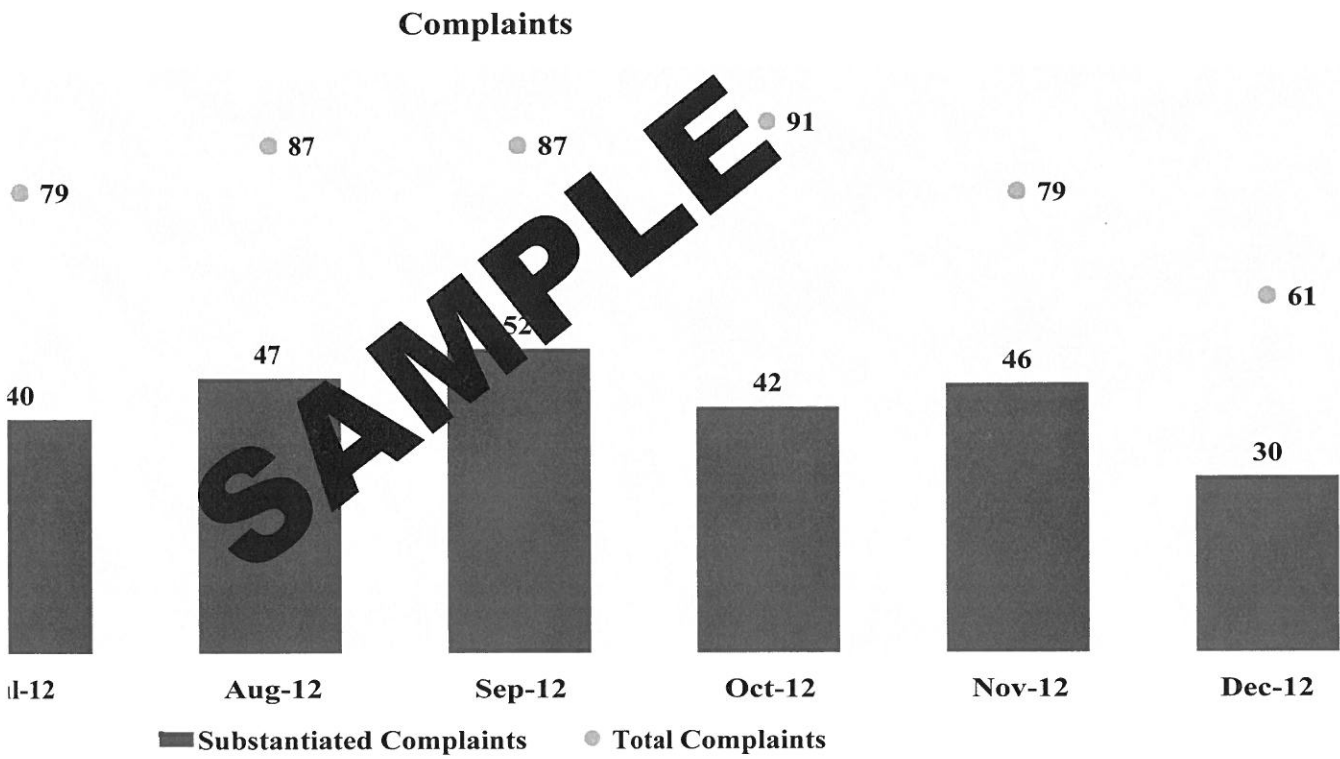
Number of unique members utilizing transportation:	7,007	
Total # of eligible members:	238,385	
Trips scheduled with less than 24-hour notice:	1,137	
Standing Order trips:	2,890	
Trips Denied:	49	
Total # of trips (including 'Cancelled'):	147,598	
Total # of Cancelled trips:	44,738	
Total # of Completed trips:	102,864	
Utilization Rate:	2.94%	
Number of reimbursed lodging nights:	0	
Number of reimbursed meals:	0	
Cost for meals and lodging:	0	
Number of calls received:	20,885	
Average Hold Time (per call):	01:22	
Average Talk Time (per call):	4:32	
Average Abandonment Rate:	7.22%	
Number of substantiated complaints (%):	11	0.011%
Complaint-free trip rate:	99.989%	
Trip and Complaint Counts by County:		

### Long Distance Transportation



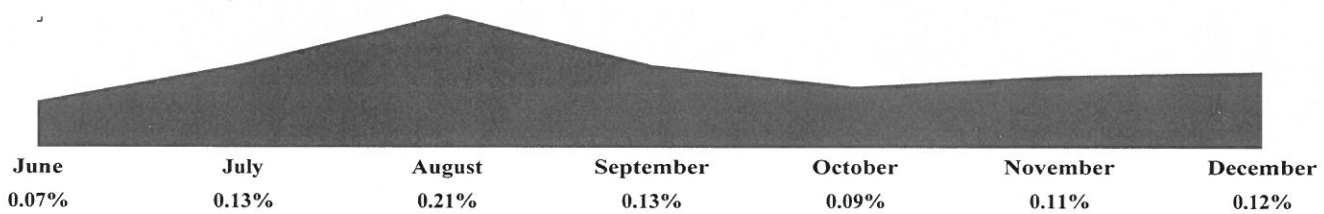
### Long Distance Transportation



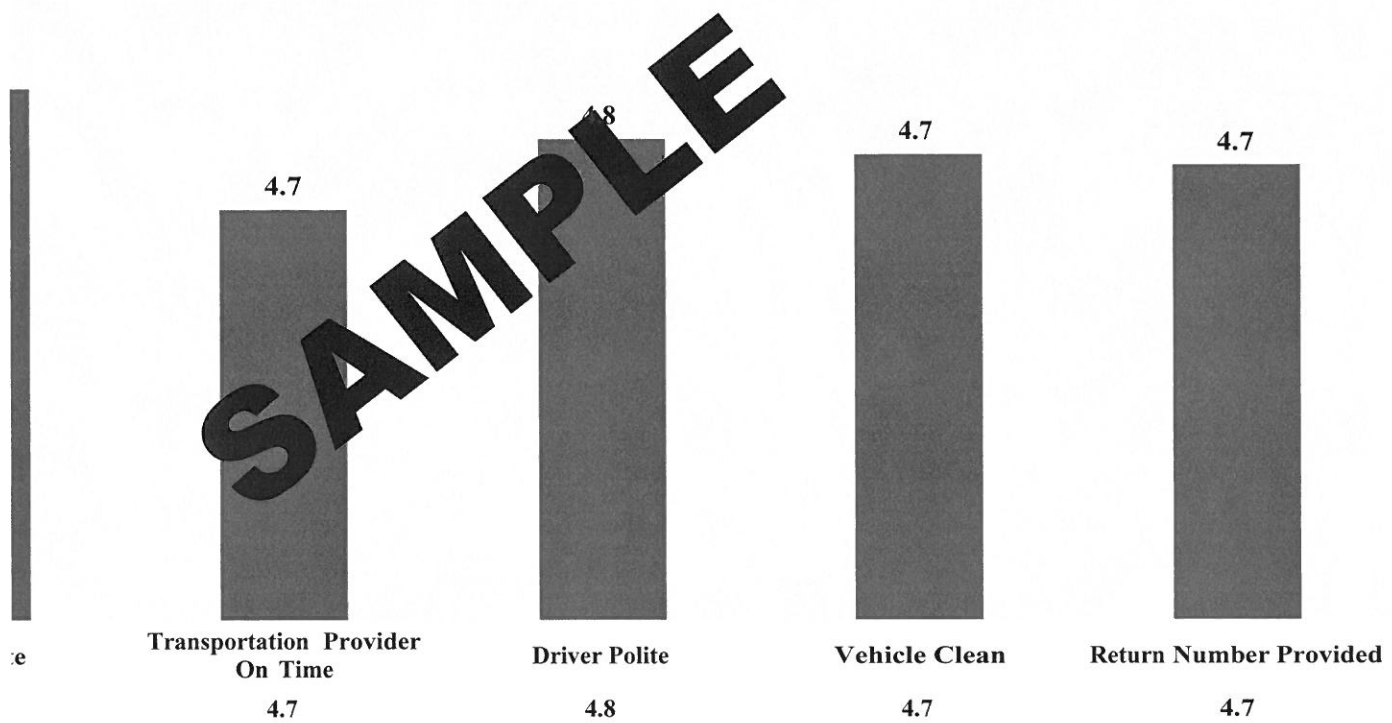


**Transportation Provider No-Shows**

**SAMPLE**



## Customer Satisfaction Surveys





Report Period: 1/1/2012 - 12/31/2012

Provider Name	Provider Start Date	Provider Term Date	Driver Name	Drivers License #	Driver Start Date	Driver Term Date
John Doe Transportation	5/1/12		John Doe	D430-7967-5149-03	5/1/12	
John Doe Transportation	5/1/12		Alex Doe	D430-7967-3149-03	5/1/12	5/15/12
Jane Doe Transit	7/15/12	12/1/12	Jane Doe	J123-1579-1244-01	7/15/12	12/1/12
Jane Doe Transit	7/15/12	12/1/12	Jack Doe	J321-8747-1456-33	7/15/12	12/1/12
Jane Doe Transit	7/15/12	12/1/12	Tim Doe	J321-2566-1456-33	9/1/12	12/1/12

**Access2Care**  
Accident/Moving Violation Report

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Moving Violation ☐ Accident ☐ Trip #: \_\_\_\_\_

Accident Location (including City, State, & Zip Code): \_\_\_\_\_

**TRANSPORT PROVIDER VEHICLE**

Driver: \_\_\_\_\_ (Last Name, First Name) Attendant (if applicable): \_\_\_\_\_ (Last Name, First Name)

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Provider Vehicle VIN #: \_\_\_\_\_

Vehicle Year, Make, Model: \_\_\_\_\_

Vehicle License #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Vehicle Damage (if none, list none): \_\_\_\_\_

Citation Issued: ☐ Yes ☐ No If yes, photocopy must be attached to this report.

**VENDOR AUTOMOBILE INSURANCE**

Company Name: \_\_\_\_\_ Subscriber: \_\_\_\_\_

Exp Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

**VEHICLE # 2 (OTHER VEHICLE OR PROPERTY OWNER)**

Driver: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Vehicle License #: \_\_\_\_\_ State: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Vehicle VIN #: \_\_\_\_\_

Vehicle Year, Make, Model: \_\_\_\_\_

Vehicle Owner (if other than Driver): \_\_\_\_\_

Owner Address (including city, State, Zip): \_\_\_\_\_

Driver's Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_

**VEHICLE #2 INSURANCE**

Company Name: \_\_\_\_\_ Subscriber: \_\_\_\_\_

Exp Date: \_\_\_\_\_ Phone #: \_\_\_\_\_

Vehicle Damage (if none, list NONE): \_\_\_\_\_

**Access2Care**  
Accident/Moving Violation Report

Witnesses: ☐ Yes ☐ No List name(s), complete address & phone number

#1: \_\_\_\_\_

#2: \_\_\_\_\_

Police Report: ☐ Yes ☐ No If yes, list Officer Name, Report #, & Agency:

Copy must be provided to Access2Care within 48 hours of accident, 24 hours if injuries occurred)

Additional Riders On-Board? ☐ Yes ☐ No

(If yes, list Name, Mailing Address & Relationship to Client/Member.)

Member On-Board? ☐ Yes ☐ No

Trip #: \_\_\_\_\_

Member Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone#: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_

Member #: \_\_\_\_\_ Injury? ☐ Yes ☐ No

Injury Description (if none, list NONE): \_\_\_\_\_

Additional Member on-board? ☐ Yes ☐ No

If yes, Trip #: \_\_\_\_\_

Member Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Alt. Phone #: \_\_\_\_\_

Member #: \_\_\_\_\_ Injury? ☐ Yes ☐ No

Injury Description (if none, list NONE): \_\_\_\_\_

If more than two additional plan members are on board at the time of the accident, information should be attached using separate pages.

Statements of those involved in the accident and observations at the scene:

(Use additional page(s) if needed.)

All information has been completed.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Position: \_\_\_\_\_

Report Period: 1/1/2012 - 12/31/2012

Provider Name	Billing Street	Billing City	Billing State	County	Veh Year	Veh Make	Veh Model	VIN	Lic Plate	Fleet Number	Veh Type	HSV Reg	Proof of Ins
John Doe Transportation	37 Pleasant St	Tomahawk	WI	Dane	2006	Ford	E350	1A10456789G9123456	BL10-310	N/A	WCV	NO	YES
Jane Doe Transit	431 West Lambert Rd	Madison	WI	Dane	2009	Toyota	Camry	1A10456789G9123457	RGS-672	15	CAR	NO	YES

Contract:

Report Period: 10/1/2012 - 12/31/2012

Program	Subplan	Category Name	Total	Open	Closed
Connect System	NE DCP and SSAD		0		
		Total	0		
	NE MCD		0		
		Total	0		
		Total	0		
MMIS System	*NE MCD FFS	Transportation Provider	73	35	38
		Call Center		0	2
		Member	1	1	1
		Plan	1	0	1
		Total	78	36	42
	NE MCD Mng MH	Transportation Provider	18	10	8
		Call Center	2	1	1
		Member	1	1	0
		Total	21	12	9
	NE MCD Mng Ph	Transportation Provider	56	31	25
		Call Center	5	0	5
		Total	61	31	30
		Total	160	79	81
Nfocu System	NE SSAD	Transportation Provider	17	8	9
		Call Center	1	0	1
		Total	18	8	10
		Total	18	8	10

Contract:

Report Period:

1/1/2012 - 12/31/2012

Category Name	Total Complaints	Open	Closed
Transportation Provider	36	17	19
Call Center	9	3	6
Participant	1	0	1

Complaint Category	How Received	Date Received	ID	Complaint	Resolution	Status	Date Closed	Closed By	Provider
Call Center	Phone	8/22/2012 10:29:54 AM	0	Complaint: Member Called Access 2 Care Friday Aug 17 at 5:52pm to set up ride for appt today Monday (Aug 20th) appt at 10:00 am and 3:00pm member was told they couldnt schedule the ride, member states he was advised they couldnt schedule over the weekend, but he was never told he couldnt schedule on Fridays he was under the impression that he was making the appt 2 days before Member asked to speak with Manager or Supervisor or Headquarter and the Rep(Nadja) wouldnt let him speak to either. Member called Access 2 Care today at 7:45 am and still unable to get thru to a supervisor nor is his ride scheduled.	Complaint not valid. Member's insurance requires a 2 business day notice. The CSR tried explaining this to the member who proceeded to use profanity and hung up on CSR. This information will be forwarded on to the HP so they can speak with the member regarding his behavior.	Closed	8/22/2012 5:04:47 PM	AMR User	
Participant	Phone	12/7/2012 1:11:59 PM	0	Complaint: Member stated access 2 care would not pick her up today, originally when she scheduled the ride appt it was going to be just her, member ended up having her 2 children which would make the ride total 3 passengers. The Cab driver stated he couldnt accomodate her due to the fact he had other passengers to be picked up.  I contacted access 2 care and they said they do pick up more than one client but because she scheduled for more than one they couldnt accomodate her.  The member's complaint states the vendor would not take them, the member ended up having her 2 children as additional passengers. The member needed to contact us prior to the appointment to add more passengers. The vendor would not take them if they had more than one client. We would add additional passengers on the trip due to liability issues. Also we would ensure that there's room for the passengers. Closed 12/07/2012	Complaint on provider is found to be invalid. The member's complaint states the vendor would not take them, the member ended up having her 2 children as additional passengers. The member needed to contact us prior to the appointment to add more passengers. The vendor would not take them if they had more than one client. We would add additional passengers on the trip due to liability issues. Also we would ensure that there's room for the passengers. Closed 12/07/2012	Closed	12/7/2012 1:27:36 PM	AMR User	XYZ Trans

**SAMPLE**



# Access2Care

## Complaint Details

Complaint Date/Time: 1/11/2012 10:33:43 AM

Opened By: AMR User

### Caller Information

Caller Name: JOHN DOE

Contract Phone 1:

Caller Type: Member

Contract Phone 2:

Contract Email:

### Member/Trip/Plan Information

Member ID: M9999999

Member Name: JOHN DOE

Trip Number: 0

Transportation Provider Name: XYZ Trans

Plan Name: HEALTH PLAN

Plan Notified Date/Time: 1/11/2012 10:33:00 AM

### Complaint Specifics

**Complaint:** A01092012.0000000  
Sister called about Mr John Doe and his dialysis appointment on 1/10/2012 at 3:00 PM. No transportation ever arrived and the client missed a very important appointment. Sister called AMR and was told that a driver had arrived at 3:00 PM and marked the client as a no show. Caller stated that there were several family members waiting until after 3:30 PM and no driver ever arrived to provide transportation.

**Investigation:**

**Resolution:** XYZ Trans was the provider.  
The driver arrived at 2p and the client was a no show.

**Category:** Transportation Provider **Status:** Closed

**Type:** **Phone Number:**

**Sub Type:** **Incident Date/Time:** 1/7/2012 3:00:00 PM

**Call Back Required:** FALSE

**Call Back Date/Time:** 1/16/2012 10:33:00 AM

### Miscellaneous

**Valid Complaint:** FALSE

**Visible on Plan Portal:** FALSE

**Injury or Accident:** FALSE

**Visible on TP Portal:** FALSE

**Hold Payment:** FALSE

**Send Fax To TP:** FALSE

**Closed Date/Time:**  
1/25/2012 6:47:23 AM

**Closed By:**  
Wood, Lawrence (lwood)

1 of 1

CallCenter - by day by hour (M-F 8AM-7PM)

2013-02-01

day	Hour	Total Calls	Completed in Queue	Expired Deleted	Transferred External	Queue Escalated	Voice Mail	t	Max Voice Mail	Total Abandon
February 1, 2013 Friday	9	109	0	0	0	0	0	00:00:00	00:00:00	3
	10	69	0	0	0	0	0	00:00:00	00:00:00	0
	11	93	0	0	0	0	0	00:00:00	00:00:00	1
	12	67	0	0	0	0	0	00:00:00	00:00:00	1
	13	67	0	0	0	0	0	00:00:00	00:00:00	1
	14	78	0	0	0	0	0	00:00:00	00:00:00	10
	15	69	0	0	0	0	0	00:00:00	00:00:00	0
	16	92	0	0	0	0	0	00:00:00	00:00:00	8
	17	66	0	0	0	0	0	00:00:00	00:00:00	4
	18	24	0	0	0	0	0	00:00:00	00:00:00	1
February 4, 2013 Monday		748	0	0	0	0	0	00:00:00	00:00:00	29
	9	200	0	0	0	0	0	00:00:00	00:00:00	60
	10	178	0	0	0	0	0	00:00:00	00:00:00	32
	11	153	0	0	0	0	0	00:00:00	00:00:00	13
	12	120	0	0	0	0	0	00:00:00	00:00:00	
	13	112	0	0	0	0	0	00:00:00	00:00:00	
	14	125	0	0	0	0	0	00:00:00	00:00:00	14
	15	104	0	0	0	0	0	00:00:00	00:00:00	8
	16	112	0	0	0	0	0	00:00:00	00:00:00	6
February 5, 2013 Tuesday	17	100	0	0	0	0	0	00:00:00	00:00:00	8
	18	38	0	0	0	0	0	00:00:00	00:00:00	1
		1263	0	0	0	0	0	00:00:00	00:00:00	172
	9	125	0	0	0	0	0	00:00:00	00:00:00	11
	10	119	0	0	0	0	0	00:00:00	00:00:00	8
	11	92	0	0	0	0	0	00:00:00	00:00:00	0
	12	105	0	0	0	0	0	00:00:00	00:00:00	6
	13	97	0	0	0	0	0	00:00:00	00:00:00	3
	14	92	0	0	0	0	0	00:00:00	00:00:00	0
February 6, 2013 Wednesday	15	107	0	0	0	0	0	00:00:00	00:00:00	8
	16	76	0	0	0	0	0	00:00:00	00:00:00	0
	17	57	0	0	0	0	0	00:00:00	00:00:00	1
	18	29	0	0	0	0	0	00:00:00	00:00:00	2
		916	0	0	0	0	0	00:00:00	00:00:00	41
	9	95	0	0	0	0	0	00:00:00	00:00:00	2
	10	65	0	0	0	0	0	00:00:00	00:00:00	1
		160	0	0	0	0	0	00:00:00	00:00:00	3
		3087	0	0	0	0	0	00:00:00	00:00:00	245

Avg Abandon	Max Abandon	% Abandon	Taken	Avg Taken	Max Taken	Avg Work	Max Work	Avg All Queue	Max All Queue	Avg Hold
00:00:34	00:01:12	2.75%	106	00:01:02	00:05:20	00:03:32	00:13:10	00:01:01	00:05:20	00:00:55
00:00:00	00:00:00	0.00%	69	00:00:00	00:00:00	00:03:36	00:13:53	00:00:00	00:00:00	00:01:06
00:00:20	00:00:20	1.08%	92	00:00:19	00:02:13	00:03:56	00:11:56	00:00:19	00:02:13	00:00:36
00:01:35	00:01:35	1.49%	66	00:00:22	00:02:37	00:05:05	00:11:08	00:00:23	00:02:37	00:01:23
00:00:00	00:00:00	1.49%	66	00:00:01	00:00:45	00:03:57	00:12:57	00:00:01	00:00:45	00:01:06
00:01:50	00:03:41	12.82%	68	00:01:24	00:04:51	00:04:11	00:11:11	00:01:27	00:04:51	00:01:12
00:00:00	00:00:00	0.00%	69	00:00:05	00:01:25	00:04:22	00:11:27	00:00:05	00:01:25	00:01:04
00:02:44	00:06:32	8.70%	84	00:01:33	00:07:54	00:05:05	00:13:11	00:01:39	00:07:54	00:01:02
00:00:58	00:01:50	6.06%	62	00:01:29	00:07:24	00:04:55	00:11:11	00:01:27	00:07:24	00:01:50
00:03:28	00:03:28	4.17%	23	00:01:07	00:06:37	00:03:39	00:11:30	00:01:13	00:06:37	00:00:36
00:01:26	00:06:32	3.88%	719	00:00:40	00:00:54	00:04:11	00:11:08	00:00:41	00:07:54	00:01:03
00:02:48	00:07:29	30.00%	140	00:04:31	00:08:51	00:04:11	00:19:44	00:04:00	00:07:34	00:01:12
00:02:08	00:05:49	17.98%	146	00:03:21	00:06:37	00:04:00	00:34:10	00:03:07	00:06:12	00:01:40
00:02:04	00:03:12	8.50%	140	00:00:50	00:00:50	00:04:55	00:19:25	00:01:52	00:04:50	00:01:15
00:02:04	00:03:18	9.17%	109	00:02:18	00:00:28	00:05:07	00:15:17	00:02:16	00:04:28	00:01:23
00:02:24	00:07:54	15.18%	95	00:02:38	00:00:00	00:05:12	00:19:58	00:02:36	00:08:10	00:01:42
00:01:13	00:02:48	9.60%	111	00:00:51	00:00:10	00:05:10	00:23:42	00:01:51	00:05:10	00:01:41
00:01:05	00:02:26	7.69%	106	00:00:41	00:04:22	00:05:16	00:17:02	00:01:19	00:04:22	00:01:49
00:00:44	00:01:00	5.36%	106	00:00:41	00:03:56	00:04:55	00:25:20	00:00:50	00:03:56	00:01:01
00:01:35	00:03:32	8.00%	92	00:01:14	00:05:20	00:04:48	00:27:43	00:01:34	00:05:20	00:02:17
00:01:52	00:01:52	2.63%	71	00:00:43	00:03:38	00:03:39	00:10:56	00:00:45	00:03:38	00:00:39
00:01:59	00:07:54	13.62%	106	00:01:58	00:08:10	00:04:53	00:34:10	00:01:57	00:08:10	00:01:41
00:01:17	00:02:37	9.30%	114	00:01:36	00:04:53	00:04:40	00:22:20	00:01:35	00:04:53	00:01:21
00:01:02	00:01:49	6.72%	111	00:00:52	00:03:38	00:04:48	00:24:13	00:00:53	00:03:38	00:01:18
00:00:00	00:00:00	0.00%	92	00:00:12	00:01:52	00:04:34	00:19:13	00:00:12	00:01:52	00:01:41
00:00:48	00:02:16	5.71%	99	00:00:44	00:03:18	00:05:17	00:24:53	00:00:45	00:03:18	00:01:26
00:00:30	00:00:52	3.62%	94	00:00:09	00:01:24	00:04:27	00:23:59	00:00:10	00:01:24	00:01:51
00:00:00	00:00:00	0.00%	92	00:00:13	00:01:36	00:03:52	00:13:04	00:00:13	00:01:36	00:01:06
00:01:30	00:02:25	7.48%	99	00:01:12	00:04:29	00:04:36	00:34:57	00:01:14	00:04:29	00:01:27
00:00:00	00:00:00	0.00%	76	00:00:08	00:02:04	00:05:29	00:21:24	00:00:08	00:02:04	00:01:25
00:00:00	00:00:00	1.75%	56	00:00:17	00:03:08	00:04:15	00:17:00	00:00:16	00:03:08	00:01:12
00:00:54	00:00:55	6.90%	27	00:00:35	00:03:25	00:05:17	00:24:53	00:00:37	00:03:25	00:02:11
00:00:52	00:02:37	4.48%	875	00:00:35	00:04:53	00:04:38	00:34:57	00:00:36	00:04:53	00:01:24
00:00:51	00:01:05	2.11%	93	00:00:46	00:04:58	00:04:09	00:27:29	00:00:46	00:04:58	00:01:05
00:01:27	00:01:27	1.54%	64	00:00:10	00:01:32	00:03:49	00:11:30	00:00:11	00:01:32	00:01:10
00:01:09	00:01:27	1.88%	157	00:00:28	00:04:58	00:03:59	00:27:29	00:00:28	00:04:58	00:01:08
00:01:28	00:07:54	7.94%	2842	00:01:02	00:08:10	00:04:33	00:34:57	00:01:03	00:08:10	00:01:22

# Call Center by Day (M-F 9AM-7PM)

Report Date: 2013-02-01

Day	Total Calls	Voice Mail	Abandon	% Abandon	Taken	Avg Work	Max Work	Avg All Queue	Max All Queue	Avg Hold
February 1, 2013 Friday	748	0	29	3.88%	719	00:04:12	00:31:08	00:00:41	00:07:54	00:01:03
February 4, 2013 Monday	1263	0	172	13.62%	1091	00:04:53	00:34:10	00:01:57	00:08:10	00:01:41
February 5, 2013 Tuesday	916	0	41	4.48%	875	00:04:38	00:34:57	00:00:36	00:04:53	00:01:24
February 6, 2013 Wednesday	160	0	3	1.88%	157	00:03:48	00:34:57	00:00:28	00:04:58	00:01:08
<b>Totals</b>	<b>3087</b>	<b>0</b>	<b>245</b>	<b>7.94%</b>	<b>2842</b>	<b>00:04:32</b>	<b>00:34:57</b>	<b>00:01:03</b>	<b>00:08:10</b>	<b>00:01:22</b>

SAMPLE



**Denial Detail**

Report Date

2/7/13

Denial Reason	Count
Advance Notice Not Met	
Expired Eligibility	1
Non-Covered Service	
Non-Urgent Short Notice Denied	2
Not Closest Provider	
Out of service area	3
Spend Down Not Met	
Trip Distance Exceeded	
Trip Limit Exceeded	
<b>Total</b>	<b>7</b>



# Access2Care

## Vehicle Demand

	Estimated Vehicles	Under Contract	Needed	Notes
Ambulatory	808	760	48	
Wheelchair	520	520	0	

COUNTY	DEMAND		UNDER CONTRACT		NEEDED*	
	Ambulatory	Wheelchair	Ambulatory	Wheelchair	Ambulatory	Wheelchair
CountyName	8	5	6	3	2	2
CountyName	7	4	8	4	-1	0
CountyName	10	6	9		1	0
CountyName	5	3	0		5	1
CountyName	12	7	11	8	1	-1
CountyName	6	6		7	-1	-1
CountyName	19	13	19	13	0	0
CountyName	19	12	19	12	0	0
CountyName	15	9		10	-1	-1
CountyName	8	5	8	3	2	2
CountyName	7	4	8	4	-1	0
CountyName	10	6	9	6	1	0
CountyName	5	3	0	2	5	1
CountyName	12	7	11	8	1	-1
CountyName	6		7	7	-1	-1
CountyName	19	13	19	13	0	0
CountyName	19		19	12	0	0
CountyName	15	9	16	10	-1	-1
CountyName	8		6	3	2	2
CountyName	7	4	8	4	-1	0
CountyName	10	6	9	6	1	0
CountyName	5	3	0	2	5	1
CountyName	12	7	11	8	1	-1
CountyName	6	6	7	7	-1	-1
CountyName	19	13	19	13	0	0
CountyName	19	12	19	12	0	0
CountyName	15	9	16	10	-1	-1
CountyName	8	5	6	3	2	2
CountyName	7	4	8	4	-1	0
CountyName	10	6	9	6	1	0

	DEMAND		UNDER CONTRACT		NEEDED*	
CountyName	5	3	0	2	5	1
CountyName	12	7	11	8	1	-1
CountyName	6	6	7	7	-1	-1
CountyName	19	13	19	13	0	0
CountyName	19	12	19	12	0	0
CountyName	15	9	16	10	-1	-1
CountyName	8	5	6	3	2	2
CountyName	7	4	8	4	-1	0
CountyName	10	6	9	6	1	0
CountyName	5	3	0	2	5	1
CountyName	12	7	11	8	1	-1
CountyName	6	6	7	7	-1	-1
CountyName	19	13	19	13	0	0
CountyName	19	12	19	12	0	0
CountyName	15	9	16	10	-1	-1
CountyName	8	5	6	3	2	2
CountyName	7	4	8	4	-1	0
CountyName	10	6	9	6	1	0
CountyName	5	3	0	2	5	1
CountyName	12	7	11	8	1	-1
CountyName	6	6	7	7	-1	-1
CountyName	19	13	19	13	0	0
CountyName	19	12	19	12	0	0
CountyName	15	9	16	10	-1	-1
CountyName	8	5	6	3	2	2
CountyName	7	4	8	4	-1	0
CountyName	10	6	9	6	1	0
CountyName	5	3	0	2	5	1
CountyName	12	7	11	8	1	-1
CountyName	6	6	7	7	-1	-1
CountyName	19	13	19	13	0	0
CountyName	19	12	19	12	0	0
CountyName	15	9	16	10	-1	-1
CountyName	8	5	6	3	2	2
CountyName	7	4	8	4	-1	0
CountyName	10	6	9	6	1	0
CountyName	5	3	0	2	5	1
CountyName	12	7	11	8	1	-1
CountyName	6	6	7	7	-1	-1
CountyName	19	13	19	13	0	0
CountyName	19	12	19	12	0	0

SAMPLE

	DEMAND			UNDER CONTRACT			NEEDED*		
County Name	15	9		10	10		-1	-1	

## Quarterly - Advance Reservations Report

(Report of Beneficiaries w/2 or more Service requests with less than 3 business days notice)

MEMBER	Request Date	Trip Date	Days Diff
Member #1*****	7/8/2013 12:10:43PM	7/8/2013 3:00:00PM	0
	7/8/2013 12:14:36PM	7/9/2013 9:00:00AM	1
Member #3*****	7/8/2013 11:32:54AM	7/9/2013 9:00:00AM	1
	9/6/2013 1:04:34PM	9/6/2013 3:00:00PM	0
	8/8/2013 11:52:34AM	8/8/2013 5:00:00PM	0
	8/15/2013 1:40:34PM	8/15/2013 8:00:00PM	0
Member #7*****	7/30/2013 12:54:39PM	7/31/2013 8:55:00AM	1
	8/23/2013 9:18:33AM	8/23/2013 11:00:00AM	0
Member #9*****	8/26/2013 10:31:22AM	8/26/2013 9:00:00AM	0
	8/26/2013 10:35:35AM	8/27/2013 9:00:00AM	1
	8/28/2013 10:52:50AM	8/28/2013 10:00:00AM	0
	8/28/2013 10:59:01AM	8/29/2013 9:00:00AM	1
Member #13*****	8/5/2013 2:24:44PM	8/6/2013 8:00:00AM	1
	8/5/2013 2:55:59PM	8/5/2013 3:30:00PM	0
Member #15*****	8/8/2013 9:22:58AM	8/8/2013 11:40:00AM	0
	8/27/2013 12:07:18PM	8/28/2013 11:00:00AM	1
	8/15/2013 9:57:32AM	8/15/2013 9:00:00AM	0
	8/15/2013 10:02:58AM	8/16/2013 9:00:00AM	1
	8/5/2013 2:37:45PM	8/6/2013 9:30:00AM	1
	8/5/2013 2:46:50PM	8/5/2013 3:00:00PM	0
	7/8/2013 5:11:25PM	7/9/2013 3:00:00PM	1
	7/16/2013 10:24:45AM	7/16/2013 3:00:00PM	0
	8/6/2013 10:14:45AM	8/6/2013 6:00:00PM	0
	8/8/2013 12:08:50PM	8/8/2013 6:00:00PM	0
Member #25*****	7/16/2013 10:12:09AM	7/17/2013 9:00:00AM	1
	8/12/2013 11:47:15AM	8/13/2013 9:30:00AM	1
	7/11/2013 10:03:25AM	7/11/2013 5:00:00PM	0
	7/25/2013 2:34:02PM	7/26/2013 9:00:00AM	1
	8/12/2013 10:33:31AM	8/12/2013 9:00:00AM	0
	8/12/2013 10:37:50AM	8/13/2013 9:00:00AM	1
	8/5/2013 2:09:48PM	8/6/2013 11:00:00AM	1
	8/13/2013 8:23:03AM	8/13/2013 11:00:00AM	0
	8/5/2013 10:45:06AM	8/5/2013 3:00:00PM	0
	8/12/2013 8:21:22AM	8/12/2013 2:15:00PM	0
Member #35*****	7/15/2013 2:33:14PM	7/16/2013 9:00:00AM	1
	9/6/2013 8:03:19AM	9/6/2013 2:30:00PM	0
	7/8/2013 2:52:18PM	7/8/2013 3:00:00PM	0
	7/9/2013 11:37:27AM	7/10/2013 9:00:00AM	1
	8/8/2013 11:18:35AM	8/8/2013 3:00:00PM	0
	7/15/2013 11:28:07AM	7/15/2013 5:00:00PM	0
	8/8/2013 5:41:52PM	8/9/2013 3:00:00PM	1
	8/26/2013 10:36:13AM	8/27/2013 9:00:00AM	1
Member #43*****	7/8/2013 2:10:18PM	7/9/2013 8:30:00AM	1
	8/12/2013 1:46:18PM	8/13/2013 8:30:00AM	1
	9/9/2013 12:16:58PM	9/10/2013 8:30:00AM	1
Member #46*****	8/1/2013 10:53:58AM	8/1/2013 12:00:00PM	0
	8/14/2013 5:13:58PM	8/15/2013 12:00:00PM	1



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

## Solicitation

NUMBER
BMS14054

PAGE
1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
ROBERTA WAGNER 304-558-0067

RFQ COPY

TYPE NAME/ADDRESS HERE

V  
E  
N  
D  
O  
R

Access2Care, LLC  
6200 S. Syracuse Way, Ste. 200  
Greenwood Village, CO 80111

S  
H  
I  
P  
T  
O

HEALTH AND HUMAN RESOURCES  
BUREAU FOR MEDICAL SERVICES  
ROOM 251  
350 CAPITOL STREET  
CHARLESTON, WV  
25301-3709 304-558-1737

DATE PRINTED
11/25/2013

BID OPENING DATE: 12/09/2013

BID OPENING TIME 1:30PM

LINE	QUANTITY	UOP	CAT. NO.	ITEM NUMBER	UNIT PRICE	AMOUNT
ADDENDUM NO. 1.						
ADDENDUM IS ISSUED:						
1. TO PROVIDE COPY OF VENDOR QUESTIONS AND RESPONSES. QUESTION AND ANSWER PAGES ARE ATTACHED.						
2. PLEASE NOTE THE VENDOR SHOULD BE REGISTERED WITH ALL APPLICABLE STATE AGENCIES SUCH AS SECRETARY OF STATE, PURCHASING DIVISION, ETC.						
3. TO PROVIDE SIGN-IN SHEET FROM MANDATORY PRE-BID MEETING. (ATTACHED.)						
4. TO UPDATE VARIOUS SECTIONS OF THE RFP, PER THE ATTACHED.						
5. TO ADD THE HIPAA BAA.						
6. TO PROVIDE ADDENDUM ACKNOWLEDGEMENT. THIS DOCUMENT SHOULD BE SIGNED AND RETURNED WITH YOUR BID. FAILURE TO SIGN AND RETURN MAY RESULT IN THE DISQUALIFICATION OF YOUR BID.						
7. TO MOVE THE BID OPENING DATE FROM 12/3/2013 TO 12/9/2013 AT 1:30 PM						
*****END OF ADDENDUM NO. 1 *****						

SIGNATURE	TELEPHONE	DATE
	855-584-3430	December 3, 2013
TITLE	FERN	ADDRESS CHANGES TO BE NOTED ABOVE
President	01-0876348	

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

## CERTIFICATION AND SIGNATURE PAGE

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

Access2Care, LLC

\_\_\_\_\_  
(Company)



\_\_\_\_\_  
(Authorized Signature)

Steven G. Murphy, President

\_\_\_\_\_  
(Representative Name, Title)

1-866-860-8797

\_\_\_\_\_  
(Phone Number)

303-495-1295

\_\_\_\_\_  
(Fax Number)

December 3, 2013

\_\_\_\_\_  
(Date)