RFP # BMS14054

Statewide Non-Emergency Medical Transportation (NEMT) Program

Prepared for

State of West Virginia

Department of Health and Human Resources
Bureau for Medical Services

Submitted by:

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Alaina Maciá, President and CEO

December 9, 2013

12/09/13 08:47:24AM
West Virginia Purchasing Division

MTM

December 5, 2013

Department of Administration, Purchasing Division
2019 Washington Street East
Charleston, WV 25305-0130

To Whom It May Concern:

The West Virginia Bureau for Medical Services (BMS) seeks an experienced non-emergency medical transportation (NEMT) broker to manage transportation services for clients throughout the state of West Virginia. The successful contractor must implement a program that provides cost-containment while ensuring excellent service for the Bureau's clients. As an experienced NEMT broker, Medical Transportation Management, Inc. (MTM) is the best choice to manage West Virginia's Medicaid transportation needs.

Enclosed, please find MTM's response to Request for Proposals No. BMS14054. MTM has read, understands, and agrees to all requirements and terms set forth in this RFP. MTM acknowledges receipt of one addendum. Our submittal consists of one original and eight copies each of the technical and cost proposals.

NEMT management is the core of MTM's business. We will bring our industry expertise to West Virginia, implementing a high-quality, cost-effective transportation program. Our corporate oversight will guarantee the West Virginia NEMT program is a high priority to MTM starting at implementation and continuing throughout the life of this contract.

MTM will work with the Bureau to exceed your NEMT goals as we have successfully done for dozens of similar clients, including Minnesota, Wisconsin, Texas, and Washington D.C. Please feel free to contact me with any questions regarding our submission. I look forward to discussing MTM's proposed solution for West Virginia's NEMT program in further detail soon, and hope to receive an invitation to present our plan to the Bureau in person.

Sincerely,

Alaina Maciá

Alaina Maciá
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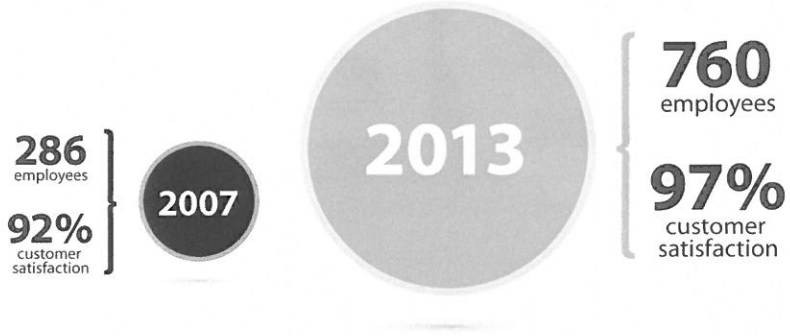
Executive Summary

The Bureau for Medical Services (BMS) has the opportunity to make a positive change within their non-emergency medical transportation (NEMT) program by selecting a broker to help them achieve their goal of improving the health and well-being of their Members while providing cost-effective, efficient, reliable, and safe transportation to medical services within the state. The broker BMS chooses will serve as an extension of the Bureau by performing a wide scope of services including establishing a network of NEMT providers, receiving calls from Members and their representatives, scheduling and assigning NEMT services, tracking and reporting utilization, and a variety of other tasks that are critical to improving access to health and wellness resources and removing transportation barriers for Members.

Medical Transportation Management, Inc. (MTM) has over 18 years of NEMT brokerage experience operating programs of similar size and scope, offering BMS a proven approach to NEMT program management with our customer- and quality-focused operational strategies and our belief in empowering our employees to drive positive change and challenge traditional thinking. Although MTM is one of the largest and most experienced transportation management firms in the nation, we remain family-owned and operated. Under the direction of President and CEO Alaina Maciá, MTM has grown to serve clients in more than 28 states and the District of Columbia while holding true to our core values and mission of developing innovative solutions for accessing healthcare, increasing independence, and connecting community resources in the most cost-effective manner. We are committed to continually developing best practices and driving the industry to higher standards of care.



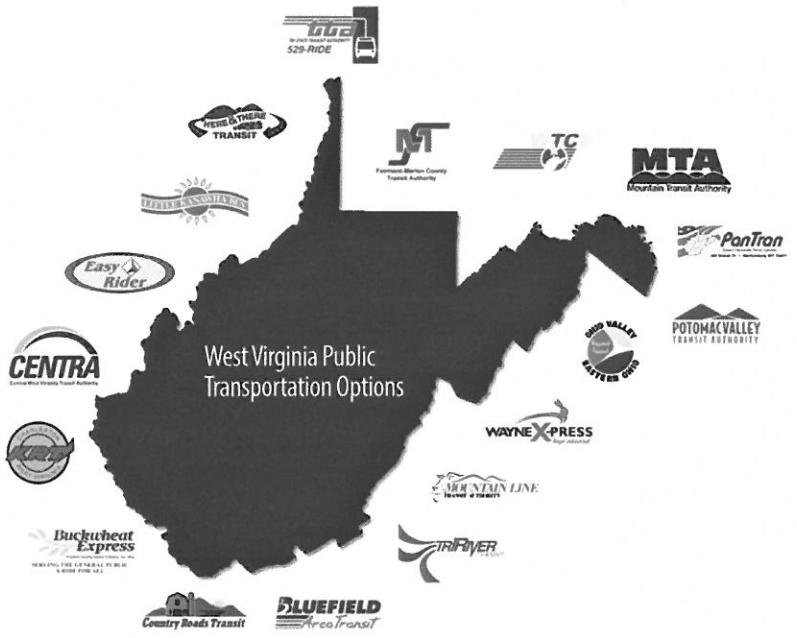
Over the past few years, MTM demonstrated our ability to grow responsibly by doubling our workforce and offering new services to our clients while improving quality scores, as well as increasing employee retention and client satisfaction. We introduced new and improved incentive plans for all levels of staff including Customer Service Representatives (CSRs), entirely revamped our CSR and transportation provider training programs, released exciting technological innovations including a custom smartphone application that allows NEMT providers to view and update trip details in the field, and implemented large-scale NEMT

programs in Texas and Wisconsin with excellent results. These are just a few of the many proactive innovations MTM initiated in the industry during a time when our competitors struggled to meet the expectations set by their clients and the transportation needs of the Members they serve.

Medicaid, and the NEMT industry as a result, is evolving and BMS needs a partner positioned for success, one that will collaborate in a transparent manner and grow and adapt to meet its ever-changing needs. Not tied down by stagnant corporate policies and intervention or the need to meet aggressive quarterly financial quotas, MTM is a flexible and agile partner whose local West Virginia team will be empowered and encouraged to act on the best interest of the BMS program at all times.

In addition to the BMS-dedicated team, we are pleased to commit additional jobs that will be based out of our customer service center (CSC) in Charleston. Our new CSC will field calls for many of our national managed care clients and provide back-up support to other call centers. In total, the Charleston CSC will support a staff of at least 100 full time employees and will become MTM's second largest call center, demonstrating our commitment to the state and to creating new job opportunities for West Virginians.

MTM's experienced and involved executive leadership team will provide BMS with individualized attention; our goal is to be your one-stop transportation solution. Our overall experience managing similar programs throughout the nation has allowed us to develop the systems and processes necessary for brokerage success. Our Network Management practices will allow us to develop and maintain a robust and compliant network of NEMT providers, and our technology and efficient processes will refine this program to make the best use of BMS funding. Enhanced by our innovative travel training and feeder route programs, we will make effective use of public transportation such as the Kanawha Valley Regional



Transportation Authority, the Tri-State Transit Authority, and the Ohio Valley Regional Transportation Authority, as well as regional bus services, such as Greyhound which offers service between ten cities in West Virginia, to supplement our network. Finally, our user-friendly web portals will allow Members and medical facilities to schedule transportation services online at their convenience and enable seamless connectivity and trip processing.

Together, these components, along with our entire scope of services outlined later in this proposal, will promote improved service for Members and high satisfaction amongst all stakeholders; MTM will deploy the most comprehensive, highest quality NEMT program available in the industry while delivering responsible, compassionate service.

Trusted National Brokerage Experience

Within our current operations, we schedule more than seven million trips, handle over three million calls in our six call centers, and arrange NEMT services for approximately five million Members each year, all while abiding by Center for Medicaid Services (CMS) standards. Our more than 40 contracts include programs that serve special needs, aging, low income, and Medicaid populations—each of which are covered by the BMS program.

Since our inception in 1995, MTM has worked tirelessly to develop a best-in-class management model for our clients. Contract after contract, we reduce costs, increase quality, and improve satisfaction for the programs we operate. This includes current state-based government programs in Minnesota, the District of Columbia, Texas, and Wisconsin and county-based programs in Florida, Pennsylvania, and Ohio. We also recently received notification that we were awarded the statewide NEMT program for Mississippi, the program in which BMS has sought to emulate, which will implement July 1, 2014. This experience gives BMS the confidence it needs to ensure we will operate the NEMT program successfully while delivering the desired results.

A Seamless Implementation and Transition for BMS Members

MTM is highly accomplished at successfully performing implementations of large-scale programs. Most recently, we conducted a smooth transition for a large NEMT program in Wisconsin. From the date of award, we met each of our key milestones, hired and trained the required staff, developed the provider network, conducted extensive outreach activities

throughout the state, and were ready to take Member calls two weeks before the official go live date. On the first day, we opened phone lines with zero service interruptions and finished the day handling over 2,000 calls with an average speed to answer of two seconds. During the first two weeks of operation, we handled over 14,000 trip requests, and our complaint rate was less than 1% at a mere 0.3%. In the first month, we increased public transportation utilization by over 500% from the incumbent's 3,000 trips per month to 19,000. MTM has received strong support from all stakeholders, and although the program had previously been under intensive press scrutiny, we were able to implement the program with high satisfaction and reflect positively on the Wisconsin Department of Health Services.

To accomplish smooth transitions, we staff local operating centers with highly qualified teams, conduct on-the-ground outreach to ensure stakeholders are educated on our policies, and provide training on our flexible web tools that facilitate seamless provider interactions. Although we will follow what is technically a 90-day implementation plan, our preparations will begin immediately upon contract award. During the proposal process, our Network Development team communicated with West Virginia NEMT providers and public transit agencies and connected with local non-profit agencies, preparations which will serve as a springboard for transition activities. Our implementation team will be on the ground in West Virginia beginning at least 90 days prior to the operation start date to conduct outreach activities, prepare the local customer service center, and credential the transportation network. Following implementation, we will conduct ongoing in-service sessions, town hall meetings, and quarterly advisory committees, taking feedback to retool our processes and technology and deliver timely resolutions.

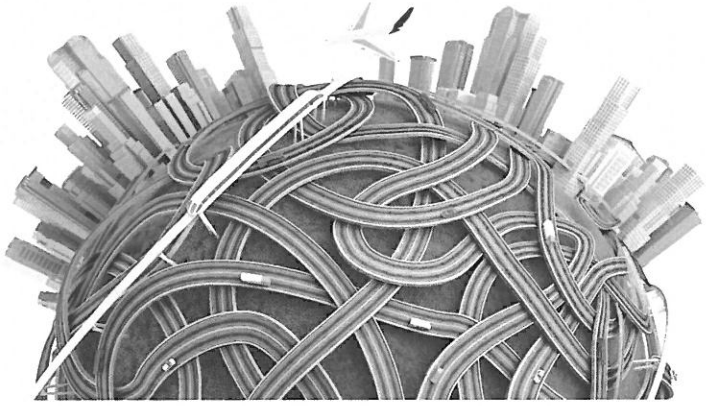
Commitment to the BMS program will come from the top down. Our CEO Alaina Maciá will be onsite for implementation, go-live, and after to ensure all parties are satisfied. This approach to our recent Houston and Wisconsin implementations was critical to their successes, allowing us to quickly adjust processes and technology. Unlike our national competitors, MTM is not supporting multiple ongoing implementations, nor do we have continuing problems in other contracts that would impair our ability to focus on this program. Our team can dedicate 100% of their attention and effort to the West Virginia program during implementation and beyond.

MTM Manages Members with Care

MTM was the first in the industry to utilize a care management approach that provides a person-centric focus and enhanced coordination of services. MTM's Care Management departmental goal is to implement responsible solutions and reduce wasteful spending by providing extra attention to those situations that require more intense review, special care beyond a standard request, and interaction with healthcare professionals. Offering a direct

point of contact for medical facilities and case managers, the Care Management department offers high-touch management of BMS's recurring trips and their most frequent utilizers and costliest Members.

MTM strives to provide the highest level of service in our industry; regular audits, recorded calls, and surveys help us keep our fingers on the pulse of our business and ensure that we are proactive in our continuous improvement efforts. Working diligently to recruit and retain reliable employees, MTM provides an intensive training process and offers career paths and bonus programs to motivate and encourage retention. These committed team members help us achieve industry-leading customer satisfaction rates that exceed 97%. Our services are URAC accredited, which further demonstrates our quality commitment.



Our dedication to exemplary service has yielded gratifying results, including performance metrics in which we take great pride. For instance, in 2012 we provided a total of more than seven million trips to three million Members and fielded more than three million calls, with a complaint rate of only 0.28%—a fraction of the 3% rate to which some of our competitors strive.

MTM Partners Effectively with the NEMT Provider Network

MTM builds networks of local providers, recruiting small companies, volunteer organizations, and community agencies as needed to ensure a rounded out network with the right mix of vehicles to meet the needs of Members while using the most appropriate, inexpensive mode of transportation for each trip.

Developing and maintaining strong partnerships with NEMT providers within the statewide network is critical to the success of the BMS NEMT program. We value our relationships with the providers we work with and strive to facilitate excellent communication and understanding with each from day one. We employ streamlined processes and efficient technology that allow NEMT providers to manage day-to-day activities with little to no issues. This includes the timeliest payment in the industry; we continually hear from subcontracted providers that our claims reconciliation process ensures they receive payment quicker than any other national competitor can provide. We carefully train and credential each NEMT provider and then hold

them accountable to contract requirements through thorough monitoring techniques, which are never adversarial in nature. Instead of punishing providers, we work with them to achieve our shared goals.

We negotiate sustainable rates within our provider network and engage skilled providers, enabling us to utilize high-caliber NEMT providers that improve Member satisfaction and reliability within the program. Our online processes, technology like our smartphone provider application, and direct line to the Transportation Provider Helpdesk promote communication, streamline processes, and enhance our relationships with providers. We also offer rewards to NEMT providers for providing safe and timely service including incentives for the most improved providers and those boasting the lowest number of passenger complaints, accidents, and incidents; these practices engage providers and ensure a shared vision of the program through open channels of communication and positive feedback and reinforcement.

Having successfully migrated numerous previously un-brokered programs into our book of business, such as Minnesota and South Carolina, we understand the challenges that are present within the state of West Virginia and we are well prepared to develop trust and understanding with NEMT providers in order to build a reliable program. We have been closely following the media conversations surrounding the State's decision to move toward this model, and are poised to help make the program successful for BMS and West Virginians. We understand the concerns of current NEMT providers and ambulance companies and will involve them throughout the transition in a transparent and collaborative manner. MTM's stance with these vocal NEMT providers will be simple and firm: we will engage as many current providers as wish to participate, and we will utilize their services, assuming they offer the most appropriate and cost-effective mode of transportation, a determination made on a per-Member, per-trip basis following our established and clearly defined level of need process.

That said, in many previously unmanaged NEMT programs, inappropriate mode assignment and utilization is often a great concern. In West Virginia, MTM anticipates reducing the use of higher cost modes of transportation like non-emergency ambulance and stretcher, diverting many of these trips to less expensive wheelchair lift transportation as appropriate, and increasing ambulatory utilization for modes like sedan, public transit, and private auto mileage reimbursement. In our experience, non-emergency ambulance utilization should represent approximately 1 to 2% of utilization.

MTM is a unique NEMT broker that is focused on exceeding client expectations and operating in a transparent manner. We choose to be a cooperative partner to the stakeholders we work with, a valuable vendor to our clients, and a provider of quality NEMT services to Members. Our goal is simple: deliver the most value to BMS. And while we understand that the overall price of the contract is an important consideration, BMS should know that MTM's priority is to provide a responsible pricing structure that will allow us to operate a high quality program. Our focus on quality will help BMS drive down costs across the board, not limited to the transportation program, by ensuring members have reliable access to preventative care services and reducing the costly complications proven to arise from the lack thereof.

We appreciate the opportunity to submit our proposal for BMS's review and look forward to partnering with BMS in the near future for the provision of high quality NEMT services throughout the state of West Virginia.

Attachment A: Vendor Response Sheet

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

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

Proposed Staffing Plan

To fully meet the needs of BMS, its Members, and the NEMT contract in its entirety, MTM will provide a sufficient local presence in our West Virginia facility backed up by our solid foundation of corporate support. These employees will address the needs of each Member, as well as other stakeholders, while assuring services are provided in the most economical manner possible. Our local staff will receive appropriate training, be fully qualified, and have adequate work experience and expertise. MTM is able to recruit excellent candidates due to our dedication to quality and commitment to engaging, training, and rewarding our staff. This includes several programs that help us increase retention and employee satisfaction, directly translating to NEMT program quality. **Figure 1** contains an organization chart of the local office.

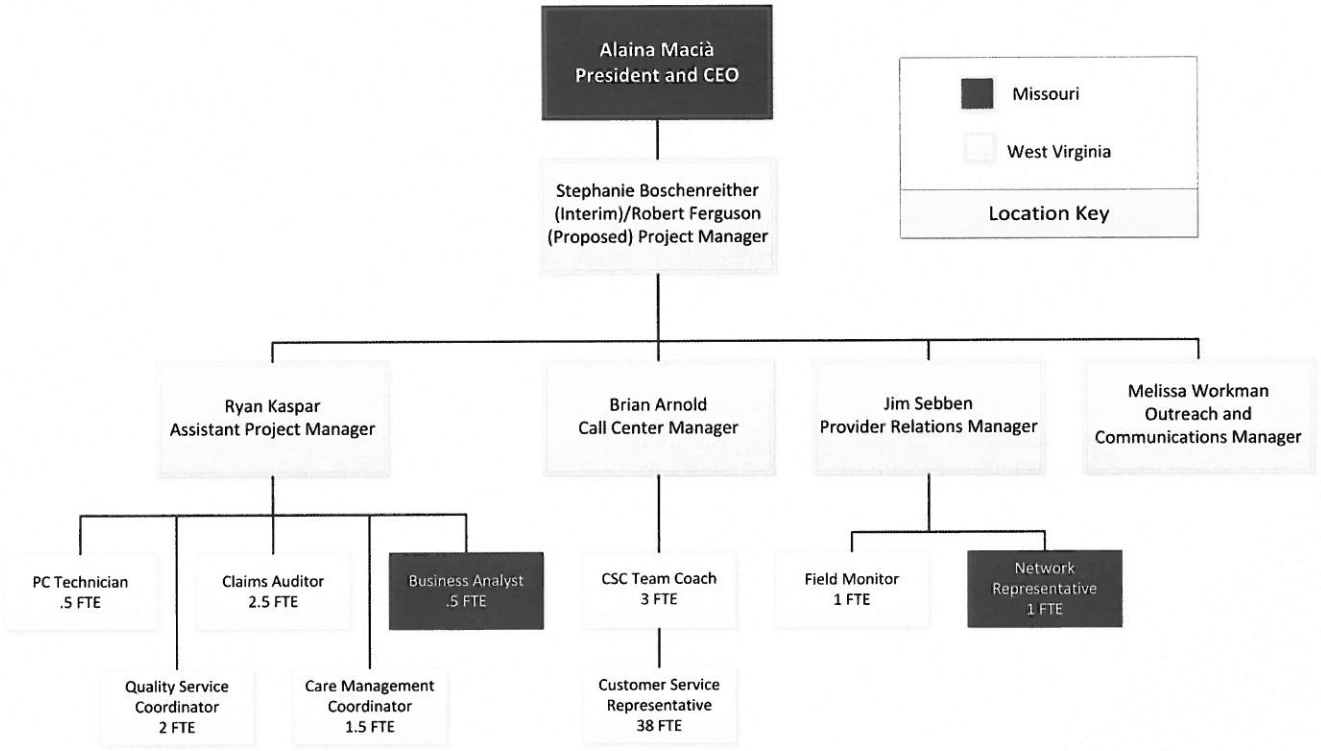


Figure 1: West Virginia NEMT Brokerage Program Organizational Chart. MTM will dedicate a staff of 55 employees to the provision of high quality NEMT service in West Virginia.

At all times, MTM takes careful steps to ensure we have sufficient, appropriate staff available to handle each aspect of our operations. To do so, we utilize Workforce Management software that allows us to enter operational data and typical call volumes to forecast the amount of staff needed in each operational area at any given time. This provides us with an appropriate ratio of staff to call center service demand. While preliminary staffing numbers are developed based on the provided call volume, we will alter our staff as necessary based on actual demand.
For key positions, we have identified highly skilled staff members, subject to BMS's final approval, that will help us ensure successful implementation and management of this program. MTM will commit approximately 55 employees to the West Virginia NEMT program to ensure success of your services, shown in the **Figure 2** below.

Title	Name	Location	FTE Equivalent
Project Manager*	Stephanie Boschenreither (Interim) / Robert Ferguson (Proposed)	West Virginia	1
Assistant Project Manager*	Ryan Kaspar	West Virginia	1
Call Center Manager*	Brian Arnold	West Virginia	1
Provider Relations Manager*	Jim Sebben	West Virginia	1
Outreach and Communications Manager*	Melissa Workman	West Virginia	1
Field Monitor	TBD	West Virginia	1
Care Management Coordinator	TBD	West Virginia	1.5
Quality Service Coordinator (QSC)	TBD	West Virginia	2
Claims Auditor	TVD	West Virginia	2.5
Customer Service Team Coach	TBD	West Virginia	2
Customer Service Representative (CSR)	TBD	West Virginia	38
PC Technician	TBD	West Virginia	.5
Business Analyst	TBD	Missouri	.5
Network Representative	TBD	Missouri	1

Figure 2. This table represents the West Virginia-dedicated staff by location and number of full time employees.

MTM has provided brief summaries of each position's duties and responsibilities, along with experience descriptions for key personnel. For the purposes of this contract, we consider the Project Manager, Assistant Project Manager, Call Center Manager, Provider Relations Manager, and Outreach and Communications Manager to be key personnel. Further, each position has been given a reporting structure to show BMS the chain of command among our local staff. Resumes and sample job descriptions are available in **Supplemental Information, Tabs A** and **B**.

Note: In the following tables, solid blue headings with white text represent local West Virginia staff, while white headings with blue text represent staff based at our corporate office.

Name: Stephanie Boschenreither	Title: Interim Project Manager	Location: West Virginia	Reports to: President and CEO
Role: As the Interim Project Manager, Stephanie will be actively involved in the implementation of this program and will ensure that qualified staff are hired and trained. She will serve in a leadership role, working with our local Assistant Project Manager and Call Center Manager to lead the development of the BMS program until our Proposed Project Manager can be fully trained and is prepared to take on the role. Stephanie is a part of MTM's core executive leadership team and has a solid understanding of MTM's vision, best practices, and protocols.			
Years with MTM: Four			
NEMT Experience: Stephanie has managed our corporate Customer Service Center (CSC) since 2009, ensuring we continually provide quality customer service compliance with client requirements. Prior to joining MTM, she performed similar functions for another large telecommunications company. Since coming to MTM, she has helped us enhance our customer service experience by introducing several CSC improvements, including a CSR incentive program, tiered employment level options, and an initial training and retraining program. She was also instrumental in the implementation of our programs in Houston, Texas and Madison, Wisconsin, overseeing all activities and ongoing success.			

Name: Robert Ferguson	Title: Proposed Project Manager	Location: West Virginia	Reports to: President and CEO
Role: As the Proposed Project Manager, Robert will shadow Stephanie during the implementation period and into the contract period, gradually taking on more responsibilities until he is fully transitioned into his permanent role. Robert will have ultimate responsibility for our NEMT functions, ensure performance metrics are accurately tracked to appropriately implement performance improvement plans (PIPs), and oversee compliance with all requirements. Additionally, he will have the authority to make decisions and solve problems on MTM's behalf. He will work with Stephanie throughout the implementation of this program. Robert will meet with BMS to review our			

Name: Robert Ferguson	Title: Proposed Project Manager	Location: West Virginia	Reports to: President and CEO
NEMT operations at least once a month, and BMS will be able to contact him directly on a 24/7 basis without going through our call center.			
Years with MTM: N/A			
Experience: Robert Ferguson served in the Marine Corps for more than twenty-one years and attained the rank of Lieutenant Colonel. His operational experiences include numerous command and staff assignments in logistics, recruiting, and recruit training. He is a combat veteran of the Persian Gulf War and received the Bronze Star (the nation's 4th highest combat award) for his service during the war. His service in Washington, D.C. includes four years as a senior logistics policy manager for Marine Corps headquarters. During this period, he was handpicked by the most senior Marine Corps leaders to travel nationally and internationally to brief senior leaders on emerging logistic policy and supply chain management trends. After leaving active duty in 2000, Robert initially served as a director of marketing and sales manager for Petroleum Products Fleet Fueling, a locally owned and operated West Virginia Company. Governor Joe Manchin appointed, and the West Virginia Senate confirmed, Rob Ferguson on January 12, 2005, as the cabinet secretary for the Department of Administration. Acting Governor Earl Ray Tomblin reappointed Rob to the position in November 2010 and he continued to serve as Secretary until the general election. Rob served an unprecedented 7-year as cabinet secretary. As the Cabinet Secretary for Department of Administration, Rob was responsible for the most diverse department in state government. Rob currently is a teacher at Saint Albans High School and is the President and owner of Public Administration Navigators Inc., a consulting company providing a wide range of services to business and government. Rob received a Bachelor of Science degree in Education with a teaching field in Biology from the Citadel in 1978 and is a 2000 graduate from National University with a Master of Arts in Management. He also completed the Senior Executive Training Program at the University of Pennsylvania's, Fels School of Government. The Council of State Governments selected Rob as Toll Fellow in 2008. Rob also has served as President of the National Association of State Chief Administrators. He is active in several non-profit organizations and currently serves as the President of the Military Officers Association of America (MOAA) for West Virginia.			

Name: Ryan Kaspar	Title: Assistant Project Manager	Location: West Virginia	Reports to: Project Manager
Role: In West Virginia, Ryan will work with the Project Manager to ensure complete oversight of day-to-day operations of the NEMT contract and will ensure the timely submittal of all required reports. He will be located full-time at our local office, and will be available during and after regular business hours, serving as the link between stakeholders such as BMS, NEMT providers, medical facilities, Members, and internal MTM departments. Under this contract, Ryan will also oversee all areas of network development, including rate negotiations, credentialing, and meeting face-to-face with the NEMT providers.			
Years with MTM: Three			
NEMT Experience: Ryan joined MTM in 2010 as a Network Recruiter and was quickly identified as an employee with high potential for advancement. Since then, Ryan has worked in various departments at MTM, being assigned by MTM's leadership to high visibility tasks and key initiatives in which he has consistently excelled and surpassed clients' expectations. Recently, Ryan served as the Implementation Manager for one of our largest programs, a $54 million statewide contract in Wisconsin that provides over 2.4 million trips each year. The program successfully launched on August 1, 2013 and based on initial results, stakeholders are pleased with the implementation, approach, and level of customer service. As Implementation Manager, Ryan was required to interface with all MTM departments, as well as the client, to develop protocols, policies, and procedures.			

Name: Brian Arnold	Title: Call Center Manager	Location: West Virginia	Reports to: Project Manager
Role: As the Call Center Manager, Brian will oversee all customer service operations. He will be responsible for the oversight of our local CSC's daily operations, as well as the supervision of CSRs and other support staff. His primary function is to ensure compliance with all established protocols and procedures, and ensure Member satisfaction. Brian is knowledgeable of all areas of this contract and MTM's requirements, and will analyze daily, weekly, and monthly statistics, making necessary changes in staffing and processes.			
Years with MTM: Five			
NEMT Experience: Brian has served as MTM's Customer Service Manager for our Pulaski, Virginia customer service center since 2008. As the Customer Service Manager, Brian manages all customer service operations and is responsible for the oversight of Pulaski center. He will be an extremely valuable and knowledgeable resource, having had direct experience managing customer service operations for MTM.			

Name: Jim Sebben	Title: Provider Relations Manager	Location: West Virginia	Reports to: Program Manager
Role: In West Virginia, Jim will work with the Program Manager to ensure complete oversight of day-to-day operations of the NEMT contract and will ensure the timely submittal of all required reports. He will be located full-time at our local office, and will be available during and after regular business hours, serving as the link between NEMT providers and internal MTM departments. Under this contract, Jim will oversee all areas of network development, including credentialing, monitoring, and meeting face-to-face with the NEMT providers.			
Years with MTM: Worked for MTM from 1999 to 2005 and recently rejoined the company			
NEMT Experience: Jim has extensive experience in the NEMT industry including holding the positions of Chief Operating Officer and Executive Vice President of Business Development for MTM during its formative years. He also has extensive experience in the healthcare industry and understands the important role accessible transportation plays in promoting positive health outcomes. Jim has served in consulting positions for many healthcare and transportation companies and has helped these organizations achieve their goals through a comprehensive understanding of the healthcare landscape and innovative ideas.			

Name: Melissa Workman	Title: Outreach and Communications Manager	Location: West Virginia	Reports to: Project Manager
Role: Melissa works with medical facilities across the nation, educating them on NEMT and MTM processes. She has conducted on-site training sessions for medical facilities, day programs, and nursing homes. In West Virginia, she will work diligently with all stakeholders in the medical community. Upon award, Melissa will begin meeting with large medical facilities and Federally Qualified Health Centers (FQHCs), working with them to identify Members with recurring schedules. She will play a critical role in working with the community to ensure overall satisfaction with this program.			
Years with MTM: Seven			
NEMT Experience: Since beginning her time with MTM as a CSR, Melissa has held various positions in our Care Management department. In this time, she has served dozens of clients across the country, becoming well-versed in NEMT operations. Melissa has aided the implementation of new policies, procedures, and programs, and performed outreach activities with various nursing homes, medical facilities, hospitals, and NEMT providers. This included more than 50 outreach sessions during the implementation of our regional Houston NEMT program and presenting to over 500 medical facility personnel at town hall information meetings during the recent implementation of our Wisconsin NEMT contract.			

Name: TBD	Title: Field Monitor	Location: West Virginia	Reports to: Assistant Provider Relations Manager
Role: The Field Monitor will work directly with local NEMT providers to ensure they understand and meet the requirements of BMS and MTM. S/he will assist in the credentialing and training of NEMT providers and perform on-site inspections of all vehicles prior to transporting any Members and at least bi-annually thereafter. The Field Monitor may also perform random, unannounced on-site visits with NEMT providers to ensure compliance. During all visits, s/he will inspect the NEMT providers' records of their drivers and vehicles to ensure that all standards are met.			

Name: TBD	Title: Care Management Coordinator	Location: West Virginia	Reports to: Assistant Project Manager
Role: The Care Management Coordinator facilitates the Level of Need (LON) process ensuring that West Virginia Members are always assigned to the most appropriate transportation mode based on their cognitive and physical abilities. S/he works closely with facilities to ensure recurring trips are scheduled and delivered using efficient processes. S/He also manages meals, lodging and out-of-state travel for Members. The Care Management Coordinator reviews utilization data and makes recommendations for cost savings opportunities.			

Name: TBD	Title: Quality Service Coordinator (QSC)	Location: West Virginia	Reports to: Assistant Project Manager
Role: The QSC will document, research, and respond to complaints and grievances. S/he will be responsible for educating the required parties—NEMT providers, employees, medical providers, and Members—about the complaint resolution to avoid future incidents. S/he will also assure that the complainant is satisfied with MTM's proposed resolution. Through tracking of complaints, the QSC will identify patterns of service and compliance issues. As appropriate, s/he will issue Performance Improvement Plans (PIPs) to NEMT providers to improve services.			

Name: TBD	Title: Claims Auditor	Location: West Virginia	Reports to: Assistant Project Manager
Role: The Claims Auditor ensures that all claims submitted by transportation providers through our electronic claims system are accurate. This includes verifying all trip information, including pick-up/drop-off times, signature verification, vehicle identification numbers, and drivers' license numbers. If this information is accurate and complete, the Claims Auditor approves payment. They also remain alert to compliance issues, potential fraud and abuse, and process improvements.			

Name:	Title:	Location:	Reports to:
TBD	CSC Team Coach	West Virginia	Call Center Manager

Role: The CSC Team Coach is responsible for the supervision of CSRs. The Team Coach's primary function is to ensure compliance with all client and MTM protocols and procedures through CSR oversight and answering questions. Team Coaches motivate and educate their team to ensure Member satisfaction and continual improvement. This position serves as the role model for CSR staff in all areas of job performance including professionalism, reliability, and work quality.

Name:	Title:	Location:	Reports to:
TBD	Customer Service Representative (CSR)	West Virginia	CSC Team Coach

Role: The CSR handles incoming calls regarding the scheduling of transportation and responds to general inquiries. The CSR is the front line representative for MTM. Therefore, we heavily train CSRs on the importance and provision of quality customer service. We seek professional-minded individuals with excellent customer service, communication, and problem-solving skills. We also seek applicants with language capabilities to meet the needs of Members who have limited English proficiency.

Name:	Title:	Location:	Reports to:
TBH	PC Technician	West Virginia	Assistant Project Manager

Role: The PC Technician is primarily responsible for maintaining, analyzing, troubleshooting, and repairing computer systems, hardware, and peripherals. This individual also maintains, upgrades, and replaces hardware and software systems, and maintains the growing technology infrastructure of our various locations. In West Virginia, this individual will be responsible for daily maintenance of computers and information systems at the local office.

Name:	Title:	Location:	Reports to:
TBD	Business Analyst	Missouri	Assistant Project Manager/CIO

Role: The Business Analyst will collaborate with cross-functional teams and subject matter experts to achieve efficient processes. S/he will be responsible for the analysis, architecture, and specification of effective, efficient, and innovative business technology solutions and services, as well as project management during development and production. S/he will also ensure successful adoption of business technology solutions and services. In addition to these roles, the Business Analyst will conduct thorough data analysis to identify potential routing and scheduling opportunities.

Name: TBD	Title: Network Representative	Location: Missouri	Reports to: Provider Relations Manager
Role: The Network Representative will be the point of contact for West Virginia transportation providers. S/he will be available to answer day-to-day questions from transportation providers regarding contractual issues, driver background checks, vehicle information, MTM policies and guidelines, and any other questions about the BMS NEMT program. The Representative will develop strong relationships with transportation providers, and these relationships will ensure MTM maintains high transportation provider satisfaction. S/he will also monitor the adequacy of the network and assist in the recruitment of new transportation providers as necessary.			

Corporate Organization

In addition to the personnel team outlined above, with MTM, BMS will also receive the support of our corporate leadership team. Comprised of experts in the field of NEMT, this structure has been used as a template for other large programs under our management. The members of our leadership team are familiar with all operational aspects required for program success and come to MTM with varying backgrounds to fully inform our approach. Their backgrounds are relevant to NEMT and this contract, and include:

- Transportation logistics and operations
- Nursing and healthcare provision
- Financial management
- Managed care
- Quality management

BMS will benefit from the overall experience of each of these corporate staff members through our hands-on approach. This team has ensured the successful operation of numerous programs throughout the country, and they are excited at the prospect of serving BMS and its NEMT Members. The organization of our executive team and how our local management team will fit into this structure is outlined in **Figure 3**. BMS will receive a high-touch management approach from MTM's executives, each of which desires to maintain MTM's stature as the highest quality NEMT broker. The Project Manager will receive strong support from the Executive Team, but will also have the autonomy and authority to make decisions and manage resources to support BMS-specific goals and initiatives.

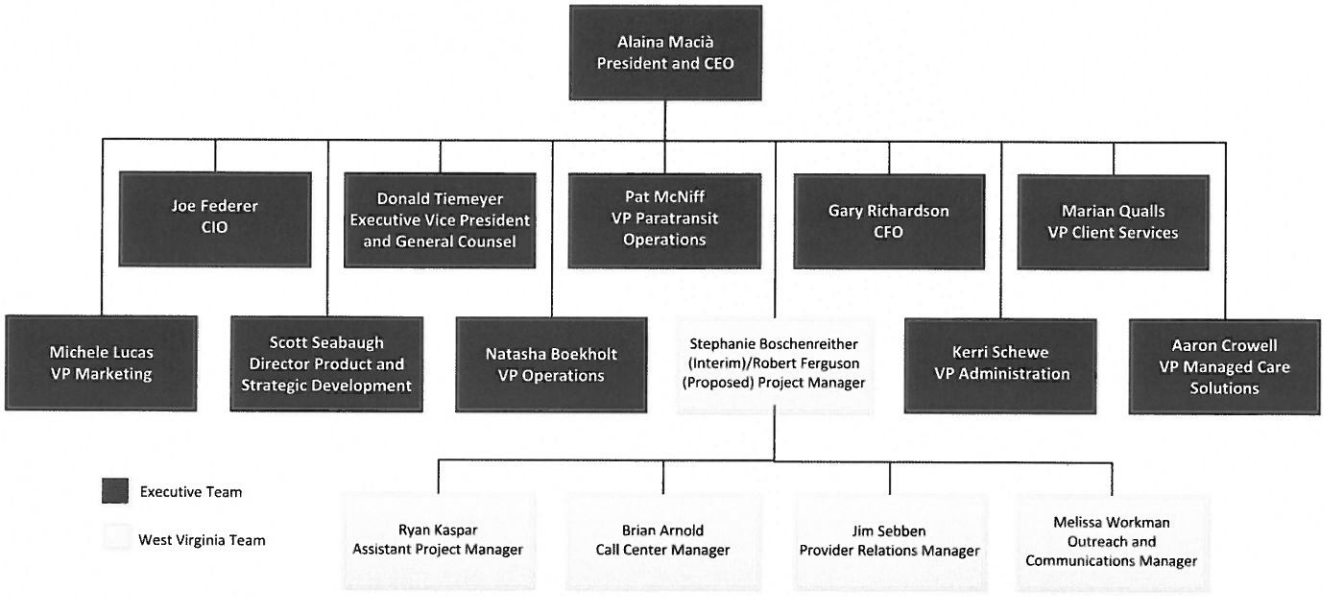


Figure 3. MTM Executive Team. West Virginia will benefit from MTM's high-touch management approach and involvement of our executive team.

Our executives are dedicated to the success of each contract we hold, beginning during implementation and continuing throughout the life of the program. These individuals lend valuable time to our local operations teams with complete dedication and commitment to each project, and are familiar with all aspects required for NEMT program success. The following tables detail the names, experience, and roles of each member of our executive team. Their resumes are also included in **Supplemental Information, Tab A**.

Name:	Title:	Location:	Reports to:
Alaina Maciá	President and CEO	Missouri	Board of Directors

Role: Alaina is responsible for overseeing all operations within MTM including the contracts with which MTM is involved. She is the executive liaison for all contractual and operational matters and ensures all contract deliverables are met within the required timeframes. She is the individual designated within MTM who is officially authorized to negotiate for and contractually bind the company in pursuit of this contract. Alaina provides executive management of operations, technology, finance, accounting, legal, and marketing activities, delegating responsibilities downward through the executive team, department directors, and managers. She will be intimately involved in ensuring this contract's success.

Years with MTM: 10

NEMT Experience: During Alaina's time with MTM, she has overseen the implementation of numerous large government contracts, including programs in Wisconsin, Missouri, Kansas, Minnesota, New York, South Carolina, Texas, and the District of Columbia. For these clients, she has pushed MTM to continually improve and generate significant savings, generally between 10 to 25% over previous costs. Alaina has overseen MTM's growth from a $30 million company to an organization generating over $174 million in revenue annually. Additionally, she has guided MTM's expansion from Medicaid transportation to the fixed route, ADA paratransit, and ambulance claims adjudication markets.

Name:	Title:	Location:	Reports to:
Gary Richardson	CFO	Missouri	President and CEO

Role: Gary helps MTM develop and manage key financial goals applied throughout the organization, and oversees MTM's finance, accounting, and human resources functions. Gary works to ensure that MTM is a financially strong and viable company able to fully support this program.

Years with MTM: Five

NEMT Experience: Since joining MTM in 2008, Gary has quickly implemented significant improvements in financial management and human resources efficiency. These aspects of MTM allow us to offer more competitive prices because our overhead is low and profit requirements are less than a publicly traded company. Gary also has experience in NEMT programs working with MV Transportation prior to joining MTM. He has more 22 years of financial management experience, 15 of which were with large transportation contracting companies and seven with the national accounting firm Deloitte & Touche. Gary has extensive experience in building financial infrastructure, including people and systems, for rapidly growing companies.

Name:	Title:	Location:	Reports to:
Joe Federer	CIO	Missouri	President and CEO

Role: To ensure MTM remains on the cutting edge of technological solutions for NEMT management, Joe is focused on the continual expansion of our information technology, hardware and software, data and reporting systems, and overall technology perspective. He leads our Information Technology (IT) department in coordinating the implementation and management of our overall systems and related processes. By reviewing our system needs and service gaps, he recommends improvements to current processes and works hand in hand with our team to implement new solutions efficiently and effectively.

Years with MTM: Less than one

NEMT Experience: Joe has served in various management and information technology roles for approximately 30 years. He is continually recognized as an outstanding leader in systems development, data management efficiency, performance, and expense reduction. His previous experience includes seven years at the pharmaceutical company Express Scripts, giving him an in depth level of knowledge of CMS regulations and the Medicaid industry in general.

Name:	Title:	Location:	Reports to:
Patrick McNiff	VP Paratransit Operations	Missouri	President and CEO

Role: Patrick adds a vital component to our leadership team based on his extensive paratransit experience. He is instrumental in developing partnerships with local public transit systems to build NEMT provider network capacity to respond to the needs of Medicaid Members. He consistently enables MTM to coordinate with paratransit and fixed route providers, and works to develop high quality networks of NEMT providers. In West Virginia, he will continue to establish working relationships with local resources, including county programs as appropriate, to build a high quality network of local providers.

Years with MTM: Four

NEMT Experience: With MTM, Patrick has assisted providers in our network to increase efficiency in their operations, as well as to identify ways for MTM to further coordinate with public transit options. Patrick plays an integral role in a number of MTM operations, including our Hamilton County, Ohio contract. Additionally he oversees our assessment contracts in Portland, Oregon and Raleigh, North Carolina. In past roles, he was responsible for managing all of Laidlaw Transit's NEMT operations through their Safe-Ride division. This division had operations throughout seven states in 14 locations, including statewide operations in Arizona and New Mexico. He was also a General Manager for a large transportation company with several locations throughout Southern California. He has served in leadership positions in the NEMT, transit, and paratransit industries for over 20 years as General Manager for Laidlaw Transit Services and Regional Vice President with First Transit.

Name:	Title:	Location:	Reports to:
Natasha Boekholt	**VP Operations**	**Missouri**	**President and CEO**

Role: Natasha oversees all functions within our operational departments including call center activities, network development, care management, and claims. She has ultimate authority over all areas of the network development, including rate negotiations, credentialing, and maintaining a comprehensive network for West Virginia. She is actively included in guaranteeing appropriate transportation management through care management techniques, as well as the continued satisfaction of the medical facilities we serve. She will be actively involved in the implementation of this program and will ensure that appropriate staff are hired and trained.

Years with MTM: Nine

NEMT Experience: Natasha has worked with MTM's NEMT clients since 2003 and has over 12 years of experience in the transportation management industry. She recently led the reorganization of our Network Management department which resulted in improved responsiveness to our network of NEMT providers and increased efficiency in the areas of recruiting, credentialing, and claims. She is keenly aware of CMS and other transportation rules and regulations, and helps to implement our various statewide programs.

Name:	Title:	Location:	Reports to:
Marian Qualls	**VP Client Services**	**Missouri**	**President and CEO**

Role: As our Vice President of Client Services, Marian provides executive management and oversight of our contracts. She works closely with our Account Executives, Project Directors, and Program Managers to guarantee contractual compliance, and to review, analyze, and trend programmatic data for potential improvement areas. As necessary, she reports her findings to the rest of our executive team for collaboration on effective enhancements.

Years with MTM: One

NEMT Experience: A recent addition to MTM's executive management team, Marian brings more than nine years of experience in healthcare-related and management expertise. She is a highly qualified project management professional, having served in various sales and management roles over the past 15 years. Prior to her time at MTM, she worked for the large prescription company Express Scripts, giving her an intimate understanding of CMS requirements and Medicaid programs in general. She brings a valuable layer of depth to our management team, and is a tremendous asset to our clients.

Name:	Title:	Location:	Reports to:
Michele Lucas	VP Marketing	Missouri	President and CEO

Role: Michele oversees MTM's Marketing department, which supports MTM's efforts for new business acquisitions, as well as the production of internal and external marketing materials. She will be an integral part of the implementation of this contract, working with our Marketing team to develop written materials for Members, medical providers, and NEMT providers, including an introductory letter, informative brochures, website content, and program manuals. Throughout the life of this contract, she will continue to ensure MTM maintains effective communication with all program stakeholders.

Years with MTM: Three

NEMT Experience: With more than 22 years of sales and marketing experience, Michele brings an innovative approach to our strategic development. She understands how critical effective written and verbal communication with Members and other stakeholders is, and continually leverages that knowledge and leadership for our clients and NEMT programs. Since joining MTM in 2010, Michele has developed a keen awareness and knowledge of NEMT operations, and utilizes that experience to ensure successful communication in each of our service areas. Michele also played an integral role in the implementation of our Houston and Wisconsin programs, overseeing mailings to over 1,000,000 Members and reviewing all policies, procedures, and documents prior to use in the contracts.

Name:	Title:	Location:	Reports to:
Donald Tiemeyer	Executive VP and General Counsel	Missouri	President and CEO

Role: Don serves as head of MTM's Risk Management Committee, a subcommittee of our Quality Management Committee (QMC). He responds to all potential risk incidents for investigation and appropriate action. Should MTM be involved in any incident or accident that involves litigation, Don supervises and coordinates the representation of MTM to ensure MTM's liability exposure is minimized. He is also a member of the MTM Credentialing Committee, which reviews qualifications of NEMT providers and their drivers, including criminal background history, elderly abuse, sexual abuse registries, and motor vehicle driving records. He advises MTM's Board of Directors and Executive team on legal matters; develops and reviews all contracts with clients, vendors, and NEMT providers; and represents MTM in all legal matters.

Years with MTM: 18

NEMT Experience: Don has served as corporate counsel to MTM from our inception in 1995, and has served as MTM's General Counsel since joining MTM in 2003, giving him more than 17 years of NEMT experience. He has overseen the execution of numerous contracts, and defended the interests of MTM and our clients. Don brings over 31 years of legal experience to MTM, 23 years of which he served as a principal engaged in the private practice of law.

Name:	Title:	Location:	Reports to:
Aaron Crowell	**VP Managed Care Solutions**	**Missouri**	**President and CEO**
Role: Aaron is responsible for MTM's managed care solutions and new product development for national and regional health plans. Working with our clients, he ensures that their voice is always considered during product development, implementation, and throughout the contract lifecycle.			
Years with MTM: Three			
NEMT Experience: Aaron has over 17 years of consulting, management and business development experience, the last three of which have been in the NEMT industry. He holds a Bachelor of Science degree in Business Administration, is on the board of the Health Information Management System Society (HIMSS), and is a member of the Project Management Institute (PMI) and the American Society for Quality (ASQ).			

Name:	Title:	Location:	Reports to:
Scott Seabaugh	**Director Product and Strategic Development**	**Missouri**	**President and CEO**
Role: Scott leads MTM's product development process and works to expand our offerings to best meet the needs of our clients. His executive leadership at MTM is delivering best-in-class solutions that improve Member outcomes while decreasing costs for our clients.			
Years with MTM: Two			
NEMT Experience: Scott has more than 18 years of management experience in the healthcare industry, with extensive knowledge and expertise in home healthcare, infusion therapy, specialty pharmacy, regulatory affairs and compliance, and managed care operations. He brings a proven track record of developing innovative products and services to meet the changing needs of the healthcare industry.			

Name:	Title:	Location:	Reports to:
Kerri Schewe	**VP Administration**	**Missouri**	**President and CEO**
Role: As Vice President of Administration, Kerri oversees MTM's Quality Management, Corporate Training, and Human Resource departments. In this role, Kerri focuses on staff engagement and organizational design to streamline MTM's overall operations. In West Virginia, she will be key in deploying important training for our local staff.			
Years with MTM: One			
NEMT Experience: Kerri is a training and education specialist with more than five years of experience overseeing training programs. In her past roles, she has directed a variety of training curricula for corporations and educational programs for learning institutions. Kerri is also an expert in program development and implementation, executing creative solutions for training staff members of all levels and positions.			

Training for Success

Beginning on day one of service commencement and continuing through the life of the contract, West Virginia Members will receive excellent customer service from MTM staff as a result of our comprehensive training program. We developed a standardized training program which is applied to our entire book of business which we then customize to meet specific client protocols.

Imperative to the success of any customer service operation is the deployment of an in-depth, high quality training program. Through our 18 years of customer service experience, we have developed a highly successful curriculum that provides clear, accurate, and responsive training to our personnel. Our employees are trained to provide best-in-class customer service through comprehensive modules on important topics such as sensitivity, professionalism, service fundamentals, advocacy, and other program-specific topics. Educating and empowering employees is critical to improving Member and employee satisfaction. The goal of MTM's training program is to engage employees early on, clearly set and communicate job responsibilities, encourage teamwork and a positive work environment, and ultimately increase Member satisfaction rates, productivity, and employee retention.

Along with visual introductions to MTM via short videos and PowerPoint slides, employees are exposed to auditory, tactile, and experiential learning techniques to round out training. Ice-breakers, role-playing, one-on-one individualized lesson delivery, and other team building activities are utilized to make the training sessions interactive, fun, and engaging, and to help employees get to know one another and build the team dynamic.

Based on this training, employees within our local West Virginia office will be fully prepared to provide the best Member service experience possible. Our training facilitates job skill growth over a three to five week initial training period and includes the following topics:

- Background on the transportation management industry, Medicaid, and medical terminology
- Cisco telephony system
- MTM's transportation scheduling system
- Confidentiality, including HIPAA safeguards and compliance
- Cultural diversity, honoring Member's beliefs, sensitivity in communication, and CLAS standards
- Using Voiance interpretive and TTY/TDD services
- Customer service (soft-skills) and professionalism, especially when working across cultures, with persons with special needs, or managing difficult behavior

- Active listening, documentation, and restating trip details before concluding the call
- Referring callers with an emergency to 911 or the appropriate first response unit
- West Virginia specific contract requirements, protocols, and MTM policies and procedures

Training Approach

MTM's dedicated training team develops and deploys training based on adult learning theory. In doing so, we directly utilize principles that ensure training is effective and:

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

Training methods include eLearning, web-based instruction, role-play scenarios, and instructor-led classroom sessions and our approach is flexible and determined by factors such as topic, length of training time required, and audience size and location. Our call centers are geographically dispersed, and we arrange for distance learning via technology or appropriate travel when necessary. Collaborative learning and new techniques and methods will be embraced regularly to address the needs of auditory and visual learning styles. Successful training results in employees having the ability to interact with Members effectively.

Guest Speakers Raise Disability Awareness

In an effort to better connect our CSRs to NEMT system Members, MTM's ETO department regularly works with local Member and advocacy groups to have volunteers come in and present during training. During these face-to-face sessions, CSRs benefit from first-hand accounts from the very people they interact with on a day-to-day basis. These meetings raise disability awareness and increase sensitivity in a natural and thought provoking environment. Additionally, these sessions increase public approval of the project as they highlight our dedication to the NEMT Members we serve.

Skills-Based CSR Staffing and Training

MTM currently utilizes a skills- and performance-based approach for CSR staffing, including tiered levels of staffing. The differences between tier responsibilities are outlined in **Figure 4**. This plan will be modified upon contract award to best meet the needs of BMS Members.

CSR Tier Responsibilities		
Tier I	**Tier II**	**Tier III**
Respond to general Member inquiries	Perform all Tier I functions	Perform all Tier II functions
Set trips for Members	Support email, chat, and written contacts	Provide support to BMS
Enter all call intake data into NET Management System	Assist with training as needed	Serve as escalation and internal help desk

Figure 4: Tier Responsibilities. MTM will deliver high quality Member service through a tiered staffing approach.

Training Materials Development

During implementation, our training team headed up by Kay Timmerman, Director Corporate Training and Development will provide a comprehensive training curriculum, including materials and tools utilized in the CSC. Additionally, within our West Virginia CSC, we will create a technology-enabled training facility equipped with the components necessary for engaging adult learners aesthetically and kinesthetically.

MTM's training approach is ever-changing and evolves based on best practices, employee feedback, and changing needs and requirements. While many initial training materials will be customized from existing materials utilized throughout our book of business, these items will be updated and maintained to ensure the best learning experience possible for employees. In **Supplemental Information, Tab L**, we have provided sample training materials that we currently use for CSR training; upon contract award, these materials will be altered to include training guides, job aids, proficiency tests, role-playing scenarios, and other reference tools specific to BMS's NEMT program.

Training Delivery

After hiring, employees will take part in a formal classroom training program, including new hire orientation, followed by one week of side-by-side training with a supervisor or peer in a controlled environment. Our training programs prepare new hires for success on the job and keep existing staff well-versed in day-to-day operations, as well as changes necessary to best serve Members. During implementation, MTM will develop a formal Training Delivery Plan to address training curriculum, schedules, and timelines.

As previously mentioned, classroom training approaches will include eLearning, web-based instruction, role play scenarios, and instructor-led sessions. Our experienced Corporate Training and Development team will facilitate the majority of training activities, and will regularly embrace collaborative learning and innovative techniques to address the needs of auditory and visual learning styles.

> ***"MTM is like one big family; learn to be open minded and enjoy the experience."***
>
> **Monique Sledge,** *Wisconsin CSR*

CSR Training

MTM will provide several customer service training modules for West Virginia CSR staff, including those noted in **Figure 5**. Additional modules and certification requirements will be integrated into our training at the request of BMS.

MTM Training Topics	
Customer Service Representative, Professionalism	The Customer Service Representative Customer Service Center Services and Work Environment Team and Customer Relationships
Customer Service Representative, Skills	Customer Interactions Communication Skills Conflict, Stress, and Time Management
Customer Service Representative, Process	Customer Service Processes and Procedures Quality in a Customer Service Center Customer Service Center Tools, Technologies, and Metrics Dealing with Irrational Customers and Escalating Complaints
Customer Service Fundamentals	Customer Service Fundamentals: Building Rapport in Customer Relationships Customer Service over the Phone Internal Customer Service Customer Service Confrontation and Conflict Shaping the Direction of Customer Service in Your Organization
Customer Focus	Identifying and Managing Customer Expectations Creating and Sustaining a Customer-Focused Organization Customer-Focused Interaction
Customer Advocacy	Customer Advocacy: Communicating to Build Trusting Customer Relationships Customer Advocacy: Enhancing the Customer Experience Customer Advocacy: Supporting Customer Advocacy

Figure 5: MTM Training Topics. CSRs will receive training on a broad range of topics prior to taking calls from West Virginia Members.

"The tone of the classroom has been very friendly and I have felt very comfortable asking questions. Training has easily been the most comprehensive of any I've ever had and it is clear that MTM wants us to be as prepared as possible before putting us on the phones."

Josh D., *Wisconsin CSR*

When classroom training has been successfully completed, the CSR will move on to the next training phase: side-by-side training in a "nesting area" where s/he will take calls while being closely monitored by a Training Coach. Before moving into the nesting area, the employee is required to take an assessment to ensure effective learning transfer, as well as adequate understanding of the role and how to satisfactorily execute job duties. Employees must score a minimum of 90% on this assessment. CSRs receive more specialized attention while they are in the nesting area. We have a dedicated Training Coach who sits with new hires while they take calls in the real environment. These resources provide assistance with general questions, navigating through the system, process workflows, and how to effectively communicate with a variety of Member populations. Following completion of side-by-side training, the CSR will be released to independently accept calls from Members.

MTM is confident in our CSR training program and welcomes BMS to join us in conducting site visits for training observation, real-time floor reviews, discussion groups, and collecting feedback on training from CSRs. We welcome this additional resource and will work closely with BMS to ensure open communication and receptivity during the important training and implementation period.

Management Training

All key management positions for this program will receive, at minimum, two weeks of training by a corporate supervisor or peer. They will also be exposed to all departments, the functions of those departments, and how to work with the corporate office. Corporate implementation staff will remain on-site at the local facility to provide side-by-side training until all management personnel are proficient in their roles. MTM knows that the better educated and trained the

employee is, the better the employee's performance. This results in greater job satisfaction and improves retention, an area in which MTM provides a great deal of focus. It also greatly contributes to higher stakeholder satisfaction with MTM's overall performance. This management training includes approximately one day spent on each of the following modules shown in **Figure 6**.

Training Module	Topics Covered
Supervision	• Responsibilities • Characteristics • Ethics • Motivation Theory
Leadership	• Leadership • Teamwork • Communication • Decision Making • Report Writing • Conflict Resolution
Service	• Customer Service • Internal/External Customers • Difficult Customers • Discipline • Documentation

Figure 6: MTM Management Training Topics. Management staff will receive intensive, specific training to ensure they are well-equipped to monitor call center operations.

Training Support Staff

New support staff such as Quality Service Coordinators, Care Management Coordinators, and other positions as outlined in our staffing plan, are trained for a minimum of two weeks by experienced MTM trainers and supervisors. In the third week, they receive side-by-side training during which they perform their actual job duties while being closely monitored. This promotes understanding of the West Virginia NEMT protocols and experience of a live situation, ensuring our staff are fully prepared to take on their job duties on the go-live date.

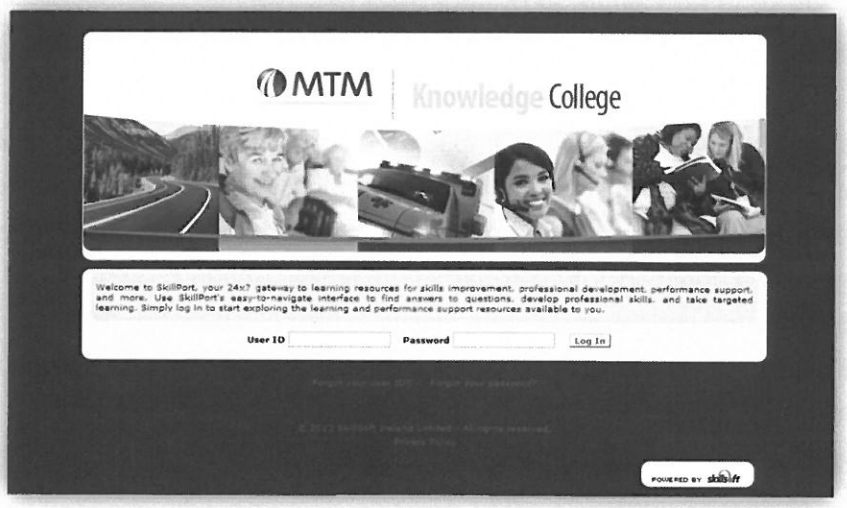
All staff are provided with tools and training to ensure inter-rater reliability during all monitoring activities.

"To me, knowing how to do the job is only a small part of the overall training. It is equally important that while I am learning, I am shown how to adapt to the ever-changing environment as well. Whether that information was conveyed in training or simply through support, having that assistance has been more valuable than anything else and has allowed me to maintain effectiveness as those changes have occurred."

John M., *Wisconsin CSR*

Ongoing Training

In addition to initial training activities, regular refresher training is provided whenever there are changes to protocols, process improvements for internal procedures, or as a supplement to performance discussions or coaching sessions. Refresher training methods are determined by content size and scope. The Project Manager, along with the Corporate Training and Development Team, will assess training refresher needs through gaps identified in performance reviews, employee evaluation responses, and general feedback from all levels of staff throughout the organization.



Employees also have access to ongoing training opportunities through our online knowledge and learning management system that we call Knowledge College. The knowledge and learning management system contains hundreds of online training sessions that are accessible 24 hours a day, seven days a week, for staff to develop their job skills and earn certifications. These courses cover a wide variety of subject matter in order to meet the various training needs of all our employees, from job-specific technical courses to topics such as Excel, Word, Communication, Time Management, Organizational Skills, Leadership Essentials, and Sales. These courses, and associated components, are used to enhance job training and performance and as part of employees' personal and career development plans. After completing each self-paced training session, the employee completes a quiz on the covered material and must score an 80% or higher to earn the Certificate of Achievement. The

Corporate Training and Development team receives an automatic alert when an employee earns a certificate, and a copy is placed in the employee's file. Supervisors can also select specific subjects for team training. Participation in the online training library is a part of each employee's annual evaluation, as it enhances current skills and promotes professional and personal growth.

Retaining Employees

Hiring and retaining quality employees is one of the hallmarks of every great business. Although the call center industry's standard turnover rate is approximately 25%, MTM has been able to achieve a rate of 6% as a result of our practices and commitment to our teams.

Our retention success begins with a stringent philosophy for hiring CSRs; we avoid seat filling tactics used by many other organizations because we understand the direct impact that CSRs have on Member satisfaction and the true cost of high turnover. Our comprehensive hiring process goes well beyond a simple application and an interview, and instead takes applicants through an in-depth screening progression.

The first step in our selection process involves a review of the individual's resume and application by a group of Human Resource and CSC supervisors and managers. If the group decides that the applicant will be a good fit for MTM, they schedule a phone interview/screening. This second step is much more than a simple screening, as it gives us a good indication of how the applicant handles and presents themselves on the phone. If the phone screening goes well, the applicant is then invited to an in-person interview with a panel of evaluators similar to the ones who initially assessed the resume and application. From there, approved applicants go through an intensive online screening and testing process, including background checks and fingerprinting as required by the RFP. This phase simulates a number of different types of calls and records the applicant's speed and efficiency at addressing the scenarios presented. This exhaustive recruiting strategy gives our recruiting team an overall assessment of the applicant's skills, and provides the applicant with an accurate picture of their job responsibilities.

Our focus on the retention of long-term, successful employees goes beyond our CSCs. MTM strives to retain extremely qualified personnel through excellent employee relations, with our goal being to promote staff from within to higher positions as need and skills allow. We take several steps to minimize turnover and encourage careers with our employees, including offering appropriate wages for the locations in which we operate as based on the local cost of living. We also provide support to our employees through a comprehensive wellness program that promotes healthy living, stress management, and a proper work life balance. To foster

continual improvement in our staff's performance, MTM leverages incentive and tiered pay-for-performance programs. Within these programs, employees are incentivized to perform above our basic standards with opportunities for valuable bonuses and advancement to the next tier. Brochures promoting our incentive plan for CSC employees can be found in **Supplemental Information, Tab O**.

Additionally, we offer a benefits package that features a multi-tiered program of health coverage options, enabling more employees to obtain appropriate coverage and flexibility in their choices. MTM also provides thorough initial and ongoing training, allowing our employees to become extremely comfortable with their jobs and enjoy their day-to-day duties. To further enhance employee morale, we maintain a positive open door environment, empowering our staff to communicate any issues or concerns they may have for positive resolution.

MTM does not anticipate needing additional staff for this program, but will react quickly with additional resources to maintain high service levels throughout the life of the contract.

Ensuring Sufficient Personnel

Throughout the life of this contract, we will use our Workforce Management tools to fulfill BMS's standards for promptness and service quality. MTM's experience managing similar contracts, coupled with our ability to utilize intake systems with great success, will ensure call center responsiveness for BMS and its Members. Our staffing and forecast strategy uses both short-term and long-term trends to establish call patterns and staffing needs on a daily basis, as well as during special events and other periods of high volume. It takes into account a number of factors, including:

- Call Patterns: Call patterns are reviewed at daily, peak, and off-peak levels to establish staffing requirements for the estimated volume, as well as basic call center schedules. Periodically, MTM conducts a call pattern analysis at hourly intervals in addition to the daily call pattern analysis.
- Production: MTM monitors call handling time averages to determine the work time required per call. This average is used and compared to the daily and hourly call volume estimates to establish the customer service center staffing requirements and schedules.
- Shrinkage: MTM uses a staffing model that builds on a 95% utilization/available time rate. This rate provides a cushion in the call forecast for potential call volume spikes and allows time for CSR training. MTM monitors average turnover rates and daily average call-in rates and uses this data to adjust staffing above required forecasts to ensure call metrics such as average speed to answer, hold time, and service levels are met.

To determine daily and monthly forecasts, we start by analyzing long-term monthly and seasonal trends. We use historical data to establish long-range monthly call intake estimates. These vary month-to-month based on archived data from previous years to determine trends. Once long-term trends are established, they are applied to recent call data (typically the last three months) to establish accurate monthly estimates.

To complete the forecast for estimated call volume, MTM uses historical CSC reporting that is entered into our database and analyzed using a call center Erlang calculator. Our forecasting approach has proven extremely accurate, with our 2013 monthly average forecast results within 4% of actual call volume. Once call volume is established, MTM analyzes historical data at daily and hourly intervals to establish staffing requirements.

Using these proven workforce management processes and leveraging our experience in CSC staffing, we will ensure that MTM has sufficient resources to meet client call volume while maintaining performance standards. In our experience, proper planning, historical information, and schedule adherence are the keys to managing and exceeding expectations. We have based our initial staffing plan on the information provided in the RFP, addenda, and answers to questions. We are confident that the proposed local team, with strong support from our corporate office, will provide the necessary manpower to efficiently and effectively execute this program. We will make adjustments as needed throughout the life of the program.

Back Up During Implementation

Based on our experience, we anticipate high call volume and longer talk times during implementation as Members accustom themselves to MTM. To accommodate these extra needs, in addition to our regular staff for this program, we will provide back-up staff.

Ensuring Continuity of Staff

Due to our culture, MTM enjoys a very high employee retention rate, but we understand we must always be planning for unexpected events, such as the loss of a key staff member. To minimize any degradation on performance, we have a strong "bench" of management candidates that have the experience and knowledge to quickly step into a key position with a very short learning curve. It is our preference to promote from within, but we will also look outside of MTM to fill a key position if we believe this course of action is best for the program.

MTM also values employee training and cross-training, and we emphasize no single points of failure. MTM uses industry standard technologies and components that do not rely on narrow expertise, so in the event of the loss or retirement of key technical personnel, we can continue

to support our clients in a smooth and consistent manner. We also have third party partners that can supply key technical personnel who have worked on our systems and can maintain, enhance, and support the components.

Subcontractors

Other than our network of NEMT providers, MTM will not be using any other subcontractors during the execution of BMS's NEMT services program in West Virginia.

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.*

Vendor Response:

Background

Since our establishment in 1995, MTM has been committed to managing NEMT services for the medically fragile, disabled, underserved, elderly, and other transportation disadvantaged populations served by state and county government programs and MCOs. Our first client, HealthCare USA, joined us the same year of our establishment, and remains a satisfied client to this day. Since our inception 18 years ago, we have grown to become one of the largest transportation managers in the country and a nationally recognized leader in NEMT brokerage services; we currently have a staff of more than 760 employees who are engaged in project operations. As a family owned and operated company, headquartered in Lake St. Louis, Missouri, we are focused on service quality and client satisfaction, and we hold ourselves to a higher standard of excellence than any of our competitors.

Our book of business consists of more than 40 contracts spanning 28 states and the District of Columbia. These contracts include state and county governments, public transit agencies, departments for the aging, and MCOs. In every contract we hold, we maintain our mission of being the premier manager of NEMT services, providing safe, reliable transportation for passengers and the best value for clients. The map in **Figure 7** shows our various locations throughout the United States.

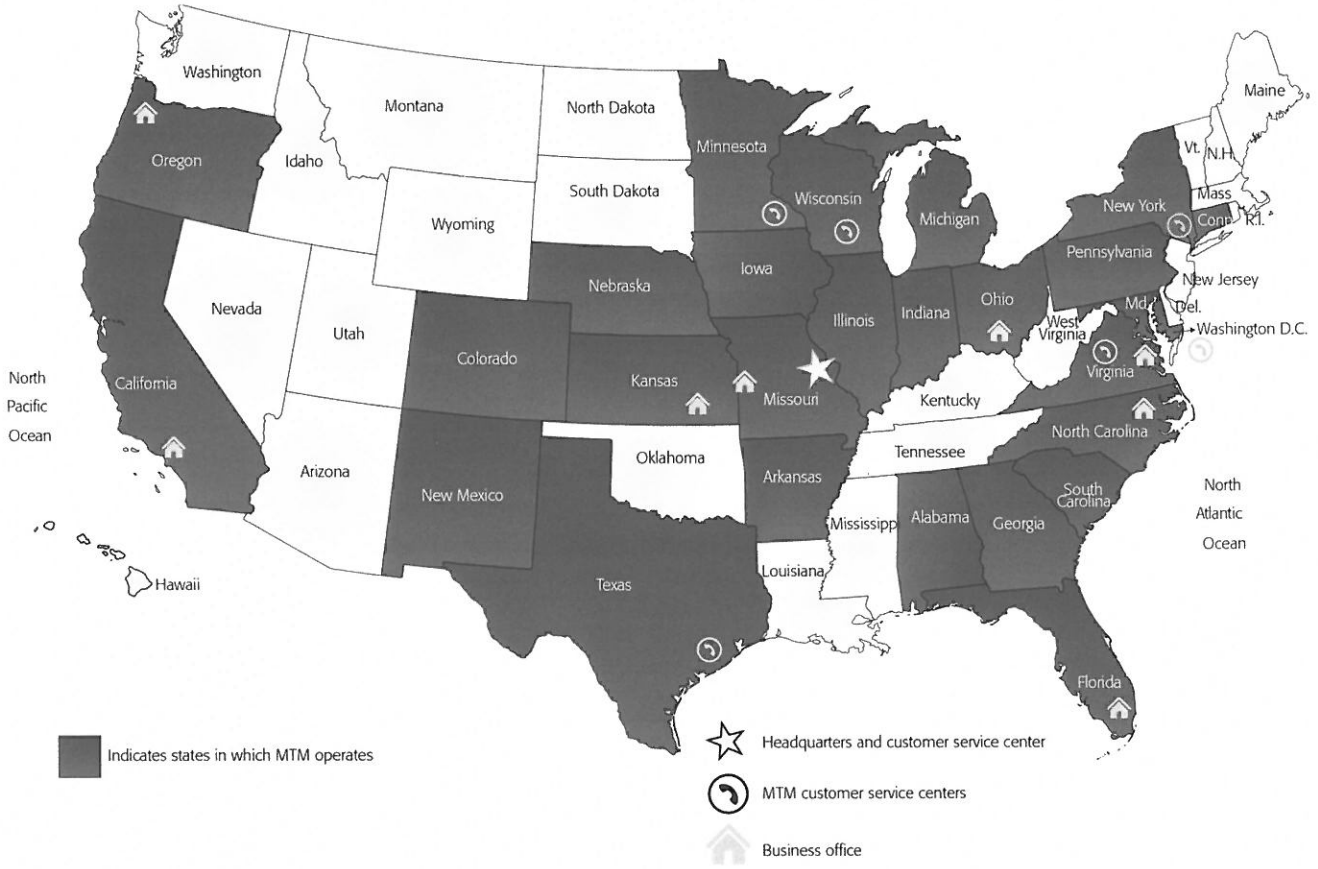


Figure 7: U.S. Map. This map shows MTM's locations throughout the United States, denoting corporate headquarters, customer service centers, and satellite offices.

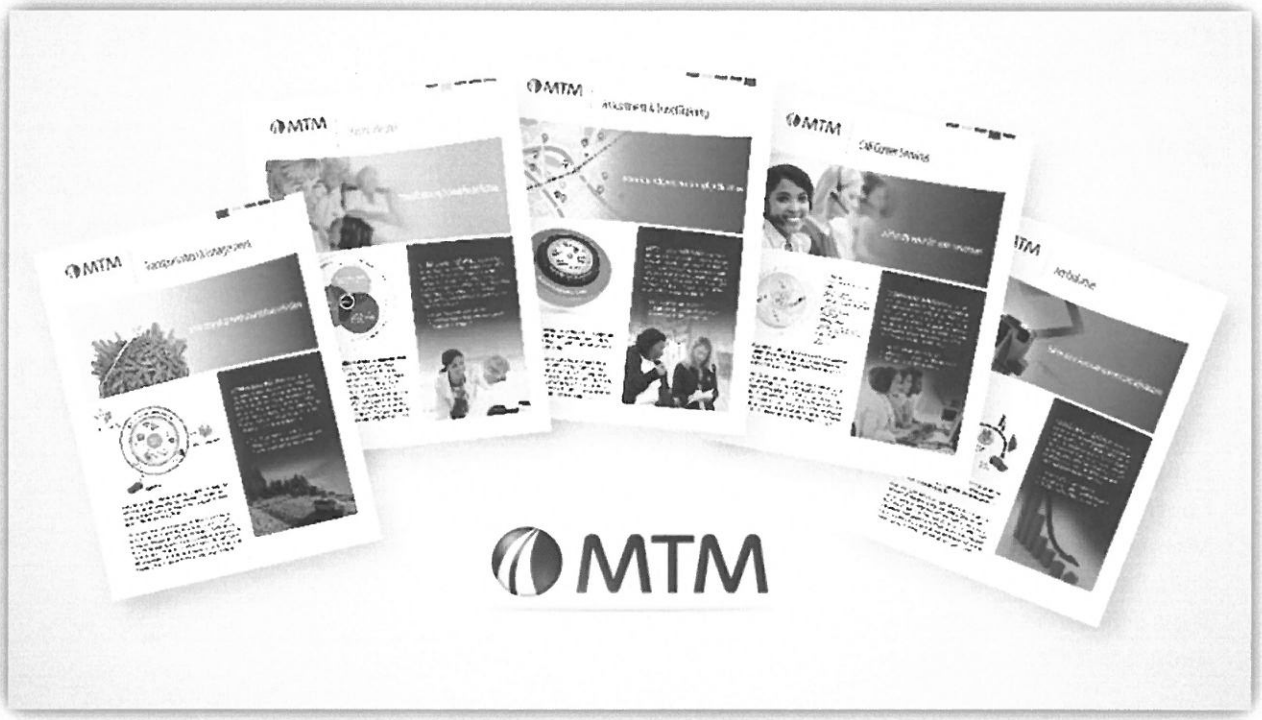
Current Products & Services

We strive to bring a direct and honest approach to the creation of innovative solutions for today's health and social concerns, particularly in accessing medical care, medical program management, and new product development. To achieve our vision of "communities without barriers," we develop best practices for managing access to healthcare and social services for the disabled, underserved, and elderly, while providing cost efficiencies and increased program satisfaction.

Over the years, as MTM staff worked collaboratively with its clients to create customized solutions for transportation, the leadership team recognized opportunities to expand its service offerings. Leveraging its resources and experience, MTM began adapting its management model, offering new products to help clients align incentives, reduce costs, and increase customer satisfaction.

On behalf of our clients, MTM administers a wide variety of functions and activities, the most prominent being NEMT brokerage services. In addition to transportation management, MTM offers the following services to state and county governments, Medicaid and Medicare managed care organizations (MCO), third-party administrators, and health care providers:

- Care Coordination
- Call Center Services
- Ambulance Claims Management
- Functional Assessments and Travel Training



By providing careful assessments, comprehensive care management, and responsible network development and oversight, MTM is able to improve Member outcomes, remove barriers, and promote independence.

Experience

With MTM, BMS will receive the services of a proven and experienced NEMT broker that is an expert in transportation management, as well as the needs of Medicaid Members. With more than 40 current contracts spanning across the country, MTM has 18 years of similar experience, which will allow us to provide BMS and its Members with invaluable industry expertise throughout the life of this contract.

On the following pages are four references from projects of similar scope and complexity to that of the West Virginia Medicaid program. We are proud of all our projects and encourage DHHR to contact any or all of the references listed to discover more about MTM's experience, background, and quality of work. The clients outlined within these tables include the:

- Wisconsin Department of Health Services (DHS)
- District of Columbia Department of Health Care Finance (DHCF)
- Minnesota Metro Counties Consortium (MCC)
- Texas Health and Human Services Commission (HHSC)

Wisconsin Contract Highlights	
Client Name	Wisconsin Department of Health Services (DHS)
Project Manager	Name: Nathan Mueller Phone: 608-227-4070
Contract Starting and Ending Dates	August 2013 to Present
Types of Services Provided	General NEMT brokerage activities, including Establishing a network network, negotiating rates, performing eligibility checks, providing call intake services, screening for covered services, assigning appropriate mode of transportation, performing trip reconciliation, paying transportation providers, providing extensive reporting, and performing education training outreach activities.
Publicly Funded Contract Cost	Approximately $54 million annually
Contract Extension/ Renewal Status	N/A
Contract Termination Status	Contract has not been terminated
Member Lives Covered	1,000,000
Calls Received Annually	1,260,000
Trips Scheduled Annually	2,000,000
Geographic Coverage Area	Entire state of Wisconsin
Description of Work Performed	Prior to MTM's management of this contract, the Wisconsin Department of Health Services' (DHS) NEMT program suffered from a series of challenges, including a lack of faith from the community, long hold times for passengers calling the local Call Center, and ultimately the contractor terminating the contract early due to a lack of funds. Since taking over the contract, MTM has rallied the community around the program, drastically lowered hold times, reduced complaints, and increased overall program satisfaction from passengers, providers, and the DHS itself. With a relatively short implementation period, we provided a quick, smooth turnaround for the program that included the setup of a dedicated, local Call Center and business office, housing full management and operational departments. We performed more than 430

Wisconsin Contract Highlights	
	medical facility visits, held 13 town hall meetings with more than 650 attendees, conducted 12 NEMT provider meetings, and hosted over 600 WebEx sessions during our implementation education and outreach efforts. As a further testament to our ability to provide a smooth transition for Wisconsin passengers and stakeholders, a majority of our current trip volume is being provided by transportation providers that had provided service under the previous contractor. Additionally, we have added 79 new providers to our Wisconsin Transportation Provider Network, ensuring that Wisconsin passengers always have access to transportation. In total, we trained more than 1,800 drivers and have maintained a 96% satisfaction rate with transportation services.
Contract Contact Information	Name: Danielle Dale Title: NEMT Contract Manager, Wisconsin DHS Address: 1 W. Wilson St., Room 350 Madison, WI 53703 Phone: 608-267-7729

DHCF Contract Highlights	
Client Name	District of Columbia Department of Health Care Finance (DHCF)
Project Manager	Name: Michelle Moses Phone: 202-263-4640 ext.4322
Contract Starting and Ending Dates	October 2007 to Present
Types of Services Provided	General NEMT brokerage activities, including establishing a NEMT provider network, negotiating rates, performing eligibility checks, providing call intake services, screening for covered services, assigning the appropriate mode of transportation, performing trip reconciliation, paying NEMT providers, providing extensive reporting, and performing ETO activities
Publicly Funded Contract Cost	Approximately $23 million annually
Contract Extension/ Renewal Status	Extended
Contract Termination Status	Contract has not been terminated
Member Lives Covered	56,180
Calls Received Annually	136,370
Trips Scheduled Annually	1,273,203
Geographic Coverage Area	District of Columbia metropolitan area
Description of Work Performed	Prior to our management, the District of Columbia NEMT program suffered from a non-compliant NEMT provider network as identified through numerous Office of Inspector General (OIG) audits. Additionally, the program

was without adequate record maintenance and accountability measures, which left significant opportunity for fraud, abuse, and waste of program funding. Specifically, the program lacked important data collection regarding the number of Members transported, updated Member personal information, updated addresses/schedules, and verification of services for payments rendered. Combined, these deficiencies caused the program to be unsafe, inefficient, and costly.
DHCF awarded MTM the NEMT contract with the objective of improving program quality at all levels. MTM began operating the program in October 2007. Since then, we have corrected and improved all of the concerns identified in the OIG report. Specifically, MTM brought the network of NEMT providers into compliance through our screening and credentialing processes. This included driver FBI background checks, insurance verification, vehicle inspections, and driver training. To eliminate fraud and abuse, MTM reconciles 100% of trips prior to payment. We also added an additional layer of verification by processing daily attendance reports for all recurring transportation appointments such as day treatment, physical therapy, and dialysis directly with the treating medical provider.

In August 2008, the program underwent contract modifications due to a shift in available funding. The shift required more aggressive utilization of the public transportation system, calling for an extensive and swift education campaign for Members, medical facilities, and NEMT providers. MTM successfully implemented the challenge by distributing educational material and fielding calls about the changes. Since taking over the program, MTM has reduced overall costs by $5 million dollars, for a 25% savings.

Due to the variety of populations being served—special needs children, individuals with mental illness, and intellectually and developmentally delayed adults—MTM developed a thorough driver training program to instruct drivers how to properly handle the individuals being transported. This mandatory training, conducted by MTM personnel, has increased the quality of services provided. MTM also recently introduced an assessment and travel training program to the district with the goal of successfully transitioning capable individuals to fixed

DHCF Contract Highlights	
	route systems. To date, over 1,200 individuals have completed the assessment process, 250 have successfully transitioned to the fixed route system, and 800 medical facility representatives have attended our education and training seminars. This is just another example of the type of services MTM is able to provide beyond other brokers. The District's program is now well-documented, with historical data collected and reported monthly. This provides the District with clear, concise, and easy access to program activities, which helps to determine program successes and introduce specific quality assurance measures. This, in turn, supports future budgeting considerations, enhancements, and identification of improvements. The OIG recently visited MTM's District of Columbia office to review processes; the initial feedback we have received was positive.
Contract Contact Information	Name: Antonio Lacey Title: Program Analyst Address: 899 North Capitol Street NE, 6039 Washington, DC 20001 Phone: 202-442-5847

MCC Contract Highlights	
Client Name	Minnesota Metro Counties Consortium (MCC)
Project Manager	Name: Barbara Platten Phone: 651-645-9254 x4422
Contract Starting and Ending Dates	June 2004 to Present
Types of Services Provided	General NEMT brokerage activities, including establishing a NEMT provider network, performing eligibility checks, providing call intake services, screening for covered services, assigning the appropriate mode of transportation, performing trip reconciliation, paying NEMT providers, providing extensive reporting, and performing ETO activities
Publicly Funded Contract Cost	Approximately $14 million annually
Contract Extension/ Renewal Status	Renewed
Contract Termination Status	Contract has not been terminated
Member Lives Covered	445,245
Calls Received Annually	380,601
Trips Scheduled Annually	910,948
Geographic Coverage Area	Eight-county area surrounding and including St. Paul/Minneapolis
Description of Work Performed	Prior to MTM's management of this contract, each county in Minnesota arranged its own transportation. What

processes were in place were ill-defined and there was duplication of administration and significant inefficiencies in the system. NEMT providers were able to elevate individuals inappropriately to a higher mode of transportation, such as to STS (door-to-door, excluding ambulance services) versus ATS (curb-to-curb). The state was unable to verify whether the high utilization of STS services was truly appropriate. NEMT provider quality was poor, as the processes for holding providers accountable were ineffective. Services were late, contracted drivers were unqualified, vehicles were not maintained appropriately to manufacturer standards, and Members did not know where to file a complaint.

In 2004, following a competitive bid process, the state contracted with MTM for services in the Minneapolis/St. Paul area. One of the major goals of the program was to ensure transparency and oversight. MTM designed a Level of Need (LON) assessment process to ensure STS services were appropriate for the particular requestor. Through this process, all STS requests are required to go through our Care Management team, which then assigns the appropriate mode of transportation based on the physical and functional needs of the Member as verified by their medical provider. Since taking over the program in 2004, MTM has decreased STS trips from 75% of the total trips to 25%. At the same time, ATS level trips increased, but the shift in mode has saved Minnesota taxpayers over $5 million per year. Based on having successfully managed the Minneapolis/St. Paul NEMT program, MTM was awarded a contract for STS certification for the entire state.

MTM schedules more than 900,000 trips per year in Minnesota through a local customer service center. MTM's oversight and management have resulted in a network with a 92% customer satisfaction rate. Locally, MTM has established relationships with the NEMT provider community. This includes the Metro Transportation Providers Alliance (MTPA), representing a group of dedicated STS and ATS NEMT providers operating in the Twin Cities metro area. It is comprised of 31 independent companies employing over 300 people in order to provide approximately 8,000 NEMT trips every week.

MCC Contract Highlights	
	Recently, through cost-savings state legislation, NEMT responsibility passed from the state to the counties. MTM maintained our contract through an eight-county consortium contract and continues to provide high quality services to local Members. This program involves multiple eligibility categories with different gatekeeping protocols. This program serves as a prime example of how MTM leverages the expertise of our staff, many of whom have experience in the healthcare industry, to establish processes and achieve the NEMT goals of our clients.
Contract Contact Information	Name: Cindy Towe Title: Senior Contract Analyst Address: 1800 Chicago Avenue S. Minneapolis, MN 55404 Phone: 612-348-6711

HHSC Contract Highlights	
Client Name	Texas Health and Human Services Commission (HHSC)
Project Manager	Name: Valorie Williams Phone: 713-680-4530
Contract Starting and Ending Dates	March 2012 to Present
Types of Services Provided	General NEMT brokerage activities, including establishing a NEMT provider network, negotiating rates, performing eligibility checks, providing call intake services, screening for covered services, assigning the appropriate mode of transportation, performing trip reconciliation, paying NEMT providers, providing extensive reporting, and performing ETO activities.
Publicly Funded Contract Cost	Approximately $30 million annually
Contract Extension/ Renewal Status	N/A
Contract Termination Status	Contract has not been terminated
Member Lives Covered	912,000
Calls Received Annually	700,000
Trips Scheduled Annually	1,200,000
Geographic Coverage Area	Houston metropolitan area
Description of Work Performed	Since taking over the Houston portion of HHSC's regionally based NEMT program in 2012, MTM has brought improvements to this contract. While a new program, we were required to implement a large CSC with a significant annual call volume. We have introduced various processes and programs to immediately improve call center service and performance. Specifically, we developed specialized procedures to meet the stringent standards set forth by the *Frew* lawsuit, which requires HHSC to abide by high levels of call center performance

HHSC Contract Highlights	
	over the previously state-managed call center. We have met and exceeded these standards since implementing this program. Since March of 2012, MTM has handled over 1.2 million calls with an abandonment rate of 4.7%. All of this has been accomplished while maintaining exceptional customer satisfaction. Members have reported 96.95% satisfaction with our call center services, and 93.56% satisfaction with our subcontracted NEMT providers' performance. Additionally, to foster continual improvement in our staff's performance, MTM introduced a multi-tiered pay-for-performance program. Within this program, our CSRs are incentivized to perform above our basic standards with opportunities for valuable bonuses and advancement to the next tier. For example, employees within the highest tier are given leadership positions in training and new tasks, and they may be given opportunities for promotion to manager-level positions. This helps to drive productivity and efficiency within the call center. Outside of the call center, we recruited, contracted, and trained a local network of 75 qualified NEMT providers. This included driver training sessions for more than 300 individuals to ensure our providers' drivers were able to deliver service in accordance with our expectations. Through our driver, vehicle, and provider credentialing process, we increased compliance and were able to ensure that each provider in our local network was screened and qualified to transport the Members we serve. During implementation, we performed valuable ETO activities to more than 50 area medical facilities, ensuring they knew what to expect from MTM and how to work with our internal processes. We also introduced an in-person functional assessment process and associated travel training services to promote public transit utilization and ensure each Member utilizes the most appropriate mode of transportation. Through these activities, HHSC has reported significant cost savings over the prior management model.
Contract Contact Information	Name: Dimitria Pope Title: Director, Medicaid Transportation Program Address: 4900 N. Lamar Blvd. Austin, TX 78751 Phone: 512-706-4901

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:

NEMT Experience

By choosing a transportation manager with 18 years of experience operating similarly large state NEMT programs, BMS can ensure its Members receive the highest quality transportation available. As mentioned previously, MTM manages several large-scale programs similar to BMS's, all with over 90,000 lives served. For all programs under our management, we provide more than seven million trips to five million members annually while fielding more than three million calls. While we may not be the biggest management firm, we know we are the best. We can state this confidently based on feedback from our clients, a few of whom have returned to us after a brief separation due to the higher quality services that we provide. Additional positive feedback comes from clients whose programs involve working concurrently with multiple brokers. At rates comparable to those of our competitors, we provide better service and more effective management of statewide NEMT programs.

What is truly different about our approach to state NEMT Medicaid program management is our flexibility. We remain dedicated to creating customized programs to meet each client's unique needs. This flexibility in our model allows us to be successful with a variety of programs similar in size and scope to BMS's, including our current management of the Wisconsin, District of Columbia, Houston, and Minnesota programs, as well as our past management of programs in Kansas, Missouri, and South Carolina. Additionally, while not as large as BMS's program, our operations with other clients like Hamilton County, Ohio, have very similar fundamental elements that have allowed us to develop efficient processes for NEMT management. In all current and past contracts, MTM has brokered NEMT transportation; MTM does not provide, nor has it provided, actual NEMT transportation services. As a true broker, we do not own or operate any vehicles in any contract we operate. The following **Figure 8** gives a high-level overview of our overall experience with these clients.

Government Program Summary				
Client	**Members**	**Calls Received Annually**	**Trips Scheduled Annually**	**Dates of Operation**
District of Columbia Department of Health Care Finance (DHCF)	56,000	136,000	1,273,000	October 2007 to Present
Minnesota Metro Counties Consortium (MCC)	445,000	276,000	787,000	July 2004 to Present
Houston, Texas Health and Human Services Commission (HHSC)	912,000	700,000	1,200,000	March 2012 to Present
Hamilton County, Ohio Department of Job and Family Services (JFS)	45,000	36,000	240,000	January 2010 to Present
South Carolina Department of Health and Human Services (DHHS)	237,300	193,400	594,800	May 2007 to May 2011
Missouri HealthNet	493,500	564,000	935,100	1995 to 2007; October 2010 to October 2011
Kansas Health Policy Authority (KHPA)	128,000	167,000	339,000	November 2009 to December 2012
Wisconsin Department of Health Services (DHS)	1,000,000	1,260,000	2,016,000	August 2013 to Present

Figure 8: Government Program Highlights. BMS will benefit from MTM's experience brokering NEMT programs under contracts with states and other governmental agencies.

Recruiting Experience

For each of the programs we have operated since 1995, including our current 40-plus contracts, MTM recruited, credentialed, and maintained large networks of NEMT providers. These networks, established for programs of various sizes, are always of sufficient size and scope to meet the needs of the diverse populations we serve. For example, in our Minnesota operations, we operated a network of 45 providers to accommodate approximately 2,200 trips each day. In Houston, we recruited and managed a network of more than 75 providers that provide services to more than 912,000 Members. And most recently, in Wisconsin, we recruited and contracted with 210 NEMT providers in just 23 business days.

Throughout our book of business, we currently have more than 750 providers under contract, providing seven million trips per year while maintaining a low complaint rate and a high satisfaction rate. We have experience building networks that include public transit, sedans, multi-passenger vans, wheelchair lift vehicles, stretcher vans, and ambulances, and other vehicles that ensure adequate coverage in both rural and urban areas.

Technological Experience

Technology is at the heart of MTM operations, enabling us to automate processes, ensure adherence to protocols, reduce user error, and instantly access information. MTM's experience managing large customer service centers (CSCs), coupled with our fully integrated phone and computer intake systems, including our VoIP Cisco Unified Communications system with Automated Call Distribution (ACD), and our NET Management System, demonstrates our ability to manage the BMS contract successfully and responsibly. We handle over three million calls annually and schedule more than seven million trips utilizing the same systems that will be installed in our West Virginia CSC. We make use of the newest IVR technology where appropriate, but work hard to provide a balance between automation and the human touch that our compassionate representatives provide.

Our custom-built systems were developed specifically for NEMT brokerage purposes by our team of experts, which allows us to make adjustments as needed. This includes our web-based portals which allow providers, clients, and Members on-demand access to information, reports, and service requests, as well as our mobile dispatch smartphone application.

Staffing Experience

Our local project team, augmented by the keen oversight of our executive staff, will be critical components of the NEMT Brokerage Program's success. We have hand-picked individuals for the program who will spearhead all implementation tasks with a daily focus and then move forward into the operations phase of the contract. Our comprehensive staffing model appoints a total of 55 dedicated employees for the NEMT Brokerage Program, which will provide functions related to project management, network management, data systems, telecommunications, reporting, customer service, accounting, business analysis, and fulfillment. Staff will have the necessary support and equipment to fulfill all contractual requirements.

MTM staffed its six current CSCs and had all locations ready to take calls by the dates required by our clients each time. With over 18 years of experience staffing and managing call center operations, and our successful handling of more than three million calls each year, BMS can rest assured that we have the expertise to build and maintain a highly efficient call center in Charleston.

Database Management & Statistical Analysis

In addition to guiding the trip intake, scheduling, and dispatching process, our proprietary NET Management System serves as a database for all information and data pertaining to NEMT services. Through this system, which has provided us with database services for 18 years, we have more than sufficient capacity for the storage of West Virginia Medicaid member and NEMT provider information. The database is currently 640 gigabytes in size with capacity to grow to 131,072 gigabytes by adding additional disk space. We are using less than 1% of the maximum potential size providing an almost indefinite ability to grow and serve this program.

Using IBM data tracking and utilization information software, our system stores all Member and provider information with high regard to security and confidentiality. We host it in a secure environment that allows us to receive, process, and transmit data through Secure File Transfer Protocol (SFTP). While the actual NET Management System is available only to MTM staff using a secure username and password, we do offer stakeholders access through our independent web portal system. These portals, described in detail **Appendix 1, Section XI Call Center** and **Appendix 2, Section IV Data Systems Requirements**, allow Members, NEMT providers, medical facilities, and BMS to access and maintain relevant NEMT data. In particular, NEMT providers can upload credentialing information and documents, Members and medical facilities can schedule NEMT services, and BMS can view data and request informative reports.

MTM employs business analyst in our IT and Quality Management departments to conduct statistical analysis on NEMT program data for the purposes of studying utilization trends. We will staff a business analyst for the West Virginia NEMT Brokerage Program that will use information from our NET Management System to monitor utilization and make recommendations for program enhancements to curb inappropriate utilization growth.

Understanding of the West Virginia NEMT Brokerage Program

In preparation for our proposal submission, key members from each MTM department reviewed the program requirements and compared these against our standard operating model and ability to provide the requested services. We also researched the program, West Virginia Administrative Code, and state and federal statutes and regulations to ensure our ability to meet the scope of work financially, technologically, and operationally. Throughout our response, we have demonstrated our understanding of BMS's needs by proposing a solid operations plan that addresses the needs of the program in all capacities.

Section 4, Subsection 4.1: *Vendor should describe their approach to the West Virginia NonEmergency 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.

Vendor Response:

Appendix 1: Operational Specifications

I. NEMT Service Request Processing

MTM prides itself on the quality CSC operations that are standard across our book of business. During call intake, our CSRs follow our proven NEMT program process, which is in compliance with Americans with Disabilities Act (ADA), HIPAA, CMS, and other federal rules and regulations. This process includes procedures that encompass every aspect of NEMT brokerage, including:

- Receiving requests from Members, their families, guardians or representatives, and providers.
- Assessing requests for Member need and eligibility
- Evaluating medical service coverage and investigating if the medical provider is the closest, most appropriate provider
- Determining the most appropriate mode of transportation for the Member's needs and capabilities, including the need for an attendant
- Scheduling and dispatching trips to the most economical NEMT provider available to meet the Member's needs
- Denying NEMT services

Receiving NEMT Requests

For routine NEMT services, MTM will require Members to arrange transportation with one of our CSRs with at least five business days advance notice. Upon calling our local CSC, Members will first be greeted by our interactive welcome message, as approved by BMS; this may include West Virginia-specific educational messages during wait periods. The welcome message will always be less than 30 seconds long. When the next representative is available, the Member

will receive quality customer service from a trained, professional CSR, who will answer the call with a friendly, customized greeting approved by BMS, such as:

"Good morning/afternoon/evening. Thank you for calling BMS's NEMT services. This is [CSR name] with MTM. How may I help you?"

The CSR will then ask for the Member's name and Medicaid ID number. During implementation, MTM will program our proprietary NET Management System with eligible Members as provided by BMS on the weekly Member and Provider Extract File. If the Member is already in our system, and/or their phone number has been used to arrange transportation in the past, the fields of the call intake screen of our system will auto-populate with the Member's personal information as soon as the call is answered by a CSR, such as:

- Name
- ID number
- Date of birth
- Address
- Program eligibility dates
- Permanent and temporary special needs
- Approved mode of transportation
- Any special instructions

Upon field auto-population, the CSR will verify information such as complete address and telephone number and update the system as necessary. We designed the NET Management System to capture and retain Member and trip information for access on subsequent calls to ensure efficient request processing.

Screening

Screening Members: Determining Eligibility

After verifying the Member's information, the CSR will determine eligibility, as we only provide NEMT services to eligible Members traveling to or from a covered service with an enrolled provider. Ensuring that transportation services are provided only to eligible Members is vital to controlling costs and increasing efficiency of the NEMT program. Our NET Management System will only allow us to schedule services for eligible Members who meet BMS's NEMT criteria.

As previously described, when we receive a call for NEMT service requests, the CSR will enter the Member's name, address, or Medicaid ID to verify eligibility. Our NET Management System will automatically check the Member's information against the eligibility file to verify that the Member is covered by Medicaid and is eligible for NEMT services. If the Member is not on the eligibility file, we will access the West Virginia Medicaid Management Information System (MMIS) Automated Voice Response System (AVRS) or contact BMS directly for further verification. Eligibility will always be checked against the Member's home address, or other temporary alternative address as approved by BMS. Because our system automatically prohibits the scheduling of ineligible Members, this process ensures transportation services are provided only to Members whose eligibility has been established and verified.

Verifying the Member's Need for NEMT

An additional factor in determining service eligibility is ensuring the Member does not have access to alternative free modes of transportation, as Medicaid is the payer of last resort. During the intake process, the CSR will determine whether the Member has other available means of transportation by asking BMS-approved questions such as:

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

If the CSR identifies a Member as having alternative transportation resources available, our system will automatically flag this information. When the Member calls to request transportation in the future, this information will pop up on the intake screen, and verification of the availability of alternative resources will be made. If the Member's alternative no longer exists, the appropriate mode of transportation will be scheduled.

Verification of Covered Medical Service

After the CSR confirms eligibility and need, they will ensure the transportation requested is to an approved, Medicaid-compensable medical service with an enrolled medical provider, and/or that prior authorization has been received from the Utilization Management Contractor as necessary. During the implementation period, we will pre-load our NET Management System with specific codes for individual medical services. Further, we will provide CSRs with detailed training on covered Medicaid services, instructing CSRs that they must deny transportation to non-covered services. For each trip, the CSR will enter the trip reason code; for example, services such as physical therapy, and dialysis will each have a designated code, as shown in

Figure 9. Our system will automatically alert the CSR if they enter a trip reason code that is for a non-covered service, or requires prior authorization, helping to guarantee that MTM will only approve trips to covered medical services.

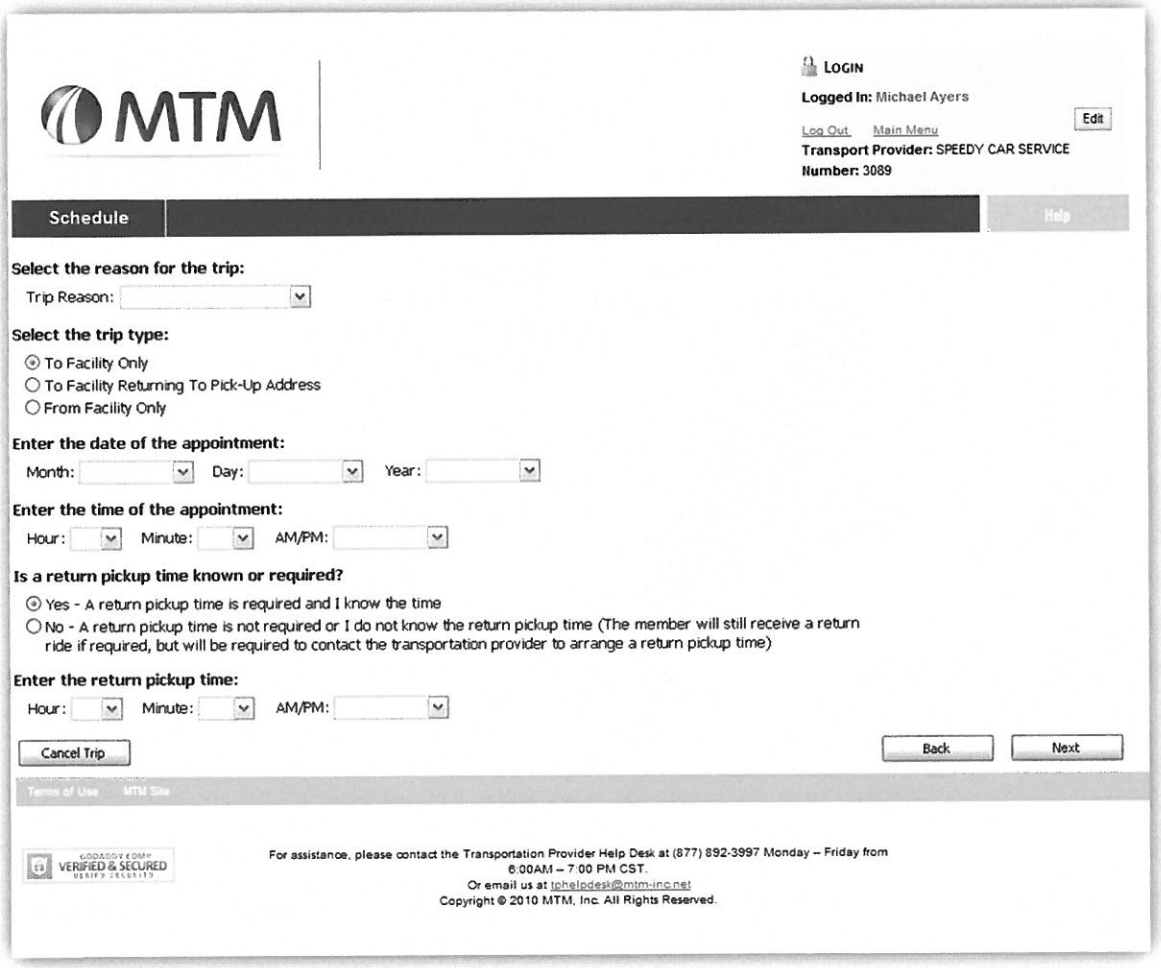


Figure 9: Trip Scheduling Screenshot. This sample screenshot shows that each trip must have a trip reason code entered for it. If our system is configured to allow a service, it will appear as an option in the drop down box. If it is not programmed to allow a service, the option will not appear.

For trips with excessive distances requested, the CSR will also verify with the Member that the trip is to the closest, most appropriate medical provider. We are able to automatically verify the proximity of medical providers to Members' homes with our system, which is based on Geographical Information Systems (GIS) technology. If the medical provider is not within the county, bordering county, or metropolitan area, we may refer the Member to a closer facility, unless they meet specific exclusion requirements established by BMS. We will monitor and report on the frequency of authorizations of NEMT services with excessive distance on a monthly basis.

Determining the Appropriate Mode of Transportation

As part of our proven process, MTM's system automatically assigns the lowest cost, most appropriate mode of transportation based on the Member's medical and cognitive abilities. All modes above public transit require our Level of Need (LON) assessment screening process, or an enhanced functional assessment as deemed appropriate. These processes allow us to evaluate Member capabilities to ensure that every Member is placed on the least costly, most appropriate mode of transportation available to meet their needs. This will never include emergency ambulance services. If a Member requests such service, we will immediately instruct him/her to call 911.

> *"**MTM has done an excellent job of assigning the appropriate mode of transportation to our population.** MTM is focused on utilizing the most efficient mode of transportation, and this is evidences in our extremely low utilization of stretcher van, ambulance, and other higher modes of transportation."*
>
> **Cindy Mense, Director of Customer Relations,**
> *Children's Mercy Family Partners*

To help CSRs assign the most appropriate mode quickly, our system will automatically track all NEMT requests and keep a history of each; then, during subsequent calls, the system immediately refers the CSR to previous determinations. Any documents supporting transportation decisions are scanned using document imaging software and are maintained on file. Therefore, if the Member has been previously authorized for a specific mode and has a current certification on file, the CSR will be able to arrange the trip. For new callers, the CSR will inquire if the Member has any special needs that would affect transportation services, such as the use of a mobility device, cane, or walker. If the Member requests a higher mode or has special needs requests, the CSR will initiate the LON process.

Our process for reviewing and documenting the medical necessity of requested modes of transportation or levels of service was designed in collaboration with clinical staff and our business analysts to ensure the most thorough method possible. Under this process, all Members requesting a higher mode of transportation than public transit or mileage reimbursement will be required to undergo an assessment. Next, we will assign ambulatory mobility vehicle transport as appropriate, followed by wheelchair, stretcher, and non-emergency ambulance transportation. We will also arrange exceptional transportation services such as air travel, lodging, and meals when a Member must travel a great distance for treatment, or when their treatment requires an overnight stay.

To begin, the CSR will obtain the Member's healthcare Provider's name, telephone number, and fax number, and fax an LON form to the Provider directly from the NET Management System; please see **Supplemental Information, Tab K** for a sample of this form. Using the form, the Provider will indicate if the Member has a valid reason for not being able to utilize public transit, including an inability to travel independently. The Provider will also indicate if the need is permanent or temporary, and if temporary, for what time period it applies. The CSR electronically sends the form to the medical Provider requesting an evaluation of the Member's cognitive and physical abilities. The completed LON is returned to Care Management and a Care Management Coordinator will evaluate the provided information. MTM works closely with the medical community to ensure their understanding of our LON procedures and the importance of their swift response to provide complete resolution in a timely manner. To ensure Members do not experience delays in accessing healthcare, the CSR will temporarily certify Members at their requested mode for two weeks while the LON process is completed. Oftentimes, our LON assessment will lead to the need for an in-person functional assessment to determine whether a higher mode is truly appropriate, as described below. At all times, our foremost concern is Member safety.

To further detail this process, our LON assessment will take the following considerations when assigning the least costly, most appropriate mode of transportation:

1. Public Transit: As some areas in West Virginia have significant access to public transit services, this will always be the first mode of choice where available. Our NET Management System enables the CSR to determine immediately if the Member's pick-up and drop-off location are within ½ mile from a fixed route stop. We will only assign public transit to Members if they live within ½ mile of the stop or public transit is requested, unless we arrange for transportation to and from the stop. If the Member's medical provider indicates the Member can walk to the fixed route stop and successfully navigate the system, the Care Management Coordinator will contact the Member to inform them that they are approved to use public transit. If the Member still does not wish to use public transit for future trip requests, they are informed of their appeal rights. If the healthcare provider decides the Member is eligible for a higher mode of transportation, they will be assigned to that mode. Other factors will come in to consideration when assigning public transit, including inclement weather conditions and compatible schedule times.

2. Mileage Reimbursement: If a Member is ambulatory and has access to a working personal vehicle, we will approve mileage reimbursement as an appropriate mode. The CSR will handle these trips and predetermine the mileage prior to authorizing reimbursement utilizing an accurate method. Our system automatically provides the direct mileage for a trip when the CSR enters the origination and destination addresses by accessing integrated GIS mapping. The Member must complete and return a trip log prior to receiving reimbursement, which is supported through preloaded debit cards. If the Member transports themselves, we will authorize reimbursement at the rate approved in the protocols.

3. Special Needs Requiring Higher Modes: If the healthcare provider submits a LON form that indicates the need for a higher mode of transportation due to a qualifying medical reason, such as the Member is physically or mentally disabled to the degree that accessing public transit could result in a health or personal risk, Care Management will authorize the most appropriate form of transportation based on the physical and cognitive abilities of the Member. This mode will consist of demand response transportation services, such as an ambulatory sedan or van, wheelchair van, or stretcher van; it may also occasionally include intrastate bus, train, or plane as appropriate. MTM applies the following LON rules in making such determinations:
    a. A Member who is ambulatory or can transfer out of their mobility device without assistance and has no cognitive disabilities receives shared van/sedan/taxi transportation with curb-to-curb service
    b. A Member who is ambulatory or can transfer out of their mobility device with assistance and has severe cognitive disabilities receives shared van/sedan/taxi transportation with door-to-door service
    c. A Member who is in a mobility device, has no cognitive disabilities, and does not require assistance, but cannot transfer into a vehicle is assigned curb-to-curb wheelchair transportation
    d. A Member who is in a mobility device, is not able to transfer, and has cognitive limitations receives door-to-door wheelchair transportation
    e. A non-ambulatory Member who must remain in supine position but does not require basic life support or medical services receives stretcher transportation

f. A Member who must remain in supine position and requires basic life support services during transit receives non-emergency ambulance transportation
g. Exceptional transportation requests for commercial air, bus, or train, as well as meals and lodging, are handled individually by the Care Management Coordinator

Once the LON is completed, the document is scanned into the NET Management system and attached to the Member's file as detailed documentation of the mode determination.

Personal Attendants

MTM's network of NEMT providers will have the ability to accommodate escorts as necessary to assist a Member during transport. Specifically, escorts will be allowed when the Member is under 18 years old, or when they have a disability that requires assistance, including hearing and visual impairments, mental retardation or illness, or a physical handicap. Escort transportation will be provided for one legally responsible adult/family member to accommodate the Member, and will be booked under the Member's Medicaid identification number. As necessary, we will ensure the assigned NEMT provider can accommodate any special needs the escort may have, including a wheelchair. When dispatching the trip to the chosen provider, we will transmit details regarding the escort, ensuring the NEMT provider knows that they must accommodate the escort at no additional charge.

In addition to escort services, NEMT providers will be made aware that during stretcher van trips, they must also provide an attendant to assist the driver during the transport. The attendant will confirm that all restraints are fastened properly and securely, and will remain seated in the passenger compartment while the vehicle is in motion. Should the Member have any change in their medical condition during the transport, the attendant will notify the driver and proper measures will be taken to ensure their safety.

Member Expiration

MTM understands that it will not be responsible for transporting a Member who has expired while receiving medical care. In the unlikely event that a Member expires during transport, our NEMT providers will be instructed to immediately contact the nearest law enforcement agency and MTM. We will notify BMS of any such circumstances within 24 hours.

Advance Reservations

Urgent trips present more unique challenges from a scheduling perspective than advance reservations. Typically, these trips are to the Member's primary care physician or an urgent care center rather than a hospital emergency room or they involve a discharge from a medical facility. We have processes in place to schedule urgent trips with ease during regular business hours and after-hours situations. When we receive a call from a Member requesting urgent transportation services, we will schedule every trip through our strong network of NEMT providers, as well as back-up resources. When a Member requests an urgent trip, the CSR refers to urgency guidelines to ensure proper handling of the request. The CSR will verify the urgency of the appointment with the medical provider by phone immediately and accept a medical provider's verbal or written authorization. If the trip request is determined to be not urgent, the CSR will educate the Member of the five day policy. MTM ensures that the gathering of urgency verification will not delay service delivery. If the CSR verifies the appointment as urgent, they will document the urgent verification and approval in the NET Management System and proceed with scheduling the transportation; this will be completed within three hours of the notification. Immediately upon authorizing the trip, the CSR will verbally notify the Member of their arrangements.

Outside of regular business hours, Members will receive 24/7 access to quality service through our state-of-the-art corporate CSC in Lake St. Louis, Missouri. After hours, weekend, holiday, and back-up support will be provided through this location as needed. Calls placed during these timeframes will be automatically rolled over to this location. MTM's corporate CSC operates 24 hours a day, seven days a week, and 365 days a year. We will ensure that all CSRs at our corporate CSC are trained to handle calls from West Virginia Members.

Making Trip Changes

If trip details change, such as the NEMT provider is no longer able to accommodate the transport, the CSR will arrange the trip with another eligible NEMT provider and will call the Member with updated information. Changes will never be made for MTM's sole convenience. NEMT providers will be made immediately aware of any trip changes or cancellations that affect their service.

Educating to Avoid Non-Compliance

MTM educates Members during the call intake process on the days' notice requirements, calling to cancel or change a trip if required, and the importance of being ready on time for a trip. We also have developed strategies to help reduce unwanted behaviors more fully explained in **Appendix 1, Section IV Training and Education.** At all times, we will keep detailed records regarding disciplinary actions, which will we submit to BMS on a quarterly basis.

Notification of Arrangements

Because we strive for first call resolution, Members will learn the details of their transportation arrangements during their initial NEMT request call. If the trip is pending authorization, MTM will inform the Member of the approval decision via telephone as soon as possible. This might occur in the case of a hard-to-place trip, when a Member requires special transportation services and pick-up times, or when additional information is needed.

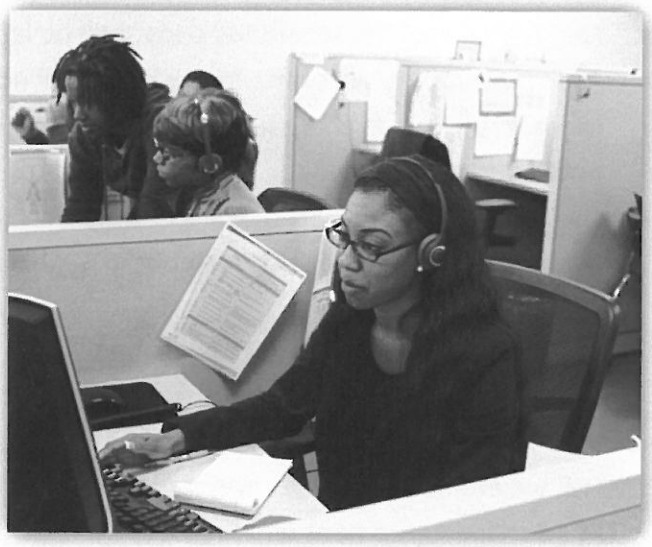
NEMT programs require clear and detailed communication on each trip to ensure that all parties—NEMT providers and Members—know where to be and when. At the conclusion of the trip request phone call, the CSR will restate all trip details, including the name of the NEMT provider, pick-up time, number to call if the return trip is a will call, and pick-up and destination addresses. MTM also has a courtesy call system in place to verify the Member's trip. This automated call will give the Member the option to speak with a live CSR to verify the details of their trip, if they answer the call. If the Member doesn't answer the call, the system will leave a confirmation voicemail, detailing the specifics of the trip. For most contracts we set these calls to occur the day before the trip is scheduled; however, we can customize this system at BMS's request.

Will Call Trips

As stated above, in most cases, the Member will learn the details of his/her transportation arrangements during the NEMT request call. However, when scheduling their trip, the Member may not know how long their appointment will take. In cases of such will call trips, we will provide the Member with a number to call when their appointment is completed. When the Member calls this number, the CSR will arrange for a NEMT provider to pick up the Member within one hour. This same process will be followed for hospital discharges with pick-ups scheduled within three hours unless urgent service is specifically requested.

Scheduling and Dispatching Trips

After we set up the trip and determine the appropriate mode of transportation, our NET Management System automatically identifies the most appropriate and lowest cost NEMT provider for the trip. This process occurs behind the scenes during the initial intake call. Our system then sends out a notification to the provider immediately, either via fax or through our provider web portal depending on the preference that the NEMT provider indicated. Using this fully automated process, NEMT providers will be notified of the trip well in advance of the two business day requirement in the RFP. In the event that a trip request is urgent and scheduled less than 48 hours in advance of the trip, we will immediately call the NEMT provider to determine if they are able to accommodate the trip.



We strive to coordinate trips in the most cost-effective manner and look to route and multi-load trips as often as possible. Those trips that are not easily multi-loaded or routed are assigned to NEMT providers that can provide individual point-to-point transportation. In the event that a Member is not able to be placed on the most appropriate mode of transportation, the Member will be upgraded to the next level of service to accommodate the request. Whenever possible, we will ensure continuity of service by assigning Members to their NEMT Provider of choice, but only when that provider's service is the lowest cost, most appropriate mode.

All data pertaining to the scheduling and dispatching of trips will be stored in our NET Management System and submitted as part of our monthly reporting package to BMS.

Ensuring Trip Timeliness

In addition to supporting our trip scheduling methodology, the NET Management System facilitates our ability to ensure the timeliness of all trips. The timely provision of NEMT services is critical to ensuring Members arrive at their appointments to receive important medical treatments. This is especially important for special needs populations, including dialysis patients, Members with severe disabilities, and the elderly and fragile. To achieve optimal timeliness, MTM will maintain an adequate network of our NEMT providers throughout the

state. We hold our networks to the highest standards when it comes to providing on-time transportation to the fragile Medicaid population, and pre-arranged times may not be changed by the NEMT provider without authorization by MTM. If a NEMT provider does not comply with these standards, we may assess liquidated damages and require the provider to complete a Performance Improvement Plan (PIP). If a NEMT provider continually provides poor service, MTM may ultimately remove the provider from our network.

By adhering to the methods outlined in the following paragraphs, MTM and our provider network will meet BMS's timeliness requirements and expectations. Specifically, we will meet and/or exceed the following requirements:

- Less than 2% of the scheduled trips shall be late or missed per day
- Average monthly wait time for pick-up shall not exceed 15 minutes
- Members being discharged from a hospital must be picked up within three hours of notification
- On-board time for multi-passenger trips shall not exceed 45 minutes longer than the average travel time for the Member

Setting High Expectations for NEMT Providers

The first step in ensuring timely pick-ups and drop-offs is educating NEMT providers on the importance of timeliness. Upon initial acceptance into our network and throughout their time with MTM, we educate providers and their drivers on the importance of meeting our standards. Per MTM's Service Agreement and Provider Manual, provided in **Supplemental Information, Tabs D** and **E**, providers have set timeliness standards that they must meet. For instance, one of these main requirements is that drivers must pick up Members within a 30-minute window, accounting for 15 minutes before and after the scheduled pick-up time. This is essential to ensure the Member arrives on time to their appointment, and also takes into account any potential traffic issues that may impede a trip's progress. Any pick-up that takes place more than 15 minutes after the scheduled time will be considered late. It is further understood by MTM's provider network that drivers are not to pick-up a Member more than 30 minutes prior to the scheduled time or cause a Member to arrive more than 30 minutes prior to an appointment. Additionally, Members will not be dropped off prior to the facility opening or picked up after the facility closes. Finally, any NEMT provider that cannot arrive on time is required to contact MTM so the Member and Provider can be notified.

CSRs and NEMT providers are also educated that Members must be provided a pick-up time, including any updates or changes to this time following initial scheduling. The CSR will tell the Member at the time of trip scheduling that they must be ready and waiting for the vehicle at the scheduled pick-up time; if the driver arrives early, the Member will not be required to board

the vehicle. Both parties will also know that after the driver has made their presence known to the Member, they are not required to wait for more than five minutes after the scheduled pick-up time. If this occurs, the driver must report the Member as a no-show to MTM immediately so it can be documented within our system.

Timely Transportation for Will-Call Trips

We require NEMT providers to establish an internal process to complete will-call trips in a manner that will not impose unreasonable wait times for Members. This process includes developing a business card with instructions advising the Member where to call in order to arrange a return ride to the agreed point of origin. For return will-call trips when a Member is unable to establish a return ride pick-up time during the initial NEMT request, MTM allows NEMT providers a one hour response time after the Member calls to request the ride. However, this pick-up routinely occurs within a much shorter timeframe. At all times, the return ride will arrive prior to the facility's closing time.

Ensuring Timeliness During Multi-Loaded and Routed Trips

Although multi-loading and routing trips can be a point of cost-efficiency, it can also be a concern to clients worried about timely transportation. However, MTM keeps timeliness in mind as we assign trips to NEMT providers in multi-load situations. We also require that NEMT providers monitor their fleet capacity to adhere to timeliness requirements, and educate providers to ensure they schedule multi-load situations in an efficient manner to minimize ride times. Members in multi-loaded vehicles are not to remain in the vehicle for more than 45 minutes longer than the average direct commute from the point of pick-up and destination. If a delay does occur, the NEMT provider must contact scheduled Members at their pick-up points, which may include the medical facility, to announce the delay.

Trip Types

Single Trip Requests

MTM will accept single trip requests from eligible Members, their family members, guardians, representatives, or medical providers for NEMT services via our West Virginia dedicated toll-free number. With BMS's approval, we will also accept trip requests online through our Facility and Member web portals more fully described in **Appendix 1, Section XI Call Center** and **Appendix 2, Section IV Data Systems Requirements**.

Standing Order Trips

Many Medicaid Members require medical treatments that occur numerous times each month or year, such as appointments for dialysis, chemotherapy, radiation, physical rehabilitation, and others. When authorizing recurring appointments, we will check Member eligibility during the

initial call, and then continue to check eligibility systematically on a regular basis to ensure the Member does not lose eligibility during the course of the recurrent cycle. Additionally, we will verify the order with the Member's medical provider at least every 90 days. Like we do for all other trips, we will require NEMT providers to acquire the Member's signature, proving they actually attended the recurring appointment. Standing order trips will be accepted via phone, fax, or our online portal system. BMS is ensured of our ability to successfully authorize and schedule recurring trips, as we have extensive experience working in similar scenarios for other programs.

Emergency Transports

MTM understands that we are responsible to provide NEMT services to Members being discharged from a medical facility after being transported via emergency. We will assign transport via the most cost effective, appropriate mode, including commercial air if necessary. Service will be arranged for the Member and up to one attendant.

Commercial Air Travel

To ensure clients can obtain necessary medical services despite distance limitations, MTM has the ability to coordinate commercial air travel. If a client is unable to receive necessary medical services within reasonable proximity to their home or in the state of West Virginia, we will authorize transportation for the Member and one escort to an out-of-state facility, if approved in advance. We will confirm approval with the facility prior to booking any transportation or lodging accommodations.

MTM has significant experience arranging trips with commercial airlines and other similar providers. For various long-distance trips, such as arranging a transfer of a stabilized patient, MTM has arranged for trips and fares with airlines, bus companies, and railway providers. The appropriateness for plane transportation will be based on the medical condition of the Member, it being the least costly mode, and lack of other available transportation. These requests will be handled through a specialized Care Management Coordinator to ensure ultimate attention to detail, necessity, and timely resolution.

Out-of-State Meal and Lodging Accommodations

Our Care Management Coordinators have the ability to schedule accommodations for meals and lodging services when a Member travels out-of-state for their medical appointment. When possible, we coordinate with facilities that provide complimentary or discount accommodations, such as the Ronald McDonald House. We also work with national motel chains that offer hospital rates and corporations that own corporate housing units offering long-term lodging. In our Houston NEMT program alone, we receive and process approximately 210 requests for lodging and 920 requests for meals on a monthly basis, giving BMS confidence in our established methods for handling these requests in West Virginia. For Members and attendants, who receive approval to purchase meals, we offer several reimbursement options, and can customize these options based on BMS's needs.

Reimbursement will always fall within the rates set forth by BMS. Reimbursement options could include:

- The medical facility the Member is visiting covers all costs for meals incurred by the Member and one escort; after the stay, the facility bills MTM for those charges
- The Member pays for meals and submits receipts to MTM; the Care Management Coordinator enters the information into our system for reimbursement

Upon contract award, MTM will work with BMS to determine which option or combination of options will be most beneficial for BMS and its Members. No matter which method is chosen, BMS can rest assured of our ability to provide meals and lodging for Members.

Fixed Wing Transports

Fixed wing transport will be reserved for Members whose conditions are severe enough to prevent transfer via any other mode, including commercial air and charter flights. Any fixed wing transports will be handled by our Manager of Care Management to ensure appropriate oversight. The air ambulance provider will be verified as in compliance with Chapter 524 of the West Virginia State Medicaid Manual. Only one family member or caregiver will be allowed to accompany the Member if conditions allow. As with other air transport, all requests will be prior authorized unless emergent circumstances prevent it, in which case the review will be retroactive.

II. NEMT Providers

To ensure BMS's NEMT Members are transported safely and responsibly, MTM will rely on our proven network management techniques to recruit, credential, contract, and monitor quality NEMT providers—a true strength of MTM's. We only contract with the highest quality NEMT providers, resulting in a sufficient network capable of delivering the number of vehicles and types of transportation required to meet BMS's NEMT needs and timeliness standards.

MTM is committed to introducing creative, innovative ways to reduce costs in each of our contracts. For example, our previously mention LON assessment saves millions of dollars across our book of business by appropriately placing Members on the correct mode of transportation. Another example is our pattern of multi-loading and routing trips to effectively provide quality transportation for multiple Members traveling to the same facility. Our industry-leading technology, including independent web portals for stakeholder groups, also provides cost savings. With MTM, BMS will receive our already realized cost-savings strategies. In addition, we will work with BMS to identify additional cost efficiencies specific to this program.

Although we encourage and enforce the use of lower-cost modes including public transit and private auto reimbursement using the methodologies outlined in **Appendix 1, Section I NEMT Service Request Processing**, MTM recognizes the importance of providing higher levels of service to Members unable to appropriately utilize these modes. We will recruit a network of subcontracted providers composed of the following modes of transportation:

- Basic vehicle
- Enhanced vehicle
- Non-emergency ambulance
- Fixed Wing Aircraft
- Other transportation, such as commercial carriers

Network of NEMT Providers

To ensure proper transportation services are always available to Members, we will create a viable transportation network from the ground up that meets the demand for all modes of transportation and vehicle types. In developing this network, we will consider the anticipated Medicaid enrollment, overall and modal utilization, number of daily trips per geographic location, and trip tracking abilities for each county. Our network will cover the entire state, as well as neighboring counties in bordering regions. Information regarding each NEMT provider's service areas will be stored in our NET Management System throughout the life of this contract.

Figure 10 identifies the proposed number of vehicles we estimate will be needed to adequately meet the needs of the NEMT Brokerage Program at the start date of the contract, and we will continue to recruit to ensure adequate coverage for the entire state. MTM will also provide bariatric transportation in all counties with our network. Please refer to **Supplemental Information, Tab F** for Letters of Intent (LOIs) from our proposed NEMT providers, which are marked confidential.

Estimated Vehicle Requirements - West Virginia Network			
	Basic Vehicles	**Enhanced Vehicles**	**Total Vehicles**
Proposed Vehicle Count at Start Date	533	165	695

Figure 10: Transportation Provider Network Analysis. MTM estimates the need for 695 vehicles at the start date of the contract.

As part of our initial recruiting efforts, we contacted NEMT providers, Federally Qualified Health Centers that offer transportation, area agencies on aging, and public transit contractors. As is typical of any transition from an un-brokered program, we have received a limited number of LOIs to date due to some providers' apprehension regarding the broker approach. Upon contract award, we will increase our outreach efforts, holding informative meetings in West Virginia communities to explain the program and processes. We will contact all current NEMT providers provided in the addendum, many of which we have already communicated with, and offer them contracts. In our experience we have found that once the providers accept and understand the brokerage system, the majority of current contractors, and other new providers, will join the network. We are confident that we can build a strong, high quality network throughout the state using the current transportation resources available.

We have experienced similar unease from transportation providers during the RFP process in many other NEMT contracts (such as Arkansas, South Carolina, Philadelphia, Minnesota), and in each instance, once the contract was awarded, we were able to gain their support, supplement the network with new providers, and build a solid network. For instance, in Minnesota, a contract which we have successfully managed since 2004, although many current providers came on board after award, a group of special STS (Special Transportation Services) providers did not want to contract with MTM or abide by our processes. To combat this, we brought in corporate staff to quickly build a new network of credentialed providers. We had not planned for the hold-out by the original providers, but were able to respond to the situation bringing in new providers prior to the go live date.

NEMT Provider Contracts

To ensure we contract responsible, safe NEMT providers, MTM utilizes the following four-phase contracting process which encompasses recruiting, credentialing, training, and contracting. Through this process, shown in **Figure 11**, we will have the ability to contract sufficient NEMT providers for BMS, while never sacrificing the quality that both MTM and BMS strive for.

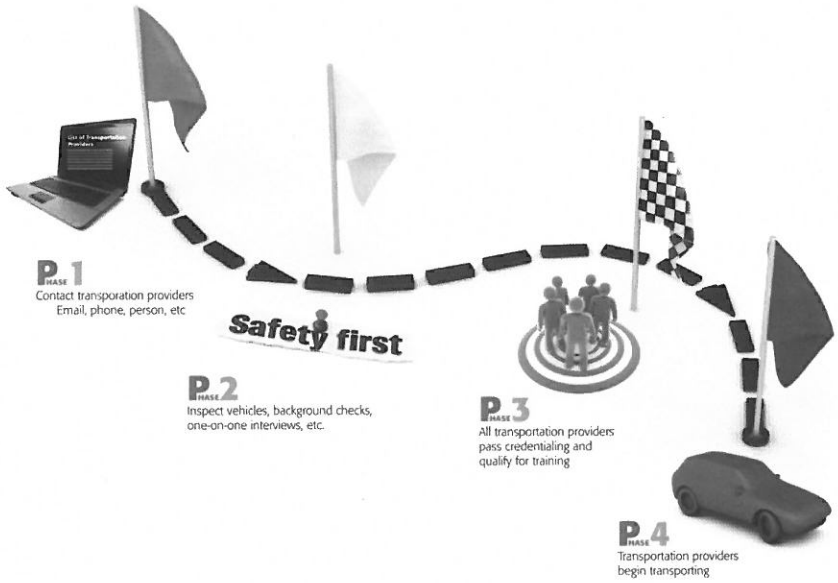


Figure 11: Proven Contracting Process. MTM's proven four-phase contracting process of local NEMT providers will ensure safe, reliable NEMT for Members.

Phase 1: Recruiting Process

As mentioned, we have already contacted potential providers in West Virginia. Upon contract award, we will ensure sufficient capacity throughout the life of this contract. We are committed to incorporating incumbent providers, along with other current private NEMT providers, FQHCs that offer transportation, and non-profit agencies, into our network to ensure adequate access to covered services. We have found using existing providers facilitates a smooth transition and allows continuity of care. Although freedom of choice is not a component of this RFP, we strive to honor a Member's request for a NEMT provider. If the provider knows the history of the program, the geographic area, and the existing Members, implementation runs smoothly and satisfaction remains high. This will be done without interfering with current NEMT operations. We recently contracted with several existing NEMT providers during the implementation of our statewide Wisconsin NEMT program. We did this without any interruption to current service by conducting training after hours and on weekends.

When we contact NEMT providers, the Network Management staff discusses MTM's operations, our expectations, and the potential demand for service. If the NEMT provider indicates that they want to become a contracted member of our network, the Representative informs them of the necessary documents and insurance they will need for acceptance, detailed in the next phase. To alleviate any issues or concerns about reimbursement, we will also work closely with providers to negotiate reasonable rates, ensuring we obtain the most appropriate, least costly transportation services while maintaining adequate capacity and accessibility for Members. We reimburse NEMT providers using a base plus mileage payment

arrangement. Also during this stage, we give the NEMT provider a copy of our Service Agreement (Model Contract) and Transportation Provider Manual for their review. Additional information on the Transportation Provider Manual can be found in **Appendix 1, Section XII training and Education** and in **Supplemental Information, Tab E**. A sample Service Agreement can be found in **Supplemental Information, Tab D** and will be modified upon contract award to meet all of the following RFP requirements:

- Identification of the NEMT Provider
- Payment administration and timely payment
- Modes of transportation
- Geographic coverage area(s)
- Attendant services
- Telephone and vehicle communication systems
- Information systems
- Scheduling
- Dispatching
- Pick-up and delivery standards
- Urgent Trip requirements
- Driver qualifications
- Expectations for Door-to-Door, Hand-to-Hand, Curb-to-Curb
- Driver conduct
- Driver manifest delivery
- Vehicle requirements
- Back-up service
- Quality assurance
- Non-compliance with standards
- Training for drivers
- Confidentiality of Information
- Specific provisions, that in the instance of default by the Contractor, the agreement will pass to BMS or its agent for continued provision of NEMT Services. All terms, conditions and rates established by the agreement shall remain in effect until or unless renegotiated with BMS or its agent subsequent to default action or unless otherwise terminated by BMS at its sole discretion
- Indemnification language to protect the State of West Virginia and BMS
- Evidence of insurance for vehicle and driver
- Submission of documentation as required by BMS
- The procedures for appeal and dispute resolution
- Assurance of no over-lap of services with other programs

We will seek BMS's approval prior to executing any agreements with providers. All NEMT providers will be approved by BMS prior to providing services. Upon agreement with our expectations, rates, and requirements, the NEMT provider will move to the next level of the contracting process, credentialing.

Phase 2: Credentialing Process

Once the NEMT provider has expressed an interest in proceeding with the contracting process, Network Management staff will work closely with the provider to ensure they submit the appropriate credentialing information. With our NEMT provider web portal, NEMT providers have the ability to enter all credentialing information online, enabling them to qualify under MTM's stringent credentialing process.

During credentialing, all NEMT providers must supply general information about their business, including contact information, a list of current drivers and vehicles, standard operating hours and holidays, permits and licenses for each county/city in which they operate, registration with the West Virginia Secretary of State, and other information required by BMS. Outside of this general information, they must also provide specific qualifications and data for each vehicle and driver under their operation.

If the provider fails to submit information for a driver or vehicle or the information expires, that driver or vehicle will not be allowed to transport Members until it is proven to be in compliance with our standards. Additionally, this information must be updated for each driver on a semi-annual basis through our re-credentialing process.

As part of the credentialing process, our local Field Monitor will meet with each provider to conduct an inspection of the provider's facilities and vehicles and ensure BMS NEMT providers entering our network have safe, qualified vehicles that comply with all specifications. Please refer to **Appendix 1, Section X NEMT Providers' Driver Policies and Procedures** for a description of the inspection process.

The Field Monitor will also work closely with the provider to make certain that they understand all contract requirements such as documentation, registration, insurance requirements, driver conduct, and training. They will determine if the NEMT provider has the necessary technology, hardware, and software capabilities to provide and maintain accurate and timely records, as

required by MTM. The Field Monitor will conduct scheduled and random inspections throughout the life of this contract to verify contract compliance and conduct re-training on contract requirements as needed. After the NEMT provider submits their credentialing information and passes an inspection, they will move on to our training process.

Phase 3: Training Process

Once the NEMT provider has completed the credentialing process, our Network Management staff will conduct a training and orientation meeting with the NEMT provider. In this meeting, Network Management staff will thoroughly explain MTM's Service Agreement and Transportation Provider Manual, which document and explain our operations and all aspects of working with MTM. In addition to the introductory meeting, we require that drivers undergo a series of important training sessions that guide the process of transporting Members. This training is detailed in our Transportation Provider Manual, and will be tailored to meet BMS's requirements upon contract award. When the NEMT provider and their drivers complete all required training sessions and submit proof to MTM, they will move onto our final phase, contracting.

Phase 4: Contracting Process

After the NEMT provider has received proper training, MTM's Credentialing Committee, a subcommittee of the Quality Management Committee (QMC), will conduct a detailed review of the provider for inclusion into the network. Our Network Management staff and managers from other operational departments serve on the committee, with our Executive Vice President and General Counsel reviewing any questionable credentialing information. Following a review of the provider's file, the Committee will either approve or deny the NEMT provider's inclusion in our network. Copies of all signed contracts, along with specific records for each driver and vehicle, will be kept within our NEMT provider database, which BMS will have access to at any time. BMS can also inspect hard copy records at our local office as desired.

MTM will continually monitor the performance of our individual NEMT providers, as detailed in **Appendix 1, Section X NEMT Providers' Driver Policies and Procedures**, and will terminate a service agreement with a NEMT provider for substandard performance, or when they have failed to implement the activities identified in a Performance Improvement Plan (PIP). We will notify BMS in writing at least 15 days prior to the termination of a NEMT provider. We understand that BMS may require us to terminate a NEMT provider if they determine it is in the best interest of the state.

Delegation of Service

MTM will not subcontract or delegate any services, other than actual transportation to NEMT providers. Our service provider contracts further disallow delegation of transportation services by the NEMT provider. If a NEMT provider is unable to take a trip, they must turn the trip back to MTM. To ensure that only credentialed drivers and vehicles within our network perform trips for BMS Members, MTM only approves claims for payment in which a credentialed vehicle and driver were utilized to perform the trip.

Geographic Coverage Area

At least 30 days prior to the operations start date, MTM will submit to BMS our NEMT Provider Network and Geographic Coverage Report, detailing our NEMT provider network sufficiency and local network in depth. This will include a breakdown by county and will include the communities in adjacent states as well as bariatric transportation identified by service area. If at any time BMS or MTM identifies insufficient transportation resources within an area of the state, we will notify BMS within 24 hours and develop and implement a plan within 10 days to address the adequacy issue.

Back-Up Resources

MTM prepares for unexpected events and excessively late vehicles by having back-up resources in place. These resources are especially important in remote or rural locations where NEMT providers may not be easily accessible for last minute trips. In these areas, and other locations where unexpected peak service demand may occur, MTM will utilize vehicles operated by companies under our Independent Contractor (IC) model, as well as services conducted by volunteer drivers.

Independent contractors are highly utilized by MTM in rural areas, including Kansas and Missouri, as well as areas with higher density that need more providers available, such as Houston. Independent contractors are established businesses that operate just like any other NEMT provider. Drivers are held to the same standards as our regular providers, and must provide satisfactory personal and vehicle credentialing information. If approved by BMS, MTM's dedicated IC Coordinators will work with independent contractors to assign the most appropriate trips for optimal cost savings opportunities, and ensure the contractor meets all standards and expectations.

In addition to independent contractors, MTM will explore the possibility of instituting a volunteer network for back-up service. For some of our contracts, especially those which include rural populations, we supplement our NEMT provider network with volunteers. Volunteer drivers are often paid for their services using mileage reimbursement, which is an

extremely cost-effective way to transport Members. We also partner with not-for-profit agencies to identify if the entity is interested in the additional funding source of providing NEMT services to the Medicaid population. For example, in Michigan we work with an agency known as the Hope Network, which hires subcontracted drivers in locations with unmet service needs, providing a win/win/win situation. Medicaid passengers in rural areas get to their appointments, local drivers earn a reasonable wage, and our client receives cost efficiencies. These methods have allowed our model to be successful in locations like Missouri and Kansas, which are largely rural in nature.

NEMT Provider Reimbursement

In order to maintain NEMT provider satisfaction with MTM, we understand how imperative it is to ensure service reimbursement is made in a timely, accurate, and efficient manner; most of the time, this is completed via ACH electronic check. However, at the same time, we know it is equally important to BMS that NEMT providers receive payment only for services actually rendered. MTM works diligently to ensure that funds are used for the intended purpose. This is especially important when paying NEMT providers as they constitute the major cost portion of NEMT programs.

To ensure accurate payment, MTM reconciles 100% of trips submitted. In addition, although not covered by our traditional claims process, we verify 100% of trips completed via mileage reimbursement with the medical provider. BMS NEMT providers will be responsible for completing the claims adjudication process, which includes verification of supporting documentation, the format of which will be approved by BMS prior to the go-live date. Only when the claim is reconciled will payment be completed, protecting against fraudulent activity.

Our staff will ensure that at least 90% of all "clean claims" are paid within 30 days of receipt and that 99% are paid within 90 days. Throughout our book of business, our dedicated claims staff works to ensure timely, accurate payment to hundreds of providers on a weekly basis. MTM hears routinely that our practices are the timeliest in the industry. NEMT providers prefer working with MTM because they know they will receive fair payment. Based upon our 18 years of experience reimbursing providers, we have developed a proven process for processing claims and paying NEMT providers for services rendered, described in the following narrative.

Uploading Claims Online

Our claims processes are driven by industry-leading technology supported by our web portal system. When MTM dispatches a trip, it includes the trip mileage and subsequent reimbursement rate. After MTM dispatches the trip request to the NEMT provider and the trip has been completed, the claims process can begin. The provider can then submit a claim for the

trip online, after which a Claims Auditor will review the documentation for the original Member signature. MTM retains these documents in compliance with federal timelines so that subsequent reviews can be conducted if any fraudulent activities are suspected.

BMS's NEMT providers can submit billing information and review payment details electronically via our secure online system. This online system streamlines and expedites the manual billing process. A comprehensive online training guide is available in addition to personalized, interactive online training sessions. NEMT provider instructions on the claims process can also be found in the Transportation Provider Manual in **Supplemental Information, Tab E**.

For each trip completed by the provider, an accurate trip log must be kept and uploaded for the claim to be processed. The provider can upload trips via a batch file or through single trip entry. When a file is uploaded, the system automatically validates that:

- The trip claimed was actually assigned to the NEMT provider
- The actual and scheduled pick-up and drop-off times are valid and consistent relative to each other to indicate actual transportation
- The driver has current certifications on file and is approved by MTM
- The vehicle is registered and approved with MTM

> *"MTM has demonstrated that they are genuinely concerned with the needs of the clients they serve. They also are excellent at paying vendors for services produced."*
>
> **Linda N. Yaeger,** *OATS Inc., Executive Director*

Results are available online for review and include summary information regarding how many records were accepted in whole, in part, or entirely rejected. Clear information is also provided for individual claims to explain any rejections, as well as the steps to correct them. It is important to note that MTM's system will collect all valid information regarding a transportation claim when received, even if it results in an incomplete request. Empty fields are allowed, but a claim for payment will not be approved until all required data elements have been received. Claims must be submitted within 90 days of service, or they will not be reimbursed by MTM.

Claims Processing Narrative

We have developed a user-friendly claims process, which is continually supported by automated systems and tested with a focus group of NEMT providers. The following narrative describes the claims process we propose for this contract, which every NEMT provider across our book of business has access to.

1. Online Trip Information Entry: Using the secure online portal, the NEMT provider will submit pick-up and drop-off information, vehicle identification number, and other information described above. The screen shot in **Figure 12** depicts how the NEMT provider will enter this information in user-friendly screens custom designed for accurate data entry.

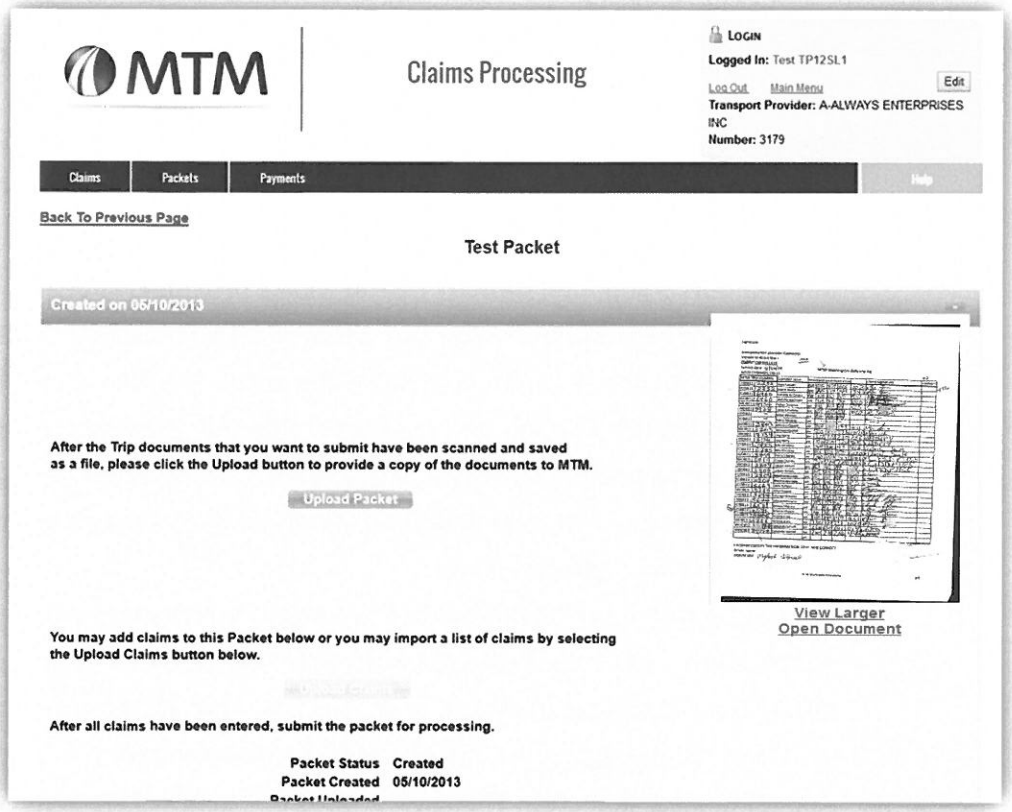


Figure 12: Trip Entry Screen. Providers can input trip data manually or electronically.

The online tool allows the provider to make corrections at their convenience. The status of each claim and all associated data will be available online, searchable, and accessible on a trip-by-trip basis. The weekly rosters identifying assigned trips will also be available online. For NEMT providers with routing and scheduling software, MTM supports batch file processing of the required information to eliminate data entry, resulting in a higher

level of efficiency for all parties. MTM requires providers to submit their claims within 90 days of service; trips not claimed within 90 days will be denied based on timeliness and must be appealed for payment to be authorized.

2. Validation of Signatures and Information: A Claims Auditor will review all documentation for completeness and compliance.
    a. Claim Approved: Upon the receipt of a clean claim and following successful review of all supporting documentation, the trip claim moves to step three of this process.
    b. Claim Denied: Reasons for denial may include lack of supporting documentation, discrepancy of information in our system vs. provider claim, or use of a non-credentialed driver/vehicle.
        i. NEMT Provider Notified: The online tool keeps the provider informed of the status of each claim throughout the claims process.
        ii. NEMT Provider Appeals (First Level): If the NEMT provider does not agree with the automatic adjudication, they may request an appeal online. We strive to resolve all disputes within two weeks. Because most of the information is supplied directly by the NEMT provider, appeals are limited in nature and quantity. Our claims staff will address the appeal and work with the provider to resolve the issue. The NEMT provider must follow a structured online process identifying the grounds for the appeal and supply supporting evidence, if applicable. If the NEMT provider does not make an appeal by the deadline, the trip will close out and no appeals will be allowed after that date.
        iii. Appeal Review Approved: The Claims Auditor will review supplementary information. Following evaluation, they will annotate the trip as approved and the claim moves to step three. This will occur within two weeks of receiving any requested additional information.
        iv. Appeal Review Rejected: The review does not justify payment for a trip. Our online tool will update the provider on the status of the trip claim, and inform the provider of their right to submit a Second Level Appeal.
    c. Second Level Appeal: If the provider is not satisfied with the result of the initial Appeal, they may escalate the issue to a Second Level Appeal. An Appeals Board reviews all Second Level Appeals. As in the initial appeal, the provider must follow a structured online process clearly identifying the reason for the appeal. The NEMT provider cannot request a Second Level Appeal until one of the grounds listed below is reached. Any adjudication resulting from a Second Level

Appeal is final. A Second Level Appeal will not be reviewed by the individual who processed the initial appeal. Instead, it will be reviewed by our Appeals Committee. Grounds for a Second Level Appeal may include:

- Failure to respond to the appeal in accordance with our Service Agreement
- The NEMT provider has evidence that the adjudication decision is wrong and the initial appeal did not address the issue appropriately
- The NEMT provider is satisfied with the end result of the appeal, but dissatisfied with the sequence of events

3. Payment Authorized: Upon the successful completion of the above process, the NEMT provider will receive payment for approved trips. In accordance with this RFP, 90% of all claims not pending an appeal decision will be paid within 30 days of receipt, and 99% of all claims not pending an appeal decision will be paid within 90 days of receipt.

III. Modes of Transportation

Fixed Route

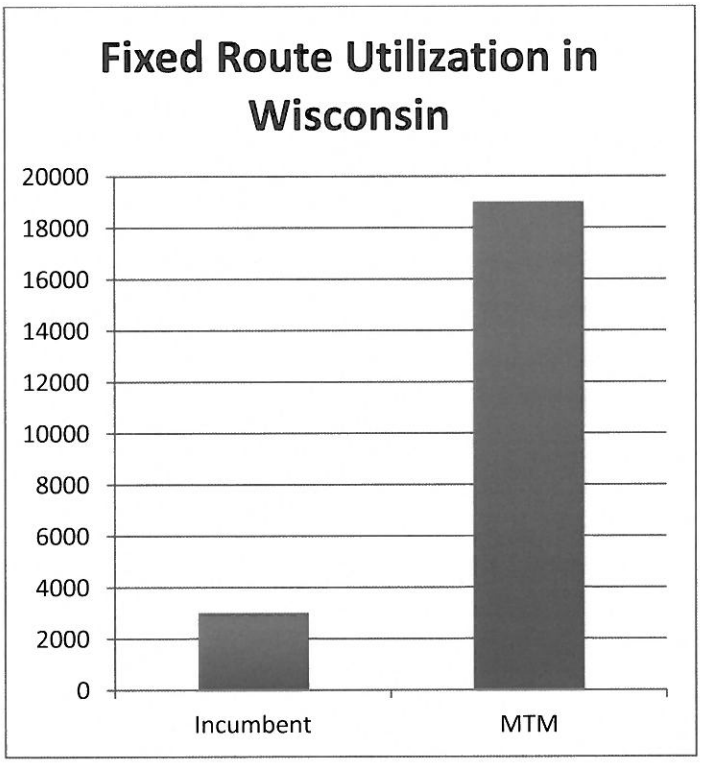
Maximizing the utilization of public transit options is the most economical use of BMS's Medicaid funds and promotes greater independence for Members. We are in full support of promoting public transit opportunities and have several ways of doing so. For example, we program our system with all available public transit routes using electronic downloads with GIS latitude and longitude information from local transit authorities. This information also includes hours of operation for each route. Additionally, we are currently discussing with Google Transit the possibility of integrating their trip planning software into our current system.

Public transit will always be the first mode of choice where available. As outlined in **Appendix 1, Section I NEMT Service Request Processing**, our NET Management System enables the CSR to determine immediately if the Member's pick-up and drop-off location are within ½ mile from a fixed route stop. We will only assign public transit to Members if they live within ½ mile of public transit stop or public transit is requested, unless we arrange for transportation to and from the stop. Additionally, the individual must:

- Be of age and physical and mental condition to travel independently
- Be able to tolerate the weather conditions that exist at the time of service
- Have an appointment time that is compatible with the fixed route schedule with a drop off time no more than 90 minutes prior to the appointment and a pick-up time that is at least 45 minutes later than the estimated appointment completion time
- Not have any other special needs which require coordination of services with other providers

If a Member declines fixed route service and is requesting a higher mode, our staff will initiate the LON process to determine eligibility and may require physician documentation verifying the need for a higher mode.

Recently, MTM created a dedicated Bus Department, with the goal of helping our clients shift eligible Members to the public transit system whenever possible. Prior to implementing our Wisconsin contract, representatives from this department travelled to the urban areas in the state and personally observed the system. They spent days riding buses and interviewing drivers and riders in an effort to find the best ways to utilize the transit systems. Due to our strong public transportation focus, within the first month of operating the contract, we increased public transportation utilization by over 500% from the incumbent's 3,000 trips per month to 19,000.



Travel Training Encourages Fixed Route Utilization

Another way MTM expands public transit usage is through functional assessments and travel training activities. We have implemented these activities in similar markets, and will do so in this program upon approval from BMS. This process involves inviting Members to participate in in-person functional assessments to more accurately determine their ability to utilize public transit. We are currently contracted in Portland, Oregon and Raleigh, North Carolina to conduct functional assessments for public transit agencies to determine if individuals require ADA

paratransit services or can safely navigate the public transit system. In addition, we conduct in-person functional assessments for our Medicaid contracts in Minnesota, Wisconsin, Texas, and Washington DC.

The process is well documented and the assessments are non-biased. If the individual is found to be able to use public transportation, we transition them to this mode, with or without travel training. One-on-one or group travel training allows Members to become more comfortable with public transit and gives them confidence in their ability to independently access this mode. In our District of Columbia Medicaid contract, through the assessment process, we have identified 23% of Members evaluated as capable of riding the public transportation system with or without travel training, resulting in over $288,000 worth of savings in 2012 for the program. This additional step has identified opportunities that can be missed through the LON process. Through this innovative strategy, we are able to maximize federal transportation funding, contain or reduce costs, promote independence, and expand access.

Bus Pass Distribution

MTM also has processes in place to ensure BMS that bus passes/tokens are distributed to Members in a timely manner. To do so, we employ staff that are accountable for ensuring the passes reach Members in time for the appointment. Processes may include mailing the passes to Members, or working with local medical facilities to distribute the passes. On a monthly basis, MTM distributes approximately $150,000 worth of bus passes and tokens to Members across the nation using efficient processes that facilitate ease of use for Members and protect our clients from fraud and abuse. We look forward to offering this solution to BMS as a way of increasing public transit use.

Private Auto

If a Member is ambulatory and can be transported by a friend, neighbor, or non-legally responsible relative, we will approve private auto mileage reimbursement as an appropriate mode. The CSR will handle these trips and predetermine the mileage prior to authorizing reimbursement utilizing an accurate method. Our system automatically provides the direct

mileage for a trip when the CSR enters the origination and destination addresses by accessing integrated GIS mapping. The Member must complete and return our reimbursement form signed by the medical provider and the Member prior to MTM submitting the claim for payment.

Basic Vehicle

Following public transportation and private auto mileage reimbursement, basic vehicles are the next most cost-effective mode of transportation and will be used to transport individuals who do not require a wheelchair lift, stretcher, and/or monitoring during transport. Basic vehicles typically make up approximately 75% of our network and are the most commonly used mode.

Enhanced Vehicle

Generally, enhanced vehicle services will only be authorized when a Member is not able to transfer from a wheelchair into a basic vehicle, safely reach their destination from the curb or vice versa, safely exit the medical provider's facility, or locate the vehicle independently. In certain situations, a Member may be able to arrive at the medical facility utilizing public transportation or basic vehicle services, but due to the nature of the medical treatment, require a higher mode of transport on the return ride. MTM has developed split-level certifications so that we can appropriately accommodate such situations.

Fixed Wing Aircraft

MTM will arrange for fixed wing aircraft transportation if necessary for the well-being of the Member. Due to the expense associated with this mode, arrangements for fixed wing aircraft will be handled by the Care Management Department to ensure proper protocol is followed. The Care Management Department is experienced handling this type of request; they recently scheduled fixed wing transport for a Member in our Wisconsin contract.

Non-Emergency Ambulance

Non-emergency ambulance is the approved mode for individuals requiring medical supervision during transport, including monitoring, aid, care, administration of drugs or oxygen, etc.

Other Transportation

In an effort to increase cost savings for our clients, MTM has developed an innovative feeder route program that cuts costs for long distance trips while maintaining, and often increasing, Member satisfaction. Like any standard NEMT trip, the first leg of any long distance trips is assigned to one of our NEMT provider's commercial vehicles to ensure door-to-door service for Members. The commercial provider then transports the Member to the intercity bus stop, and

the intercity bus provides the long distance portion of the trip. A second commercial vehicle is then routed to transport the Member from the intercity bus stop to their destination. This procedure is then repeated for the Member's return trip.

In our Houston contract, we have a dedicated Long Distance Routing Specialist who examines each day's routes, looking for trips in excess of 75 miles. These trips are then rerouted utilizing large, intercity buses to accommodate the longer legs of the trip whenever possible. In the Houston area, we utilize Greyhound, Trailways, and Mega Bus to provide the long distance portions of these trips and save on average $500 per trip in doing so. In addition to offering significant cost savings, Member satisfaction for these trips is extremely high; with larger intercity buses, travelers are often treated to large comfortable seating, access to televisions, and complimentary Wi-Fi for the duration of their trip. In West Virginia we will utilize similar services through Greyhound to offer BMS similar responsible busing solutions.

IV. Miscellaneous Operation Rules

Excessive Distance

As outlined in **Appendix 1, Section I NEMT Service Request Processing**, the CSR will confirm with the Member that the trip is to the closest, most appropriate medical provider; this information is also automatically verified with our system, which is based on Geographical Information Systems (GIS) technology. If the medical provider is not within the county, bordering county, or metropolitan area in a bordering state, we may deny the request unless medical certification or specific prior authorization by UMC is on file, or the Member has relocated within the past 90 days. In determining excessive distance, we take into consideration all circumstances relating to the request and ensure we follow BMS protocol. We monitor and report on the frequency of authorizations of NEMT services with excessive distance on a monthly basis.

On-Time Arrival

Please refer to **Appendix 1, Section I NEMT Service Request Processing** for detailed information regarding our timeliness requirements for NEMT providers. As outlined previously, MTM requires that each driver arrives within 15 minutes of the scheduled time and waits at least five minutes after the scheduled time to report a no-show. We further confirm that no more than two percent of trips shall be late or missed per day and understand that a penalty may be assigned to MTM by BMS if this standard is not upheld.

Travel Time on Board

As indicated in **Appendix 1, Section I NEMT Service Request Processing,** MTM prioritizes timeliness as we assign trips to NEMT providers in multi-load situations. Members in multi-loaded vehicles (not including air transport) are not to remain in the vehicle for more than 45 minutes longer than the average direct commute from the point of pick-up and destination.

Adverse Weather Plan

MTM considers Member safety to be the primary concern during adverse conditions. Our current Adverse Weather states that, in most cases, we will not provide services when local public school systems are closed due to extreme weather. If schools have early dismissal, MTM stops all outbound transports and focuses on providing return rides to those already at their medical provider. Our comprehensive Adverse Weather Plan helps ensure consistency and provides a reliable process that BMS and its Members can rely on and will be submitted to BMS for review at least two weeks prior to the Operations Start Date.

Ensuring Transportation Services are Always Available

When possible, we take a proactive approach to a potential disruption in transportation. One example includes a scenario that involved trips scheduled for Virginia Members that were supposed to occur three days prior to a hurricane making landfall. During this situation, we contacted various dialysis, chemotherapy, and behavioral health centers to assist with canceling and/or rescheduling trips in the event that the storm affected the Tidewater and Richmond areas. Because of these efforts, Members received necessary services on the day of or within a day after the hurricane hit.

Although we abide by our inclement weather policy, we do have special provisions for ensuring Members are not stranded. During severe weather, NEMT providers will first contact those Members whose trips are scheduled for that day but have not yet started. At this time, the provider will inform them that transportation cannot be provided and that they will need to reschedule their appointment. However, Members who need dialysis or other critical medical care will be transported during such conditions as possible. Simultaneously, we will coordinate with NEMT providers to schedule immediate return rides for those Members already at their appointment. This will ensure each Member returns home safely. For more details on our emergency policies, please see our Business Continuity and Disaster Recovery Plan in **Supplemental Information, Tab R**. Upon contract award, this will be tailored to meet BMS's specifications. All NEMT providers will be required to abide by our hazardous weather specifications.

Vendor as a NEMT Provider

As a true broker, MTM does not own or operate any vehicles in any of its current contracts, nor will it serve as a NEMT Provider for the West Virginia program. All trips will be assigned to our subcontracted network of NEMT providers, as detailed in **Appendix 1, Section II NEMT Providers.**

Post-Transportation Authorization Requests

MTM will develop a policy to handle post-transportation authorization requests and submit to BMS for approval. We have existing policies and experience handling post-transportation authorization requests in other large NEMT programs, such as in the Houston area, so BMS can be assured of our ability to efficiently handle these requests in compliance with all RFP requirements. The need for post-transportation authorization requests will be minimized by the Member's ability to reach us via phone 24/7/365. For back-dated eligibility issues, MTM will review and approve mileage reimbursement as appropriate for trips which occurred during this period. We will submit our formal Post-Transportation Authorization Policy for BMS approval at least 30 days prior to the operations start date.

Accidents and Incidents

To ensure all incidents are resolved appropriately, MTM has a thorough investigation and reporting process in place. MTM defines incidents and accidents as the following situations:

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

In these scenarios, MTM will develop a report that will include, but not be limited to, the name of the driver and Member(s) involved; address, date, and time of incident; whether illness or injury was involved; description of the incident; and final disposition and resolution. The written report will be provided to BMS within 24 hours or 72 hours, depending on the severity of the incident. An investigation summary will be submitted to BMS and we will also submit a quarterly report summarizing all incidents and accidents.

V. NEMT Service Denials

While MTM's trip reservation process always relies on objective, consistent methods for approving NEMT requests, we have procedures in place to accommodate denials. BMS is ensured that we are never discriminatory against race, ethnicity, color, origin, or religion when making denial or approval decisions. To ensure that Members are notified when MTM denies NEMT service, we will comply with BMS's policies and procedures related to trip denials. We will notify Members of denial, termination, or suspension by sending a letter to them in the following situations, which may be modified upon BMS's request:

- The NEMT requested was to a non-Medicaid covered service
- The Member does not have a medical need requiring transportation
- The Member does not meet NEMT protocol
- The Member is ineligible for NEMT services
- The service requires prior authorization which was not obtained
- The Member has access to other affordable transportation
- The service was out-of-network and did not have prior authorization (unless emergency or foster child placed out-of-state)
- Inability to verify that there was a medical appointment
- The request was not timely or did not meet established criteria
- The medical appointment was cancelled or not scheduled
- The Member did not provide requested documentation or it was not received in a timely manner
- The Member refused the mode or assigned NEMT provider and another provider was not available.
- The request was for post-transportation authorization and was untimely or incomplete
- The transportation costs can be covered by other means or programs

Throughout our book of business, MTM automates the generation of denial letters; the letter will be submitted for BMS review at least 30 days prior to the contract start date. When our system denies a Member transportation services, it automatically fills in the necessary information within the denial notification, as shown in **Figure 13**. The letter contains information informing the Member on their right to appeal and instructions for doing so. Following a denial, the CSR will inform the Member of the decision, indicating to the system that a denial letter should be generated. We then send the letter to the Member within one business day, and a copy will be maintained within our files.

Denial Letter Information
Specific reason(s) for denial
Appeal rights and process, including how to initiate an appeal
Contact information

Figure 13: Denial Letter Information. MTM will use an automatically generated denial letter for service denial, termination, or suspension.

Denials will be reported to BMS within our monthly reports; this information will not contain instances where the Member does not have the required and requested information necessary to enter a trip request at the time of the initial call and indicates that they will call back later to provide the information.

VI. Timeliness

MTM will schedule 98% of all routine NEMT requests within three business days after receipt of the request, and we will schedule 100% of these requests within ten days after receipt of request. If we require additional information to authorize a request for transportation, we will place the trip on hold and request the information within 24 hours. If we do not receive the additional information within the requirements we communicated to the Member, the trip shall be denied unless the service is to an appointment for chemotherapy, dialysis, or high-risk pregnancy. In those cases, MTM will approve the single trip request and work with the Member to obtain the necessary information to set up a standing order.

VII. Validation Checks

MTM only pays NEMT providers for services that were actually rendered. To immediately identify NEMT abuse, MTM created a verification process that built upon our fraud reduction measures already in place. This process has resulted in approximately 25% savings in overall program costs across our book of business and includes attendance verification, signature verification, and trip reconciliation.

We conduct attendance verification as part of our normal business processes and will modify our procedures to meet the requirements of the RFP. Specifically, we will conduct the monthly validations checks listed in **Figure 14** with medical providers on at least five percent (5%) of all trips throughout the life of the contract and will report validation check findings to BMS through a quarterly report.

Validation Checks	
Validation Check	**Percentage of Trips Validated**
Pre-transportation	3%
Post-transportation	2%
Fixed route pre- and post-transportation	3%

Figure 14. Validation Checks. Effective validation checks will protect BMS from fraudulent activities.

At least 30 days prior to the operations start date, we will provide our Validation Plan to BMS for review. The plan will include protocol for obtaining verification that the appointment exists, processes for flagging trips as a result of busy signals or no answer, and denying trips in which pre-transportation validation verifies that an appointment does not exist.

In addition to the RFP required validation checks, we perform the following:

- 100% verification of recurring trips with medical providers
- 100% verification of mileage reimbursement trip logs for provider signatures
- 100% verification of driver trip logs for qualifying signatures from Members
- 100% claims review comparing submitted claims to our records and trip logs

In the event that inconsistencies are found during any of our comprehensive verification processes, trip details are forwarded immediately to the fraud review team who will ensure that the follow-up is made and that BMS is notified.

MTM works tirelessly to reduce fraud, abuse, and waste in the transportation programs that we manage and constantly re-evaluates our processes for improvement opportunities. The thoroughness of our validation process is simply unmatched in the industry and demonstrates our commitment to being excellent stewards of our clients' funds and to ensuring that they receive the highest level of program integrity.

VIII. Suspected Fraud, Abuse, and Misuse

MTM believes in the importance of anticipating, rather than reacting to fraud and misconduct and places high importance on maintaining a corporate culture of fraud and abuse detection and prevention. Contributing to significantly reducing fraud and abuse, MTM checks eligibility for every single trip prior to scheduling; utilizes custom built software designed to identify potential fraud early and raise a fraud alert; determines the mileage and all trip details during scheduling; and assigns the lowest cost, most appropriate mode of transportation.

We take all accusations and suspicions of fraud and abuse seriously, and investigate each occurrence thoroughly. By reducing fraud and abuse of the system, MTM can effectively lower overall transportation costs for BMS. Rooting out NEMT misuse is a huge contributing factor to the average 10 to 25% reductions in cost we have historically provided to our clients.

If we discover fraud on the part of a Member, transportation provider, or medical provider, we will report the case to BMS's Office of Quality and program Integrity and the BMS Contract Manager within three days and generally within 24 hours. This process is handled by our Quality Management Department, which staffs Compliance Auditors focused specifically on detecting and responding to fraud, waste, and abuse cases as part of our fraud review team. A Compliance Auditor will communicate all details to BMS including:

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

Furthermore, MTM's entire staff will cooperate fully with any BMS, OIG, or law enforcement investigations and/or reviews and ensure transparency of data and circumstances relating to the incident in question.

Outside of our standard eligibility verification processes, MTM has established several prevention and identification methodologies to combat fraud. These mechanisms are outlined in the following paragraphs.

Thorough Training of Staff and NEMT Providers

One of the main ways we reduce fraud and abuse of NEMT is through comprehensive, informative training. Fraud, Waste, and Abuse Training is a mandatory annual requirement for all employees and NEMT providers. Upon completion of our course, each employee and provider will complete a quiz to verify understanding of the materials and sign a completion document which is maintained in the employee or provider file.

During this training, CSRs and other staff are instructed to report suspicious behavior and information to our fraud review team, which then investigates the issue thoroughly. Should MTM suspect that a Member has misrepresented a medical condition to justify the need for NEMT services, the trip is flagged and a fraud alert initiated. Our Compliance Auditor will

conduct an investigation by calling the medical provider to verify the medical necessity for services. If through the findings of the investigation MTM determines that the medical condition was falsified, all subsequent trips will require authorization and verification by the medical provider.

MTM also trains our network of NEMT providers on our fraud and abuse prevention policies. They are informed that fraud and abuse will not be tolerated under any circumstance and that their activities will be monitored on an ongoing basis. NEMT providers are given guidelines on trip and billing requirements to help us reduce the likelihood of providers committing fraud or submitting errors with trip and billing documentation.

Identifying Frequent Flyers and High-Cost Utilizers

Although MTM has practiced proactive management of "frequent flyers" for years, we consider this process an innovation because we are operating ahead of our competitors in this area. Frequent flyers often present a larger threat for fraud and abuse due to the number of trips they take to emergency appointments. The Frequent Flyer Report identifies Members who are transported to the emergency room more than once a week, or more than four times in a month. Care Management Coordinators (CMCs) flag these Members as potential abusers of emergency services and report this list to the Project Manager. In addition to ensuring that BMS is aware of these Members, upon BMS approval, MTM can assist by educating the Member on the benefits of utilizing a Primary Care Provider (PCP) or Urgent Care facility in lieu of relying on emergency room services.

Our Care Management Department will also generate a weekly report identifying BMS's highest cost utilizers. The Costliest User Report is generated which contains a list of Members whose monthly transportation cost exceeds $1000. From there, Care Management Coordinators review these cases for cost-saving opportunities. In addition to verifying that Members have appropriate authorizations on file and are using the lowest cost, most appropriate mode of transportation, CMCs will also look at opportunities such as offering mileage reimbursement, multi-loading trips, utilizing volunteer drivers, referring the Member to a closer medical provider, or switching the Member to a different NEMT provider in the area.

Utilizing the NET Management System to Detect and Prevent Fraud and Abuse

Since MTM custom built our NET Management System for administering transportation programs, we designed it to identify potential fraud early and raise a fraud alert. The system confirms the Member's eligibility and then only allows scheduling to covered services and with approved modes. The system also has an automated reconciliation process that matches the electronic claims files sent by the provider with trips scheduled within the system. This generates exception reports for review by a Claims Auditor. In the event that MTM identifies a Member as demonstrating suspicious activity, the Member is placed on our fraud watch list. The next time they call to schedule a trip, the system will alert the CSR to verify that a scheduled appointment exists prior to arranging transportation, and to review other information for potential fraud.

As evidence of our ability to monitor for and reduce the instances of fraud, waste and abuse, MTM was recently selected for the 2013-2014 Medicaid Health Plans of America (MHPA) Best Practices Compendium and featured at the national conference in October 2013. The Best Practices submission highlighted MTM's Quality Improvement Plan (QIP) for fraud, waste, and abuse reduction in 2012 and continued improvements in 2013 and beyond. As a result of MTM's emphasis on fraud, waste, and abuse reduction in 2013, MTM is on pace to save $205,000 business-wide.

IX. Vehicle Requirements

To ensure all vehicles within a provider's fleet meet safety standards, our local Network Management staff will inspect each vehicle prior to the operations start date. Through these inspections, our staff must validate that the vehicle is compliant with MTM and BMS requirements; verify that all communication equipment is working properly; and determine that it meets or exceeds all BMS, MTM, state, federal, and manufacturer standards. If we deem a vehicle unsatisfactory to the requirements, the vehicle will be immediately removed from service and unable to transport Members until the deficiencies have been rectified.

Each NEMT provider will be provided with a copy of the ADA vehicle requirements. MTM will keep records of all vehicle inspections at our local office and within the web portal system, where BMS will have access as needed. Additionally, we will inspect vehicles every six months following the initial inspection and provide biannual inspection results to BMS in our quarterly reporting package.

Each vehicle utilized by the NEMT provider must meet the following specifications:

- Comply or exceed the standards and laws set by the manufacturer and state and federal authorities, including ADA regulations and wheelchair/stretcher van-specific requirements
- Pass an MTM-conducted inspection
- Not exceed the vehicle manufacturer's approved seating capacity, including the driver
- Have a two-way communication and GPS system; equipment will be tested during the initial and subsequent biannual inspections
- Be equipped with seat belts that will be kept off the floor when not in use (and a sign that states "All Passengers Must Wear Seat Belts"), seat belt extensions, seat belt cutters, and wheelchair securement devices
- Be equipped with functioning heating and air conditioning systems, a speedometer and odometer, and interior and exterior mirrors
- Be able to safely accommodate child safety seats
- Be equipped with a non-skid step or stool to assist passengers in boarding if appropriate for the vehicle type
- Remain clean and free of broken mirrors/windows, excessive grime, major dents and paint damage, torn upholstery and coverings, damaged seats, sharp edges, hazardous debris, and unsecured items; stretcher vehicles must be sanitary and have disposal/sanitation processes
- Not display the word Medicaid in the business' name or on the vehicle
- Display the NEMT provider's business name and telephone number in a minimum of three (3) inch high lettering in a color that contrasts with the surrounding background on at least both sides of the exterior of the vehicle
- Prominently display the vehicle license number, MTM's toll-free and local phone numbers, and complaint procedures and forms
- Maintain signage that states passengers may not smoke and must use seat belts
- Maintain adequate insurance in compliance with BMS's specifications
- Carry an information packet that includes vehicle registration, proof of insurance , and MTM incident/accident form
- Be equipped with a first aid kit, a spill kit, and a working fire extinguisher

- Provide specific lifting capacity for wheelchair vehicles to accommodate extra wide and/or large mobility devices
- Be maintained according to local, state, and federal requirements, the requirements of the BMS RFP, regulations set forth by West Virginia Administrative code, and the manufacturer's safety operating and maintenance standards

Upon passing our inspection, each vehicle will be issued an MTM inspection sticker, an example of which is shown on the right. This sticker will be modified to meet the requirements of BMS upon contract award, including the addition of license plate and vehicle identification numbers. During on-street observations, our representatives will check to ensure each vehicle transporting BMS's Members is appropriately adorned with this sticker in passenger side rear window in the lower right corner. If the Representative discovers that a provider is using a non-MTM approved vehicle to transport Members, we will immediately take corrective action. Certification stickers on each vehicle will be updated following the vehicle's biannual inspection to ensure all vehicles remain in compliance with our enforced standards. Please see **Supplemental Information, Tab I** for a sample inspection form that we will modify to meet BMS's needs. At least 30 days prior to go-live, we will submit our final inspection plan, forms, and sticker to BMS for approval; this plan will include a list of all MTM personnel who are authorized to inspect West Virginia NEMT provider vehicles.

MTM also agrees to maintain in our network providers with the capability to perform bariatric transports for patients weighing up to 800 pounds; we shall maintain the lifting capacity for each vehicle in our network.

Wheelchair Lifts and Securement

In addition to meeting the above requirements, wheelchair lift-equipped vehicles must meet all ADA requirements pertaining to height clearances, lift systems and platforms, wheelchair ramps and entrances, and securement. In accordance with the RFP, each lift will have an engine-wheelchair lift interlock system that ensures the vehicle is in park before the lift is deployed. These requirements will be scrutinized during the biannual inspections.

X. NEMT Providers' Driver Policies and Procedures

Driver Requirements

BMS must be ensured that their broker provides safe, reliable transportation to Members. MTM guarantees that all West Virginia Members will, at all times, be safely transported by deploying our initial credentialing and annual re-credentialing process. These processes, fully described in **Appendix 1, Section II NEMT Providers**, require each driver to upload specific data and information to our web portal system; this includes copies of driver's licenses, proof of driver training completion, certifications, and much more. Then, on a biannual basis, our system notifies drivers that they must update specific elements prior to expiration. If a provider allows any credentialing data to expire, our system is automatically prevented from assigning the provider any more trips until the information is provided and approved by our Network Management staff.

For the BMS contract, our credentialing process and biannual re-credentialing will ensure that drivers comply with all MTM and BMS standards by mandating that providers prove each driver is/has:

- At least 18 years of age
- A current and appropriate license through the state of West Virginia to operate the type of vehicle to which they are assigned
- No more than two chargeable accidents or moving violations within the last three years
- Not had their license suspended or revoked within the previous five years
- Passed a criminal background check conducted by the West Virginia Law Enforcement Division, the National Crime Information Center, or an equivalent entity
- Completed a fingerprint check
- Abiding by state, federal, and local laws
- Not listed on the West Virginia Sex Offender Registry
- Not been convicted of a felony and/or misdemeanor for healthcare fraud, theft, embezzlement, or breach of fiduciary responsibility within the past five years; child abuse, elder abuse, domestic violence, sexual abuse, or patient abuse ever; and unlawful manufacture, unlawful substance use, or unlawful firearm use within the past five years
- Passed a five-panel drug test
- Maintained training and certification in CPR, first aid, defensive driving, blood-borne pathogen handling, passenger assistance, HIPAA compliance, and other related subjects

Drivers who fail any random drug test, are convicted of two moving violations or accidents while transporting BMS Members, or whose license is revoked or suspended will be immediately removed from service. In addition to the requirements listed above for a provider to qualify for and maintain credentials as a MTM network driver, the driver must meet the following requirements during their course of service for the BMS contract:

- Present a pleasant demeanor and is helpful and patient to all Members
- Maintain a neat and clean appearance and visible, easy-to-read nametag
- Assist Members curb-to-curb, door-to-door, and hand-to-hand as required
- Wait for the Member to enter the residence or facility before departing the drop-off location
- Secure mobility devices for the Member
- Assist Members into the vehicle and confirm the use of seat belts
- Stop the vehicle in the event of Member's behavioral outburst and notify the dispatcher immediately
- Park so that Members will not need to cross streets to reach the entrance of their destination
- Provide verbal directions to Members as appropriate
- Notify the Provider of all accidents, breakdowns, and incidents and ensure the information is forwarded to MTM
- Report all no-shows immediately
- Not leave a Member unattended
- Not violate the MTM Drug and Alcohol Policy
- Not smoke in or around the vehicle or allow the Member or other passengers to smoke in the vehicle
- Not wear headphones with the exception of a hands-free headset (which can only be used in the event of an emergency or contact with the dispatcher)
- Not touch a passenger except as appropriate for assistance or to administer first aid

Furthermore, all drivers will receive a copy of the above requirements during the initial credentialing period. These requirements will also be outlined in the Transportation Provider Manual, a sample of which is included in **Supplemental Information, Tab E**. The Provider Manual will be updated to include the above requirements upon contract award. Driver credentials will be reviewed during the initial credentialing period prior to start up and twice yearly for compliance. Any driver who does not meet the standards will not be allowed to provide trips for BMS Members. Credentials are maintained through our Transportation Provider web portal; access will be provided to BMS should they wish to access any of the files. Finally, records of the biannual driver compliance data will be provided within our quarterly report to BMS.

Provider Daily Trip Logs

For each trip completed by the provider, an accurate trip log must be kept. This log, along with a Member signature is required to be uploaded to our web portal for the trip payment to be processed. The information that must be included in this log, in accordance with the RFP requirements, is shown in **Figure 15**.

Trip Log Information	
Date of service and MTM trip tracking number	Driver name, license number, and signature
Member name and signature	Escort name and signature (if applicable)
Vehicle identification number	Scheduled and actual pick-up times, in military time
Scheduled and actual drop-off times, in military time	NEMT provider name
Mode of transportation	Notes including no-shows, incidents, cancellations, etc.
Mileage per odometer	Destination and/or medical provider information

Figure 15: Trip Log Information. Information collected for each NEMT transport will include a wide variety of data.

Trip logs will be stored securely in our web-based system; access may be provided to BMS for on demand review or BMS can request trip logs and our staff will provide them within five business days.

Trip Manifests

Our NET Management System collects all trip information and automatically compiles a trip manifest for distribution to the NEMT provider. The manifests will contain specific information as outlined in **Figure 16**.

Manifest Information	
Request tracking number	Member name
Member phone number	Pick-up and drop-off addresses, including facility name and phone number
Time of the appointment	Return trip time (if appropriate)
Mode of transportation requested and approved	Combined weight of the Member and his/her mobility device and other medical equipment

Manifest Information	
Any special needs and instructions, including directions or clarification of door-to-door, hand-to-hand, and curb-to-curb services	Approved escorts
	Notation regarding car seat necessity

Figure 16: Manifest Details. Manifests sent to our NEMT providers will include information necessary for the provider to successfully complete the trip.

Providers will have access to manifests at least 48 hours prior to the day of service when possible. In the case of same-day trips, we will call the provider prior to assigning the trip to ensure the trip can be accommodated. Manifests are available for provider download via SFTP or through the Electronic Trip Download (ETD) feature on our secure NEMT provider web portal system, **Figure 17**; both methods are monitored by our Security Department and are in full compliance with all HIPAA, state, and federal privacy regulations. In compliance with the RFP, we will provide any requested manifest to BMS within five business days; we can also provide BMS with a secure log in if requested, enabling monitoring of trip manifests on-demand.

Through our portal, providers can create and save custom templates enabling them to obtain their trip information in a format and layout that meets their specific needs. The web portal lists the trips that are set with each transportation company in real time. Information from the portal can be downloaded to an Excel spreadsheet. The ETD report contains all information that is required for each trip and can be downloaded as often as needed.

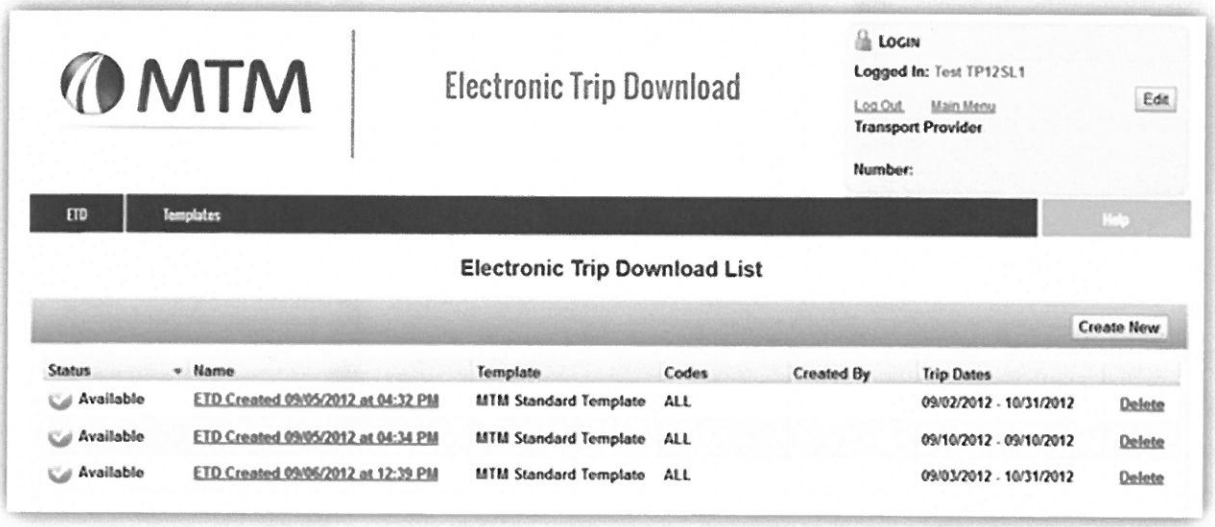


Figure 17: Trip Download Screen. NEMT providers can download trip assignments from the web portal. They can also view previously scheduled trips.

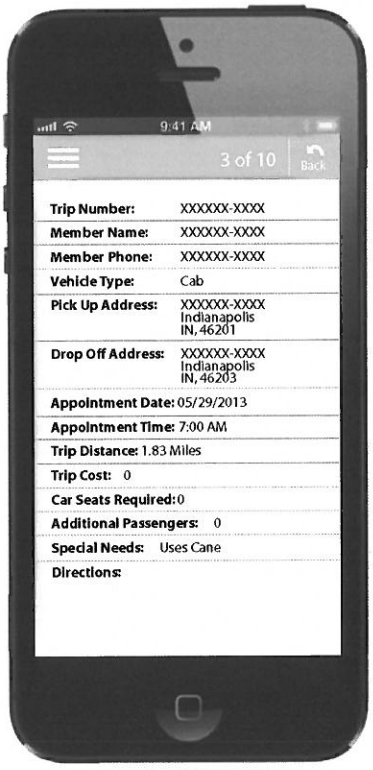
Trip Reassignment

If the NEMT provider cannot accommodate a trip, they simply annotate through the web portal as long as the trip is at least 48 hours in the future. To submit a reassignment less than 48 hours before the trip, the NEMT provider will need to call the MTM Transportation Provider Helpdesk. Liquidated damages may be assessed to NEMT providers for late trip cancellations in order to ensure full compliance with our trip reassignment process. Once the reassignment has been requested, the trip will be immediately sent to a queue for further processing by a CSR. After reassigning the trip to another qualified NEMT provider, the CSR will notify the Member of the scheduling change.

Mobile Trip Management

The Provider Trip Management (PTM) mobile application allows NEMT providers to view trip data using an Android-based phone or iPhone. With the PTM application, NEMT providers can enter search criteria, review selected trip data in summary form, display details of specific trips displayed within the summary, and even submit claims for payment.

Our custom developed PTM mobile application also allows drivers to utilize GPS-supported mobile technology, giving them access to turn-by-turn directions based on their scheduled destinations, and to maintain trip details and receive trip information. Designed as an interactive arm of our system, PTM electronically dispatches, captures, and transmits transportation data, increasing efficient access to information and limiting paper processes.



Through this system, each provider has instant access to their trips, including alerts regarding new trips in real time as they are assigned. Directly from their phone, NEMT providers can accept a trip, or choose to view them at a later time. They can also obtain electronic signatures from the Member directly on their device. By having this technology in place, MTM is able to shorten the process of finding a secondary provider as well as reduce administrative time and effort.

Real Time Communication

As a transportation broker, MTM relies on our NEMT providers to develop and facilitate their own dispatching and radio communications processes and systems. During the credentialing process, our Network Management staff will inspect vehicles to ensure each has a functioning two-way communication system. This system will be primarily utilized by drivers to communicate with the provider's internal dispatchers. While we require vehicles to have this technology in place, we do not require that a specific system be used. For example, some smaller providers may utilize cell phones or other two-way radio systems, while larger, more advanced companies may deploy a GPS-based monitoring system that allows dispatchers to see exactly where a vehicle is while in transit.

In the event of a breakdown, accident, incident, or Member no-show the driver is responsible for contacting their internal dispatcher who will communicate the information to MTM by notifying the Transportation Provider Helpdesk, a service detailed in the following paragraphs. Conversely, if MTM needs to communicate a cancellation or delay to a deployed driver, our staff will contact the NEMT provider company directly via phone or electronic method; the company's dispatcher will be responsible for notifying the driver. Prompt communication of all cancellations will reduce the instances of unnecessary trips. All transportation communication will be handled by personnel within our Transportation Helpdesk Team. Assistant Project Manager Ryan Kaspar is the individual responsible to ensure real time communication efficiency. Ryan will work closely with our network of NEMT providers, MTM Network Management staff, and Transportation Helpdesk staff to ensure compliance with this requirement at all times. Ryan's experience and responsibilities are outlined within **Attachment A: Vendor Response Sheet**.

Member no-shows may also be reported to MTM through the Provider Trip Management (PTM) tool which is available through the online portal, or through the PTM mobile application. Drivers who utilize our PTM mobile smartphone application are able to report no-shows immediately upon occurrence from in the field.

Transportation Provider Helpdesk

MTM created the Transportation Provider Helpdesk to provide a single point of contact for any questions or issues including Electronic Trip Download (ETD) inquiries, rate changes, member no-shows, and billing questions. The helpdesk staff is made up of a cross-departmental group of seasoned MTM employees who have the dedication, knowledge, and authority to assist our NEMT providers and resolve issues. Additionally, providers have access to a fax line, and email addresses that are 100% dedicated to this helpdesk. Providing this service allows NEMT providers to quickly and efficiently access a team of individuals ready to help them address any

issues they are experiencing. MTM relies on over 750 NEMT providers across the country to help us remove transportation barriers for the disabled, underserved, and elderly population, and we are committed to these partnerships and will continue to explore opportunities to enhance communication and promote efficiencies for our NEMT providers.

> ***"MTM helpdesk is awesome. Very helpful! I think MTM is off to a good start!"***
>
> **David Radix,** *Wisconsin Transportation Provider*

After only a year of operation, we've seen a vast improvement in communication and responsiveness with our NEMT provider network, and the providers themselves have been enthusiastic about the program. New providers who have joined our network as part of our most recent program implementation in the state of Wisconsin have consistently indicated their satisfaction with the Transportation Provider Helpdesk and the improved communication with MTM staff compared to the previous Wisconsin transportation broker.

> *"I started out emailing Nick today because of our past history with the previous contractor's helpdesk. Long wait times, not being able to solve the problem at hand. Nick advised to use MTM's helpdesk for some of the problems that were were experiencing. My first reaction was "Here we go". Upon calling MTM's helpdesk my calls were answered almost immediately. It only took a short time to solve the issues that we were having. This is something that I have not become accustomed to. Hats off to your help department for doing a phenomenal job in assisting my company and myself in this busy start time."*
>
> **Mike Nardi,** *Southport Transportation, Wisconsin*

Monitoring Plan

Crucial to the success of any NEMT program is a quality NEMT provider network held to established accountability and performance standards. With MTM as its NEMT broker, BMS can rest assured that we will hold all providers to the most credible quality standards in the industry. To accomplish this, we ensure each provider adheres to all applicable local, state, and federal laws and regulations, the requirements of the RFP, West Virginia Administrative Code, and the rules and regulations found in our Service Agreement and Provider Manual, provided in **Supplemental Information, Tabs D** and **E.**

MTM's comprehensive oversight includes well-documented policies and procedures for providing network management and upholding standards of accountability with associated consequences. Our final Monitoring Plan will be submitted to BMS for approval at least 30 days prior to the operations start date. We will report to BMS monthly on all monitoring activities, including monitoring findings, corrective actions taken, and improvements made by our NEMT providers.

Managing NEMT providers is not unlike managing staff. You must set goals, hold them accountable, and give them regular and consistent feedback on their performance. Our Network and Quality Management staff conducts these activities regularly, leading to the high level services MTM is known for throughout the nation. We are the only NEMT broker that credentials 100% of drivers and vehicles annually, guaranteeing less risk to MTM and, ultimately, to BMS.

Our experience monitoring NEMT provider performance for the past 18 years has allowed us to find that providers appreciate being held to high standards, as it improves customer satisfaction with their drivers and vehicles. With some other NEMT brokers, providers aren't held to the high standards that MTM enforces, resulting in poor service. Our commitment to quality, as well as our dedicated Network Management staff, helps us retain the highest caliber of NEMT providers.

To uphold the standards identified by BMS in the RFP, we employ multiple ongoing network management methods. Because BMS's standards are extremely similar to those we uphold throughout the country in managing more than 750 contracted companies, MTM is more than qualified to do so in West Virginia. Our management activities described in the following paragraphs have helped us achieve high quality NEMT services in each of our contracts with complaints, incidents, and accident rates of less than 1% combined.

Initial and Annual Vehicle and Driver Credentialing

As mentioned previously in **Appendix 1, Section II NEMT Providers**, upon showing interest in joining MTM's network, NEMT providers must undergo our stringent credentialing process. For each of their drivers and vehicles, providers must upload a variety of information into our database via the web portal system. Our Network Management team will guide providers through this process, helping them submit credentialing documentation. These documents most show proof of a variety of items, including driver's licenses, satisfactory record checks, clean driving records, insurance coverage, Vehicle Identification Numbers, maintenance and inspections, and vehicle registration.

After completing initial credentialing activities, providers must also undergo annual and bi-annual re-credentialing based on BMS requirements. During this process, they will be required to re-submit expired credentialing information and documents to ensure continual compliance. Our portal technology allows MTM to actively and automatically monitor NEMT provider compliance in regards to credentialing. For example, if the licensing on a particular vehicle is set to expire, the portal will automatically send a reminder to both the NEMT provider and their Network Representative. This reminder will inform the NEMT provider of the date the license will expire and give them a specific timeframe in which they have to submit new information. If the provider does not submit the updated credential by the given deadline, our system will automatically block the NEMT provider from receiving additional trips. By utilizing this online technology, we ensure each vehicle within our network meets all established standards.

Initial and Periodic Vehicle Inspections

As outlined in **Appendix 1, Section IX Vehicle Requirements**, MTM will inspect each vehicle prior to the operations start date and every six months thereafter, validating that the vehicle is compliant with MTM and BMS requirements; that all communication equipment is working properly; and that it meets or exceeds all BMS, MTM, state, federal, and manufacturer standards.

Periodic Inspections and Audits of Providers' Business Operations

As part of the credentialing phase, our Field Monitor will conduct an inspection of each provider's operations. During this inspection, they will review the provider's files and operations to ensure they have the capability to abide by and maintain our standards. The Field Monitor will also monitor the communication ability and activity between the provider's dispatchers and drivers to ensure effective and efficient communications. They will conduct periodic and random audits to ensure continual compliance throughout the life of this contract.

Random On-Street Observations and Field Monitoring

One technique that has proven successful in our various locations is our on-street field monitoring. In any program that features a large number of trips, ensuring drivers adhere to all standards is of the utmost importance for program success. With field monitoring, our staff is able to see in person if drivers perform to our established standards. Field monitoring activities are completed by service area, typically with one monitoring activity per 1,000 trip legs. By either viewing the trip close by or posing as a passenger inside a vehicle, our Network staff will observe driver behavior, driving records, handling of Members, and timeliness of transports. From these observations, Network staff will generate a report for our Quality Management department, BMS, and the NEMT provider. We will then require the provider to take corrective actions where necessary and follow up to ensure the provider completed the requested actions to ensure safe, quality transportation.

In addition to providing a high level of NEMT provider oversight, this monitoring also increases medical facility satisfaction. Following completion of the monitoring, the Network staff member may introduce themselves to the medical facility the Member was taken to and provide a summary of what they observed. By doing so, we make facilities aware that MTM cares about their Members on the same level they do, and show partnership and understanding of the importance of transportation in the medical delivery system.

Monthly Performance Monitoring

Because we believe it is important for our providers to obtain regular feedback on their performance, we keep NEMT providers in the know about their service level by generating report cards that come to the provider via their independent web portal. These report cards allow NEMT providers to benchmark their performance against the average for the local NEMT provider network. Data points reported include no shows, complaints, and trip turn-backs, as shown in **Figure 18**. NEMT providers are true entrepreneurs and genuinely want to be the best; this type of feedback creates competition amongst providers to be the best in their service area.

Report Card for 12/01/2010 - 01/01/2011			Select Dates
Trip Legs:	320		Goal:
Member No Shows:	1	0.31%	5.00%
TP No Shows:	0	0.00%	2.00%
Turn Backs:	6	1.88%	2.00%
Complaints:	3	0.94%	2.00%
Compliments:	16	5.00%	

Figure 18: NEMT Provider Report Card. We make weekly report cards available to providers that allow them to monitor their performance for the previous month. Upon contract award, the goals will be customized to meet BMS's requirements.

Driver Incentive Program

In our efforts to maintain a network of NEMT providers that are true partners to MTM and our clients, we recently introduced a quality incentive program that rewards drivers for providing safe, timely services. This program, Driven to Excellence, was designed to recognize our top drivers and NEMT providers, while encouraging other providers to join MTM in our quality-driven mission. Providers and drivers are rewarded for meeting the following objectives:

- Safe performance (no accidents or incidents)
- Low complaint rates
- Successful onsite observations and field monitoring results, including vehicle quality and cleanliness, as well as driver behavior and appearance
- Compliments from Members and other stakeholders
- Low turnback and no-show rates

Based on these objectives, we award incentives to the top providers in the categories of Most Improved, Lowest Number of Complaints, Lowest Turnback Ratio, Lowest Number of Incidents and Accidents, and Driver and Vehicle Compliance. Separate awards are given in each service area, with rewards including gift cards for coffee shops, restaurants, and gas stations; certificates of recognition; and various Driven to Excellence-branded items such as clipboards, travel mugs, and pins. We have already experienced a significant impact with this program, with more providers being driven to achieve MTM's standards of excellence.

NET Management System Aids Monitoring Activities

MTM's state-of-the-art NET Management System provides an additional layer of monitoring by providing statistical reporting of trips, collecting and validating driver trip logs, and highlighting outlier information that requires additional investigation.

Response to Vehicle and Driver Complaints

Because we take all complaints about Member safety seriously, if at any time we receive a complaint about vehicle and/or driver safety from a Member, medical facility, or BMS, our Network staff will initiate an investigation. All complaints about vehicle safety will be thoroughly investigated with an unscheduled inspection. If the complaint is substantiated, the vehicle will be removed from service, with the NEMT provider being placed on a Performance Improvement Plan (PIP) with possible sanctions, ensuring the continued safety of Members.

Addressing Provider Non-Compliance

Through our various monitoring activities, MTM is able to identify non-compliance and nimbly take action to rectify the situation. As part of our Quality Management Program, our Network Management staff maintains detailed documentation regarding identified deficiencies. In the event an inspection or investigation reveals non-compliance, our Network Management team coordinates education with the NEMT provider. If the incident is serious in nature or is unresolved, Network Management will place the NEMT provider on a PIP. As part of this plan, a Network Representative will follow up with the provider in intervals of 30, 60, and 90 days to make sure they achieve compliance. If the issue is severe, we will suspend the NEMT provider or driver, or, as a last resort, permanently remove them from the network. Additionally, as requested by BMS, we will remove any provider, driver, or vehicle from service if it is determined to be in the best interest of the NEMT program.

Stakeholder Satisfaction Surveys

MTM is one of the only major NEMT brokers to monitor customer satisfaction through weekly surveys, far exceeding BMS's biannual expectation. We also perform satisfaction surveys with other stakeholders, including medical facilities, NEMT providers, and BMS itself.

Member Satisfaction Surveys

To ensure Member satisfaction surveys remain completely bias-free, MTM utilizes an independent third party organization to survey a statistically valid, random number of Members each week. During the survey, a representative from a nationally recognized organization will ask the Member a variety of questions regarding the reservation process, driver and CSR courtesy and assistance, and the condition of the vehicle; standard questions that we ask throughout our book of business are shown in **Figure 19**.

Member Satisfaction Survey Questions	
Questions Regarding Phone Service	**Questions Regarding NEMT Providers**
Was your call answered promptly?	Did the driver treat you with dignity and respect?
Did the person who answered your call treat you with dignity and respect?	Did the driver tell you his name and why he was there?
Was the person you talked to helpful?	Did you get to your health care visit on time?
Did the person you talked to offer you help with more than just your ride?	For your ride back home, did the driver pick you up within one hour?
When you called, did you get the kind of service you wanted?	Was the vehicle clean?
2013 Jan-June Customer Service Satisfaction Results: 97.29%	**2013 Jan-June NEMT Provider Satisfaction Results: 96.17%**

Figure 19: Member Satisfaction Survey. By asking Members the above questions on a weekly basis, MTM can stay in tune with overall satisfaction.

The representative conducting the survey will input all gathered data from the call into our database for reporting, trending, and tracking. The results are trended quarterly in MTM's QMC meetings. In the rare circumstance that a survey shows an unsatisfactory result, the QMC will institute an appropriate PIP to resolve the issue. In addition, we utilize satisfaction survey results to develop two Quality Improvement Programs (QIPs) each year, further improving service quality. We will provide BMS with a Member satisfaction survey report as part of our standard monthly reports package; see **Supplemental Information, Tab P** for a sample report. As part of this monthly report we will include details on any resulting corrective action plans.

By conducting weekly satisfaction surveys with Members, MTM can make accurate, timely changes to the program. Soliciting this feedback gives BMS a positive image while proactively making program improvements. MTM's goal is to achieve a Member satisfaction rating of 95% or better, which we exceeded in 2012 and are currently exceeding in 2013. Prior to using our standard satisfaction survey, we will submit the format, sampling strategies, and questions to BMS for approval and modification, and will incorporate questions as directed.

Medical Facility Satisfaction Surveys

In addition to weekly Member surveys, MTM also conducts annual medical facility surveys. These surveys help us identify opportunities to facilitate additional education and outreach, as well as areas where MTM can improve our relationship with this community to achieve the highest level of satisfaction. During this survey, our third party surveyor will ask questions regarding satisfaction with the call intake process, MTM's responsiveness to facility staff, and ease of accessing MTM staff in the event of a problem with NEMT provider timeliness. Our goal for medical provider satisfaction is 90%.

NEMT Provider Satisfaction Surveys

Outside of Member and medical facility satisfaction, MTM also conducts an annual satisfaction survey among the NEMT provider community. By having our third party surveyor conduct these surveys, we are able to identify areas in which we can help NEMT providers work with MTM in a more efficient manner. These surveys also provide feedback on the performance of our Network Management staff. Questions asked during this survey will pertain to satisfaction with the trip scheduling process, satisfaction with the claims process, and responsiveness of our staff to the provider's needs. Our goal for transportation satisfaction is 80%.

Client Satisfaction Survey

An additional important satisfaction survey that MTM offers to this program is that of BMS itself. Each year, we will solicit formalized feedback from BMS, the results of which will be used for internal purposes to improve our client services processes, and ask questions about BMS's satisfaction with each MTM department, response times, usefulness of reports, and services provided. The survey will also ask specific questions about the leadership team's performance. Results will be reviewed by our Vice President of Operations, and will be reported to the Quality Management Committee (QMC) and Board of Directors.

XI. Call Center

One of MTM's strengths as a NEMT broker comes from our background in customer service. As the true backbone of NEMT programs, quality customer service is extremely important. With six CSCs across the country that operate under the highest standards, MTM has proven that we have the capabilities necessary to manage call center operations for NEMT services, including providing one-call scheduling, verifying Member eligibility, confirming that the trip is to a Medicaid-covered service with an enrolled provider, and determining the most appropriate mode of transportation to fit the Member's needs. For the operation of this contract, we will establish a new CSC in West Virginia to systematically receive and process NEMT requests from Members. The following narrative describes how MTM will meet BMS's requirements for CSC processes.

Facility

Upon contract award, MTM will implement and maintain a business office in West Virginia. As directed by the RFP, MTM has identified a potential site for our West Virginia CSC and business office. The facility, located at 200 Tracy Way, Charleston, West Virginia is within three and a half miles of BMS's office at 350 Capitol Street. This location is mapped for BMS's convenience in **Figure 20**. During implementation, this location will be equipped and fully staffed to begin serving BMS and its Members. Our facility will have adequate square footage for office space, CSC activities, training, and break room areas for local staff. Details regarding this location can be found in **Supplemental Information, Tab G**.

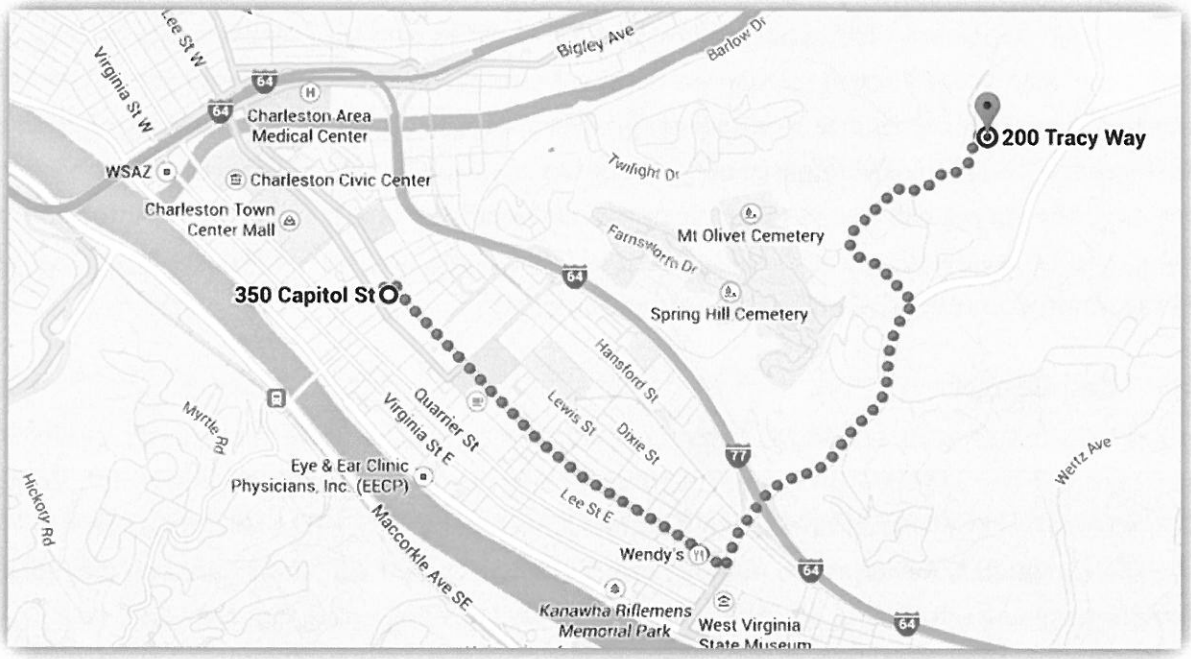


Figure 20: Facility Location. MTM's proposed local facility is conveniently located in Charleston approximately 3.2 miles from the State Medicaid office at 350 Capitol Street, as shown in this map.

While the lease is being secured, MTM will begin ordering necessary equipment and furniture. Once the equipment has been ordered and the required power and telephony lines are installed, we will coordinate installation. To ensure the timely arrival of equipment, MTM has agreements with our vendors for expedited shipping. We also have an established relationship with a furniture broker who understands our business and short implementation time frames, and provides quick shipment to accommodate such timelines. Once all office equipment and furniture is installed, MTM will test equipment to ensure proper operation prior to the onsite training of CSRs and other staff.

Telephone Access

To ensure optimum service for BMS's NEMT Members, our local CSC will have regular business hours of 7:00 a.m. to 6:00 p.m., Monday through Friday, excluding BMS-approved holidays. By calling our NEMT-dedicated toll-free telephone line, Members or their representatives will have the ability to schedule NEMT services. All Members calling into our CSC will be greeted by a courteous CSR that identifies MTM and their name. A sample script is available in **Supplemental Information, Tab M** and will be modified upon contract award; additional information on the criteria required to determine eligibility, the purpose of the trip, and the most appropriate transportation mode can be found in **Appendix 1, Section I NEMT Service Request Processing**. By definition, NEMT services do not include transportation provided on an emergency basis,

such as trips to the emergency room in life-threatening situations. Instead of processing such calls, the CSR answering a call for immediate emergency medical assistance will instruct the caller to call 911 or the appropriate local emergency service.

As mentioned previously, outside of regular business hours, Members will receive 24/7 access to a CSR at our CSC in Lake St. Louis, Missouri. After hours, weekend, holiday, and back-up support will be provided through this location as needed. Calls placed during these timeframes will be automatically rolled over to this location. MTM's corporate CSC operates 24 hours a day, seven days a week, and 365 days a year and CSRs at our corporate CSC will be trained to handle calls from West Virginia Members.

Where's My Ride Line Offers Support to Members

For any Member seeking information on their ride and the estimated arrival time, MTM will offer a toll-free Where's My Ride line that is open 24 hours a day. The CSR answering the call will contact the NEMT provider to request their estimated arrival time, or dispatch the ride to another provider if the predicted arrival time is unacceptable. This helps us ensure that we meet BMS's timeliness requirements, and allows the Member to attend their appointment. Both the Where's My Ride and reservation lines will be released and transferred to BMS at the end of this contract.

TTY and TDD Services for the Hearing and Speech Impaired

MTM has the capabilities to meet the needs of populations who experience communication barriers. We will process calls for hearing or speech impaired Members through TTY and TDD services. By using these services, we can ensure BMS that its Member populations, regardless of their specific needs, will never experience communication barriers with MTM.

Language Requirements

MTM realizes that it is extremely important that BMS's NEMT broker is able to communicate in an effective manner with all Members. We already have several processes in place to ensure we are able to arrange services for Members of various language needs. First and foremost, we provide our CSRs with the training necessary to handle culturally diverse populations with sensitivity and active listening. In addition, we abide by CLAS standards; hire bilingual CSRs; and utilize Voiance interpretive services for all languages not spoken by our CSRs. As required by the RFP, we will not allow a Member to use interpretive services from a family member or acquaintance that is under the age of 18.

CLAS Standards Govern Cultural Sensitivity

To ensure all Members receive high quality service, we educate our staff on cultural competency. The U.S. Department of Health and Human Services Office of Minority Health has set forth standards for CLAS to improve access to healthcare services that address:

- Training
- Initial and ongoing organizational self-assessments
- Management accountability/oversight mechanisms to provide culturally and linguistically appropriate services

MTM has adopted the CLAS standards that apply to NEMT management, and tailored them appropriately to the industry, effectively promoting sensitivity and communication styles that respect cultural diversity.

> *"I liked the presentation of diversity in the work place being a strong company value and not just covering legal bases."*
>
> **Dale M.,** *Wisconsin CSR*

Hiring Bilingual CSRs

Instead of relying solely on third-party interpretive services, MTM seeks to hire bilingual CSRs who speak foreign languages that are prevalent in the communities we serve. In West Virginia, this may include Spanish and any other specified by BMS. One example of our ability to successfully hire bilingual CSRs comes from our Minneapolis/St. Paul operations. To meet the language needs of Members in this service area, we hired CSRs with skills in Spanish, Hmong, Filipino, and a variety of other languages.

Utilizing Voiance Interpretive Services

To meet the needs of Members who speak languages not covered by our staff, we utilize Voiance interpretive services. MTM currently uses this service in a number of our contracts. Voiance uses certified interpreters that specialize in the medical industry to accommodate more than 200 languages, and will be a beneficial tool in meeting the needs of BMS's NEMT Members.

Customer Care

Excellent customer service in compliance with BMS's quality standards is the main goal of our customer service center operations and will be facilitated by internal call monitoring. By closely monitoring all incoming calls, MTM can ensure that our employees provide the quality service that will ensure an outstanding Member experience. Each month, MTM will monitor a statistically valid random sample of calls to obtain an accurate portrait of the service offered to BMS's stakeholders.

As a company that intakes more than three million calls each year, MTM has a unique perspective and ability to ensure our staff provide excellent customer service and meet all contractual requirements. In our six existing call centers, we utilize the Cisco Quality Management system as our monitoring platform. Through this system, Quality Support Coaches can access live and recorded calls, capture accurate notes during monitoring, and archive each call and support information for later access. During implementation, we will customize our quality management processes to develop a call monitoring form. This form will be attached to the actual recording for convenient access. A sample form is included in **Supplemental Information, Tab N** and will be modified to meet BMS's customer care guidelines upon contract award. We will make call recordings available to BMS upon request within five business days and will report quarterly on our call monitoring results.

During call monitoring, our staff will audit the following:

- Timeliness of answering and completing calls
- Accuracy of information relayed
- Professionalism, sensitivity, courtesy, and responsiveness to the customer's needs

- Information accuracy, understandability, and consistency
- Overall knowledge of the program
- Customer service capabilities and soft skills
- Respect for a caller's right to privacy and confidentiality

When receiving calls, our system automatically informs the caller that their conversation will be recorded or monitored. For this contract, we will monitor at least two "live" calls for each CSR on a monthly basis. We store all recorded calls and evaluation forms in our NET Management System, searchable by date, time, CSR name, and other criteria, for a period of at least six years, far exceeding BMS's 12 month requirement. BMS will have access to this information at any time through our web portal system, and we can also allow BMS staff to sit in on the monitored call as requested.

When monitoring a live or recorded call, Quality Support Coaches will listen to the entire call intake process and document adherence to protocols; soft skills, including responding helpfully and politely to Members; understanding and accommodation of customer needs; ensuring Member satisfaction and responsiveness; and communicating responsibly with diverse populations.

Using the information gathered during the call audit, the reviewer will develop a written report containing information pertaining to overall performance levels and skills, as well as areas for potential improvement and training opportunities. If we notice an extreme deficiency in the employee's performance, we may ultimately terminate their employment.

Based on the call monitoring and review outcomes, we will also give the CSR a monthly quality rating; in our typical operations, we require representatives to achieve a quality score of 95% or higher. The quality rating indicates areas of excellence, satisfactory performance, and areas needing improvement. These ratings have a direct impact on the incentives that the CSR is eligible to receive. We have found that monetary incentives tied directly to quality scores have a significant impact on our ability to provide our clients with consistently high levels of service.

Results of call monitoring activities are reviewed by coaches on a weekly basis and by the Quality Management Team each month. A Team Coach will meet with CSRs each month to review quality scores and implement any retraining or corrective action as necessary to improve upon low scores. The Quality Management department requires written documentation regarding retraining from Team Coaches within 24 business hours of notification of an unsatisfactory monitoring result.

In addition to live and recorded call monitoring, we will have supervisors on the floor to review our employees' demeanor and abilities periodically, as well as to assist CSRs with any issues they may have throughout the day. Trip audits, call monitoring results, and quality ratings will be stored in individual files for each employee for our internal use during employee reviews and training development.

Automatic Call Distribution System

MTM's experience managing large CSCs, coupled with our fully integrated phone and computer intake systems, including our Cisco Unified Communications system and NEMT Management System, will provide a high level of reliability for BMS and its Members. Additionally, duplicate communications equipment will be maintained and housed in multiple locations, allowing for the rerouting of calls and appropriate time for recovery efforts in the event of a disaster or failure. For the highest quality management of our CSC operations, MTM strategically implemented a state-of-the-art VoIP solution from Cisco Systems for our voice and communications applications. The Cisco solutions deployed by MTM are comprehensive and include telephony, unified communications, and an Automated Call Distribution System (ACD) that improves our operational efficiencies, increases productivity, and enhances Member satisfaction. We will utilize this technology in West Virginia to provide superior customer service and operational efficiency.

Our state-of-the-art telephony package has the capacity to handle high call volumes, provide extensive monitoring, and develop intricate reporting. It also allows for a scalable capacity that far exceeds what MTM currently manages. With a simple upgrade, our current Cisco contact center system can accommodate up to 1,000 CSRs; however, our six current CSCs only employ approximately 270 CSRs. This guarantees BMS that upon contract award MTM will be able to easily handle the additional volume incurred by this program while remaining in compliance with BMS's CSC performance standards. Our ACD system also has the ability to collect the information shown in **Figure 21** on an hourly, daily, weekly, and monthly basis for the CSC as a whole and for individual CSRs.

ACD Data Collection, Aggregation, and Reporting Capabilities	
Does MTM's System Meet This?	**BMS Requirement**
✓	The number of incoming calls
✓	The number of calls answered
✓	The average time to answer a call
✓	The number of abandoned calls during the wait in queue
✓	The average abandonment time
✓	The highest abandonment call time
✓	The average talk time
✓	The identity of the CSR taking the call
✓	The daily percentage of abandoned calls and calls answered
✓	The number of available operators by time of day and day of week in hourly increments
✓	Number of complaint calls and reason

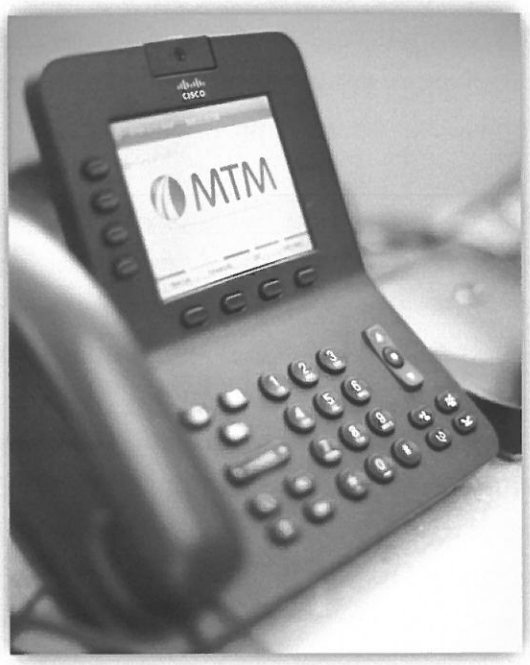
Figure 21: ACD System Reporting Capabilities. The information captured by MTM's ACD system meets BMS's reporting requirements.

Utilizing this collected data, MTM will analyze our CSC operations to perform quality assurance and improvement activities, fulfill reporting requirements, and ensure adequate staffing. ACD logs and data will be maintained each day, and sent to BMS on a monthly basis as part of our reporting package. We will also fulfill all CSC data analysis requests within 20 business days. For further information about our ACD reporting capabilities, please see a sample ACD report in **Supplemental Information, Tab P**.

Sufficient Resources

Throughout the life of this contract, we will use our Workforce Management Tools to ensure we maintain adequate staffing to fulfill BMS's standards of promptness and quality, including:

- All calls answered within three rings
- Average queue time after the initial automatic voice response is five minutes or less
- Average abandonment rate not to exceed seven percent



MTM's system has the capacity to ensure that our CSC meets the required standards for this contract. Further, this system never blocks calls or utilizes a busy signal. We will install a

generator at our West Virginia CSC that is capable of operating the phone system for a minimum of eight hours at full capacity. BMS will receive immediate notification in the event we are running on alternate power or the CSC becomes inoperative. We will provide back-up support to our automated processes with manual processes as further described in **Appendix 2, Section V Business Continuity and Disaster Recovery Plan.** Our telephony and computing systems are fully redundant. Our corporate CSC acts as the failover for any regional call center failure related to a weather or power outage. It is in turn supported by a generator capable of providing extended power service. We have built our systems to have a 99.9% uptime for our clients.

CSC Technology Allows for Global Resource Management

Our advanced telephony systems provide us with the capability to globally manage our CSCs. All CSRs across our six CSC locations can be utilized and managed as one global resource pool, allowing each CSC to serve as a back-up mechanism in the event of failure or emergency. The switch from one location to another is instantaneous and smooth, since the call is automatically rerouted through our IP backbone. If for any reason a disruption to our local CSC occurs, we will inform BMS of the situation within two hours.

Multiple Queues

We will route calls to multiple queues as required by the RFP. Based on input from BMS, we will add additional language queues such as a Spanish-speaking queue. We understand BMS may request additional queues that we are required to accommodate without additional payment or a Contract Amendment. We will obtain BMS's approval before implementing a new queue. Medical provider calls will be directed automatically to our Care Management Department and Transportation Providers will have a direct, toll-free line to access our Network Management Department.

Member Portal

A standard feature of our web portal technology is a portal customized to allow Members to arrange their trips independently. Upon approval from BMS, Members will have the ability to use their portal to:

- Schedule and change transportation arrangements
- View their transportation schedule
- Print off a hard copy record of the transportation details

In accordance with HIPAA regulations, Members will be able to review only their own transportation arrangements. This portal gives Members the option of completing their transportation arrangements conveniently online at any time of the day, in lieu of calling MTM.

Members that have questions or experience difficulties using the portal can get instant support through our chat feature. CSRs, trained on BMS protocols, will provide chat support 24/7/365. **Figure 22** illustrates what Members will see when scheduling trips online.

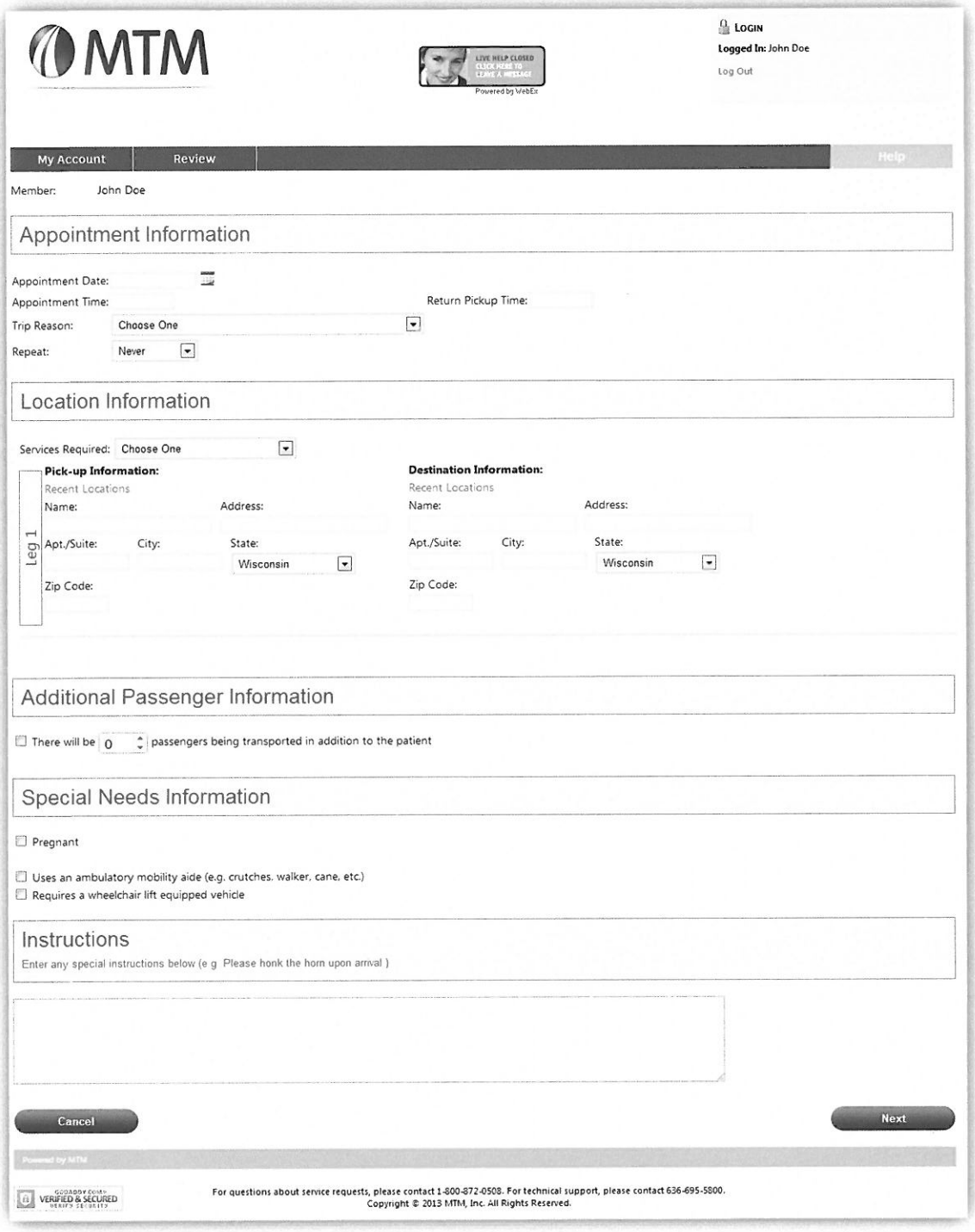


Figure 22. Member Trip Scheduling. Intuitive screens lead the Member through the trip scheduling process.

XII. Training and Education

NEMT Provider Manual

MTM will develop a BMS specific NEMT Provider Manual which will outline the responsibilities and requirements for all NEMT providers. A copy of the draft NEMT Provider Manual has been provided in **Supplemental Information, Tab E**. This document contains all policies and procedures for NEMT providers, including:

- Provider enrollment and participation requirements
- Provider file maintenance and recordkeeping requirements
- Claims adjudication process and reimbursement requirements
- Covered and non-covered services
- References to West Virginia Administrative Code and other relevant State, Federal, and local regulations
- Vehicle and driver standards and qualifications
- Inspection protocols and requirements
- Limitations and considerations of BMS services
- Complaints and appeals processes
- Accident and incident reporting procedures
- Contact names and information for Network Management staff, the dedicated QSC, and the Transportation Provider Helpdesk

Upon contract award, we will make modifications to the manual to ensure it meets all BMS-specific requirements, and will seek BMS's approval at least 30 days prior to its use. We understand that operations may not begin without BMS's approval of our Provider Manual. The manual will be reviewed by MTM annually, whenever operational changes are made, and upon BMS's request; all changes will be approved by BMS before institution and any BMS requested modification will be made within ten business days of the request.

Each NEMT provider and MTM staff member associated with the project will receive a copy of the Provider Manual to ensure understanding and compliance during training. The document will also be made available on our website in compliance with RFP requirements.

NEMT Provider and Medical Provider Training

In addition to communicating with Members about the shift in NEMT services, MTM focuses on educating local NEMT providers, medical facilities, and other entities such as human service agencies. To educate facilities, we will mail an introductory letter and invite them to one of our town hall meetings, or to contact us for an in-service meeting. This ensures contact with all medical providers. We will supplement this by contacting dialysis centers, day programs, methadone clinics, cancer treatment centers, and hospitals to schedule a date for in-service training.

Town hall meetings will be held in five geographically dispersed locations across the state. We welcome BMS to attend any of these meetings. During the sessions, MTM will distribute brochures and manuals to medical facility staff and use a copy of the Facility Training Manual, to educate the medical provider on our policies and procedures, the trip request process, the LON process, standing orders, and working with the Care Management Coordinator. A sample Facility Training Manual can be found in **Supplemental Information, Tab H.** This plan will be customized for West Virginia and submitted to BMS at least 30 days prior to the operations start date. During follow up meetings with medical facilities, we will bring the trip roster for the facility for review to ensure all Members they serve on a recurring basis are accounted for. We will also direct medical providers to our website, customized for BMS, which will contain the most current education and resource materials. If medical providers are unable to attend our town hall sessions, we can accommodate them through a WebEx virtual conference.

> *"Wanted to say thank you again for a great presentation! You and the MTM team did a wonderful job of explaining the services that you will be providing."*
>
> **Krista Love, Director of Aging/ADRC Supervisor**
> *Washburn County, WI*

NEMT Provider Training

During the implementation period of this contract, and at least 15 days prior to Operations Start Date, our Network Management team will hold a minimum of five educational sessions throughout the state to ensure all NEMT providers receive the necessary initial education on operational issues needed to provide NEMT services efficiently and successfully. We supplement this training via a variety of venues, including online WebEx training, in-person discussions, and our manuals. In addition, we work collaboratively with training resources such as the American Red Cross and online programs to facilitate training for drivers. Upon driver completion of required training elements, the NEMT provider is required to upload proof of training to our database via the Transportation Provider Portal. Thus, we can ensure that trips are not assigned to drivers who have not received the proper training. This NEMT provider training requirements are described thoroughly in our Transportation Provider Service Agreement and Provider Manual in **Supplemental Information, Tabs D** and **E**. A West Virginia-specific NEMT provider training plan will be submitted at least 30 days prior to the operations start date. Throughout the life of this contract, we will ensure ongoing training through dedicated local ETO staff, as well as Network Management personnel. Additionally, NEMT providers will be required to develop and maintain an annual Driver In-Service schedule to ensure ongoing training. See **Appendix I, Section II NEMT Providers** of this proposal for more information on NEMT provider training.

MTM believes effective medical provider and NEMT provider training is imperative to the success of any NEMT program, so we dedicate a large amount of time and resources during implementation and throughout the life of the contract outreaching to these stakeholders. This summer, we conducted the following medical provider and NEMT provider training activities for the implementation of our statewide Wisconsin NEMT program which helped contribute to a smooth transition from the NEMT contractor that currently provides services for BMS:

- Conducted 13 town hall meetings with medical facilities and social service agencies in seven different locations across the state. Over 650 people attended the town hall meetings
- Distributed information packets to over 100 medical facilities
- Conducted five informational webinars for medical facilities
- Visited over 430 medical facilities across the state
- Targeted outreach effort to groups requiring individual attention such as Wisconsin's 11 Tribal Regions, managed care organizations, Offices on Aging, the National Kidney Foundation, and the End Stage Renal Disease Network
- Conducted 12 transportation information meetings throughout the state to educate and recruit NEMT providers
- Conducted more than 600 WebEx training sessions with NEMT providers and trained 1,600 drivers to ensure they were prepared to effectively and safely transport Medicaid Members

Feedback from Transportation Provider Training via WebEx:

"Excellent. I was able to understand every bit of the training the way and manner she conducted the training."

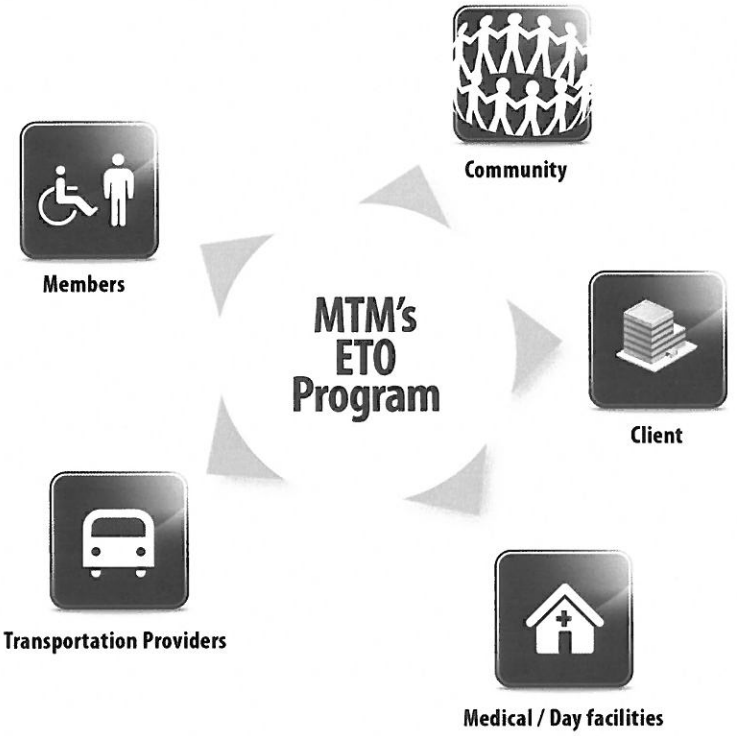
Edward Ike, *Victorycare Medical Transport LLC*

Member Outreach and Education Plan

Imperative to the success of any NEMT program is an effective Education, Training, and Outreach (ETO) Plan, dedicated to educating Members and other stakeholders on NEMT availability and regulations. Understanding this, MTM will develop a comprehensive ETO Program for the operation of this contract to ensure Members are aware of NEMT services and how to properly utilize them. Our ETO plan will also highlight our goal to operate the NEMT program as transparently as possible. Please refer to **Supplemental Information, Tab J** for a sample of our ETO Program, which will be customized to meet BMS's requirements upon contract award.

We initially designed our ETO Program to address the issue of effective communication with NEMT stakeholders in new markets.

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



- Eligible Members
- NEMT providers
- Medical facilities
- Long term care facilities
- Federally Qualified Health Centers (FQHCs)
- Advocacy groups and human service agencies
- County BCF staff
- The community at large

During the implementation period and throughout the life of this contract, our Outreach and Communications Manager Melissa Workman will conduct various outreach efforts to educate and inform stakeholders on the shift in NEMT service operation. The methods involved in our ETO Program include U.S. mailings, internet postings, contacting stakeholders via telephone, hosting web-based seminars, and conducting town hall and face-to-face meetings, depending on the audience.

Recently, during the implementation of our Wisconsin NEMT contract we conducted a series of 13 town hall meetings across the state to better connect with local stakeholders. The meetings consisted of a 45-minute presentation that outlined the changes and enhancements we planned on bringing to the program and a 1.5 hour Question and Answer session. The Question and Answer sessions were very well received, as our panel of experts was made up of representatives from Network Management, Care Management, Quality Management, and the Customer Service Center, and they were able to effectively and compassionately field all questions. Because these town hall meetings were so well received, we were asked to participate in a large number of follow-up one-on-one stakeholder meetings which were conducted by our ETO staff. The town hall and one-on-one meetings combined with additional community outreach, a Health Fair, and participation in the National Kidney Foundation's 5k Walk/Run pictured in **Figure 23**, led to an exceptional and well received start-up period in a stakeholder community that had reservations about the NEMT program based on their experience with the previous contractor.

Figure 23: MTM Participates in National Kidney Foundation's 5K Walk/Run. ETO Coordinator Melissa Workman and other members of our Wisconsin ETO team hand out water at the National Kidney Foundation's 5K Walk/Run.

Developing Written Member Materials

Upon contract award, MTM will develop brochures, informational packets, instructional materials, and other written materials for dissemination to NEMT Members. Prior to distribution, we will submit all written material to BMS for approval. Once approved, we will print and distribute the materials via first-class mail to Members and medical providers at least 30 days prior to the contract start date. Other than mailing materials directly to Members and medical providers, we will also distribute them to health plans, advocacy groups, and other venues. The written materials that MTM develops will include:

- Eligibility information
- Appropriate use of NEMT services
- How to arrange transportation, including recurring trips
- CSC hours and toll-free telephone number
- Information required to arrange transportation, including the LON process
- Timeliness, courtesy, and responsiveness standards for Members and drivers
- Policies for mileage reimbursement, severe weather, and filing a complaint

Our experienced Marketing department will ensure all written materials are appropriately developed in an easy-to-understand format and language. After development, our Marketing team will print the materials and facilitate distribution in a manner consistent with all requirements of this contract; for sample ETO materials developed by MTM, see **Figure 24** and **Supplemental Information, Tab J**.

Figure 24: Sample Member Notices. MTM's in-house Marketing staff will work closely with BMS to develop clear, easy-to-understand materials for all Members.

Communicating with Special Needs Populations

Throughout the life of this contract, we will develop easy-to-read educational materials for all Members, including those who do not speak English, appropriately developed in an easy-to-understand format and written at the fifth grade reading level as verified by the Flesch-Kincaid ease of readability index. To meet this objective, we will translate all written materials into prevalent foreign languages, as required by BMS. Our on-staff graphic designer is fluent in Spanish, and often facilitates MTM in developing bilingual educational materials.

We have successfully developed educational materials in languages other than English in several of our service areas with broad ethnic populations, such as our Minneapolis/St. Paul operations. In this area, we developed effective ETO materials in Spanish, Hmong, Filipino, and a variety of other languages. Further, in Houston, we delivered over 500,000 Member education brochures translated to Spanish during the contract's implementation period. In addition, we can develop materials in Braille and large-print to meet the needs of visually impaired and elderly Members.

User-Friendly Stakeholder Website

BMS's NEMT stakeholders will also have their own user-friendly website that will enable them to learn about their program, as well as receive updates about changes as necessary. Our proposed website will include the following information, pending BMS approval:

- Services available
- Procedures for requesting NEMT services
- How to file complaints and appeals, including online entry
- Key contact information
- Eligibility information
- Glossary and program standards
- Links to educational materials distributed to stakeholders
- Frequently Asked Questions (FAQs)

The layout of the proposed website is shown in **Figure 25** on the following page.

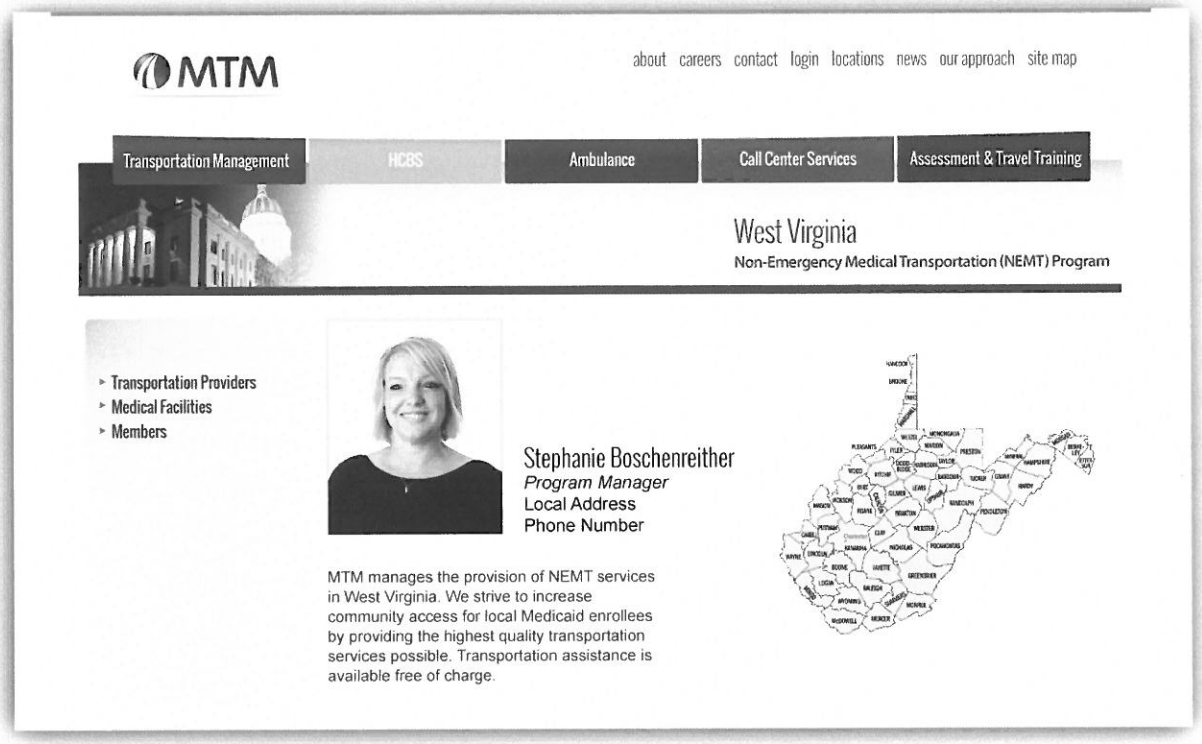


Figure 25: BMS NEMT Website Screenshot. The screenshot above shows a draft version of BMS's NEMT-specific homepage.

Collaboration with Stakeholders

Through our ETO Program, MTM will also establish local Advisory Committees and Subcommittees that will be specific to BMS's NEMT stakeholders, including Members, healthcare providers, NEMT providers, and the community at large. Advisory Committees allow us to maintain healthy relationships with stakeholders and provide invaluable input and feedback on NEMT, its services, network adequacy, and actions required to improve and enhance the program. MTM has had great success with these committees in our statewide Medicaid contracts, with stakeholders excited to volunteer their time and input for improving the NEMT program. MTM encourages BMS to attend the quarterly meetings of each Advisory Committee, which are outlined in **Figure 26**. These Advisory Committees will become active prior to the operations start date and continue throughout the life of the contract. Prior to each, BMS will be informed of the time and place of the meeting, where an MTM representative will compile minutes and a meeting summary for submission to BMS within one week.

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

Figure 26: Advisory Committees. MTM will implement two Advisory Committees for stakeholders to deliver input on the NEMT program. Members of these committees will serve for one year.

The Regional Advisory Committee will be key in identifying Member concerns and issues regarding NEMT service delivery. We will work with BMS and key medical facilities to identify Members who could potentially be interested in becoming part of this committee. In addition, within the educational materials we send to Members during implementation, we will solicit interested individuals. Outside of the overall, broad committee covering all Member populations, we may implement Advisory Committees covering individual populations, such as special needs populations, helping us meet the needs of all Members.

Outside of the formal Advisory Committee and its subcommittees, we welcome input from Members, BMS, and other stakeholders at any time. We have various outlets for obtaining this input, such as the complaint process and the dedicated QSC. Also, with our convenient online complaint and comment process, stakeholders will have the ability to provide us with their input quickly and easily. When we receive input from either the Advisory Committee or other outlets, the Project Manager and our QMC will review the suggestion and determine if it can be incorporated into the program. Regardless of the result, MTM ensures that each piece of input from stakeholders will be carefully considered and examined.

Non-Compliant Members

In any NEMT program, non-compliant Members are an unavoidable issue. Therefore, it is important for the broker to have acceptable procedures in place to handle such situations. MTM has established polices for handling no-shows, lateness, and other abusive behavior, for which we will seek BMS's approval prior to the operations start date. These policies address

Members who consistently fail to use arranged NEMT services without notifying MTM of the cancellation; Members who demonstrate abusive behavior or misconduct towards NEMT providers, other Members, or MTM staff; Members who habitually violate the advance notice request policy; and Members who are habitually late.

NEMT providers will wait for Members for at least five minutes after the scheduled pick-up time before issuing a no-show notification to MTM. When a NEMT provider reports a no-show, an MTM representative will document the circumstance in our NET Management System. As necessary, the representative will then begin the disciplinary process.

We recommend that BMS implement no-show and abusive behavior policies that include disciplinary actions such as:

- Counseling or verbal warning
- Written warning, including door hangers left on the Member's door during a no-show
- Requirement for the Member to call to confirm all trips within 24 hours of transport
- Reduction of services to mileage reimbursement only
- Temporary suspension of services
- Permanent termination of services

No-shows in particular can create additional financial burden on NEMT services and limit the resources available to those Members who appropriately adhere to program rules and policies as neither MTM nor the NEMT provider is able to bill BMS for the missed service. By educating Members that their consistent no-show behavior could result in a reduction or suspension in services, we often successfully limit no-shows.

Aggressive or threatening behavior will not be tolerated. In the event of a Member exhibiting verbal or physical aggression en route, the NEMT provider will be instructed to stop the vehicle, stabilize the situation, and contact the Transportation Provider Helpdesk and/or local authorities immediately depending on the severity of the situation. If appropriate, another NEMT provider may be dispatched to complete the transport for the Member and/or other passengers in the vehicle.

In many of our current contracts, when a Member demonstrates no-show or aggressive behavior we recommend sending out a series of three educational letters informing him/her of the seriousness of their actions. If this behavior continues for three no-shows in one month, or a continuation of aggressive behavior, we impose a 30 day suspension of NEMT services, or require the Member to call prior to pick-up. In addition, if the behavior continues, we may reduce the Member's NEMT services to mileage reimbursement only. Prior to reducing or revoking services, MTM will seek BMS's written approval (at least ten business days in advance

of the action) based on specific reasoning and documentation. At all times, we will keep detailed records regarding disciplinary actions, which BMS may request at its convenience, and which will be presented to BMS in our quarterly report.

We do understand that our recommended process may be stricter than that currently utilized by BMS, and upon contract award, MTM will work with BMS to determine the best policy for BMS's NEMT program.

XIII. Operations Procedures Manual

The foundation of MTM's implementation plan is to design a customized Operations Manual for BMS built upon our standardized policies, procedures, and automated systems. For BMS's review, we have submitted a draft Operations Procedures Manual as **Supplemental Information, Tab Q**. While other activities occur, MTM's implementation team key staff from each of MTM's operation departments will convene to determine if the policies, procedures, and automated systems are in place to meet all contract requirements. They will use this information to modify the Operations Manual which will outline our policies and procedures, including customer service operations, call intake, reservations and scheduling, dispatch, eligibility requirements, out-of-region service, coordination with public transit entities, and Member classification levels. The final manual will be submitted for BMS review at least 30 days prior to the contract start date and will be modified within ten days of request by BMS during implementation and throughout the life of the contract. It will be reviewed at least annually and as changes are necessary; changes will be submitted to BMS for approval. The Operations Manual will serve as a training tool for all new employees and will be provided to all MTM staff prior to the contract start date.

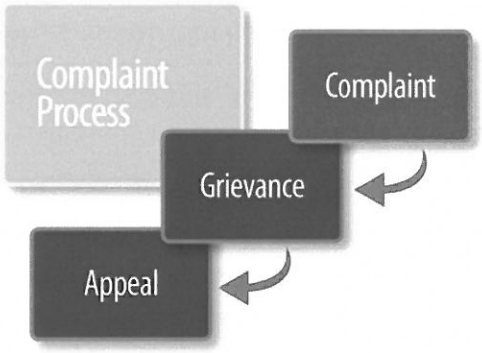
XIV. Complaint Policies and Procedures

Member Complaint Resolution Process

To ensure all stakeholders have a path of recourse, MTM has an equitable, fair process for resolving complaints, grievances, and appeals. This process allows us to receive and respond to all complaints in an appropriate, fair manner. One major tool we have for this is providing a Quality Service Coordinator (QSC) dedicated solely to BMS. The West Virginia QSC will handle all complaints, grievances, and appeals, monitoring for trends and building relationships with program stakeholders. We ensure our complaint process offers assistance to stakeholders, including:

- Members
- NEMT providers
- Medical providers and facilities
- Social workers/case managers
- BMS

In the event a stakeholder perceives the service they received did not meet their expectations, our complaint, grievance, and appeals process complies with all requirements of the RFP and is summarized below. This process encompasses receipt, research, communication, and education to achieve satisfactory resolution. MTM will seek BMS's full approval of this process prior to implementation. Further, we will review this process on an annual basis, seeking BMS's final approval before any resultant changes are made. MTM understands that all complaints surrounding our service quality or employee behavior should be immediately referred to BMS for resolution, but that we will be responsible for resolving complaints about NEMT provider performance.



While we have an established process for resolving stakeholder issues, BMS should know that we strive to reduce complaints by providing excellent service. MTM's 2012 complaint rate was a mere 0.28%, well below the industry-accepted goal of 3%. This is of critical importance to BMS as the NEMT program is a direct reflection on the agency; MTM will ensure that the program has only positive associations for BMS.

The following complaint resolution process has been carefully crafted throughout our 18 years of brokerage experience. It will be documented in a Complaint Policies and Procedures Manual as required by the RFP, provided to BMS at least 30 days prior to the operations start date, and reviewed at least biannually. In the event that a change or adaptation is required, MTM will notify BMS and await written approval before any modifications are made.

Complaint Intake and Resolution

If a Member, medical provider, NEMT provider, or BMS wishes to express dissatisfaction with the service they receive from MTM or a NEMT provider, they may express their concern verbally or in writing. We will provide a dedicated "We Care" phone number to allow stakeholders to communicate directly with our Quality Management department for prompt resolution of any issue. Introductory materials developed by our Marketing department will give specific directions to stakeholders on this process.

In addition, we accept complaints via our website, www.mtm-inc.net, as shown in the screenshot in **Figure 27**. Through this feature, stakeholders may also submit compliments about MTM's service. This online entry allows stakeholders sufficient space to express their comments and/or concerns.

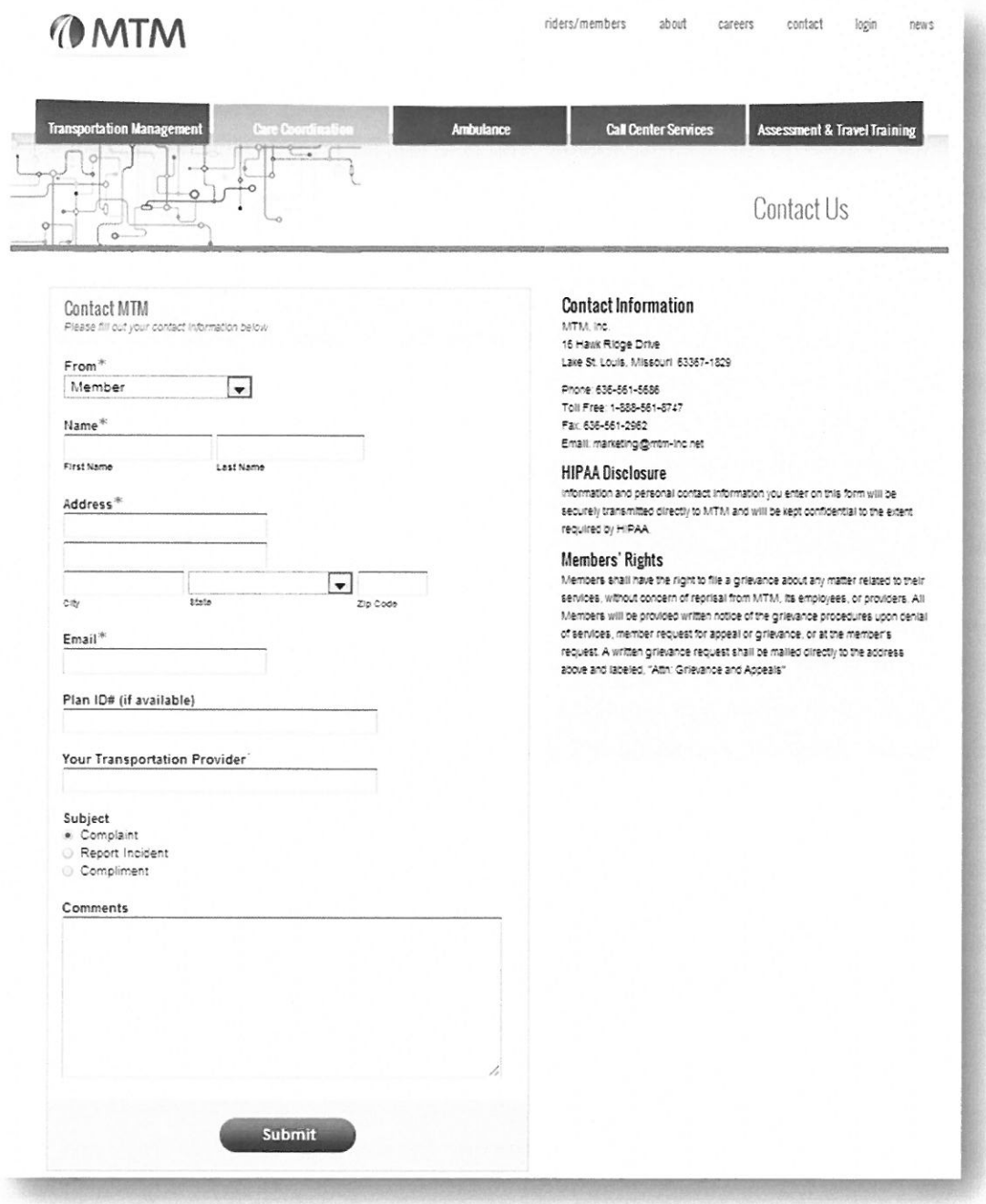


Figure 27: Online Complaints Entry. With our online complaints and compliments entry system, stakeholders can conveniently submit comments.

Complaint Process

BMS's dedicated QSC will document all circumstances surrounding a complaint; assign the complaint a tracking number and a high, medium, or low priority; and inform the complainant and BMS within one business day that the complaint was received. After completing these steps, they will begin the resolution process. The QSC will work with all involved parties to reach a satisfactory and prompt resolution, documenting all details surrounding the issue. Initial receipt and all supporting information will be kept within an electronic record in our NET Management System.

Should a complaint be found unsubstantiated by the QSC, a manager within our Quality Management department will review the file for confirmation. Once resolution has been completed, the QSC will make the complainant, all involved parties, and BMS aware of the resolution and any resulting corrective action. They will also inform the complainant of their ongoing grievance rights if they deem the resolution unsatisfactory. After corrective action has been taken and all involved parties are satisfied with the result, the complaint will be closed.

All information pertaining to the complaint will be provided to BMS including documentation and testimony found during investigation from all involved stakeholders and disposition results documenting the decision. We understand that BMS has the authority to overturn any decision pertaining to the complaint and MTM will abide by BMS's final decision.

Developing Monthly Complaint Reports

Utilizing the above-mentioned complaint data, our NET Management System will develop a monthly summary report of complaints, grievances, and appeals. Each month, the system will compile a summary for BMS outlining the documentation, evaluation, and resolution for each complaint; tracked and trended data to identify potential areas of concern; and any corrective actions taken. This report will be part of our standard monthly reporting package.

Having access to detailed complaint information will help BMS and MTM identify opportunities for program improvement. In addition to submitting the monthly complaint report to BMS, we will send our Quality Management Committee (QMC) a summary of West Virginia NEMT complaints. The QMC, along with our West Virginia-dedicated QSC and the Project Manager, will carefully examine each complaint to determine potential areas for improvement and increased efficiency. If these parties identify an improvement, we will make every effort to incorporate changes quickly. In addition, if we notice a deficiency resulting from complaints in another contract, we will incorporate the necessary changes in this program to ensure the same problems do not occur in West Virginia.

NEMT Provider Complaint Resolution and Grievance Process

The process for reviewing complaints and grievances by NEMT providers is the same as for complaints made by Members and medical providers as outlined above and will be submitted for BMS for review 30 days prior to the contract start.

In summary, complaints will be received verbally or in writing; NEMT providers will be notified within one business day that their complaint has been received. Each complaint will be assigned a unique tracking number and assigned a priority level. NEMT providers will have fifteen days to review the decision and file an appeal if applicable; failure to respond will result in a waiver of the provider's right to appeal.

As with the Member and medical provider complaint process, the NEMT provider complaint process will be reviewed annually, or as needed. In the event that a change or adaptation is required, MTM will notify BMS and await written approval before any modifications are made.

XV. Contract Close-Out and Turnover Procedures

In the event of contract expiration, non-renewal, termination, or cancellation, MTM understands that BMS will give us written notification of the need for turnover at least 90 calendar days prior to the termination date of the contract, and we confirm that we will provide assistance for an orderly and controlled turnover to BMS and its new broker. Within 14 days after notice of award, we will provide BMS with a detailed Turnover Plan for approval. Our transition plan will allow us to remain conscientious of the new broker, minimize service disruption, and provide smooth program turnover on the final date of service. Our transition plan will address items such as:

- Our proposed approach to turnover
- Tasks and subtasks for turnover
- A schedule and milestones for turnover
- Operational resource requirements
- Training to be provided
- Electronic transfer of data, documentation, files, manuals, materials, and other records related to the NEMT Brokerage Program

In addition, we will cooperate fully with BMS and its new broker throughout the turnover period, supplying all requested records, specific turnover requirements, and answers to questions in writing within five business days. For additional convenience, BMS will have full remote access to all records kept under this contract via their independent web-based portal and will also have full access during regular business hours to any information stored at our

local office. We will send two knowledgeable representatives to all meetings related to turnover to aid BMS and its new contractor in the transition process. We understand that we are fully responsible to complete all contract deliverables up until 11:59 p.m. on the termination date and will not receive final payment until documentation of each transition milestone completion has been provided to BMS. By having a thorough plan ready in the event of contract turnover, we will enable BMS and its future NEMT broker to achieve a seamless transition.

Appendix 2: Implementation Specifications

I. Implementation Work Plan

With MTM's detailed and proven approach to implementation, BMS will receive a successful transition to our services with minimal issues and no service disruption. MTM understands the importance of working closely with BMS to achieve a successful, smooth transition. We are highly accomplished at performing implementations, with more than 18 years of experience implementing programs of similar size and scope, including state-based NEMT programs in Kansas, Minnesota, the District of Columbia, Texas, Wisconsin, South Carolina, and Missouri. Each of these programs was successfully implemented during transition periods ranging from 21 to 90 days. Most recently in Houston and Wisconsin, we facilitated extremely smooth implementation periods that received little to no attention in the local press—a great feat to achieve while making a major transition in NEMT services. These clients were also very complimentary of our implementation process, citing the depth and expertise of our team.

To demonstrate our readiness to implement this program, MTM has developed a tentative Implementation Work Plan that details the work we will perform prior to the operations start date. This plan, provided within **Supplemental Information, Tab C**, details the activities, milestones, responsible parties, and timeframes necessary to implement this program and meets all RFP requirements. Within fourteen calendar days after the contract is awarded, we will finalize and submit the implementation plan to BMS in electronic and hard copy.

We developed our initial plan based on our experience with and understanding of:

- BMS's Scope of Work and key expectations
- Accurate planning of timelines and milestones
- Clear definition and understanding of deliverables and required resources
- Identification of and plans to address potential challenges
- How to overcome unforeseen challenges that inevitably arise

Adherence to similar Implementation Work Plans has enabled MTM to start up countless NEMT programs efficiently and without service disruptions. We designed our plan to accomplish a logical sequence and efficient use of resources in a timely manner. The Project Manager and our Quality Management department will monitor adherence to our implementation plan and this contract by using a compliance matrix that is built around all of the requirements of the RFP. With MTM's extensive knowledge of NEMT services, BMS can rest assured of our ability to create a smooth transition to our quality services for all stakeholders.

Work Plan and Schedule

For the transition to our services to be successful, the implementation plan needs to be supported by an appropriately staffed and fully qualified team. We have both of these in our proposed local management team and executive level staff. In addition to a plan and team, effective implementation requires that the processes and systems required to provide the services be in place. As detailed throughout this response and in our Implementation Work Plan, MTM has all the necessary components to effectively implement this program and will utilize them to provide a smooth transition that guarantees contract compliance, stakeholder inclusion, and BMS satisfaction. As an indication of our expertise in executing smooth transitions, MTM was awarded the Team Project Award by Blue Cross Blue Shield of Michigan for our work during the transition and implementation of the health plan's NEMT model late last year.

A Thorough Understanding of the Scope of Work

Prior to implementation launch, MTM will be thoroughly familiar with all of BMS's NEMT requirements. During the initial RFP response process, we reviewed the program requirements and compared these against our standard operating model and or ability to provide the requested services. This review process ensures that the entire MTM team understands, well in advance of any contract award and implementation, the Scope of Work and what is required—financially, technologically, and operationally—to implement and manage the program. We have successfully achieved similar goals for our current Minnesota, District of Columbia, Houston, and Wisconsin contracts.

An Effective, Comprehensive Implementation Kick-off

Once the contract has been awarded, our Implementation Team will conduct an internal kick-off meeting and launch the implementation process. MTM's Implementation Team will be led by the Project Manager with oversight provided by CEO Alaina Maciá. Alaina has extensive implementation experience gained through implementation of similar programs such as those in the District of Columbia, Kansas, South Carolina, Minnesota, Wisconsin, and Houston. Alaina will oversee the entire implementation period, as well as the 90 days post go-live date, to ensure that the program is operating to the satisfaction of BMS. She will have the ultimate authority to make programmatic changes to ensure the success of the program. MTM will provide a demonstrable level of executive team commitment, beyond that which any other contractor can offer to BMS.

The implementation team is comprised of our entire executive team and key management staff. The team will review the RFP, our response, and the implementation plan, which includes the key deliverables, associated due dates, and the contract compliance matrix. The plan will then be discussed in detail, responsibilities will be clearly defined, and a list of needs/questions for each department will be generated.

Any potential challenges and issues will be discussed, and teams will be assigned to address these in independent meetings. Each team will have a leader who is responsible for developing a solution and an associated plan, which is reported to the Project Manager. The Project Manager will then incorporate these plans into the overall implementation plan. Within seven days of contract execution, we will also hold a commencement meeting with BMS to discuss the implementation plan in detail. Key deliverables and any issues BMS would like MTM alerted to during the implementation process will be discussed, administrative issues addressed, and important materials obtained. Thereafter, we will hold weekly meetings with BMS, during which we will review our implementation progress report to discuss task-by-task accomplishments and issues.

Ensuring Implementation Success

In addition to overseeing the implementation process and any known issues, the Implementation Team will hold weekly implementation meetings with BMS. The Project Manager will develop an agenda prior to each meeting to ensure effectiveness; topics for discussion will be categorized into our four implementation focus areas: Transportation Network, Technology, Facility/Staff, and Outreach/Communication. In addition to agenda topics requested by BMS, a representative from each key department will be present to provide updates and answer questions. Immediately following the client meeting, the Implementation Team will discuss any issues or challenges addressed during the meeting and assign tasks and

deliverables to individual staff members who will be held accountable for its completion. These meetings ensure communication, accountability, and transparency between MTM and BMS, and also between the various departments at MTM.

MTM is proactive in identifying potential issues and resolving problems before they escalate. Potential challenges are addressed during our weekly Implementation Meeting. In any instance where an issue is discovered during the implementation of the NEMT Brokerage Program, the Implementation Team will inform BMS and immediately set out to resolve the issue.

As evidence of our ability to successfully mitigate issues during implementation, we recently successfully navigated a major challenge during the implementation of our Wisconsin NEMT contract. During one of our daily status update meetings with our telephone contractor, we learned that the communication system wouldn't likely be ready in time for our "go live" date. Because of the seriousness of the issue, we informed the client the same day and outlined two contingency plans that we had already set in motion to ensure uninterrupted service. The first plan consisted of temporarily renting out a secondary facility. The identified backup location was already wired for the needed telecommunications systems, and our CSR and IT teams were prepared to make the necessary move. The second plan involved the enlistment of a group of CSRs at our Lake St. Louis corporate CSC who were willing to work overtime to take on the responsibility of fielding calls from Wisconsin Members.

Although we had the necessary technology, personnel, and training in place to implement both contingency plans, neither was needed, as the telephone contractor was able to finish the installation in time. The client was quite happy, though, with the oversight from the Implementation Team, daily updates, transparency of the situation, and the effective contingency plans that were put in place to safeguard against any interruptions in service.

Recruiting, Hiring, and Training Local Staff

As outlined previously in our response, many of the positions defined during the RFP response process have been filled with capable staff. Upon award, we will recruit and hire staff not yet identified and immediately commence training. Training will be conducted in the corporate office, local office, or in the field, depending on the particular position and includes a review of important information, such as:

- HIPAA and related human resources policies
- MTM program management overview
- BMS Operations Manual and Protocols

MTM knows that employee performance improves when staff receives appropriate education and training and understand set expectations. Better job performance results in greater job satisfaction and improves retention, and in turn greatly contributes to higher stakeholder satisfaction with MTM's overall performance. CSRs will be trained and ready to take calls a minimum of two weeks prior to the transportation commencement date. At that time, Members will notice an immediate difference in their experience with the NEMT program. We pride ourselves on working with Members and ensuring they are satisfied with the services we provide them. Our CSRs understand that we demand professional, courteous customer service for all callers, and our training emphasizes this. By leveraging similar training during the Houston implementation, we successfully hired and trained more than 100 local team members prior to the go live date. While most recently in our Wisconsin contract, we hired and trained 97 new employees in under four months.

MTM recognizes that the transition to going live for services during the first few weeks of the program will create increased call volume due to general inquiries and issues. We will support the local CSC team by also training CSRs in our corporate CSC in Missouri to handle any additional call volume to ensure that all calls are answered promptly, to the satisfaction of stakeholders.

Recruiting, Credentialing, Contracting, and Training the NEMT Provider Network

Prior to the start of the contract, MTM will have a comprehensive network in place able to provide adequate service coverage to meet the needs of eligible Members throughout the State of West Virginia. This network will be comprised of high quality, credentialed, and trained NEMT providers.

MTM understands that NEMT providers are the backbone of a successful NEMT program, and we have already begun to recruit a sufficient local network. We seek the best providers in a given area and uphold strict credentialing criteria for those who join our network. Once a list of potential NEMT providers is generated, we begin our credentialing and rate negotiation process, which was described previously. This approach is similar to the process we facilitated during the implementation of our Houston and Wisconsin NEMT contracts. During the implementation periods for these programs, we contracted and credentialed more than 75 NEMT providers for Houston and 210 NEMT providers for Wisconsin. These entities are now providing high quality NEMT to Members throughout the service area.

Customizing Policies, Procedures, and Automated Systems

The foundation of MTM's implementation plan is to design a customized program for BMS built upon our standardized policies, procedures, and automated systems. While other activities

occur, MTM's Implementation Team and IT department will convene to determine if the policies, procedures, and automated systems are in place to meet all contract requirements. We will also use BMS's protocols to customize our Quality Management Program, which will ensure contract compliance through performance monitoring; complaint, grievance, accident, and incident management; fraud, waste, and abuse detection and mitigation; HIPAA compliance; and compliance audits.

ETO Activities

During transition, our Outreach and Communications Manager Melissa Workman will implement our ETO Program. This includes educating Members, medical providers, and key stakeholder groups, as described in previously in **Appendix 1, Section XII Training and Education**. Having well educated stakeholders improves satisfaction with the program and minimizes transition issues and complaints. MTM educates Members by sending informative brochures to them through the mail. To educate medical and NEMT providers, we mail introductory letters and invite them to contact us for in-service meetings and town hall meetings.

For example, in Houston we completed training activities with about 50 medical facilities, while in Wisconsin we held 25 successful town hall meetings across the state. Additionally, ETO extends past the go-live date and will be conducted routinely throughout the life of the contract to ensure satisfaction with the program. Having a thorough ETO Program is critical to the successful operations of NEMT services, and MTM is experienced in ETO techniques that help Members better navigate the system.

Trip Entry and Verification

The final, critical steps in the implementation process are entering all trips into our system, dispatching trips to NEMT providers, and ensuring those providers can handle the volume of trips assigned. We will collect recurring trip information directly from medical providers; whenever possible, the same NEMT providers will be assigned the trip. We will also begin to take live trip requests from Members for their non-recurring medical appointments prior to the go-live date.

In order to ensure a smooth transition, we will also offer medical facilities the ability to view, online, through a secure website, trips planned to their facility, confirm the trip is scheduled correctly, and confirm which NEMT provider is scheduled to accommodate the trip. If there is an error, the facility can contact the Care Management Coordinator, who will then make the requested changes. This confirmation process helps to streamline communications and ensures any scheduling issues are rapidly addressed and resolved.

Implementation Plan Summary

In summary, MTM has the key ingredients to ensure a seamless, timely, and effective implementation of BMS's NEMT program, including a robust plan; an experienced team; policies, procedures, and automated systems; a plan for credentialing and contracting a network of NEMT providers; and the necessary experience implementing and managing programs similar in size and scope. With our detailed plan, we will be prepared for the Readiness Review 30 days prior to the operations start date, where we will receive BMS's approval on our successful implementation activities. Prior to this review, we will submit all required documents, plans, manuals, and forms, and demonstrate that our systems meet BMS's expectations. We will make all changes determined to be necessary during the review for a successful transition to MTM's services.

II. Quality Assurance Plan

In all areas of our business, MTM's goal is to exceed average performance standards and continue to build on our reputation as the industry leader in quality NEMT management. To ensure we meet this goal, make continuous quality improvements, monitor performance metrics, and continue to provide the highest quality transportation services, we designed our comprehensive Quality Management Program. The Project Manager will work with BMS to develop and/or customize performance measurements for the BMS's NEMT program during the first year and beyond as needed. The Quality Assurance Plan, in **Supplemental Information, Tab S**, will be modified upon contract award to meet all RFP requirements and submitted to BMS 30 days prior to the operations start date.

As described throughout our proposal, MTM has several methods for ensuring our operations are of the highest quality, including strict policies for authorizing NEMT services; verifying that trips actually occurred prior to payment; reducing fraud and abuse; resolving complaints and appeals; ensuring timely service; monitoring and reviewing calls to our CSC; and credentialing NEMT providers to ensure vehicles and drivers comply with established standards. Aside from these procedures, our Quality Management Program uses performance metrics and thresholds to evaluate compliance with MTM's standards and client protocols. MTM collects data from our various operations departments—Quality Management, Network Management, Customer

Service, Care Management, and Client Services—and compares the data to established goals and thresholds. Then, our Quality Management Committee (QMC) receives and trends each threshold, or predetermined level of performance.

The following tables list the standard performance indicators, goals, and report frequency by department as specified in our complete Quality Management Program.

Quality Management

#	Indicator	Goal	Report Frequency
001	Complaint Rate	2% or less.	Monthly
002	Complaint Resolution Rate	90% of complaints resolved per contract timeframes	Monthly
003	Compliance Audit Rate	90% of audits resulting in 85% or better compliance	Monthly
004	Complaints by Reason Code	Tracking and trending delivered to client per contract specifications	Monthly
005	Risk Management	Tracking by type, NEMT provider, and client	Monthly
006	HIPAA Disclosure	100% compliance	As necessary
007	Member Satisfaction—CSC	95% satisfaction with CSC performance	Monthly
008	Member Satisfaction—NEMT Providers	92% satisfaction with network provider performance	Monthly
009	Member No Show Rate	5% or less	Monthly

Network Management

#	Indicator	Goal	Report Frequency
001	NEMT Provider Non-Compliance	5% or less providers closed for non-compliance	Monthly
002	NEMT Provider Satisfaction	80% or better; 30% survey return rate	Annually
003	NEMT Provider Complaint Rate	1.99% or less	Monthly
004	NEMT Provider No Show Rate	1% or less	Monthly
005	NEMT Provider Short-Notice Cancellation Rate	1.99% or less	Monthly
006	NEMT Provider On Time Performance	90% of trips on time	Quarterly

Customer Service

#	Indicator	Goal	Report Frequency
001	Abandonment Rate	5% or less	Monthly
002	Average Speed to Answer	30 seconds or less	Monthly
003	Customer Service Center Audit Rate	95% or better on CSR performance evaluations	Quarterly

Care Management

#	Indicator	Goal	Report Frequency
001	Recurring Trip Verification (eligibility, closest medical provider, most cost effective NEMT provider)	95% accuracy of documentation	Monthly
002	LON Determination Accuracy	95% accuracy of LON documentation	Monthly
003	Management Override	95% appropriate mode used	Weekly

Client Services

#	Indicator	Goal	Report Frequency
001	Client Satisfaction	95% or better	Annually

Based on the results of these indicators, we are able to develop Performance Improvement Plans (PIPs) as necessary. These can be ongoing programs to monitor and improve overall service, or they can be specific corrective actions for individual occurrences stemming from complaints or audits. All company-wide PIPs are developed by our QMC and tracked on a corporate basis. In either case, we develop specific tracking and reporting plans, and will report all PIP results to BMS.

Quality Management Committee (QMC) Guides Quality Initiatives

MTM's QMC is central to our quality assurance efforts. The QMC is an officiating body comprised of department Directors, Managers, and Project Managers, as well as executive representatives from our operational departments that makes recommendations on our Quality Management Program and provide guidance to MTM's Quality Management activities. The QMC meets quarterly to evaluate reports with the goal of operational excellence and quality assurance for all clients. In addition to sitting on the corporate QMC, the Project

Manager will also chair a local QMC, operating with a sole focus on this program. The QMC serves as an advisory committee and is responsible for:

- Recommending policy decisions
- Analyzing and evaluating the results of quality management activities
- Ensuring the integrity of MTM's Quality Management Program through planning, designing, implementing, reviewing, and approving corrective actions
- Ensuring follow-up to quality improvement initiatives

URAC Accreditation Shows Quality Commitment

As a demonstration of our commitment to ensuring high quality service, MTM pursued and received URAC (Utilization Review Accreditation Committee) Core Standard accreditation. The URAC accreditation process reviews the operations of a company to ensure that the company meets established national standards and promotes quality improvement. The accreditation covers a broad range of healthcare industries. The following URAC criteria address areas of interest to the requirements of this RFP involving infrastructure and human resources:

- Organizational structure
- Policies and procedures
- Regulatory compliance
- Inter-departmental coordination
- Oversight of delegated functions
- Business relationships
- Information management
- Quality improvement/management
- Staff qualifications
- Staff management

URAC
ACCREDITED

For those companies with an industry standard quality accreditation such as URAC, Center for Medicaid Services (CMS) bestows greater confidence and requires less oversight from state Medicaid agencies like BMS. MTM's URAC accreditation means that BMS can be confident of our ongoing commitment to quality and ability to perform successfully as its NET broker.

Project Manager Monitors NEMT Quality

To ensure the highest quality services are always provided in West Virginia, the Project Manager will be key in identifying any areas of deficiency and possible improvement opportunities. To do so, she will thoroughly analyze monthly reports, stakeholder satisfaction surveys, and other data to identify program needs and any efficiency that could possibly be implemented. In addition, The Project Manager will monitor a statistically valid random sample of monthly trips, looking at all aspects, including lowest cost, type of appointment, mode of

transportation used, etc. From this review, we are often able to identify various valid improvements to our programs. If such an improvement is found in West Virginia, we will immediately share the results and our intended course of action with BMS. From here, the QMC will make recommendations for implementing any program improvements.

In addition to our quality assurance activities, we welcome BMS to conduct its own quality reviews, audits, and ride-alongs at any time. Based on these activities, we will collaborate with BMS to make any recommend program improvements. MTM is the only transportation broker focused on the delivery of NEMT with a healthcare-minded, managed care approach. We understand the impact transportation has on health care outcomes, which is why we are dedicated to providing the highest quality services in the NEMT management industry. Further, we will indemnify BMS against any claims brought by NEMT Providers or Members.

III. Operational Readiness Review

MTM will be prepared for BMS's readiness review at least two weeks prior to the operations start date, and we will comply with all the readiness review requirements stated in the Readiness Review Deliverables section of the RFP. We understand that the review will be conducted in accordance with the milestones listed in our Implementation Plan, found in **Appendix 2, Section I Implementation Plan** and **Supplemental Information, Tab C**, and we will use these milestones to meet or exceed BMS's requirements and become fully operational, including the requirement to open phone lines ten business days prior to the operations start date. We will submit the documentation and information listed in **Figure 28** at least 30 days prior to the readiness review, and will have approval documentation available on-site during the review. We will report on our readiness status during the weekly meetings with BMS during implementation.

Readiness Review Deliverables	
Information Systems Screen Prints and Logic	Brokerage Process
Validation Policy	Business Continuity Plan and Disaster Recovery Plan
Complaint Policies and Procedures Manual	Final Provider Complaint Resolution and Grievance Resolution Process
Verification of Member, NEMT Provider, Medical Provider, and other agency education	Proof of NEMT provider network adequacy
Proof of compliance with driver and vehicle requirements	Vehicle inspection plan
NEMT provider manual	Operations procedures manual

Readiness Review Deliverables	
Reporting capabilities	Evidence the data system meets all contract requirements
Adverse Weather Plan	NEMT Provider Network and Geographic Coverage Report
Post-Transportation Authorization Policy	Denial criteria and letter
Provider Monitoring Plan	NEMT Provider and Provider Training and Education Plan
Member Outreach and Education Plan	Quality Assurance Plan

Figure 28. Readiness Review Deliverables. MTM will submit documents and information verifying our readiness to deliver high quality NEMT services on the implementation date.

Following the readiness review, we will receive written BMS approval of all submitted documents and demonstrated requirements. If, for any reason, BMS believes we are deficient in any area, we will make any corrections and submit proof of successful completion and implementation. We understand that we are responsible for any costs BMS may incur if it must use services of another contractor due to the fact that we have not met the requirements of the readiness review.

IV. Data Systems Requirements

To bring about the effective management of large-scale contracts with complicated NEMT requirements, MTM developed our custom NET Management System. Built specifically for MTM's successful NEMT management model and combined with commercially available software, this system is an integrated suite of the most comprehensive, reliable software available in the industry. With this suite, MTM is able to seamlessly blend unique NEMT requirements with standard technological software to create a best-in-class system that automates virtually every aspect of transportation management. In short, it allows MTM to successfully manage the day-to-day operations of NEMT programs for the delivery of cost-efficient, appropriate services.

Data Capture

Our more than 18 years of experience managing NEMT services informed our system's programming, and continues to dictate changes made to the software. The configurable system automates the call intake and scheduling processes, provides secure information exchange of Member eligibility files, and virtually eliminates the possibility of authorizing services to a non-covered service or medical provider. Upon contract award, we will customize the system to meet BMS's requirements, and we will work with local stakeholders to continually update it

based on the evolving needs of the program. Specifically, the NET Management System accommodates the services and functions outlined in **Figure 29**.

NET Management System Capabilities	
Function	**Description**
Provides Web Portals	BMS, local NEMT providers, medical providers, and Members will have access to independent web portals that provide a complete range of services and data based on the user's access rights
Accommodates Call Intake Processes	Facilitates call intake, including automatically loading Member information when the CSR enters the Member's name or ID number
Manages the LON Assessment	Initiates the LON assessment for new Members, analyzes the data returned, determines the most appropriate mode of transportation, and manages renewals prior to the expiration date
Manages NEMT Requests	Provides a complete management solution for trip scheduling, including applying eligibility rules, determining the most appropriate and cost-effective mode of transportation, and ensuring the trip is to a covered service with an approved provider
Selects a NEMT Provider	Determines the most appropriate NEMT provider using an algorithm based upon the trip details and cost, as well as the provider's availability, quality ranking, and location
Notifies Providers of Assigned Trips	Uploads trip assignments to the NEMT provider's web portal, where the provider can easily download its manifest
Reimburses Members	Verifies that the Member meets BMS's criteria for mileage reimbursement and determines the amount that should be applied to their debit card
Detects Fraud and Abuse	Applies proprietary data mining algorithms designed to detect fraud and abuse by comparing data supplied by NEMT providers to data obtained through other sources, including analysis of driver and vehicle utilization, attendance verification with medical providers, on-street observations, Member-supplied information, and quality assurance audits
Creates Reports	Develops reports in BMS's approved format, delivers them via SFTP, and provides online reporting tools enabling BMS to request ad hoc data on an on-demand basis
Develops Encounter Files	Captures, stores, and creates BMS-compliant encounter files; electronically transmits the files in accordance with BMS regulations; and ensures the encounters reflect actual services with a 99% pass rate
Facilitates Member Communication	Creates letters customized for Members for denied services or educational purposes
Stores Member and Trip Information	Serves as a repository for information linked to specific Members and trips, including special needs, approved modes of transportation, and

NET Management System Capabilities	
Function	**Description**
	other special instructions
Interfaces with BMS	Exchanges information and data files with BMS in secure electronic format
Receives and Stores Member Extract Files	Interfaces with BMS to receive weekly eligibility files via secure, encrypted data connection, submits eligibility verification requests to BMS's Medicaid Management Information System (MMIS), allows MTM representatives to manually enter eligibility data as needed, and reconciles manually entered data against Member extract files
Captures NEMT Data	Captures and retains data, including complaints and issues, to develop required reporting packages, ad hoc data, and other files requested by BMS
Pays NEMT Providers	Reconciles trip data, authorizes reimbursement, and develops an appropriate check

Figure 29: NET Management System Functionality. MTM's NET Management System supports a variety of program functions relevant to BMS's NEMT services.

MTM's software is designed to be portable and scalable. Portability means that each application is platform independent and, unlike other systems, is not constrained to the technology that was in place when it was originally developed. Accordingly, MTM can take advantage of emerging technology with minimal impact to the existing system, benefiting from the opportunities, cost savings, and efficiencies that are continually presented to the industry. Scalability means that additional capacity may be added as required with minimal, if any, impact to infrastructure.

The combination of portability and scalability provides unlimited potential to increase volume and add new functionality and technology while maintaining system response times. This, combined with web-based access, means that an infinite number of users may access the system simultaneously with no degradation in performance. Thus, BMS will always be in a position to deliver innovative services to NEMT Members without the restrictions and constraints associated with systems that are not web-based, platform independent, and scalable.

Eligibility Verification

As required by BMS, each week MTM will upload the Member and Provider Extract Files into our NET Management System within two business days of receipt. Additional information on how we utilize this information during the trip intake process can be found in **Appendix 1,**

Section I NEMT Service Request Processing. The NET Management System has the capability to also accept manually entered eligibility data and will reconcile the manually entered data against the Member and Provider Extract File to ensure data integrity. BMS will have access to MTM's NET Management System for auditing and monitoring purposes. Eligibility changes between extract files will be verified through the Automated Voice Response System (AVRS) using the West Virginia Medicaid Management Information System (MMIS).

Encounter Data

In nearly every contract we have operated over the past 18 years, we have been held responsible for submitting encounter data on specific deadlines. Therefore, we have extensive experience meeting the unique requirements of each client. For BMS, we will create encounter data based on paid claims data, along with any other data created based on services, transportation providers, and members.

We will provide BMS with a monthly aggregate file and summary report by the 20th of the following month. The aggregate file and the summary report will always balance. Data provided will include:

- Member name
- Medicaid ID number
- Date of service
- NEMT service type
- Cost of NEMT service
- Number of trip legs provided

Because our system supports a variety of encryption and transmission methodologies, we can transmit files in standard HIPAA formats or in a proprietary format determined by BMS. Upon contract award, we will work with BMS to establish an appropriate format for encounter data submission in complete compliance with the RFP, with each encounter having a unique record identification number. For data exchange, MTM proposes the use of Dell PowerEdge R710, running Windows Server 2009 and the WS_FTP suite of secure file transfers. This supports SFTP, FTPS, and other secure file transmission protocols. The server will provide 128-bit SSL encryption and can be easily upgraded to 256-bit SSL if required. Reliability, maintainability, ease of use, and intuitive troubleshooting is assured by the use of industry-standard hardware and software solutions, provision of dual redundant components, and management by experienced, qualified, and trained staff.

System Security

MTM takes Member and program confidentiality seriously, and will abide by BMS's policies regarding data security and integrity. We facilitate security through highly intuitive physical and logical security layers. Our system is hosted in a secure environment and was architected in accordance with a layered security model. Online access to the services and data provisioned by our system is provided via secure web portals which meet the readability requirements of the ADA. Within the secure environment of our NET Management System, MTM supports both package encryption and transmission encryption to perform electronic data exchange on a preset schedule. MTM supports any designated secure protocol, including but not limited to PGP encryption, SFTP, and FTPS.

Confidentiality of Protected Health Information (PHI) is achieved by adherence to the privacy and security requirements of HIPAA. Security is achieved by ensuring that electronic data transfers are via SFTP or HTTPS over SSL with128-bit encryption. Further, to ensure that access to data is limited to the information required to perform the task at hand, only those individuals authenticated as authorized users are allowed access. Within each application, access to information is further limited via rule-based security. Industry-standard security practices are applied to ensure that logon credentials are secure.

Data is protected on several levels. Data is electronically secured using the industry standard layered security model illustrated and described in **Figure 30**.

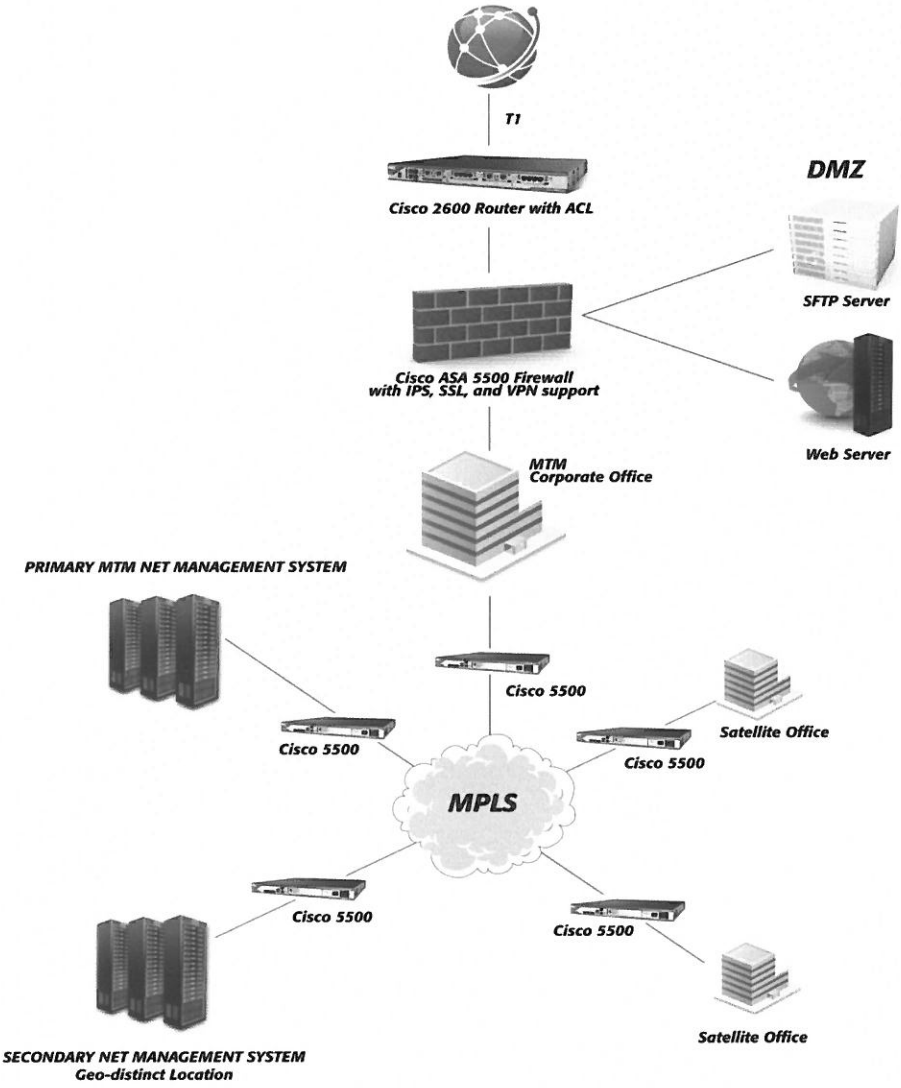


Figure 30: Security Layers. MTM provides a secure environment for data using industry best practices.

A Cisco 2600 router switches the Internet T1 connection to Ethernet and provides a front line of defense through Access Control Lists (ACLs) managing and directing network traffic based upon predefined network protocols and destinations. A Cisco ASA 5500 Adaptive Security Appliance provides a demilitarized zone (DMZ) and a world-class firewall securing the private MTM network from the threats inherent in the Internet. The SFTP and web servers are located within the DMZ providing further protection from hostile Internet threats. Within each layer Sophos Endpoint Security and Data Protection provide anti-virus, anti-malware, anti-spyware firewall, Network Admission Control (NAC), and Data Loss Protection (DLP).

A digital camera system monitors the interior and exterior of the premises used to house the NET Management System. Keyless entry is used to secure entry into the general office. Non-employees are required to show ID, sign in, and document their reason for entry. Non-employees are escorted the entire time they are in the office. The premises are also protected by a remotely monitored security alarm system. Within the premises, the NET Management System is located in a secure computer room accessible only by proximity cards and pass codes. Remote access to all computers and equipment in the computer room is controlled by login and a secure password. All work areas are located in secure areas not accessible to the public, and work-related documents are returned to locked storage at the end of use. All employees are required to attend security training and sign confidentiality statements. Internal users are fully trained in HIPAA use and disclosure regulations, and external users are required to sign a Business Associates agreement confirming compliance with HIPAA use and disclosure regulations.

Web-Based Inquiry System & Audits

Unique to the industry, four independent web portals deliver access to a complete range of NEMT services and data. Each portal provides an intuitive interface independently designed to meet the specific needs of the four major stakeholders: BMS, local NEMT providers, local medical providers, and Members. MTM will ensure that our web portal system conforms to all of BMS's security requirements by the operations start date, including that screens within each of these portals conform to the requirements of readability set forth by ADA. In **Figure 31** on the following page, we have outlined the overall architecture of our web portal system.

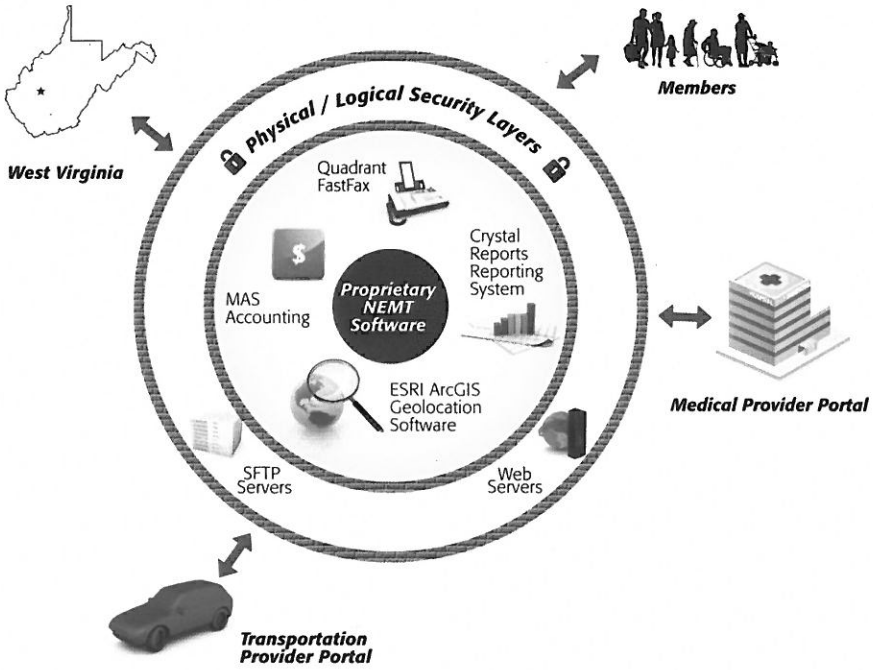


Figure 31: Web Portal System. This figure describes the architecture of our portal system, which allows online access for BMS, NEMT providers, medical providers, and Members.

BMS Portal

The BMS portal provides the online ability to:

- Schedule, review, and change transportation arrangements
- View and download standard and customized reports
- View complaint resolution and tracking data
- View NEMT provider data
- Have read-only access into MTM's system

BMS can schedule, review, and research NEMT arrangements for all current Members and those previously submitted to MTM on the Member file. Scheduling and changes are subject to eligibility on the date of transport and the requirement to utilize the most appropriate, cost effective mode consistent with the Member's needs. An intuitive interface guides staff through these processes, explaining situations that may result in transportation being denied, or authorized transportation differing from that requested. Staff is provided guidance on how to manage exceptional situations. **Figure 32** illustrates how the system will present detailed NEMT arrangements to BMS.

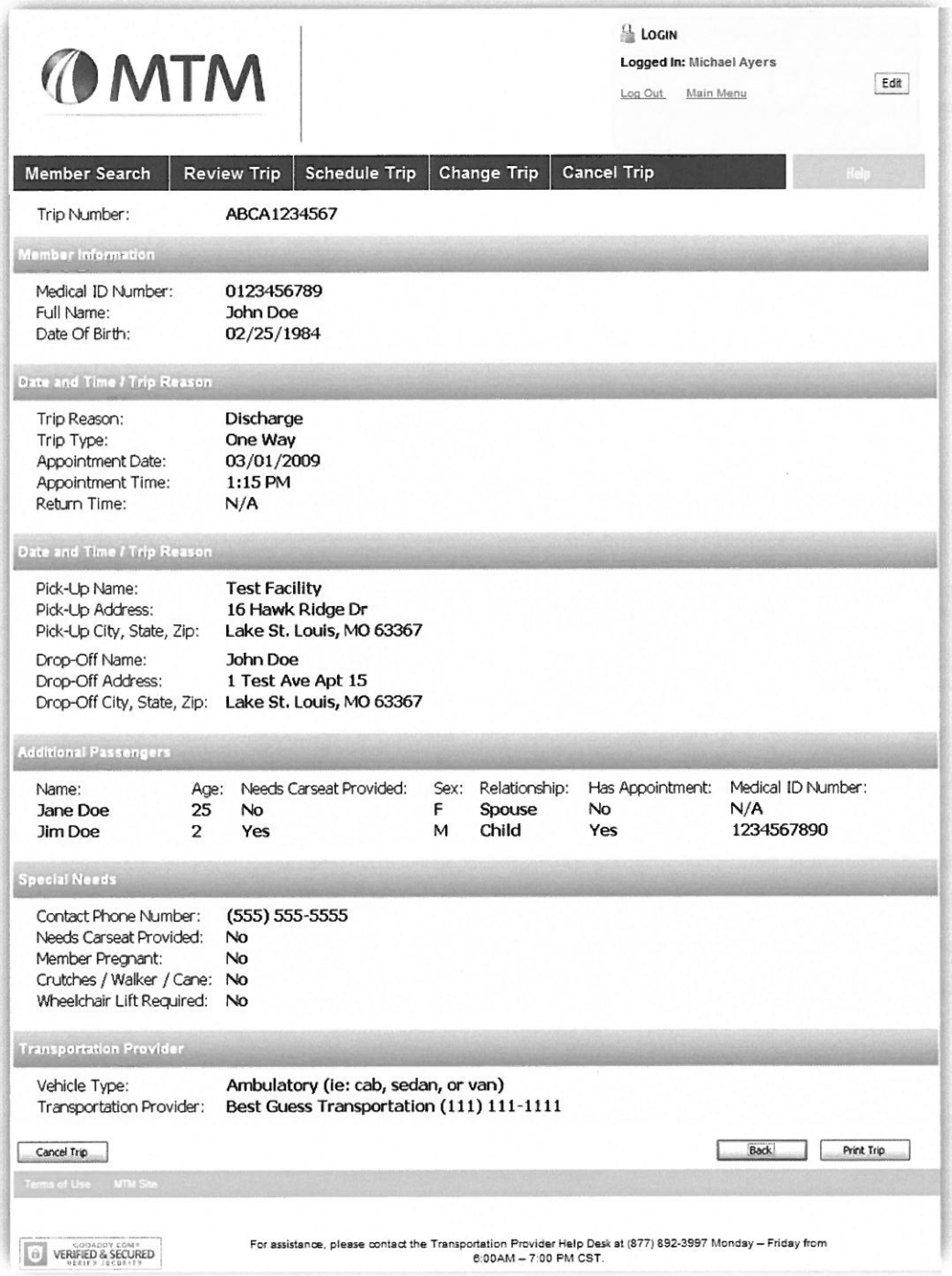


Figure 32: BMS Web Portal Screenshot. The sample screenshot above is what BMS will see when reviewing a specific trip.

Access to online reports is in addition to delivery via SFTP. Standard and customized reports may be viewed and/or downloaded in Microsoft Excel format. Reports are also stored online by MTM for a limited period of time, and may be customized by date range, vehicle type, NEMT provider, Member, tracking numbers, and other criteria. This is illustrated in **Figure 33**.

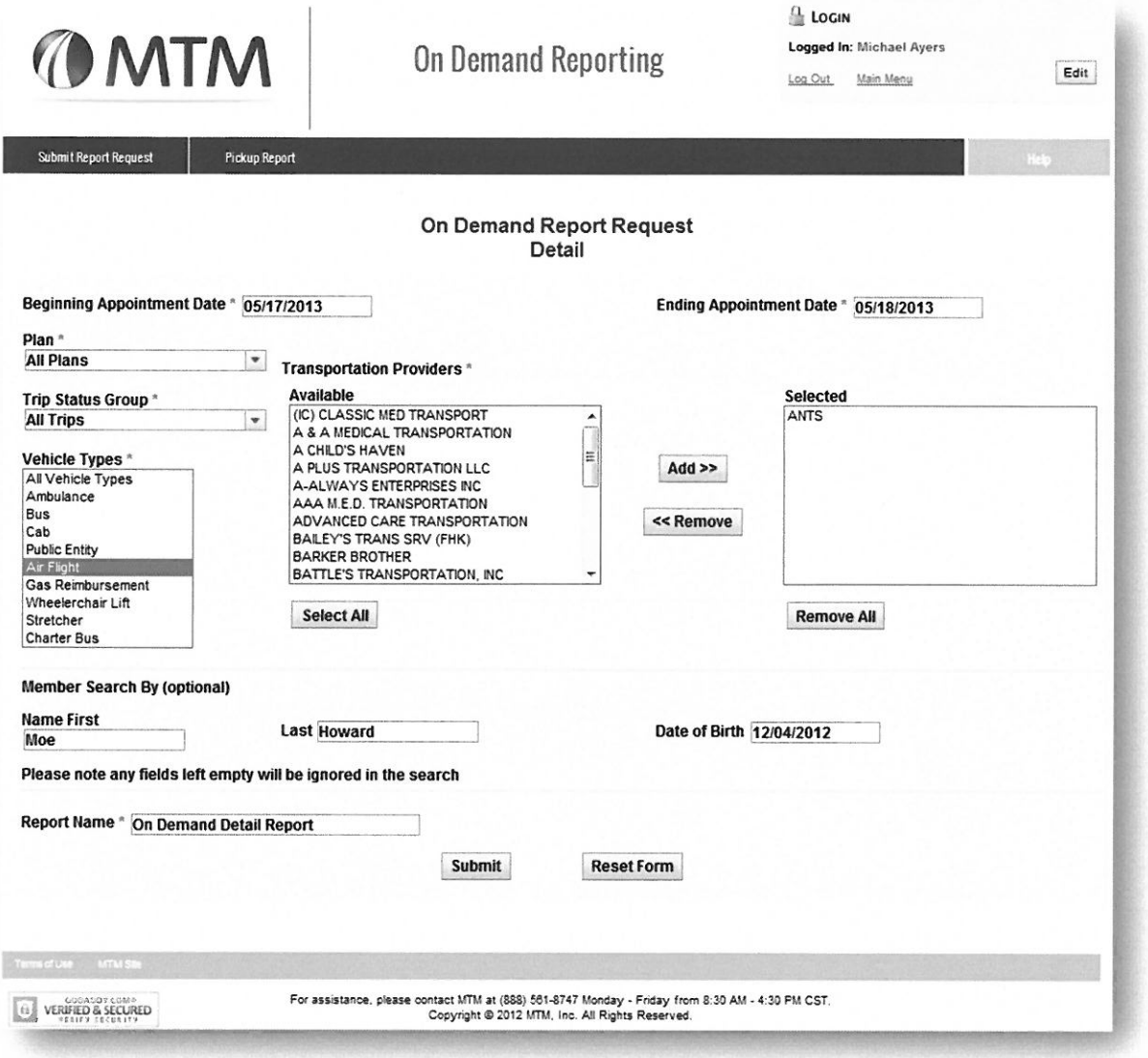


Figure 33: On-Demand Report Screen. BMS can create custom reports showing real-time data.

BMS staff can also view summary complaint data for the program as a whole, or by Member, and drill down into the details of each complaint and associated resolution. BMS staff can also be assigned the authority to enter complaints if requested.

Figure 34 illustrates how individual complaints can be entered for a specific Member, and how the complaint history associated with that Member is presented.

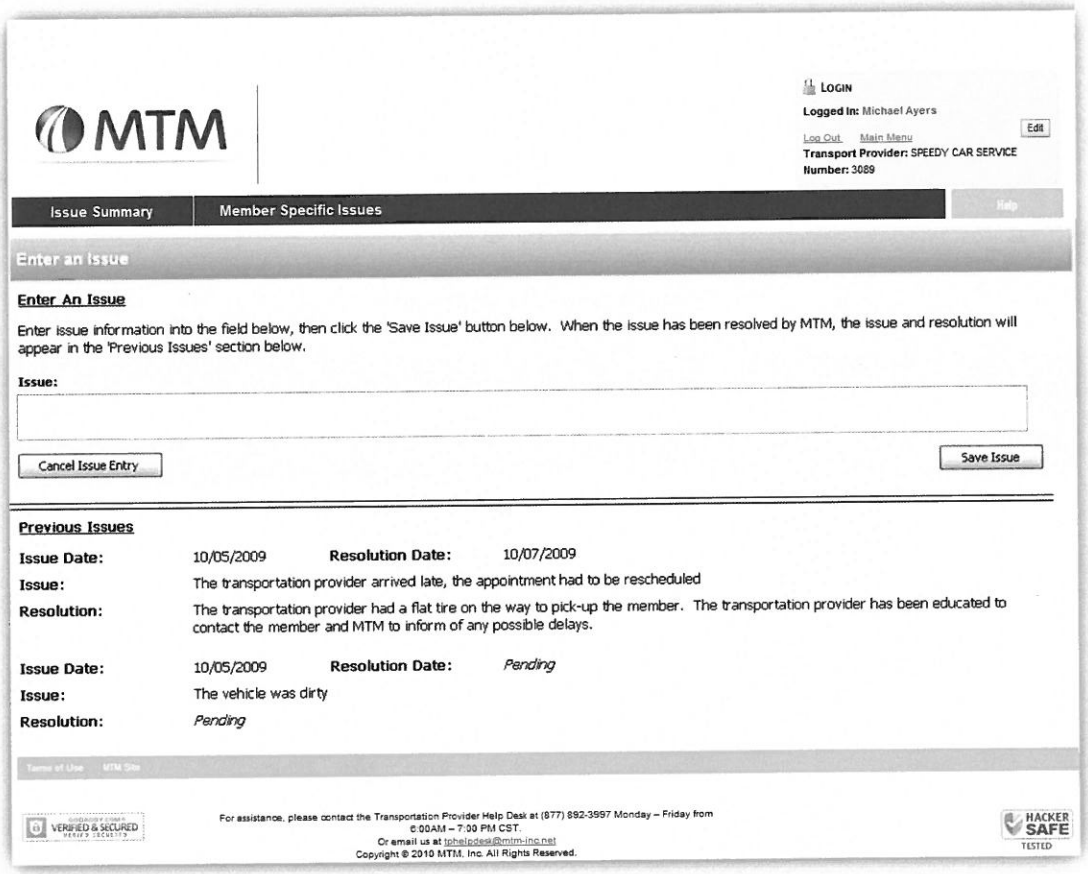


Figure 34: Manual Complaint Entry Screen. Complaints and resolutions can be entered and tracked online.

BMS staff will have read-only access to NEMT provider data. This will include the ability to view business, driver, and vehicle credentials; pick-up and drop-off information; and claims data. **Figure 35** illustrates how driver credentialing information will be presented to BMS staff.

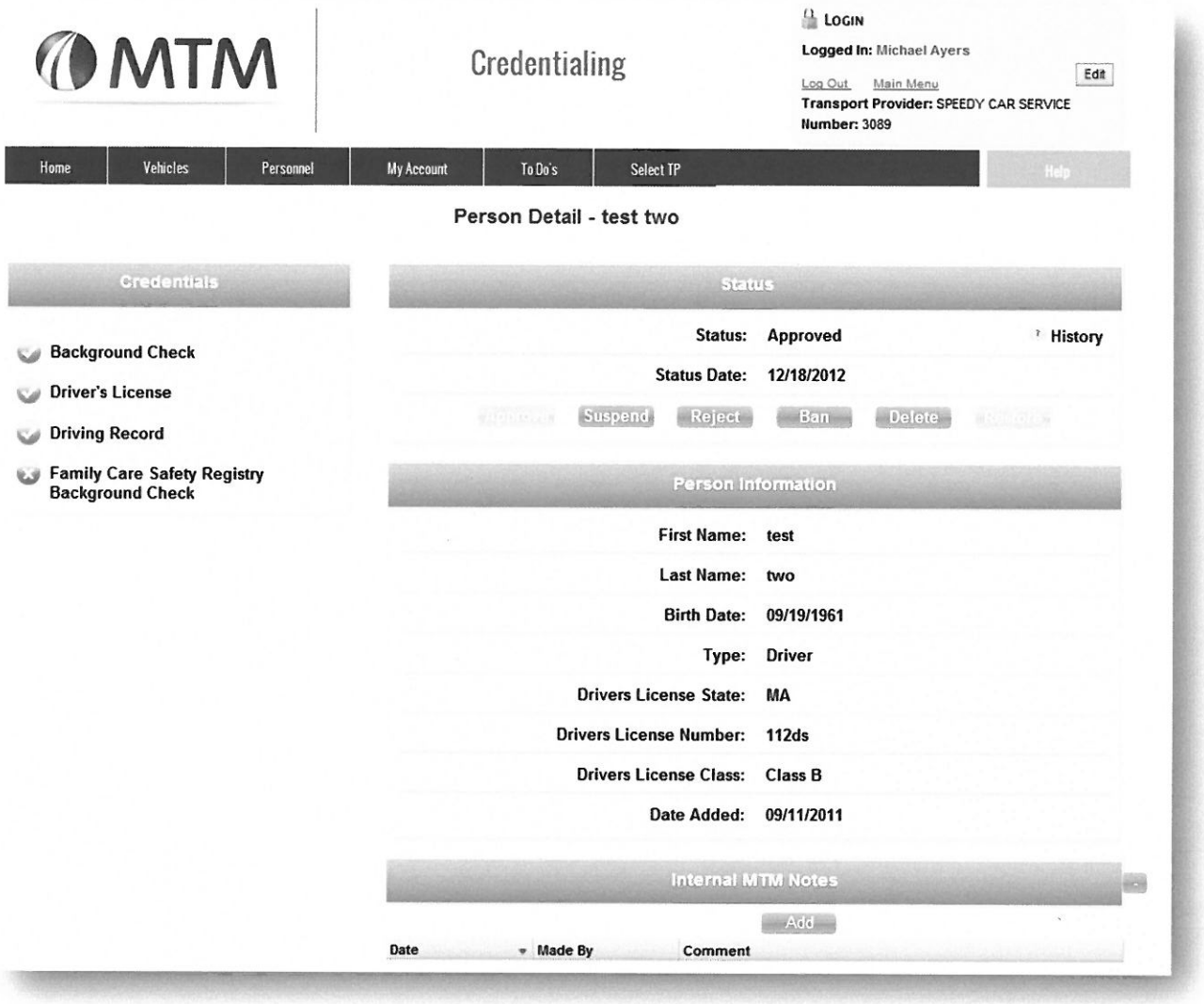


Figure 35: Driver Credential Detail Screen. BMS can view driver and NEMT provider credentials in a read-only format to monitor compliance.

In summary, the BMS portal provides full transparency of our NEMT operations, facilitating independent remote access for auditing and monitoring purposes.

NEMT Provider Portal

The NEMT provider portal gives providers the online ability to:

- Electronically view and download assigned trips through a customized download format, sortable by date range or by member
- View trip details by request tracking number
- Update, accept, and decline trips
- Mark trips as no shows
- View report card data
- Manage credentials
- Update service parameters and business information
- Submit claims and enter pick-up and drop-off information, vehicle/driver details

NEMT providers can download assigned trips in Microsoft Excel format. This format is supported by the import feature of all commercially available demand response scheduling and dispatch systems, including, but not limited to, products developed by RouteMatch, Trapeze, and StrataGen. It can also be used to manually manage trip information. In the event that a NEMT provider uses a proprietary system, it is likely that this format will be acceptable as is. If not, it can easily be converted into the format of choice.

Standard and customized reports may be viewed and/or downloaded in Microsoft Excel format, and may be customized by date range, vehicle type, and other criteria. In accordance with HIPAA regulations the data available to NEMT providers will be restricted to that required to perform the services assigned to that NEMT provider. NEMT providers also claim trips online. Pick-up and drop-off times, vehicle identification numbers, and driver license data may be automatically uploaded in Microsoft Excel format, and/or manually entered via screens custom designed for efficient and accurate data entry. In both cases, immediate feedback on the validity of the information is provided.

Additionally, credentialing information is submitted, reviewed, and stored electronically. All interaction between the NEMT provider and MTM is online and/or via e-mail. NEMT providers start the process by entering credentialing data online and uploading digital images of the associated documentation. The portal supports industry standard file and image formats including, but not limited to, Microsoft Word, Microsoft Excel, Adobe PDF, JPEG, and GIF formats. Immediately after a credential is submitted, MTM staff is notified by e-mail of the need to review the credential. As soon as the credential has completed the review process, the results are available online to NEMT providers. If a credential is not approved, detailed information and instruction on the next steps are provided online to assist the NEMT provider in completing the process. When all credentials are in order, the driver or vehicle is approved for use.

NEMT providers will receive advance notice of any credential that is set to expire. The portal will provide multiple notices of increasing severity, and if a credential is allowed to expire, the driver, vehicle, or company will be automatically removed as an approved entity. Each time the NEMT provider accesses the online system they will be notified of all outstanding actions with due dates for completion. Detailed information on all credentials, drivers, attendants, and vehicles is available in formats that allow the NEMT provider to easily search and sort information. **Figure 36** illustrates how NEMT providers are presented with detailed information for their company.

Figure 36: Credentialing Screen. NEMT providers can easily view the credentialing information of their drivers, update information, and identify any areas that are not in compliance.

NEMT providers will also have the online ability to update their service parameters (hours of operation, service areas, available vehicles, etc.) and business information (contact information, disadvantaged business certifications, etc.) online.

We have provided sample screen shots that NEMT providers could access for Summary of Trips for a Date Range, Summary of Trips by a Member for a Date Range, and Details of Trips by Request Tracking Number in **Figures 37, 38, and 39** below.

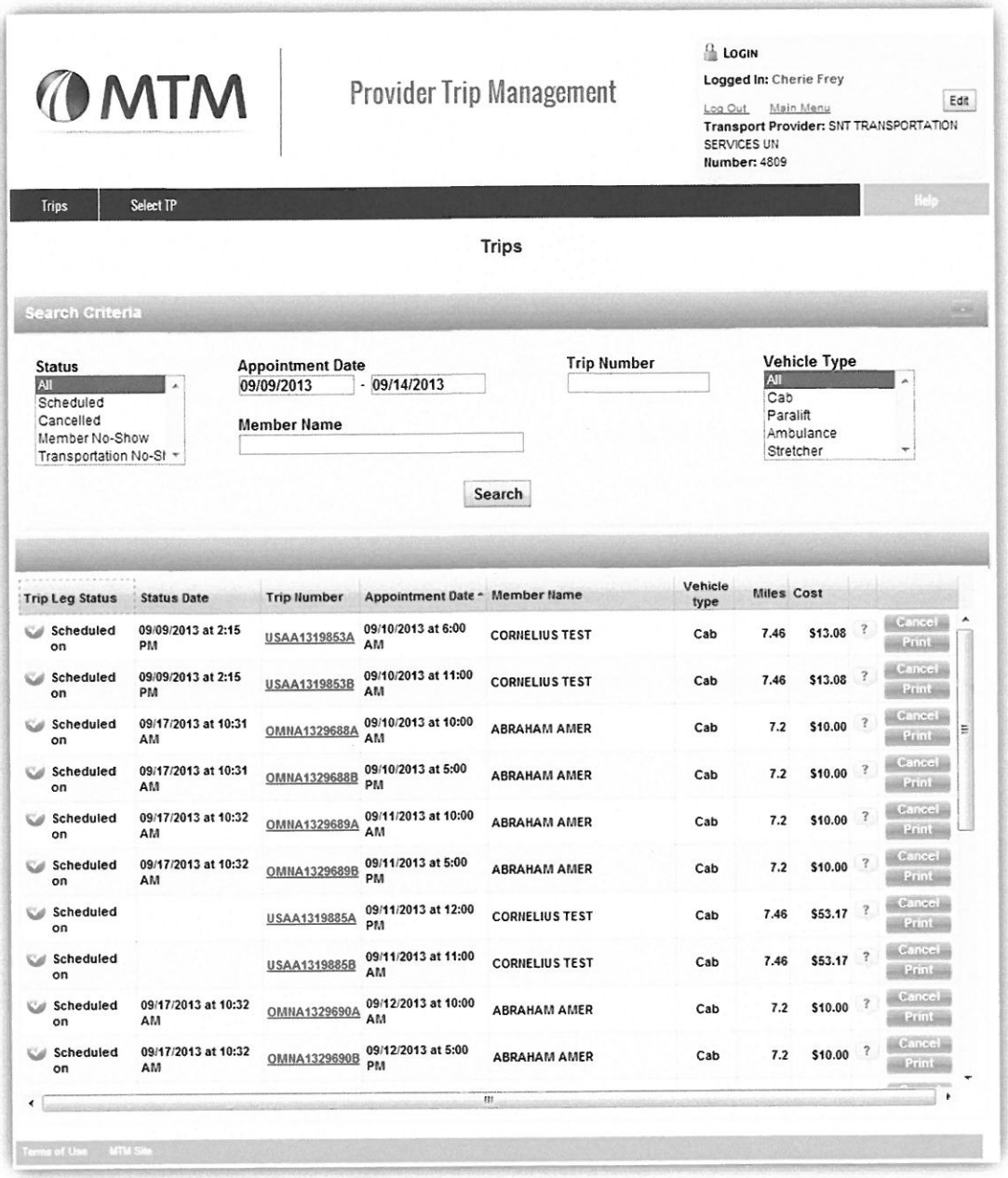


Figure 37. Summary of Trips for a Date Range.

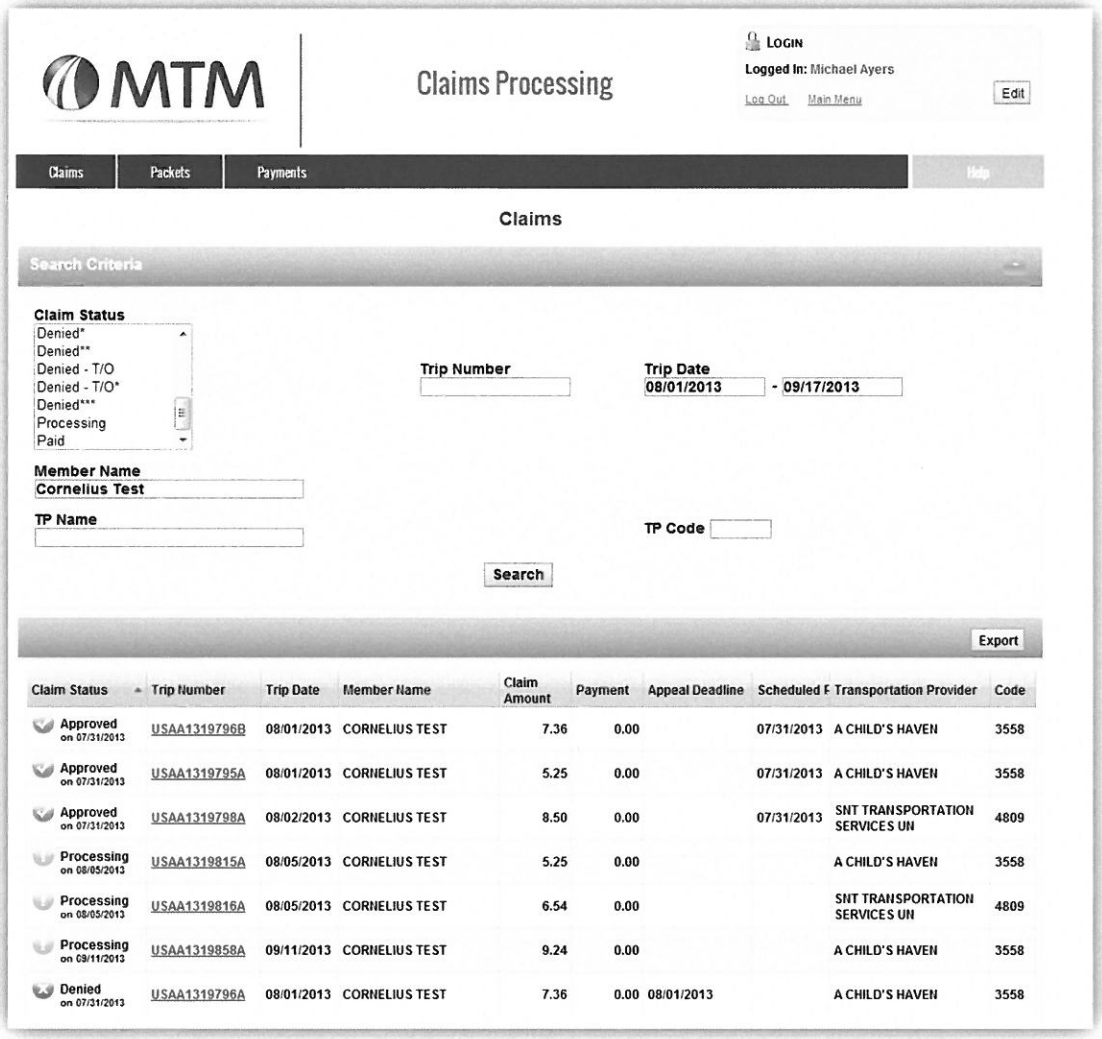


Figure 38. Summary of Trips by a Member for a Date Range.

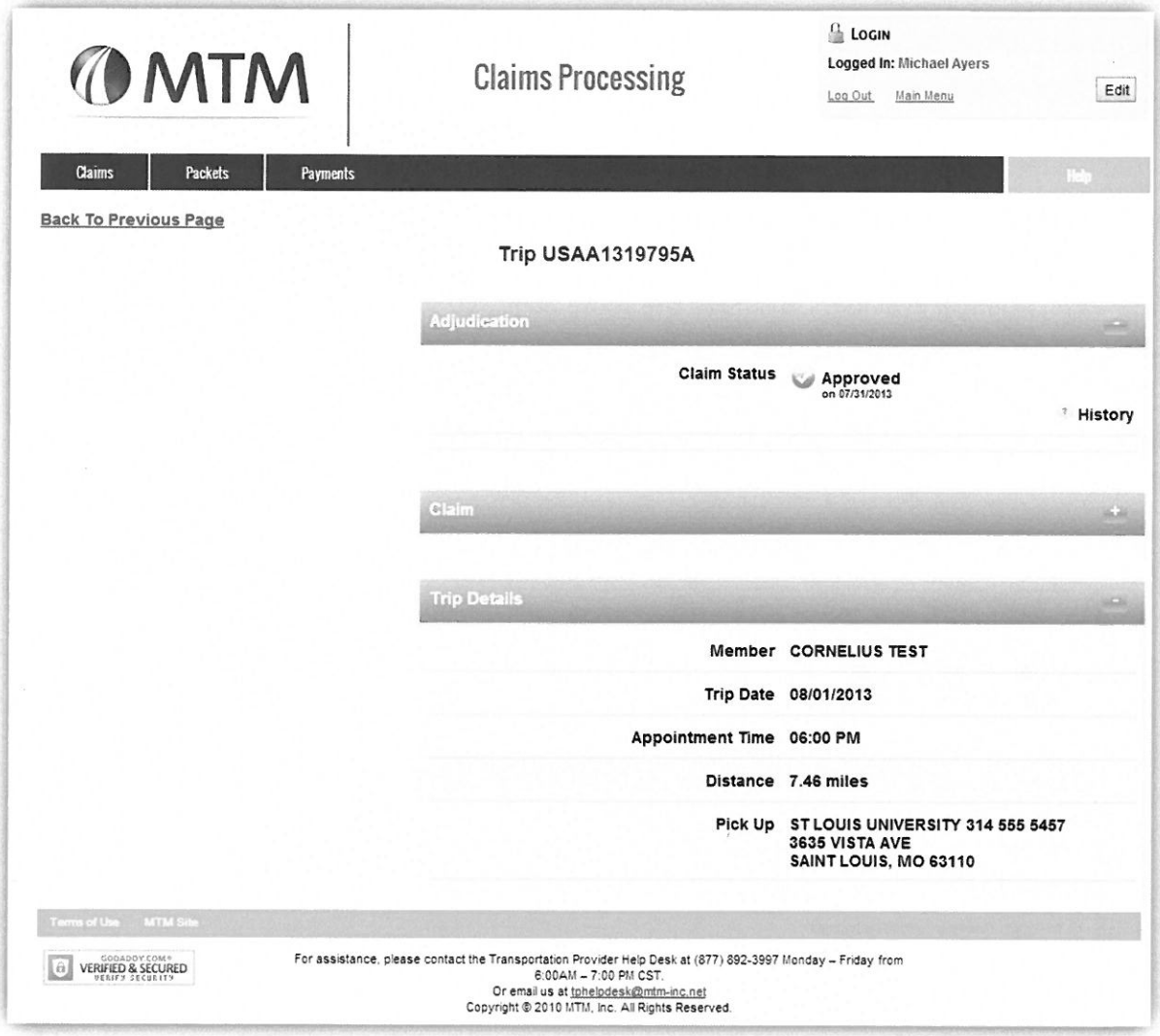


Figure 39. Details of Trips by Request Tracking Number.

In summary, this portal provides NEMT providers the ability to go paperless and seamlessly integrate the business applications of their choice with the NET Management System. The NEMT provider also benefits from streamlined processes provisioning rapid credentialing of drivers and vehicles, automated management of expiration dates, and cost savings associated with maintaining credentialing data online. NEMT providers appreciate the benefit of being able to expedite the billing process by submitting data online and viewing the status of payments in real time. This means BMS is assured of having a compliant network of credentialed drivers and vehicles. Our District of Columbia client regularly and randomly audits our network for compliance utilizing the portal system, reporting that the site is useful and holds providers accountable.

Medical Provider Portal

The medical provider portal provides the online ability to:

- Schedule, review, and change transportation arrangements
- Present the Member with a user-friendly hard copy record of the transportation details

In accordance with HIPAA regulations, medical providers are able to review and research the transportation arrangements that are associated with attendance at their facilities only. Otherwise, medical providers will have the same ability to schedule, review, and change transportation arrangements as BMS staff.

Figure 40 is a sample of the screens that West Virginia medical facilities will use to schedule transportation arrangements.

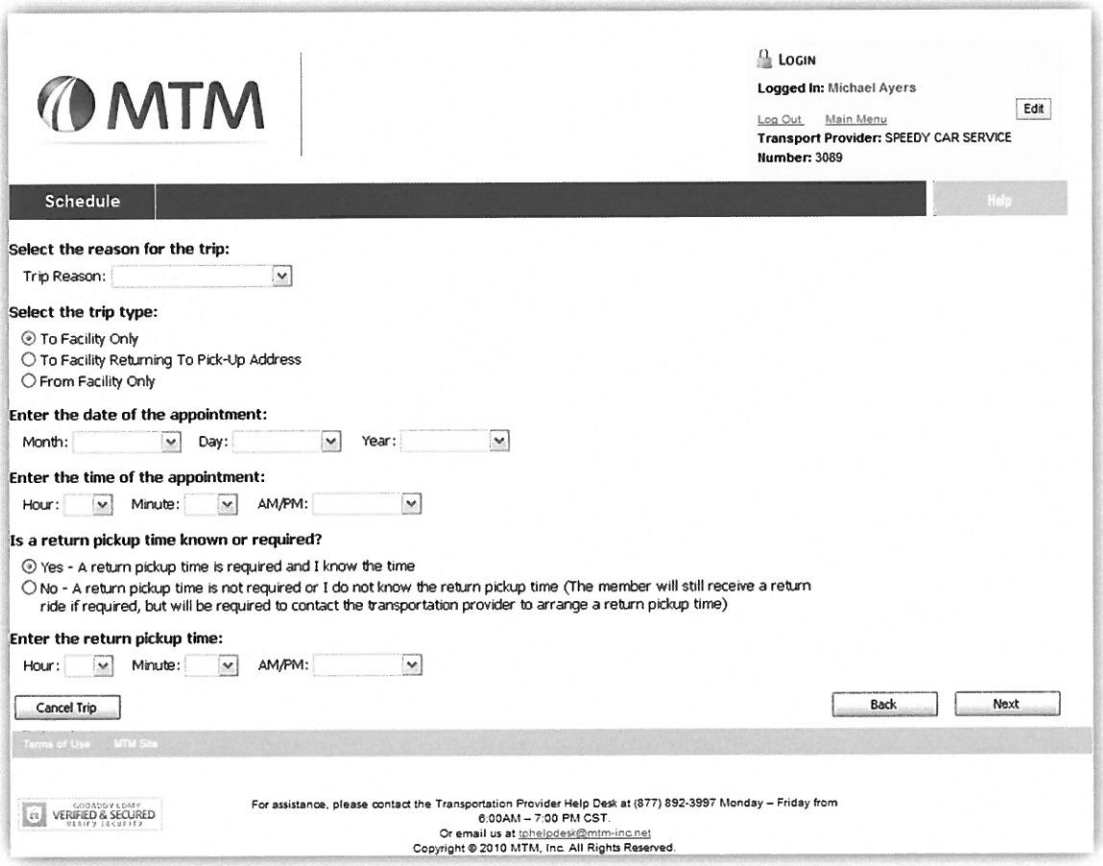


Figure 40: Online Trip Scheduling Screen. Medical providers will be able to schedule trips conveniently online, facilitated by easy-to-use dropdown boxes.

In summary, this portal provides medical providers with the assurance that appropriate transportation arrangements are in place, thus ensuring that the Member has appropriate access to the care required and eliminating the inefficiencies caused by missed appointments.

Member Portal

With approval from BMS, MTM can also provide Members access to a portal that will allow them to schedule, view, and modify trips online. We have introduced this feature in other state Medicaid NEMT programs with great success. The user-friendly Member portal is more fully described in **Appendix 1, Section XI Call Center.**

Calculating Mileage

During the trip scheduling and assignment process, our system and scheduling software calculate the mileage and total cost associated with the trip. We employ the Esri product solution to facilitate this process. The market leader in Geographic Information Systems (GIS), Esri is used by more than 300,000 organizations worldwide. Our NET Management System currently utilizes Esri's ArcMap and ArcGIS products. MTM has upgraded our Esri software recently and continues to update it routinely to ensure the most accurate mileage calculations as data is updated and improved.

ArcGIS locates addresses using a cascading geocoder in conjunction with a database containing 80 million specific address points and street level information. The database is updated on a regular basis, ensuring all potential locations are available at any given time. The NET Management System first establishes if the given address is accurate and offers suggestions if it is not. For example, the system may suggest to the CSR that the offered address of 123 Main Street may in fact be 123 South Main Street, or that a complex street name that sounds like Gugleemo Road may in fact be Guglielmo Road. The NET Management System will also identify the exact address from a name and an approximate location. This allows CSRs to work with Members who may have incomplete or imperfect information to quickly establish the correct address, which is essential to accurate mileage calculation, efficient routing, and appropriate scheduling.

To establish mileage for each trip, the geocoder searches the database to match the supplied address to one of the available address points. If an exact match cannot be identified, the geocoder then identifies the two closest address points and interpolates between these points using street level information. ArcGIS then calculates mileage between the two addresses using a route that meets configurable parameters. For example, it can be configured to calculate the quickest route, which is generally higher mileage, or the shortest route, which generally takes longer to complete transport.

Additionally, ArcGIS can accommodate other parameters on a trip-by-trip basis, supporting visual maps of routes and step-by-step driving directions. It is also capable of identifying whether or not an address is within a defined distance of a county or state line, allowing the CSR to manage NEMT within any protocols that may restrict travel over such lines. ArcGIS is installed and executed on servers located within the MTM datacenter, allowing us to guarantee HIPAA confidentiality. This is distinct from transactional-based systems like Google that typically use data for other purposes in violation of HIPAA.

V. Business Continuity and Disaster Recovery Plan

Preparing for adverse situations by having contingencies in place is important for ensuring Members receive NEMT services in spite of extreme weather conditions, power outages, and other disastrous scenarios. To appropriately handle these situations, we have built extensive redundancy into our program management and systematically apply recovery responses.

For example, Members will always receive call intake services during emergencies because each of our locations are linked, allowing the automatic rerouting of calls to any of our six CSCs. Specifically, our Lake St. Louis, Missouri; Pulaski, Virginia; Houston, Texas; and Madison, Wisconsin locations are fully redundant and employ back-up generators, ensuring service is always available. We also provide back-up support to our automated processes with manual processes. Further, because all data is stored within our secure NET Management System, which is housed in our corporate headquarters and backed up on a nightly basis, BMS is ensured all data will remain safe and accessible despite failure. In the event of a failure on BMS's part, our staff will continue to schedule trips without interruption; if eligibility data is unavailable, trips will be scheduled on conditional terms and upon repair, eligibility will be reevaluated.

In our Business Continuity and Disaster Recovery Plan, MTM identifies our processes for minimizing disaster threats, continuing to accept calls and schedule transportation during emergencies, and minimizing the loss of records due to disaster, as well as details regarding our off-site storage facility. The plan includes an MTM contact list, back-up components, high availability details, and disaster recovery methods, and addresses topics like employee training, key business functions, plan testing, and communication. We also outline the following scenarios and our response to each:

- NET Management System goes down at all sites, but power is on and phones are up
- Phone server goes down for a reason other than power outage
- Power outage at corporate headquarters or remote location longer than a few hours
- Telephone lines down at corporate headquarters or remote location

- Natural disaster makes headquarters or remote location unavailable
- Inclement weather or flu type epidemic at corporate headquarters or remote location results in reduced staffing

While this list is not comprehensive of the possible situations that could occur, MTM's plan focuses on likely scenarios and ensures that we can respond to each swiftly and efficiently. Communication during a catastrophe will be of the utmost importance. BMS will be immediately notified if our systems go down, and we will keep all stakeholders informed of the particular situation to minimize confusion and avoid further complications.

In **Supplemental Information, Tab R**, we have provided a sample copy of our Business Continuity and Disaster Recovery Plan. This plan receives annual review from our Quality Management department to ensure it is up-to-date and consistent with industry standards and will be available for BMS review and approval thirty calendar days prior to the contract start date and annually thereafter.

Adverse Weather Plan

In addition to accommodating provisions for service during power outages that cause our internal systems to fail, our Business Continuity and Disaster Recovery Plan provides guidance for hazardous weather conditions. Information regarding our Adverse Weather Plan may be found in **Appendix 1, Section IV Miscellaneous Operation Rules.**

Section 4, Subsection 4.2: *The Vendor should list all subcontractors that the Vendor intends to use for any administrative functions of the NEMT Brokerage Program, other than NEMT Providers. Additionally, for each subcontractor, the Vendor should:*

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:

MTM will perform all duties associated with this contract and does not intend to subcontract any administrative portion of the program.

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:

Please see **Appendix 2, Section IV Data Systems Requirements** for a full description of our ability to manage a database, submit encounter data, and analyze data. Information regarding reporting can found in the following response to **Section 4, Subsection 4.4**.

Throughout the nation, we deploy these tools with high satisfaction to achieve a fully redundant and reliable NEMT management model. We have a skilled IT team that ensures the proper utilization of these resources and has the ability to make programmatic software changes and to create new resources in-house that enhance our efficiency. As a whole, this translates into improved program management, greater transparency for BMS, and the capability to expand this program as necessary with little to no impact on day-to-day activities.

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:

Important to the success of every contract MTM operates is the ability to collect and analyze program data. MTM's NET Management System is a state-of-the-art system capable of processing thousands of trip requests daily. This system collects and stores required data elements during and after the trip request process for utilization tracking, and provides reports detailing these data elements. Our system, described further in **Appendix 2, Section IV Data System Requirements**, also supports and tracks daily operational functions, including service authorizations and denials, trip scheduling, mileage calculation, trip logs, and other information.

Our system then readily generates reports as trip requests, complaints, and claims are entered into the system. This data is immediately transmitted to our system database, where it is stored permanently. All data is backed-up nightly and sent to our back-up system to ensure that complete and accurate data is available at all times. In addition, our retention policy includes the collection, retention, and storage of all MTM contracts, subcontractor agreements, provider records, trip reconciliation forms, complaints, and computer database storage for a period of six years or more.

Tracking and Trending Key Data

MTM firmly believes that the collection of data for the mere purpose of collection holds little value; instead, the Project Manager will ensure BMS receives all reports within the specified times and in the approved formats, verifying reports are complete and accurate prior to release. Additionally, s/he will analyze reports, scrutinizing data for any conditions out of tolerance, unusual activity, and opportunity for improvement. If such conditions are identified, s/he will make appropriate, timely recommendations to BMS. In addition, report analysis will be integrated into regular meetings with BMS.

Developing Reports

With our sophisticated NET Management System, MTM has the ability to produce meaningful, informative reports for the programs we operate. MTM will assemble this data into several accurate, complete reports and distribute them to BMS on a monthly and annual basis, and as otherwise requested. Our belief in the value of reports is demonstrated throughout this section. MTM does not view reports as simple data; instead, we view them as a way to learn program strengths and plan for positive maintenance and program improvements. BMS, Members, area NEMT providers, and MTM alike will benefit from our extensive reporting capabilities.

MTM provides our clients with a reporting package full of useful, detailed information on a monthly basis. Although many of these reports are similar from contract to contract, these packages are customized for each program based on specific needs. Based on the requirements of the RFP, MTM is proposing a BMS-specific reporting package made up of the reports detailed in **Figure 41**. Reports will be submitted to BMS electronically by the 15th day of the month following the report month in which they are due. Please see **Supplemental Information, Tab P** for a sample monthly reporting package featuring examples of reports we can create. Upon contract award, we will work with BMS to develop specific formats for each report and will submit sample reports to BMS for approval at least 30 days prior to the operation start date.

Proposed Reporting Package for BMS		
#	**Report Name**	**Frequency**
R1	Broker Monthly Report Card	Monthly
R2	Provider Monthly Report Card	Monthly
R3	County Level Detail Report	Monthly
R4	Call Center Report	Monthly
R5	Staffing Report	Monthly

Proposed Reporting Package for BMS		
R6	CSR Monitoring Report	Monthly
R7	Reservation Summary Report	Monthly
R8	Unduplicated Riders by Service	Monthly
R9	Complaint Summary Report	Monthly
R10	Complaint Detail Report	Monthly
R11	Denial Summary Report	Monthly
R12	Denial Detail Report	Monthly
R13	Network Report	Monthly
R14	Scheduled Trip Requests Report	As requested, provided within two business days
R15	Provider Training Schedule	Monthly
R16	Accident and Incident Report	Monthly, and per accident
R17	Member Satisfaction Survey Report	Monthly*
R18	Suspected Fraud, Abuse, Misuse Summary	Quarterly
R19	Annual Report	Annually
R20	Vehicle Inspection Records	Monthly
R21	NEMT Provider Monitoring Report	Monthly
R22	Excessive Distance Report	Monthly
R23	Encounter Data Reconciliation Report	Monthly

Figure 41: Monthly Reports Package. MTM will provide BMS with a customized, comprehensive monthly reports package.

** BMS only requires this report every six months; however, MTM's weekly surveys allow us to compile detailed monthly reports about stakeholder satisfaction.*

Meeting Annual Reporting Requirements

Outside of detailed monthly and quarterly reports, we will also provide BMS with an Annual Transportation Report. The report will be submitted to BMS by the 60th calendar day following the end of each 12 month period. Through this report, MTM will provide a statistical summary of NEMT services, including all program activity, MTM's accomplishments, challenges, and any recommendations to improve the program. From this report, BMS will gain detailed knowledge on program successes and achievements, as well as the overall state of the NEMT program.

Access to Raw, Ad Hoc Data and Reports

In addition to developing detailed reports, MTM will give BMS's staff direct access to raw data via an independent web portal. Using this portal, BMS can pull data by Member ID number, Member name, NEMT provider, date, and other identifiers for a 24-month plus time period. This data will be delivered to BMS within 24 hours of the request via formats that include Microsoft Word, Microsoft Excel, and Adobe PDF.

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:

At the onset of a new contract, MTM develops a compliance matrix that covers all contract requirements as specified in the final RFP and resultant contract. The Project Manager and the Quality Management department work closely to ensure all performance standards, milestones, and deliverables are identified on the matrix. The Project Manager then assigns each requirement to an internal staff person who has oversight of that particular requirement, with the Project Manager overseeing the process as a whole. It is the responsibility of the internal staff person to ensure that we have processes, procedures, technology, and/or manpower to perform or meet the necessary requirement within the required timeline. The compliance matrix will be tested informally throughout the implementation process, formally during the readiness review, and thereafter it will be used to guide our performance and adherence to contractual requirements.

An internal Compliance Auditor will audit our performance to the compliance matrix on an annual basis. Items covered include on-time report submission as outlined in our response to **Section 4, Subsection 4.4**, timely provider payment, credentialing of providers, and other contract requirements. Through this program, MTM conducts a continuous cycle of self-monitoring to achieve NEMT excellence, process integrity, and contract compliance.

We propose using the implementation plan (provided in **Supplemental Information, Tab C**) as a vehicle to collect sign-off on all deliverables and major activities. This approach has worked well with other similar programs under our management. We are open to alternate procedures to gain approval from BMS and will work closely with the Bureau to determine an efficient procedure upon contract award.

Once the implementation plan has been approved by BMS, we will determine, with feedback from the Bureau, the proper BMS official(s) that must sign off on each deliverable and major activity. We will then seek approval from that official(s) for deliverables in a manner and timeframe that will allow us to meet all due dates including the readiness review and go live. Our Project Manager will oversee the sign-off process and maintain documentation of all feedback and approvals.

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:

At the onset of a new contract, MTM develops a compliance matrix that covers all contract requirements as specified in the final RFP and resultant contract. The Project Manager and the Quality Management department work closely to ensure all performance standards, milestones, and deliverables are identified on the matrix. The Project Manager then assigns each requirement to an internal staff person who has oversight of that particular requirement, with the Project Manager overseeing the process as a whole. It is the responsibility of the internal staff person to ensure that we have processes, procedures, technology, and/or manpower to perform or meet the necessary requirement within the required timeline. The compliance matrix will be tested informally throughout the implementation process, formally during the readiness review, and thereafter it will be used to guide our performance and adherence to contractual requirements.

All reports, letters, manuals, and materials are compiled during the implementation period and reviewed by multiple teams within MTM. Once the documents have completed our internal process, we will upload them to our secure FTP site, or provide them to BMS via a different preferred method. Once BMS has completed review, we will make any necessary changes and submit for further review if necessary. We label each document with a version number that identifies the stage in the review process. In this way, we can easily identify which documents have been approved both internally, and externally.

Our timeline for providing all contract deliverables to BMS for review can be found on our Implementation Plan in **Supplemental Information, Tab C.**

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:

As outlined in **Appendix 1, Section XII Training and Education**, we provide comprehensive education to NEMT Providers via a variety of venues, including online WebEx training, in-person discussions, and our manuals. In the event that BMS requests additional training, we will conduct additional mandatory sessions for specific providers, or to the entire network, at no cost to the Bureau. We are able to verify and document this training using our NEMT provider web portal, where we will require providers to upload documentation of completion before they are assigned additional trips. Our corporate Network Training Coordinator will work with the local MTM team to develop a customized program that ensures contract and RFP compliance.

Additionally, BMS can be assured that MTM will be proactive in identifying potential educational opportunities for NEMT providers. In similar contracts we have offered continual NEMT provider education through periodic WebEx training seminars and by sending out a Quality Tip of the Week, designed to remind providers of key contractual requirements and to offer them strategies to improve service delivery.

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:

BMS is seeking a best-in-class solution, but this is not a static goal. What is best-in-class today will be woefully substandard in a short timeframe. The successful contractor will need to build a culture and implement a quality program that ensures continuous improvement. This will be challenging as BMS and stakeholders navigate the rapidly changing healthcare landscape due to the Affordable Care Act.

We are well positioned to help BMS meet its quality goals and establish a robust monitoring program that will ensure compliance with state and federal requirements. In our current operations, it is vital that we understand and stay abreast of Centers for Medicare and Medicaid Services (CMS) regulations to help our clients maintain continual compliance. We also empower our employees at all levels to research and act on opportunities for improvement within every program that we operate. Due to our organizational structure and size, we are

very flexible and can quickly implement new processes and procedures to either capitalize on an opportunity or resolve a service issue. Larger organizations may not be able to react as quickly or operate efficiently as a company the size of MTM. Within our proposal we have detailed many quality monitoring procedures, such as:

- Call monitoring, as detailed in **Appendix 1, Section XI Call Center**
- NEMT provider monitoring programs described in **Appendix I, Section X NEMT Providers' Driver Polices and Procedures**
- Member, NEMT provider, facility, and client satisfaction surveys, also outlined in **Appendix I, Section X NEMT Providers' Driver Polices and Procedures**
- Internal audits detailed in **Appendix 2, Section II Quality Assurance Plan**
- Fraud, waste, and abuse reviews described in **Appendix I, Section VIII Suspected Fraud, Abuse, and Misuse**

Another valuable internal quality control monitoring activity that we conduct is the 100 trip audit. Each month we audit 100 NEMT trips using a closed loop process. The purpose of the audit is to ensure that for each transaction all client specific protocols were followed, the entire process was handled professionally, and each step was accomplished in a timely manner. We completely review the full continuum of each transaction from call intake through payment of claim to the provider. Each step of the transaction is critically evaluated individually and in aggregate, as shown in **Figure 42.** The results of the audit are used to improve process accuracy, Member satisfaction, and protocol adherence.

Figure 42: **100 Transaction Audit**. MTM conducts a closed loop review for each operational step of 100 transactions each month for quality assurance.

Approach to managing programmatic changes

Once a need for a program change has been identified, we practice complete transparency with the affected parties. Our clients find this approach refreshing, and we believe it promotes trust, closer collaboration, and more effective problem resolution. NEMT providers also appreciate this candid approach and are more motivated to work towards implementation when the facts are openly shared.

More involved issues may require the formation of a cross-functional task force to develop and operationalize a modification. Historically we have found that most issues can be addressed by activities such as developing or modifying an existing policy or procedure, reprogramming a portion of our NET Management System, re-engineering an operational process, or through improved communication.

MTM follows a standard five step change control process for making programmatic changes as follows:

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

Through careful monitoring and a clearly defined change control process, MTM help BMS and its stakeholders react to and navigate an evolving NEMT program.

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:

Establishing clear lines of communication will allow MTM to effectively and appropriately interact with BMS and its stakeholders. Members, NEMT providers, and medical providers will have the ability to communicate with MTM 24/7/365 via phone, and will have access to program information and services on our BMS-specific website and through our stakeholder-specific web portals. Furthermore, quarterly Advisory Committee Meetings, outlined in **Appendix 1, Section XII Member Outreach and Education Plan**, will facilitate face-to-face

communication and candid conversations between MTM and each stakeholder group. Finally, our local Outreach and Communications Manager will be 100% dedicated to ensuring effective communication and outreach for the BMS program.

BMS Communication Plan

MTM's interactions with BMS will be coordinated by our Project Manager; however, our CEO is a critical player and point-of-contact for BMS as well. We have found that our clients appreciate the direct involvement and business acumen of our executive team. All operational interaction with BMS will be streamlined through the Program Manager except for the operational pathways that are designated between other MTM key management personnel and their respective counterparts at BMS. These pathways may include system architecture, communications, and protocol review. We minimize frontline staff contacts to BMS to proactively consolidate issues, reduce redundancy, and avoid confusion.

Important to the success of every contract MTM operates is the ability to collect and analyze program data and to effectively share and use the data to implement program enhancements. During implementation we develop and communicate a project status reporting schedule that adheres to all RFP and client requirements. Below we have outlined our standard approach to project status reporting meetings including frequency and what information is covered in each meeting. Typically, these meetings are led by the Project Manager. Our CEO, Vice President of Operations, and Vice President of Client Services will attend quarterly and annual project status reporting meetings based on the needs of the client. As we have referenced throughout our proposal, our executive leadership team is vested and intimately involved in the success of each of our contracts. Clients appreciate our high touch management approach and it is a factor that sets us apart from our competition.

Monthly Updates

Our Project Manager will meet with BMS staff to discuss and analyze the monthly reporting package. These reports, more fully described in **Section 4, Subsection 4.4**, provide an accurate and current status report. These reports will be submitted to BMS based on RFP requirements, but we also provide BMS with the option to meet face-to-face or via Webex to discuss the monthly reporting package, a sample of which can be found in **Supplemental Information, Tab P**. Many clients appreciate the time our Project Managers take to interpret the results of the monthly reporting.

Quarterly Plan Performance Review

On a quarterly basis we trend our monthly reporting data to assess performance and explore opportunities for improvement. This meeting is conducted face-to-face at a location and time

that are convenient to BMS. Typical content includes quarterly program overview detailing utilization, trip reason codes, and days' notice, average miles per trip, vehicle type, most utilized NEMT providers, complaints, and call statistics.

Annual Strategic Planning Session

Outside of detailed monthly reports and Quarterly Plan Performance Reviews, we also will provide BMS with reports and feedback during an Annual Strategic Planning Session. As noted above, this session is led by the Project Manager and we welcome the client to invite members of their team as appropriate. During the session, MTM provides a statistical summary of services, including all program activity, MTM's accomplishments, challenges, and any recommendations to improve the program. From this annual project status update, BMS will gain detailed knowledge on program successes and achievements. MTM understands that we are also required to submit a written annual report following the end of each 12 month contract period.

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:

Grievance Process

In the event that a stakeholder is not satisfied with the results of the complaint resolution, they will have the opportunity to express their concern as a grievance. A grievance can be an oral or written request for further review of a complaint for which the complainant remains unsatisfied after completion of the process. Once received, the grievance will be acknowledged by MTM in writing within 24 hours. MTM will make every attempt to resolve the issue to the satisfaction of the aggrieved within 15 days.

Appeals Process

In addition to supporting complaint and grievance resolution, MTM will support all appeals as necessary, including those regarding service denials and suspensions. Stakeholders have the right to appeal any MTM decision within 30 calendar days. The QSC will collect, maintain, and provide complete documentation of the incident and how it was handled, including any documentation BMS deems necessary to justify MTM's determination at the administrative or judicial hearing. Our BMS Project Manager or another expert will testify during the hearing as needed. If BMS overturns our decision, we will immediately notify the appellant, and implement any corrective action within 10 working days.

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:

Please refer to **Appendix 1, Section II NEMT Providers** for our detailed plan for contracting with qualified NEMT providers including the description of our four phase contracting process.

Our careful credentialing process, thorough training and education program, and proactive quality monitoring has enabled us to develop a strong, reliable network. Through our various monitoring activities, if MTM finds a provider that is non-compliant with our service agreement, our Network Management team coordinates education with the NEMT provider. MTM seeks to employ corrective action before termination is an option. For many issues, corrective action comes in the form of a Performance Improvement Program (PIP), which acts as a progressive action plan. A series of letters accompanied by suspension periods are sent to the provider. As part of this plan, a Network Representative will follow up with the provider in intervals of 30, 60, and 90 days to make sure they achieve compliance. If the issue is severe, we will suspend the NEMT provider or driver, or, as a last resort, permanently remove them from the network.

Additionally, we will remove any provider, driver, or vehicle from service if it is determined to be in the best interest of the NEMT program. We give our NEMT providers the tools and resources they need to be successful, and provide continual guidance as needed; therefore terminations are typically only a concern for companies who deliberately choose to be non-complaint. That said, because Member safety is our primary concern, termination is a first step in the case of egregious acts of member abuse, recklessness, or fraudulent behavior.

As demonstrated in **Figure 43** below, our recently updated PIP process has essentially eliminated the need for termination of a vendor and has greatly reduced vendor cancellations. The chart displays network-wide results of our new PIP program which we implemented in January 2013 for all 750 contracted NEMT providers.

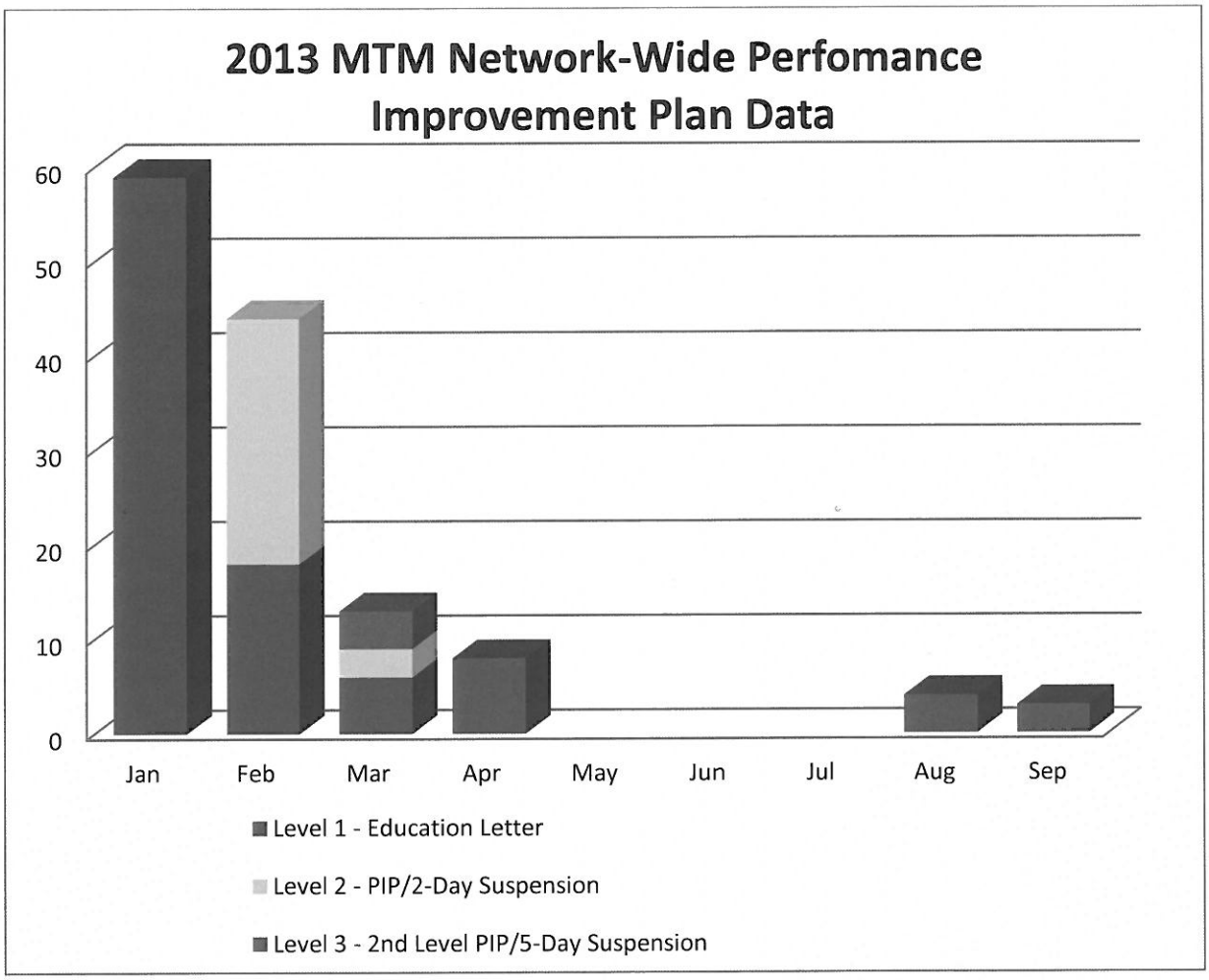


Figure 43. 2013 YTD data demonstrating NEMT provider performance improvement plan activity.

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:

As outlined previously, prior to providing any services to clients, we require drivers to go through our thorough credentialing process, which includes a complete background check and driving record inspection. This process is detailed in **Appendix 1, Section II NEMT Providers**. All MTM employees also go through a criminal background check prior to being offered employment.

Attachment B: Mandatory Specification Checklist

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 § 440.170, and follow the Bureau's exclusions.*

Vendor Response:

MTM will comply with all federal, state, and local laws, statutes, ordinances, rules, regulations, court orders, consent decrees, corrective action orders, corrective action plans, and agreed settlements. In addition, we will comply with all applicable laws, including:

- Federal Medicaid statutes and regulations
- West Virginia State Medicaid statutes and rules
- Federal and State statutes and rules governing transportation
- Chapter 524 of the West Virginia State Medicaid Manual, Chapter 27 of the West Virginia Bureau for Children and Families Income Maintenance Manual, 42 CFR § 440.170, and the Bureau's exclusions

We understand that such rules and regulations may change throughout the course of this contract, and will abide by all changes given. All MTM policies and procedures will conform to the above regulations.

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:

In **Attachment A, Vendor Response Sheet**, we have provided our proposed staffing. During the implementation period, we will hire staff and ensure staffing adequacy; no staff reductions will occur after within 30 days of the operations start date, or after, without BMS approval. MTM further agrees that it will increase staffing levels as needed throughout the life of the contract, or as requested by BMS, without additional cost to the Bureau, to ensure that contract requirements are met.

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:

As outlined in **Appendix 1, Section XI Call Center**, MTM has identified a potential site for our West Virginia CSC and business office at 200 Tracy Way, Charleston, West Virginia. The location is within three and a half miles of BMS's office at 350 Capitol Street. All calls related to the BMS program will be handled at this local call center, except during non-working hours or periods of high call volume, at which times calls will be routed to our CSC in Lake St. Louis. MTM has committed to employing at least 100 staff at this local CSC, far more than are needed to operate the BMS contract. These additional CSRs will handle calls for other MTM contracts and the jobs will provide a boost to the local economy.

MTM will not delegate any administrative duties, inclusive of screening, authorization, and scheduling. Although the NEMT providers will handle dispatching duties for their fleet, MTM will regularly communicate with NEMT provider staff and maintains responsibility for these 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:

With MTM, BMS will receive the services of a proven and experienced transportation broker that is an expert in NET management, as well as the needs of Medicaid Members. For the BMS Medicaid program, MTM will perform the following duties without delegating any functions of the program to subcontractors outside of the actual transportation service:

- Inform and educate beneficiaries about available transportation services
- Operate a local customer service center to process all requests
- Screen for eligibility
- Assess the need for transportation, including specific modes
- Authorize services
- Schedule and assign trips to qualified NEMT providers
- Coordinate trip information

- Operate CSC services
- Build and monitor a compliant NEMT provider network
- Reimburse NEMT providers
- Implement quality management activities
- Collect data
- Provide administrative oversight
- Produce informational material at a six-grade reading level in English and any other BMS requested language, and in Braille if needed
- Submit management reports
- Protect Member confidentiality
- Monitor for fraud and abuse
- Conduct in-person meetings with BMS as needed and provide monthly status reports

Throughout our proposal we detail these processes and procedures and our ability to meet each requirement as outlined in the RFP. We will be prepared to begin serving the needs of BMS members on the operations start date, and will continue to offer excellent service throughout the life of the contract, including any renewal periods, until service delivery is turned over to a successor.

Section 4, Subsection 5.5: *The Vendor will be responsible for reimbursing NEMT Providers. The Vendor will not be required to reimburse for unauthorized NEMT Services to out-of-network providers. The Vendor 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. § 1396a (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:

MTM agrees to all payment terms as outlined in the RFP. Our procedure for making payments to NEMT providers is outlined in **Appendix 1, Section II NEMT Providers**, and complies with all federal requirements. Furthermore, all transportation services will be provided by NEMT providers who have a contract with MTM and who have completed the credentialing and training process.

We further agree that we will maintain a reserve equivalent to the expected annualized payments for NEMT services throughout the life of the contract, that we will post a 10% performance bond, that we are registered to do business in the state of West Virginia (please see certificate in **Supplemental Information, Tab T**), and that we will enroll as a West Virginia Medicaid provider and accept payment through the MMIS system.

BMS needs to know that the broker it selects to manage its NEMT program has sufficient financial stability and solvency to provide a smooth implementation and operate this contract successfully. MTM has the necessary finances to do this. We are in good financial standing, and have the financial ability to meet our short-term and long-term obligations.

Attachment C: Cost Sheet

Please find **Attachment C: Cost Sheet** in the separately submitted and sealed Cost Proposal as requested by the RFP.

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.

MTM, Inc.
(Company)

Alaina Macia
(Authorized Signature)

Alaina Macia, Present and CEO
(Representative Name, Title)

636-561-5686 636-561-2962
(Phone Number) (Fax Number)

12/5/13
(Date)

REQUEST FOR PROPOSAL

Department of Health and Human Resources
Bureau for Medical Services
RFP # BMS14054

Section 4, Subsection 5.5: The Vendor will be responsible for reimbursing NEMT Providers. The Vendor will not be required to reimburse for unauthorized NEMT Services to out-of-network providers. The Vendor 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.** § 1396a (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:

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.

MTM, Inc.
(Company)

Alaina Macia, Present and CEO Alaina Macia
(Representative Name, Title)

636-561-5686/636-561-2962
(Contact Phone/Fax Number)

12/5/13
(Date)

REQUEST FOR PROPOSAL

Department of Health and Human Resources
Bureau for Medical Services
RFP # BMS14054

Notes:

1. *The Vendor shall be paid an Implementation price of the amount specified in the Vendor's proposal set forth in Attachment C. Payment of the implementation cost of the contract shall be made by BMS in accordance with Appendix 5 (Milestones, Deliverables, and Payments) during the implementation phase of the contract.*
2. *Participant population estimates were developed based on the best information available at the time of the solicitation. The participant population estimates are to be used for purposes of cost proposal and evaluation only.*
3. *During the Operation Phase of the Contract, the Vendor will be paid on a monthly basis in accordance with the Vendor's bid price proposals as set forth in Attachment C which shall be firm and fixed for the period of the Contract. No specific or lump sum payment shall be made by BMS for Close-out and Turnover activities, whether the Vendor performs those activities before or after the date of Contract termination. The final administrative payment is to be made upon determination by BMS that all requirements under the Contract have been completed.*
4. *The cost proposal will be evaluated based on the Total Not to Exceed Cost of Contract. The cost bid should include all anticipated training, travel and related expenses, including supplies and general administrative expenses.*

MTM, Inc.
(Company)
Alaina Macia, President and CEO Alaina Macia
(Representative Name, Title)
636-561-5686/636-561-2962
(Contact Phone/Fax Number)
12/5/13
(Date)

RFQ No. BMS14054

STATE OF WEST VIRGINIA
Purchasing Division

PURCHASING AFFIDAVIT

MANDATE: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceed 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: MTM, Inc.

Authorized Signature: Gina Vogel Date: 12/5/13

State of Missouri

County of St. Charles, to-wit:

Taken, subscribed, and sworn to before me this 5th day of December, 2013

My Commission expires Aug 19, 2016.

AFFIX SEAL HERE

GINA M. VOGEL
Notary Public - Notary Seal
STATE OF MISSOURI
St. Louis County
My Commission Expires: Aug. 19, 2016
Commission # 12561446

NOTARY PUBLIC Gina M. Vogel

Rev. 07/12

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:**

X* 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: MTM, Inc. **Signed:** Elaina Maria

Date: 12/5/13 **Title:** President and CEO

*Please note: If MTM is awarded the contract, we will employ a minimum of one hundred West Virginia residents.

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)

☑ Addendum No. 1	☐ Addendum No. 6
☐ Addendum No. 2	☐ Addendum No. 7
☐ Addendum No. 3	☐ Addendum No. 8
☐ Addendum No. 4	☐ Addendum No. 9
☐ Addendum No. 5	☐ Addendum No. 10

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

MTM, Inc.
Company

Authorized Signature

12/5/13
Date

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

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

Solicitation

NUMBER	PAGE
BMS14054	1

ADDRESS CORRESPONDENCE TO ATTENTION OF:
ROBERTA WAGNER
304-558-0067

VENDOR
RFQ COPY
TYPE NAME/ADDRESS HERE
Medical Transportation Management, Inc.
16 Hawk Ridge Drive
Lake St. Louis, MO 63366

SHIP TO
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
Diana Garcia	636-561-5686	12/5/13
TITLE: President and CEO	FEIN: 43-1719762	ADDRESS CHANGES TO BE NOTED ABOVE

WHEN RESPONDING TO SOLICITATION, INSERT NAME AND ADDRESS IN SPACE ABOVE LABELED 'VENDOR'

Supplemental Information

Tab A	Resumes
Tab B	Job Descriptions
Tab C	Implementation Plan
Tab D	Transportation Provider Service Agreement
Tab E	Transportation Provider Manual
Tab F	Transportation Provider Letters of Intent (LOIs)
Tab G	Facility Details
Tab H	Sample Facility Training Manual
Tab I	Sample Vehicle Inspection Form
Tab J	Sample ETO Program and Materials
Tab K	Level of Need (LON) Form
Tab L	Sample CSR Training Materials
Tab M	Sample CSR Script
Tab N	Call Monitoring Form
Tab O	CSC Incentive Program Details
Tab P	Sample Reports
Tab Q	Draft Operations Procedures Manual
Tab R	Business Continuity and Disaster Recovery Plan
Tab S	Quality Management (QM) Plan
Tab T	West Virginia Business License

Robert W. Ferguson, Jr.

[redacted] · rwfjr@suddenlink.net · www.linkedin.com/in/robertwferguson

Professional Summary

Results-driven senior leader with more than 25 years of experience in government, association, and private sector high-level management positions. Polished interpersonal, on-boarding and public speaking skills. Extensive experience in both legislative and executive branch operations with accessibility to the highest ranks of government within West Virginia, as well as with selected members of Congress. Proven leadership capability in all facets of management, operations, supply chain management, business development, coalition building, organized labor relationships, and continuity of government operations. A versatile leader with strategic vision; noted for success in management and leadership development roles in a range of organizations with up to 700 direct reports. Significant experience in rejuvenating failing organizations and implementing change.

Education

- Senior Executive Program, Fels Institute of Government, University of Pennsylvania, 2011.
- Named a Toll Fellow as one of the nation's brightest, emerging leaders in state government, Council of State Governments, 2008.
- M.A., Management, National University, San Diego, California, 2000.
- B.S., Education / Biology, The Citadel, Charleston, South Carolina, 1978.

Selected Accomplishments

Government Administration

- Appointed by Governor Joe Manchin III and confirmed by the West Virginia Senate to serve as one of the Governor's cabinet secretaries. Responsible for the oversight and performance of 15 divisions and agencies.
- Initiated a state-wide savings program that returned in excess of $133,046,236 to the taxpayers (2005-2012).
- Authored a department-wide strategic planning guidance, resulting in a focused and measured effort that:
    1) Consolidated technology assets and human resources across the executive branch, resulting in annual recurring savings of $10 million and reduced technology staffing by 89 positions while decreasing service response times;
    2) Initiated a comprehensive 40,000-employee classification and compensation strategy that will, when complete in 2013, ensure that all employees are consistently classified across diverse state agencies and be externally competitive with their private sector counterparts;
    3) Implemented numerous state-wide purchasing reforms that allowed for more efficient procurements and several million dollars in savings to taxpayers; and
    4) Established a comprehensive continuity of operations (COOP) plan for the executive branch that ensured seamless government operations after natural or manmade disasters.
- Served as the Chairman of the Tobacco Settlement Authority, leading the state to a nationally first-of-its-kind securitization, which netted the state $911M in taxable bonds, thereby reducing the state's liabilities by $2.5B.
- Played a key role in reducing (and eventually eliminating) the state's other post-employment benefits (OPEB) liability from $7B by implementing several policy changes and diverting funding streams to pay down the liability, resulting in significant upgrades to the state's bond rating.

Strategic Planning

- Directed the development of the Governor's state-wide strategic plan that set goals and objectives for all executive branch departments.
- Developed a proposal for the PEW Center on the States' lab state initiative in which the PEW Charitable Trust provided assistance to enhance state government initiatives. As a result, West Virginia was one of only four states to be selected.

Logistics Operations

- Developed and executed the ground general support transportation plan for the Marine Corps Operating Forces during Operation Desert Storm, encompassing the movement of 115,000 tons of supplies, 22,000,0000 gallons of water and fuel delivered over 1M cumulative miles; awarded the Bronze Star (fourth highest combat award).
- Served as a senior logistics policy manager for Marine Corps headquarters. Developed several manpower consolidation initiatives that saved in excess of $30M annually and streamlined training and promotions.
- Held numerous senior management assignments as a logistics officer with a heavy emphasis on supply chain management and maintenance management in both national and international locations. Consistently executed both manpower and equipment readiness requirements on-time and under budget.
- Hand-picked by senior Marine Corps leadership to travel nationally and internationally to brief senior leaders on emerging logistic and supply chain management trends and best practices.

Training/Sales and Public Speaking

- Led an organization of 300 personnel – responsible for training, developing, and instilling ethics via a values-based training and education process to on-board over 12,000 recruits to become United States Marines.
- Developed a proprietary sales program for a petroleum distribution company, which resulted in gross annual sales increase of $20M.
- Selected to lead Marine Corps recruiting efforts in West Virginia. Directed 54 Marine Recruiters assigned to a territory of 34,000 square miles. Consistently exceeded annual quota of 1,000 recruits.
- Nationally recognized speaker on leadership, followership, and sales success before a range of diverse audiences.
- Trained in Professional Selling Skills III, Coaching, and Interpersonal Management Skills from Xerox Learning Systems.

Employment Chronology

- Teacher, St Albans High School (2013-present)
- President/Owner, Public Administration Navigators Consulting (2012-present)
- Cabinet Secretary, State of West Virginia (2005-2012)
- Director of Sales & Dealer Operations, Petroleum Products, Inc., Charleston, West Virginia (2000-2005)
- Commissioned Officer , United States Marine Corps, serving in a range of international leadership and supply chain management roles (1978-2000)

Awards/Recognition/Published Works

- Served as the president of the National Association of State Chief Administrators (2008-2009).
- Named one of West Virginia's 50 Most Powerful People, WV Executive Magazine (2008).
- Named a Distinguished Mountaineer, Governor Joe Manchin III (2010).
- Recipient of the 2011 Mountaineer Award, West Virginia Association of Rehabilitation Facilities.
- Current president of the WV Chapter of the Military Officers Association of America.
- Published author on leadership and management topics in numerous regional periodicals.

Stephanie Boschenreither

Manager, Call Center

Career Summary

Medical Transportation Management, Inc., Lake St. Louis, MO, 2009 to Present

Call Center Manager

As the Call Center Manager, Stephanie is responsible for customer service daily operations and for supervision of the Team Leads, After Hours Supervisor, Support Staff and Customer Service Representatives (CSRs). Her primary function is to assure compliance with all Customer Services established protocols and procedures, ensuring customer satisfaction, and meeting service level and response time objectives across all areas of responsibility. Stephanie provides an on-going review of call center processes to identify areas of improvement and to recommend necessary changes.

Stephanie ensures timely and effective feedback to all team members including performance reviews, developmental plans, and disciplinary actions as needed. She also assures appropriate staffing levels in coordination with Human Resources. Stephanie provides a heightened emphasis on a positive motivational and teamwork environment in order to maintain high morale through awards, recognition and creative techniques.

Verizon Communications, Wentzville, MO, 1994 to 2009

Call Center Sales Support Specialist

Stephanie was a key player in the development of a new call center to fulfill work requirements for Verizon's Alternate Channel segments. This included working with real estate and national call routing team, determining head count requirements, hiring, organizing training, and development of new hires, and ensuring there was a seamless transition during movement of work.

Call Center Supervisor

Stephanie managed and developed a team of up to 80 online sales consultants through observing, coaching, creating development plans, conducting performance reviews, and enforcing discipline when necessary. She created an inter-functional help desk responsible for handling consumer escalation calls and providing technical support for call center employees, created processes and procedures for call center consultants, developed training documents, and coordinated and managed other miscellaneous offline projects.

Resource Management Analyst

As an Analyst, Stephanie was a key contributor in the development of the resource management department, which entailed working with National team to develop/install employee scheduling and monitoring systems, creating employee emergency files, and creating disaster recovery plans. She performed daily functions relative to short and long range planning. This included analyzing historical data and forecasting to provide daily staffing requirements for call center. She also monitored and controlled schedule efficiency (average handling time, average speed of answer, service levels, employees work state) to ensure optimum force utilization was achieved through schedule efficiencies to ensure we met internal and external Public Utility Commission requirements.

Career Highlights:

Piloted a new call intake process to reduce talk time and abandonment rates

Initiated monthly call calibration sessions with the SC NET client

Developed and implemented performance and quality improvement program

Redefined customer service representative standards, established hourly production standards

Stephanie Boschenreither

Manager, Call Center

Career Summary (2)

Call Center Consumer Sales Consultant

As a Sales Consultant, Stephanie handled an average of 65 inbound customer calls daily. These calls consisted of making sales recommendations, order fulfillment, resolving billing discrepancies, and promoting a positive customer experience on each call. She assisted peers by handling first level escalation calls, answering technical questions, and conducting peer coaching on sales and order entry processes.

Education

Lindenwood University, St. Charles, MO

Bachelor of Arts in Business Administration, Cum Laude

Additional Information

- Telecom Leadership Award Nominee 2007
- Sell One More Platinum Award Recipient 2007
- Telecom Award Recipient 2006
- WAVE Board Member (Mentoring and Personal Development) 2006
- Accreditation Certificate for Coaches Accreditation Program 2004
- Consumer Sales Channel Diamond Award Recipient 2004
- Leadership Exchange Program Nominee 2004
- Consumer Sales Channel Diamond Award Recipient 2003
- Gold Management Talent Member 2002

Ryan Kaspar

Manager of Implementations

Career Summary

Medical Transportation Management, Inc., Lake St. Louis, MO, 2013 to Present
Manager of Implementations

As the Manager of Implementations for MTM, Ryan is responsible for planning, preparation, transition, and start-up of MTM's new contracts. Ryan analyzes and forecasts program needs to ensure success and profitability, oversees network development and credentialing, and builds positive relationships with all stakeholders to establish confidence in MTM's transportation programs. Most recently, Ryan has been managing the implementation of one of MTM's largest programs, a 54 million dollar statewide contract in Wisconsin that provides over 2.4 million trips each year. Ryan has been on the ground in Madison for several months, during which time he has been overseen the recruiting and contracting of 210 transportation providers in 23 business days and building a multi-mode network. He also managed corporate and on-site training and inspections for 1600 drivers and 1400 vehicles across the state in just 60 days. In this role, he has contributed to positive change in Wisconsin state policy to increase transparency, reduce fraud and waste, and bring accessibility to nearly 1,000,000 members.

Ryan works closely with our clients to ensure satisfaction throughout the implementation process. Ryan's experience in operational reviews to enhance service productivity and performance are of great benefit and value to our clients; Ryan's in-depth analyses of program costs identify opportunities for efficiencies and cost reduction. Ryan has a strong understanding of the transportation management industry, and has extensive technological skills in a variety of scheduling system. With these skills, he is able to continually perform evaluations of trip data to identify scheduling improvements and multi-loading opportunities for MTM's clients. MTM's executive team relies on Ryan to deliver extensive reporting on network productivity and to execute programmatic changes based on actual data.

Operations Analyst, 2012 to 2013

As Operations Analyst, Ryan played a key role in the procurement and implementation of MTM's scheduling software system; the development and operational oversight of a 110 transportation provider multi-modal network; and in reducing administrative overhead and costs by analyzing and identifying operational inefficiencies. Ryan also closely managed technology and programming teams to align MTM's application deployment strategy to match its operational needs. He developed reporting tools using Java, SQL, and Visual Basic for Applications to maintain scalability for operational departments during periods of high growth. With these tools, he technically and operationally supported the training and inspection of 700 drivers and 600 vehicles in 60 days. Ryan also provided oversight and transitioned a manual routing process to an automated dispatching system solution which is communicated via smart phones for MTM's bus scheduling project with the District of Columbia Public School system, a program for which MTM arranged thousands of trips for local students over a four-month period in 2011 and 2012. This technology is now being utilized in many of MTM's programs across the nation.

Network Management Analyst , 2011 to 2012

In his position as Network Management Analyst, Ryan worked to develop a data capture and reporting structure for cost analysis and operational efficiencies which saved over $100,000 annually and provided stronger analytics for provider network inadequacies. He also supported other MTM departments including Network Management, Marketing, Sales, and Client Services during implementations and bidding processes.

Career Highlights:

Experienced in building and managing transportation provider networks, developing and implementing technological tools, and partnering with clients to achieve objectives

Led the successful implementation of a $54 million/year transportation management contract

Helped MTM to nearly $100,000 in annual savings based on productivity analyses and evaluations

Ryan Kaspar

Manager of Implementations

MTM

Career Summary (2)

Network Recruiter, 2010 to 2011

As the Network Recruiter, Ryan identified provider network inadequacies and contracted with transportation providers to provide increased access options to members. He successfully negotiated rate structures and analyzed transportation costs to best allocate cost resources in NEMT programs. He also developed a monthly reporting structure identifying new key performance indicators for Network Management that improved the structure and efficiency of the department.

Education

Lindenwood University, St. Charles, MO

Bachelor 's Degree in Marketing

Brian Arnold

Customer Service Center Manager

Career Summary

Medical Transportation Management, Inc., Pulaski, VA, 2008 to Present

Customer Service Center Manager

As the Customer Service Center Manager, Brian is responsible for recruiting and staffing to meet 5% abandonment rate and 60 second ASA. He manages inbound calls in excess of 44,000 calls per months for 14 health plans while providing a positive, motivational, and team work environment in order to obtain high moral. Brian provides ongoing reviews of processes to identify areas of improvement and to make revisions as necessary. He also ensures compliance to all MTM and health plan policies and procedures, and ensures effective and efficient utilization of resources.

General Injectables & Vaccines/Henry Schein, Bastian, VA, 2006 to 2008

Sales Manager

As the Sales Manager, Brian managed the Inbound Sales, Territory Sales, Telemarketing, Contracts, Warranty, and Equipment departments. He planned and budgeted to meet and exceed monthly, quarterly, and yearly goals, and was responsible for over $250 million in yearly sales. Brian served as a liaison between G.I.V. and dental, podiatry, and veterinary companies. Through the company, Brian actively participated in social responsibility campaigns such as Healthy Children Healthy Lifestyles, Back-to-School program, and Relay for Life.

Adventure Entertainment, Roanoke, VA, 1996 to 2005

Vice President of Store Operations

Brian helped grow Adventure Entertainment from two stores to one of the top fifteen national video retailers, employing more than 300 employees. He recruited personnel to make the company succeed in customer service industry, and performed personnel training with district management, store management, and complete store staffs for all new store openings to ensure expectations were clear. Brian also developed all store policies and procedures for 41 stores covering four states and negotiated new business partners to improve margins and customer satisfaction. He grew internally by holding the positions of Manager Trainee, Store Manager, Area Manager, District Manager, Director of Store Operations, and Vice President.

Education

Radford University, Radford, VA

Bachelor of Business Administration, Marketing

James M. Sebben

Network Manager

Career Summary

Medical Transportation Management, Inc., 2013 to Present

Network Manager

To ensure MTM recruits only the highest quality, most capable transportation for our networks, James serves as a liaison between our Network Management department and subcontracted providers. In this role, he leads multiple Network Management Representatives through the recruiting, credentialing, and contracting process. He also facilitates initial and ongoing training sessions throughout the country and attends industry association meetings to ensure MTM remains up-to-date on current transportation trends. He also develops weekly and monthly productivity measures to reduce transportation costs and increase efficiency in our service areas.

Vista Consulting Associates, Ltd., 2005 to 2013

President and Owner

James designed a program to create greater access to treatment for patients with cancer that secured over $2 million in funding. He also designed a transportation program for disabled older adults that saved a large public transit entity over $25 million. Aside from designing efficient programs, James wrote competitive proposals for special transportation projects to secure nearly $40 million in revenue. He also helped clients to pursue new business opportunities as well as increase their current service markets.

TransCare Corporation, 2010 to 2011

Administrative Consultant

As an Administrative Consultant for TransCare, James developed new lines of business in the area of non-emergency medical transportation in New York, Delaware and Pennsylvania. He also developed extensive expertise regarding Medicaid and ADA Para transit transportation markets through contacts with transportation providers and officials particularly in New York, Delaware, Maryland, and Pennsylvania. James also spent time researching areas of the U.S to set up transportation networks of local providers and wrote competitive proposals to HMOs, state and county Medicaid programs to manage transportation programs for Medicaid clients.

Transportation Management, Inc., 1999 to 2005

Chief Operating Officer and Executive Vice President Business Development

James expanded medical transportation to over 1.5 million persons with special health and mental health needs in 12 states under Medicare managed care, Medicaid fee for service and Medicaid managed care as well as other fee for service programs. He was able to increase revenue from $6,000,000 to over $50,000,000 through contracts won in Michigan, Virginia, Arkansas, California, Minnesota, Florida, and Missouri. He was able to start a new consulting business operation to conduct market research and write competitive proposals to state agencies and HMOs for providing special transportation services. James researched and developed projects, such as telemedicine and health care practitioner outreach that create greater access to health care services in underserved areas. Finally, James served as a liaison between Washington University School of Entrepreneurship and St. Louis University School of Geriatric Medicine.

Career Highlights:

State and federally licensed administrator of long term care in Missouri

Designed and conducted high level, expert research in the area of health services including data collection, statistical analysis, and presentation

Administered and continually improved non-emergency medical transportation for state, county and HMO Medicaid programs

Administered home health and personal care services to reduce use of long term care and hospital admissions

Career Summary (2)

Deaconess Health System, 1993 to 1999
GeriatRx Program Director

As the GeriatRx Program Director for the Deaconess Health System, James was the administrator of the GeriatRx physician network of 105 physicians from within DHS and the St. Louis Medical Group representing primary care and nine specialty areas of practice that provide services to over 115 long term care facilities. Revenue was increased substantially to DHS through referral of patients to inpatient and outpatient services by physicians whom James placed as medical directors, specialists and attendings at long-term care facilities. James started and was administrator of a long term care pharmacy program known as AccessRX as well as an outpatient rehabilitative services for long term care facilities. He also created mutually beneficial relationships through planning and development of new services with key organizations in the St. Louis community, such as Jewish Center for Aged, Dept. of Internal Medicine at Washington University Medical School, Archbishop's Commission on Community Health, United Health Care, and others. Lastly, James taught over 200 health providers quality improvement skills and process.

Blue Cross and Blue Shield of Missouri, 1989 to 1993
Senior Product Developer

As the Senior Product Developer for Blue Cross and Blue Shield of Missouri, James started a pharmacy management program, which resulted in annual savings of over $10,000,000 in benefit costs in addition to increased sales of medical group coverages. James designed and implemented shared risk health insurance products for small employer groups which created a new product line. Also, James started a highly competitive long-term care individual and group coverage insurance products. Finally, James developed and conducted marketing staff training programs.

Jewish Hospital, 1983 to 1989
Director of Home Care

James improved net profit from a loss of $340,000 to a gain of $915,000 out of a $2.3 million budget, developed new services including a private duty home care program, transportation, volunteer programs, hospice, home delivered medical equipment and supplies. He also reduced losses from uncollected revenue by 45%, as well as researched, purchased, and installed data processing systems that reduced paperwork and billing costs. James administrated to a staff of 95 made up of physicians, nurses, physical, speech and occupational therapists, social workers, dieticians, home health aides, and volunteers. He served as president of the Home Health Council of the Missouri Hospital Association for two terms and finally, he represented nationally the American Hospital Association on home health standards and review development committees at the Joint Commission on Accreditation of Healthcare Organizations

James M. Sebben
Network Manager

MTM

Education

Doctor of Philosophy from St. Louis University, St. Louis, MO
Concentration in Social Science Research

Master's in Social Work from St. Louis University, St. Louis, MO
Concentrations, Development Disabilities and Special Education

Post graduate Certificate in Gerontology from University of Nebraska at Omaha, Omaha, NE

Bachelor of Arts from Creighton University, Omaha, NE
Major, Philosophy; Minor, Psychology

References

David Raphael, Transportation Consultant
2311 SE 58th Ave., Portland, OR 97215
DavidMonroRaphael@gmail.com
503-231-7840

Steve Hutchins, President
Around the Sound Transportation
1460 SE Sedgewick Rd., Port Orchard, WA 98366
hutch@around-the-sound.net

Scott West, President
NEMT Solutions, LLC
24167 Cruise Circle Dr., Canyon Lake, CA 92587
nemtswest@gmail.com
951-990-3444

Melissa Workman

Education, Training, and Outreach (ETO) Coordinator

Career Summary

Medical Transportation Management, Inc., Lake St. Louis, MO, 2005 to Present

ETO Coordinator

In her position as MTM's ETO Coordinator, Melissa works with internal staff, medical facilities, transportation providers, and other stakeholders for initial and continual education and training opportunities. Melissa focuses on internal training that can help our clients achieve cost savings, and develops stakeholder educational materials using industry-best practices and standards.

Melissa's outreach efforts affect each of the clients we serve. She works in the community to develop programs and host events that bring awareness to our NEMT programs and the benefits available to members. She has been successful at making our relationship with these facilities a partnership for overall member health.

Care Management Coordinator

As an MTM Care Management Coordinator, Melissa focused on managing ancillary services for members in our Missouri service area. Working closely with medical professionals and social workers, she made significant improvements to our meals and lodging reimbursement processes. She also developed monthly ancillary service reports for the client, and facilitated training regarding these services to medical facilities.

Dubray Middle School, St. Peters, MO, 2008

Administrative Assistant

In this role, Melissa maintained accurate student records and assisted the principal with administrative tasks. She also managed all correspondence and public relations for the school.

Medical Transportation Management, Inc., St. Peters, MO, 2005

Care Manager

Within our Care Management department, Melissa managed NEMT services for two dozen dialysis and mental health facilities in our Philadelphia operations. Making daily contact with social workers, medical professionals, and facility staff, she arranged urgent, short notice trips. She was also instrumental in the development of our revamped hospital discharge process.

Customer Service Representative

Melissa's first position with MTM was within our customer service center. She quickly became one of MTM's top representatives, employing excellent customer service skills to meet and exceed our performance standards.

Gospel Light High School, O'Fallon, MO, 1997 to 2005

Teacher

As a high school teacher, Melissa taught English, math, science, and history; organized school functions; and communicated with parents to help her students excel.

Alaina Maciá

President and CEO

Career Summary

Medical Transportation Management, Inc., Lake St. Louis, MO, 2003 to Present

President and Chief Executive Officer (CEO)

Alaina serves as both President and CEO of MTM. In these capacities, she provides the vision, mission, and corporate values that make MTM a great company. She oversees all aspects of MTM including operations, technology, sales and marketing, human resources, legal, finance, and accounting. Along with the Board of Directors, Alaina sets and directs the corporate strategy. Her focus is to build an organization based on the strengths of its underlying team of employees. Hiring and further training the best candidates in the market guarantees high satisfaction for MTM clients.

Alaina has recruited leaders in their industry to work at MTM and bring successful practices with them. She leads efforts to analyze and streamline current operational processes to enhance efficiency and scalability of operations. Among her successes, Alaina has successfully established new operations for the States of Minnesota, South Carolina, Kansas, and the District of Columbia. She has also grown MTM's clients, both government and Managed Care Organizations, in numerous counties around the country. Alaina has successfully communicated our corporate message of *Helping People Access Healthcare through Quality Transportation Management.*

Alaina's leadership doesn't stop there. She has consolidated operations from two locations into one new state-of-the-art corporate headquarters with a new Customer Service Center utilizing a Voice over Internet Protocol telephone system, bringing new efficiencies and cost savings to our clients. She has revamped the sales and marketing structure, resulting in greater effectiveness educating potential clients of the benefits of the brokerage model, through which sales and revenues have increased. She has focused on technology solutions with the greatest efficiency to better serve our clients, their members, and the providers who serve them resulting in an increase in satisfaction.

Her strategy has included expanding the current business to include performing ADA transportation eligibility assessments. This expansion is derived from our unique Level-of-Need assessments that determine the most accurate transportation service for which an individual is eligible. Her ability to develop well aligned product extensions of MTM's core business is a result of her dedication to MTM's clients and their true business needs. By meeting with clients face-to-face, Alaina is able to design solutions that solve real problems and create significant value. This extends to transportation providers as well. Alaina treats our transportation providers as valued business partners. She collaborates with providers directly to determine how MTM can work with them in the most efficient manner possible, creating further value for our clients.

Maritz, Inc., St. Louis, MO, 2002 to 2003

Marketing Strategist, Corporate Strategy, and Marketing Leadership Development Program

Alaina led a task force to complete a thorough assessment of Maritz' market position, relative to the pharmaceutical market based on product portfolio, market needs, and reputation in the sector. From this assessment, Alaina made the recommendation and implemented the reorganization of a portion of the direct sales force. As she suggested, Maritz's sales force decided to focus entirely on developing the pharmaceutical sector to establish ownership, exploit expertise, and increase coordination around the sector.

Career Highlights:

Recruited high quality senior executives Gary Richardson, CFO, and Patrick McNiff, VP of Paratransit Operations

Effective communicator of an NEMT broker model and the benefits of choosing MTM

Restructured organization personnel and physical locations to create higher efficiency and increase productivity

Corporate strategist, taking MTM beyond the broker model with the ability to perform ADA transportation eligibility assessments

Career Summary (2)

Washington University Medical School, St. Louis, MO, 2001 to 2002
Research Engineer

Alaina maintained and programmed Zymark and Hudson robotic arms for the routine production of radio pharmaceuticals used for medical research and clinical practices. In her thoroughness, Alaina developed a new automation program using Visual Basic computer software for radioactive decay analysis, resulting in a 30% reduction in production costs. She was then tasked with the design and building of an automated radio pharmaceutical processing unit to decrease radiation exposure to technicians. To complete this task, she researched the need for $3 million clinical cyclotron and reviewed proposals from GE, EBCO, and IBA. Based on these proposals and results of her benefit cost analysis and profitability forecasting, she made a business recommendation.

Education

Olin School of Business, Washington University, St. Louis, MO
Master of Business Administration

- Emphasis in corporate strategy and finance.
- Member of Delta Gamma Sigma (top 20% of class)
- Selected for Washington University's Monsanto Corporate Finance Practicum: Recommended corporate strategy after Pharmacia's divestiture of Monsanto

School of Engineering and Applied Science, Washington University, St. Louis, MO
Bachelor of Science in Biological Engineering, emphasis in Environmental Engineering

- Missouri Bright Flight and Academic Scholarship to Washington University

Additional Information

- Nominated and accepted by the United States Naval Academy (declined)
- Fluent in Spanish
- Recipient of St. Louis Business Journal's Thirty Under Thirty Award, 2004
- Recipient of St. Louis Business Journal's Forty Under Forty Award, 2011
- Named by St. Louis Business Journal among the 40 Most Influential Business Women, 2012
- Serves on the Development Board of St. Louis Children's Hospital
- Member of the Washington University Institute for Public Health National Council

Gary Richardson

Chief Financial Officer

Career Summary

Medical Transportation Management, Inc., Lake St. Louis, MO, 2008 to Present

Chief Financial Officer

Gary is the executive oversight of all finance and accounting activities for MTM. His key responsibilities and accomplishments include managing and maintaining solid relationships with the banking community. This ensures our ability to increase credit when needed and take advantage of high interest investments. He has successfully decreased our average revenue collection cycle to 20 days, allowing the cash flow to be more fluid. Gary's in-depth financial and business knowledge enables him to seek new solutions to old problems. One example of Gary's insight was his establishment of weekly contract meetings, where Gary leads discussions with each program manager to ensure financials for that program are within tolerance.

MV Transportation, Inc., Fairfield, CA, 1999 to 2008

Chief Financial Officer

As CFO for MV Transportation, Gary was able to expand their bank credit line from $15M to $85M through a series of expansions to account for their company's growth from one state with ten operating locations to twenty-six states and one hundred twenty locations. As equity is the most expensive form of capital, Gary recognized it is most cost effective to create a capital structure that secures the most funding, offers the lowest cost of capital, and maximizes return on equity. Thus, he was able to negotiate $15M of coupon-only mezzanine debt.

Using best practices, he developed a scorecard system to benchmark performance of operating locations. Through his benchmarking, he was able to diagnose problems and develop action plans to improve struggling areas using key financial indicators. Gary also designed and organized an insurance captive that generated cash flows through tax deferrals of $4.5M during a four year period ('04-'07). To minimize fraud and abuse, Gary launched an internal audit department within MV.

Laidlaw Transit Services, Inc., Overland Park, KS, 1995 to 1999

Controller of Western Areas

As controller for Laidlaw Transit Services, Gary developed an Excel budget model as an advanced user. Using this new budget, he successfully trained users. From this project, he consolidated and presented the results for one hundred twenty separate budgets. He then developed and implemented strategies, such as centralized monitoring with automated escalation processes, to maximize efficiencies within the company. This reduced the amount of day's sales outstanding which achieved annual savings of $160K. Gary also performed an internal rate of return analysis and made recommendations on all capital expenditure decisions on approximately $10M annually.

Career Highlights:

Extensive experience in financial management experience with large transportation contracting companies

Resourcing additional finances for company growth and expansion

Budget development of multi-million dollar operations

Analytical business executive with creative solutions to increase efficiency and cost savings

Expertise in building financial infrastructure, including people and systems, for rapidly growing companies

Gary Richardson

Chief Financial Officer CFO

MTM

Education

California Certified Public Accountant

- Inactive
- Passed exam in one sitting

Northwestern University, Kellogg School of Business, Evanston, IL

Experienced Manager Seminar

University of California, Santa Barbara, CA

Bachelor of Science Degree in Economics with Accounting, honors

Additional Information

Vallejo Citizens Transportation Corporation - Local Motion ITS

- Board of Directors, recent member
- Mobility Risk Services

MV Transportation, Inc.

- Trustee

American Institute of Certified Public Accountants

- Financial Executives International

US Tennis Association

- Captained 2003 local team to Nationals in Tucson, AZ

Joe Federer

Chief Information Officer (CIO)

Career Summary

Medical Transportation Management, Inc., Lake St. Louis, MO, 2012 to Present

Chief Information Officer (CIO)

As our book of business expands, MTM has become extremely focused on the continual growth and expansion of our information technology, hardware and software, data and reporting systems, and overall technology perspective. Joe is MTM's lead contributor to our technological advancement, formulating strategic goals to help our clients achieve maximum efficiency. In his role as CIO, he oversees our Business Solutions Group and Information Technology team and manages the implementation of innovative, industry leading technology to increase MTM's information accessibility and integrate overall systems management.

Joe continually reviews MTM's systems needs and service gaps, making recommendations for improvements to processes and technology as appropriate. Then, he works hand-in-hand with our Vice President of Business Solutions to implement these new and/or improved practices efficiently and effectively. With his dedication, MTM is meeting our technical goals and rapidly growing into an innovative, systems-driven company.

Express Scripts, Inc., St. Louis, MO, 2005 to 2012

Senior Director, PharmacoAnalytics and Data Governance

In his time with Express Scripts, Joe held many positions. In his most recent role, he led a team of 22 analytical consultants, supporting client reporting and sales with knowledgeable solutions and product management. He also managed the company's Data Governance team to ensure data quality and stewardship, driving revenue, gross margin, and overall savings through improved customer service efficiency.

Senior Director, Specialty Pharmacy and Pharma IT

Joe managed Information Technology operations for Express Scripts' HealthBridge division, leading a staff of more than 100 technology professionals throughout the country. He directed this team in application development and support, data collection and reporting, web portal development, and overall technology management. Joe also played a key role in developing the organization's professional services business, simultaneously generating top-line growth and ensuring client's needs were met.

Senior Director, IT Infrastructure

Working with the Chief Technology Officer, Joe focused on creating a compliance program to implement solutions for system security and identity management for all divisions of Express Scripts business. He was also instrumental in developing an in depth communications plan, building program justification, delivering key presentations, and leading implementation efforts for new technology. Through these components, the organization generated several million dollars in operating efficiencies, as well as regulatory compliance for security and access control.

Career Highlights:

Integral to MTM's identification of process and solution improvements, benefitting our internal organization and external clients through efficiencies, cost savings, and innovative technical solutions

Achieves MTM's technological goals and corporate strategies through expert guidance and proper strategic planning

Recipient of ten excellence awards for outstanding systems development, data management efficiency, performance, and expense reduction

Career Summary (2)

Senior Director, Enterprise Data Warehouse & Reporting

To ensure Express Scripts' data collection and reporting capabilities remained accurate and cutting edge, Joe directed multiple platforms and systems, developed key system architecture strategies, established data management and governance process, and transitioned the data warehouse to an advanced mainframe. This transition occurred over an aggressive 11-month timeframe, with Joe overseeing the implementation and migration of all data. Additionally, he participated in a task force to improve data management practices.

SPSS, Inc., Chicago, IL, 2004 to 2005
Senior Vice President, Worldwide Services and Support

For this $200 million software company, Joe spearheaded consulting, training, and technical support services for the organization's products and solutions. In his time with SPSS, Joe primarily focused on migrating the company to a salutations-based management model, integrating data warehousing and business intelligence to promote analytics and enterprise growth. He played a key role in consolidating the company's support call centers from 12 to three locations, saving more than $10 million in operating costs. Joe also led integration activities to deliver revenue and profit growth; this primarily consisted of his architecture of a new data management system.

Independent Consulting, St. Louis, MO, 2003 to 2004
Consultant

Working as an independent consultant, Joe specialized in assisting his clients with business intelligence, enterprise management, data warehousing, planning assistance, and vendor evaluation and section. His clients included large computer manufacturers, universities, and independent technology-focused companies.

Teradata, Dayton, OH, 1982 to 2003
Vice President, Professional Services

While with Teradata, Joe led the worldwide organization in managing its consulting business, including service development, design, implementation, delivery, and support. Some of these services included business and technology consulting for data warehousing, customer relationship management, analytic application, business intelligence, and e-commerce.

Outside of his role as the Vice President of Professional Services, early in his career Joe also served as a Senior Sales Director, Area Vice President, Consulting Director, and Programmer/Systems Development Manager with Teradata.

Education

Wright State University, Dayton, OH
MBA, Marketing

Miami University, Oxford, OH
Bachelor's of Science, Systems Analysis

Patrick A. McNiff

Vice President of Paratransit Operations

Career Summary

Medical Transportation Management, Inc., Lake St. Louis, MO, 2009 to Present

Vice President of Operations

Patrick provides oversight of MTM's operations. His responsibilities include identifying new opportunities to expand para transit operations and identifying areas where para transit could be utilized in current or future MTM operations to provide quality, cost effective, and efficient transportation. Patrick assists with the development of pricing for new contracts and helps locate public transit and para transit opportunities that could benefit from MTM's expertise in call center management and vehicle operations. Patrick has been crucial in developing partnerships with transportation providers to help leverage the synergies of combined operations to best meet the needs of the stakeholders and transit clients.

Laidlaw Transit Services/First Transit, Sherman Oaks, CA, 2001 to 2008

Area General Manager/Regional Vice President

As the Regional Vice President of Laidlaw Transit Services, Patrick managed Laidlaw's largest public transit contract in Orange County California, which consisted of over 350 buses and 500 employees. He successfully managed 33 contracts at 17 operating locations for Laidlaw's public transit division which included para-transit, fixed-route, commuter, university, and car rental shuttle operations. Patrick managed operations and annual budgeting responsibilities in excess of $50 million, and had general oversight of operations, maintenance, marketing, safety, and training. Patrick managed project personnel, coordinated and managed all start-up activities, and assembled management teams. He reviewed and helped write proposals for existing and new business opportunities, and advocated for the company at city council meetings, local and state regulatory agencies, and transit board meetings.

Laidlaw Transit Services, Scottsdale, AZ, 1999 to 2001

Area General Manager

As Area General Manager, Patrick was responsible for all aspects of Laidlaw's medical (Safe-Ride Services) and transit projects in several states including Arizona, New Mexico, Nevada, and Illinois. He provided oversight of combined annual revenues of more than $40 million, 400 vehicles, and 700 employees. Patrick was responsible for service implementations including contract negotiation, staff hiring, leases, training, maintenance and operations, and administrative/billing coordination.

Patrick regularly worked with major clients including Value Options, AHCCCS, Indian Health Services (IHS) New Mexico Medicaid, and Medicare via HMO Salud, United Healthcare, Blue Cross, Regional Transportation Commission of Las Vegas, City of Phoenix, and City of Tucson. He managed all aspects of the operations including labor negotiations, customer relations, operations management, driver training, vehicle maintenance, safety programs, and financial management. While in this position, Patrick served as the customer's primary contact for the company and advocated for the company's position with regulatory agencies including AHCCCS, New Mexico Medicaid, and Colorado Medicaid.

Career Highlights:

Provides oversight of all para transit operations within MTM, including new business opportunities, expansions, and partnerships

Accomplished manager of leading para transit transportation provider operations

Experienced at labor negotiations, budgeting, and financial management of successful para transit businesses

Ensures compliance to all regulatory agencies in contracted regions

Patrick A. McNiff

Vice President of Paratransit Operations

MTM

Career Summary (2)

First Transit, Houston, TX, 1997 to 1999

General Manager

As the General Manager of First Transit, Patrick managed 200 vehicles in their county wide paratransit system. He coordinated the pick-up and delivery of 2,200 disabled, elderly, and Alzheimer passengers per day utilizing 300+ employees. While serving in this role, Patrick received quarterly recognition for safety, on-time performance, and overall customer satisfaction. He managed operations to meet budgeted operational and financial goals and negotiated vendor agreements.

Laidlaw Transit Services, Van Nuys, CA, 1991 to 1997

Director of Operations

As Director of Operations, Patrick provided oversight of 18 of Laidlaw's public and medical transportation operations with annual revenues in excess of $30 million. He was responsible for marketing, start-up, contractual compliance, system analysis, financial operations, management development, contract negotiations, client liaison, budgeting, billing, and implementation of Laidlaw policies and procedures. His clients included the State of California (Medi-Cal), City of Alhambra, Sunline Transit Agency, City of Burbank, City of Redondo Beach, and the City of Los Angeles.

Education

Cypress College, Cypress, CA

Bachelor of Science, Business Management and Marketing

University of California Berkeley Extension, Berkeley, CA

George Mason University, Fairfax, VA

Transit Leadership Development Program

Additional Information

American Public Transit Association, Salt Lake City, UT

Panelist

Pancreatic Cancer Action Network

Volunteer

Gilbert Mercy Hospital

Volunteer

St. Vincent de Paul Society

Member/Volunteer

United Blood Services

Volunteer

Natasha Boekholt

Vice President of Operations

Career Summary

Medical Transportation Management, Inc., St. Louis, MO, 2011 to Present

Vice President of Operations

In her current capacity, Natasha is responsible for the oversight of MTM's internal operations and functions, including Quality Management, Care Management, Customer Service, and Network Management. Within these duties, she monitors MTM's adherence to our URAC Certification, fraud and abuse by members and providers, contract compliance in dealing with appeals and complaints monitoring and reporting, and customer services standards, among other responsibilities. She also ensures contractual compliance through outcome management with quality reporting and the development of quality initiative programs. Additionally, she helped MTM institute the Transportation Provider Helpdesk, a resource for providers seeking information or help with their duties.

Natasha's role as VP of Operations puts her in direct oversight of Care Management functions. She is responsible for the development of utilization reporting mechanisms and application of cost containment initiatives, Case Management prioritization, interventions, application processes, and monitoring, as well as cost containment for Case Management. Her duties include management of specialty trips and appropriate utilization of services, and facilitation of our Education, Training, and Outreach (ETO) program.

Medical Transportation Management, Inc., St. Louis, MO, 2003 to 2011

Northeast Regional Director

As the Northeast Regional Director, Natasha oversaw all northeastern regional business development. She served as the implementation Program Manager for the Albany County, Orange County and Greeny County contracts and helped to meet and/or exceed all contract objectives.

Natasha developed bus/shuttle services in areas of Orange County, NY not serviced by public transit resulting in increased bus utilization, reduced taxi/sedan expenses and in an overall lower cost per trip. She also instituted an 8% cost savings for recurring trips in Albany County, NY by coordinating transportation providers with dedicated facilities. This resulted in improved quality of transportation services and cost savings to the County. Natasha's ability to establish and maintain strong business relationships has helped MTM and our clients work toward mutual goals and benefits. As the NE Regional Director, Natasha continues to meet with clients and represent the corporate office, staying apprised of Medicaid Transportation industry best practices.

Medical Transportation Management, Inc., Courier Division; STAT Courier Service,
January 1999 to Present

President

In her role as President, Natasha maintains oversight of the Directors of Operations, Marketing, and Business Development. She ensures overall financial stability and overall well-being of the company, employees, and clients, while monitoring overall performances and customer satisfaction. She provides oversight of the completion of 1000+ deliveries per day throughout the United States. Natasha developed marketing strategies to expand services bus pass distribution via courier services to increase bus utilization for MTM. She also developed and facilitated an extensive Quality Improvement Program for the company.

Career Highlights:

Over 14 years experience in transportation management industry

Targets key areas of potential cost savings within contracts

Oversees all northeastern region business development

Passionate about helping MTM and clients work toward mutual goals and benefits

Natasha Boekholt

Vice President of Operations

MTM

Career Summary (2)

Medical Transportation Management, Inc., Lake St. Louis, MO, 1996 to 1999

Marketing Analyst

As Marketing Analyst, Natasha designed new marketing approaches to market MTM products, developed and presented proposals to prospective clients, and prepared cost-effective alternatives for MTM clients. She was selected by the President of the company to prepare a business proposal for the state of Texas to manage their transportation program. The proposal included a large network of transportation vendors, service descriptions, inventory of vendor's vehicles, a financial budget, and an organizational plan to carry out transportation.

Network Coordinator

Natasha established networks of transportation vendors in a variety of different states. She was responsible for researching all existing and new transportation vendors in designated areas and the recruitment of new vendors. Acquired signed contracts and maintained contracts with existing vendors. She served as the chief liaison between MTM and vendors, responded to issues concerning vendors with investigation procedures, and informed vendors of all quality assurance guidelines, grievance policies, and reporting instructions. Natasha also scheduled transportation trip requests for MTM commercial accounts with vendors, reconciled vendor billing for 10,000 trips monthly, and was responsible for all accounts payable to vendors.

OATS, Inc., Columbia, MO 1996 to 1996

Vendor Coordinator

As Vendor Coordinator, Natasha scheduled transportation trip requests, coordinated transportation between clinics and a variety of transportation vendors, and was responsible for trouble-shooting and data reporting.

Education

University of Missouri, Columbia, MO

Bachelor of Arts in English

Marian Qualls

Director, Client Services

Career Summary

Medical Transportation Management, Inc., Lake St. Louis, MO, 2012 to Present

Director, Client Services

As MTM's Director of Client Services, Marian is responsible for the overall management of our Client Services department. This includes coordinating a staff of Account Managers and Account Analysts. Additionally, she works with this team to prepare and analyze client reports, recommend potential program improvements, ensure all contractual requirements are met, and resolve any operational issues. Her position also requires her to provide executive oversight of the financial performance of our contracts, leveraging results to guide future negotiations. Marian also works in partnership with our clients to develop community outreach programs. Further, she leads our executive team in recording findings about overall organizational activities, monitoring and reporting MTM's achievement in regards to committed action plans. Combined, these duties allow Marian to work closely with each of our clients to develop long lasting, collaborative relationships.

Express Scripts, Inc., St. Louis, MO, 2006 to 2012

Senior Account Director, Managed Care Division

In her most recent role prior to joining MTM, Marian served as the chief account strategist for top tier health plans, including Medicaid, Medicare, and commercial business segments. Her work accounted for more than 25% of the Managed Care Division's overall revenue. During her time in this position, she presided over a custom initiative to promote patient-centered medical homes; partnered with community advocates and experts to achieve health plan savings of more than 20%; converted more than 7.5 million mail order claims for two million members to specialty pharmacy claims with no service disruption; and facilitated cross-functional collaboration to reduce client fraud, waste, and abuse by more than 20%. These accomplishments allowed Express Scripts to save valuable funds due to increased efficiencies and processes, and exceed expectations in annual net gain goals each year.

Account Director, Commercial Division

Another role Marian held at Express Scripts allowed her to oversee the strategy and execution of third party administrators and direct employer groups in seven states. As part of her duties, Marian identified operational challenges for key clients, and executed recovery strategies to assist with client retention efforts. She also managed complex contract negotiations to develop mutually beneficial agreements, while managing internal teams to retain more than 90% of the company's business portfolio.

Operations and Technology Leadership Development Program

Heading up this important program required Marian to garner the support of Express Scripts' executive management team to implement the company's first internship program. She was also instrumental in championing a project that led to increased executive contributions and strategic value enhancement initiatives for the nationwide sales force.

Career Highlights:

Skilled in managing clients and establishing long-term, quality relationships

Helps reduce organizational costs and improve service by identifying potential program enhancements

Continually recognized for her outstanding work ethic, including awards for excellence in achievement at AT&T/AMDOCS and regional Rookie of the Year with Wells Fargo

Marian Qualls

Director, Client Services

MTM

Career Summary (2)

AT&T/AMDOCS, St. Louis, MO, 2003 to 2006

Project Manager and Senior Consultant

At AT&T/AMDOCS, Marian championed and motivated a team of quality assurance analysts to deliver consistent improvements to business processes and reduce software defects by 30%. As part of this role, she oversaw all aspects of cost and time estimation, budgeting, profits and losses, project planning and scheduling, resource allocation, and risk management.

Edward Jones Investments, St. Louis, MO, 2001 to 2003

Programmer Analyst

To ensure Edward Jones Investments maintained high performing systems, Marian conducted quality assurance monitoring, resolution, maintenance, design, and enhancement within the business software division. She led two international web enhancement projects from start to finish, attracting potential investors, controlling costs, and saving the firm thousands of dollars in operating expenses.

Wells Fargo Home Mortgage, St. Louis, MO, 1999 to 2001

Home Mortgage Sales Consultant

As a sales consultant, Marian continually exceeded her quarterly sales targets, growing her customer base by 10% within her first six months of employment. With this achievement, she was ranked number one out of 105 loan officers in the Midwest region.

Education

University of Missouri—St. Louis, St. Louis, MO

Master's of Business Administration

Maryville University, St. Louis, MO

B.S., Management Information Systems

Additional Information

- Member of the National Sales Network
- Alumni of CORO Women in Leadership
- Executive Leadership of the Professional Organization of Women

Michele Lucas

Vice President of Marketing

Career Summary

Medical Transportation Management, Inc., Lake St. Louis, MO, 2010 to Present

Vice President of Marketing

As the Vice President of Marketing, Michele oversees the production of all printed materials, including RFP responses and marketing materials. She is responsible for the project management of the RFP process, including qualifications, coordinating various proposal teams, and assisting in the development of strategic messages. She also reviews all responses for clarity, competitive advantage, compliance, and corporate standards. Michele oversees the creation of comprehensive, appropriate marketing materials, including MTM's website, brochures, case studies, conference booth materials, etc. She also supervises department staff and performs managerial responsibilities on their behalf to include reporting time, disseminating information, and facilitating training.

Insituform Technologies, Inc., Chesterfield, MO, 1996 to 2010

Product Manager

Michele was responsible for strategy, pricing, promotion, and business plans for all Insituform sewer products worldwide. She developed and implemented pricing models for dry tube sales (internal and external), developed product roadmaps that facilitated growth in a mature market, and developed a business plan for UV technology for introduction in Europe market with North American introduction to follow. As Product Manager, Michele coordinated efforts between operations, engineering, safety, quality, and manufacturing to lead product development process for two line extensions. She also supervised one direct report responsible for lead generation for the North American Rehabilitation business unit.

Marketing Communications Manager

Michele was responsible for all internal and external communication for Insituform Technologies. In this position, Michele revamped all company marketing literature and external communication for all North American and international business units to present unified graphics and messaging. She was responsible for communication messaging and content including intranet, announcements, town hall meetings, newsletters, company press releases, the development of media calendar, and article placements in trade publication. She launched the initial company website (and two subsequent redesigns), 9 international sites, and sites for two subsidiaries. Michele also produced winning RFPs for multi-million dollar projects, while also supervising logistics, staffing, booth graphics, messaging, press relations, and customer events (select) for over 100 trade shows per year. Michele supervised a staff of four communications specialists and coordinated strategic planning initiatives in 2000 and 2004. From all of her hard work and determination, Michele grew sales and share in the North American market for Insituform Technologies.

Amana Refrigeration, Inc., St. Louis, MO, 1992 to 1995

Territory Marketing Manager

As the Territory Marketing Manager, Michele revamped the dealer network by recruiting key retail dealers to carry Amana line. She used her experience in sales and marketing to double sales volume in three years to over $3 million, and was named to Presidents Club 1993 & 1994 (top 5% of sales force).

Career Highlights:

Over 22 years of experience in sales and marketing

Named to Presidents Club in 1993 & 1994 (top 5% of sales force)

Experience leading proposal teams and winning multi-million dollar projects

Led successful thought leadership campaign to promote "Clean Water for the World" campaign within environmental industry and general consumer market

Michele Lucas

Vice President of Marketing

MTM

Career Summary (2)

Amana Refrigeration, Inc., Chicago, IL, 1989 to 1992

Marketing Manager

Michele developed successful marketing promotions and supporting materials, which contributed to 20% annual sales growth for Amana Refrigeration. Michele also trained and supervised two sales representatives.

Amana Refrigeration, Inc., Dallas, TX, 1988 to 1989

Sales Representative

As a Sales Representative, Michele motivated the retail sales force to sell the Amana product line by establishing a rapport and implementing sell-through techniques.

Amana Refrigeration, Inc., Amana, IA, 1987 to 1988

Sales and Marketing Assistant

Michele joined Amana Refrigeration, Inc. as the Sales and Marketing Assistant. In this position, she wrote copy for consumer brochures, press releases, and radio. She also analyzed sales records and produced summary reports for upper management.

Education

Washington University, St. Louis, MO

Masters of Business Administration

Iowa State University, Ames, IA

Bachelors of Business Administration, Marketing

Journalism Minor

Donald C. Tiemeyer

Executive Vice President, General Counsel

Career Summary

Medical Transportation Management, Inc., Lake St. Louis, MO, 1995 to Present

Executive Vice President, General Counsel

As a member of MTM's executive management team, Don is responsible for all contracts with state and county government entities as well as Managed Care Health Plan clients across the nation. His specialty is in risk management, claims, and insurance matters, pertaining to MTM and its vast network of transportation providing companies.

Since commencing employment at MTM, Don has worked to raise auto liability insurance requirements for transportation companies subcontracting with MTM to meet the needs of our clients. Don's initiatives have established higher and tighter qualitative standards for drivers and transportation provider company performance to ensure the quality service, safety of passengers, and the protection of MTM and our clients.

Don is responsible for the extensive revisions to the Medical Transportation Services Agreement and the MTM Transportation Provider Guidelines. In doing so, he has increased the required qualifications of subcontracted transportation provider companies, drivers, and vehicles which serve our clients' Medicaid members.

Don serves as an advisor for MTM Executives and Department Heads on all HIPAA privacy and confidentiality issues pertaining to client member information and records. He advises the owners and Executive Management on all business related legal matters, and is responsible for contract regulatory compliance and licensing issues of the transportation provider companies.

Don coordinates and supervises the use of outside counsel for litigation matters. As the Corporate Secretary, Don is responsible for maintaining the minutes of corporate meetings for the shareholders and Board of Directors. He is responsible for corporate governance, state registration, and regulatory licenses. Don also advises Executive Management and the Human Resources department on employer/employee relations, employee hiring and termination, and employment laws.

Law Firm of Beck, Tiemeyer, Zerr, Fralicx & Wuff, PC., St. Louis, MO, 1979 to 2003

Managing General Partner

Don's extensive corporate and litigation experience was put to use as he was responsible for all personnel issues and overall business development and management. As Managing General Partner, he was responsible for all tenant leases and law office building ownership and management issues.

Don has extensive knowledge in small business and family business formation, ownership, succession, and transfer issues. He used this knowledge to advise clients and prepare appropriate documents on corporations, limited liability companies, partnerships, limited partnerships, family limited partnerships, joint ventures, buy/sell agreements, stock redemption agreements, and related business transaction documents.

Career Highlights:

Provides a solid contractual agreement and risk management to ensure a successful program

Professional corporate and trial attorney with over 30 years of legal experience

Advisor for the owners and Executive Management on all legal matters

Ensures state and county government as well as corporate contract compliance

Donald C. Tiemeyer

Executive Vice President, General Counsel

Career Summary (2)

United States Air Force, 1975 to 1979

Captain - Staff Judge Advocate

Don directly advised the Base Commander at Richards-Gebaur AFB, Kansas City, MO on both operational and personnel issues. He also directly advised the Commanding General of HQ Military Airlift Command, Scott AFB, IL. While serving in this capacity, Don was awarded the Air Force Commendation Medal for Meritorious Service.

Education

University Of Missouri - Columbia Law School, Columbia, MO, 1974

Juris Doctorate

St. Louis University, St. Louis, MO, 1971

Bachelor of Science in Commerce, with a major in Finance

Graduated Magna Cum Laude

Additional Information

Certification/License

- Member of the Missouri Bar Association
- Bar Association of Metropolitan St. Louis
- St. Charles County Bar Association
- Licensed to practice law in Missouri state and federal courts
- Member, Beta Gamma Sigma, National Honors Business Fraternity
- Active in community and charitable organizations

Aaron Crowell

Vice President of Managed Care Solutions

Career Summary

Medical Transportation Management, Inc., Lake St. Louis, MO, 2010 to Present
Vice President of Managed Care Solutions

As the Vice President of Managed Care Solutions, Aaron is responsible for the strategic direction and business development for non-emergent medical transportation services for managed care organization and health plans. He oversees relationship development and product lead with managed care organizations. Aaron is the leader in strategy and negotiations for managed care Medicaid reform efforts. He also serves as the program manager and sales executive for ambulance claims management services.

USA Energy Advisors, Washington DC, Columbus, OH and St. Louis, MO, 2009 to Present*
Principal

Founder and partner in this energy-based project management, technology solutions, and financial / loan management services firm for the Department of Energy (DOE) and other State and Federal Agencies. Aaron partnered on the development of new contracts with State and Federal entities. He served as the engagement manager for the search, qualification and RFP response team for contracts. He helped secure $7M contract to design and manage the Department of Energy's Loan Guarantee Program, which also included the development of the DOE's online Stimulus Reporting and Tracking system. Also while Aaron served as the Principal at USA Energy Advisors, the company won a $3M Ohio program to design and manage the State's emerging energy validation and grant program. He was the key partner in a 5 year, $80M project with the DOE secured in 2011.

Phase 5 Consulting, Inc., St. Louis, MO, 2009 to Present*
Partner – EVP, Practice Manager: Healthcare & Government Services

Aaron was responsible for the design, sales and marketing of vertical market practices in the healthcare and state and federal government sectors. Through a strong natural market within healthcare and experience in finance, energy, and government contracts, Aaron was able to quickly secure opportunities and build brand awareness for this new operational model. He developed national / regional strategic contract teams to research, qualify, and respond to Stimulus (American Recovery & Reinvestment Act – ARRA) contracts. Aaron was highly focused on the design, management, auditing, and reporting requirements of State and Federal Stimulus projects. He developed leading process improvement and technology initiatives for the healthcare markets including hospitals, medical device firms, electronic medical records initiatives, informatics / business intelligence, and other related services.

Partner - Vice President, Client Services, 2007 to 2009
Aaron served as a founding partner and sales & marketing manager for this project management, process engineering and technology solutions firm. In this role he was responsible for the development and retention of key accounts. He also had a strong consulting sales model focused on working with organizations to determine critical success factors and project prioritization. Aaron supported clients through professional project initiation, planning, and implementation services for technology and process improvement initiatives. As a partner he oversaw the daily management of the sales pipeline and marketing efforts to promote the firm's project management , consulting and staffing core competencies across targeted accounts and industries. Also, Aaron was directly responsible for qualifying, designing and closing sales opportunities for the firm. He served as a proven consultant who managed gap analysis, workshop, and other performance improvement initiatives. He also targeted marketing with key industries and clients through workshops, email and other social media tools. Aaron had primary relationships with C-suite: CFO, CIO, COO, Clinical Supervisors & Directors, Deans, Presidents, etc.

*No longer an employee, but still an equity partner.

Career Highlights:

Executive business development and account management professional with 17 years experience designing and selling solution-based services and products

Has a proven track record of using processes, technologies and tools to create strategic roadmaps and repeatable frameworks for client needs

Brings over a decade of business ownership and solution-based direct sales experience across dozens of industries

Has been described as a proven leader, a strategic thinker, and results-focused professional by customers, peers, and partners.

Aaron Crowell

Vice President of Managed Care Solutions

MTM

Career Summary (2)

Core Solutions, Inc., St. Louis, MO, 1997 to 2007
President and Chief Executive Officer

Aaron developed and launched the industry's first "Technology General Contractor" model providing objective and impartial business requirements, vendor selection, and implementation services for complex projects. In this role he grew the firm to a multi-million dollar organization focused on providing vendor-agnostic technology assessment, project management, and centralized account management for all client projects. Aaron merged the company with a long-time contractor to form Phase 5 Consulting in 2007. As the President and Chief Executive Officer, he was responsible for the firm's overall financial stability, profitability and sustained growth. Aaron trained and managed the business development team in an advocate-based, professional services sales approach. He was responsible for closing all major contracts as well as the ongoing account relationship focused on client retention.

Service Assurance Corporation, St. Louis, MO, 1996 to 1997
Sales Manager

As a Sales Manager for Service Assurance Corporation, Aaron was responsible for the firm's sales strategy and revenue generation. He was tasked with developing and implementing a new sales life cycle as the firm realigned its computer sales & maintenance focus to a 'turn-key' technology firm to offer products, implementation and professional services. Aaron developed the Partner Network model to standardize the use of subcontractors and consultants to support various technology projects under the new model. He lead partner development, contract negotiations, and performance management. Aaron also successfully positioned and sold this turn-key solution provider model and drove over 30% of revenue through professional services, while increasing net profitability by over 10%, within the first year alone.

Account Executive, 1994 to 1996
Aaron was hired to develop and retain new accounts for this regional computer sales and maintenance contract firm. While at Service Assurance Corporation, he doubled the firms sales within 24 months through the development of key accounts and the introduction of a bundled service approach. He developed and implemented sales model to provide finance / leasing solutions for the firm's products and maintenance offerings, thereby creating an annualized, reoccurring revenue stream.

Northwestern Mutual, St. Louis, MO, 1993 to 1994
Financial Advisor

As a Financial Advisor, Aaron was responsible for the marketing and selling of insurance and financial products to individuals and businesses. He underwent an extensive 3-month sales training program which was ranked #1 by Sales & Marketing magazine. Aaron built a customer base through targeted cold-calling, referral selling and networking. He also developed a portfolio of personal and business clientele with a focus on life, disability, and executive business plans. While in this position, he had over 95% client retention in an industry known for turn-over and policy cancellation.

Education

University of Missouri - Columbia, Columbia, MO, 1993
Bachelor of Science Business Administration

Scott Seabaugh

Director of Healthcare

Career Summary

Medical Transportation Management, Inc., Lake St. Louis, MO, 2012 to Present

Director of Healthcare

With more than 18 years of healthcare management expertise and experience, Scott brings extensive knowledge in home healthcare, infusion therapy, specialty pharmacy, regulatory affairs and compliance, and managed care to MTM. Scott's role at MTM is to ensure we are established as the leader in quality home healthcare management, delivering a best-in-class solution to improve patient outcomes through appropriate utilization and decreased client costs. Primarily, Scott oversees our home healthcare operations as a whole, supervising local project management staff on a day-to-day basis to ensure contract compliance and overall success. He is also actively involved in the pursuit of new business opportunities.

Coram Healthcare/Apria Healthcare/Blackstone Group, Denver, CO, 2009 to 2011

Vice President of Clinical Trial Operations, Medical Marketing, and Manufacturing Affairs

Scott was recruited to this large, national healthcare company as a senior level executive to manage overall operations. As part of this role, Scott's main goal was to grow the clinical trial division; strengthen and improve contractual relationships; and provide expertise, strategic development, and support of corporate initiatives. Scott was extremely successful in achieving these goals, growing the clinical trial division to a revenue growth of more than 500% in 24 months. He also developed and launched multiple marketing campaigns to support growth efficiency, call planning, educational information, and brand optimization.

Indusco Pharma and Distribution of America, Jupiter, FL, 2007 to 2009

Senior Vice President/Principal

To help this manufacturing and consulting group establish disciplined leadership, Scott guided strategic planning and implementation operations for crucial pharmaceutical, biotech, and life sciences operations growth. While with Indusco, Scott identified, structured, and closed several licensing agreements to place the company in powerful negotiating positions. This accomplishment allowed one client to increase its distribution channel by more than 115% in less than one year. Scott also implemented internal and external information technology solutions to ensure compliant eSubmissions to federal entities.

PreventivCare, LLC, 2001 to 2007

Principal

With PreventivCare, Scott helped the company establish strategic planning and leadership for start-up and growth-phase pharmaceutical, biotech, and consumer product organizations. Scott also built the company's marketing infrastructure to define short-term goals and long-term plans, and ensure appropriate budget development and adherence. He also helped to improve sales efficiency, leading to a 110% increase in sales revenue.

Career Highlights:

Experienced product development professional

Expertise in home healthcare, infusion therapy, specialty pharmacy, regulatory affairs and compliance, and managed care solutions

Highly skilled in operational management, as well as business development

Scott Seabaugh

Director of Healthcare

MTM

Career Summary (2)

Jones Products International, Inc./Jones Pharma, St. Louis, MO, 1994 to 2001

Vice President of Marketing and Sales

To ensure Jones, a specialty pharmaceutical and nutraceutical company, managed key products in new, competitive markets, Scott managed functional areas of accountability such as business development, sales, marketing, and margin performance. For example, he helped grow overall sales from $50 million to $130 million by ensuring appropriate territorial alignment and key target reach, and by negotiating effectively priced supply contracts.

Education

Western Illinois University, Macomb, IL

Bachelor's Degree, Philosophy and Economics

Professional Development:

- **University of Chicago**
  Strategic Marketing Management, New Product Development, and Strategic Business Leadership

- **Harvard University**
  High Performance Leadership and Leadership Development

- **Sanford University**
  Strategic Innovation: Creativity for Profit; Enterprise Risk Management; and Organizational Behavior: Evidence in Action

Kerri Schewe

Vice President, Administration

Career Summary

Medical Transportation Management, Inc., Lake St. Louis, MO, 2012 to Present

Vice President, Administration

In her current positions as VP of Administration, Kerri is responsible for directing all of the Human Resources, Quality Management and Corporate Training & Development functions of the organization in accordance with the policies and practices of the corporation, industry standards and regulatory agencies as they align with the company's strategic direction and daily operations. She develops staffing strategies and implementation plans and programs to identify talent within and outside the corporation for positions of responsibility, as well as progressive and proactive compensation and benefits programs to provide motivation, incentives and rewards for effective performance. Kerri provides a leadership role in the day to day operations, activities, programs, and strategic plans of the Human Resources, Quality Management and Corporate Training & Development divisions, and evaluates and implements corporate long-range planning of new programs/strategies and regulatory action as those items impact the areas of responsibility. She continually assesses the competitiveness of all programs and practices against the relevant comparable companies, industries and markets. Additionally, Kerri develops continuous procedures for monitoring and enhancing employee engagement and culture to leverage as a core recruiting and employee retention tool.

Manager, Corporate Training

To ensure MTM's staff maintains a thorough knowledge and understanding of our operating procedures, Kerri works within our Human Resources department to design, plan, and implement our corporate training programs and policies. This includes creating curriculum, presentations, and other related materials on topics such as MTM policies and procedures, HIPAA compliance, our internal systems, and other important subjects. She continually assures successful training through constant research on new instructional techniques, and suggests enhancements to our existing training services. This allows MTM to remain on the cutting edge of training strategies, leading the best trained, most qualified employees in the NET industry.

Career Education Corporation, St. Louis, MO, 2009 to 2012

Director of Education, Missouri College

In this role, Kerri helped the school achieve its goal of providing a high quality educational experience for students by ensuring its programs met the requirements of state and national accreditation entities. This included assuring its academic programs produced the expected learning outcomes; coordinating and executing policy implementation, updates, and maintenance; and developing and delivering training modules and in service sessions. Further, Kerri aided the college in setting ongoing goals and initiatives for staff development, including ensuring all timelines and deliverables were met through thorough coaching and support.

Online Adjunct Instructor, Le Cordon Bleu

Kerri's natural teaching inclination was further developed as an instructor responsible for delivering online curriculum in accordance with set standards and goals. Utilizing a virtual classroom environment, she helped students achieve expected learning outcomes and engaged students in retention activities to ensure they remained committed and successful in the program.

Career Highlights:

Expert program developer and start-up manager with proven experience planning and directing award-winning operations

Leader in the development and implementation of training opportunities for companies and learning institutions of varying sizes

More than five years of experience identifying and facilitating training needs

Kerri Schewe

Vice President, Administration

MTM

Career Summary (2)

Director of Career Services, Le Cordon Bleu

When she first joined the Career Education Corporation, Kerri worked with Le Cordon Bleu to develop career placement activities with the goal of ensuring students had access to services such as training for job searching skills, labor market data, and employer referrals. She also created and implemented a Career Services curriculum for multiple campus departments, and coordinated on-campus job fairs and related recruiting events.

Accrediting Council for Independent Colleges and Schools (ACICS), Washington, DC, 2011

Program Specialist/Student Relations Evaluator

During her time with ACICS, Kerri conducted site visits to determine if higher learning institutions met all requirements for ACICS accreditation. In doing so, she ensured that applying entities maintained a high dedication to quality, institutional enhancement, and adherence to ethical business and educational practices. Based on these visits and reviews of applications, she then made a recommendation for accreditation status.

Education

American InterContinental University, Hoffman Estates, IL

Master's of Education

University of Missouri, Columbia, MO

Bachelor's of Science, Food Science & Human Nutrition

Job description

Project Manager

Job Title	**Project Manager**	Full-time	✓
Department	**Client Services**	Part-time	
Reports to	**Program Director**	Location	WV
Exempt	✓	Origination Date	9/5/13
Non-exempt		Last Revision Date	9/5/13

Position Summary

The **Project Manager** will report directly to the Program Director. The Project Manager will play a key role in the management, training, and development of staff and implementation of short and long-term strategic processes for the Western New York non-emergency Medicaid transportation program. Focus will be directed towards analyzing core data and processes to identify processing gaps, implementing reporting processes to track data quality and processing improvements, enhancing current systems, defining and prioritizing high-value projects and managing them to completion by partnering with other MTM departments.

Performance Measures – Major Job Objectives

Major Job Objective	What's Expected	Measurement Criteria	%
Staff management/ Deliverables	• Directly oversees all program local managers and staff. • Program staff management will include training, coaching, team-building, and employee relations. • Hold project status meetings to identify problems and ensure that deliverables are met.	Weekly staff meetings, project plans	25%
System development/ accuracy of operations	• Continually develop systems to improve efficiency and accuracy of program operations. • Establish specific transportation network management, call center operations, quality assurance and other operational processes and criteria in order to support the program's operational excellence.	Program metrics including error rates and statistics, workflows, policies and procedures	25%
Departmental and organizational compliance	• Ensure all program activities are being performed accurately and consistently to ensure the program's ongoing contractual and institutional compliance.	Internal operations audits	25%
Collaboration and quality	• Collaborate directly with the departments to establish the departmental business rules that will provide the foundation of the program's data quality, processing and improvement plan. • Ensure ongoing collaboration with internal and external partners to ensure effective processes are in place.	Client contract satisfaction, vendor meetings, facility meetings	25%

MTM

Other Job Functions

- Works closely with department heads at the corporate offices.
- Assures good working relationships and high levels of communication among office staff, MTM departments, Client, stakeholders, and other vendors working within defined contracts.
- Other duties as assigned.

Knowledge, Skills, And Abilities

- Positive attitude and ability to work well with others. Teach, coach, motivate and lead subordinates.
- Ability to build and maintain good relationships with community agencies and other critical stakeholders involved in healthcare access issues.
- Solid interpersonal and team-building skills to effectively communicate with internal and external customers.
- Proactive and creative techniques in solving client problems.
- Organization skills to enable management of multiple concurrent projects. Project planning, scheduling, tracking and coordination.
- Ability to think creatively and use various methods in problem solving; ability to anticipate and resolve problems.
- Proficient with Microsoft Word, Microsoft Excel, Microsoft Access, Microsoft PowerPoint, and Microsoft Outlook.
- Self-starter with the initiative to identify and act upon opportunities without direction.
- Possess excellent verbal and written communication skills.
- Flexibility in all areas. Easily adaptable to ever changing environment and requirements.
- Flexibility in work schedules
- Travel required outside of the local office, approximately 50%.
- Deal with people in a manner which shows sensitivity, tact, and professionalism.
- Speak clearly, concisely and effectively; listen to and understand information and ideas as presented verbally.

Education

Bachelor's degree in Business Administration or a related field. Project Management certification a plus.

Experience

- At least 7 years experience managing a medium-sized operation
- Previous experience working with Medicaid and/or State programs preferred
- Experience in managing projects through to completion.

Positions Supervised

- Transportation Manager
- Quality Assurance Manager
- Manager of Education, Training, and Outreach

Tools / Equipment / Machines Used

Computer, laptop, copy machine, fax machine, Cisco phone system, cell phone and slide projector.

Physical Requirements And Working Conditions

Normal office conditions apply. Employee must have clear, close vision for reading and computer work. Must be able to sit, stand, walk, balance, stoop, grasp, talk, hear and operate computer keyboard. Job may require reaching at shoulder level and below waist. Will occasionally lift/push/pull up to 20 pounds and carry objects 50 feet. Position may require both local and overnight travel.

Acknowledgment

I have read and understand my position description and certify that I can and will fulfill the stated expectations:

____without accommodations

____ with the following accommodations:

Employee Name (print): _____

Employee Signature: _____ Date: _____

Supervisor Signature: _____

Title: _____ Date: _____

This job description in no way states or implies that these are the only duties to be performed by the employee occupying this job. Employees may be required to follow other job-related instructions and to perform other job-related duties as requested, subject to all applicable state and federal laws. Certain job functions described herein may be subject to possible modification in accordance with applicable state and federal laws.

Original: Human Resources
Cc: Employee's Supervisor
Employee

Job description

Assistant Project Manager

Job Title	**Assistant Project Manager**	Full-time	✓
Department	**Network Management**	Part-time	
Reports to	**General Manager**	Location	WV
Exempt	✓	Origination Date	4/25/13
Non-exempt		Last Revision Date	

Position Summary

The Assistant Project Manager is a liaison between Medical Transportation Management (MTM) and the transportation providers. The primary function of the Assistant Project Manager is to provide oversight to network recruitment, implementation and financial analysis of the network.

Performance Measures – Major Job Objectives

Major Job Objective	What's Expected	Measurement Criteria	%
Manage Network Management Recruitment	• Manage and oversee all aspects of Network Management recruitment. • Work with paratransit and public transit providers to ensure that networks are comprehensive in geographic and mode coverage. • Assist in managing provider education. • Manage internal/external policies.	Additional providers are in place in areas where network is insufficient. All new providers are credentialed.	30%
Manage Network Management	• Manage and oversee operational aspects of Network Management. • Assist in educating Providers regarding Pick Up and Drop Off times (PUDO) and signatures. • Manage representatives in retention of the existing network. • Main departmental representative to internal departments and working on process projects. • Manage Provider Discipline. • Participate in planning, revisions and implementation of MTM Provider Guidelines, Services Agreements and Amendments to Services Agreements.	Credential and re-credential the Transportation Providers. Complete file audits and monitor by monthly reports. Providers' PIPs are issued and reported appropriately. Contract and Guidelines are current for each state/plan and revised periodically to stay current and relevant.	30%
Compliance to HR policy and procedures	• Timely reviews. • Ensure department polices are followed. • Ensure staff attends mandatory HR training sessions. • Maintenance of Job Descriptions. • Timely submission of all other paperwork required for HR purposes.	Proper paperwork recorded and submitted timely for reviews, hires, terminations, disciplines, and overall upkeep of department Job Descriptions.	10%
Financial Analysis of Network Costs	• Review average costs per trip and per mile indicators for all plans. • Create Performance Improvement Plans (PIP) to reduce costs in network. • Work with Care Management staff and CFO to review costs of RTPS and quoting of trips. • Recruit additional providers in existing areas to drive competition and to reduce costs. • Work Closely with Sales, Finance and Care Management departments.	Transportation costs are stable for each client and overall costs are reduced. Network of transportation provider and potential providers are adequate for the amount of trips as monitored in implementation meeting of new plans.	30%

Other Job Functions

- Provide interpretation and assistance in compliance with all MTM policies and reporting procedures.
- Attend regional and network provider conventions and seminars.
- Participate in planning and execution of Regional Provider meetings.
- Participate as an active member of MTM department management meetings.
- Conduct employee interviews and hire staff as needed.
- Regular attendance required.
- Other duties as assigned.

Knowledge, Skills, And Abilities

- Moderate to advanced knowledge of Microsoft applications, including Word, Excel, Access required and PowerPoint preferred.
- Ability to acquire and maintain an in-depth knowledge of MTM departments.
- Demonstrated ability to manage multiple priorities in a fast-paced environment required.
- Ability to handle confidential information in a professional manner required.
- Ability to make sound business judgments required.
- Previous management experience preferred.
- Excellent interpersonal skills and ability to work with and manage a variety of people required.
- Ability to acquire and maintain an in-depth knowledge of contracting and procedures and processes required.
- Ability to acquire and maintain an in-depth knowledge of MTM operations, systems, Provider Guidelines and other required policies and procedures required.
- Excellent communication skills, writing and verbal required.
- Excellent public speaking and presentation skills required.
- Excellent negotiation and problem solving skills required.
- Strong leadership and analytical skills required.

Education

- High School Diploma or G.E.D. required.
- College degree required.

Experience

- Previous experience in management required.
- Previous experience in the transportation industry preferred.
- Knowledge of contracting and negotiations required.

Positions Supervised

- Area Liaisons
- Contract Representatives

Tools / Equipment / Machines Used

Computer, copy machine, fax machine, printer, Cisco phone system

Physical Requirements And Working Conditions

Normal office conditions apply. Employee must have clear, close vision for reading and computer work. Must be able to sit, stand, walk, balance, stoop, grasp, talk, hear and operate computer keyboard. Job may require reaching at shoulder level and below waist. Will occasionally lift/push/pull up to 20 pound and carry objects 50 feet. Local and overnight travel required.

Acknowledgment

I have read and understand my position description and certify that I can and will fulfill the stated expectations:

____without accommodations

____ with the following accommodations:

Employee Name (print): _____

Employee Signature: _____ Date: _____

Supervisor Signature: _____

Title: _____ Date: _____

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Original: Human Resources
Cc: Employee's Supervisor
Employee

Job description

Manager, CSC

MTM

Job Title	**Manager, CSC**	Full-time	✓
Department	**CSC**	Part-time	
Reports to	**Workforce Planning Manager**	Location	WV
Exempt	✓	Origination Date	5/22/00
Non-exempt		Last Revision Date	4/10/09

Position Summary

The Manager, CSC is responsible for Customer Service daily operations and for supervision of the Team Leads, After Hours Supervisor, Support Staff and Customer Service Representatives (CSRs). The primary function is to assure compliance with all Customer Services established protocols, procedures, ensuring customer satisfaction, meeting service level and response time objectives across all areas of responsibility.

Performance Measures – Major Job Objectives

Major Job Objective	What's Expected	Measurement Criteria	%
Program Oversight	• 5% or less abandoned rate and 60 seconds or less speed of answer on a weekly basis • Meet monthly productivity/quality goals • Ensure all protocols are followed and personnel policies are administered accurately and consistently • Establish processes and procedures to handle each client's business, update or revise as necessary • Ensure effective and efficient utilization of resources • Assures facility management including office and IT systems	Monthly report summary Service level contractual goals are met on a monthly basis Monthly quality evaluations Feedback from internal and external customers	50%
Staff Management	• On-going review of processes to identify areas of improvement and recommend changes • Coordinate all daily activities of the CSC through the team leads including scheduling and attendance management • Provide timely and effective feedback to all team members including performance reviews, developmental plans, and disciplinary actions as needed • Compliance to HR policy and procedure • Assure appropriate staffing levels in coordination with HR • Heighten the emphasis on a positive motivational and teamwork environment in order to maintain high morale through awards, recognition and creative techniques	Monthly productivity report Quarterly report card for Call Center staff Feedback from internal and external customers	50%

MTM

Other Job Functions

- Regular attendance required
- Other duties as assigned

Knowledge, Skills, And Abilities

- Strong written, verbal, and phone communication skills required
- Ability to acquire and maintain knowledge of MTM protocols, Transportation Provider Network system, and personnel policies required
- Excellent interpersonal skills and the ability to resolve customer complaints and personnel issues required
- Strong organizational and time management skills required
- Typing speed of 30 WPM or greater required
- Intermediate computer skills including Microsoft Outlook, Word, and Excel required

Education

- High school diploma or G.E.D required
- College degree preferred

Experience

- Previous experience in supervision required
- Five years experience in business, customer service or call center operations preferred.

Positions Supervised

- Team Lead
- CSR/Bilingual CSR
- Administrative Assistant
- Reports Specialist

Tools / Equipment / Machines Used

Computer, copy machine, fax machine, printer, Cisco phone system, projector

Physical Requirements And Working Conditions

Normal office conditions apply. Employee must have clear, close vision for reading and computer work. Must be able to sit, stand, walk, balance, stoop, grasp, talk, hear and operate computer keyboard. Job may require reaching at shoulder level and below waist. Will occasionally lift/push/pull up to 20 pound and carry objects 50 feet.

Acknowledgment

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____without accommodations

____ with the following accommodations:

Employee Name (print): _____

Employee Signature: _____ Date: _____

Supervisor Signature: _____

Title: _____ Date: _____

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Original: Human Resources
Cc: Employee's Supervisor
Employee

Job description

Provider Relations Manager

Job Title	**Provider Relations Manager**	Full-time	✓
Department	**Network Management**	Part-time	
Reports to	**VP, Network Management and Sales**	Location	WV
Exempt	✓	Origination Date	11-12-03
Non-exempt		Last Revision Date	2-13-09

Position Summary

The Provider Relations Manager is a liaison between Medical Transportation Management (MTM) and the transportation providers. The primary function of the Manager, Network Operations is to provider oversight of the Network Management Department.

Performance Measures – Major Job Objectives

Major Job Objective	What's Expected	Measurement Criteria	%
Manage Network Management Compliance to HR policy and procedures	• Manage and oversee all aspects of Network Management. • Manage Provider Education. • Manage Provider Credentialing Program. • Manage internal/external policies.	To credential and re-credential the transportation providers. To complete file audits and monitor by monthly reports.	30%
	• Manage Provider Discipline.	Provider's CAPs are issued and reported appropriately.	
	• Participate in planning, revisions and implementation of MTM Provider Guidelines, Services Agreements and Amendments to Services Agreements.	Contract and Guidelines are current for each state/plan and revised periodically to stay current and relevant.	
Implementation of new plans	• Timely reviews. • Ensure department polices are followed. • Timely submission of Payroll. • Accurate record keeping. • Ensure staff attends mandatory HR training sessions. • Maintenance of Job descriptions. • Timely submission of all other paperwork required for HR purposes.	Proper paperwork recorded and submitted for reviews, hires, terminations, and overall upkeep of department job descriptions.	30%

Job description

Provider Relations Manager

MTM

Performance Measures – Major Job Objectives

Major Job Objective	What's Expected	Measurement Criteria	%
	• Ensure smooth implementation of new plans. • Work closely with Sales team. • Gather requested information for the sales team.	Transportation providers are fully contracted and trained on MTM processes for implementation.	20%
	• Work closely with Sales team. • Gather requested information for the sales team.	Network of transportation provider and potential providers are adequate for the amount of trips as monitored in implementation meeting of new plans.	

Other Job Functions

- Provider interpretation and assistance in compliance with all MTM policies and reporting procedures.
- Participate in planning and execution of Regional Provider meetings.
- Active member of MTM Performance Review, Provider Discipline Committee and MTM Management Committee.
- Conduct employee interviews and hire staff as needed.
- Ability to acquire and maintain an in-depth knowledge of MTM departments.
- Provider updates to MTM protocols.
- Regular attendance required.
- Other duties as assigned.

Knowledge, Skills, And Abilities

- Moderate to advanced knowledge of Microsoft applications, including Word, Excel, Access required and power point preferred.
- Demonstrated ability to manage multiple priorities in a fast-paced environment required.
- Ability to handle confidential information in a professional manner required.
- Ability to make sound business judgments required.
- Previous management experience preferred.
- Excellent interpersonal skills and ability to work with and manage a variety of people required.
- Ability to acquire and maintain an in-depth knowledge of contracting and procedures and processes required.
- Ability to acquire and maintain an in-depth knowledge of MTM operations, systems, Provider Guidelines and other required policies and procedures required.
- Excellent communication skills, writing and verbal required.
- Excellent negotiation and problem solving skills required.
- Strong leadership and analytical skills required.

Education

- High School Diploma or G.E.D. required.
- Some College preferred.

Job description

Manager, Network Operations

MTM

Experience

- Previous experience in management preferred.
- Previous experience in the transportation industry preferred.
- Knowledge of contracting and negotiations required.

Positions Supervised

- Network Management Representatives (including Sr. Rep).
- Network Services Supervisor.
- Network Management Coordinator.

Tools / Equipment / Machines Used

Computer, copy machine, fax machine, printer, Cisco phone system

Physical Requirements And Working Conditions

Normal office conditions apply. Employee must have clear, close vision for reading and computer work. Must be able to sit, stand, walk, balance, stoop, grasp, talk, hear and operate computer keyboard. Job may require reaching at shoulder level and below waist. Will occasionally lift/push/pull up to 20 pound and carry objects 50 feet.

Acknowledgment

I have read and understand my position description and certify that I can and will fulfill the stated expectations:

____without accommodations

____ with the following accommodations:

Employee Name (print): _____

Employee Signature: _____ Date: _____

Supervisor Signature: _____

Title: _____ Date: _____

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Original: Human Resources
Cc: Employee's Supervisor
Employee

Job description

Outreach and Communications Manager

Job Title	**Outreach and Communications Manager**	Full-time	✓
Department	**Client Services**	Part-time	
Reports to	**Program Manager**	Location	WV
Exempt	✓	Origination Date	10/01/09
Non-exempt			

Position Summary

To support MTM's mission by educating and providing outreach to key stakeholders and partners on MTM's policies, procedures, and best practices to promote quality, reliable and safe transportation.

Performance Measures – Major Job Objectives

Major Job Objective	What's Expected	Measurement Criteria	%
Networking	• Establish contacts and maintain working relationships with stakeholder agencies, i.e., medical and transportation providers, state agencies, and stakeholder agencies that represent the member populations. • Maintain a database of stakeholders with key contact information. • Schedule and conduct quarterly advisory committee meetings.	Database and advisory committee minutes	10%
Training Development and Research	• Gain and maintain in-depth knowledge of MTM's Policies and Procedures. • Develop quarterly training plans based on input from the Missouri Program Director and Team (Transportation Providers, Case Management, Quality Management, and Business Solutions) to address training needs. • Research industry best practices and training techniques for incorporation in training plans. • Work in collaboration with the Missouri Area Liaison to assist transportation providers in complying with MTM Provider Guidelines. • Provide information and suggestions to the Missouri Program Director via recommendation memos on changes or revisions that need to be made to MTM Transportation Provider Guidelines and other manuals. • Participate in the planning and execution of Regional Provider meetings. • Create, determine format and deliver trainings specific to the intended party and purpose.	Quarterly Training Plans and Recommendation Memos	20%
Training Delivery and Execution	• Create and distribute resource materials for the medical community. • Schedule, secure training locations and speakers throughout the state, as needed. • Gather feedback/evaluations for each training.	Education materials, presentations and evaluations	50%
Office Support	• Provider office support by sharing duties, i.e., answering phones, answering/gathering information from walk-ins, and preparing meeting minutes and correspondence, as needed. • Other duties as assigned.	Telephone and document logs	20%

Other Job Functions

- Adhere to the policies and procedures of MTM, state and other regulatory bodies
- Regular attendance required

Knowledge, Skills, And Abilities

- Proficient with Microsoft Word, Microsoft Excel, Microsoft PowerPoint, and Microsoft Outlook; and Microsoft Access proficiency is preferred;
- Possess excellent verbal and written communication skills;
- Possess excellent time management and organizational skills;
- Local and overnight travel required, approximately 30%;
- Accommodate travel time and schedule; hours not to exceed 40 hours per week; and
- Deal with people in a manner which shows sensitivity, tact, and professionalism.

Education

- Bachelor degree required

Experience

- Previous industry knowledge including health care, managed care, social service and/or transportation, at least 5 years preferred
- Experience designing and implementing training programs, at least 2 years of experience preferred

Positions Supervised

None

Tools/equipment/machines Used

Computer, copy machine, fax machine, and screen projector. Must posses a valid driver's license.

Physical Requirements And Working Conditions

Normal office conditions apply. Employee must have clear, close vision for reading and computer work. Must be able to sit, stand, walk, balance, stoop, grasp, talk, hear and operate computer keyboard. Job may require reaching at shoulder level and below waist. Will occasionally lift/push/pull up to 20 pound and carry objects 50 feet. Position may require local a and overnight travel.

Acknowledgment

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____ with the following accommodations:

Employee Name (print): _____

Employee Signature: _____ Date: _____

Supervisor Signature: _____

Title: _____ Date: _____

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Original: Human Resources
Cc: Employee's Supervisor
Employee

Job description

Field Monitor

Job Title	**Field Monitor**	Full-time	✓
Department	**CSC**	Part-time	
Reports to	**District Manager, Network Management**	Location	WV
Exempt	✓	Origination Date	6/10/08
Non-exempt		Last Revision Date	2/19/09

Position Summary

The **Field Monitor** is responsible for ensuring transportation providers who contract with MTM meet and exceed the compliance requirements contained in our contract. This includes performing random and/or schedule site visits and inspections. The Field Monitor performs semi-annual vehicle inspections to ensure vehicle compliance with all ADA and other Federal, State and Local regulatory standards.

Performance Measures – Major Job Objectives

Major Job Objective	What's Expected	Measurement Criteria	%
Vehicle Inspections/ Compliance	• Performing vehicle inspections to ensure vehicle compliance with all ADA and other Federal, State and Local regulatory standards.	Vehicle inspections	40%
Random Visits/On Street Observations	• Performs scheduled and random visits (local travel) to healthcare facilities and contracted transportation providers to verify level of service and provider adherence to contract standards. • Perform onsite visits and street observations of current providers in the DC-MTM network. Performs on street observations of providers' vehicles, drivers and services. Document on street observations in the network management database and provide input to providers on both positive and negative findings.	Site visits	40%
Planning and Documentation	• Schedules field with the Area Liaison • Plans and documents work schedule and provides follow up reports to management on a regular basis.		10%
Investigates adherence to service requirements	• Investigates quality of transportation provider's on-time performance, driver's adherence to service requirements and alteration(s) to rider's level of service and/or scheduling requirements.	Pick up and drop off (PUDO)times	10%

Job description

Field Monitor

MTM

Other Job Functions

- Assist with training of drivers and attendants using MTM- prescribed training curriculum
- Regular attendance
- Other duties as assigned.

Knowledge, Skills, And Abilities

- Demonstrates strong interpersonal skills
- Ability to train drivers and attendants using MTM prescribed training curriculum
- Basic knowledge of DC and surrounding area along with ability to read and follow maps
- Ability to work independently with minimal supervision
- Must be self-motivated and possess superior time management skills
- Demonstrated software skills to include proficiency of Microsoft Excel, Outlook and PowerPoint
- Must have proven experience dealing with conflict management
- Must be willing and able to travel locally within DC 75+%
- Approximately 25% of work time is conducted in an office setting and approximately 75% will involve extensive travel
- Valid/current driver's license and a clean driving record
- Must be flexible to work a variety of work schedules/hours

Education

High school degree or equivalent

Experience

- Transportation and/or vehicle maintenance experience, preferred
- Prior audit experience and/or knowledge of Medicaid guidelines, preferred

Positions Supervised

None

Tools / Equipment / Machines Used

Computer, copy machine, fax machine, laptop

Physical Requirements And Working Conditions

Normal office conditions apply. Employee must have clear, close vision for reading and computer work. Must be able to sit, stand, walk, balance, stoop, grasp, talk, hear and operate computer keyboard. Job may require reaching at shoulder level and below waist. Will occasionally lift/push/pull up to 20 pound and carry objects 50 feet. Position may require both local and overnight travel.

MTM

Acknowledgment

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____ with the following accommodations:

Employee Name (print): _____

Employee Signature: _____ Date: _____

Supervisor Signature: _____

Title: _____ Date: _____

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Original: Human Resources
Cc: Employee's Supervisor
Employee

Job description

Care Management Coordinator (non-clinical)

Job Title	**Care Management Coordinator (non-clinical)**	Full-time	✓
Department	**CSC**	Part-time	
Reports to	**Manager, Care & Utilization Mgmt.**	Location	MS
Exempt	✓	Origination Date	5/11/07
Non-exempt		Last Revision Date	10/15/09

Position Summary

The Care Management Coordinator (non-clinical) is responsible for processing reimbursement of Access Services and determining the most appropriate and cost affective means of transportation for recipients within their assigned facilities.

Performance Measures – Major Job Objectives

Major Job Objective	What's Expected	Measurement Criteria	%
Facilities	• Process and send confirmation of trips scheduled for facilities via phone, fax, and email • Establish relationships and maintain communication with facilities, schedule 1-3 site visits a month. • Review and process requests for lodging, meals, and mileage reimbursement within 48 hours of receipt • Identify training/educational opportunities • Scan and properly label within the CM shared drive or locked file cabinet for a period of 10 years	ATS Facility and Mileage Tracking Sheet	50%
Reoccurring Trips	• Complete daily RTP requests 15mins prior to close of business day that are received via WB query and emails • Appropriately set RTP expirations per MTM/MNet policies • Verify validity of existing RTP's with the scheduled medical provider	RTP Expiration Report, WB query	20%
Phone Queue	• Available to take calls received to queue and adhere to identified phone compliance standards • Return voice mail messages within 1 business day • Follow assigned break schedule to ensure proper phone coverage • Provide excellent customer service • Adhere to HIPAA guidelines	Cisco phone report and Call Monitoring	20%
Out-of-State Requests	• Obtain authorization from CDMI and DHS for medical services being performed out-of-state • Contact recipient and/or authorized individual to obtain specific arrangements needed • Mail Out-of-State Intro Letter to recipient within 24 hours of request • Research local area where services being received to establish the most appropriate and cost effective services available • Obtain supervisor authorization prior to approving reimbursement	CDMI and DHS fax/email notifications, Manager review	10%

Other Job Functions

- Assist Quality Improvement with complaint resolution
- Assuring compliance with the contract source, using MNet policies and procedures to ensure member satisfaction
- Review and triage incoming fax requests from social workers, nurse care managers, and transportation coordinators
- Coordinate with the Call Center on transportation requests requiring special consideration (medical necessity, transporting minors, and/or distance necessity)
- Work with Network Management to ensure adequate coverage for all transportation needs
- Notify supervisor of issues and opportunities to enhance productivity
- Closely monitor and prioritize trips based on urgency and use of most appropriate provider and mode of transportation
- Regular attendance required
- Other duties as assigned

Knowledge, Skills, And Abilities

- Intermediate computer skills in Microsoft Applications, including Word, Excel, and Access
- Ability to type 30wpm
- Ability to manage and prioritize multiple tasks in a fast-paced environment
- Ability to handle confidential information in a professional manner
- Ability to make solid judgment calls
- Ability to handle escalated calls appropriately and professionally
- Strong communication skills both written and verbal
- Ability to work independently and as part of a team

Education

- High school diploma or G.E.D. required
- Some college preferred

Experience

- Minimum of 90 days experience in MTM/MNet position preferred
- Experience in healthcare, care management, or related field preferred
- Care Management certification required within 1 year

Positions Supervised

None

Tools / Equipment / Machines Used

Computer, copy machine, fax machine, printer, Cisco phone system

Physical Requirements And Working Conditions

Normal office conditions apply. Employee must have clear, close vision for reading and computer work. Must be able to sit, stand, walk, balance, stoop, grasp, talk, hear and operate computer keyboard. Job may require reaching at shoulder level and below waist. Will occasionally lift/push/pull up to 20 pound and carry objects 50 feet.

Acknowledgment

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Employee Name (print): _____

Employee Signature: _____ Date: _____

Supervisor Signature: _____

Title: _____ Date: _____

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Original: Human Resources
Cc: Employee's Supervisor
Employee

Job description

Quality Service Coordinator

Job Title	**Quality Service Coordinator**	Full-time	✓
Department	**BSG**	Part-time	
Reports to	**Team Lead, Quality Management**	Location	WV
Exempt	✓	Origination Date	6/11/04
Non-exempt		Last Revision Date	2/19/10

Position Summary

The Quality Service Coordinator is responsible for managing complaints for designated clients, in accordance with client requirements and MTM Policies and Procedures for Quality Management.

Performance Measures – Major Job Objectives

Major Job Objective	What's Expected	Measurement Criteria	%
Manage Complaints for Designated Clients	• A working knowledge of all health plan protocols • Document, review, investigate and provide follow up for all complaints and complaint issues reported for assigned clients. • Enter complaints submitted via fax or voice mail. • Provide follow up contact to member/beneficiary/recipients per their request in regards to complaint resolution • Enter data for the application of Liquidated Damages. • Obtain timely responses from the transportation providers to complaints and complaint issues. (24 to 48 hour timeframe) • Provide immediate follow up for complaint responses that are not submitted within the specified timeframe and enforce disciplinary measures as needed • Provide and document all vendor education given in response to complaints. • Respond to client, Program Manager, or Account Manager Inquiries sent via email, or fax, within the specified timeframe. • Send complaint resolution letters to member/beneficiary/recipients per health plan contract.	Call Stats Daily, weekly, monthly complaint reports QM Inter-Rater Daily Task List	50%
Risk Management	• Compile monthly incident/accident summary reports for assigned clients. • Obtain timely responses to all incident/accident issues from the transportation providers. (24 hour response time required) • Provide follow up to the member/recipient/beneficiary in regards to accident/incident issues. • Forward notification of accidents/incidents as they occur to the QM Team Lead and Manager • Manage all risk issues for designated clients	Email notification	15%
Complaint Reports	• Compile daily complaint reports to be submitted to designated health plans per contract • Compile weekly/monthly complaint reports for designated clients • Proof read all complaint reports before submission to Team Lead • Track and tend complaint ratios for transportation providers • Provide monthly/year to date data for Complaint Summary reflected on monthly quality reports.	Daily, weekly, monthly complaint reports	15%

Job description

Quality Service Coordinator

MTM

Performance Measures – Major Job Objectives

Major Job Objective	What's Expected	Measurement Criteria	%
Interdepartmental Communication	• Assist Care Management/Account Managers/Program Managers with complaint/facility issues • Update Network Management in regards to non-compliance issues with transportation providers and advise of incident/accident issues	Complaint Reports Email notification	10%
Independently manage trips with issues, complaints, or special needs	• Triage issues, complaints & unusual trip circumstances and determine appropriate action by reviewing complaint history, trip history, etc. • Determine changes needed and implement them accordingly	Complaint Reports	10%

Other Job Functions

- Enter complaints submitted via fax or voice mail, as assigned
- Enter data for the application of Liquidated Damages
- Update client statistics as needed
- Other duties as assigned
- Regular attendance required
- Job share with other QSCs to ensure adequate coverage during inclement weather and sick days
- Attend client/implementation meetings upon request

Knowledge, Skills, And Abilities

- Proficiency with Microsoft applications, including Word, Excel, and Access required.
- Excellent written communication skills, with an emphasis on grammar and spelling required.
- Ability to tactfully question and obtain information required.
- Excellent organizational and interpersonal skills required.
- Demonstrated ability to manage multiple priorities required.
- Typing skills 30 wpm
- Ability to handle confidential information in a professional manner
- Superior problem solving skills

Education

- High School Diploma or G.E.D. required
- Associates degree required

Experience

- Previous Customer Service experience required
- Previous Quality Management experience preferred
- A minimum of six months in the MTM Customer Service Center preferred
- Working knowledge of MTM Customer Service protocols and procedures preferred

Job description

Quality Service Coordinator

MTM

Positions Supervised

None

Tools/equipment/machines Used

Computer, copy machine, fax machine, printer, Cisco phone system

Physical Requirements And Working Conditions

Normal office conditions apply. Employee must have clear, close vision for reading and computer work. Must be able to sit, stand, walk, balance, stoop, grasp, talk, hear and operate computer keyboard. Job may require reaching at shoulder level and below waist. Will occasionally lift/push/pull up to 20 pound and carry objects 50 feet.

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Supervisor Signature: _____

Title: _____ Date: _____

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Original: Human Resources
Cc: Employee's Supervisor
Employee

Job description

Claims Auditor

Job Title	**Claims Auditor**	Full-time	✓
Department	**Trip Reconciliation**	Part-time	
Reports to	**Team Lead, Reconciliation**	Location	WV
Exempt	✓	Origination Date	12/01/08
Non-exempt		Last Revision Date	02/18/09

Position Summary

The Claims Auditor works closely with Transportation Providers and the Medical Transportation Management Accounting department to ensure timely Transportation Provider payment. Payment is accomplished by adjudicating claims based on submitted documentation.

Performance Measures – Major Job Objectives

Major Job Objective	What's Expected	Measurement Criteria	%
Transportation Provider Reconciliation	• Reconcile trip documentation by adjusting trip data in the AS400 database based on weekly reconciliation reports • Send and receive weekly reconciliation reports • Send invoices on time according each region's payment schedule • Ensure timely payment of Transportation Providers by encouraging them to follow the payment schedule • Investigate and resolve discrepancies between Transportation Provider data and Medical Transportation Management data	Must meet predetermined performance metrics	60%
Report Submittal	• All required reports should be submitted on time for all regions • All reports must be accurate	Timely Submittal	20%
Customer Service	• Maintain a positive attitude when dealing with internal and external personnel • Provide high quality customer service	All phone calls and e-mail responded to within 24 hours	20%

Job description

Claims Auditor

MTM

Other Job Functions

- Must conform to MTM's HIPAA standards
- Maintain compliance with the established departmental policies and procedures for Trip Reconciliation
- Use sound judgment in challenging unusual information
- Point-of-contact for Network Management and transportation providers for all issues relating to timely payment
- Regular attendance required
- Other duties as assigned

Knowledge, Skills, And Abilities

- Typing speed of 30 WPM
- Knowledge of Microsoft Outlook, Microsoft Word, and Microsoft Excel required
- Exemplary verbal and written communication and phone skills required
- Excellent organizational and multi-tasking skills required
- Ability to identify and respond to customer needs and circumstances required
- Ability to tactfully question and obtain necessary information required
- Ability to handle confidential information in a professional manner required
- Ability to make solid judgment calls required
- Ability to acquire and maintain in-depth knowledge of department process and procedures required

Education

High School Diploma or G.E.D. required

Experience

- MTM Customer Service Representative experience preferred
- Previous customer service experience required

Positions Supervised

None

Tools/equipment/machines Used

Computer, copy machine, fax machine, printer, Cisco phone system

Physical Requirements And Working Conditions

Normal office conditions apply. Employee must have clear, close vision for reading and computer work. Must be able to sit, stand, walk, balance, stoop, grasp, talk, hear and operate computer keyboard. Job may require reaching at shoulder level and below waist. Will occasionally lift/push/pull up to 20 pound and carry objects 50 feet.

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Employee Signature: _____ Date: _____

Supervisor Signature: _____

Title: _____ Date: _____

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Original: Human Resources
Cc: Employee's Supervisor
Employee

Job description

Team Coach, CSC

Job Title	**Team Coach, CSC**	Full-time	✓
Department	**CSC**	Part-time	
Reports to	**Manager, CSC**	Location	WV
Exempt	✓	Origination Date	01/15/05
Non-exempt		Last Revision Date	03/03/09

Position Summary

The Team Coach, CSC is responsible for the supervision, assistance and monitoring a team of Customer Service Representatives. Their primary function is to assure compliance with all MTM Customer Service Center protocols/procedures and ensure customer satisfaction.

Performance Measures – Major Job Objectives

Major Job Objective	What's Expected	Measurement Criteria	%
Team Management	• Serve as a role model for positive attitude and job performance • Ensure performance goals are met • Ongoing training of CSRs • Management of attendance records for assigned team • Update assigned team of protocol/procedural changes in a concise and timely manner	• Timely disciplinary actions • Team performance/report cards • Observation by CSC Supervisor	50%
Operations Oversight	• Proactively identify new procedures that will increase the effectiveness of the CSRs and the CSC • Assist CSRs in resolving issues and complaints; assist with follow up and resolution of complaints and incidents • Accept escalated calls from CSR's as needed for resolution • Be aware of the daily and weekly statistics • Take incoming calls as needed to ensure operations metrics are achieved	• Monthly statistical reports • Observation by CSC Supervisor	50%

Other Job Functions

- Demonstrate sincere personal commitment to promptness, reliability and quality work
- Regular attendance required
- Other duties as assigned

Knowledge, Skills, And Abilities

- Typing speed of 30 WPM or greater required
- Knowledge or ability to learn Microsoft Word, Microsoft Excel, and Microsoft Outlook
- Strong communication skills, both written and verbal
- Ability to learn and maintain an extensive knowledge of MTM's various protocols
- Ability to work with multiple situations and handle diverse issues required
- Able to multi-task in a fast paced environment required

Education

High School Diploma or G.E.D. required

Experience

- Previous experience in supervision preferred
- Customer service experience required

Positions Supervised

Customer Service Representatives, Bilingual Customer Service Representatives

Tools / Equipment / Machines Used

Computer, copy machine, fax machine, printer, Cisco phone system

Physical Requirements And Working Conditions

Normal office conditions apply. Employee must have clear, close vision for reading and computer work. Must be able to sit, stand, walk, balance, stoop, grasp, talk, hear and operate computer keyboard. Job may require reaching at shoulder level and below waist. Will occasionally lift/push/pull up to 20 pound and carry objects 50 feet.

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Supervisor Signature: _____

Title: _____ Date: _____

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Original: Human Resources
Cc: Employee's Supervisor
Employee

Job description

Customer Service Representative

Job Title	**Customer Service Representative**	Full-time	✓
Department	**CSC**	Part-time	
Reports to	**Team Lead, CSC**	Location	WV
Exempt	✓	Origination Date	09/27/97
Non-exempt		Last Revision Date	03/03/09

Position Summary

The Customer Service Representative (CSR) handles incoming calls received via an automated call distribution (ACD) system regarding scheduling of transportation and all other details of customer trips. The Customer Service Representative (CSR) is the front line representative of Medical Transportation Management (MTM).

Performance Measures – Major Job Objectives

Major Job Objective	What's Expected	Measurement Criteria	%
Abandoned Calls	As outlined by the department head for each Customer Service Center (CSC) location. See Attachment A.	Results compiled by Quality Support Team, phone, and/or system reports	10%
Average Handle Time	As outlined by the department head for each CSC location. See Attachment A.	Results compiled by Quality Support Team, phone, and /or system reports	20%
% Productive Time	• Exceeding = >95% • Meeting = 90% - 94.9% • Not meeting = <89%	Results compiled by Quality Support Team, phone, and/or system reports	30%
Quality Scores	• Exceeding = >95% • Meeting = 90% - 94.99% • Not meeting = <90%	Results compiled by Quality Support Team, phone, and /or system reports	30%
Attendance	Adhere to Corporate Attendance Policy	Manager/system generated reports	10%

MTM

Other Job Functions

- Answer incoming ACD calls for customers – passengers, vendors, and clients
- Handle daily scheduling of trips by documenting trip request and selecting the most appropriate vendor
- Utilize correct coding and documentation procedures
- Report issues, unusual trip circumstances, and efficiency of vendor operations to CSC Team Lead for prompt resolution
- Acquire and maintain in-depth knowledge of, and adhere to, established CSC Protocols and Procedures
- Provide courteous and prompt response to all transportation requests and adopt proper use of terminology
- Demonstrate sincere personal commitment to promptness, reliability and quality work
- Acquire and maintain in-depth knowledge of MTM's Transportation Provider Network
- Report to work on time for assigned shift schedules
- May be required to work weekends and/or holidays as needed
- Other duties as assigned

Knowledge, Skills, And Abilities

- Typing speed of 30 WPM or greater
- Knowledge of, or ability to learn, Microsoft Outlook and Microsoft Word
- Exemplary communication and phone skills
- Ability to relate to a diversity of customers and requests
- Ability to identify with customer needs and circumstances

Education

High School Diploma or G.E.D. required

Experience

- Customer service experience required
- Previous experience working in a call center is preferred

Positions Supervised

None

Tools/equipment/machines Used

Computer, copy machine, fax machine, printer, Cisco phone system

Physical Requirements And Working Conditions

Normal office conditions apply. Employee must have clear, close vision for reading and computer work. Must be able to sit, stand, walk, balance, stoop, grasp, talk, hear and operate computer keyboard. Job may require reaching at shoulder level and below waist. Will occasionally lift/push/pull up to 20 pound and carry objects 50 feet.

Acknowledgment

I have read and understand my position description and certify that I can and will fulfill the stated expectations:

____without accommodations

____ with the following accommodations:

Employee Name (print): _____

Employee Signature: _____ Date: _____

Supervisor Signature: _____

Title: _____ Date: _____

This job description in no way states or implies that these are the only duties to be performed by the employee occupying this job. Employees may be required to follow other job-related instructions and to perform other job-related duties as requested, subject to all applicable state and federal laws. Certain job functions described herein may be subject to possible modification in accordance with applicable state and federal laws.

Original: Human Resources
Cc: Employee's Supervisor
Employee

Job description

PC Technician

Job Title	**PC Technician**	Full-time	✓
Department	**Technology Infrastructure & IP Telephony**	Part-time	
Reports to	**Manager, Systems Administration**	Location	WV
Exempt		Origination Date	12/01/2006
Non-exempt	✓	Last Revision Date	01/29/2010

Position Summary

As a member of Technology Infrastructure & IP Telephony team athe PC Technician is responsible for:

- Maintaining, analyzing, troubleshooting, and repairing computer systems, hardware and computer peripherals
- Documenting, maintaining, upgrading and/or replacing hardware and software systems
- Assistance in Administration of current and the dynamically growing future enterprise technology infrastructure of MTM's corporate headquarters, remote operational locations, data centers, and call centers
- Assistance in support of IT Services for all MTM users including corporate headquarters users, remote operational location

Performance Measures – Major Job Objectives

Major Job Objective	What's Expected	Measurement	%
Maintain, analyze, troubleshoot, and repair PC systems, hardware and computer peripherals	• Maintenance of all MTM-owned PC hardware and peripherals	The MTM employee is satisfied with level of service	30%
Document, upgrade and/or replacing hardware and software systems	• Hardware changes must be documented in the hardware database. Other documents kept current	Database and other documents are kept up to date	20%
Assist in administration of current and the dynamically growing future enterprise technology infrastructure	• Assist the Systems Administrator(s) and other department members as needed	The Director is satisfied with level of service	20%
Assist in support of IT Services for all MTM users	• Assist the Systems Administrator(s) and other department members as needed	The MTM employee is satisfied with level of service	20%
Work independently and without much direction	• Complete tasks without much supervision	The ability to work independently	10%

Job description

PC Technician

MTM

Other Job Functions

The primary duties of the PC Technician are to act as tier 1 support for the Infrastructure Systems, Client Computers and Business Equipment.

- Fully responsible for the day to day support of desktop hardware and software issues
- Assist in the planning, installation, support and maintenance of user computers (desktop, laptop), both hardware and software and all peripherals
- May be on a certain rotation on-call schedule for after hour urgent support needs
- Occasionally travel to non-headquarters operational locations for installation, maintenance and customer/user support

Knowledge, Skills, And Abilities

- Repair and troubleshooting experience with Windows Operating Systems (Windows XP, 2000, etc.), and Microsoft and other business applications
- Strong ability and desire to learn and grow professionally
- Strong ability to pay attention to detail
- Strong customer service aptitude and skills
- IT Help Desk/Service process and tools skills
- Excellent oral and written communication skills

Education

- High school diploma or GED
- Comptia A+ certification preferred

Experience

- Must have experience with PC hardware, printers, software and peripherals.
- Applicant must have a track record of exceeding set goals and expectations.

Positions Supervised

None

Tools / Equipment / Machines Used

Computer, copy machine, fax machine, printer, Cisco phone system

Physical Requirements And Working Conditions

Normal office conditions apply. Employee must have clear, close vision for reading and computer work. Must be able to sit, stand, walk, balance, stoop, grasp, talk, hear and operate computer keyboard. Job may require reaching at shoulder level and below waist. Will occasionally lift/push/pull up to 20 pound and carry objects 50 feet. Position may require both local and overnight travel.

Acknowledgment

I have read and understand my position description and certify that I can and will fulfill the stated expectations:

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Employee Signature: _____ Date: _____

Supervisor Signature: _____

Title: _____ Date: _____

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Original: Human Resources
Cc: Employee's Supervisor
Employee

Job description

Business Analyst

MTM

Job Title	**Business Analyst**	Full-time	✓
Department	**BSG**	Part-time	
Reports to	**Managing Business Analyst or VP, BSG**	Location	MO
Exempt	✓	Origination Date	7/1/08
Non-exempt		Last Revision Date	01/29/2010

Position Summary

The Business Analyst is responsible for the analysis, architecture and specification of effective, efficient and innovative business technology solutions and services.

The Business Analyst provides project management services during development and production to ensure that business technology solutions and services are successfully adopted throughout the company to deliver the projected results.

Performance Measures – Major Job Objectives

Major Job Objective	What's Expected	Measurement Criteria	%
Develop Business Solutions	• Requirement definition • Development of timely and innovative solutions, with optimal use of technology and human resources • Testing • User Training • Root cause analysis of issues	Client Sign Off and Commentary Sheet	80%
Quality Project Management	• Develop a complete and comprehensive project plan • Manage resources to deliver in accordance with the plan • Manage client expectations	Client Sign Off and Commentary Sheet	20%

MTM

Other Job Functions

- Support file based data processing in the production environment
- Other duties as assigned

Knowledge, Skills, And Abilities

Required:

- Analytical and problem solving skills
- Ability to assimilate new and existing technologies, and 3rd party products
- Verbal and written communication skills
- Interpersonal skills
- Ability to be effective in a fast paced, dynamic environment

Preferred:

- An understanding of basic database technologies

Education

Required:

- High School Graduate or G.E.D

Preferred:

- Bachelor's degree (or equivalent combination of education and experience) in Information Technology, Computer science, or Business Administration.

Experience

Required:

- Experience with computer based technology, beyond the use of standard spreadsheet, word processing and other applications primarily designed for personal use in a non business environment
- Experience applying technology to solve problems

Preferred:

- Prior programming experience
- Experience authoring software requirement specifications using industry best practices, tools and methodologies
- Experience authoring test plans and conducting testing using industry best practices, tools and methodologies
- Experienced in software development project management using industry best practices, tools and methodologies across the full Software Development Life Cycle (SDLC)
- Experienced in implementing business process improvements, working with the end user to overcome resistance to change

Positions Supervised

- May supervise other Business Analysts on an ad hoc basis

Tools / Equipment / Machines Used

Computer, copy machine, fax machine, printer, Cisco phone system

Physical Requirements And Working Conditions

Normal office conditions apply. Employee must have clear, close vision for reading and computer work. Must be able to sit, stand, walk, balance, stoop, grasp, talk, hear and operate computer keyboard. Job may require reaching at shoulder level and below waist. Will occasionally lift/push/pull up to 20 pound and carry objects 50 feet.

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Original: Human Resources
Cc: Employee's Supervisor
Employee

Job description

Network Representative

Job Title	**Network Representative**	Full-time	✓
Department	**Network Management**	Part-time	
Reports to	**Manager, Network Management**	Location	MO
Exempt	✓	Origination Date	11-12-03
Non-exempt		Last Revision Date	8-6-09

Position Summary

The Network Representative is to recruit new providers in all area where MTM either contracts or where MTM is looking to expand and to maintain the MTM provider Network by creating good relationships with the providers to assure the highest possible quality of transportation is provided.

Performance Measures – Major Job Objectives

Major Job Objective	What's Expected	Measurement Criteria	%
Manage assigned territories	• Independently evaluate requirements, research, and recruit new transportation providers in geographic area to ensure complete coverage in assigned recruitment territory • Contract with newly recruited providers • Provide complete information to the Transportation provider on MTM and its policy's and requirements • Independently approve any quotes by the Transportation Provider that are over their contracted rate. • Use independent judgment to evaluate and determine billing rates for Transportation Providers • Maintain a good rapport with the transportation providers • Resolve provider questions and problems; coordinate with MTM's Billing department, whenever necessary, to assist provider with billing concerns or problems • Mediate for the Transportation Provider to resolve obstacles with Trip Reconciliation • Notify the proper departments and/or offices of any provider changes • Maintain the Public Contacts • Create, enter and update providers in the AS/400 • Contact providers to correct faxing errors • De-activate providers within the system for disciplinary reasons • Adding providers to the network where average trip costs are too high	Ensure adequate network is maintained so members are not denied transportation. Responsiveness of the Rep to the provider's within allotted time to address and resolve providers inquires. Notifications em ails are written per department policy. This information should also be supported by the Public Contacts and ect. Average trip cost in any given area greater than State or Standard Schedule A.	30%
Manage insurance certificates	• Ensure all providers in the assigned territory have appropriate and effective insurance for their specific state • Enter all insurance certificates received into the NM database • Monitor all providers with expired insurance • Follow the proper closure procedures for providers with cancelled insurance		30%

Job description

Network Representative

MTM

Performance Measures – Major Job Objectives

Major Job Objective	What's Expected	Measurement Criteria	%
Maintain provider's paper and electronic files Work closely with the Area Liaison(s)	• Ensure the providers files are completed with all required documents and are kept up-to-date • File any new information that belongs with the providers file such as insurance, CAPs, discipline or contractual paperwork • Complete file audits • Enter and update provider information in the NM database (excluding on-site visits and on-street observations)	Flash Audits and annual Health Plan Audits.	15%
	• Maintain a good rapport with the Area Liaison(s) • Keep the Liaison(s) up to date on the adequacy of the transportation provider network • Requesting site visits to be completed on existing providers and/or potential providers	Provider Liaison with Summary Report information, NM Database, AS/400 and site visit reports.	15%

Other Job Functions

- Send correspondence to providers upon initial contact and/or whenever necessary
- Assist Vice President of Network Management and Sales and Manager, Network Management in establishing standard pricing for providers in each area
- Assist all Customer Services Centers with provider issues
- Independently approve any quotes by the Transportation Provider that are over their contracted rate.
- Regular attendance required
- Other duties as assigned

Knowledge, Skills, And Abilities

- Ability to handle a diverse group of providers and their issues required
- Ability to handle multiple tasks and situations required
- Exemplary communication skills; both written and verbal required
- Ability to acquire and maintain knowledge of MTM contracting process required
- Knowledge of Microsoft systems such as Outlook, Excel, Word are required Access preferred

Education

High School Diploma or G.E.D. required

Experience

- Customer Service experience preferred
- Knowledge of MTM protocols preferred

Positions Supervised

None

Tools / Equipment / Machines Used

Computer, copy machine, fax machine, printer, Cisco phone system

Physical Requirements And Working Conditions

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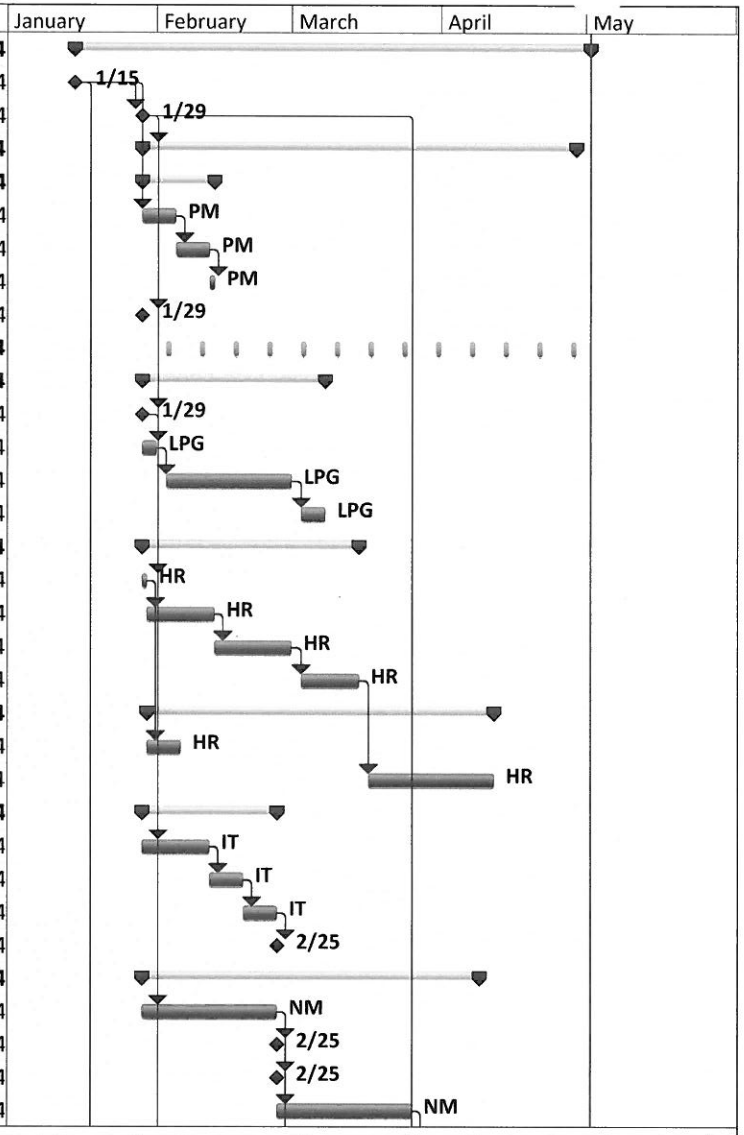
Original: Human Resources
Cc: Employee's Supervisor
Employee

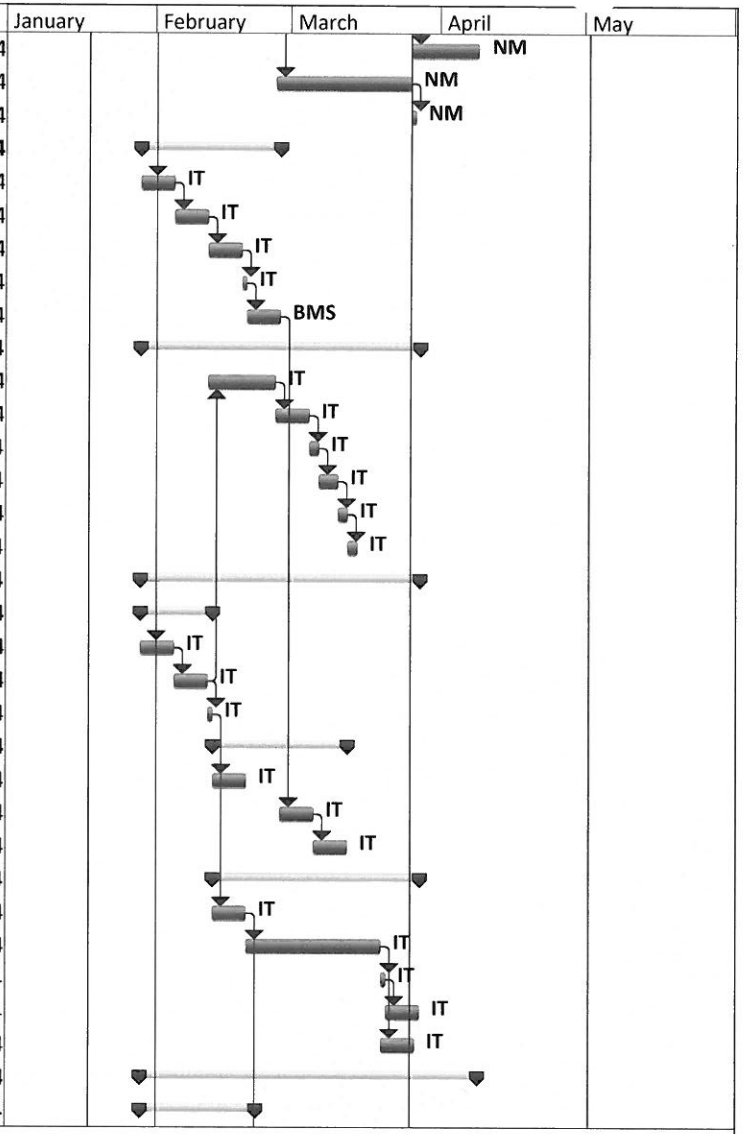
ID	Task Name	Duration	Start	Finish
1	**West Virginia NEMT Program**	**77 days**	**Wed 1/15/14**	**Thu 5/1/14**
2	Estimated Award Date	0 days	Wed 1/15/14	Wed 1/15/14
3	Begin transition	0 days	Wed 1/29/14	Wed 1/29/14
4	**Project management**	**64 days**	**Wed 1/29/14**	**Mon 4/28/14**
5	**Develop implementation work plan**	**11 days**	**Wed 1/29/14**	**Wed 2/12/14**
6	Draft and submit to BMS	5 days	Wed 1/29/14	Tue 2/4/14
7	Review/approve implementation work plan	5 days	Wed 2/5/14	Tue 2/11/14
8	Finalize implementation work plan	1 day	Wed 2/12/14	Wed 2/12/14
9	Conduct kickoff meeting	0 days	Wed 1/29/14	Wed 1/29/14
10	**Conduct weekly status meetings with BMS**	**61 days**	**Mon 2/3/14**	**Mon 4/28/14**
24	**Facility**	**28 days**	**Wed 1/29/14**	**Fri 3/7/14**
25	Obtain facility	0 days	Wed 1/29/14	Wed 1/29/14
26	Install utilities	3 days	Wed 1/29/14	Fri 1/31/14
27	Refurbish/furnish facility (furniture, equipment, etc)	20 days	Mon 2/3/14	Fri 2/28/14
28	Move in	5 days	Mon 3/3/14	Fri 3/7/14
29	**Staffing**	**33 days**	**Wed 1/29/14**	**Fri 3/14/14**
30	Place employment ads	1 day	Wed 1/29/14	Wed 1/29/14
31	Review resumes	10 days	Thu 1/30/14	Wed 2/12/14
32	Interview	12 days	Thu 2/13/14	Fri 2/28/14
33	Hire	10 days	Mon 3/3/14	Fri 3/14/14
34	**Employee Training**	**52 days**	**Thu 1/30/14**	**Fri 4/11/14**
35	Develop training plan	5 days	Thu 1/30/14	Wed 2/5/14
36	Conduct training for all staff	20 days	Mon 3/17/14	Fri 4/11/14
37	**BMS website development**	**20 days**	**Wed 1/29/14**	**Tue 2/25/14**
38	Develop website	10 days	Wed 1/29/14	Tue 2/11/14
39	Submit website to BMS for review/approval	5 days	Wed 2/12/14	Tue 2/18/14
40	Finalize website based on BMS feedback	5 days	Wed 2/19/14	Tue 2/25/14
41	Website go-live	0 days	Tue 2/25/14	Tue 2/25/14
42	**Transportation Network**	**50 days**	**Wed 1/29/14**	**Tue 4/8/14**
43	Recruit additional network providers	20 days	Wed 1/29/14	Tue 2/25/14
44	Submit provider network and geographic coverage report	0 days	Tue 2/25/14	Tue 2/25/14
45	Submit vehicle inspection plan	0 days	Tue 2/25/14	Tue 2/25/14
46	Inspect/credential all NEMT vehicles, providers, and drivers	20 days	Wed 2/26/14	Tue 3/25/14



Project: West Virginia NEMT
Date: Thu 12/5/13

Task	External Milestone	Manual Summary Rollup
Split	Inactive Task	Manual Summary
Milestone	Inactive Milestone	Start-only
Summary	Inactive Summary	Finish-only
Project Summary	Manual Task	Deadline
External Tasks	Duration-only	Progress

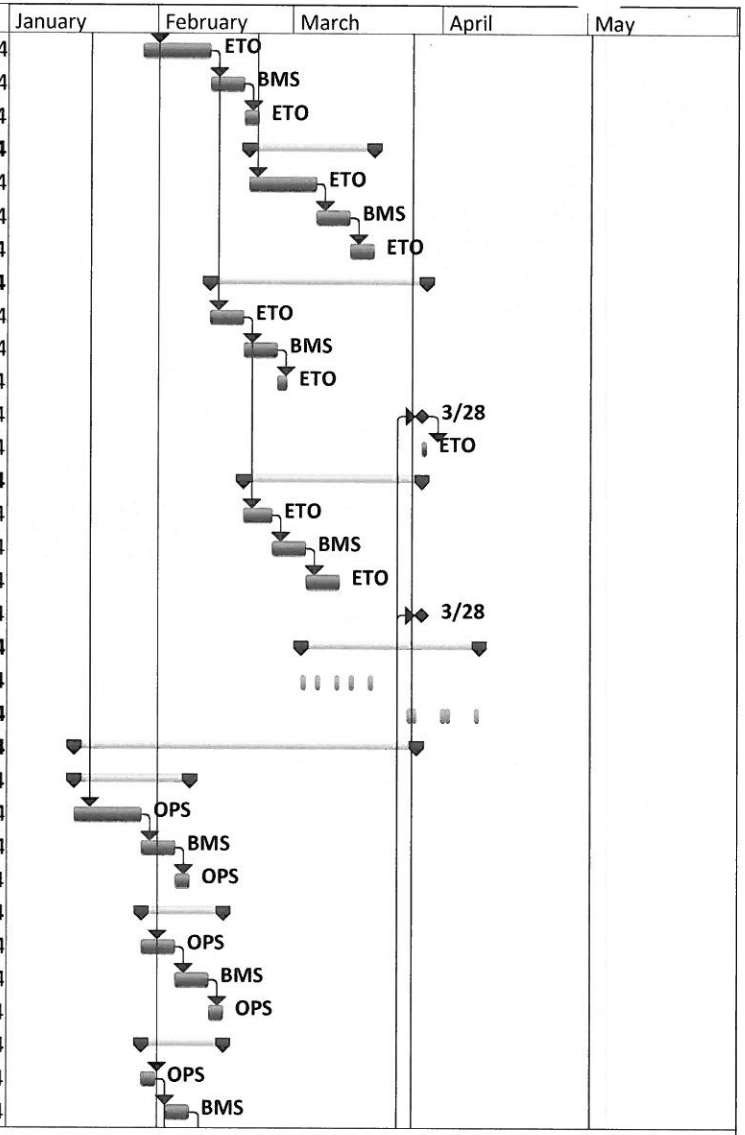
ID	Task Name	Duration	Start	Finish
47	Contract network providers	10 days	Wed 3/26/14	Tue 4/8/14
48	Train network providers	20 days	Wed 2/26/14	Tue 3/25/14
49	Submit list of vehicle inspections and trained drivers	1 day	Wed 3/26/14	Wed 3/26/14
50	**Eligibility**	**21 days**	**Wed 1/29/14**	**Wed 2/26/14**
51	Establish eligibility contacts	5 days	Wed 1/29/14	Tue 2/4/14
52	Define eligibility business rules, tools, and data	5 days	Wed 2/5/14	Tue 2/11/14
53	Review and update (internal) eligibility business rules	5 days	Wed 2/12/14	Tue 2/18/14
54	Submit eligibility business rules to BMS	1 day	Wed 2/19/14	Wed 2/19/14
55	Approve eligibility business rules	5 days	Thu 2/20/14	Wed 2/26/14
56	**Technology**	**42 days**	**Wed 1/29/14**	**Thu 3/27/14**
57	Order/install IT (software, hardware, phone system, PCs)	10 days	Wed 2/12/14	Tue 2/25/14
58	Acquire and build back office systems	5 days	Wed 2/26/14	Tue 3/4/14
59	Develop IT policies/procedures	2 days	Wed 3/5/14	Thu 3/6/14
60	Develop backup procedures	2 days	Fri 3/7/14	Mon 3/10/14
61	Develop and document IT support manual	2 days	Tue 3/11/14	Wed 3/12/14
62	Develop and document disaster recovery plan	2 days	Thu 3/13/14	Fri 3/14/14
63	**MTM NET System**	**42 days**	**Wed 1/29/14**	**Thu 3/27/14**
64	**Verify system capacity and bandwidth**	**11 days**	**Wed 1/29/14**	**Wed 2/12/14**
65	Manage necessary capacity upgrades	5 days	Wed 1/29/14	Tue 2/4/14
66	Test any necessary upgrades	5 days	Wed 2/5/14	Tue 2/11/14
67	Submit information system screen prints and logic	1 day	Wed 2/12/14	Wed 2/12/14
68	**Manage manual eligibility changes**	**20 days**	**Thu 2/13/14**	**Wed 3/12/14**
69	Develop (internal) manual authorization process	5 days	Thu 2/13/14	Wed 2/19/14
70	Specify MTM NET updates	5 days	Thu 2/27/14	Wed 3/5/14
71	Update MTM NET System	5 days	Thu 3/6/14	Wed 3/12/14
72	**Manage file based eligibility**	**31 days**	**Thu 2/13/14**	**Thu 3/27/14**
73	Specify MTM NET updates	5 days	Thu 2/13/14	Wed 2/19/14
74	Update MTM NET system	20 days	Thu 2/20/14	Wed 3/19/14
75	Receive test eligibility file	1 day	Thu 3/20/14	Thu 3/20/14
76	Test/resolve eligibility file and processing	5 days	Fri 3/21/14	Thu 3/27/14
77	Submit to BMS for review	5 days	Thu 3/20/14	Wed 3/26/14
78	**Education, Training, and Outreach (ETO)**	**50 days**	**Wed 1/29/14**	**Tue 4/8/14**
79	**Member Outreach and Education Plan**	**18 days**	**Wed 1/29/14**	**Fri 2/21/14**



Project: West Virginia NEMT
Date: Thu 12/5/13

Task	External Milestone	Manual Summary Rollup
Split	Inactive Task	Manual Summary
Milestone	Inactive Milestone	Start-only
Summary	Inactive Summary	Finish-only
Project Summary	Manual Task	Deadline
External Tasks	Duration-only	Progress

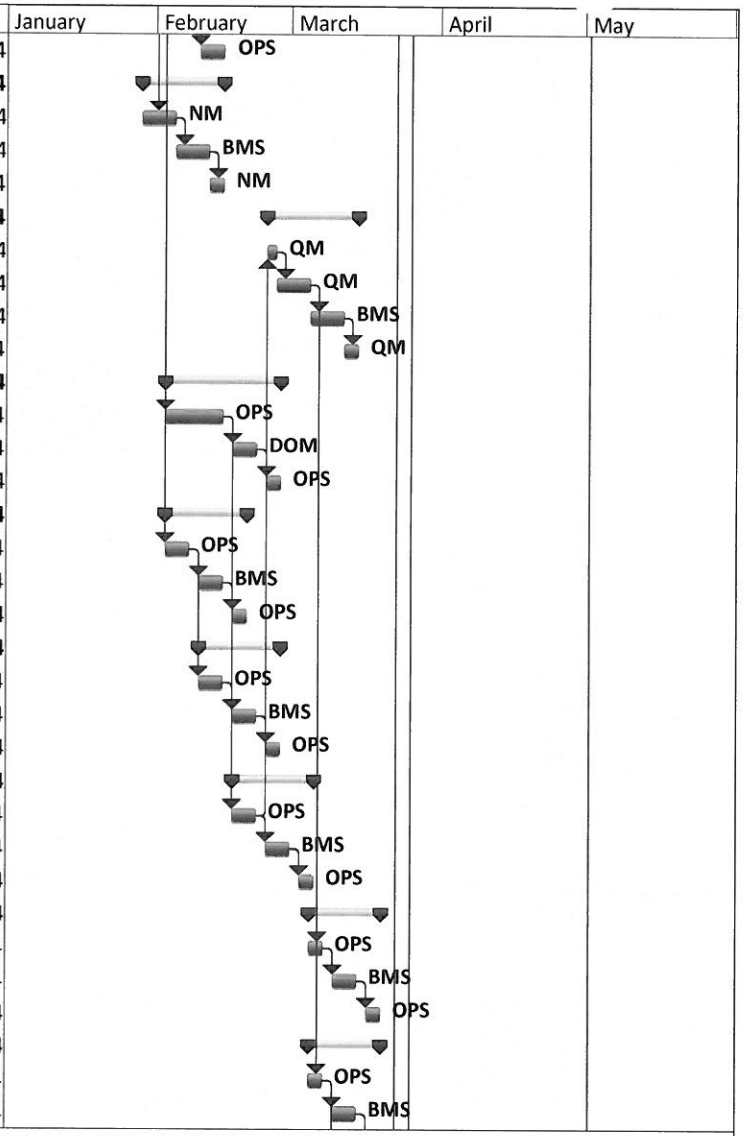
ID	Task Name	Duration	Start	Finish
80	Draft and submit to BMS	10 days	Wed 1/29/14	Tue 2/11/14
81	Review/approve	5 days	Wed 2/12/14	Tue 2/18/14
82	Incorporate changes/finalize	3 days	Wed 2/19/14	Fri 2/21/14
83	**NEMT Provider Training Plan**	**18 days**	**Thu 2/20/14**	**Mon 3/17/14**
84	Draft and submit to BMS	10 days	Thu 2/20/14	Wed 3/5/14
85	Review/approve	5 days	Thu 3/6/14	Wed 3/12/14
86	Incorporate changes/finalize	3 days	Thu 3/13/14	Mon 3/17/14
87	**Member Materials**	**33 days**	**Wed 2/12/14**	**Fri 3/28/14**
88	Draft and submit education mailers to BMS	5 days	Wed 2/12/14	Tue 2/18/14
89	Review/approve	5 days	Wed 2/19/14	Tue 2/25/14
90	Incorporate changes/finalize	2 days	Wed 2/26/14	Thu 2/27/14
91	Mail member education materials	0 days	Fri 3/28/14	Fri 3/28/14
92	Submit verification of completed member education	1 day	Fri 3/28/14	Fri 3/28/14
93	**Medical Provider Materials**	**27 days**	**Wed 2/19/14**	**Fri 3/28/14**
94	Draft and submit to BMS	4 days	Wed 2/19/14	Mon 2/24/14
95	Review/approve	5 days	Tue 2/25/14	Mon 3/3/14
96	Incorporate changes/finalize	5 days	Tue 3/4/14	Mon 3/10/14
97	Distribute medical provider materials	0 days	Fri 3/28/14	Fri 3/28/14
98	**Training Sessions**	**27 days**	**Mon 3/3/14**	**Tue 4/8/14**
99	**Conduct NEMT Provider Trainings**	**11 days**	**Mon 3/3/14**	**Mon 3/17/14**
105	**Conduct Medical Provider Trainings & Town Halls**	**11 days**	**Tue 3/25/14**	**Tue 4/8/14**
111	**Deliverables**	**51 days**	**Wed 1/15/14**	**Wed 3/26/14**
112	**Turnover Plan**	**18 days**	**Wed 1/15/14**	**Fri 2/7/14**
113	Draft and submit to BMS	10 days	Wed 1/15/14	Tue 1/28/14
114	Review/approve	5 days	Wed 1/29/14	Tue 2/4/14
115	Incorporate changes/finalize	3 days	Wed 2/5/14	Fri 2/7/14
116	**Reports & Utilization Data Submittal Plan**	**13 days**	**Wed 1/29/14**	**Fri 2/14/14**
117	Draft and submit to BMS	5 days	Wed 1/29/14	Tue 2/4/14
118	Review/approve	5 days	Wed 2/5/14	Tue 2/11/14
119	Incorporate changes/finalize	3 days	Wed 2/12/14	Fri 2/14/14
120	**Protocols**	**13 days**	**Wed 1/29/14**	**Fri 2/14/14**
121	Draft and submit all other protocols to BMS	3 days	Wed 1/29/14	Fri 1/31/14
122	Review/approve	5 days	Mon 2/3/14	Fri 2/7/14



Project: West Virginia NEMT
Date: Thu 12/5/13

Task		External Milestone		Manual Summary Rollup	
Split		Inactive Task		Manual Summary	
Milestone		Inactive Milestone		Start-only	
Summary		Inactive Summary		Finish-only	
Project Summary		Manual Task		Deadline	
External Tasks		Duration-only		Progress	

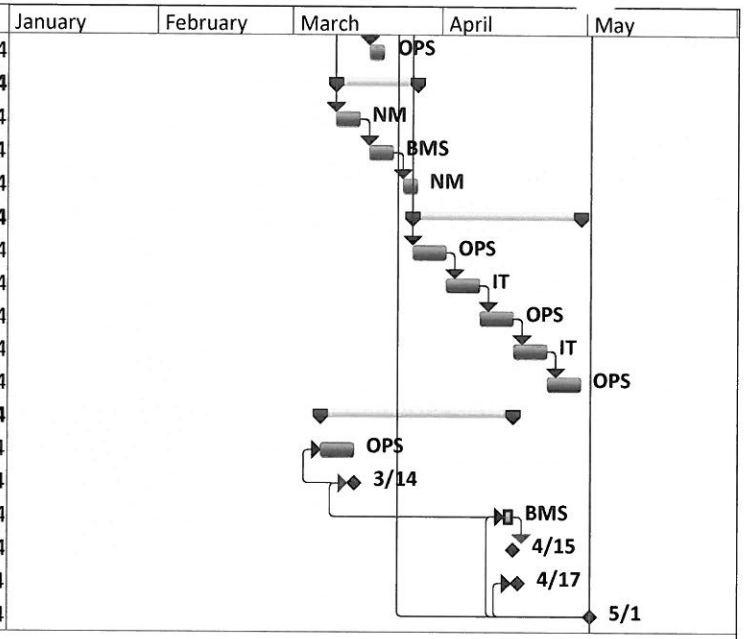
ID	Task Name	Duration	Start	Finish
123	Incorporate changes/finalize	5 days	Mon 2/10/14	Fri 2/14/14
124	**NEMT Provider Manual**	**13 days**	**Wed 1/29/14**	**Fri 2/14/14**
125	Draft and submit proposed manual to BMS	5 days	Wed 1/29/14	Tue 2/4/14
126	Review/approve	5 days	Wed 2/5/14	Tue 2/11/14
127	Incorporate changes/finalize	3 days	Wed 2/12/14	Fri 2/14/14
128	**Quality Assurance Plan**	**15 days**	**Mon 2/24/14**	**Fri 3/14/14**
129	Create validation check process	2 days	Mon 2/24/14	Tue 2/25/14
130	Draft and submit to BMS	5 days	Wed 2/26/14	Tue 3/4/14
131	Review/approve	5 days	Wed 3/5/14	Tue 3/11/14
132	Incorporate changes/finalize	3 days	Wed 3/12/14	Fri 3/14/14
133	**Operational Procedures Manual**	**18 days**	**Mon 2/3/14**	**Wed 2/26/14**
134	Draft and submit to BMS	10 days	Mon 2/3/14	Fri 2/14/14
135	Review/approve	5 days	Mon 2/17/14	Fri 2/21/14
136	Incorporate changes/finalize	3 days	Mon 2/24/14	Wed 2/26/14
137	**Validation Plan**	**13 days**	**Mon 2/3/14**	**Wed 2/19/14**
138	Draft and submit to BMS	5 days	Mon 2/3/14	Fri 2/7/14
139	Review/approve	5 days	Mon 2/10/14	Fri 2/14/14
140	Incorporate changes/finalize	3 days	Mon 2/17/14	Wed 2/19/14
141	**Post-Transportation Authorization Plan**	**13 days**	**Mon 2/10/14**	**Wed 2/26/14**
142	Draft and submit to BMS	5 days	Mon 2/10/14	Fri 2/14/14
143	Review/approve	5 days	Mon 2/17/14	Fri 2/21/14
144	Incorporate changes/finalize	3 days	Mon 2/24/14	Wed 2/26/14
145	**Complaints Policies and Procedures Manual**	**13 days**	**Mon 2/17/14**	**Wed 3/5/14**
146	Draft and submit to BMS	5 days	Mon 2/17/14	Fri 2/21/14
147	Review/approve	5 days	Mon 2/24/14	Fri 2/28/14
148	Incorporate changes/finalize	3 days	Mon 3/3/14	Wed 3/5/14
149	**Business Continuity & Disaster Recovery Plan**	**11 days**	**Wed 3/5/14**	**Wed 3/19/14**
150	Draft and submit to BMS	3 days	Wed 3/5/14	Fri 3/7/14
151	Review/approve	5 days	Mon 3/10/14	Fri 3/14/14
152	Incorporate changes/finalize	3 days	Mon 3/17/14	Wed 3/19/14
153	**Adverse Weather Plan**	**11 days**	**Wed 3/5/14**	**Wed 3/19/14**
154	Draft and submit to BMS	3 days	Wed 3/5/14	Fri 3/7/14
155	Review/approve	5 days	Mon 3/10/14	Fri 3/14/14



Project: West Virginia NEMT
Date: Thu 12/5/13

Task		External Milestone		Manual Summary Rollup	
Split		Inactive Task		Manual Summary	
Milestone		Inactive Milestone		Start-only	
Summary		Inactive Summary		Finish-only	
Project Summary		Manual Task		Deadline	
External Tasks		Duration-only		Progress	

ID	Task Name	Duration	Start	Finish
156	Incorporate changes/finalize	3 days	Mon 3/17/14	Wed 3/19/14
157	**NEMT Provider Monitoring Plan**	**13 days**	**Mon 3/10/14**	**Wed 3/26/14**
158	Draft and submit to BMS	5 days	Mon 3/10/14	Fri 3/14/14
159	Review/approve	5 days	Mon 3/17/14	Fri 3/21/14
160	Incorporate changes/finalize	3 days	Mon 3/24/14	Wed 3/26/14
161	**Trip Transition**	**25 days**	**Wed 3/26/14**	**Tue 4/29/14**
162	Obtain trip data from BMS/TPs	5 days	Wed 3/26/14	Tue 4/1/14
163	Extract trip data	5 days	Wed 4/2/14	Tue 4/8/14
164	Enter trip data into MTM NET System	5 days	Wed 4/9/14	Tue 4/15/14
165	Create facility rosters	5 days	Wed 4/16/14	Tue 4/22/14
166	Confirm/correct rosters with facilities	5 days	Wed 4/23/14	Tue 4/29/14
167	**Readiness Review**	**28 days**	**Fri 3/7/14**	**Tue 4/15/14**
168	Test all equipment, dispatch, communications, and processes	5 days	Fri 3/7/14	Thu 3/13/14
169	Submission of all final deliverables for Readiness Review	0 days	Fri 3/14/14	Fri 3/14/14
170	BMS conducts Readiness Review	2 days	Mon 4/14/14	Tue 4/15/14
171	BMS approves MTM for implementation	0 days	Tue 4/15/14	Tue 4/15/14
172	Open phone lines	0 days	Thu 4/17/14	Thu 4/17/14
173	Operations Start Date	0 days	Thu 5/1/14	Thu 5/1/14



Project: West Virginia NEMT
Date: Thu 12/5/13

Task		External Milestone		Manual Summary Rollup	
Split		Inactive Task		Manual Summary	
Milestone		Inactive Milestone		Start-only	
Summary		Inactive Summary		Finish-only	
Project Summary		Manual Task		Deadline	
External Tasks		Duration-only		Progress	

MEDICAL TRANSPORTATION SERVICES AGREEMENT

THIS AGREEMENT is made and entered into as of the day of , 20 by and between Medical Transportation Management, Inc., a Missouri Corporation (hereinafter referred to as "MTM") and , (hereinafter referred to as "Transportation Provider").

THAT WHEREAS, MTM is engaged in the business of arranging for, and managing a network of, medical transportation service companies to deliver non-emergency medical transportation services to those Clients who wish to avail themselves of such services; and

WHEREAS, Transportation Provider is a transportation service company and is capable of and desires to provide services as described herein;

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

1. DEFINITIONS

A. "Client" means a customer that has entered into an Agreement with MTM directly to arrange for the provision of Covered Services for Client's Covered Persons.

B. "Coverage Agreement" means a Client Agreement entered into by MTM entitling Covered Persons to Covered Services.

C. "Covered Person" means any person entitled to Covered Services under the terms of one or more Coverage Agreements; referred to as Members.

D. "Covered Service" means any medical transportation service that MTM is obligated to provide to Covered Persons pursuant to a Coverage Agreement.

E. "Effective Date" means the date that all credentialing matters are approved by MTM

F. "MTM Transportation Provider Handbook" ("Handbook") means the specific procedures, standards and processes established by MTM and required of Transportation Providers to affect the intent of this Agreement, a copy of which is provided to Transportation Provider and incorporated herein by reference.

G. "Non-Emergency" medical transportation services means transportation services for routine appointments to clinics, physician's offices, outpatient facilities, hospitals and other medically necessary services.

H. "Service Area" means the areas in which Transportation Provider will provide transportation services.

I. "Urgent Request" means a Non-Emergency, but unscheduled, request to be transported to medical services promptly, usually with three (3) to twenty-four (24) hours advance notice.

J. "Transportation Provider" means a transportation company or other business entity under Agreement with MTM.

K. "Trip" means one-way transportation from point of pick-up to destination drop off.

2. SCOPE OF WORK

A. Transportation Provider shall provide MTM with all necessary requested data as may be required in order for MTM and Transportation Provider to comply with all Federal, State, NCQA, URAC or its equivalent agency, MTM and MTM Client standards.

B. Transportation Provider shall participate in MTM's Quality Improvement Program, including cooperating with audits of services.

C. Transportation Provider agrees to provide Covered Services for Covered Persons in Transportation Provider's approved Service Area, and as required and upon request from MTM.

D. Transportation Provider agrees to provide a sufficient staff of appropriately trained and licensed drivers meeting all applicable Federal, State, and local laws and regulations to perform the Covered Services.

E. Transportation Provider agrees to provide Covered Services in vehicles that meet the requirements of the Americans with Disabilities Act of 1990 (ADA), and all other applicable Federal, State and local laws, regulations and licensure standards, including MTM standards.

F. Transportation Provider agrees that MTM trip requests will have equal priority with Transportation Provider's day to day services.

G. Transportation Provider agrees to accept such trips as are assigned to Transportation Provider by MTM for specified service area, and Transportation Provider agrees to and understands that liquidated damages may be assessed by MTM for trips that are unable to be completed, or for Transportation Provider's noncompliance with provisions of this Agreement.

H. Transportation Provider agrees to have in place, a specific planned response (contingency plan) to make whole, a trip which has been accepted by Transportation Provider, but uncertain to occur.

I. Transportation Provider agrees to comply with all MTM Client protocols and procedures including the Medicare Advantage and Medicaid Program Requirements, a copy of which is attached as Appendix A to this Agreement and incorporated herein by reference.

J. Transportation Provider understands that this Agreement does not guarantee or ensure Transportation Provider any minimum number of trips, and that actual trip volume may vary within the sole discretion of MTM.

K. Transportation Provider understands that selection of the Transportation Provider's transportation services by MTM will be based solely upon the quality and availability of their service and, where applicable, upon competitive pricing of its services relative to other Transportation Providers doing business in their services area.

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

M. Transportation Provider acknowledges the MTM Transportation Provider Handbook will be reviewed periodically by MTM and may be modified and amended by MTM as needed, with notification by MTM to Transportation Provider prior to implementation. Transportation Provider agrees to comply with all terms and provisions of the Handbook attached hereto as Appendix A and incorporated by reference herein.

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

O. Transportation Provider must immediately report to MTM any change in Transportation Provider's address, e-mail address, phone number and/or fax number, or federal tax ID number.

P. Transportation Provider understands if there is suspicion of fraudulent Transportation Provider activity, an investigation will be conducted by MTM and the Transportation Provider may be terminated and/or subject to reduced payments or recouped monies. Additional investigations by applicable government authorities may result in civil fines and penalties, and the potential for criminal prosecution.

Q. Transportation Provider agrees to cooperate with MTM and the MTM Client in the investigative process of suspected fraudulent activity.

R. Transportation Provider and driver shall ensure that services available to MTM Members have equal priority to services available to the general public

S. Transportation Provider must not inquire as to the nature of a Member's illness or medical services received, except in the following instances:

1. Transportation Provider needs to know such information due to medical necessity relating to appropriate transportation.

2. The Member becomes ill during the course of the trip and acquiring such information is considered pertinent to assuring the Member's safety and well-being.

T. Transportation Provider agrees to cooperate with MTM inspections and agrees to respond to MTM recommendations of the Provider audit, and understands that failure to respond by the requested date may result in corrective action, including termination of this Agreement.

U. Transportation Provider agrees and understands that its dispatch/office must be available for immediate response during regular business hours. Any voicemail messages left with the Transportation Provider's dispatch/office must be returned within 10 minutes.

V. Transportation Provider understands records requested by MTM must be original documents sent at Transportation Providers expense, and will not be returned. Transportation Provider must maintain copies at their expense.

W. Transportation Provider must allow , inspections, auditing, monitoring, and duplication of records at no charge, of any and all data, billing reports, trip/log sheets, vouchers and other records maintained by Transportation Provider on MTM Member trips, by agents of MTM, MTM Clients or State or Federal government officials during normal business hours. Such evaluations and inspections may be conducted unannounced. The failure of Transportation Provider to timely allow Provider audits may result in a Performance Improvement Plan (PIP), assessment of Liquidated Damages, and/or termination of Transportation Provider at MTM's discretion.

X. Transportation Provider must provide safe and reliable transportation services as requested by MTM on an efficient and timely basis.

Y. If a Member is delayed due to late pick-up or drop-off by Transportation Provider, and cannot be seen at appointment, Transportation Provider will not be compensated for trip.

Z. Transportation Provider agrees to notify MTM immediately of any significant delays which cause the Member to be 15 minutes late or more for his/her medical appointment. In addition to MTM notification, Transportation Provider will make subsequent alternative plans for completing the trip in a timely manner if the medical appointment can still be attended.

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

BB. Transportation Provider must report to MTM any known or suspected fraud or willful abuse of MTM services by a Member.

CC. Transportation Provider understands that, due to disability, age or mental condition, some Members utilizing MTM services require assistance and/or the use of an escort/attendant. Transportation Provider agrees to transport the Member and one escort/attendant at no additional charge. Multiple escorts are not permitted.

DD. Children under 16 years of age, to be transported without a parent, guardian or attendant, must have a signed consent by a parent/guardian provided to the driver before the time of service. Transportation Provider agrees to attach consent to trip/log sheet.

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

FF. Transportation Provider understands that subcontracting with other transportation companies for MTM services is prohibited without prior written approval of MTM. If MTM becomes aware that a Transportation Provider uses a subcontracted company without written approval from MTM, Transportation Provider will not be paid for any trip for which an unapproved subcontractor was used. If Transportation Provider desires to use subcontractors, the subcontractors must go through MTM's complete credentialing program prior to MTM providing written approval.

3. DRIVER REQUIREMENTS

A. All drivers for MTM trips must possess a current, valid driver's license appropriate for the services rendered and for the size vehicle driver is operating and as required by the State and local governmental entity in which driver provides transportation. A legible copy of each driver's license must be provided to MTM as part of the credentialing process.

B. Drivers must be at least 21 years of age and must be a U.S. citizen or legal resident alien.

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

D. Drivers must be physically able to assist Members entering and exiting vehicles, and capable of safely providing transportation services.

E. Drivers must obey all Federal, State and local traffic laws.

F. Drivers understand that in the event a driver or Member feels there is a need for emergency medical assistance, the driver must immediately call 911.

G. Drivers must drive in a professional, safe and courteous manner

H. Transportation Provider shall provide drivers with visible employee picture identification card. Drivers must maintain an acceptable standard of dress, personal grooming and behavior in order to present a neat, clean and professional appearance.

I. Drivers must not smoke in the vehicle.

J. Drivers must not allow passengers to smoke in the vehicle. It is required that Transportation Provider post a "NO SMOKING" sign in all vehicles.

K. Drivers must not eat while transporting MTM Members.

L. Drivers must not use alcohol or drugs or be under the influence of alcohol or drugs at any time during MTM transportation services. Any driver taking medication which may hinder his/her performance must report such use to his/her supervisor, and not transport MTM Members.

M. Drivers must not allow personal friends or family to ride in vehicle while transporting MTM Members, unless specifically authorized by MTM.

N. Drivers must allow service animals in their vehicles.

O. Drivers must not make personal stops, other than for restroom and Member/Transportation Provider agreed-upon restaurant breaks, while transporting MTM Members unless specifically authorized by MTM.

P. Drivers must require Members to use seatbelts properly and must refuse to continue travel if passengers are non-compliant. Drivers must have seat belt extenders for use by obese Members.

Q. Drivers must ensure that all wheelchairs and mobility devices are properly secured to the vehicle and ensure that Members utilizing wheelchairs and scooters are secured before allowing the vehicle to proceed.

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

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

T. Drivers must assure Members enter and exit the vehicle in an unobstructed and safe location. Where needed, drivers must provide assistance to Members entering and exiting a vehicle and assure all doors are closed before vehicle is put in motion.

U. Drivers are required to safely secure folding wheelchairs and walking aids.

V. Drivers must not touch any Member except as appropriate and necessary to assist the Member into or out of the vehicle, into a seat and to secure the seatbelt, or as necessary to render first aid or assistance for which the driver has been trained. Drivers must request permission from the Member prior to touching the Member.

W. Drivers must not make sexually explicit comments or solicit favors, medications, or money from Members.

X. Drivers shall not wear any type of headphones while on duty. Driver shall maintain the volume of the radio at a level acceptable to Members.

Y. Drivers shall not accept responsibility for any of Member's personal items.

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

AA. Drivers must check their vehicle to ensure that at the end of each trip or trip route, all Members have vacated the vehicle.

4. VEHICLE REQUIREMENTS

A. Use of any vehicle prior to approval of MTM is prohibited and may result in nonpayment for the trip and subject the Transportation Provider to further disciplinary action.

B. All vehicles in use for MTM services must meet all local, state and federal requirements and comply with all MTM vehicle requirements (see MTM vehicle inspection form).

C. Transportation Provider agrees that all vehicles that transport Members utilizing mobility devices will comply with current Federal Transit Administration (FTA) regulations for vehicle specifications, lifts, ramps and securement devices. ADA vehicle regulations, as defined by the DOT and regulated by the FTA, can be found at:

http://www.fta.dot.gov/civilrights/12325_3884.html

D. Vehicles may be taken out of service for use with MTM Members at the discretion of MTM. Transportation Provider agrees to remove from MTM service any vehicle to be found unsatisfactory in reference to conditions listed in this section, or which is questionable with regards to safety or roadworthiness until repairs are completed.

E. All vehicles in use for MTM service must *not* have:

1. Damaged or broken seats
2. Protruding or sharp edges
3. Dirt, oil, grease or litter in the vehicle
4. Broken mirrors or windows (other than small chips/cracks)
5. Excessive grime, rust, chipped paint or major dents

5. TRAINING AND PERSONNEL POLICIES

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

A. Driver training program should include, but not limited to:

1. Defensive Driving
2. Assisting Passengers with Disabilities
3. Emergency Procedures
4. Proper loading, unloading and tie-down procedures, if providing paralift services

B. Transportation Provider agrees to maintain a file on each driver which shall include but not limited to:

1. Documentation of training
2. Copy of current driver's license
3. Results of a criminal background check (to the extent permitted by law) updated annually
4. Results of a State specific driver history record check, updated annually
5. Results of any MTM and/or Client specific State or Federal Medicaid/Medicare fraud, waste and/or abuse checks

C. Transportation Provider must assure current laws regarding drug and alcohol testing are enforced for any of their drivers or attendants.

1. If MTM or the Transportation Provider has reasonable suspicion of a driver or attendant to be under the influence of alcohol or drugs, the Transportation Provider must immediately remove the driver or attendant from MTM service and submit the driver or attendant to an alcohol and/or drug screening at the Transportation Provider's expense. Refusal to submit to testing within the

designated time frame is considered a positive test result and will have the same disciplinary consequences. Drivers or attendants testing positive for drugs and/or alcohol will no longer be permitted to transport MTM Members or provide any other service to MTM Members.

D. No driver may perform transportation services for MTM until the driver has been fully credentialed and approved by MTM

E. To the extent permitted by law, Transportation Provider agrees and understands that all drivers and attendants must be subjected to a State criminal background check on an annual basis. The results must be documented in the driver's file and copies provided to MTM.

F. Transportation Provider must not use any driver or attendant with any of the following convictions or substantiated incidents including but not limited to:

1. Child abuse or neglect
2. Spousal/domestic abuse
3. Crimes against children
4. Crimes against the elderly or infirm
5. Crimes involving rape, sexual assault, or other sexual offenses
6. Homicide

G. Transportation Provider must not use any driver or attendant who has the following return notification from any background screening:

1. "Category" is shown as physical abuse or sexual maltreatment;
2. "Severity" is shown as moderate, serious/severe, permanent damage, or fatal;
3. "Conclusion" is listed as court adjudicated or probable cause.

H. Transportation Provider must not use any person as a driver or attendant in the conduct of MTM services who has a felony criminal conviction of a felony offense within the immediate past five (5) years. Further, any conviction, plea of guilty, finding of guilty or plea of "nolo contendere" (misdemeanor or felony) for any of the following driving offenses within the previous five (5) years shall disqualify a driver from performing MTM services:

1. DUI or DWI, or other alcohol related offense
2. Careless and imprudent, or Reckless driving

I. MTM reserves the right to disapprove or suspend any driver or attendant for safety reasons; or where disqualification of a driver or attendant is requested by an MTM Client; or for other reasons of good cause within MTM's sole discretion. Transportation Provider acknowledges that the offenses listed herein are not an exclusive listing, but that there are other offenses and pertinent circumstances which can result in the disapproval of a driver or attendant.

J. Transportation Provider must not allow drivers or attendants to perform MTM services who are currently on work release, probation or parole for any felony, pending a felony charge or any offense of the type identified within this document. Transportation Provider must not use any Driver who has a pending felony charge, or any other pending charge, which if the charge were to result in a conviction, would disqualify the Driver under this Agreement.

K. Transportation Provider must not use any driver with the following:

1. Convicted of three (3) or more minor motor vehicle moving violations within the previous twenty-four (24) months

2. Convicted of two (2) or more at-fault incidents (accident) resulting in personal injury or property damage within the previous thirty-six (36) months

3. A combination of one (1) unrelated minor motor vehicle moving violation and one (1) at-fault incident (accident) resulting in personal injury or property damage within the previous twenty-four (24) months

4. Revocation or suspension of the driver's vehicle operator's license within the previous three (3) years for accumulation of points or alcohol related incident

L. The term "conviction" used herein shall also include any plea of guilty, finding of guilty, plea of "nolo contendere", or similar disposition, whether or not such disposition results in a sentence or conviction under applicable state or local laws.

M. The Driver and Transportation Provider must report to MTM all pending felony and misdemeanor criminal charges and all traffic offenses, and the final disposition/resolution of such charges.

6. COMPENSATION

Any claim submitted by Transportation Provider more than ninety (90) days after the date of service shall not be eligible for payment, and Transportation Provider thereby waives any right to payment therefore.

Transportation Provider agrees that it will not be paid for any claim that lacks required documentation, and Transportation Provider shall be deemed to have waived payment for any claim lacking required documentation.

Transportation Provider agrees that it will look solely to MTM for payment for services rendered. In no event, including but not limited to, non-payment by MTM or MTM's Client, may Transportation Provider bill, charge, or otherwise seek compensation from a Covered Person to whom Transportation Provider rendered services. This provision does not prohibit Transportation Provider from collecting a copayment or other fee where authorized by MTM.

7. LIQUIDATED DAMAGES

Transportation Provider understands and agrees that liquidated damages may be assessed for noncompliance events set forth on the Schedule B, attached hereto and incorporated herein. Transportation Provider agrees that if liquidated damages have been assessed, they may not be recovered by Transportation Provider.

8. NON-DISCRIMINATION

Transportation Provider agrees not to differentiate or discriminate in the treatment of MTM Covered Persons because of sex, marital status, age, race, color, national origin, ancestry, religion, disability, medical condition, height, weight, veteran status, sexual orientation, political affiliation, economic status, or any other basis prohibited by law, and Transportation Provider will render services to Covered Persons in the same manner and in accord with the same standards as offered to other persons.

9. INSURANCE

A. TRANSPORTATION PROVIDER

Transportation Provider, at its sole cost and expense, shall procure and maintain such policies of comprehensive general and automobile liability insurance, which policies shall include property damage, contractual liability, and completed operations/ products liability coverage, and other insurance, as may be required by MTM. The limits of all such insurance shall be in such form and coverage amounts as may be determined by MTM, and which may be amended by MTM upon notice to Transportation Provider, and shall, at a minimum, be in compliance with MTM's contractual requirements with its Client, and in compliance with all Federal, State and local insurance requirements for the jurisdiction in which transportation services are rendered. MTM reserves the right to require higher insurance coverage amounts than may be required by minimum Federal, State, or local laws and regulations.

1. Commercial General Liability (Combined Single Limit): $500,000 or the state minimum, whichever is greater)
2. Automobile Liability (Combined Single Limit): $500,000 (or the state minimum, whichever is greater) The following shall be named as an "Additional Insured" and "Certificate Holder" on a primary and non-contributing basis on Auto liability and Commercial General liability insurance policies, and shall be named as a Certificate Holder on Workers Compensation insurance where applicable

   Medical Transportation Management, Inc.
   16 Hawk Ridge Drive
   Lake St. Louis, MO 63367

4. Transportation Provider shall obtain Workers Compensation coverage in the statutory amount for the state in which services are rendered.

Certificates of Insurance shall be delivered to MTM upon the signing of this Agreement, and at least annually thereafter upon renewal of insurance. All policies shall provide that MTM will be given at least thirty (30) days advance notice of cancellation for any reason, including non-payment of premium. Transportation providers must notify MTM immediately in the event their insurance coverage is modified or terminated, or in the event Transportation Provider receives a

notice of cancellation of its insurance. When proof of insurance is requested by MTM, Transportation Provider must provide documentation five (5) business days prior to the date of expiration or future trips may be cancelled or withheld. Cancelled trips will not automatically go back to the Transportation Provider when they produce current and correct insurance documentation.

B. MTM

MTM, at its sole cost and expense, shall procure and maintain such policies of auto liability and comprehensive general liability insurance, and other insurance as may be required by MTM's Client as shall be necessary to insure it and its employees and agents against any claim or claims for damages arising from performance of any service by MTM in connection with this Agreement.

10. INDEMNIFICATION

A. TRANSPORTATION PROVIDER

Transportation Provider agrees to defend, indemnify, and hold harmless MTM and MTM's Client against any claims, liabilities and expenses, including reasonable attorney's fees, arising from performance of any service by Transportation Provider in connection with this Agreement.

B. MTM

MTM agrees to indemnify and hold harmless Transportation Provider against any claims, liabilities and expenses, including reasonable attorney's fees, arising from performance of any service by MTM in connection with this Agreement with respect to which Transportation Provider is not at fault.

11. PROTECTED HEALTH INFORMATION: BUSINESS ASSOCIATE AGREEMENT

The U.S. Department of Health and Human Services ("HHS") enacted regulations (the "Regulations") under the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (the "Act") (the Act and the Regulations sometimes referred to collectively as "HIPAA"). These Regulations require States and Counties, health care providers, health plans and health care clearinghouses (individually, "Covered Entity" and collectively, "Covered Entities") to maintain the privacy/confidentiality of health information which they receive or obtain from their patients or covered persons or which they review or create for their patients or covered persons. For purposes of HIPAA this health information is referred to as "Protected Health Information" or "PHI".

These same Regulations require Covered Entities to obtain written assurance from the businesses to whom they disclose PHI ("Business Associates") that such Business Associates will maintain the privacy/confidentiality of any PHI provided to them by the Covered Entities and otherwise comply with the requirements of HIPAA applicable to Business Associates. In addition, these Regulations require Business Associates to obtain from those businesses to whom they disclose PHI written assurance that they will maintain the privacy/confidentiality of any PHI provided to them by the Business Associate and otherwise comply with the requirements of HIPAA.

MTM herein contracts with the Transportation Provider to provide Non-Emergency Medical Transportation Services ("Services"). In connection with your provision of such Services, you create, receive, maintain or transmit Covered Person PHI from MTM, the Covered Person, the Government entity, or the Health Plan. As a result MTM requires written assurance that the

Transportation Provider will: (i) maintain the privacy/ confidentiality of all Covered Person PHI; and (ii) comply with the requirements of HIPAA and the standards set forth at 45 CFR Parts 142, 160, 162, and 164, and the Health Information Technology for Economic and Clinical Health Act (HITECH), applicable to Business Associates.

Transportation Provider agrees to: maintain the privacy/confidentiality of all Covered Person PHI including electronic Covered Person PHI as required by all applicable laws and regulations, including, without limitation, the requirements of HIPAA and HITECH; to implement applicable electronic information security procedures to comply with the HIPAA Security Regulations; not use or disclose Covered Person PHI, other than to perform the Services, as otherwise expressly permitted by the terms of this Agreement or as required by law; provided, however, that Transportation Provider may use and disclose Covered Person PHI to manage and administer your business; comply with any and all restrictions on the use and disclosure of Covered Person PHI requested by a Covered Person, agreed to by the applicable MTM Client and communicated to Transportation Provider by MTM; develop and implement appropriate Administrative, Physical and Technical safeguards and security measures set forth in 45 CFR 164 to prevent the use or disclosure of Covered Person PHI for purposes other than as set forth in this Agreement; provide MTM with such information concerning such safeguards as MTM may from time to time request; maintain a record of all disclosures of Covered Person PHI made for reasons other than the provision of the Services and will provide the following information regarding any such disclosure to MTM, to the applicable MTM Client, or to the Covered Person whose PHI was disclosed ("Affected Person"), upon our request: the date of such disclosure, the name and, if known, the address of the recipient of such PHI, a copy of the request for disclosure, if any, accompanied by any necessary consents or authorizations, a brief description of the PHI disclosed, and a statement that would reasonably inform Affected Person of the purpose of the disclosure.

Transportation Provider agrees to notify MTM immediately upon discovery of any unauthorized disclosure of Covered Person PHI (Breach) including any breach of unsecured PHI as required at 45 CFR 164.410 and any security incident of which you become aware. Transportation Provider agrees to make a written report to MTM within 24 hours after Transportation Provider knows or should have reasonably known of such Breach. Transportation Provider will cooperate promptly with MTM as is reasonably required in order for MTM to comply with applicable breach reporting and notification laws, including but not limited to Section 13402 of HITECH. Transportation Provider agrees to establish procedures for mitigating any deleterious effects of any improper use and/or disclosure of Covered Person PHI; to require your employees, agents and independent contractors ("Workforce") to adhere to the restrictions and conditions regarding Covered Person PHI; to include the HIPAA PHI protection provisions of this Agreement in all "downstream" Business Associate/ subcontractor agreements; not disclose Covered Person PHI to any Member of your Workforce, unless Transportation Provider has advised such person of your obligations under this Section and the consequences of a violation of these obligations; take disciplinary action against any Member of your Workforce that uses or discloses Covered Person PHI in violation of this Agreement; not to disclose Covered Person PHI to any third party without first obtaining our written approval; not disclose Covered Person PHI to any third-party without first obtaining the written agreement of such third party to be bound by the requirements of this Section for the express benefit of Transportation Provider, MTM and the applicable MTM Client(s); limit disclosure of Covered Person PHI by your workforce or third parties to the minimum amount of Covered Person PHI necessary to achieve the purpose for such use or disclosure; to notify MTM immediately in the event Transportation Provider receive a request from a Covered Person identified in any Covered Person PHI ("Subject"), or such person's legal representative ("Legal Representative"), to review any records in your possession or control

regarding the Subject ("Subject PHI"); to make available to MTM, or at our request, to the applicable MTM Client (s) to a Subject or such Subject's Legal Representative, for their review, any Subject PHI in your possession or control; to notify us immediately in the event you receive a request from a Subject to amend or otherwise modify any Subject PHI in your possession or control; to make any amendments to Subject PHI that the applicable MTM client has directed or authorized at MTM's request; make your policies, books and records relating to the use and disclosure of Covered Person PHI available to MTM's Client or to the Secretary of the U.S. Department of Health and Human Services or his or her designee for the purpose of determining compliance with HIPAA requirements; return to MTM or otherwise destroy all Covered Person PHI in your possession or control upon termination of this Agreement; to continue to extend the protections of this Section to such Covered Person PHI and limit any further use of such Covered Person if such return or destruction of records is not feasible; to indemnify, defend and hold harmless MTM and the applicable MTM Client, and their respective parents, subsidiaries and affiliates, and their respective shareholders, directors, officers, employees, agents, legal representatives, heirs, successors and assigns, from and against any and all claims, causes of action, losses, liabilities, damages, costs and expenses, including, without limitation, court costs and attorneys' fees, arising out of, resulting from or caused by a violation by Transportation Provider, or any of your Workforce, agents or subcontractors, of any HIPAA or HITECH requirements or any of the terms or conditions of this Agreement.

The parties agree that all Covered Person's records are to be treated as confidential so as to comply with all Federal and State laws regarding the confidentiality of such records. However, MTM and MTM's Client shall have the right, upon request, to inspect at all reasonable times any accounting, administrative and other reports maintained by Transportation Provider pertaining to MTM Covered Services, its Covered Persons and/or activity hereunder, but Transportation Provider shall not be required to disclose the records of any Covered Person to any party other than as required by law.

12. LICENSURE

Transportation Provider warrants and represents that it, and its officers, directors, employees, agents and representatives, have not been convicted of crimes as specified in Section 1128 of the Social Security Act (42 U.S.C. 1320a-7); excluded from participation in the Medicare or Medicaid program, or any other federal or state program; assessed a civil penalty under the provisions of Section 1128; entered into a contractual relationship with an entity convicted of a crime specified in Section 1128, or taken any other action that would prohibit it from participation in Medicare or Medicaid, or otherwise excluded from participation in federal or state programs.

Transportation Provider shall give immediate notice to MTM of: (i) any criminal investigation or proceeding against Transportation Provider or subcontracted providers; (ii) any convictions of Transportation Provider or subcontracted providers for crimes involving moral turpitude or felonies; and (iii) any civil claim asserted against Transportation Provider or subcontracted providers arising from services rendered by Transportation Provider under this Agreement.

13. SUBLETTING OR ASSIGNING THE AGREEMENT

No portion of this agreement shall be assigned, sublet, delegated, transferred or otherwise disposed of by Transportation Provider, except with the written consent of MTM.

This Agreement may be assigned by MTM to the participating MTM Client under contract to MTM, or to any MTM affiliate or successor entity, after notice of any proposed assignment is made to Transportation Provider. Notwithstanding any such assignment, the rights, obligations and liabilities of Transportation Provider shall remain the same as set forth herein.

14. COMPLETE AGREEMENT AND MODIFICATION

This Agreement constitutes the entire understanding of the parties hereto, and no changes, amendments or alterations, except as otherwise noted herein, shall be effective unless signed by both parties.

15. TERM AND TERMINATION

This Agreement shall be for a term of one (1) year, and shall automatically renewed annually unless terminated by either party giving written notice to the other party as provided herein. Termination shall have no effect upon the rights and obligations of the parties arising out of any services performed prior to the effective date of such termination. Further, in the event that a Covered Person is provided services by Transportation Provider as of the date of termination of this Agreement, MTM will honor its contractual obligations to Covered Persons to pay for services rendered. This Agreement may also be terminated without cause for any reason upon a party giving thirty (30) days written notice to the other party.

Transportation Provider agrees that this Agreement does not guarantee or ensure Transportation Provider any minimum number of trips, and that actual trip volume may vary. Transportation Provider agrees to accept such trips as are assigned to Transportation Provider by MTM. If Transportation Provider is not assigned an adequate number of trips and wishes to terminate this Agreement, Transportation Provider must give MTM the aforesaid notice.

Notwithstanding any provision herein to the contrary, MTM shall have the right to immediately terminate this Agreement and the services of Transportation Provider in the event: (1) Transportation Provider fails to strictly comply with MTM's Transportation Provider Handbook; or (2) Transportation Provider fails to perform or otherwise breaches the terms of this Agreement; or (3) MTM's Client suffers a loss of funding for the Contract between Client and MTM; or (4) MTM's contract with its Client is terminated for any reason; or (5) Transportation Provider's conduct in any way affects the potential safety of any Covered Person, in the sole discretion and determination of MTM; or (6) the filing of any Petition of Bankruptcy or insolvency, by or against the Transportation Provider; or (7) MTM's Client has requested the termination of Transportation Provider; or (8) for other good cause. Transportation Provider shall have the right to immediately terminate this Agreement in the event MTM breaches the terms of this Agreement.

Transportation Provider agrees that MTM payment for all unpaid claims at time of termination will be withheld until MTM has received all records, and all transportation provider service records have been audited by MTM for correctness and accuracy. MTM reserves the right to offset any liquidated damages or other noncompliance assessments against sums due Transportation Provider for unpaid claims, or to seek recoupment of sums previously paid in error to Transportation Provider. MTM reserves the right to audit records received from Transportation Provider within thirty (30) days of final receipt of all such records by MTM.

16. DISCLOSURES

Transportation Provider must immediately report to MTM any change in Transportation Provider's ownership, corporate officers, directors or controlling interest. Also, Transportation Provider must immediately notify MTM if it or any of its owners, officers, directors, or managing personnel are barred from participation in state or federal programs as a result of being sanctioned and placed on an excluded party list.

17. NOTICES

Any notice provided for in this Agreement shall be in writing and be sent via: (a) hand delivery; (b) registered or certified U.S. mail, return receipt requested, in which case it shall be deemed served on the next mail delivery date after the date of mailing; or (c) nationally recognized courier service and shall be deemed served on the date of delivery, or date of refusal.
Unless subsequently changed by written notice, notices shall be delivered or sent to the following addresses:

To:	To Transportation Provider at:
Medical Transportation Management, Inc.	
16 Hawk Ridge Drive	
Lake St. Louis, MO. 63367	
Attention: Alaina Macia, President/CEO	Attention:

18. INDEPENDENT CONTRACTOR RELATIONSHIP

It is mutually understood and agreed that in the performance of the duties and obligations of the parties to this Agreement, each party hereto is a separate and independent contractor. Neither party is the principal, agent, nor representative of the other and neither shall have any direct control over the manner in which the other performs its services and functions. Each is free to enter into Agreements with other entities or persons to provide the same or similar services.

19. EDUCATION AND TRAINING

MTM shall not be deemed to have provided any education or training of Transportation Provider, its drivers or other personnel; nor have any responsibility to provide any education or training of Transportation Provider, its drivers and personnel. It is the sole responsibility of Transportation Provider, as an independent contractor, to provide all necessary education and training of its drivers and other personnel to comply with all applicable laws and regulations, and the terms and conditions of this Agreement, and to provide safe and secure transportation of all transported passengers.

20. INTERPRETATION

This Agreement shall be interpreted and governed in accordance with the laws of the jurisdiction in which transportation services are rendered pursuant to this Agreement.

21. AFFIRMATIVE ACTION PROGRAM

MTM is an Equal Opportunity Employer, which maintains an Affirmative Action Program. The parties agree that they will comply with the nondiscrimination and affirmative action clauses

contained in: Executive Order 11246, as amended, relative to equal opportunity for all persons without regard to race, color, religion, sex or national origin; the Vietnam Era Veterans Readjustment Act of 1974, as amended, relative to the employment of disabled veterans and veterans of the Vietnam Era; the Vocational Rehabilitation Act of 1973, as amended, relative to the employment of qualified handicapped individuals without discrimination based upon their physical or mental handicaps; the 1964 Civil Rights Act, as amended; the Age Discrimination Act of 1975; the Omnibus Reconciliation Act of 1981; the Americans with Disabilities Act of 1990 and all other applicable Federal and State Laws which prohibit discrimination in the delivery of services on the basis of race, color, national origin, age, sex, sexual orientation, handicap/disability or religious beliefs. Transportation Provider shall not discriminate or otherwise violate any Federal, State, or local anti-discrimination law or regulation in the performance of Transportation Provider's services to MTM under this Agreement.

22. AMENDMENT AND WAIVER

MTM shall have the right to amend this Agreement, without Transportation Provider's consent, to maintain consistency and/or compliance with any state or federal law, policy, directive, or government sponsored program requirement. MTM shall otherwise have the right to amend this Agreement upon written notice to Transportation Provider. If Transportation Provider does not deliver to MTM written notice of rejection of the amendment within ten (10) days of the date of the notice of the amendment, the amendment shall be deemed accepted by and shall be binding upon Transportation Provider. The parties agree that if any terms of this Agreement are in conflict with any state or federal laws or regulations, such conflicted terms of this Agreement shall be deemed waived and unenforceable.

23. CONFIDENTIALITY; NON-SOLICITATION

Transportation Provider and MTM mutually acknowledge that in the course of performing this Agreement, Transportation Provider will become aware of information concerning MTM's operations, business practices, customer practices, software systems, programs, pricing policies, customers and Clients. To the extent such information is generally unknown in the transportation industry or was unknown to Transportation Provider before Transportation Provider became aware of the information through MTM, such information shall be deemed trade secrets and confidential, proprietary information of MTM.

With respect to MTM's trade secrets and confidential, proprietary information, Transportation Provider agrees that Transportation Provider and its employees, agents, successors and assigns shall not disclose such information to any person or business entity without the written consent of MTM except for Transportation Provider's internal use as reasonably necessary to perform this Agreement. Transportation Provider also agrees that only those agents and employees of Transportation Provider who have a need to know any such information to perform their duties in connection with this Agreement will be provided with such information, and then only with those portions of such information as are reasonably necessary to the performance of their jobs. Further, Transportation Provider agrees to instruct such agents and employees not to disclose such information to any unauthorized persons or business entities.

Transportation Provider agrees that MTM's non-emergency medical transportation services business and its network of contracted transportation providers, of which Transportation Provider is a Member upon execution of this Agreement, are unique and valuable assets of MTM for which MTM rightfully seeks the protection of this Agreement. Transportation Provider also

agrees that becoming a Member of MTM's transportation provider network through execution of this Agreement, is a valuable business asset of Transportation Provider.

Transportation Provider, for itself and its employees, agents, successors and assigns, further agrees that it will not: (a) use MTM's trade secrets and confidential, proprietary information to develop, initiate or establish a business, or further the business of another person or business entity, which competes directly or indirectly with MTM; and (b) solicit or hire any employee of MTM during the period of employee's employment with MTM, or for one (1) year following termination of employee's employment.

Transportation Provider agrees that a breach or threatened breach of the confidentiality provisions of this paragraph would cause immediate and irreparable harm to MTM, and that actual damages would be difficult or impossible to ascertain, such that MTM shall be entitled to injunctive relief in addition to pursuing such other relief as MTM may be entitled to at law or in equity. The provisions of this Section 23 shall survive termination of this Agreement.

24. ATTORNEYS FEES AND COSTS

In the event that Transportation Provider fails to comply with each and every term of this Agreement or otherwise is in breach of any term of this Agreement; or in the event that Transportation Provider is required to defend, indemnify and hold harmless MTM with respect to any claim or liability arising out of the performance of any service by Transportation Provider in connection with this Agreement, Transportation Provider shall pay all of MTM's costs and litigation expenses, including reasonable attorney's fees that may be incurred by MTM.

25. WAIVER OF JURY TRIAL

The parties hereto waive jury trial and consent to a Court trial as to all litigation arising out of the terms and conditions of this Agreement.

26. NO THIRD PARTY BENEFICIARY

Nothing in this Agreement is intended to, or shall be deemed or construed to create any rights or remedies in favor of any third party.

27. FORCE MAJEURE

Neither party shall be deemed to have breached this Agreement if its failure to perform all or any part thereof results from war, terrorism, flood, earthquake, strike, picketing, riot, fire, explosions, accidents, delays of carriers, governmental actions, or other acts of God, or circumstances beyond its control, or by reason of the judgment, ruling or order of any court or agency of competent jurisdiction occurring subsequent to the signing of this Agreement.

28. RECORDS

Transportation Provider shall maintain all records pertaining to services provided under this Agreement for a period of ten (10) years, or such longer period as may be provided by applicable laws, regulations or Client requirements.

29. INCORPORATION OF EXHIBITS

All exhibits to this Agreement are considered part of this Agreement and are fully incorporated in this Agreement as if fully set out herein.

30. CONSTRUCTION; ACKNOWLEDGEMENT

All parties have participated in the negotiation of this Agreement, and accordingly, the parties agree that this Agreement shall be construed and interpreted without regard to any presumption or other rule requiring construction against the party causing this Agreement to be drafted. Transportation Provider read this Agreement in its entirety, understands its contents, and had the advice of counsel as to the meaning and interpretation thereof.

31. REPRESENTATIONS

The signers of this document represent that they are acting officially and properly on behalf of their respective business entities, and have been duly authorized, directed, and empowered to execute this Agreement.

IN WITNESS WHEREOF, the parties hereunto have executed this Agreement.

TRANSPORTATION PROVIDER:

By: _____
Printed Name

By: _____ Title: _____ Date: _____

Federal I.D. # or SSN #:

Address:

,

MEDICAL TRANSPORTATION MANAGEMENT, INC.

By: _____
Printed Name

By: _____ Title: _____ Date: _____

Transportation Provider Handbook

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Chapter 1:

Transportation Provider Overview

Introduction

How Do I Contact MTM?

If you have any questions or need assistance with an issue, please contact the Transportation Helpdesk at 1-877-892- 3997. This toll-free line is available from 6 a.m. to 7 p.m., Monday through Friday. You may also email the Helpdesk at tphelpdesk@mtm-inc.net.

Health Insurance Portability and Accountability Act (HIPAA)

Per HIPAA regulations, transportation providers are required to maintain the privacy and confidentiality of Protected Health Information (PHI) should they receive this information from a member during the course of a trip. This information should never be disclosed to another party. MTM mandates that all transportation providers remain HIPAA compliant and adhere to PHI restrictions.

Contracting

Once MTM receives and verifies the completed transportation provider questionnaire, we will initiate the contracting and credentialing process. All credentialing and contracting information presented to MTM will be reviewed by our Credentialing Committee. If approved, MTM will schedule a provider audit to ensure compliance.

Use of Name and Other Information

Transportation provider agrees that MTM may use transportation provider's name, address(es), telephone number(s) and description of transportation provider's services in MTM's directory, advertising and other material.

Performance

MTM takes seriously our responsibility to provide members with safe, quality transportation. If a transportation provider is non-compliant with our requirements or performance standards, they may be issued a written warning, assessed liquidated damages, and/or removed from our network of approved providers. Transportation providers may also receive a Performance Improvement Plan (PIP) for both non-safety and safety issues. The following lists outline optional disciplinary methods and practices available to MTM. However, MTM reserves the right to terminate a transportation provider in accordance with Section 15 of the Agreement without pursuing any of the optional disciplinary actions herein.

Non-Safety Issue

A non-safety issue is defined as any issue that does not directly endanger the immediate health or welfare of the member. For minor non-safety issues, such as a no show/trip cancellation (less than 24 hours advance notice) rate of more than 1.99%, discipline shall be as follows:

- At the first breach of the 1.99% rate (determined by total monthly trip volume), the provider will receive an educational warning letter
- At the second breach, MTM will institute a PIP suspending the provider from receiving new trips for two consecutive calendar days
- At the third breach, a new PIP will be issued suspending the provider from receiving new trips for five consecutive calendar days
- At the fourth breach, the provider will receive a new PIP suspending them from receiving new trips for 30 consecutive calendar days
- If the transportation provider remains out of compliance following PIP completion, MTM reserves the right to terminate the provider

Safety Issue

A safety issue is defined as any issue that directly endangers the immediate health or welfare of the member. For minor safety or incident issues, discipline shall be as follows:

- At the first occurrence of a substantiated safety complaint, MTM will issue a PIP suspending the provider from receiving new trips for two consecutive calendar days
- At the second occurrence of a substantiated complaint, the provider will be subject to a PIP suspending the provider from receiving new trips for five consecutive calendar days

- At the third occurrence of a substantiated complaint, the PIP will suspend the driver from receiving new trips for 30 consecutive calendar days
- Any additional occurrences may result in termination from MTM's network

Accident and Incident Reporting

Transportation providers must report all accidents, incidents, and injuries that occur during the transport of an MTM passenger. Accident and incident reports must be submitted to MTM in writing by the end of the following business day; injury reports must be made verbally to MTM within three hours of the occurrence. Reports must include:

- Name of the driver and vehicle involved
- Name of passenger(s) in vehicle
- Specific details of the accident or incident and any related injuries
- Copy of police report

Transportation provider agrees to verbally notify MTM immediately of any incidents of member misconduct. MTM requires written follow-up from the transportation provider within 24 hours of receipt of that request, with the exception of incidents involving injury of persons, which must be received by MTM within 3 hours.

Complaints and Grievance Program

Any complaints or grievances received by MTM with respect to the provision of transportation provider services will be forwarded to transportation provider for immediate attention and response. Any problem(s) related to the service shall be promptly resolved. Transportation provider agrees to comply with MTM's complaint resolution policies, and cooperate with MTM and provide MTM with the information necessary to help resolve grievances or inquiries with respect to transportation provider's services and other issues.

Transportation Provider Website

Website Access

Transportation providers that have gone through training will have access to MTM's website at www.onlineaccess.mtm-inc.net. Each user is given unique log-in information to access the site. Through this website, providers can utilize tools such as:

- Credentialing: Helps MTM and transportation providers electronically manage credentialing information
- Claims: Allows providers to electronically submit claims for services rendered and review payment information online
- Provider Trip Management (PTM): Gives providers the ability to report trip statuses, which will automatically be updated in MTM's system
- Electronic Trip Download (ETD): Allows providers to download assigned trips in real time.

Insurance Requirements for Credentialing

During the credentialing process, transportation providers must submit current insurance certificates in the following limits:

- Vehicular liability of no less than $500,000 combined single limit
- Commercial general liability of $500,000combined single limit
- Worker's compensation in the statutory amount for the state in which services are rendered

Certificates must, at the transportation provider's expense, name MTM as "Additional Insured" and "Certificate Holder" for vehicular and general liability policies. MTM must be listed as certificate holder on workers compensation insurance. Prior to the expiration date stated on the certificate, MTM will remind the provider that new certificates are needed. Renewals must be submitted to MTM prior to expiration. Failure to comply with these requirements will result in deactivation or removal from the MTM Transportation Provider network.

Claims Processing

Preparation

Upon assignment, trip details will be sent to the provider via fax or electronic trip download. The transportation provider will transport the passenger(s) as assigned, collecting one signature for each trip leg. For example, a one-way trip requires one signature; a round trip requires two signatures; and a multi-leg or three-way trip requires three signatures.

Create a Packet

After the trip is complete, the provider will log on to our website to upload this information to MTM electronically. Within 90 days of performing the trip, the provider should create an electronic packet, to which all signature images and claims will be attached and submitted to MTM. Trips claimed after 90 days will not be eligible for payment. To do so:

1. Select the "Packets" tab
2. Enter packet name
3. Choose "Create Packet" button, taking you to the Submit Packet page
4. Upload the signature documentation for the trips you are wanting to claim
5. Add claims to a packet individually or by using an Excel spreadsheet
6. Review for quality purposes
7. "Submit" packet

If the trip cost of a claim in incorrect, remove it from the packet by pressing the "Delete" button next to the claim. All changes to claims information must be made and verified prior to submission. Once submitted, changes may not be made to the cost. Contact the Transportation Helpdesk at 1-877-892- 3997, should any errors occur.

ETD

Electronic Trip Download (ETD) Instructions

Through MTM's website, transportation providers may utilize the ETD tool to download assigned trips. This application requires internet access and Microsoft Excel software.

To download trips electronically, providers must:

1. Log on to the website using their unique log-in information
2. Select "Electronic Trip Download" from the menu options
3. Click on "Create New" and insert the desired trip dates
4. Hit "Save"
5. File will be downloaded and made available for access via the provider's computer
6. Keep any changes made to the file by saving it to the computer

Appeals

MTM's appeals process gives transportation providers an opportunity to appeal any denied claims. Please note that trip cost changes will not be considered after a trip has been claimed and may not be appealed.

Level 1 Appeals

Denied claims may be appealed online prior to the claim's appeal deadline through the following process:

1. Navigate to the "Claims" tab and filter results by "All Denied" or "Denied"
2. Select the trip number from the list shown, opening the Trip Detail page that displays denial reasons. All reasons must be disputed to appeal the denial
3. Select the "Dispute" button next to the reason you would like to dispute
4. Enter the required information and press the "Save" button
5. Repeat steps 3 and 4 for all denial reasons
6. Press the "Appeal" button after all denial reasons have been disputed

Following submission, MTM's review team will either approve or deny the claim.

Level 2 Appeals

Following the Level 1 appeal, the transportation provider may dispute MTM's appeal decision prior to the new deadline, escalating the decision to a Supervisor. The Level 2 appeal process is as follows:

1. Navigate to the "Claims" tab and filter results by "All Denied" or "Denied"
2. Select the trip number from the list shown, opening the Trip Detail page that displays the results of the Level 1 appeal

3. Select the "Escalate" button to escalate the appeal to a Supervisor
4. Enter the required information and press the "Save" button

An MTM Supervisor will review the appeal and make a decision to approve or deny. All Level 2 appeals are conducted by a staff member who was not involved in the Level 1 appeal decision. Level 2 appeal decisions are final and cannot be disputed.

Provider Trip Management (PTM)

The Provider Trip Management (PTM) tool allows transportation providers to report cancellations, member no-shows, and reassignments. A reassignment is reported when the provider is unable to accommodate an assigned trip and wishes to turn it back to MTM. Reassignments should be reported to MTM within 24 hours of receiving the trip.

Liquidated Damages

Pre-Assessment Review

This process allows transportation providers to review their potential assessed liquidated damages prior to the amount being deducted from their claims check. If the provider finds something they believe should not be assessed, an email should be sent to PAR@mtm-inc.net. All requests will be reviewed by our Quality Management department, and a decision will be made prior to the pay date. Damages not reviewed by the transportation provider within the allotted timeframe will be assessed.

Appeals

Transportation providers will have the opportunity to appeal all liquidated damages assessed to the company. Appeal requests should be emailed to MTM at ldappeals@mtm-inc.net.

Quality Management

Should a member become dissatisfied with MTM or a transportation provider, they may submit a formal complaint with our Quality Management department, which strives to document, investigate, and resolve the issue within three business days. Please note that our Quality Management department may contact transportation providers regarding complaints submitted by members. Should this occur the provider will be required to submit a complete response within 24 hours. This response should detail:

- Name of driver or other staff member involved
- Detailed description of the occurrence
- Any documentation to support the provider's claim
- A corrective action plan detailing changes that will be made to ensure future similar issues do not occur

Transportation Provider Complaints and Grievances

Grievances

Transportation providers have the right to file a grievance regarding denials, claims, decisions, or other situations that affect business relationships with MTM. Grievances should be directed to our Transportation Helpdesk Monday through Friday from 6 a.m. to 7 p.m. at 1-877-892-3997. Calls received after hours will be directed to leave a voice message.

Appeals

If the transportation provider is dissatisfied with the resolution of the grievance, they have the right to appeal MTM's decision within 30 days. Appeals should be directed to our Transportation Helpdesk at 1-877-892-3997. Requests may also be sent via mail to:

Medical Transportation Management
16 Hawk Ridge Drive
Lake Saint Louis, MO 63367
Attn: Quality Management
Resolution of Appeals

Responsibilities and Relationships

Member Responsibilities

It is the member's responsibility to provide MTM with all appointment details at the time of the transportation request. Transportation can be scheduled for services covered under the member's benefit plan. During scheduling, each member is assigned to the most appropriate mode of transportation that meets their needs.

Guidelines Between Transportation Providers and Members

Please keep in mind the following items:

- Return trips may only be provided from the authorized point of drop-off
- The transportation provider must pick up the member no later than one hour from the time the member calls to request the return ride or "will-call" trip
- If the return pick up has a prescheduled time, the transportation provider must pick up the member no later than 30 minutes from the prescheduled time. You must also call the member with a prescheduled time.
- Drivers are not required to wait more than 5 minutes for a member after the scheduled pick up time.
- For verification purposes, members must sign a log for each trip leg taken; MTM will accept the following signatures if the member is unable to sign:
    - Parent/guardian
    - Caregiver
    - Medical provider

Chapter 2:
Credentialing

Introduction

The Credentialing Website is an online tool that helps transportation providers electronically manage credentialing information. Using this website, all credentialing activities between providers and MTM occur online. Once you have submitted a credential to MTM, our Network Management staff will be notified to review the information. Email notifications will be sent to you indicating the status of the credential.

You will also receive advance notice (six weeks prior to the expiration date) of any credential that is set to expire. The website will provide you with multiple notices of increasing severity to prevent drivers and vehicles from expiring.

To use the Credentialing Website, transportation providers must have an internet connection and the ability to scan documents. In order to upload a document, it must first be scanned and saved to your computer. Please be sure to label and scan documents individually.

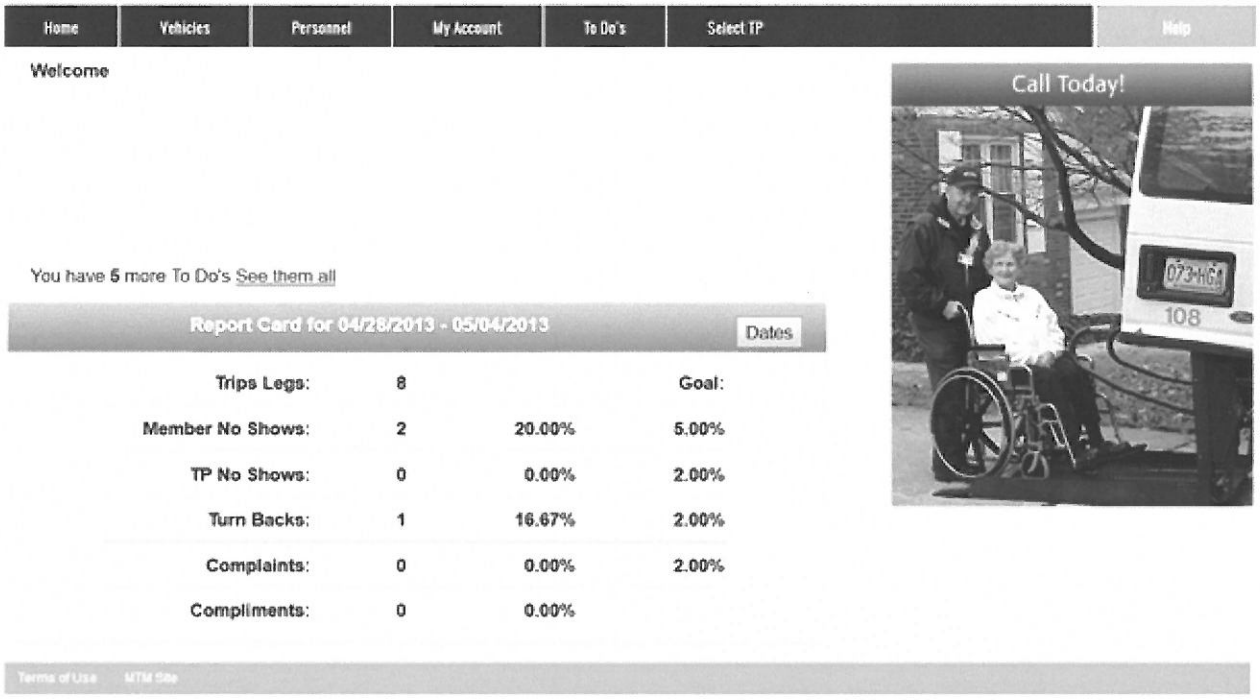
After your documents are scanned and organized, you can log into the website to begin adding drivers, vehicles and uploading your credentials. /First time users will log in using their username as both the username and password. This will prompt a window that will require the user to create a new password. Access to the log in page is located at https://onlineaccess.mtm-inc.net/.

Within this website, you will navigate to the credentialing section of the page. A "To Do" is a notification that you must take action on a credential. "To Do" notifications are sent when you have not yet submitted a credential for a driver or vehicle, or a credential that was previously submitted and is about to expire.

Website Home Page Displays

Report Card

The Report Card is located on the home page and displays the number of Trip Legs, Member No Shows, Transportation Provider No Shows, Transportation Provider Cancellations/Reassignments, Complaints, and Compliments for the dates selected. It also shows the percentage of and goals for each. Data is calculated in real time, meaning data is subject to change as it is updated.



Dates

You may change the dates of the Report Card by selecting the "Dates" button. The Report Card will display data for trips within the selected date range. By default, the selected date range is set to display the previous week's trips.

Trip Legs

Trip Legs are defined as the sum of all scheduled trips.

Goals

The Goal percentages represent the targets you should strive for within each category.

Member No Shows

Member No Shows are defined as the sum of all Member No Shows reported to MTM.

Transportation Provider No Shows

Transportation Provider No Shows are defined as the sum of all Transportation Provider No Shows reported to MTM.

Reassignments

Reassignments are defined as the sum of all trips reported to MTM as a cancellation.

Complaints

Complaints are defined as the sum of all complaints reported to MTM.

Compliments

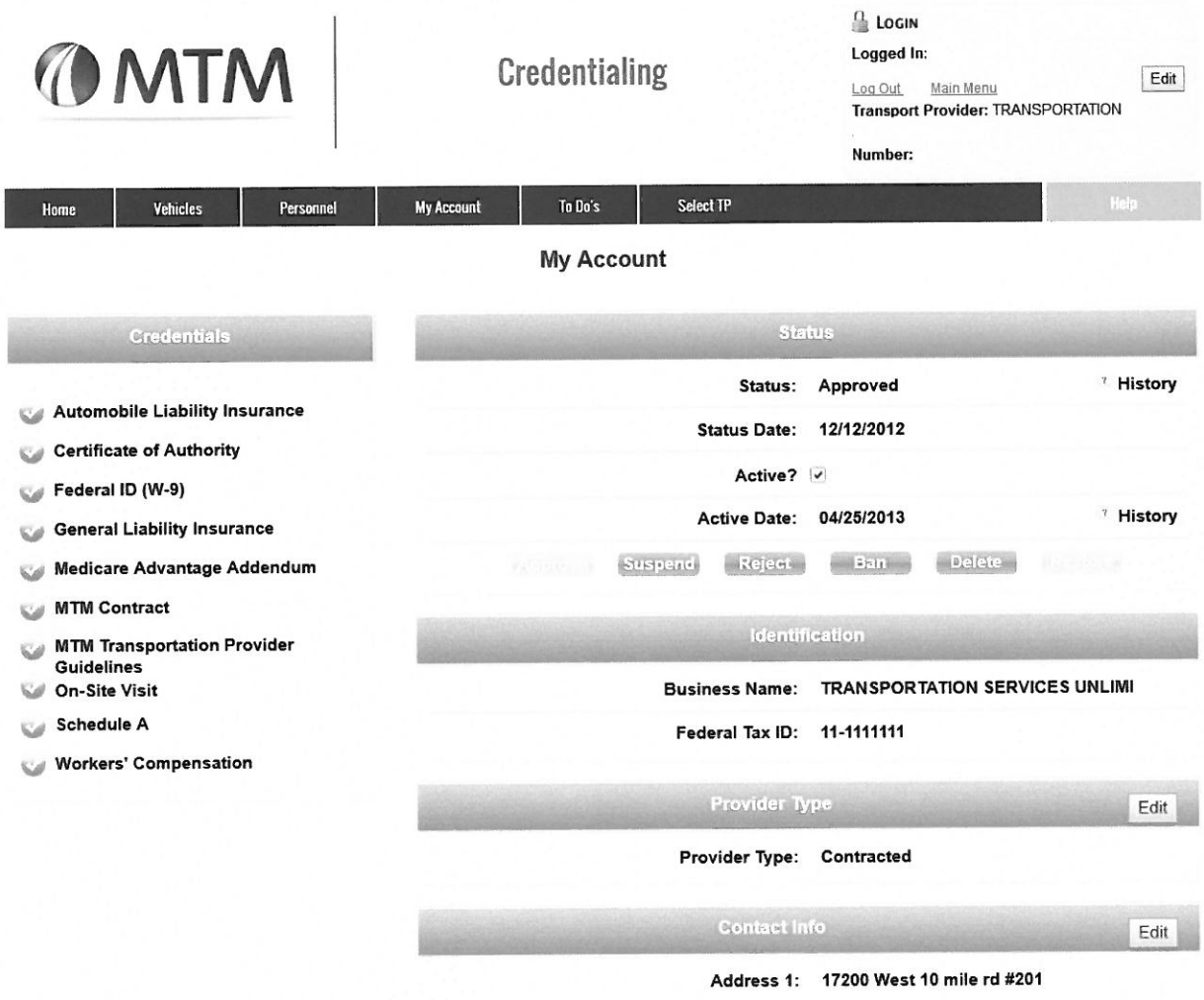
Compliments are defined as the sum of all compliments reported to MTM.

My Account Page

The "My Account" page displays different types of information about your company, such as:

- Contact Information
- Additional Languages
- Counties Served
- Hours of Operation

To edit this information, select the Edit button on the screen next to the information displayed in each section. This page also displays the credentials for your company as a whole as shown below.



Adding Vehicles and Personnel

When you hire a new driver or acquire a new vehicle, you must add them to the website and supply all credentialing data prior to allowing them to provide service for MTM. Employee and vehicle lists can be found by selecting the "Personnel" or "Vehicle" tab on the header. Select the "Add New" button on the upper right hand. Enter the requested information into all fields of the pop-up window and save the information by pressing the "Save" button.

Then, navigate to the "Credential Detail" Page. Select a vehicle or driver from the "Vehicle" or "Personnel" tab. In addition, after adding a driver or vehicle, you will be automatically directed to the "Detail Page". This page lists information about the driver or vehicle, and also details the credentials that must be submitted. Clicking on the name of a credential will take you to the "Credential Detail" Page.

Uploading Credentials for Vehicles and Personnel

Before new drivers and vehicles can provide service for MTM, you must submit all required credentials. Once each has been approved by MTM, the driver or vehicle will be submitted to the Credentialing Committee for final approval. Figure 1 shows an example of the credentials for a driver that would be found on the driver's "Detail Page". The "X" graphic to the left of the credential means the credential has not yet been approved by MTM.

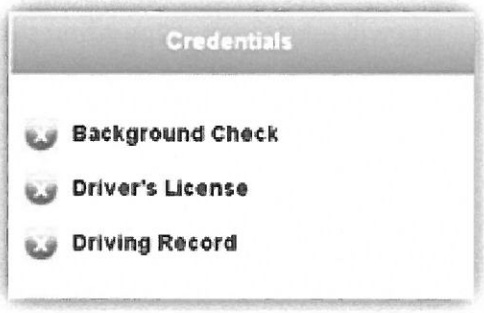
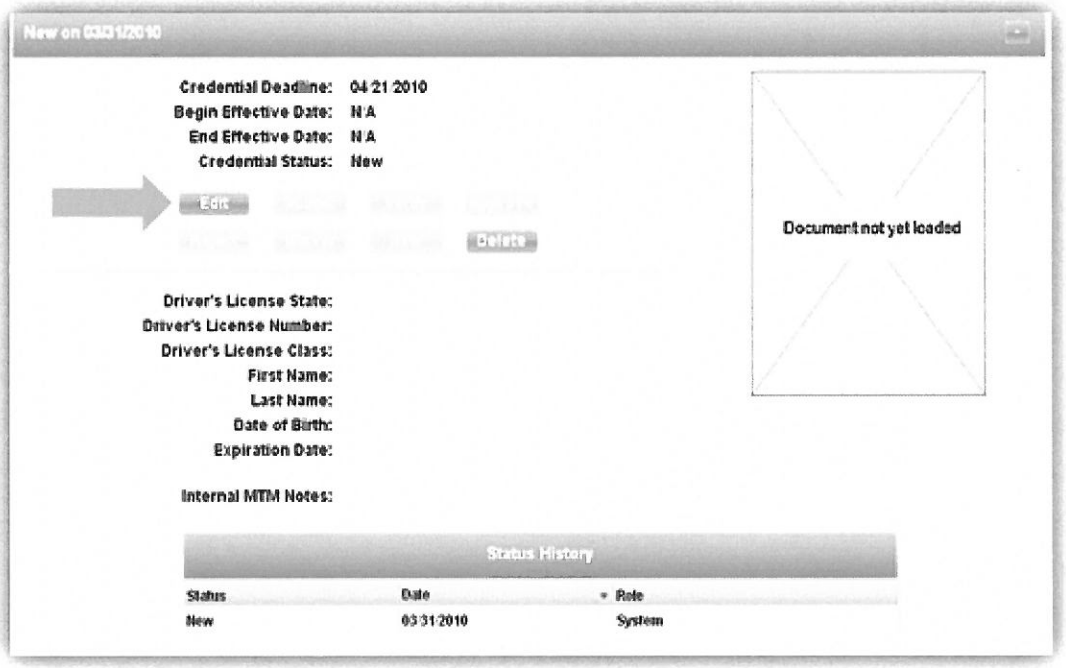


Figure 1

To upload a specific credential, click on the credential you would like to upload. Once you arrive at the "Credential Detail" Page, select the "Edit" button. Below is an image from the "Credential Detail" Page that provides an example of how a driver's license would appear within the website.



You will take these steps when submitting credentialing information and documents:

1. Enter all requested information (blank fields).
2. Upload the image/document of the credential if required. Credentials that require supporting documents will have an "Upload File"... button near the top of the screen, shown below.

3. Select the "Upload File" button. A pop-up will appear prompting you to select the file containing the document. Note that all images must first be saved to your computer.
4. Find the file containing the document by searching for it through the pop-up menu. Select the appropriate file and press "Open."
5. Select the "Save" button once the credential has been uploaded.

6. Review the information displayed on the new screen. If the information is correct, press "Submit" to send the credential to MTM for approval. If it is not correct, select the "Edit" button to make the appropriate changes.
7. Repeat this process for any new driver or vehicle prior to using them to provide service for MTM.

Even after submitting the required information, the "X" image will remain until MTM approves the credential. This will take no longer than one week. MTM will notify you if there is a problem with the credential. Following approval, we will send you an email notification.

Re-Submitting Credentials

Credentials that are about to expire or those that have been rejected by MTM must be re-submitted following the same process outlined above.

To Do Notifications

When a credential is about to expire, a "To Do" will be created. You will be notified of this status via email. Additionally, the image next to the name of the credential will be changed from a green check mark to a yellow exclamation point. The "To Do" will be created six weeks before the credential is set to expire, allowing sufficient time for renewal. Each week the credential is not submitted, the color of the icon will become increasingly red, and you will continue to receive email notifications to remind you the credential is due. You will also receive email notifications containing "To Do Notifications".

Submittal Deadline

Your deadline for submitting the credential is two weeks before the actual expiration date. This will allow sufficient time for Network Management to approve your credential or resolve any issues that may arise.

Rejected Credentials

Credentials that do not meet the requirements established by MTM will be rejected. When a credential is rejected, a "To Do" notification will appear alerting you that the credential was not

approved. The "Detail Page" will display the rejection reason, and you will receive an email notification with the status change.

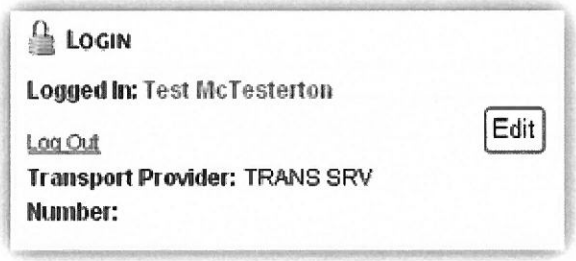
Deleting Vehicles and Personnel No Longer In Use

You must change the status of driver and vehicle that no longer provides services for MTM to a "Deleted" status. Once in the "Deleted" Status, "To Do" notifications will not be sent to you when credentials begin to expire. Once a driver or vehicle has been deleted, it will not be allowed to provide services for MTM.

If after deleting a driver or vehicle you wish to use them again, press the "Restore" button. This will change the status of the driver or vehicle from "Deleted" to a "Pending" status. Additionally, you should notify MTM so your Network Representative can approve the driver or vehicle. You should also submit the needed credentials if any have expired since the driver or vehicle was deleted. You may see a variety of status like "Expired, Pending Re-approval, Pending Credential, etc."

Updating Your Information

The website allows you to edit your name, e-mail address, and password by editing your profile. To edit your profile, select the "Edit" button in the header after you've logged in, as shown below.



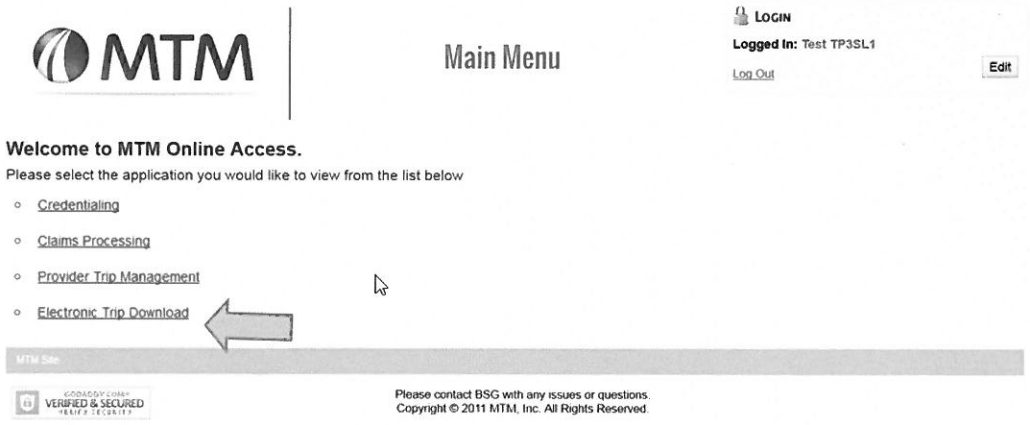
After pressing "Edit", a pop-up window will appear allowing you to enter any information you would like to update.

Chapter 3:
Electronic Trip Download (ETD)

Introduction

Transportation is assigned to a provider at the time of the call, whenever possible. Transportation providers will use Electronic Trip Download at an ongoing basis to verify their current trip assignments. Electronic Trip Download (ETD) is a method that MTM uses to notify transportation providers of upcoming trips. Faxes are provided to the Transportation Provider for 30 days after their start date, with the exception of short-notice trips falling under same-day or next-day appointments, which will still receive a fax past 30 days. Transportation Providers will receive trips with less than two business days' notice via fax if accepted first through MTM via phone. Transportation providers should review faxes, the MTM Daily Fax Summary, and/or electronic trip file, at a minimum, daily to make certain all trip requests have been received. If you are not receiving trips, please contact the Transportation Helpdesk at 1-877-892-3997.
The web portal lists the trips that are set with your transportation company in real time. Information from the portal can be downloaded to an Excel spreadsheet. The ETD Report contains all information that is required for each trip and can be downloaded as often as needed. ETD reports may also be used as Driver Logs as long as they remain HIPAA compliant by not displaying the ID number of the member.

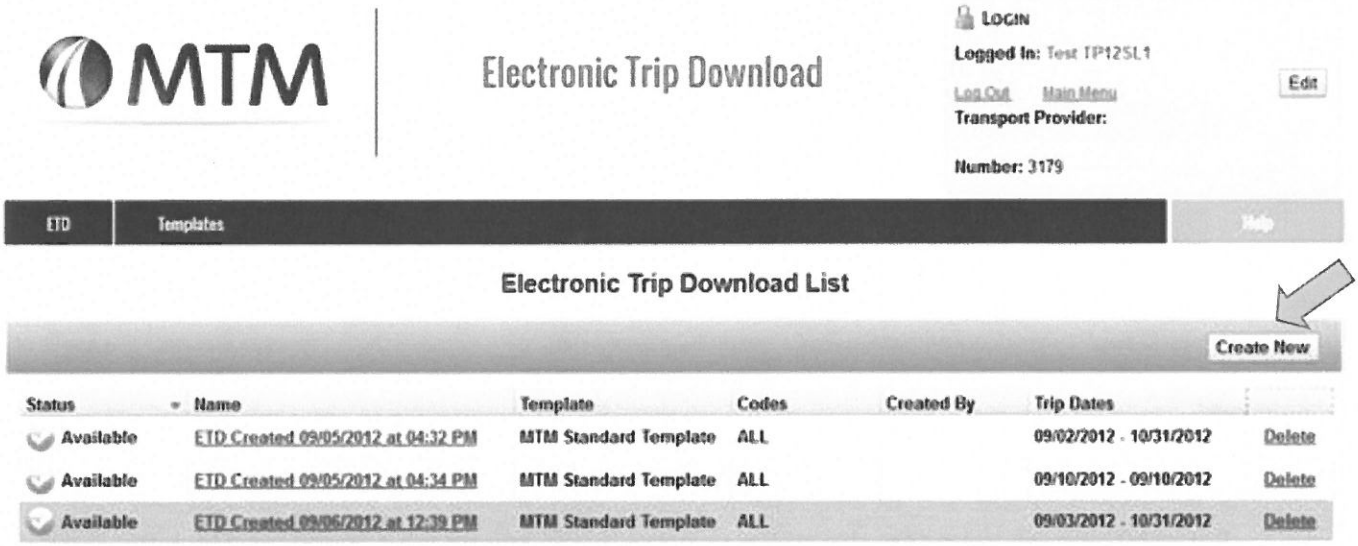
Users will have access to the ETD by going to https://onlineaccess.mtm-inc.net/index/login. Once logged in, the ETD option will be located on the left hand side of the screen as shown below.



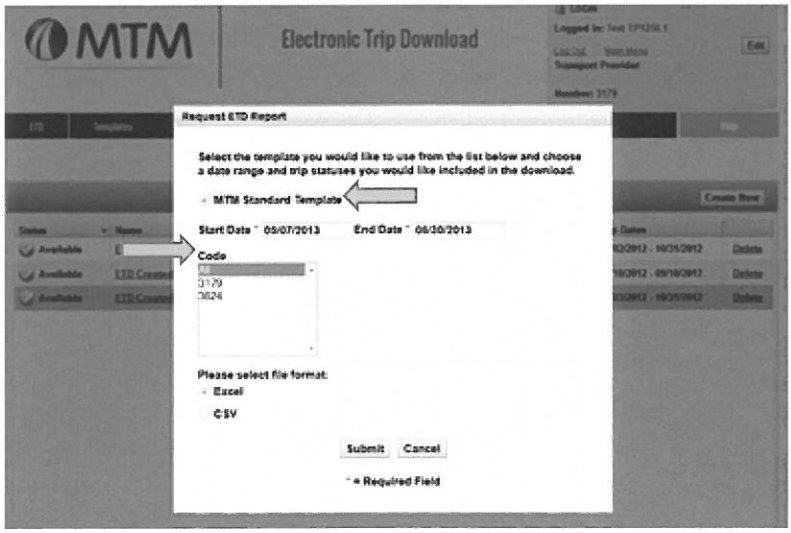
NOTE: *Please remember to save all reports to your computer for later use (billing, claims, etc.).*

Creating Your Report

Once the ETD option has been selected, you will be directed to a new screen. On the right of this screen, you can select "Create New".

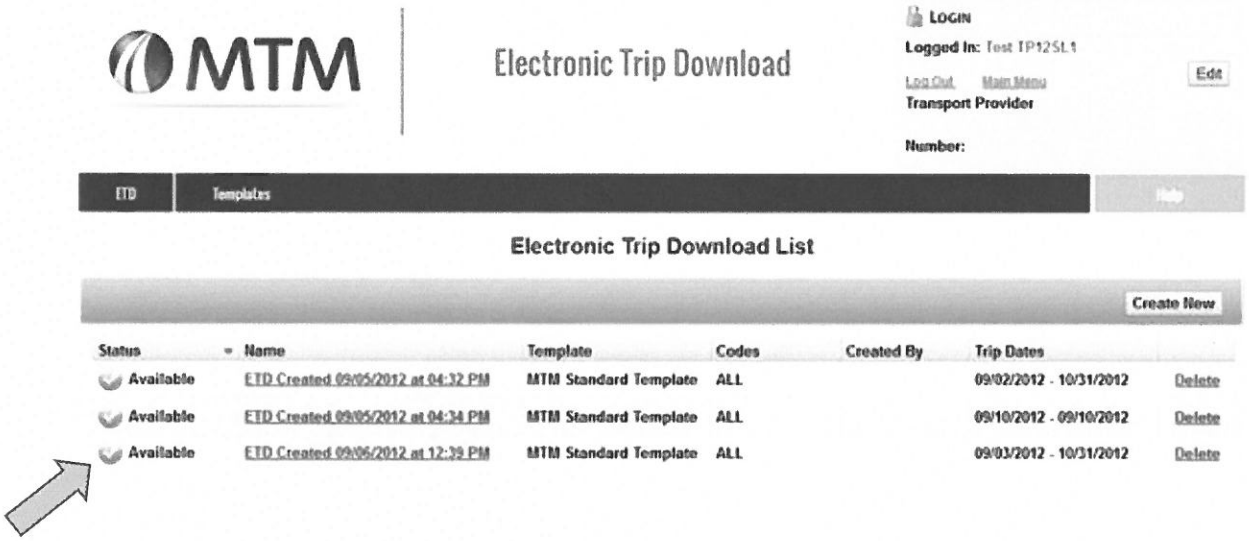


Once an ETD report has been requested by clicking on "Create New", a pop-up will appear instructing you to select a template. You will have the option to choose one of your own templates or use the MTM standard template, choose the dates of the report you would like to see, and select your vendor code.



NOTE: *The report Start Date can only be backdated three days. The report End Date cannot be beyond the last day of the following month.*

After you have made your selections, click "Submit". You can now see the status of your report. Once in an "Available" status, you may access your report.



Refresh the page to update the status or press the F5 key on your keyboard. Once the status of your report is "Available," click on the hyperlink that says "ETD Created 12/06/2012 at 2:25PM" and the document will download on your computer for you to open. Reports can be manually deleted at any point from the website. If a report is not manually deleted, the system will automatically delete it after 90 days. Remember to save the file to your computer for your records.

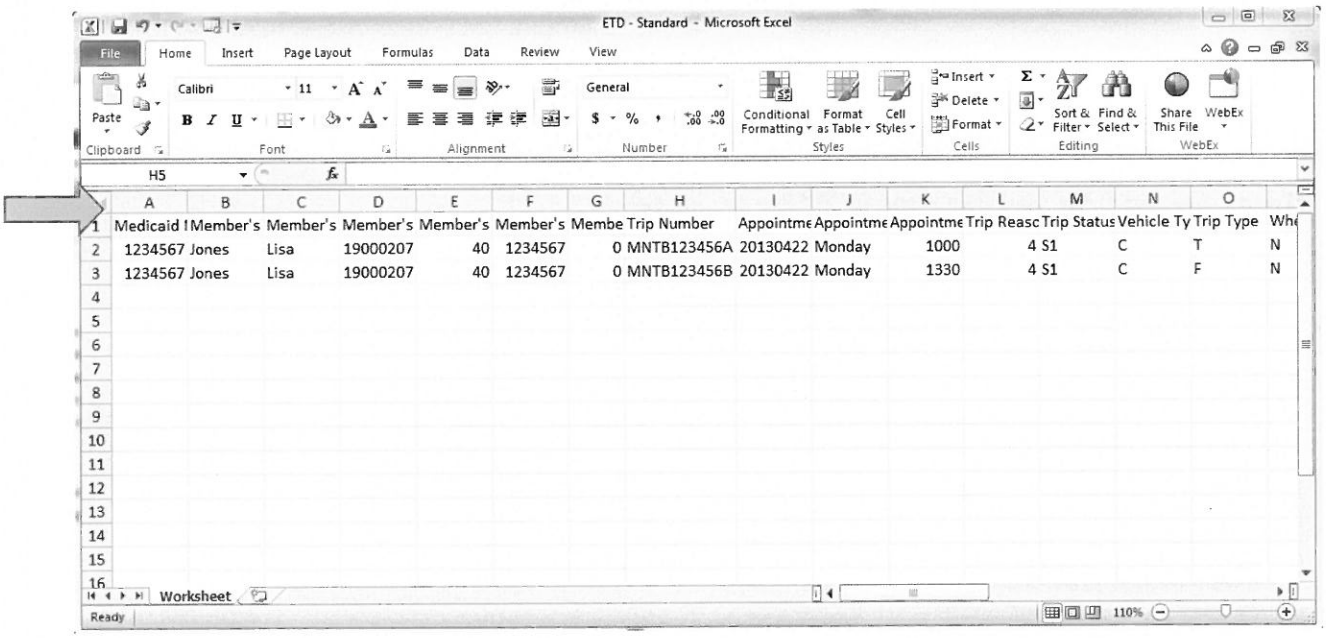
NOTE: *You must have Microsoft Excel or equivalent software on your computer to open the report. MTM recommends Microsoft Excel Version 7 or higher.*

Opening, Saving, and Reviewing the ETD Report

Save the document on your computer by clicking on File from within the document and selecting Save As. This enables you to name the report and choose where to save it on your computer.

Shown below is an example of an ETD report in Microsoft Excel. The report contains the following information:

- Column A displays the member's Medicaid number; (1234567)
- Column B displays the member's last name: (Jones)
- Column C displays the member's first name: (Lisa)
- Column D shows the trip date in Year/Month/Day format; (19000207)
- Column E displays the member's age: (40)
- Column H show the member's phone number; (1234567)
- Column N shows the vehicle type, where C = Cab and P = Para-lift
- Column M shows the trip status; (S1 – see page 29 for definitions of trip status codes)



NOTE: *Columns can be added or deleted by right-clicking with your mouse on a column and selecting Insert to add a column, or Delete to remove a column.*

Round Trips

Each round trip will have two legs: the "To Leg" and the "From Leg." Each trip has a "Trip Number," the "To" and the "From" legs are identified by the letter A or B at the end of the trip number. Example:

- To Leg = MTMA1202222A: The appointment time of "Leg A" indicates at what time the member needs to be at the appointment.
- From Leg = MTMA1202222B: The appointment time of "Leg B" indicates at what time the member will need to be picked up for the return ride home. If "Leg B" has a zero under appointment time, this indicates that the return time is a "will-call" and that the member "will-call" when they are ready to be picked up.

Multi Leg trip (3 Leg Trip)

Three-legged trips will have individual trip numbers and have a letter A at the end of the trip number; for example:

- To leg = MTMA1202222A
- To leg = MTMA1222223A
- From leg = MTMA122224A

Three-legged trips will not have a "B" leg assigned.

Military/Standard Time Conversion

MTM uses military time on all trips; conversions to military times are shown in the following table.

Military Time	Standard Time	Military Time	Standard Time
0000	12:00 AM	1200	12:00 PM
0100	1:00 AM	1300	1:00 PM
0200	2:00 AM	1400	2:00 PM
0300	3:00 AM	1500	3:00 PM
0400	4:00 AM	1600	4:00 PM
0500	5:00 AM	1700	5:00 PM
0600	6:00 AM	1800	6:00 PM
0700	7:00 AM	1900	7:00 PM
0800	8:00 AM	2000	8:00 PM
0900	9:00 AM	2100	9:00 PM
1000	10:00 AM	2200	10:00 PM
1100	11:00 AM	2300	11:00 PM

Trip Status Codes

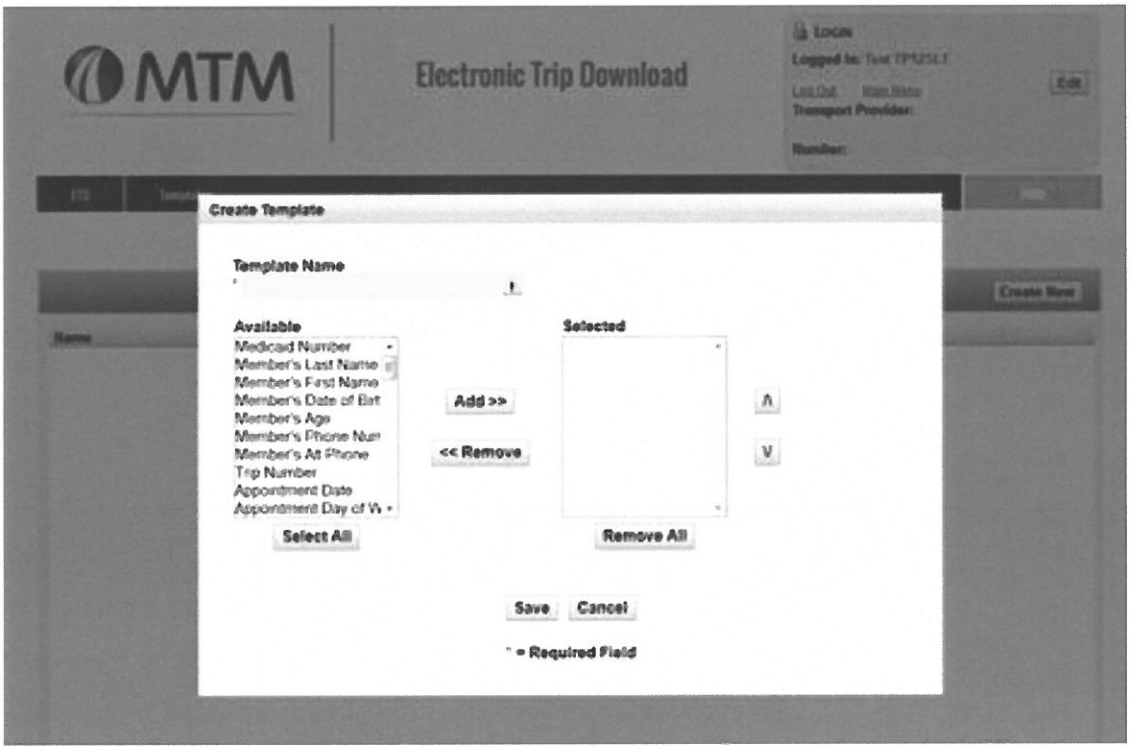
Trips may be assigned the following codes:

S1	Trip scheduled
SQ	Trip scheduled, with special rate
SV	RETURN (FROM) TRIP – Provider did not pick up passenger
S4	Return Trip - Passenger was not at pre-arranged pickup point, could not be located
S7	RETURN TRIP - Passenger cancelled direct to Provider prior to return pick-up
S8	RETURN TRIP - Passenger did not call Provider to be picked up and Provider did not go
X1	Passenger cancelled direct to driver at time of pick-up
X2	Passenger was not there at time of pick-up
X3	Passenger was there but not ready - driver required going to next pick-up
X5	Passenger cancelled direct to Provider prior to trip
X6	MTM cancelled to the Provider prior to pick-up
X9	Cancelled due to schedule/appointment change
XE	Cancelled due to operator error
XH	Cancelled, passenger hospitalized
XM	Cancelled by MTM dispatch
XN	Cancelled, provider not most appropriate
XS	Cancelled due to provider being non-compliant
XT	Cancelled, duplicate trip
XW	Cancelled by social worker or facility
XX	Cancelled due to misinformation given by the provider, plan or passenger
XQ	Provider cancelled - i.e., turn back, more than 48 hours prior to appointment
XV	Provider cancelled - i.e., bad weather, mechanical breakdown, accident, traffic jam, lost order, over-scheduled, turn back less than 48 hours prior to appointment etc.
VN	ORIGIN (TO) TRIP -Provider did not pick up passenger or provider was tardy in picking up passenger, which resulted in passenger not being seen at appointment

Custom Templates

Users can create custom templates. This allows you to customize the data fields which will appear on your ETD.

- To create your own template, select the "Templates" option on the menu bar and then select "Create New." Custom templates allow you to select what information you would like to see, and in what order it would displayed. After clicking "Create New," a pop-up window will appear allowing you to choose the information you would like on your template. To add columns of data to your template, simply click on each item from the "Available" list and add it to the "Selected" list by using the add and remove options on the screen. To change the order of items in your template, click on an item and use the up and down arrows.



- After creating the template, click "Save." This will save the new template under the "Templates" tab in the menu bar.

- Once a template is saved, it will appear in the "Templates List." You may edit or delete any of your custom templates from the "Templates List." Users can only create up to three custom templates at this time. Users with three custom templates will have to click the "Delete" button and delete an existing template before a new one can be added.

Trip Process Signature Guidelines When Using MTM's Daily Trip Log

Transportation providers must maintain a signed trip or log sheet, including member's original signature and date of transport and listing all members' scheduled rides for each individual day. These guidelines should be followed on a daily basis:

- The transportation provider must not require a member to sign the trip/log sheet on any leg of the trip which is not completed.
- The transportation provider must require the member to sign the trip/log sheet for each leg of the trip at the time of completion of the trip. The member's signature is used as part of the trip verification process.
- The transportation provider understands that lack of required trip documentation will result in denial of payment. These requirements include:
    a. member signatures
    b. driver signatures
    c. date and time of transport pick up and drop off

- If the member is unable to sign, the driver must have the facility staff or aid accompanying the member to sign on behalf of the member. Transportation provider understands payment may be subject to verification.
- An adult, accompanying a minor child, may sign the adult's name on the trip/log sheet as long as the minor's name is clearly noted as well.
- The transportation provider must provide MTM with the trip/log sheets upon request.

Pre-Trip Confirmations

- Transportation provider agrees to contact the member by phone the day before the appointment to confirm the transportation provider's estimated pick-up arrival time.
- Transportation provider shall provide their phone number to the member during the pre-trip confirmation phone call.

MTM's Daily Trip Log (Driver Log)

MTM, INC. DAILY TRIP LOG

Transportation Provider: _____

Date of Service: _____

Driver's License Number: _____

Vehicle ID Number (VIN, Last five digits): _____

Trip Number:	Recipient's Printed Name	T or F Leg	AM/PM of Pickup	Scheduled Pickup Time	Pickup Arrival	Pickup Departure	Drop Off Time	Recipient Signature

NOTES T or F Leg indicates the To or From leg for the trip. *Example: Picking the recipient up at the residence and transporting to the doctor's office would be considered one leg (To); picking the recipient up at the doctor's office and transporting back to the residence would be considered the second leg of the trip (From).* Each leg of the transport must be documented on separate lines. A signature is required for each leg of the transport. If the Member is unable to sign the Trip Log, please have the Facility Staff or Aid sign on behalf of the Member. AM/PM is indicated for the time of the Scheduled Pickup. No shows will be indicated with NS in the Drop-Off Time.

I certify that all information contained herein is true and accurate, and understand that this statement is made subject to the applicable penalties under federal and state law for making false declarations.

DRIVER'S SIGNATURE: _____

DRIVER'S PRINTED NAME: _____

Effective Date 1/25/2013

Trip Process: Etiquette

Trip Cost

A payment by MTM of the amount noted on the trip shall constitute payment in full and satisfaction of transportation provider's claim for compensation for services rendered for that trip. The transportation provider, by performing the trip, waives any claim for compensation in excess of the stated compensation on the trip. If the transportation provider knows that the price, designated level of service, mileage, zip codes, or any other data on the trip request is incorrect when checking the Electronic Trip Download, the transportation provider must immediately notify the Transportation Provider Helpdesk at 1-877-892-3997 of the corrections prior to performing the trip.

The transportation provider has the right to refuse any trip assignment from MTM. If the transportation provider performs a trip, the transportation provider agrees to:

- Accept the amount of compensation for that trip that is noted by MTM on the trip assignment sheet provided in advance by MTM to the transportation provider.
- Not claim compensation in excess of the compensation noted on the trip assignment sheet, irrespective of the level of service, or the totality of services provided by transportation provider for the given trip.

Communicating with Members

- If member calls transportation provider directly, transportation provider must notify them to call MTM to arrange and authorize their transportation.
- Transportation provider will not contact member's medical provider to schedule or re-schedule appointments.
- Drivers must make best effort to make contact with the member notifying them their ride has been waiting outside for at least 5 minutes after the scheduled pick up time before leaving the premises without the member. This would include, at a minimum, honking, knocking at door, inquiring at reception desk and calling dispatch to place a call to the member to notify them their ride is outside.
- Members must call for approval prior to an unscheduled appointment or a pharmacy trip. If the transportation provider does not obtain prior approval from MTM, they will not be paid for the trip.

- Drivers must not enter the passenger's home except under prior authorization from MTM.

No-Shows and Cancellations

- MTM requires the transportation provider to contact the MTM Transportation Provider Helpdesk with all no-shows at the time of the no-show. Timeliness of reporting will determine whether the no show is a member or provider no show.
- If a trip is cancelled by the member directly, the transportation provider must notify the MTM Transportation Provider Helpdesk immediately to document member cancellation of the trip.

Reassignments

If transportation provider refuses a trip assignment, transportation provider must notify MTM within 24 hours of receiving the trip.

Mileage, Trip Costs, and Discrepancies

- Transportation provider understands all trips are defined as one-way trips.
- Transportation provider acknowledges and agrees that where mileage is paid by MTM for a trip, all mileage will be calculated by MTM's commercial GPS based mileage system, based on the shortest distance from the pick-up point to the final destination point, irrespective of the route actually taken by the transportation provider, and irrespective of the actual travel time incurred in the performance of the trip. MTM's system determination of mileage shall be final and not subject to challenge or dispute by transportation provider.
- If transportation provider knows that the price, designated level of service, mileage, zip codes, or any other data on the trip request is incorrect, transportation provider must notify MTM of the corrections prior to performing the trip.
- If there is a discrepancy on the number of additional members noted on the trip faxes, transportation provider must contact the MTM Transportation Provider Helpdesk before leaving member's home/pick-up location.

Timeliness

- Transportation provider must allow a minimum of five minutes wait time at the scheduled pick-up locations for scheduled member(s) to enter vehicle.

- Transportation provider must not cause a member to arrive more than 30 minutes prior to an appointment, unless requested or pre-authorized by MTM or the member.
- The wait time for a pre-scheduled return trip, such as dialysis, rehabilitation, etc., after an appointment, shall not exceed 30 minutes.
- Transportation provider must accommodate "will-call" pick-ups within one hour from time of the member's call.
- Transportation provider are given - a ½ hour window 15 minutes before and after estimated scheduled pick-up to arrive for the scheduled pick time. Transportation provider must allow a minimum of 5 minutes wait time after the pre-scheduled pick-up time before leaving the member's pick up location.
- Transportation provider must maintain that all trips not exceed one hour in vehicle riding time, except in cases when long distance travel is involved.
- In multiple-member situations, members should not remain in the vehicle for more than 45 minutes longer than the average travel time for direct transport except in cases when long distance travel is involved.
- Transportation provider agrees to complete any pre-scheduled round trips even under the circumstance when the medical service extends past the approximate expected completion time.
- Transportation provider agrees to contact the member of a significant pick-up delay and obtain information as to whether or not the member will still be able to attend the scheduled appointment.
- Transportation provider understands if they are consistently late for pick-up and/or drop-off by MTM's assessment, transportation provider may face corrective action and be assessed liquidated damages.
- If Transportation provider fails to perform agreed services or arrive within a timely period resulting in the member missing their appointment as described in this section, provider agrees they may be assessed a provider "no-show," where provider may face corrective action and be assessed liquidated damages.

Chapter 4:

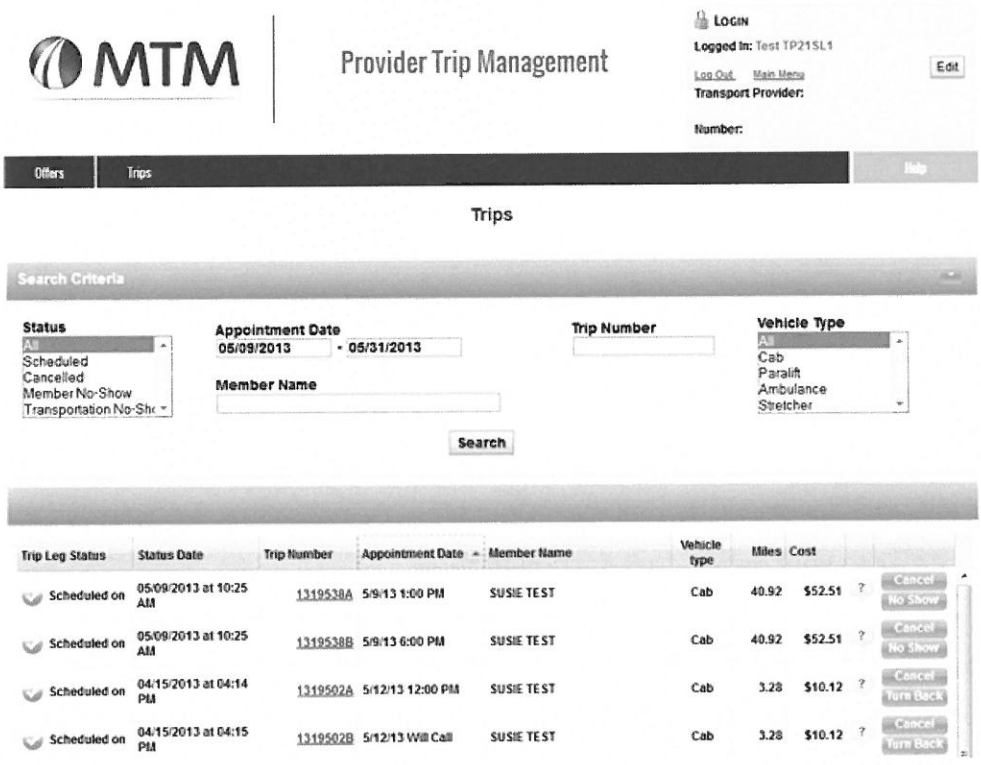
Provider Trip Management (PTM)

Reporting Member Cancellations, No-Shows, and Reassignments

The PTM application allows transportation providers to report cancellations, no-shows and reassignments to MTM.

To access the PTM Website, navigate to the Main Menu by logging in or selecting the Main Menu link from the login box in the upper right corner of your screen. To use the application, use the search criteria to look up the trip you want to see, than choose the action you would like to report by selecting the button on the right hand side of the trip information.

You will be able to look up the trip number by using any of the "Search Criteria" and clicking on "Search". When searching for trips the "Appointment Date" can only be backdated two days. The "Appointment End Date" cannot be beyond the last day of the following month.



Trip Cancellations

If the member contacts you directly to cancel transportation, you can cancel the trip using the PTM Website. If you do not report the cancellation, this could result in an unwarranted and unintentional provider no-show.

Member No-Show

You should report a trip leg as a member no-show at the time the member was a no-show for the scheduled transportation. Lack of notification to MTM could warrant a provider no-show, in the event that the member contacts MTM and states that the no-show occurred on the part of the provider.

If you are reporting the "A" Leg as a member no-show, the "A" Leg will automatically be changed to Member No-Show in MTM's system. Then, the "B Leg" will automatically be cancelled. If you are reporting the "B" Leg as a member no-show, the "B" Leg will automatically be changed to Member No Show in MTM's system. The "A" Leg will not be changed.

You may also report a no-show by calling the Transportation Provider Helpdesk at 1-877-892-3997.

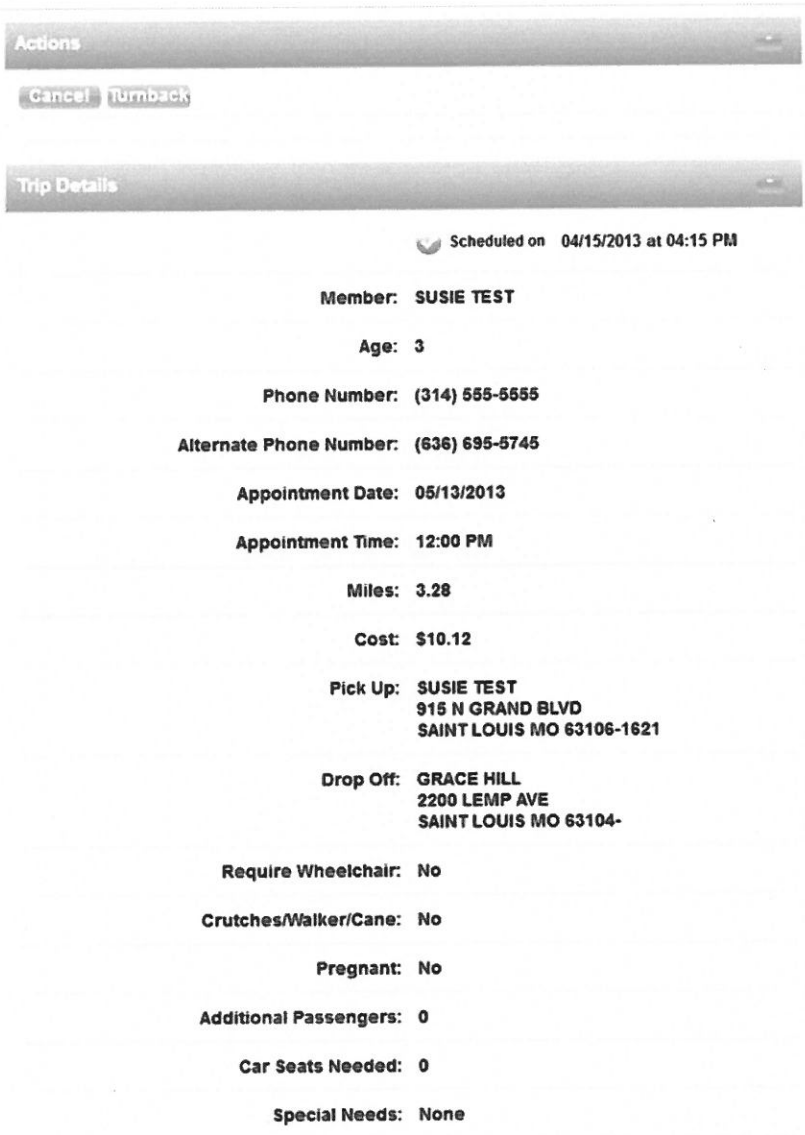
Reassignments

You should report a trip leg as a reassignment if you are unable to provide service for the trip. Report a reassignment as soon as you are aware that you are unable to provide service. This will allow MTM enough time to find alternate transportation and can be done up to 48 hours prior to the trip using PTM. To submit a reassignment less than 48 hours before the trip, you will need to call the MTM Provider Helpdesk. Remember, Liquidated Damages may be assessed for late trip cancellations. Refer to your Schedule B documentation.

When a reassignment is reported to MTM for an "A" or "B" Leg trip, both legs will be turned back. You may not reassign only one leg of a round trip.

Trip Information

If you would like to read more detail information about the trip, please click on the trip number and you will see the trip detail page.



Print Option

If you would like to print the "Trip Sheet/fax sheet" from the website, please click on the "Print" button.

Additional Assistance

For additional assistance please contact the Transportation Provider Help Desk as 1-877-892-3997.

Chapter 5:
Claims Processing

Introduction

The Claims Website is an online tool that allows transportation providers to submit claims electronically and review payment information online. Using this website, all claims-related interactions between providers and MTM occurs electronically. All signature documentation is scanned and saved to the provider's computer as a PDF, after which they may upload it to the site. Providers do not need to mail in any documents unless specifically asked to do so. There is no limit to the number of trips that you can claim in one packet; however the file size of your signature PDF cannot exceed 11.99 MB.

Transportation providers will not assert any claim for payment against MTM where such claim is based on services provided more than 90 days prior to the date of MTM's receipt of the claim. Any claim submitted by transportation providers more than 90 days after the date of service shall not be eligible for payment. Transportation providers hereby waive any right to such payment.

To make claims, trips are batched together as part of a packet. Packets are created by transportation providers and include the uploaded image of signature documentation (trip logs or driver sheets) and a list of trips the provider wants to claim.

Once signature verification and adjudication have been completed, providers can easily find claims that have been approved and denied. Approved claims will automatically be paid (pay dates depend on the current payment schedule.) Providers have the ability to appeal any denied claims so long as it is not past the appeal deadline (30 days after claim denial). Refer to the payment schedule located at the end of the claims section of this handbook.

First Steps

Please complete the following steps prior to logging into the Claims application:

1. Complete the Daily Trip Log: The trip log (or faxed trip sheets) must be scanned and saved to your computer as a PDF document. If you have more the one log to submit, scan all pages together and save as one PDF document. The uploaded image (Daily Trip Log), must contain a picture of the signature for every claim being submitted. If there is a signature image for a trip, but the trip number is not on the list, the signature will be ignored even though the trip may have been claimed in another packet. Any claim added to the list without a signature in the image will be denied. It is your responsibility to ensure that each trip has a corresponding signature verification image.
2. Upload the Claims Template: After scanning and saving the trip logs, you will need to type the information that is on the scanned trip logs into an Excel spreadsheet (Claims Upload Template) in the same order that is displayed on the scanned trip logs. Once that has been completed, please save it to your computer. Now you may log in to the website (https://onlineaccess.mtm-inc.net/index/login) and start creating your packet.

Claiming Your Trips

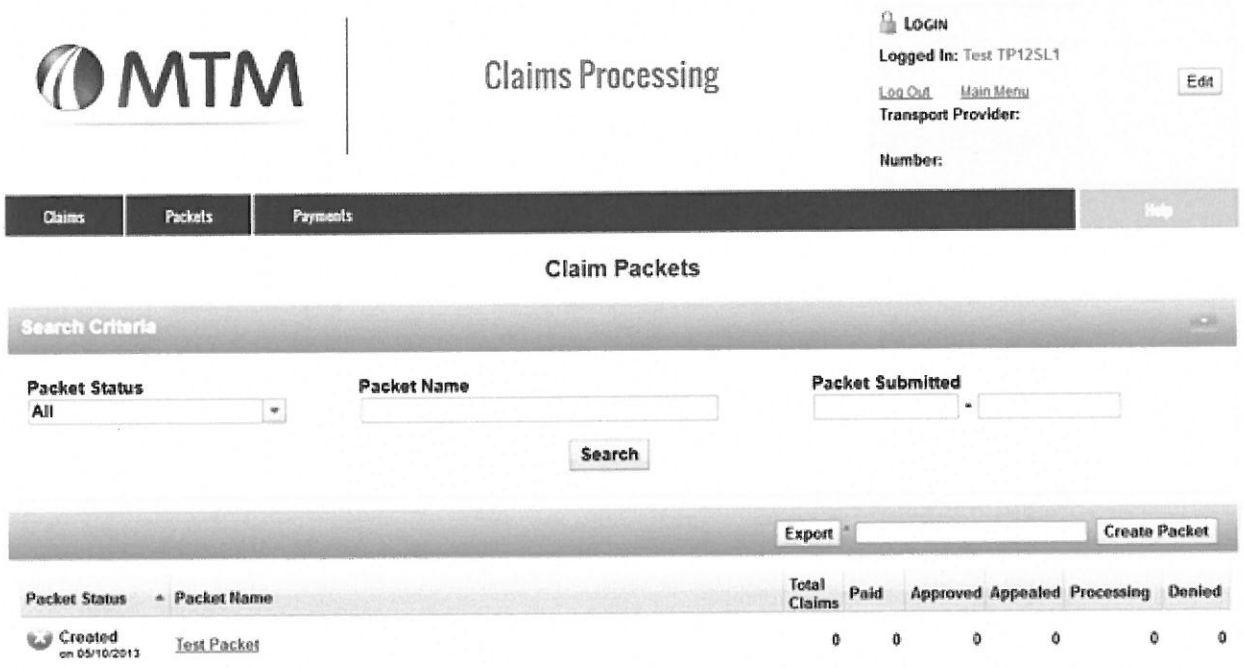
To make claims, batch your trips together as part of a packet. Packets include the uploaded image of signature documentation (trip logs or driver sheets) and a list of trips you want to claim. Claims, and all required information, can be added to a packet manually one at a time or by importing the information for multiple claims from a spreadsheet.

A trip number is required for each claim; additionally, you may also be required to submit any combination of the following data:

- All PUDO (pick-up and drop-off) times per trip leg
- Driver's license number
- VIN (full VIN number)
- Signature type (member, facility staff, or representative of the member)

Packets

To create a new packet, navigate to the Claim Packets menu by selecting the "Packets" tab located in the upper left corner of the screen. Below is an image of the Claim Packets list page.

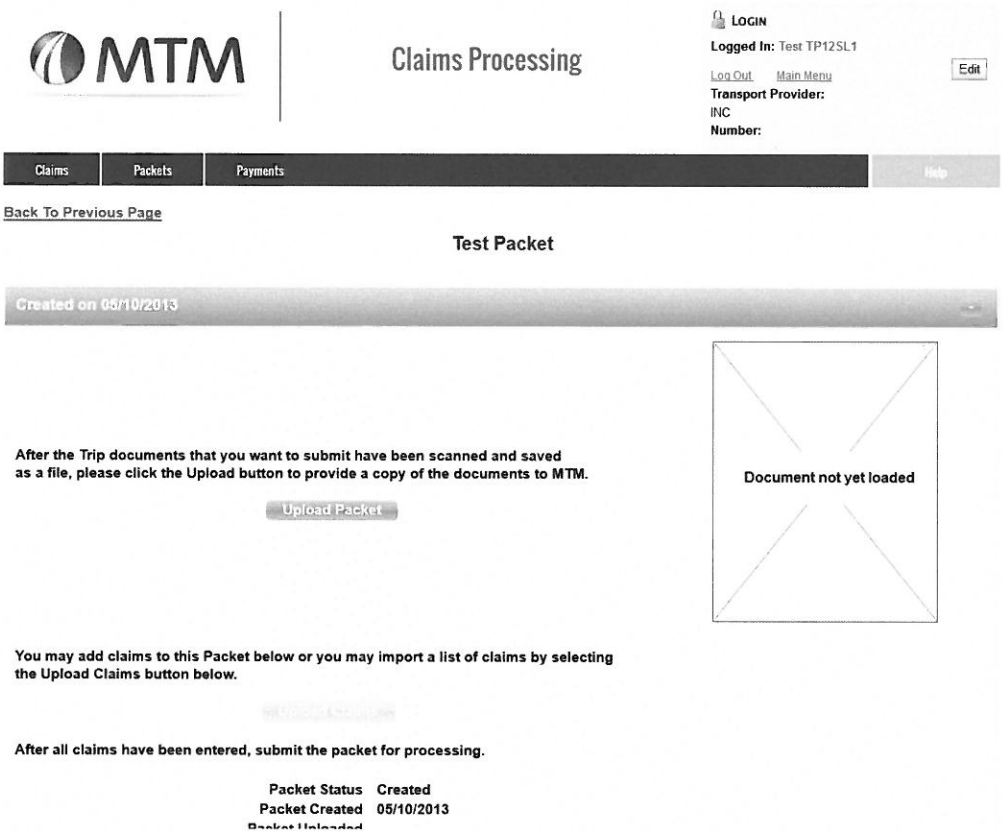


Enter the name you would like to use for the packet in the field to the left of the "Create Packet" button. Click on "Create Packet," which will route you back to the Packet page where you can upload the image of your signatures, add claims to the list, and submit the packet for processing.

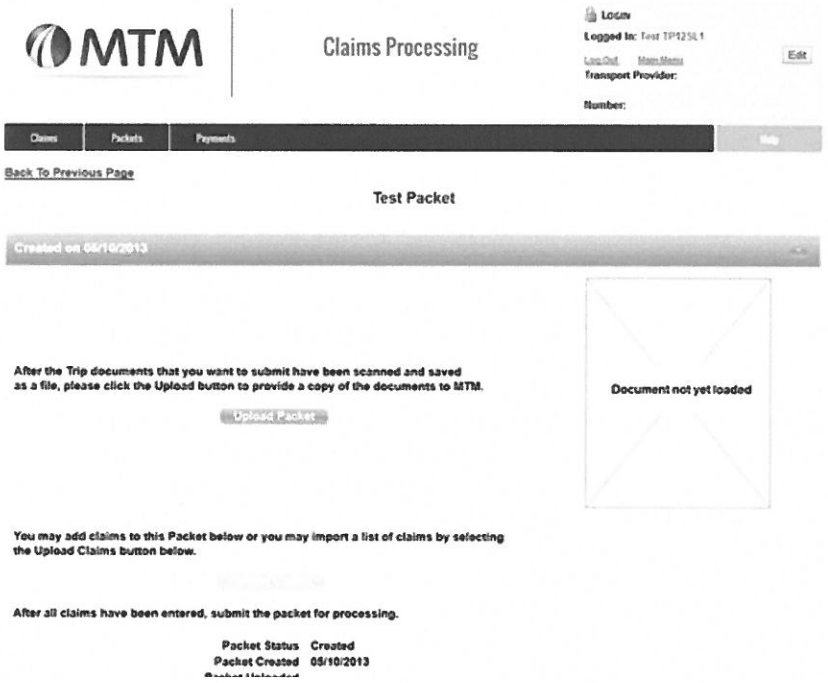
Uploading Signature Image (Trip Logs) To Packets

To upload signatures and trip logs to your packet:

1. Scan a copy of the packet and save it as a PDF to your computer.
2. Navigate to the Claims Packet menu by selecting the "Packets" tab.
3. Choose the packet you would like to work with from the list, or create a new packet.
4. Select the "Upload Packet" button which will navigate you to the "Upload Packet" page.



5. The Upload Packet page will have the "Upload Packet" button. The Upload Packet page is illustrated below.



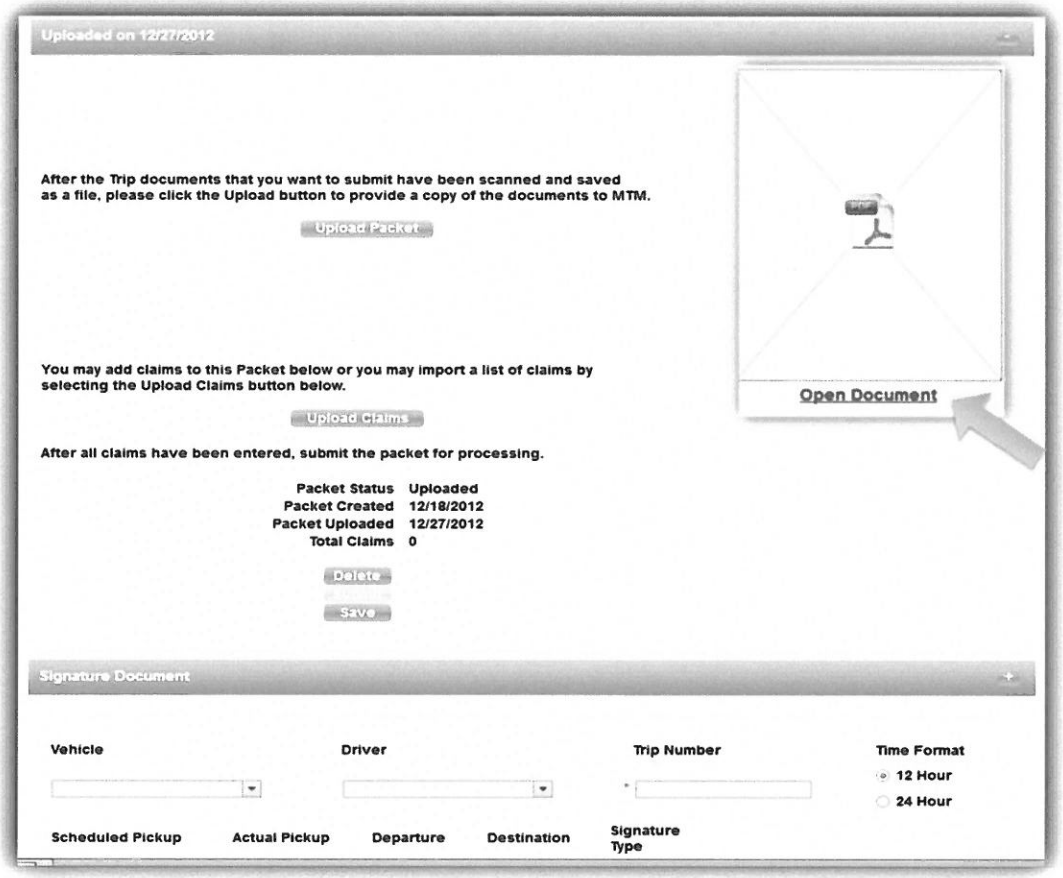
6. Find the file containing the scanned signature packet by searching for it through the pop-up menu. Press "Open."
7. Select the "Save" button at the bottom of the page, demonstrated in the image below, after the system uploads the file. Selecting "Save" will navigate you back to the Claims Packet page. **Claims may be added to the packet only after a signature image has been uploaded.**

Open your scanned signature image by selecting the "Open Document" hyperlink under the uploaded image or by opening the embedded image. It is important to review the scanned image when adding claims to verify that you do not add a claim that is not in the image. It is okay if a trip signature you are ready to claim is on the same sheet of paper as trips you are not ready to claim. MTM will only review signatures for trips with corresponding trip numbers in the packet. Additional signatures will be ignored.

Adding Claims to the Packet

Claims can be added in groups by uploading an Excel spreadsheet or individually by entering all required compliance data, along with the trip number, in the data entry section of the screen using

information from the scanned image. The section used to enter your compliance data is displayed below. The Vehicle and Driver boxes contain dropdowns that display all vehicles and drivers who have been approved within the last 3 months.



Times may be entered in 12-hour or 24-hour, military format, but must be entered in the format selected along the right side of the entry section. The 12-hour format requires an AM or PM designation (you may also use A or P) but the 24-hour format does not. A colon is not required for either format. For example, one o'clock in the afternoon in 12-hour format can be entered as 0100PM, while one o'clock in the afternoon in 24-hour format can be entered as 1300.

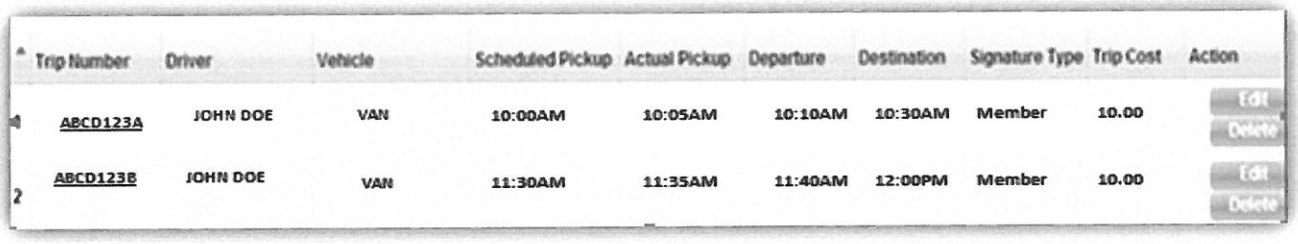
After entering all the required information for a claim, select the "Add" button to add the claim to the packet. The claim will be added to the list.

Your reports and records shall contain, for each trip, the requisite passenger and driver signatures and contain all required documentation. Transportation providers will not be paid for any claim

that lacks required documentation, and shall be deemed to have waived payment for any claim lacking required documentation. Liquidated damages may be assessed for non-compliance events set forth on the Schedule B.

Editing and Deleting Claims

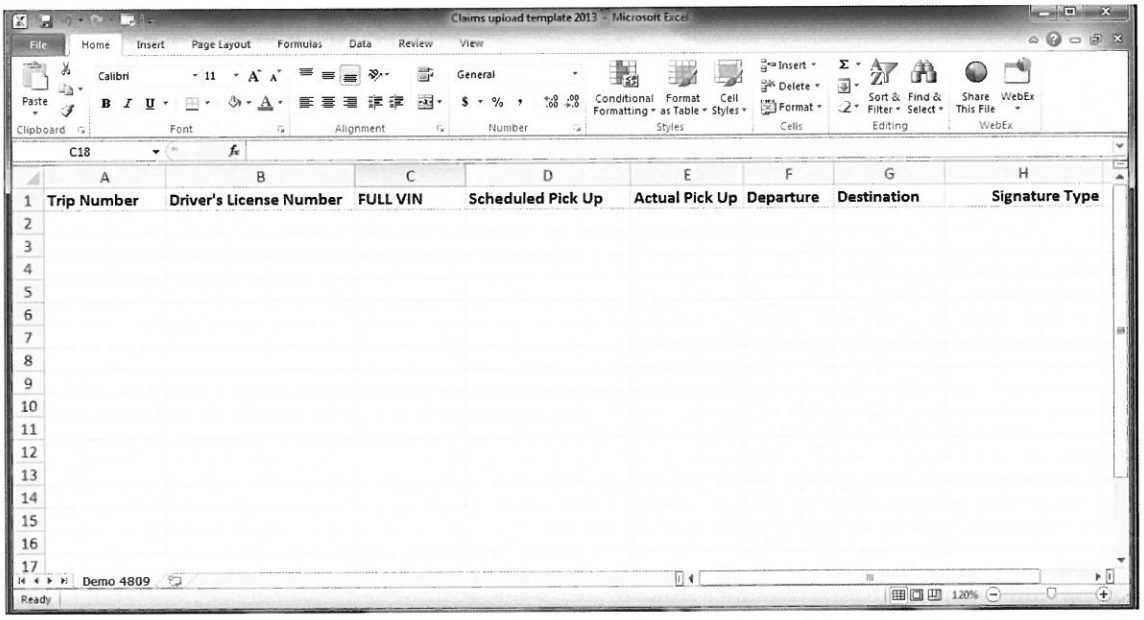
You may need to edit or delete a claim from a packet if you find an error or do not agree with the trip cost that is displayed. All deleted claims may be added to another packet. It may only be edited or deleted before it is submitted to MTM. The image below shows the "Edit" and "Delete" options next to each claim.



	Trip Number	Driver	Vehicle	Scheduled Pickup	Actual Pickup	Departure	Destination	Signature Type	Trip Cost	Action
1	ABCD123A	JOHN DOE	VAN	10:00AM	10:05AM	10:10AM	10:30AM	Member	10.00	Edit Delete
2	ABCD123B	JOHN DOE	VAN	11:30AM	11:35AM	11:40AM	12:00PM	Member	10.00	Edit Delete

Importing Multiple Claims Using MTM's Claims Upload Template

If you choose to claim trips in batch form instead of entering them one at a time, an Excel spreadsheet must be created and saved in a folder before it can be uploaded. An example is shown below.

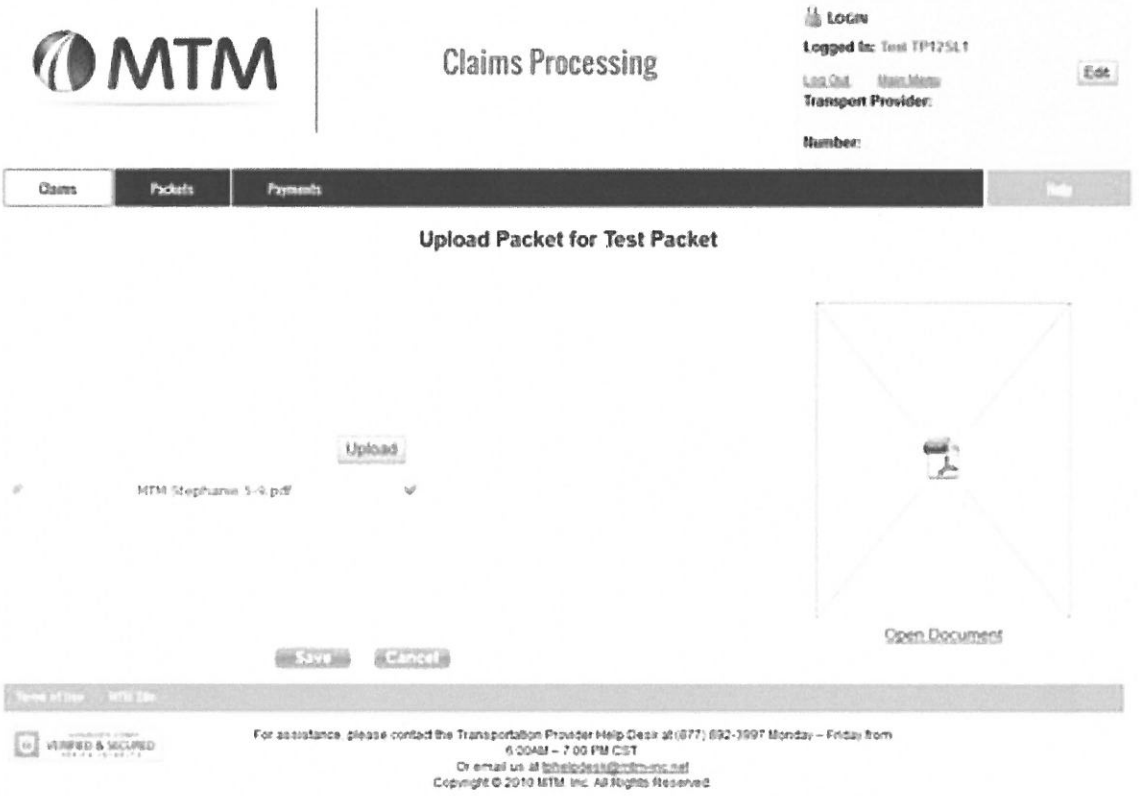


Signature type can be one of the following choices:

- M = Member Signature
- F = Facility Signature
- R = Representative of the Member Signature
- N = No Signature

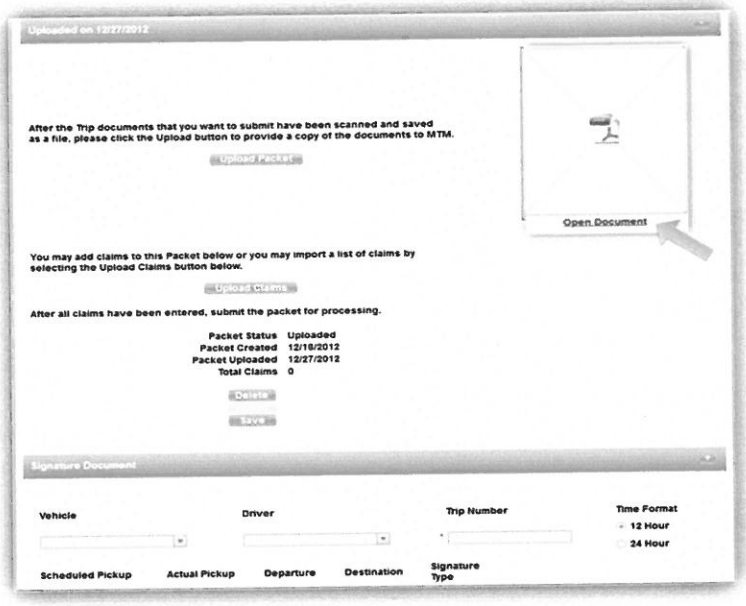
Once the spreadsheet has been created, filled out, and save to your computer, it will need to be uploaded through the following steps:

1. Navigate to the claims packet list by selecting the "Packets" tab. Choose the packet you would like to work with from the list, or create a new packet.



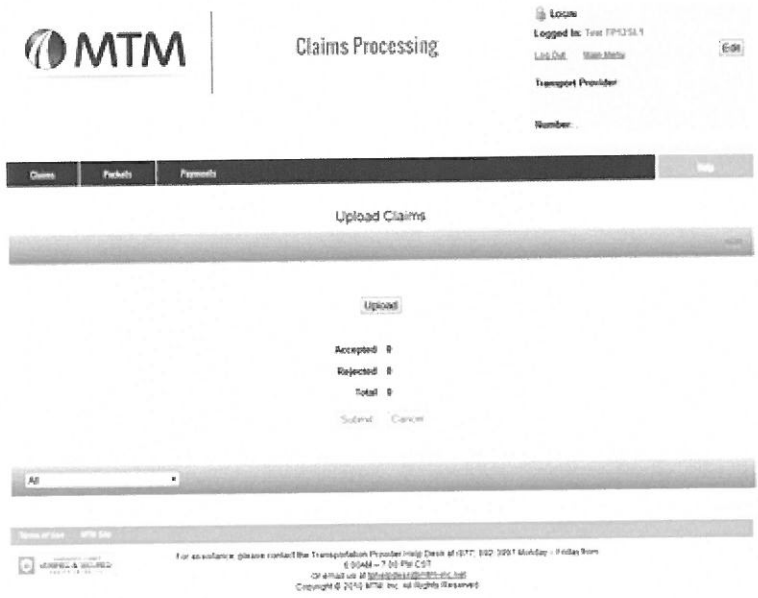
2. After the image of the signatures has been uploaded, select the "Upload Claims" button which will navigate you to the Upload Claims page. Note that this button will be grayed out

and nonfunctional until a packet image has been uploaded. You must upload the image first.



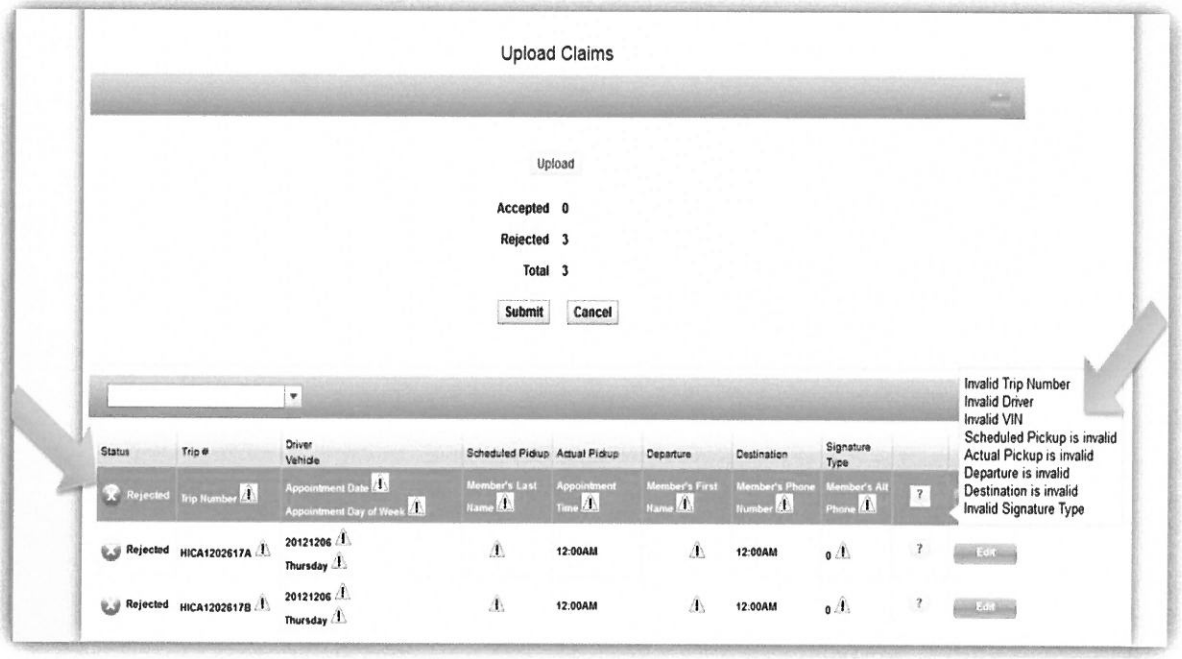
3. Find the file by searching for it through the pop-up menu and press "Open".

The claims from the spreadsheet will be displayed in the list at the bottom of the page. Each claim from the spreadsheet will either be accepted or rejected. The total number of claims labeled as accepted and rejected will display under the Upload button at the top of the page, as shown below. Although the file has been uploaded, it is not a part of the packet until it is submitted.



Reviewing Rejected Rows

Rejected rows will display with a red "X", as shown below. You may edit rejected rows by selecting the "Edit" button along the right side of the list. Selecting the "Edit" button will display a window allowing you to make corrections to the invalid fields. Selecting the "Submit" button will take you back to the "Packet" page and your claims will be populated within the list at the bottom of the page. After adding all the claims to the packet, you should submit the packet to be reviewed by MTM.



Trip Cost

The cost of the trip will be displayed on the list. If the cost is different than you expect it to be, contact the Transportation Provider Helpdesk at 1-877-892-3997. Incorrect claims may be deleted and claimed on a later packet; therefore, the incorrect price of one claim does not slow down payment of all other claims that are priced correctly. Remove the claim from the list and resubmit it after the price discrepancy has been resolved. There is no need to remove the signature image if you remove a claim from the list. To remove the claim from the list, you must delete it from the packet. Claims deleted from the packet may be claimed on another packet, but you must include the signature image on the new packet. Price negotiations will not be allowed after the trip has been claimed.

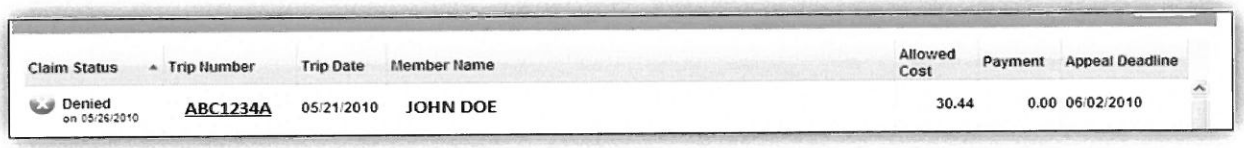
NOTE: It is important to add claims to the list in the same order they are displayed in your image. Doing so will reduce the chances of a claim being denied because MTM marked it as missing a signature when a signature was actually provided.

Deleting a Packet

Packets may only be deleted before they are submitted to MTM. You may decide to delete an entire packet because a mistake was made over multiple claims. All claims on a deleted packet may be added to another packet, as long as the packet has not been submitted.

Appeals

You have an opportunity to appeal any claim that was denied by adjudication. All appeals must be made on or before the appeal deadline of the claim, which can be found in the rightmost column of the "Claims" list. The appeal deadline is set automatically by the system following adjudication for all claims that are denied. If a denied claim is not appealed by the appeal deadline, the status will change to Denied –T/O, indicating that the appeal has timed out and will no longer be available for appeal. Once a claim has been denied, you will have 30 days to claim the trip.



Claim Status	Trip Number	Trip Date	Member Name	Allowed Cost	Payment	Appeal Deadline
Denied on 05/26/2010	ABC1234A	05/21/2010	JOHN DOE	30.44	0.00	06/02/2010

Appealing a Denied Claim

To appeal a denied claim, navigate to the claims tab, and click on the claim (trip number) that was denied. This will navigate you to the "Trip Detail" page. You will find the adjudication section near the top of the page. This section displays the status of the claim and any reasons for denial, as demonstrated below.

In order to appeal your denied claims select the "Dispute" button. This will display a window requiring you to submit certain information that will assist MTM in determining your appeal. After disputing each denial reason, you may select the "Appeal" button to submit your appeal to MTM. The status of your claim will be updated to Appealed. The status of your claim will be updated to Approved or Denied depending on the outcome of the appeal.

Escalating an Appeal

You will have the opportunity to escalate a denied appeal to a supervisor at MTM who will provide additional review. To escalate your denied appeal to a supervisor, select the "Escalate" button located next to the "Appeal" button on the "Trip Detail" screen. Once selected, the system will display a popup window requiring you to select one of two choices:

- My claim was denied in error.
- My claim was accurately denied, but I should receive payment.

After making your selections, you will see the message "Please summarize the circumstances that warrant payment for this denied appeal." Pressing the "Confirm" button will send the escalated appeal to MTM. Pressing "Cancel" will close the window without sending the escalated appeal.

Payments

Payment information may be viewed by selecting the "Payments" tab, as shown below. Each check number is displayed as a hyperlink. Clicking on the check number will navigate the user to the "Payment Detail" page, which contains a list of all trips included in the payment.

Compensation Guidelines

In the event that an MTM or client audit discovers that a transportation provider has not provided full and complete documentation and records to support a claim for payment, or that MTM has overpaid the provider, the provider agrees that MTM shall have the right to recoup or offset against current or future payments. This will be done in a sum which equals the amount of the disallowed and unsubstantiated portion of the claim for payment. The provider also agrees that it will look solely to MTM for payment for services rendered. In no event, including but not limited

to, non-payment by MTM or MTM's client, may the provider bill, charge, or otherwise seek compensation from a member to whom the provider rendered services. This provision does not prohibit the provider from collecting a copayment.

Transportation providers agree to bill MTM for the designated level of service, regardless of the level of service actually provided. The provider may not accept the trip assignment at the MTM designated rate and claim additional compensation after performance of the trip for a higher level of service or for any other extras. Additionally providers agree that:

- There will be no charge to MTM for trips cancelled by the transportation provider, member, or in advance by MTM
- Billing shall only include charges set forth in the predetermined rate set by MTM
- Disputed claims must be resolved before payment for any disputed claim can occur
- Unless explicitly agreed upon, payment will only be issued for loaded miles (from member's pre-scheduled start location to pre-scheduled end location) and not for the distance traveled by the provider to arrive at the pick-up location. Loaded mileage will be conclusively determined in accordance with MTM's system.

Payment Schedule –sample below

The following schedule outlines payment processing for Transportation Provider trip claims. MTM performs payments on a weekly basis for trips claimed and approved before the claim processing date. If your claim is in an approved status before the claim processing date, MTM will deliver payment for that claim on the payment release date. (A current updated payment schedule can be requested at any time by calling the Transportation Provider Help Desk (1-877-892-3997).)

Payment Schedule 2013

TRIP DATE	CUT-OFF DATE	PAY DATE
11/24/2012	01/02/2013	01/04/2013
12/08/2012	01/15/2013	01/17/2013
12/22/2012	01/29/2013	01/31/2013
01/05/2013	02/12/2013	02/14/2013
01/19/2013	02/26/2013	02/28/2013
02/02/2013	03/12/2013	03/14/2013
02/16/2013	03/26/2013	03/28/2013
03/02/2013	04/09/2013	04/11/2013
03/16/2013	04/23/2013	04/25/2013
03/30/2013	05/07/2013	05/09/2013
04/13/2013	05/21/2013	05/23/2013
04/27/2013	06/04/2013	06/06/2013
05/11/2013	06/18/2013	06/20/2013
05/25/2013	07/03/2013	07/05/2013
06/08/2013	07/16/2013	07/18/2013
06/22/2013	07/30/2013	08/01/2013
07/06/2013	08/13/2013	08/15/2013
07/20/2013	08/27/2013	08/29/2013
08/03/2013	09/10/2013	09/12/2013
08/17/2013	09/24/2013	09/26/2013
08/31/2013	10/08/2013	10/10/2013
09/14/2013	10/22/2013	10/24/2013
09/28/2013	11/05/2013	11/07/2013
10/12/2013	11/19/2013	11/21/2013
10/26/2013	12/03/2013	12/05/2013
11/09/2013	12/17/2013	12/19/2013
11/23/2013	12/31/2013	01/02/2014
12/07/2013	01/14/2014	01/16/2014
12/21/2013	01/28/2014	01/30/2014
01/04/2014	02/11/2014	02/13/2014
01/18/2014	02/25/2014	02/27/2014
02/01/2014	03/11/2014	03/13/2014
02/15/2014	03/25/2014	03/27/2014
03/01/2014	04/08/2014	04/10/2014
03/15/2014	04/22/2014	04/24/2014

Read the payment schedule as follows:

Trip Date: Trips taken up to this date will be paid as long as they are in an "Approved" status on the MTM claims website by the CUT-OFF DATE on the payment schedule.

Cut Off Date: Date by which trips must be in an "Approved" status on the MTM claims website.

Pay Date: Trips taken up to the TRIP DATE and approved by the CUT-OFF DATE will have the check cut on the PAY DATE.

Website: the online Transportation Provider Website. https://onlineaccess.mtm-inc.net/index/login

MTM Trip Log: form given by MTM to transportation providers, in order to obtain the required signature documentation to bill MTM for the transportation provided to a Member.

Template: lay out used to download trip information from the Electronic Trip Download.

Payment Schedule: schedule through which all transportation providers in the state of Wisconsin are paid for their services.

Credentialing: process through which transportation providers become compliant when submitting the required documentation electronically.

Transportation Provider Help Desk: MTM department that answers all of the transportation providers questions and concerns over the phone when calling 1-877-892-3997 or via email at tphelpdesk@mtm-inc.net .

MTM

Letter of Intent & Questionnaire

MTM, Inc. would like to showcase your transportation company in our response to the West Virginia Department of Health and Human Resources request for proposals (RFP) for non-emergency medical transportation (NEMT).

Please print clearly or type. This is not a contract all info pending contract being awarded PJustice

Transportation Provider: ✓

The Transportation Provider listed above would like to offer this letter as a show of good faith to proceed in a timely manner, negotiating with MTM, Inc. (MTM), a mutually acceptable subcontract for participation in their non-emergency medical transportation program, following its' successful award of a brokerage contract in the Transportation Provider's service area.

Important: This is not a contract and does not limit you from similar agreements with other NEMT broker candidates.

Business Name: Kanawha Valley Senior Services, Inc.	**Phone:** 304-348-0707
Contact Name & Title: Paulette Justice, Executive Director	**Fax:** 304.
Contact Email Address: pjustice@kvss	
Street Address: 2428 Kanawha Blvd.	
City: Charleston	**State:** WV **Zip:** 25311
Base County: Kanawha Co.	
Additional Counties of Service:	
Hours of Operation: M-F 8:00A - 4:30p Sat. Sun - personal care/Waiver	
# of Ambulatory Vehicles: 12 13 **# of Wheelchair Vehicles:** 4 **# of Stretcher Vehicles:** **# of Ambulance Vehicles:**	
~~**# of Bariatric Vehicles:**~~ Buses/Mini Vans 9 **Bariatric Vehicle Weight Maximum:**	
Business License Number: 1038-2632 **Tax ID Number:** 55-0621556 **Medicaid ID Number/NPI:** 1982825972	
Are you certified as a: ☐ MBE ☐ WBE ☐ DBE ☐ Disabled Veteran Business N/A Non profit - Corporation	
Signature: Paulette Justice **Date:** 11-19-13	

Please submit documents by: November 20, 2013

Attn: Ryan Taylor | Fax: (800) 459-6224 | rrtaylor@mtm-inc.net | 16 Hawk Ridge Dr. Lake St. Louis, MO 63367

Letter of Intent sent to all bidders. PJustice

Letter of Intent & Questionnaire

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Please print clearly or type.

Transportation Provider: _____

The Transportation Provider listed above would like to offer this letter as a show of good faith to proceed in a timely manner, negotiating with MTM, Inc. (MTM), a mutually acceptable subcontract for participation in their non-emergency medical transportation program, following its' successful award of a brokerage contract in the Transportation Provider's service area.

Important: This is not a contract and does not limit you from similar agreements with other NEMT broker candidates.

Business Name: Tri River Transit Authority, Inc.	**Phone:** 304-824-2944
Contact Name & Title: Paula Smith Executive Director	**Fax:** 304-824-3889
Contact Email Address: trtpaula@zoominternet.net	
Street Address: P.O. Box 436	
City: Hamlin	**State:** WV **Zip:** 25523
Base County: Lincoln	
Additional Counties of Service: Boone & Logan	
Hours of Operation: 6am to 5pm	
# of Ambulatory Vehicles: 3	**# of Wheelchair Vehicles:** 14 - only use 3/4 for non-emergency **# of Stretcher Vehicles:** Ø **# of Ambulance Vehicles:** Ø
# of Bariatric Vehicles: Ø	**Bariatric Vehicle Weight Maximum:**
Business License Number: 1046-0215	**Tax ID Number:** 55-0768466 **Medicaid ID Number/NPI:** 1295179711
Are you certified as a: ☐ MBE ☐ WBE ☐ DBE ☐ Disabled Veteran Business	
Signature: Paula S. Smith	**Date:** 11-22-2013

Please submit documents by: November 20, 2013

Attn: Ryan Taylor | Fax: (800) 459-6224 | rrtaylor@mtm-inc.net | 16 Hawk Ridge Dr. Lake St. Louis, MO 63367

Letter of Intent & Questionnaire

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Please print clearly or type.

Transportation Provider: _____

The Transportation Provider listed above would like to offer this letter as a show of good faith to proceed in a timely manner, negotiating with MTM, Inc. (MTM), a mutually acceptable subcontract for participation in their non-emergency medical transportation program, following its' successful award of a brokerage contract in the Transportation Provider's service area.

Important: This is not a contract and does not limit you from similar agreements with other NEMT broker candidates.

Business Name: MOUNTAIN TRANSIT AUTHORITY		**Phone:** 304-872-5872
Contact Name & Title: WILLIAM T MAURY, GEN MGR		**Fax:** 304-872-5877
Contact Email Address: WTmaury MTA@yahoo.com		
Street Address: 1096 BROAD ST		
City: SUMMERSVILLE	**State:** WV	**Zip:** 26651
Base County: NICHOLAS		
Additional Counties of Service: WEBSTER GREENBRIER FAYETTE		
Hours of Operation: OFFICE: 8:00 AM – 4:00 PM		

# of Ambulatory Vehicles:	# of Wheelchair Vehicles:	# of Stretcher Vehicles:	# of Ambulance Vehicles:
2	13	0	0

# of Bariatric Vehicles:	Bariatric Vehicle Weight Maximum:
0	0

Business License Number:	Tax ID Number:	Medicaid ID Number/NPI:

Are you certified as a: ☐ MBE ☐ WBE ☐ DBE ☐ Disabled Veteran Business N/A

Signature:	Date:
William T Maury	11/22/13

Please submit documents by: November 20, 2013

Attn: Ryan Taylor | Fax: (800) 459-6224 | rrtaylor@mtm-inc.net | 16 Hawk Ridge Dr. Lake St. Louis, MO 63367

Letter of Intent & Questionnaire

MTM, Inc. would like to showcase your transportation company in our response to the West Virginia Department of Health and Human Resources request for proposals (RFP) for non-emergency medical transportation (NEMT).

Please print clearly or type.

Transportation Provider: _____
The Transportation Provider listed above would like to offer this letter as a show of good faith to proceed in a timely manner, negotiating with MTM, Inc. (MTM), a mutually acceptable subcontract for participation in their non-emergency medical transportation program, following its' successful award of a brokerage contract in the Transportation Provider's service area.

Important: This is not a contract and does not limit you from similar agreements with other NEMT broker candidates.

Business Name: Potomac Valley Transit Authority	**Phone:** (304) 257-1414
Contact Name & Title: J. Douglas Carter, General Manager	**Fax:** (304) 257-2804
Contact Email Address: jcarter@potomacvalleytransit.org	
Street Address: 185 Providence Lane	
City: Petersburg	**State:** WV / **Zip:** 26847
Base County: Grant	
Additional Counties of Service: Hampshire, Hardy, Mineral, and Pendleton Counties	
Hours of Operation: 5:00 a.m. to 5:30 p.m.	

# of Ambulatory Vehicles:	# of Wheelchair Vehicles:	# of Stretcher Vehicles:	# of Ambulance Vehicles:
See Attached			

# of Bariatric Vehicles:	Bariatric Vehicle Weight Maximum:

Business License Number:	Tax ID Number:	Medicaid ID Number/NPI:
	55 056 8469	1184715633

Are you certified as a: ☐ MBE ☐ WBE ☐ DBE ☐ Disabled Veteran Business

Signature:	Date:
	November 22, 2013

Please submit documents by: November 20, 2013

Attn: Ryan Taylor | Fax: (800) 459-6224 | rrtaylor@mtm-inc.net | 16 Hawk Ridge Dr. Lake St. Louis, MO 63367

Document Revised 10/13

MTM

Letter of Intent & Questionnaire

MTM, Inc. would like to showcase your transportation company in our response to the West Virginia Department of Health and Human Resources request for proposals (RFP) for non-emergency medical transportation (NEMT).

Please print clearly or type.

Transportation Provider: _____

The Transportation Provider listed above would like to offer this letter as a show of good faith to proceed in a timely manner, negotiating with MTM, Inc. (MTM), a mutually acceptable subcontract for participation in their non-emergency medical transportation program, following its' successful award of a brokerage contract in the Transportation Provider's service area.

Important: This is not a contract and does not limit you from similar agreements with other NEMT broker candidates.

Business Name: Wood County Senior Citizens Assoc	**Phone:** 304 485 6748
Contact Name & Title: Michael Dennis Executive Director	**Fax:** 304 485 8755
Contact Email Address: mdennis@suddenlinkmail.com	
Street Address: 514 Market St	
City: Parkersburg	**State:** WV **Zip:** 26101
Base County: Wood	
Additional Counties of Service:	
Hours of Operation: 8am - 4pm	

# of Ambulatory Vehicles:	# of Wheelchair Vehicles:	# of Stretcher Vehicles:	# of Ambulance Vehicles:
1	4	0	0

# of Bariatric Vehicles:	Bariatric Vehicle Weight Maximum:
0	0

Business License Number:	Tax ID Number:	Medicaid ID Number/NPI:
	55-0577681	

Are you certified as a: ☐ MBE ☐ WBE ☐ DBE ☐ Disabled Veteran Business

Signature:	Date:
	11/12/13

Please submit documents by: November 20, 2013

Attn: Ryan Taylor | Fax: (800) 459-6224 | rrtaylor@mtm-inc.net | 16 Hawk Ridge Dr. Lake St. Louis, MO 63367

MTM

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Important: This is not a contract and does not limit you from similar agreements with other NEMT broker candidates.

Business Name: Blessed Transportation LLC	**Phone:** 304 387 4175
Contact Name & Title: Harold & Terry Davis Owner / Operator	**Fax:** 304 387 4243
Contact Email Address: blessedtransportationllc@yahoo.com	
Street Address: 2006 Allison Rd	

City: Chester	**State:** WV	**Zip:** 26034

Base County: Hancock

Additional Counties of Service: Brooke Ohio

Hours of Operation: 0800 - 1600 Monday - Saturday

# of Ambulatory Vehicles:	**# of Wheelchair Vehicles:** 1	**# of Stretcher Vehicles:**	**# of Ambulance Vehicles:**
# of Bariatric Vehicles:		**Bariatric Vehicle Weight Maximum:**	

Business License Number: 2288-4440	**Tax ID Number:** 46-3118570	**Medicaid ID Number/NPI:** 1801422148

Are you certified as a: ☐ MBE ☐ WBE ☐ DBE ☐ Disabled Veteran Business New Business

Signature: Harold J Davis	**Date:** 11-12-13

Please submit documents by:

Attn: Ryan Taylor | Fax: (800) 459-6224 | rrtaylor@mtm-inc.net | 16 Hawk Ridge Dr. Lake St. Louis, MO 63367

WEST VIRGINIA DEVELOPMENT OFFICE
1900 Kanawha Boulevard East
Charleston, WV 25305-0311
Toll free: (800) 982-3386
Office: (304) 558-2234 • WVDO.org

AVAILABLE SPACE
NORTHGATE TRUST

LOCATION
Address: 200 Tracy Way
Charleston, WV 25311
Located in City Limits: Yes
Zoning: Commercial
County: Kanawha
Flood Hazard Zone: Location is NOT WITHIN any identified flood area

SIZE
Total Square Feet Available: 20,000
Number of Floors: One
Will Owner Subdivide Space: Yes
Acreage: 1.75

SPECIFICATIONS
Former Use of the Building: Sports Medicine Clinic
If Former Call Center, how many Work Stations: N/A
Broadband Service Available: Yes
Proximity to Point of Presence (POP):
Number of Parking Spaces: 129
Redundant Power Supply: None
Redundant Telephone Service: None
Security System Installed: Yes
Sprinkler System Installed: Yes, dry system
Date of Construction: 1997
Elevators: N/A

Handicap Accessibility
-Restrooms: Yes
-Ramping: Yes
HVAC System: Central
Build-Out Required: Negotiable
Ceiling Height: 12'
Annual Taxes:

UTILITIES
Electricity: Appalachian Power Company
Gas: Mountaineer Gas Company
Water: West Virginia American Water
Sewer: City of Charleston
Telephone: Frontier

FOR SALE/LEASE
Sale Price: $3 million
Lease Rate: $12 psf per year, Net
Availability: January 1, 2013

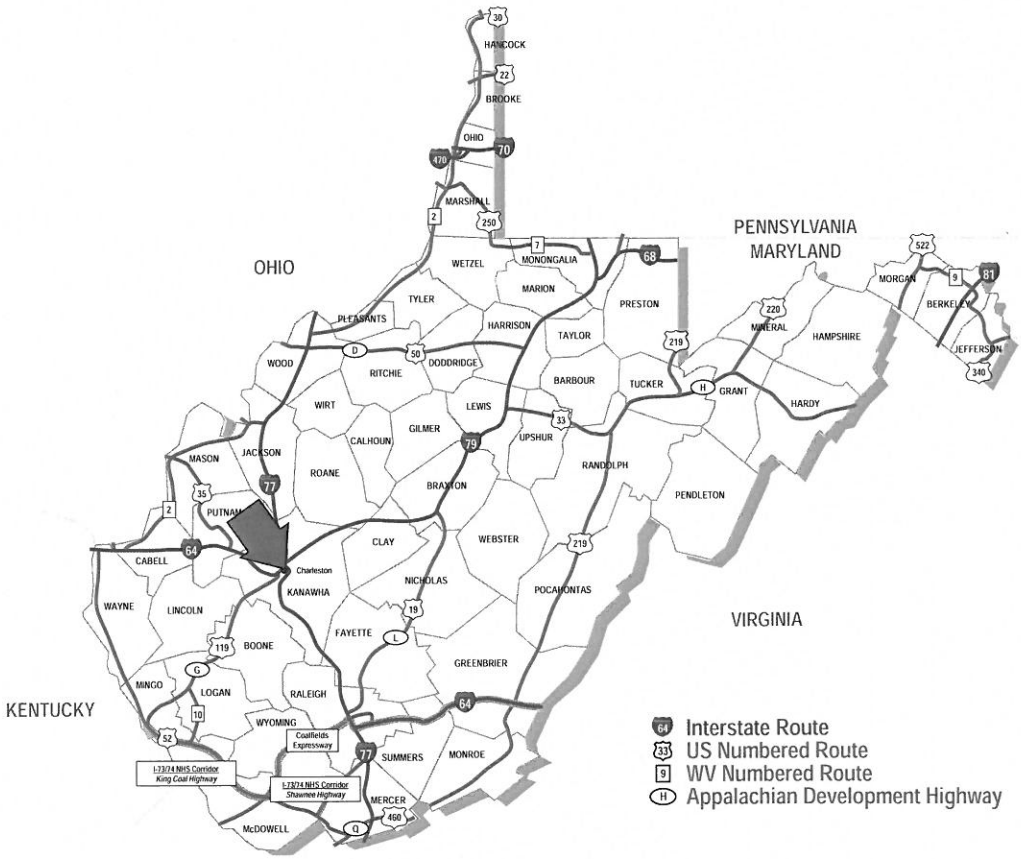
FOR FURTHER INFORMATION CONTACT
Michael P. Thompson
Realcorp, LLC
3818 MacCorkle Avenue, SE
Charleston, WV 25304
Phone: (304) 925-7000
Mobile: (304) 541-7000

Fax: (304) 925-7023
Email: mpt@realcorpinc.com
Website: www.realcorpinc.com

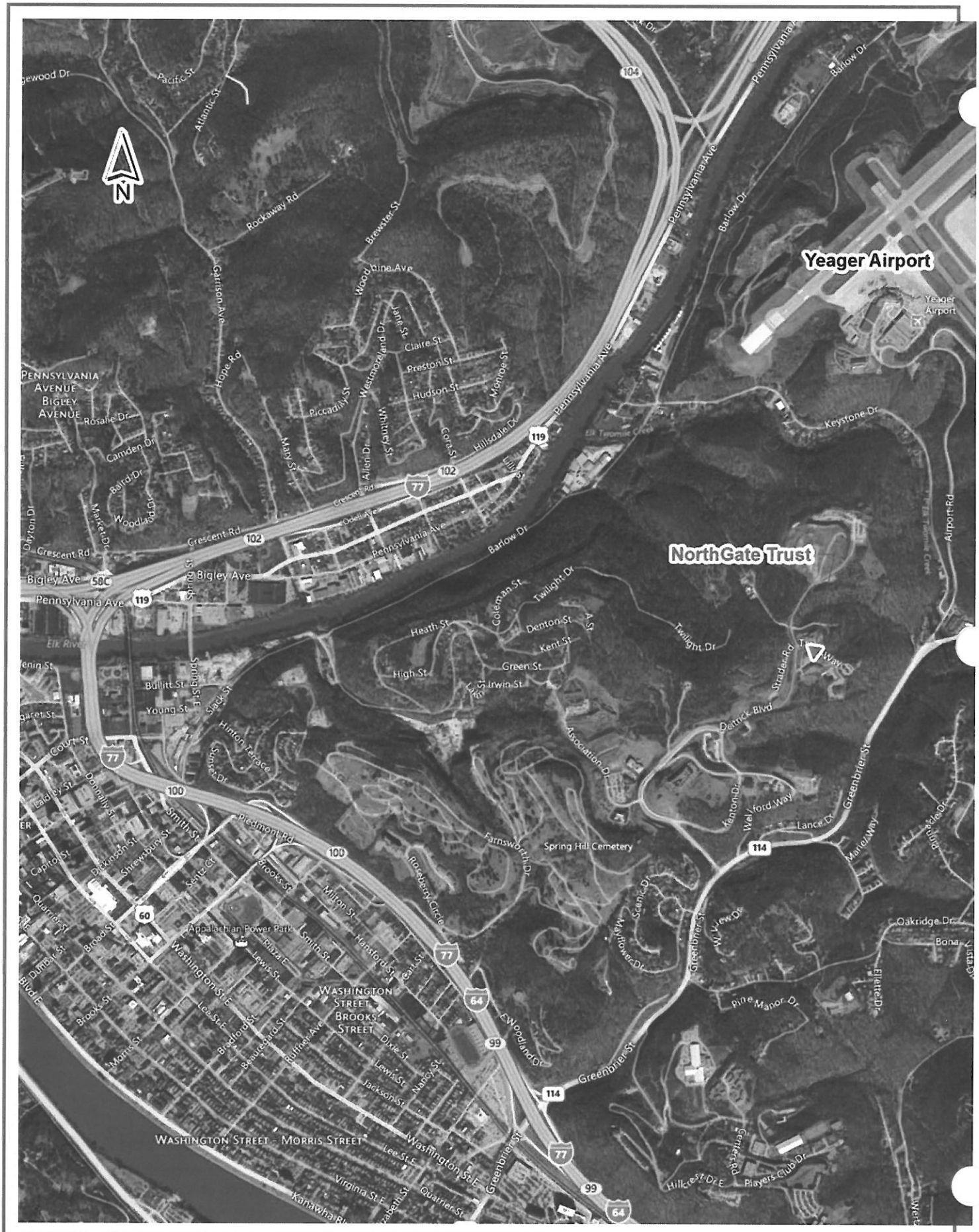
REMARKS

Disclaimer: The information contained herein is from multiple sources and is provided as a convenient guide. It is deemed reliable, but is not guaranteed, and is subject to change without notice. It is your responsibility to independently confirm its accuracy and completeness.

250 & 500 MILE RADIUS FROM CHARLESTON, WEST VIRGINIA

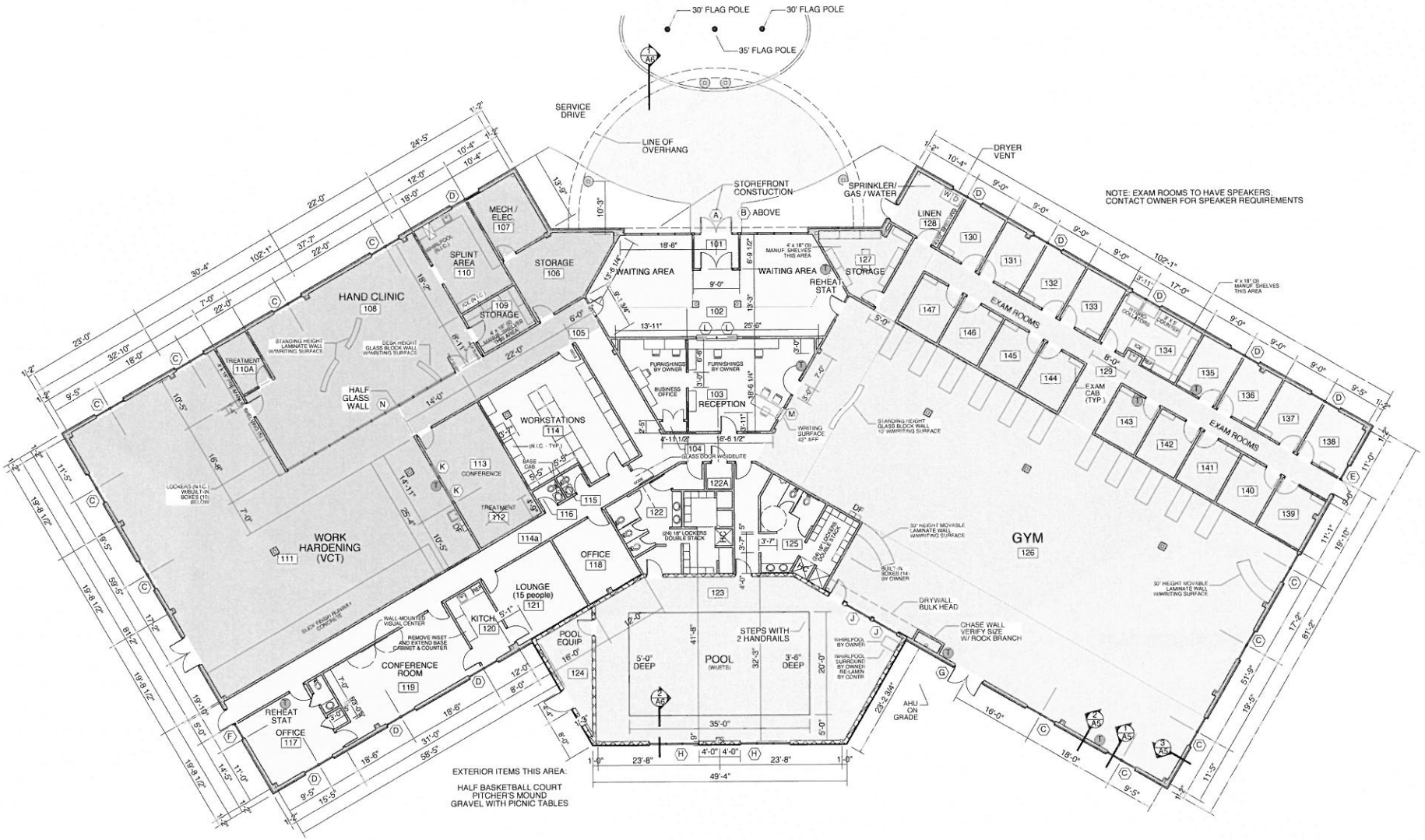


CHARLESTON, WEST VIRGINIA

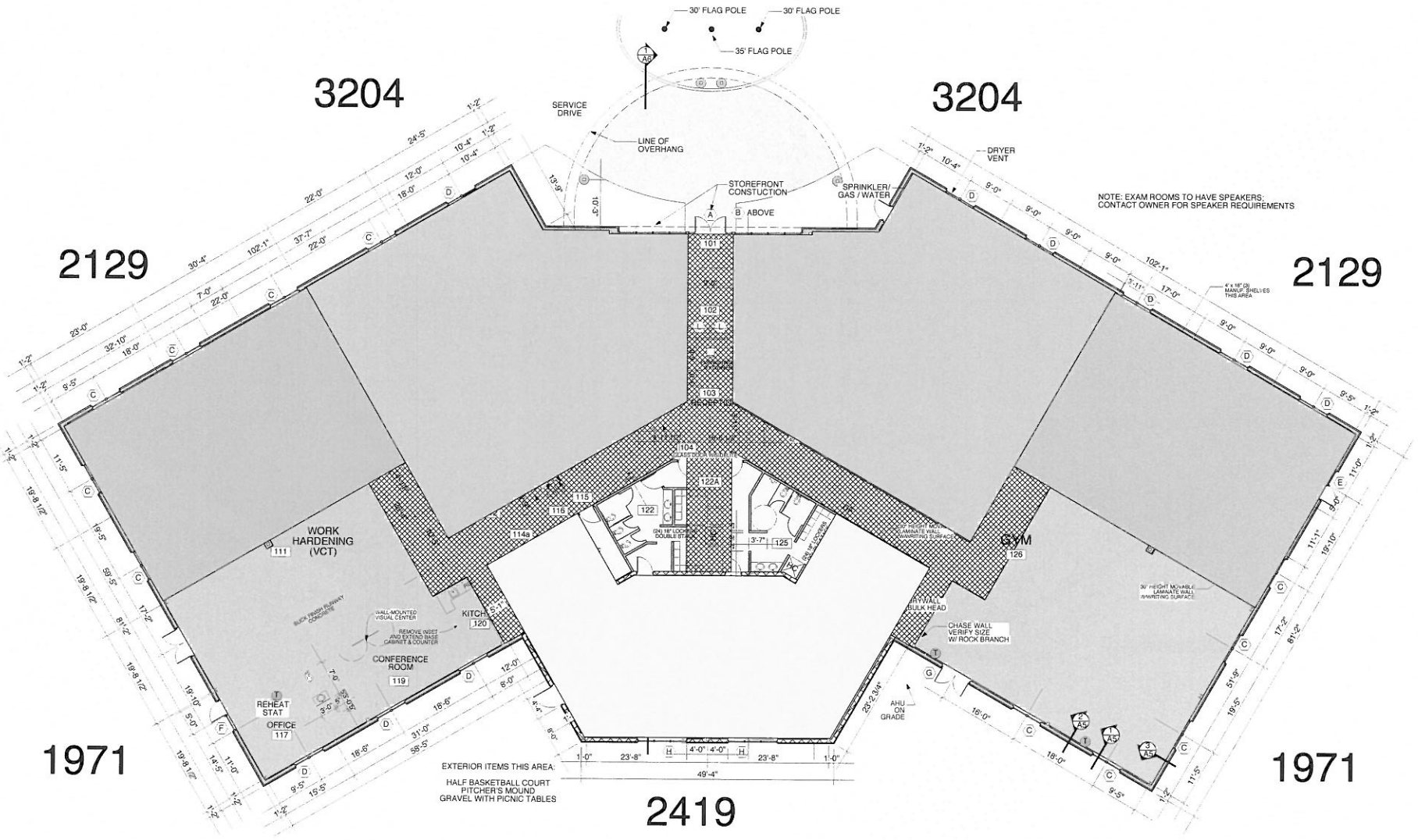


BUILDING LOCATION IN CHARLESTON, WEST VIRGINIA

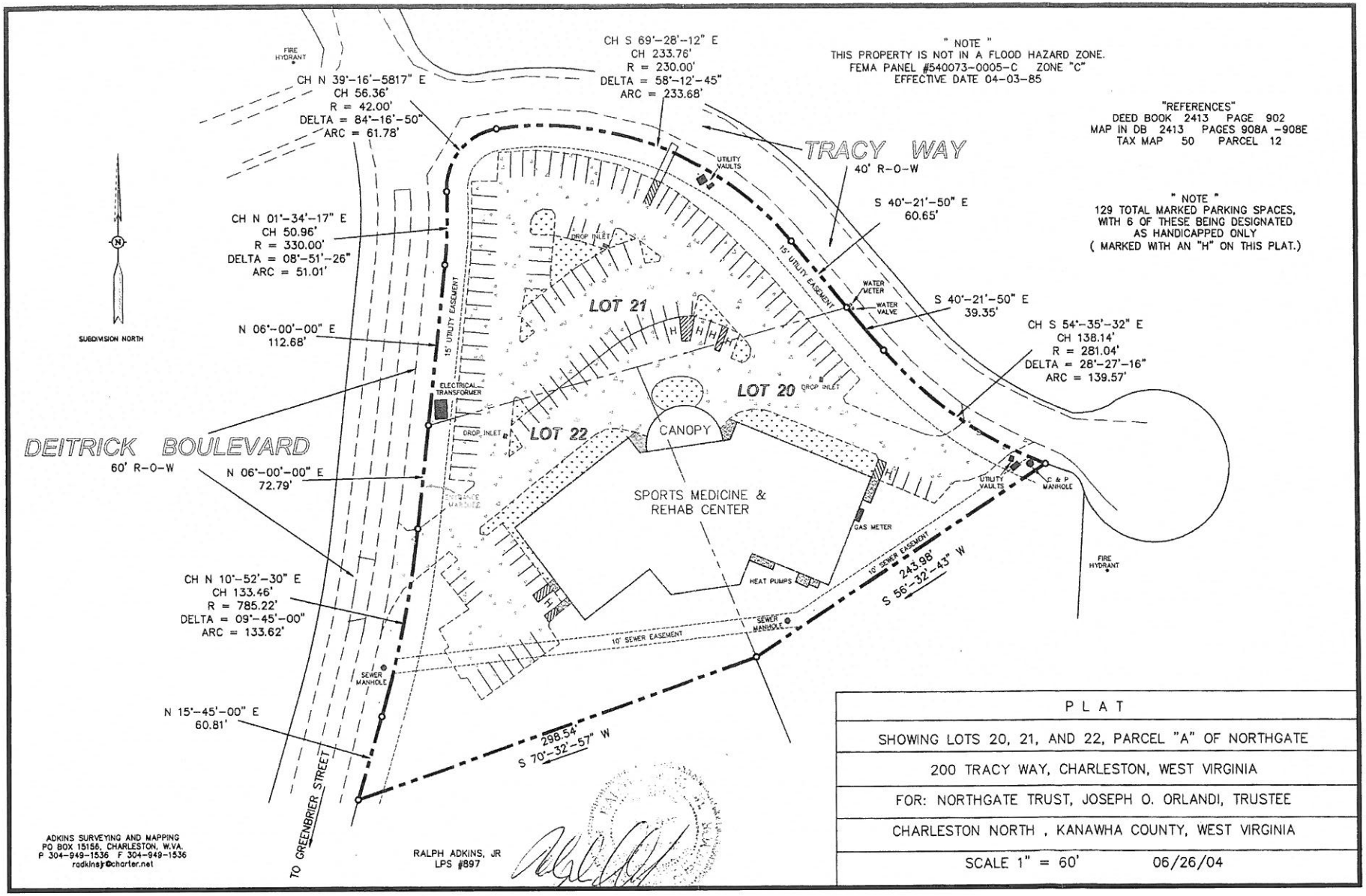
ACTUAL FLOOR PLAN (NOT TO SCALE)



PROPOSED FLOOR PLAN (NOT TO SCALE)

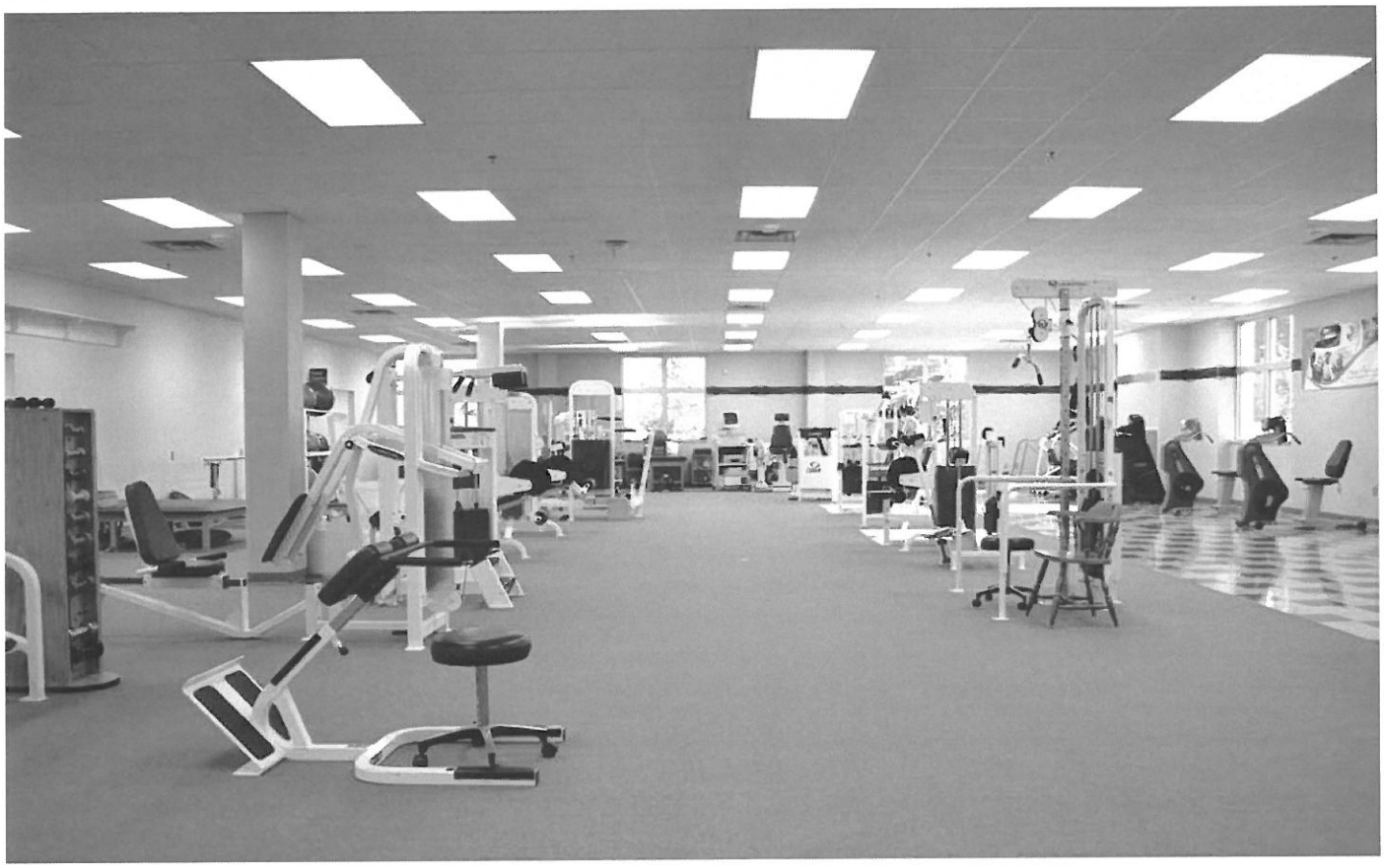


SURVEY PLAT (NOT TO SCALE)



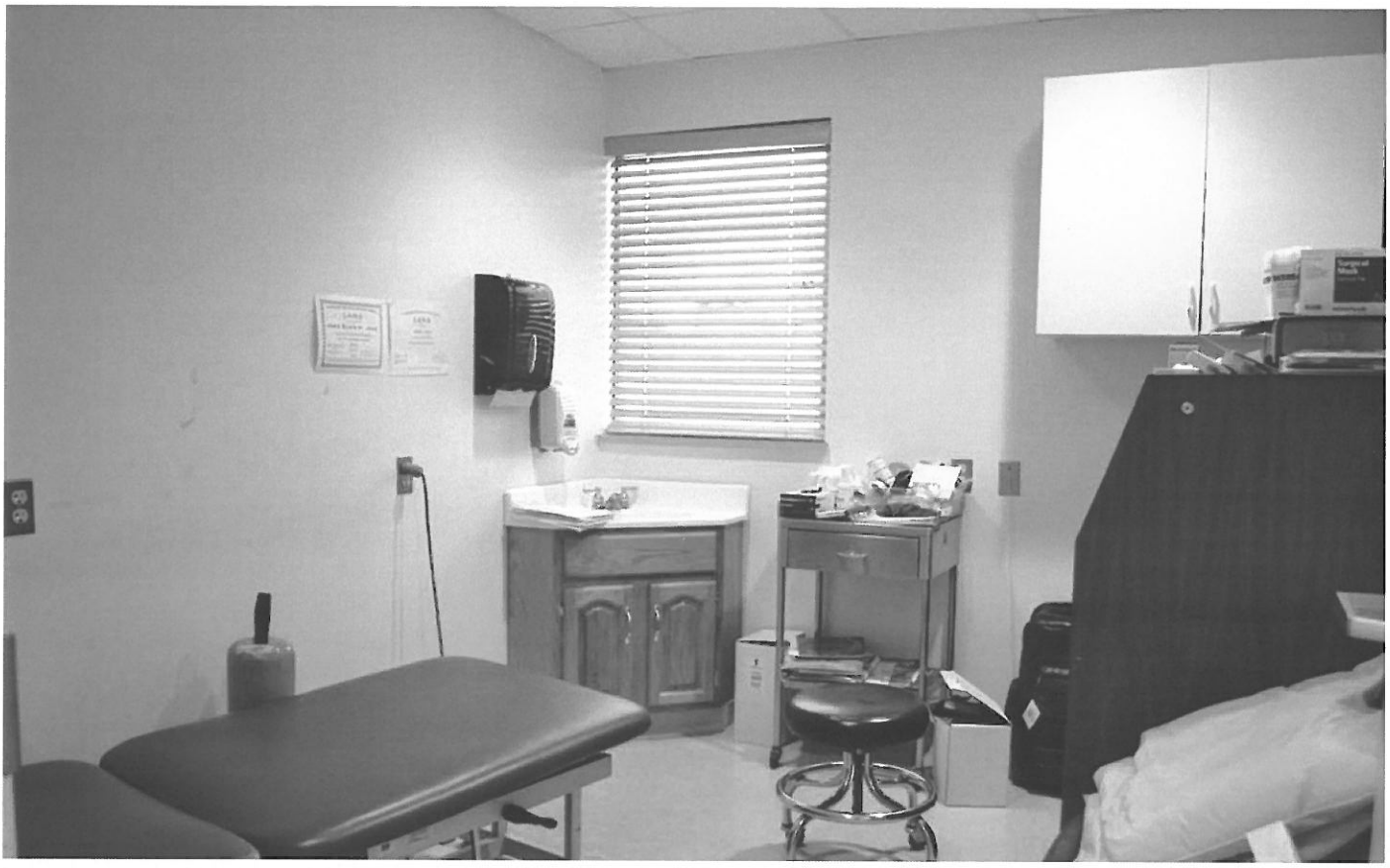
WAITING AREA, ROOM 102

RECEPTION, ROOM 103



GYM, ROOM 126

EXAM ROOMS



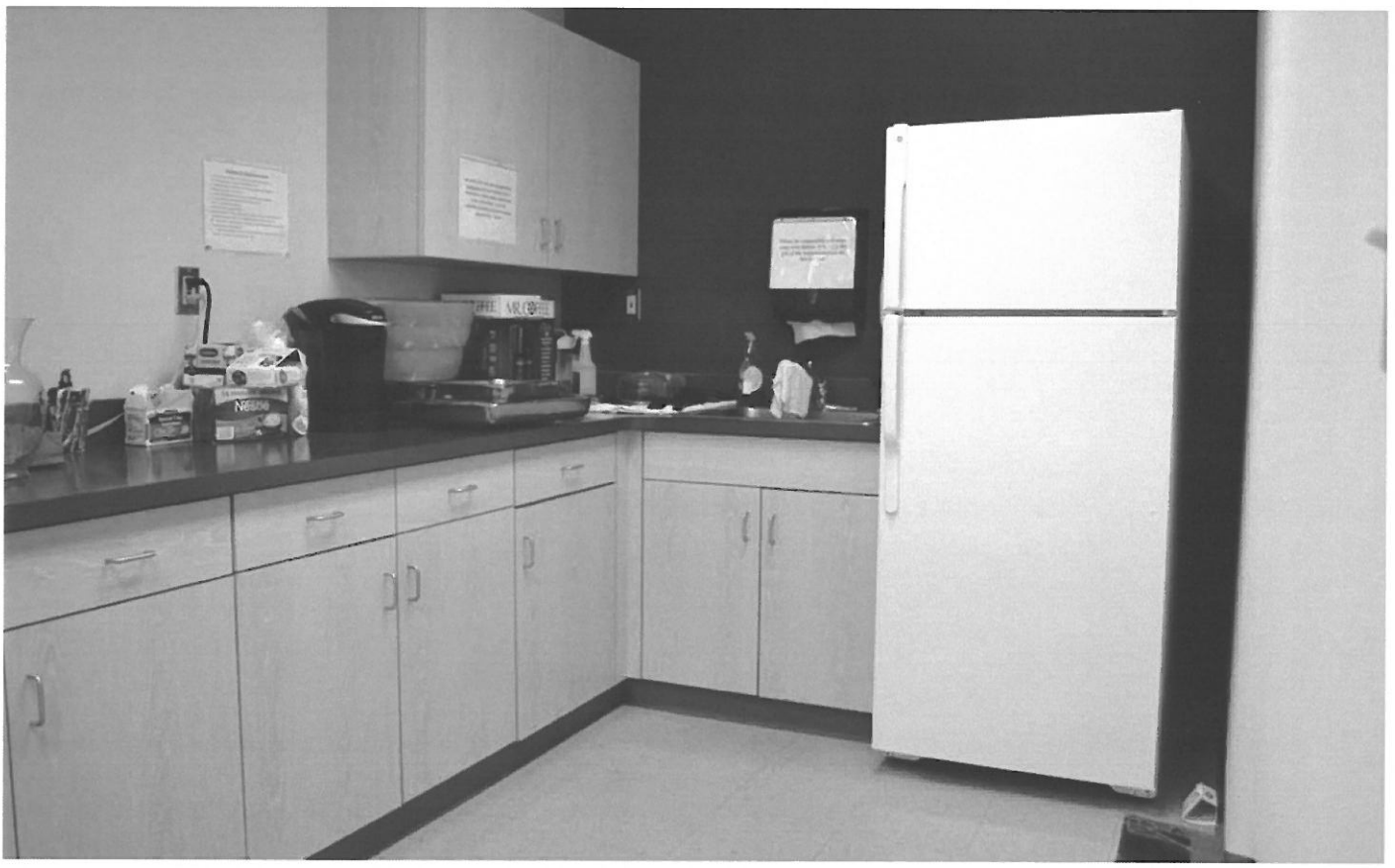
EXAM ROOM 130

MENS LOCKER ROOM 125

CORRIDOR, SPACE 114a

OFFICE, ROOM 118

LOUNGE, ROOM 121

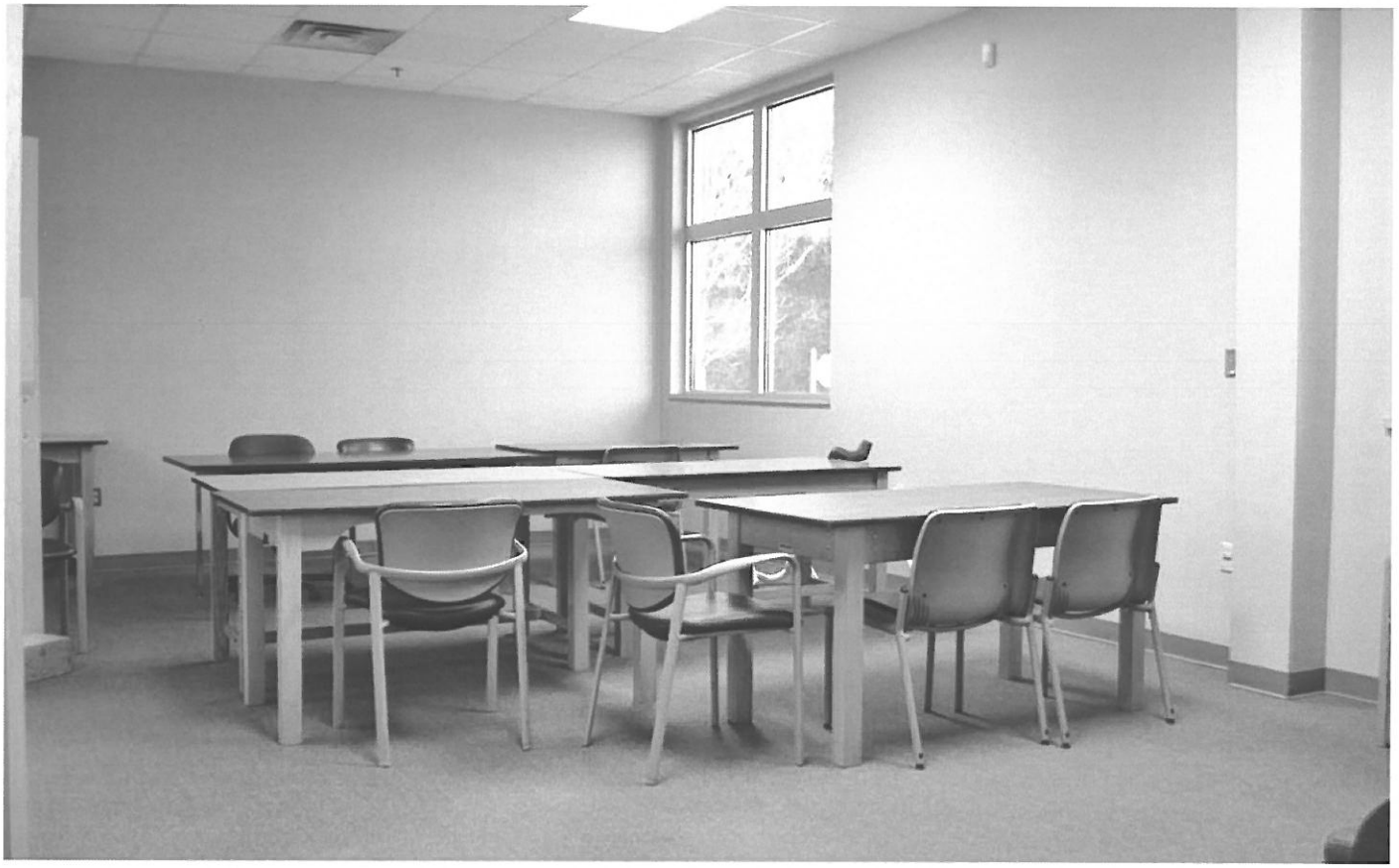


KITCHEN, ROOM 120

ROOM 119

ROOM 114

WORK HARDENING, ROOM 111



HAND CLINIC, ROOM 108

NORTHGATE

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200 Association Drive
Charleston, WV 25311

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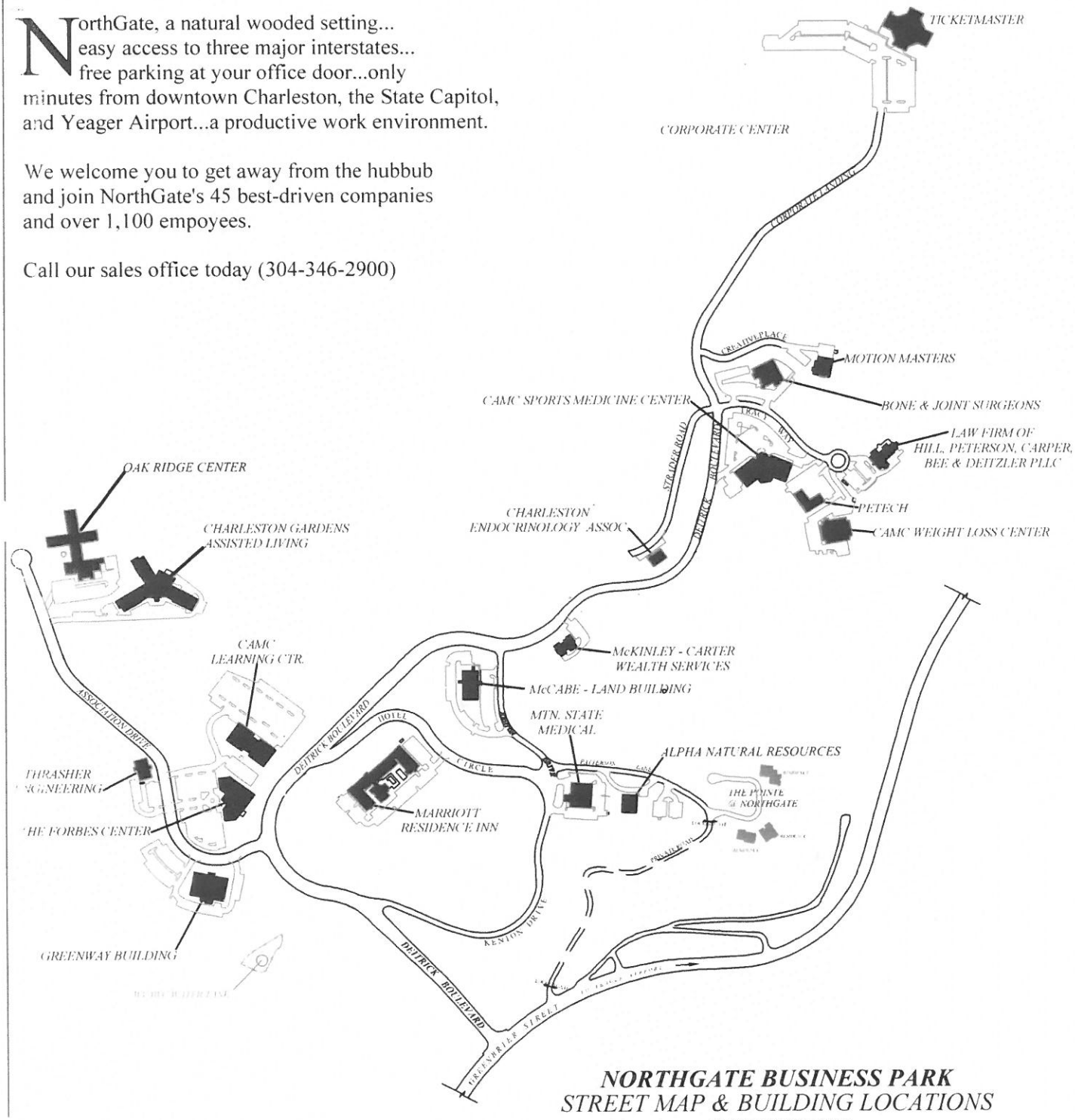
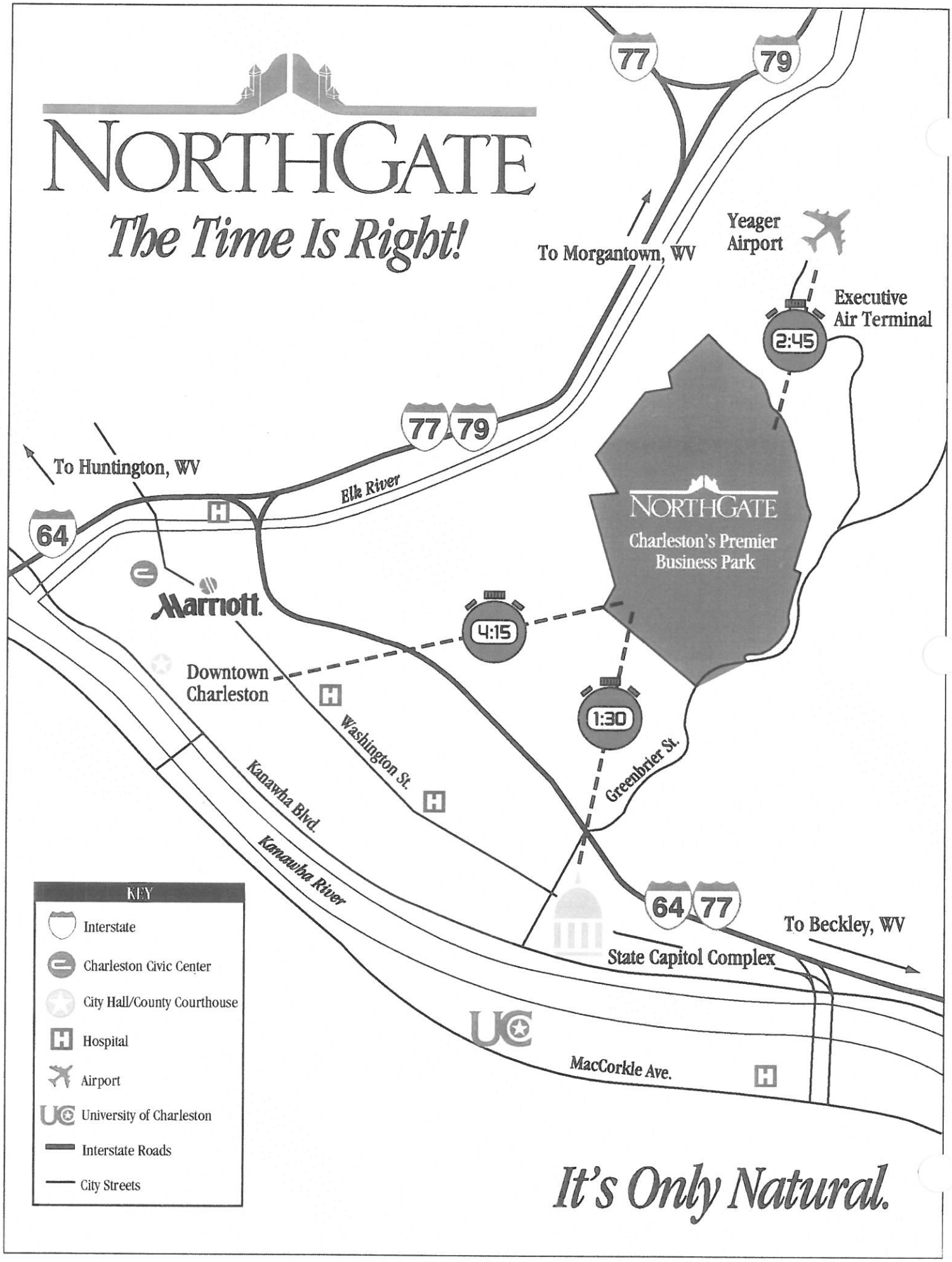


NORTHGATE BUSINESS PARK
STREET MAP & BUILDING LOCATIONS
AS OF MARCH 2011
SCALE: 1" = 600'


NORTHGATE
The Time Is Right!
77
79
To Morgantown, WV
Yeager Airport
Executive Air Terminal
2:45
77
79
To Huntington, WV
Elk River
64
NORTHGATE
Charleston's Premier Business Park
Marriott
4:15
Downtown Charleston
1:30
Washington St.
Greenbrier St.
Kanawha Blvd.
Kanawha River
64
77
To Beckley, WV
State Capitol Complex
MacCorkle Ave.
KEY
Interstate
Charleston Civic Center
City Hall/County Courthouse
Hospital
Airport
University of Charleston
Interstate Roads
City Streets
It's Only Natural.

Facility Manual

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Welcome to MTM

Who are We?

We are Medical Transportation Management, Inc. (MTM), one of the foremost leaders in the non-emergency transportation (NET) management industry.

What Do We Do?

MTM arranges NET services for recipients of health plans and state-run programs. We always schedule these services the most appropriate and cost-effective means of transportation available, which may include public transit, sedans, taxis, multi-passenger vans, para-lift or wheelchair lift vehicles, non-emergency stretcher vehicles, and Independent Contractor programs if approved by the client.

When Do We Arrange Rides?

MTM arranges rides after the recipient schedules an approved medical appointment in accordance with the client's specific advance notice policy. The recipient must call MTM to arrange their trip as soon as they are aware of the need for transportation within the required timeframe for non-urgent appointments. The urgent nature of the appointment, along with the number of times the recipient has been educated on the days-notice policy, could determine whether the transportation request will be accepted or denied. If denied service, we will notify the recipient and advise him/her that they will need to find their own transportation or reschedule their appointment to allow for the appropriate advance notice.

Where Do We Arrange Rides?

MTM arranges rides for recipients in 28 states and the District of Columbia within each recipient's program service area and mandated distance limits. Rides are available to approved medical appointments and, if offered by the plan, non-medical appointments.

How is Transportation Arranged?

All appointments are arranged through our call intake and screening process. When a recipient calls MTM, a Customer Service Representative (CSR) will enter trip information and details into our proprietary NET Management System. Each trip request is arranged using the most appropriate means of transportation based on the recipient's medical condition and cognitive abilities. This

could include a variety of modes, including public transit, sedan, wheelchair lift vehicle, or stretcher van, as needed. The trip is then sent electronically or faxed to the selected transportation provider via the NET Management System.

Why Do We Do What We Do?

MTM has a sincere desire to ensure that every recipient gets to their medical appointment in a timely, safe manner, motivating us to provide quality transportation services of the highest caliber. MTM's mission statement perhaps demonstrates our commitment best:

"Helping People Access Healthcare Through Quality Transportation Management"

Services Available for Facility Support

MTM carries out our proven processes through three customer service departments:

1. Care Management
2. Quality Management
3. Customer Service Center

Care Management

At MTM, we dedicate Care Management Coordinators (CMCs) as the single point of contact for facility staff. Each CMC is educated on policies and procedures that are specific to the client to which they are assigned.

Our Care Management department focuses on working with recipients in need of transportation to specialized services such as dialysis, cancer treatment, high-risk obstetrics, behavioral health, and transplants. For such services, our Care Managers coordinate with recipients and facilities to ensure transportation to critical treatments are arranged appropriately. These employees will work with your facility to introduce MTM's Online Trip Management (OTM) process, which will allow the convenience of entering trip requests online rather than calling requests in to MTM. Our Care Management team is also be responsible for authorizing trips to locations outside of a recipient's service area, as well as trips requiring ancillary services. For example, if ancillary services are needed, a Care Manager will work with the referring physician to ensure the correct documentation is received and travel arrangements are made.

Quality Management

To ensure complaints and issues are responded to and resolved appropriately, our Quality Service Coordinators (QSCs) field and document all complaints regarding MTM's staff and our subcontracted transportation providers. The QSC forwards details surrounding the issue to the appropriate transportation provider and/or MTM department for resolution. From here, the provider or department submits a response to the complaint to Quality Management within 72 business hours. The QSC documents the response and provides education to avoid a repeat of the issue.

Our Quality Management department also monitors transportation provider performance to ensure the complaint rate remains under 2% of all trips each month. If this threshold is met or exceeded, we will place the transportation provider on a corrective action plan.

Customer Service Center (CSC)

Recipients and facility staff may contact the CSC to schedule or confirm transportation services Monday through Friday, from 7 a.m. to 6 p.m. Central Standard Time, with the exception of state holidays. Additionally, our corporate CSC is open 24 hours a day, seven days a week to handle urgent same or next-day trips. CSRs within the CSC can also answer questions regarding service coverage and scope as needed within these hours.

What is Care Management?

MTM was founded on the principle of increasing healthcare access by providing quality transportation services to special needs groups. From this knowledge, MTM designed the transportation management industry's first Care Management department. This department gives facility staff a single point of contact when scheduling NET services.

Our Care Management staff provides medical facilities, social workers, and case managers with dedicated service for their recipients' transportation coordination. This type of direct contact ensures special transportation services like dialysis transport and ancillary accommodations are booked in a timely and appropriate manner, improving recipient satisfaction. CMCs are also able to establish solid relationships with social workers and hospital staff.

If a recipient has a recurring appointment at your facility, CMCs can program the NET Management System to automatically generate transportation requests for up to 90 days at a time, with the exception of dialysis appointments, which can be set for six months at a time. This reduces the time facilities spend requesting transportation on a weekly basis. When the recurring request is made, you will be advised of the end date, and your facility, or the recipient, will be responsible for contacting MTM to request an extension if needed. We also ask that you contact MTM when the recipient is discharged from your program, becomes ineligible for NET services, or has a schedule change. Notifying MTM of cancellations or adjustments to recurring appointments helps us keep resources available for all recipients.

To facilitate convenient trip scheduling for facilities, MTM created our OTM process for trips. This system allows approved employees to schedule and view trips online, offering your facility an online application that allows you to forgo the typical phone scheduling process and arrange trips as your schedule allows.

Transportation to the medical service is always verified by MTM. When recipients schedule transportation to your facility for covered services, MTM is contractually bound to verify the recipient actually attended their appointment. If we are unable to verify that the recipient attended, MTM will cancel the trip request. On a weekly basis, our computer system will automatically send a fax to your facility for all recipients that had appointments during the

previous week. We ask that you mark "scheduled," "scheduled but did not attend," or "not scheduled" for each trip and return the fax as soon as possible. For further details, see the attached sample fax at the end of this document.

To ensure service is available for your facility at all times, MTM has established a dedicated email for facilities in need of Care Management assistance. The email address for this contract's CMC's is ***XXXX@mtm-inc.net***. Further, our staff is cross trained to assist other members of the Care Management department. If your designated CMC is out of the office, backup staff will monitor their faxes, voice messages, and emails to ensure that all urgent requests are responded to in a timely manner. You will always receive a response to your requests within one business day.

Education, Training and Outreach (ETO)

In addition to providing dedicated assistance, our Care Management department facilitates ETO activities to facilities and advocacy groups involved with NET programs. We have found that proper education is the key to increased satisfaction and reduced complaints. Therefore, our ETO Coordinator meets with facility staff, case managers, and social workers prior to the start of NET operations and provides ongoing support as needed or requested. The ETO Coordinator will disseminate appropriate educational materials and utilize this Facility Manual, as well as approved forms and documents, to educate your staff on current processes. Throughout the life of this contract, we will continue to work on behalf of local facilities and special needs groups to your address issues and complaints.

In-service training on the following topics is available to facilities, case managers, social workers, and social service departments as needed or requested:

- Department programs
- OTM
- Dialysis transportation
- Arranging NET for recipients
- Covered services, rights, and responsibilities

What is Quality Management?

MTM's Quality Management department monitors all aspects of MTM's operational departments, including Care Management, CSC, and Network Management, to ensure recipients receive the highest quality service available. To do so, this department executes MTM's formal Quality Management Program, Work Plan, and Compliance Program.

The scope of our Quality Management Program includes:

- Transportation provider credentialing
- Transportation provider audits and on-site reviews
- Complaint management and monitoring
- Fraud and abuse investigation and reporting
- Incident and accident monitoring, reporting, and prevention
- CSC oversight

MTM's Compliance Program enforces our dedication to the services we provide. We continually monitor compliance through internal mechanisms that focus on examining business processes and evaluating our ability to comply with internal and external requirements. MTM's focus is one of continuous improvement. The Compliance Program conducts ongoing internal audits to discover actual activity within the organization, enabling objective decision making. It also alerts managers to direct resources toward the proper issues, educates them of potential problem areas before they become issues, and identifies critical points within a process. As a result, corrective and preventative actions are implemented in a timely manner.

MTM takes facility concerns very seriously. Our Quality Management department is comprised of highly trained, compassionate staff dedicated to ensuring each recipient is treated with respect. They are also committed to properly and quickly resolving issues, concerns, and complaints about service provided by MTM's staff and our subcontracted transportation providers.

How Do I File an Appeal or Complaint?

Recipients and medical facilities may file an appeal about any action taken by MTM to deny, terminate, suspend, or reduce NET services. These actions may include:

- The denial or limited authorization of a requested transport
- The reduction, suspension, or termination of a previously authorized transport

- The denial, in whole or in part, of payment for a transport
- The failure to provide transportation services in a timely manner, as defined by the client
- The failure of the contractor to act within the timeframes as defined by the client

A denial is any instance in which a recipient has been denied for all or part of NET service. The recipient will be mailed a letter of denial within one business day of the transportation request. The denial letter will include information on how to file a State Fair Hearing.

A complaint is defined as any written or verbal expression of dissatisfaction about any matter other than an action. Possible subjects for complaint include, but are not limited to, aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the recipient's rights. An unsubstantiated complaint is a complaint that, after full investigation, has been found to be in compliance with MTM's Transportation Provider Guidelines, or other operating standards.

If your facility would like to file a complaint or appeal, or address any issues regarding service, please contact our Quality Management department by phone, fax, email, or mail:

- **Toll-free phone:** (866) 436-0457
- **Fax:** (866) 343-0998
- **Email:** qm@mtm-inc.net
- **Mail:** 16 Hawk Ridge Dr., Lake St. Louis, MO 63367

What is the CSC?

MTM's CSCs consist of dedicated CSRs that help recipients schedule NET services. We operate five CSCs in Lake St. Louis, Missouri; Pulaski, Virginia; St. Paul, Minnesota; Houston, Texas; and the District of Columbia. Each year these locations process over three million incoming calls, and schedule roughly seven million trips for three million recipients.

MTM hires and trains professional-minded CSRs to offer the highest quality service. We provide ongoing training and monitor CSR performance to ensure compliance with client protocols and MTM standards. To ensure quality services, we base CSC performance standards on those set forth by the National Committee of Quality Assurance (NCQA).

The CSC provides high-quality call intake and trip reservation with industry-leading Cisco VoIP telephony and CallManager processing applications. Using this system, we monitor CSC operations and provide minute-by-minute data for trending analysis and staffing adjustments.

CSRs field calls from recipients and facilities to assist with transportation requests for standard and urgent appointments. CSRs also provide information regarding which services are covered. If your facility is unable to reach you designated CMC, the CSC is available to handle the requests through the toll-free telephone number set aside for this program, ***(XXX) XXX-XXXX***.

Recipient Responsibilities

Under MTM's NET management for this program, recipients are obligated to abide by the following rules, regulations, and responsibilities:

- Recipients or facilities must call the CSC to schedule NET to medical appointments. When calling, they must provide MTM with the following information:
    - ID number
    - Pick-up address
    - Telephone number
    - Date of birth
    - Date and time of appointment(s)
    - Type of appointment(s)
    - Doctor's name
    - Facility name
    - Complete doctor/facility address
    - Doctor/facility telephone number
- Requests for NET to a routine medical appointment must be scheduled at least three business days in advance of the appointment. Urgent trips and discharges can be set up with less than three business days notice. If the recipient calls for urgent/same day transportation, MTM may call the medical provider to confirm that it is an urgent trip and then set the trip according to guidelines.
- Recipients should use the closest appropriate medical facility/provider. Trip requests over the mileage limit may be approved when there is medical necessity and a healthcare provider has referred the recipient outside of their normal service area. Appropriate documentation of the referral must be on file with MTM prior to transport.
- Ancillary requests for meals and lodging require prior authorization from Care Management.
- Recipients must provide all devices/tools necessary for travel (wheelchairs, mobility devices, etc.).

How Do I Request Transportation?

Medical facilities may schedule NET services for recipients through the OTM system or by telephone.

OTM

Your facility may be able to use MTM's OTM program to set transportation requests. This system is extremely intuitive and user-friendly. MTM will provide your staff with appropriate training on its use, and your CMC will assist you with any questions you have.

Telephone Requests

If your facility does not have access to the OTM system, you may call the CSC at ***(XXX) XXX-XXXX*** to set NET services via telephone

How Do I Schedule a Hospital Discharge?

If your facility needs to schedule a hospital discharge for a recipient in your care, our CSC is open 24 hours a day, seven days a week for urgent trips. Please contact a CSR at ***(XXX) XXX-XXXX*** to arrange discharge transportation.

What Do I Do During Inclement Weather?

During inclement weather situations, transportation services may be behind schedule. Our CSC is open 24 hours a day, seven days a week for situations like these. Please contact a CSR at ***(XXX) XXX-XXXX*** and a CSR will contact the transportation provider to get an estimated time of arrival.

What Forms Do I Need to Complete for My Recipients?

There are several forms that may need to be completed, depending on the recipient's status and the type of travel. These may include Ancillary Service, Attendance Verification, Level-of-Need (LON) Assessment, and Parental Consent forms.

Meals and Lodging (Ancillary Service) Form

When a recipient has an appointment that requires an overnight stay and meets specific criteria, MTM may authorize requests for meals and lodging. MTM will provide prior authorization for all requests for these services. See **Attachment A** for a sample Ancillary Service Form.

Attendance Verification Form

Facilities will receive an Attendance Verification Form which lists the recipients scheduled for appointments for the prior week. All services must be verified. Your facility must verify each recipient's attendance status (i.e. arrived, did not arrive, was not scheduled) and fax the completed form to the Data Management Group at ***(XXX) XXX-XXXX***. Although trip requests for recurring units will be authorized for periods of 90 days (or six months for dialysis), these trips still require verification. See **Attachment B** for a sample Attendance Verification Form.

LON Assessment Form

In order to determine the most appropriate, cost effective mode of transportation for each recipient, we require an LON Assessment Form be completed by the recipient's physician for any level of service higher than public transportation. We allow a temporary two-week certification at the requested level to allow for the forms to be processed. MTM may also perform an on-site assessment with the recipient. The information supplied by the LON Assessment Form allows us to determine the mode that is safest for the recipient's physical and cognitive abilities. Many recipients are physically and mentally able to utilize public transportation; for these recipients, MTM provides them with bus passes to attend their medical appointments. Once the LON Form is reviewed and/or an on-site assessment is performed, a determination is made and the recipient's file will be certified at the appropriate level. See **Attachment C** for a sample LON Assessment Form.

Parental Consent Form

The client requires a parent, legal custodian, or guardian to sign a Parental Consent Form to allow any minor child aged 15 through 17 to receive NET services without adult accompaniment. MTM must receive the signed Parental Consent Form prior to scheduling any transportation for a minor traveling without an adult. See **Attachment D** for a sample Parental Consent Form.

What Type of Transportation is Offered by MTM?

MTM is required to provide the most appropriate NET service available that will meet the recipient's medical needs. Transportation will be provided in the following order to best meet the needs of the recipient:

1. **Public Entity:** All recipients that are certified for transportation with a public entity shall continue to utilize transportation with the Americans with Disabilities Act (ADA) vendor. MTM will reimburse recipients for any co-pays incurred while using ADA transportation. In situations where the ADA provider is unable to accommodate the trip, MTM will provide transportation to eligible services.
2. **Public Transit:** Recipients who live within ¼ mile of a fixed bus route must use the bus if they are physically and mentally able to do so. If a recipient states s/he cannot ride the bus, a LON Assessment Form must be completed. A recipient can be excluded from public transit for if they are:
    a. More than six months pregnant
    b. Have a cardiac condition
    c. Live more than ¼ mile from a bus stop
    d. Going to a medical provider whose location is more than ¼ mile from a bus stop
3. **Sedan, Cab, Van, Minibus, etc.:** This includes wheelchair transfers when a recipient can transfer from his/her manual wheelchair to vehicle seat; with the wheelchair collapsed and placed in the vehicle's trunk.
4. **Wheelchair Van:** A wheelchair van is equipped with a motorized lift that raises the wheelchair while occupied by a recipient.
5. **Stretcher Van:** Stretcher transportation (also referred to as ambulette) is available for recipients who are bed-bound and must travel in a prone or supine position. Unlike ambulance transportation, stretcher transportation providers do not provide any medical care or monitoring during the transport. Recipients who can use a wheelchair are not eligible for stretcher transportation.

Who Qualifies for NET?

Recipients are eligible for transportation to covered and approved services.

Can the Recipient Have Someone Come with Them to Their Appointment?

Recipients may bring an escort at with them at no cost in the following situations:

- Recipients under 15 years of age ***must*** be accompanied by a parent, guardian, relative, or other adult.
- Recipients under 21 years of age ***may*** be accompanied by a parent, guardian, relative, or other adult.
- Recipients that cannot travel independently or need assistance due to age, illness, or a physical or mental disability ***may*** be accompanied by a parent/guardian, relative, or other adult. MTM requires verification of this need from the medical provider.
- If the recipient does not speak English, they ***may*** bring someone with them to interpret when their healthcare provider will not have a translator available to assist the recipient.

At What Age can a Recipient Ride Alone?

A recipient that is 18 years of age or older may travel alone. A recipient that is 15 to 17 years of age may travel alone if they have a Parental Consent Form on file with MTM.

What if a Caregiver is Not Available?

If a transportation provider notifies MTM that no one is home when they attempt to return an adult with impairments who is able to transport without an escort or attendant, but is unable to be alone at home for long periods of time, MTM will attempt to contact a family member using the main phone number and the alternate phone number listed in the recipient's file. If contact is unable to be made, we will then instruct the transportation provider to take the recipient to the closest police department if the facility is closed. MTM will document the circumstances, actions taken, and outcomes, and inform the Manager of Quality Management of the situation the next business day for a complete follow-up. Quality Management will determine any necessary action to be taken, including notification to the client.

Can I Become Part of an Advisory Group?

Medical facility representatives may be asked to be a part of MTM's Regional Advisory Committee Meetings, which are comprised of key stakeholders. The committee will meet quarterly. Representatives from dialysis centers, hospitals, or other medical services provider(s); transportation provider(s); and the recipient community will be invited to attend. We will also invite client staff to have representation and work with MTM to determine which issues/complaints require a modification to MTM's processes and procedures. Opportunities to improve services will be explored based on Advisory Committee feedback.

If you are interested in participating in the Advisory Committee, please send an e-mail to the Program Director, XX, at ***XXXX@mtm-inc.net***. MTM will rotate participation yearly to ensure all key stakeholders have a chance to participate. Even if you are not on the committee, you may still voice any concerns, ideas, or complaints to our Quality Management Department or your Program Director.

Required Forms

Please use the attached forms to communicate with MTM.

MEDICAL TRANSPORTATION MANAGEMENT, INC.
Site Visit Worksheet

REASON FOR VISIT

Initial Credentialing ☐

Annual / Re-credentialing ☐

Vendor Relations ☐

Special Visit / Follow Up ☐

No Show ☐

Cancellation By Vendor Less Than 24 Hours From Appointment Time ☐

Pre-Visit Checklist

_____ 1) Schedule appointment with Vendor.

_____ 2) Obtain Driver and Vehicle Listings

_____ 3) Review data from previous visit(s) for follow up.

_____ 4) Review Vendor Report Card information

Post-Visit Checklist

_____ 1) Driver List has been updated and signed by Vendor.

_____ 2) Copies of background checks have been obtained as needed.

_____ 3) Vehicle List has been updated and signed by Vendor.

_____ 4) Report Card has been reviewed with Vendor.

AS400 Code _____

Vendor Name: _____

Address: _____

City: _____ State: _____ Zip: _____

MTM Representative: _____

Vendor Representative and title in meeting: _____

Date of Visit: _____

Number of Drivers: _____

Number of Vehicles: _____

INSURANCE POLICY REVIEW

	Compliant? Yes	No	N/A	Vendor Guideline Ref.	Comments
Is MTM named as a "Certificate Holder"?				7.1	
Is MTM named as "Additional Insured"?				7.1	
Does auto liability coverage meet State and MTM required minimums?				7.2	
Are subcontracted and owner/operator drivers covered per MTM guidelines?				7.6	
Auto liability coverage is for which of the following?					
Any Auto					
All Owned Autos					
Scheduled Autos					
Hired autos					
Non-Owned Autos					
Does the vendor have appropriate Workmen's Comp. insurance?					
*Does the Vendor meet **ALL** insurance requirements?*	YES	NO	N/A		
Does the Vendor have a current and valid business license?				1.12	
Does the vendor have the appropriate limousine certificate of authority?					
Does the Vendor have a fully executed contract?					
Does the vendor have a copy of the current MTM Vendor handbook?					

	Compliant? Yes	No	N/A	Vendor Guideline Ref.	Comments
VENDOR PERSONNEL DOCUMENTATION					
Training Documentation					
Have drivers received Defensive Driver training?				4.3, 4.8	
Have drivers received Basic First Aid training?				4.3, 4.8	
Have drivers received Emergency Procedures training?				4.3, 4.8	
Have drivers received Passenger Assistance Techniques (PAT) training?				4.3, 4.8	
Have drivers received Wheelchair Securement training?				4.4, 4.8	
Does the Vendor meet all MTM driver training requirements?	YES	NO	N/A		
Driver Eligibility Documentation					
Does the vendor have a copy of Current Drivers Licenses?				2.1, 2.2, 5.2	
Has vendor performed periodic Driver Evaluations?				5.2, 5.20	
Has Vendor obtained State Criminal Background Checks?				5.2, 5.10	
Has Vendor obtained Child Abuse or Neglect Background Checks?				5.2, 5.11	
Has Vendor obtained Elder Abuse Background Checks?				5.2, 5.12	
Has Vendor obtained drivers' records checks? (Within the past year)				5.2,5.8, 5.9	
Has the driver signed the company Drug Free Workplace policies?				5.2, 5.5	
Is all Driver Eligibility Documentation complete?	YES	NO	N/A		
Are drivers identifiable? (Badges, uniforms, etc.)				1.11	
Are all drivers at least 21 years of age?				2.3	

WRITTEN POLICIES

	Compliant? Yes	No	N/A	Vendor Guideline Ref.	Comments
Has vendor implemented a Driver's Training policy?				4.1, 4.2, 4.3, 4.4	
Has vendor implemented an annual In-Service Driver Training policy?				4.7	
Has vendor implemented a Driver Orientation policy and procedure?				5.3	
Has vendor implemented a Driver Performance and Evaluation policy?				5.21	
Has vendor implemented a Accident Investigation procedure?				8.19, 8.20	
Has Vendor established all required written policies?	YES	NO	N/A		

TRIP RECORDS

Does Vendor understand that records must be maintained for 5 years?				8.2	
Is vendor maintaining records for five (5) years? (Including but not limited to Driver's logs, Trip Sheets, and Billing Reports)				8.2	
Does Vendor contact Passengers prior to trip? (Within a 24 hour window)				9.11	
Has Vendor obtained passenger signatures for all trips?				10.13	
Does Vendor use a trip log or voucher for all trips?				10.12	
Do Vendor's trip logs reconcile to MTM records? (Previous three months verification is recommended)					
Does Vendor follow all trip guidelines?	YES	NO	N/A		

	Compliant? Yes	No	N/A	Vendor Guideline Ref.	Comments
VEHICLES					
Current Odometer Reading				Capacity?	
Are seatbelt accessible and in working order?				6.2, 6.3	
Are vehicles clearly marked with Vendor's company name?				6.5	
Do vehicles meet appearance and mechanical requirements?					
Are heating and air conditioning operational? ____				6.6	
Is the vehicle free of safety hazards? ____				6.19	
Are the vehicle interior and exterior clean? ____				6.20	
Does the vehicle have right and left rearview mirrors? ____				6.21, 6.22	
Does the vehicle appear to be mechanically safe and road-worthy? ____				6.18	
"No Smoking" & Vendor's name and phone number signs____				3.8, 6.4	
Are the interior and exterior in an acceptable condition? ____					
Are daily Pre-Trip Inspections performed and documented?				6.25	
Is regular maintenance performed and documented?				6.26	
Is the vehicle equipped with the required safety equipment?					
First Aid Kit & Fire extinguisher (10 B,C) ____				6.7	
Triangle/Flare kits or Glowsticks ____				6.7	
Blood borne pathogen spill kits ____				6.7	
Vehicle Registration & Motor Vehicle Inspection Sticker____				6.7, 1.16	
Accident Procedure and Accident/Incident forms ____				6.7	
Current Insurance Card____				6.7	
Do the Vendor's vehicles meet MTM requirements?	YES	NO	N/A		

	Compliant? Yes	No	N/A	Vendor Guideline Ref.	Comments
MINORITY/WOMAN OWNED BUSINESS INFORMATION					
Is Vendor a minority owned business?	☐	☐			If answer is YES, documentation is to be provided.
Is Vendor a woman owned business?	☐	☐			If answer is YES, documentation is to be provided.

Vendor understands all Vendor Guidelines as outlined in the MTM Medical Transportation Services Agreement , Attachment I and agrees to adhere to those guidelines.

HIPAA info reviewed? _____ (Y/N)

Billing issues reviewed? _____ (Y/N)

Name _____

Title _____

Signature: _____

Time In: _____

Time Out: _____

MTM Representative: _____

Comments: _____

DRAFT
West Virginia Medicaid
ETO Plan

Medical Transportation Management, Inc.

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Introduction

Welcome to MTM

Who are We?

We are Medical Transportation Management, Inc. (MTM), one of the foremost leaders in the non-emergency transportation (NET) management industry.

What Do We Do?

MTM arranges NET services for members/beneficiaries of health plans and state-run programs. We always schedule these services using the most appropriate and cost-effective means of transportation available, which may include public transit, sedans, taxis, multi-passenger vans, para-lift or wheelchair lift vehicles, non-emergency stretcher and/or ambulance vehicles, and Independent Contractor programs if approved by the Member.

When Do We Arrange Rides?

MTM arranges rides after the Member schedules an approved medical appointment in accordance with the Member's specific advance notice policy. The Member must call MTM to arrange their trip as soon as they are aware of the need for transportation with no less than two business days' notice for non-urgent appointments. The urgent nature of the appointment, along with the number of times the Member has been educated on the days-notice policy, could determine whether the transportation request will be accepted or denied. If denied service, we will notify the Member and advise him/her that they will need to find their own transportation or reschedule their appointment to allow for the appropriate advance notice.

Where Do We Arrange Rides?

MTM arranges rides for West Virginia Medicaid Members within each Member's program service area and mandated distance limits. Rides are available to approved non-emergent medical appointments only.

How is Transportation Arranged?

Appointments are arranged through our call intake and screening process as well as our Online Trip Management System. When a Member calls MTM, a Customer Service Representative (CSR) will enter trip information and details into our proprietary NET Management System. Each trip request is arranged using the most appropriate means of transportation based on the Member's

medical condition and cognitive abilities. This could include a variety of modes, including public transit, sedan, wheelchair lift vehicle, or stretcher van, as needed. The trip is then sent electronically or faxed to the selected transportation provider via the NET Management System.

A Member may also request transportation through MTM's website by logging in at www.mtm-inc.net/westvirginia.

Why Do We Do What We Do?

MTM has a sincere desire to ensure that every Member gets to their medical appointment in a timely, safe manner, motivating us to provide quality transportation services of the highest caliber. MTM's vision statement perhaps demonstrates our commitment best:

"Communities without Barriers"

MTM History

In 1995, Peg Griswold co-founded MTM with her husband, Lynn Griswold after realizing the difficulty Managed Care Organizations (MCOs), state and local governments and health care facilities had in arranging transportation services for Medicaid and Medicare beneficiaries. Peg's vision would ensure that more people had access to health care through quality transportation services delivered by local transportation companies. She has 26 years' experience working in the social services, health, and behavioral health fields. Through Peg's efforts and vision, MTM set industry standards for quality. She currently serves as the Chairperson of MTM's Board of Directors. Lynn serves as the Vice President to the Board of Directors.

Currently we process over three million calls annually. We accomplish this through our seven Customer Service Centers (CSCs) in Virginia, Minnesota, Texas, the District of Columbia, Missouri, Wisconsin and New York

MTM schedules more than seven million trips each year, serving more than three and a half million Medicaid and Medicare beneficiaries for MCOs and state and county governments.

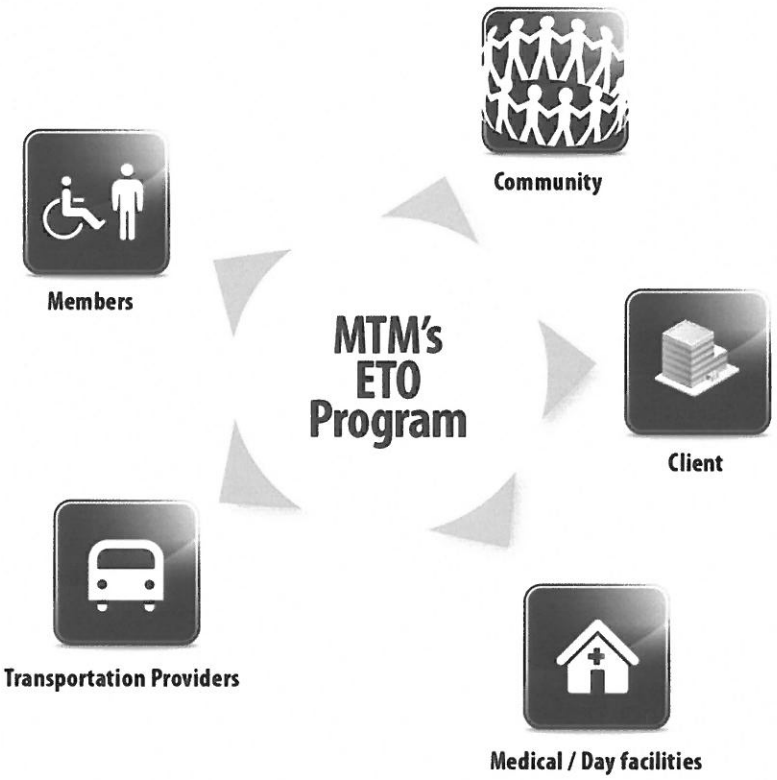
MTM Departments

MTM carries out its proven processes through seven core departments:

1. Accounting and Finance
2. Information Technology (IT)
3. Client Services (CS)
4. Customer Service Center (CSC)
5. Network Management (NM)
6. Quality Management (QM)
7. Care Management (CM)

Education, Training, and Outreach (ETO) Target Groups

Training everyone in the transportation program scenario can position the program to succeed and allows for a competitive edge. When compared to a similar transportation blueprint, making ETO an organizational priority, demonstrates a commitment to the Member and the ability to develop and sustain a long-term relationship. MTM has identified five core groups that have a vested interest in NET services. Those groups are identified in the illustration below.



ETO Methods

The following are ETO methods that will be utilized for one or more of the above classifications. This is a comprehensive list that MTM and the State will work together to customize to ensure that is the best fit for West Virginia. Input from West Virginia Medicaid is desired and greatly appreciated. This collaboration is key in the design of a successful communications plan.

Education

Education is critical to the success of any program, as such an important function of the program, it must continue throughout the life of the contract. All ETO groups are trained on NET requirements. We carry out education in the following ways:

1. **Members, Community, Facilities, DPW**

   CSC

   MTM's CSC will begin taking incoming calls two weeks prior to the go-live date from Members. Well-trained CSRs will be available from 7:00 a.m. to 6:00 p.m., Central Time, Monday through Friday, to respond to questions and inquiries concerning the new transportation program. MTM CSRs will begin initiating Level-of-Need (LON) assessments as a certification of the need for an escalated level of transportation. The toll-free number to the MTM CSC is 866-907-1493.

   Where's My Ride? Line

   The Where's My Ride? Line is a separate toll-free line for Members, facilities, and the community. The caller has immediate access to CSC specialists that will assist with questions and issues related to scheduled transportation. MTM will open the line two weeks prior to the go-live date. The toll free number is 866-907-1494 and will available 24 hours a day, seven days a week for urgent trips.

   Educational Brochures

   During the implementation phase MTM works with the State to create a Member and provider update that will be mailed to all head of households currently enrolled in Medicaid. We print brochures for local medical facilities and offices to have on hand for new Members. The educational brochure is developed to give the user an understanding of the changes in the program, how to use the program, and important contact information. MTM's Marketing Department will ensure brochures include all program requirements.

Educational Posters

Postcards are used for introductory mass mailings and are used as a tool for ongoing outreach. These are posted on bulletin boards and distributed to Members to put on the refrigerator for quick transportation scheduling information. These include the same information as the MTM Pocket Card.

MTM Corporate Website

The MTM Corporate Website is a great resource to learn more about MTM and to access specific information that connects you to important contact numbers and other points of interest. For the transportation provider, the website explains how to join the MTM network, internal and external monitoring processes, and other pertinent sections. It is a great starting point to get to know MTM- who we are and what we do. Please visit www.mtm-inc.net.

Program-Specific Website

In addition to MTM's corporate website, stakeholders will have access to specific program requirements via our West Virginia website.

The website will be available 24 hours a day, seven days a week. It will be continually updated as needed as the contract evolves. The website content will include:

- Descriptions of transportation services available and how to access them
- Contractor contact information
- CSC contact via email address and phone number
- Frequently asked questions including definitions
- General information
- Link to manuals
- System documentation link
- Data Element Dictionary
- Descriptions of transportation services
- Instructions on how to access services
- Frequently Asked Questions (FAQ)
- NET Glossary
- Sections for transportation providers, facilities, and Members
- MTM Forms (downloadable PDFs)

2. **Transportation Providers**

Transportation Provider Hotline

The Vendor Hotline is a response generated customer service queue for MTM Transportation Providers. The caller has immediate access to Network Management specialists that will assist with questions and issues related to contracting, vehicle inspections, and driver requirements. The Vendor Hotline will open its lines to the community providers, paralift and taxi operators, volunteer drivers, and other providers two weeks prior to the go-live date. The toll free number 877-892-3997and will available to transportation providers 24 hours a day, seven days a week.

3. **Facilities**

Introduction Letter

During the implementation phase MTM begins contacting various medical facilities. Our care managers call large medical facilities and introduce ourselves. During this call, we educate facilities about the program and schedule an on-site meeting for training. Educational brochures are distributed by ETO Coordinators for reference of how to use the program and important contact information. MTM's Marketing Department will ensure that the brochure includes all program requirements.

Training

1. **Transportation Providers**

Initial Transportation Provider Training

Transportation providers and volunteer drivers will attend group meetings and/or WebEx sessions during the implementation phase. The presentations will discuss an overview of MTM, transportation provider requirements, how to bill/invoice, trip logs and other importation information. Following these sessions, MTM's Area Liaison will perform on-site visits and inspections of the vehicles. Following implementation, periodic visits will be scheduled and performed on request.

The Transportation Provider Manual

This is a standalone section of the Operations Manual. Each section details the processes and requirements that are necessary to perform transportation services for an eligible Member and proper invoice. The manual is reviewed during orientation and discussed in depth during the training session. It can be accessed as needed to answer the majority of questions that our providers may encounter on a daily basis. The manual includes:

- History of MTM
- Overview of MTM Departments
- Important Contact Numbers
- Training requirements
- Insurance Requirements
- Site Visits description
- Billing Procedures
- HIPAA Guidelines
- Incident/Accident Management
- Electronic Trip Download Instructions
- Explanation of non-emergency medical transportation services
- Contractor's contact information (address, telephone number, web site)
- Contractor's office hours/days
- Hours transportation services are available
- Information on how to become a provider

Onsite Meetings

The Area Liaison will meet with interested transportation providers to conduct on-site inspections and assist with completing the necessary paperwork. All commercial transportation providers will have their fleet of vehicles inspected prior to transporting any Member. The Liaison will, at a minimum, meet with the transportation providers annually and as necessary as requested by the transportation provider.

2. Facilities

Onsite Facility Education and Training Meetings

A minimum of six Town Hall meetings will be held throughout the state. These meetings are open to all stakeholders including but not limited to, social workers, discharge planners, medical staff, Member advocates, advocacy groups, etc. Onsite education and training will take place at facilities and agency locations throughout West Virginia. We will have various WebEx sessions for those facilities unable to attend onsite. Although these entities may have been represented at the Town Hall Meetings, they will still have the opportunity to attend onsite sessions. MTM training staff will meet directly with the hands on staff, including social workers, caseworkers, hospital discharge planners, transportation coordinators, and other staff that schedule for or refer Members to transportation sources. These will be conducted at a minimum of once each quarter.

MTM Facility Training Manual

This is a standalone section of the Operations Manual. The Facility Training Manual meets the needs of medical providers, hospitals, day programs, and other Medicaid providers. Each section details the processes and requirements that are necessary to schedule transportation for an eligible Member. The facility will receive the manual and/or a CD that contains all documentation within its files.

The Facility Training Manual includes:

- Facility Contact Information Sheet – This is completed by the facility that receives training. It asks for information on the key contact for the facility, including an e-mail address. This individual will receive periodic updates to the manual and other important program related information.
- Welcome to MTM – the "who, what, and why" concerning MTM.
- MTM History – Where it all began, and the MTM journey.
- MTM Departments – An overview of key MTM departments and their functions.
- What is Care Management? – The one-point contact for medical facilities, social workers, and case managers.
- Quick Reference Contact Information – Toll-free numbers and quick contact information.

- Covered Services – A detailed listing of services that will be provided MTM transportation and those that are not covered.
- Member Responsibilities – A checklist that enables Members to schedule transportation at their convenience.
- How Do I Request Information? – An overview of forms that are required to schedule transportation.
- What Type of Transportation is Offered? – The different levels of transportation, and operations protocols.
- How Do I File a Complaint? – An explanation of the MTM Complaints and Grievance policies and procedures.
- Advisory Group Meetings – MTM Regional Advisory Committee Meetings that are held quarterly. Present are representatives from all the stakeholder categories who benefit from an exchange of information, feedback, and services.
- All forms needed to schedule transportation.

Outreach

Group Outreach Meetings

Area Outreach meetings will be scheduled throughout West Virginia. Introduction meetings with West Virginia Medicaid and key Medicaid programs/transportation providers will begin immediately upon contract award. MTM will continue to work with West Virginia Medicaid to create an effective outreach schedule that is sensitive to time constraints and distance considerations.

Media Requests

Media Inquiries: MTM's Marketing Department will respond to all media inquiries. Marketing will request that the questions be submitted in writing and deadlines will be established. Marketing will develop initial response and send to the State and key MTM staff (MTM President and CEO, Program Manager, MTM legal counsel) for approval. Once approved, Marketing will submit the written response to media contact.

MTM Marketing Materials: Any announcement that includes this program will be prior approved by MTM key staff and the State prior to release.

Requirements

Marketing will review all materials, letters, manuals and brochures prior to release to the community. No materials will be released without approval of the State.

MTM understands that the State needs to review and approve all materials. We also understand that materials must be approved before distribution.

All materials will be at a reading grade level preferably 6th grade or below, and will be offered in English, Spanish, and Hmong and other prevalent languages as required.

Any significant changes in the program that will impact services will require written notification to the Member.

Evaluation

The final piece of the communication plan is the evaluation stage, in which each component is rated and scored to determine its level of effectiveness. The State will receive a scorecard periodically that details the specifics of each effort. The measurement tool that the Quality Management Department utilizes is the NCQA Quality Improvement Activity form (QIA).

Quantifiable measures will be defined and a goal or benchmark for each measure is set. The assessments will be completed by selected modes that include surveys, telephone calls, and website hit counters. These results are used for quality improvement purposes and will be reported to the Quality Management Committee for review and action, as needed.

Resources

MTM's West Virginia Program Manager will have oversight of our local operations. All staff involved in our ETO efforts will be assigned to the local office and will be responsible for continuous education, training, and outreach of all stakeholders. All individuals will receive corporate support and assistance during the implementation stage and throughout the life of the contract.

How to Avoid Card Fees

Just as with any debit or credit card, you will be charged fees for certain transactions. To avoid fees when using your Comdata® MasterCard only use ATMs with a green Allpoint™ logo.

Allpoint

Other tips:

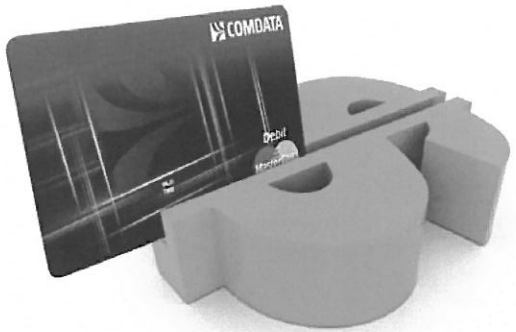
- Do not use your card before it is activated.
- Check your balance by going online (www.cardholder.comdata.com) or calling Cardholder Services (1-888-265-8228).
- Choose "credit" instead of "debit" when making a purchase.
- Do not use the card for a purchase amount that is greater than your balance unless you know the balance amount. Tell the salesperson to deduct the balance amount from the card and use other funds to pay for the rest of your purchase.

MTM

www.mtm-inc.net

Questions?

If you have questions about the mileage reimbursement process, please call MTM, Inc. at **1-866-907-1493**.



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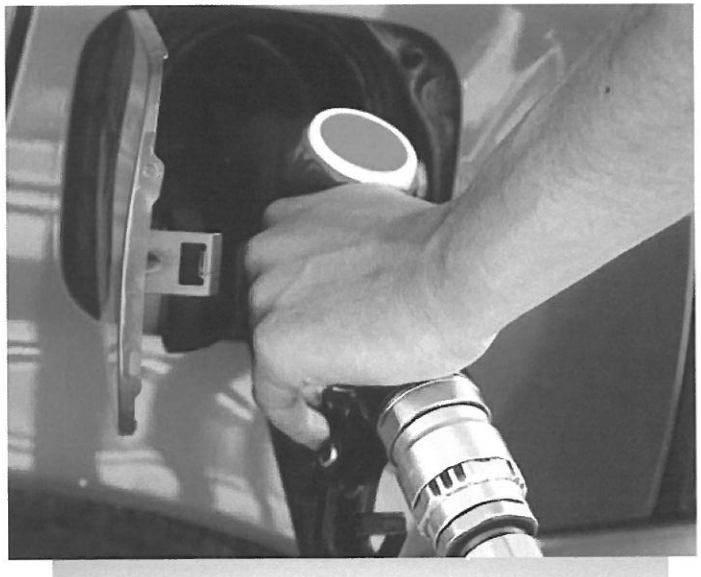


Mileage Reimbursement

Your non-emergency medical transportation mileage reimbursement process is about to get easier

No More Checks

We are introducing a new process to distribute mileage reimbursement funds. You will no longer receive checks for your mileage. Instead, we will issue you a Comdata® MasterCard and the funds owed to you will be loaded onto your Comdata® MasterCard on a weekly basis. The new process offers many benefits:

- **Saves money.** No more check cashing fees.
- **Convenience.** You can use the card anywhere that accepts MasterCard.
- **Reliability.** Nothing will get lost in the mail.
- **Certainty.** Funds are loaded onto the card each week.

Watch the Mail

Within the next few days, you will receive a package containing your Comdata® MasterCard along with important information about the card. You will receive details on:

- How to activate your card.
- How to check the card balance.
- How to make purchases with the card.

Please watch for the package and read all instructions carefully, so you can access all the benefits of the new process.

All verified mileage reimbursement funds for the prior week will be loaded onto your card the following week - no more wondering when you will receive your check. Any money owed to you for the prior week will go onto your card the next week.

Scheduling

You still need to call **1-866-907-1493** to schedule your trip and qualify for mileage reimbursement. That part of the process has not changed. We have just made it easier for you to get your funds after your covered appointments.

Lost or Stolen Cards

Please call **1-866-907-1493** if your card is lost or stolen. We will order a replacement card. Please note, it can take up to four to six weeks to receive a replacement card, so always keep the card in a safe place.

Comdata is a registered trademark of Comdata Network, Inc. and a wholly-owned subsidiary of Meridian Corporation.

What do I do once my ride is set up?

- Call us at 1-866-907-1493 if you need to make any changes or cancel your trip.
- Your driver will call to remind you of your pick-up time. The driver will also give you their phone number—keep this with you.
- Be ready for your ride at least 15 minutes prior to the scheduled pick-up time.
- If you scheduled a ride back, your driver should pick you up less than 15 minutes after your visit is over. Call MTM, Inc. if you have waited longer.
- If your visit is over and you did not schedule a ride back, call us at 1-866-907-1494 for pick-up. The driver should arrive in less than one hour. Call MTM, Inc. if you have waited longer.
- Call our "Where's My Ride" line at 1-866-907-1494 if your driver is late or does not pick you up.

¿Qué debo hacer una vez que mi viaje está configurado?

- *Llámenos al 1-866-907-1493 si necesita hacer cambios o cancelar su viaje.*
- *Su conductor le llamará para recordarle su hora de recogida. El conductor también le dará su número de teléfono, mantengalo con usted.*
- *Estar listo para subir al vehículo por lo menos 15 minutos antes de la hora programada de recogida.*
- *Si se programa un viaje de regreso, el conductor debe recogerle en menos de 15 minutos después que su visita haya terminado. Llame a MTM, Inc. si ha esperado más de 15 minutos.*
- *Si su visita ha terminado y no programó un viaje de regreso, llame al1-866-907-1494 para la recogida. El conductor debe llegar en menos de una hora. Llame a MTM, Inc. si ha esperado más de una hora.*
- *Llámenos a linea "Dónde Está Mi Transporte" de MTM al 1-866-907-1494 si su conductor se retrasa o no lo recoge.*

What do I do if my ride is late?

Call MTM, Inc.'s "Where's My Ride" line at 1-866-907-1494 if you have waited more than 15 minutes after your scheduled pick-up time. You may also call this number if you called your driver after your appointment and have waited more than one hour to be picked up or if you cannot reach the driver.

¿Qué hago si mi transporte llega con retraso?

Llamar a la línea "Dónde Está Mi Transporte" de MTM, Inc. al 1-866-907-1494 si ha esperado más de 15 minutos después de su hora programada de recogida. También puede llamar a este número si ha esperado más de una hora de la llamada al conductor para ser recogido, o si no pudo contactar con el conductor.

How do I file a complaint or concern about MTM, Inc.'s services?

We want to always provide excellent service. Call MTM, Inc.'s "WeCare" line at 1-866-436-0457 if you have a complaint about the service you received. We will follow up on all complaints. For complete information on your rights, please see the ForwardHealth Member Enrollment and Benefits Handbook at: www.dhs.wisconsin.gov/forwardhealth/EandB/

¿Cómo presento una queja o una preocupación sobre los servicios de MTM, Inc.?

Queremos ofrecer siempre un servicio excelente. Llame a la línea "WeCare" de MTM, Inc. al 1-866-436-0457 si usted tiene una queja sobre el servicio recibido. Damos seguimiento a todas las quejas. Para obtener información completa acerca de sus derechos, por favor vea la inscripción miembro ForwardHealth y el Manual de Beneficios al: www.dhs.wisconsin.gov/forwardhealth/EandB/

MTM

www.mtm-inc.net/wisconsin

MTM

How to Use Wisconsin Medicaid and BadgerCare Plus Non-Emergency Medical Transportation (NEMT)

Cómo Utilizar el Transporte Médico de No Emergencia de Medicaid y BadgerCare Plus de Wisconsin

Do you need a ride to visit your Medicaid or BadgerCare Plus health care provider?

We are MTM, Inc., the state of Wisconsin's NEMT manager. Call us to set up a ride to your health care provider if you have no other way to get there.

¿Necesita un viaje para visitar a su proveedor de atención médica de Medicaid o BadgerCare Plus?

Somos MTM, Inc., el gestor de transporte médico de no emergencia de Wisconsin. Comuníquese con nosotros para configurar un viaje con su proveedor de atención médica si usted no tiene ninguna otra manera de llegar allí.

How do I schedule a ride?

Call us at 1-866-907-1493 at least two business days before your visit. If you call with less notice and the trip is not urgent, you may need to set up your visit for a different date. We schedule routine trips Monday through Friday from 7 a.m. to 6 p.m.

When you call, please be ready to provide:

- Your name, home address, and phone number
- Your ForwardHealth member ID (this is the 10 numbers listed on your ForwardHealth ID card)
- The street address and the phone number where you want to be picked up
- The name, phone number, address, and ZIP code of the health care provider you are seeing
- The date and start time of your appointment
- The end time of your appointment, if you know it
- Any special ride needs, including if you need someone to ride with you
- General reason for the appointment (check-up, eye appointment, etc.)

You may also schedule your trip online at **www.mtm-inc.net/wisconsin.**

¿Cómo puedo programar un viaje?

Llámenos al 1-866-907-1493 al menos dos días hábiles antes de su visita. Si llama con menos antelación y el viaje no es urgente, puede que tenga que configurar su visita en una fecha diferente. Programamos viajes de rutina, de lunes a viernes de 7 a.m. á 6 p.m.

Cuando llame, por favor esté listo para proporcionar:

- *Su nombre, domicilio y número de teléfono*
- *La identificación de miembro ForwardHealth (estos son los 10 números que aparecen en su tarjeta de identificación ForwardHealth)*
- *La dirección y el teléfono en el que desea ser recogido*
- *El nombre, número de teléfono, la dirección y el código postal del proveedor de cuidado de médico que está viendo*
- *La fecha y la hora del inicio de la cita*
- *La hora de finalización de la cita, si lo sabe*
- *Cualquier necesidad special de transporte, o si necesita que alguien vaya con usted*
- *Razón General para su cita (chequeo, ojos, etc)*

También puede programar su viaje en línea en ***www.mtm-inc.net/wis n.***

How does MTM, Inc. decide what kind of ride I need?

To determine the ride most appropriate for you, MTM, Inc. will ask you questions about your health and how you handle basic daily tasks. We may also consult your health care provider. Based on your needs, we will offer you:

- Mileage reimbursement
- Bus tickets
- Ambulatory vehicles, including sedan, van, and taxi
- Wheelchair and stretcher vehicles

¿Cómo decide MTM, Inc. qué tipo de transporte necesito?

Para determinar el recorrido más adecuado para usted, MTM, Inc. le hará preguntas sobre su salud y la forma en la cual realiza sus tareas diarias básicas. También podemos consultar con su proveedor de atención médica. Según sus necesidades, le ofreceremos:

- *Reembolso de millaje*
- *Boletos de transporte público*
- *Vehículos ambulatorios, incluyendo turismo, furgoneta, y el taxi*
- *Vehículos para silla de ruedas o camilla*

Once your ride is set up:

- Call us at 1-855-687-4786 with any changes to your Medicaid-related visit. Please call as soon as you know of the change.
- The person giving you the ride will call, tell you the time of your pickup, and give you their phone number. Keep this number with you.
- Be ready 60 minutes before your pickup time.
- If you have set up a ride back, your ride should pick you up less than 30 minutes after your Medicaid visit is over.
- If you've finished your visit and you must call your driver for pick up, your ride should arrive in less than 60 minutes.
- Call **1-855-687-4786** right away if you need to cancel your ride or **1-888-513-0706** if your ride does not show up.
- To talk with someone about Texas Health Steps, call **1-877-847-8377**.

Una vez que el transporte está programado:

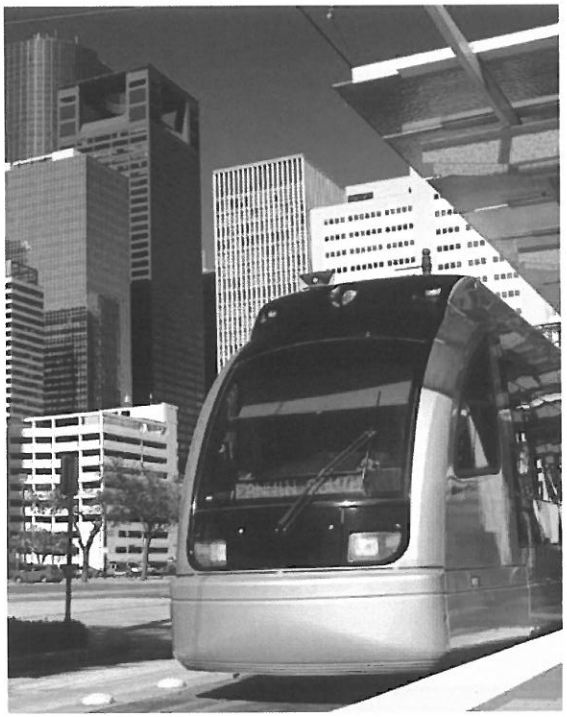
- *Llame a MTM al 1-855-687-4786 con cualquier cambio a su cita de Medicaid. Por favor, llame tan pronto como usted sepa del cambio.*
- *El proveedor de transporte le llamará y le dirá el momento de su recogida y su número de teléfono.*
- *Esté preparado 60 minutos antes de su hora de recogida.*
- *Si usted tiene un viaje de vuelta programado, el proveedor debe ir a recogerle en menos de 30 minutos después de que su cita haya terminado.*
- *Si tiene que llamar a su proveedor de transporte para su recogida, el viaje debe llegar en menos de 60 minutos.*
- *Llame al **1-855-687-4786** de inmediato si usted necesita cancelar su viaje o **1-888-513-0706** si su conductor no se presenta.*
- *Para hablar con Texas Health Steps, llame al **1-877-847-8377.***

How do I file a complaint or concern about MTM's services?

Good service is important to us. We will follow up on all complaints and contact everyone who was involved in setting up and giving you the ride. If you are not happy with the service or the ride, call us at **1-866-436-0457**.

¿Cómo presento una queja o inquietud sobre los servicios que recibo?

*Un buen servicio es importante. Seguiremos todas las quejas con todas las partes involucradas. Si no está satisfecho con el servicio que recibe llamenos al **1-866-436-0457.***



www.mtm-inc.net/texas

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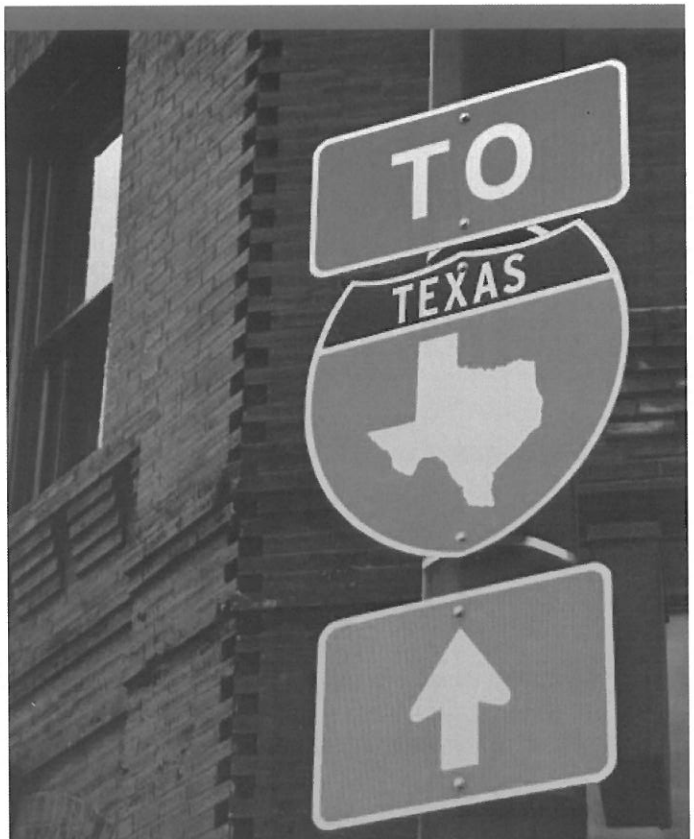


How to use Your Texas Medicaid Transportation Program

Cómo utilizar su Programa de Transporte de Medicaid Texas

Need a ride to your Medicaid doctor or dentist's office?

We are Medical Transportation Management, Inc (MTM). MTM can set up rides to your Medicaid-related visit if you have no other way to get there. This could be a visit to the doctor or dentist. You must have Medicaid. You can call us to see if you can get a ride.

Necesita transporte a su médico de Medicaid o del dentista?

Somos Medical Transportation Management, Inc., (MTM). MTM puede proporcionarle transporte para sus visitas relacionadas con Medicaid si usted no tiene otra manera de llegar allí. Esto podría ser una visita al médico o al dentista. Usted debe tener Medicaid. Nos puede llamar para ver si puede conseguir transporte.

How do I get a ride?

Call us at least 48 hours before your visit. If it's less than 48 hours until your Medicaid-related visit and your visit is not urgent, we might ask you to set up your visit at a different date and time.

1-855-687-4786

Monday to Friday from 7 a.m. to 6 p.m.

Please be ready to give us these facts when you call:

- Your full name, address, phone number, and date of birth.
- Medicaid ID number (from your Texas Benefits Medicaid ID card).
- The date of your Medicaid-related visit.
- The name, address and phone number of the place you are going.
- The medical reason for your visit.
- The type of service (doctor, dentist, therapy, etc.).
- If you need to fill a prescription, it must be done at the on-site pharmacy. If that is not available, you will need to use the closest pharmacy along the trip route.

¿Cómo puedo obtener transporte?

Llámenos al menos 48 horas antes de su visita. Si llama con menos de 48 horas de la cita y su visita no es urgente, es posible que le pidamos que haga su visita en una fecha diferente y el tiempo.

1 (855) 687-4786, Lun – Vie, 7 a.m. – 6 pm.

Por favor, tenga esta información lista cuando llame:

- *Su nombre completo, dirección actual, número de teléfono, fecha de nacimiento.*
- *Numero de identificación de Medicaid.*
- *La fecha de su cita de Medicaid.*
- *El nombre, dirección y número de teléfono donde usted va.*
- *La razón médica para su solicitud de transporte.*
- *El tipo de servicio cubierto (médico, dentista, terapia, etc).*
- *Si necesita surtir una receta, se debe hacer en la farmacia en el sitio. Si no está disponible, usted tendrá que usar la farmacia más cercana.*

How does MTM decide what kind of ride I need?

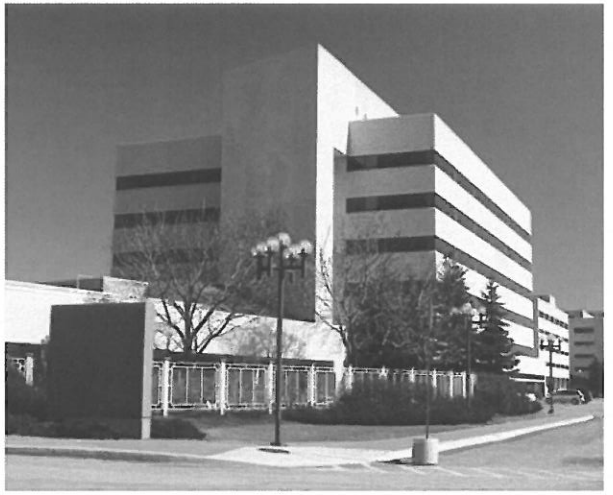
We will ask you some questions about your health and how you handle your daily activities. Based on your needs, we may offer:

- Bus tickets.
- A rideshare sedan, van, or taxi ride.
- A car or van that can carry a wheelchair or stretcher.

¿Cómo decide MTM mi medio de transporte?

Le haremos una serie de preguntas acerca de su salud y cómo maneja sus actividades diarias. Basandonos en sus necesidades, podemos ofrecer:

- *Transporte público.*
- *Un sedán, camioneta o taxi.*
- *Vehiculo para minusvalidos, o vehiculo camilla.*



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MTM

L.O.N.

Level of Need Assessment Form

Facility Fax:

Dear Medical Professional:

Our office has received a request for transportation for one of your patients. Please fill out this Level of Need Assessment form completely and provide any supporting information as needed. This form will be used to determine the patient's most appropriate mode of transportation based on his or her functional abilities and limitations.

Patient Info	First Name:	Last Name:	Date of Birth:	
	Medicaid #:	Phone #:	Trip #:	
	Address:	City:	State:	Zip:
Diagnosis and Transport Info	Diagnosis that supports transportation limitations (MUST PROVIDE):		Diagnosis is: ☐ Permanent ☐ Temporary Through (date):	
	Recent Hospitalizations/Surgeries (MUST PROVIDE):			
Living Arrange-ments	☐ Lives alone or with family/friends ☐ Nursing facility ☐ Group home ☐ Residential rehab facility Comments:			
	Number of steps at residence: _____			
Physical Abilities and Equipment	Can patient ambulate independently?		☐ Yes. (Max. Distance:_____)	☐ No
	Does patient use any of the following assistive devices? ☐ Cane ☐ Crutches ☐ Walker ☐ Portable Oxygen ☐ Service Animal ☐ Electric Wheelchair ☐ Manual Wheelchair			
	Does patient require assistance of trained personnel for safety?		☐ Yes	☐ No
	Can patient self propel in wheelchair? ☐ Yes ☐ No		Can patient self-transfer from wheelchair? ☐ Yes	☐ No
	Do environmental factors like heat or cold affect the patient's mobility?		☐ Yes (please explain):	☐ No
	Has there been a decline in functionality?		☐ Yes (please explain):	☐ No
Cognitive Abilities	Does the patient have problems with any of the following? If yes, circle a rating for each category, with 1 being mild impairment and 5 being severe impairment. Alertness ☐ No ☐ Yes 1 2 3 4 5 Memory Issues ☐ No ☐ Yes 1 2 3 4 5 Confusion ☐ No ☐ Yes 1 2 3 4 5		Additional comments:	
	Able to remove self from unsafe situation?		☐ Yes	☐ No
Sensory Abilities	Vision	☐ Cataracts ☐ Legally blind Comments:		
	Speech & Hearing	Deaf? ☐ Yes ☐ No	Able to communicate needs? ☐ Yes	☐ No
Medical Professional Info	Printed Name:		Phone #:	
	Signature:		NPI #:	

Questions? Please call the Care Management Department at 1-888-561-8747

Please fax this completed form to: **1-877-406-0658, ATTN: Care Management**

This form must be received no less than 72 hours prior to the appointment time or transportation cannot be arranged.

Facilitator Guide
Training

Medical Transportation Management, Inc.

Instructor Note:

Welcome class as they enter the room and greet each person as they enter. Provide direction to seating. Ensure that accompanying document is on display via projector.

Say: Hello and welcome! We're glad to have you here today to begin your training! Let's get a few housekeeping items out of the way before we begin. First, please print your first name on the name card tents on your table - it will take us a while to learn everyone's name - and this will help!

Say: Restrooms are located (insert). Feel free to use the facilities as you need to, however, we will be taking frequent breaks throughout the day, including lunch about mid-way through our day.

Say: Please note there are drinks/coffee/snacks located (insert).

Say: I'd like everyone to take this opportunity to place your mobile phones on silent – as we have LOTS of information to cover in the short time we're together! Thanks for doing that!

Say: Today's agenda is full, and you can see where the remainder of the day will take us. We've gotten housekeeping out of the way and after we do a quick icebreaker, we'll get into the core of our day – which includes talking about your role at MTM.

Say: Ok, let's complete a quick activity to get to know each other a little better before we dive into the day!

Instructor Notes:

Complete Icebreaker Activity (no more than 15 minutes)

Keep participants in their seats – do Round 1 first – going to each person and asking them to complete the sentence on the slide before moving to the next person. After all 3 rounds have been completed, bring the class back together.

Say: That was a fun way to get started, right?

Say: Ok, let's get to our next topic. We want to provide some information about MTM as a company. We're going to watch a short video that shows what MTM does each and every day.

You'll gain a better understanding of the company you've joined and what an impact we have on non-emergency medical transportation.

Instructor Note:

Show PR video – MTM Site – Media < Videos < MTM Corporate Video

Say: Did you notice near the end of the video that the words said, "Even the best medical plan isn't helpful if you can't get there?" We think this is a powerful illustration of what we do at MTM – if our Members can't get to appointments – their coverage is meaningless.

Voiceover

You're here because you've made the decision to join a company dedicated to providing non-emergency medical transportation and keeping the health of our Members as our top priority. Since our founding in 1995, our clients and our general desire to make sure that our passengers get to their appointments safely and on time have been foremost in our mission as a company. MTM currently manages over 40 programs in 28 states. We complete about 3.0 million Member interactions annually through our Customer Service Centers, in Missouri, Virginia, Kansas, Minnesota, Houston, and Washington D.C.

MTM schedules more than 7 million trips each year, serving more than 3.0 million Medicaid and Medicare beneficiaries for Managed Care Organizations (MCOs) and state and county governments.

Now we'll learn how MTM is organized – with a good understanding of how we're structured; you'll be able to get assistance sooner and from the right place!

MTM carries out its best practices through eight core departments

- Network Management (NM)
- Customer Service Center (CSC)
- Quality Management (QM)
- Accounting and Finance
- Utilization/Care Management (UCM)
- Business Solutions Group (BSG)
- Technical Infrastructure (TI)
- Client Services (CS)

Network Management (NM)

MTM's Network Management identifies, recruits, and contracts with transportation providers in the service area for a high-quality transportation network capable of sustaining our client's needs; this includes public transit, sedan, wheelchair equipped vehicles, and stretcher van. MTM has a proven methodology for identifying, recruiting and contracting qualified transportation providers. We build diverse transportation networks across our service area. This includes sub-contracts with over 550 transportation providers. Our standards for high quality service set the lead in the industry. Likewise, many of our innovative processes have become the industry standard.

Once a network is in place, our experienced Network Management staff monitors the network for adequate coverage of vehicles and modes (sedan, wheelchair lift, etc.). The department also monitors all required documentation such as licensure, background checks, certifications, insurance requirements, and vehicle inspections to ensure these remain current. Working in this department requires excellent organizational skills, the ability to work successfully with culturally diverse transportation provider companies, and meet tight deadlines.

Customer Service Center (CSC)

MTM currently has customer service centers located in the District of Columbia, Minnesota, Virginia, Texas, and Missouri. Corporate headquarters are located in Lake St. Louis, Missouri and provide 24-hour customer service center operations.

The customer service center is the voice of the organization. As the Member's primary contact, the Customer Service Representative projects the company's image and plays a critical role in helping MTM maintain contracts as well as win additional business. This is successfully accomplished by handling inbound calls within specific timeframes that exceed service level requirements, responding to callers quickly and accurately to promote first call resolution, and through addressing the needs of the callers in a professional manner.

Quality Management (QM)

MTM's Quality Management organization oversees and monitors all aspects of MTM's operations across all departments to ensure our clients receive the highest quality of service achievable. The department's activities consist of the following functions: complaint/grievance management, monitoring and reporting of quality outcomes, auditing and trip verification, fraud and abuse investigation and customer service. Working in this department requires the ability to find and document facts, exercise patience and sensitivity, and a keen sense of attention to detail.

Accounting and Finance

Accounting and Finance manages all financial aspects of MTM's transportation program and consists of the following: Accounting and Finance, Trip Reconciliation, and Bus/Reimbursement. This organization works to ensure efficient payment of transportation providers and only for services rendered, working directly with the transportation provider to ensure accurate and timely completion of trip reconciliation. Additionally, Finance and Accounting mails processes and accounts for all bus tokens and passes mailed to Members or facilities.

Utilization/Care Management (UCM)

MTM designed the transportation management industry's first Utilization/Care Management (UCM) Department. This department gives case managers a single point of contact when scheduling NET/NEMT transportation. This department is also sometimes called Care Management. We staff this department with specially trained Care Management Coordinators supervised by clinical nurses. The Care Management Coordinators work one-on-one with health-plan care managers, social workers, and facility staff booking critical trips for their Members. Care Management Coordinators coordinate trips such as dialysis, chemotherapy, high-risk obstetrical care, behavioral health services, transplants, hospital discharges, and other specialized trips. The

Care Management Coordinators may also coordinate meals and lodging as a Member's needs or circumstances dictate. Working in this department requires compassion, organization and a commitment to getting the job done, which may require creativity and patience.

Business Solutions Group (BSG)

MTM has a highly-trained technology department responsible for MTM's NET Management System, including the identification and delivery of business information and business system solutions, including, but not limited, to management reports, data and information analysis, and business process improvement. This department is responsible for the IT and information services requested by our clients, transportation providers and other partners/subcontractors. Business Solutions performs all database management functions including coordination of production data processing and reporting for clients and MTM staff, Electronic Data Interchange (EDI), system enhancements, data analysis, and HIPAA compliance related to data transmission. Working in this department requires meticulous attention to detail and may require certification in a particular field.

Technical Infrastructure (TI)

MTM's Technical Infrastructure (TI) is responsible for the technology infrastructure and operations support of the MTM business operations including IT service desk, network (LAN & WAN) administration, system health monitoring, telephony system management, system/business continuity, and information security/privacy. The department serves internal and external clients to ensure all systems function optimally. Having a dependable technology infrastructure such as MTM's is no accident, but requires strategic planning and a dedicated staff to support it, along with a commitment to implementing qualified improvements. MTM invests in the company's technological infrastructure to ensure our clients receive the best service possible.

Client Services (CS)

The hallmark of MTM's business is our exceptional Client Services organization. Client Services works in collaboration with all MTM internal partners strives to ensure MTM is fully compliant with all requirements governing the transportation benefit. Client Services staff stays apprised of state Medicaid requirements. This organization's primary responsibility is the management of the program, which includes being a ready resource to our clients and making changes to staffing, processes, and procedures when necessary to meet contract requirements and client expectations.

Say: That was a lot of information to give you at one time. How about a breather? Let's take a 10-minute break and be back in our seats at *[insert time]* and ready to start again!

Say: Welcome back! Just to give you an idea of how the rest of our day looks – we're going to focus on your role as a CSR now – and we'll talk about the importance of what you do and how YOU impact our business. MTM includes a group of CSRs that work hard, but also know how to have fun. We recognize that our CSRs are the heart of our business and we want you to be successful and enjoy the time you spend here. Let's get started on making you confident and ready to tackle your new job here!

We have a short video that gives you a good idea of what it's really like to work at MTM as a CSR. Let's take a look.

Instructor Notes < MTM Site < Media < Videos < Sizzle Reel HD

Say: Well, what did you think? Can you see yourself fitting in here? Now we'll talk more about your actual role as a CSR, so you can get a better feeling for what your everyday work will consist of.

Voiceover

What is MY ROLE as a CSR at MTM?

CSRs answer each and every call with the objective of providing the best possible service and on the first ring. A typical call might include scheduling a ride, canceling a ride, or changing specifics to a previously arranged ride. A CSR serves as the face of MTM to our Members.

The ability to react appropriately to customer requests and needs is crucial. The need to acquire and maintain in-depth knowledge of, and adhere to, established CSC Protocols and Procedures is necessary. In order to be successful in this role, you **must** demonstrate sincere personal commitment to promptness, reliability, and quality of work. The MTM CSR role is critical to the entire business.

Your role as a CSR is at the core of our business model. The what, when, where, and how of what we do is placed in your hands each and every day and our success depends on it.

WHAT do we do?

We arrange rides for Members of health plans and state run programs by the most appropriate means, including; mileage reimbursement, public transportation, sedan, taxi, multi-passenger van, para-lift, non-emergency stretcher, and non-emergency ambulance.

WHEN do we arrange rides?

Rides are arranged after the appointment has been scheduled by the Member and in accordance to their plan's specific days of advance notice. The urgent nature of the appointment along with the number of times the Member has been educated on the days notice could determine whether the Member is asked to reschedule their appointment.

WHERE do we arrange rides?

We arrange rides for clients throughout the United States and within their programs specific distance limits to medical, and if offered by the plan; non-medical appointments.

HOW is transportation arranged?

All appointments are arranged through call intake and screening and entered into a system called the NET Management System or AS400. Each "trip request" is arranged using the most appropriate means of transportation and faxed via the NET Management System.

WHY do we do what we do?

MTM strives to be the very best non-emergency medical transportation company out of care for our clients and our general desire to make sure that our passengers get to their appointments safely and on time. Our Member's health is our top priority.

Modes of Transport

Voiceover

How do our Members GET to appointments? We always want to ensure that our Members utilize the most cost-efficient and best transportation for their needs and their healthplan. Most Members are considered ambulatory.

- Members who are considered ambulatory are defined as "any person being able to ambulate or having the ability to walk on his or her own without the need for a wheelchair lift."

Members who are considered ambulatory should always be offered either mileage reimbursement or public transportation as the recommended mode of transport. Sometimes, a cab is the only option available, and in those situations, MTM will provide transportation in a cab:

- Mileage Reimbursement is not an option due to no car, friend or relative able to transport, or health plan does not offer.
- Public Transportation is not an option due to no bus in the area, doctor's LON confirmed Member is not able to take the bus, or the health plan does not enforce.

Public Transportation is defined as "any transportation offered via public bus, light rail, or ADA regulated curb-to-curb service and is area specific."

MTM utilizes public transportation in areas where applicable. We have a Bus Department dedicated to processing and sending out bus passes. Our bus passes can be sent via regular mail or STAT Courier in certain areas. We also have Public Transportation Specialists who are available to assist the Member with any additional bus information that they may need. If it is the Member's first time riding the bus, the Public Transportation Specialists are available to educate them with the location of their bus stop, times, etc.

Mileage reimbursement allows us to provide Members a dollar amount per mile for the roundtrip to the provider's location and back. Although plans vary, our Texas plans require a trip log be filled out. We'll talk more about trip logs as we progress through our training.

Now we'll start to get into the industry basics that you'll need to be familiar with in order to be successful as a CSR.

Instructor Note < MTM Site < CSR 101 < Specialist List

There are several new terms you're going to learn. We're going to do an activity now that will help define some of these terms. Let's take a look at the Terms on our site. I'd like you to join your groups from earlier and we're going to do an activity to learn some of these.

Each group should choose 5 terms or acronyms from the list here [instructor should choose alphabetical limits for each group – depending on number of groups – Only Children (A-D); Oldest Children (E-L) etc;] that are NEW/INTERESTING to you and your group. You'll have 15 minutes to

select and discuss those 5 items and a spokesperson for your group should be prepared to share those 5 terms along with their definition to the class.

Instructor Note:
Give the class 15 minutes to choose their terms and spokesperson. Begin with Only Children and ask that each group share their chosen terms and definitions with the class.

Say: How many of you learned new terms that you had never heard before today? GOOD!

Voiceover
Striving to be the best, means that we place a heavy emphasis on providing good service. How many of you have ever been to Starbucks?

The people who work in a place like Starbucks almost always demonstrate great "hard skills."

Hard skills are technical or administrative activities related to an organization's core business. These skills are typically easy to observe, quantify and measure. They're also easy to train, because most of the time the skill sets are brand new to the learner and no unlearning is involved. Making a latte successfully is a hard skill.

By contrast, "soft skills" are typically hard to observe, quantify and measure. What comes WITH your latte? Is it a smile? Small talk? **Soft skills** define how people relate to each other: communicating, listening, engaging in dialogue, giving feedback – INTERACTION, at its core. Soft skills are those things that define the experience the participants walk away with a memory of.

Soft skills complement hard skills. Soft skills can also be an important part of the success of an organization. Organizations, particularly those frequently dealing with customers directly, are generally more prosperous if they train their staff to use these skills. Soft skills, while harder to measure, are crucial to your role here. Take a look at the list on display here. All of these are considered soft skills.

Say: Think about an experience you've had as a customer or client – personal OR professional – that was memorable for the wrong reasons.

Say: Do you find that the bad experiences you are thinking about were a result of the person you dealt with NOT using a skill from this list?

Instructor Note:

Pause for feedback and solicit answers from learners.

Say: Notice there are things that seem simple on the list – "Listening" – but can have a profound impact on an experience. Ever had to repeat an order or a request – MORE than once? Do you find it makes for a poor customer experience?

Say: Who's willing to share a story with us?

Instructor Note:

Ask someone to share a bad experience.

Say: Was it easier to remember a poor experience than a great one? Do you see how what seem like very common sense skills are of the utmost importance to what you'll do as a CSR?

Instructor Note – MTM Site < Media < Videos < Bad Customer Service

Obviously, this is an example of a horrible customer experience, but it is an interesting illustration of what NOT to do! Over the next few days, we're going to talk about the various soft skills that you'll need to master in order to be successful on calls with YOUR Members!

Say: Let's break for lunch and then we'll come back and dive back into this afternoon's materials! We'll be listening to some calls after lunch and talking more about soft skills then covering some general industry information. Please be back in your seats and ready to go in 45 minutes. Thanks for a great morning session!

Say: Welcome back! To continue making the connection between our goal to provide outstanding service and the power you have to do that, we're going to talk more about call quality. The difference between simply doing your job and providing a service to our customers requires soft skills.

Say: For our next activity we're going to listen to some calls from the other CSCs. You'll find that you're going to hear a mix of calls - some good, some challenging - but listen to all of the calls and put yourself in the shoes of the Member. Think about the soft skills we talked about right before lunch. What do the Members take away from these calls?

Instructor Note:

Play audio clips (MTM Site < Calls < Average Joe, Checklist, Hold Before Inf) and stop after each call for discussion. After each of the calls - stop and talk about the questions on this slide.

On that call:

1. Did you hear a smile from the CSR?
2. Did you think the CSR treated the Member with respect?
3. If you were the Member on this call, would you have felt like you received good service?

Instructor Note:

After discussion of the final call - proceed with remainder of materials.

Say: The soft skills we just talked about are a topic we'll continue to revisit throughout training. It is important for us to not only meet our procedures/policies and protocols, but also to ensure we spend time on soft skills simultaneously. This is a good time for a short break. Let's take 10 minutes and be back in your seats ready to finish out the day!

Voiceover

There are 3 types of medical coverage that Members utilize for our services.

Medicaid is a health insurance program available only to certain low-income individuals and families who fit into an eligibility group that is recognized by federal and state law. Medicaid does not pay money to the individual; instead, it sends payments directly to the health care providers. Depending on the state's rules, individuals may also be asked to pay a small part of the cost (co-payment) for some medical services.

Medicaid is a state administered program and each state sets its own guidelines regarding eligibility and services.

Many groups of people are covered by Medicaid. However, within these groups certain requirements must be met. These may include age, whether an individual is pregnant, disabled, blind, or aged; income and resources (like bank accounts, real property, or other items that can be sold for cash); and whether the individual is a U.S. citizen or a lawfully admitted immigrant. The rules for counting income and resources vary from state to state and from group to group. There are special rules for those who live in nursing homes and for disabled children living at home.

Medicare is a health insurance program for:

- People age 65 or older or under 65 with certain disabilities
- People of all ages with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a kidney transplant).

Medicare has:

Part A Hospital Insurance - Most people don't pay a premium for Part A because they or a spouse already paid for it through their payroll taxes while working. Medicare Part A (Hospital Insurance) helps cover inpatient care in hospitals, including critical access hospitals, and skilled nursing facilities (not custodial or long-term care). It also helps cover hospice care and some home health care. Beneficiaries must meet certain conditions to get these benefits.

Part B Medical Insurance - Most people pay a monthly premium for Part B. Medicare Part B (Medical Insurance) helps cover doctors' services and outpatient care. It also covers some other medical services that Part A doesn't cover, such as some of the services of physical and occupational therapists, and some home health care. Part B helps pay for these covered services and supplies when they are medically necessary.

MC+ Managed Care is a health care delivery program serving certain MC+ recipients that meet specified eligibility criteria. The goal is to improve the access and quality of health care services for Medicaid and state aid eligible populations, while reducing the costs of providing that care. The intention is to achieve this goal by enrolling eligible MC+ recipients in MC+ managed care health plans that contract with the state to provide a specified scope of benefits to each enrolled recipient in return for payment made on a per Member per month basis.

The MC+ managed care health plan is required to provide most of the basic benefits as identified by the state plan for adults and all medically necessary services for children under the age of 21. Other services previously not covered under Medicaid/MC+ may be provided to recipients if the MC+ managed care health plan determines it is a suitable, appropriate, and a cost-effective approach to providing a covered service.

Say: We're going to continue to work on learning industry information that you'll be exposed to. Now that we've learned about coverage, let's do an exercise that helps you learn about specialists.

Instructor Note < MTM Site < CSR 101 < Specialist List

Say: On our site, you'll find a list of types of specialists - these are physicians who have expertise in a specific area of medicine. Go ahead and take a look at these, take about 5 minutes to do so.

Say: Now we're going to do a quick quiz! Don't worry, this isn't part of your final assessment! This is just an easy way to test what you learned in your reading. Once everyone has finished, we'll move on!

Instructor Notes: < MTM Site < CSR 101 < Medical Specialty Quiz

Say: Did everyone know most of the answers prior to today's activity? We're going to tackle two more topics today. The first is eligibility.

Voiceover

Not every Member who calls in will be eligible for the trip he is requesting. You'll rely on the Net Management (AS400) system to display eligibility for you.

If a Member is Eligible for transportation benefits their file will appear as you see here. The CSR will be able to proceed with assisting the Member and setting his transportation.

Eligibility is determined by plan and sometimes a Member exceeds his trip limits. If that happens, or a Member is Not Eligible for another reason, the display will look like you see here.

If a Member is showing "not eligible" then the CSR must refer back to the protocol for that specific plan. The Member will either be referred back to their health plan or transferred to our CSCOT Team for assistance.

Eligibility is determined early in your call and you'll always be able to determine whether or not a Member is eligible prior to moving forward in your workflow. We'll be continuing to talk about Eligibility as we move through training.

Voiceover

Our final topic for today is Trip Remarks. Trip Remarks are crucial for documenting the outcome of a Member's trip request. These remarks not only help keep an accurate history of the Member's requests, but also help the next CSR speaking to the Member see what has occurred in the Member's history. Let's look at the Trip Remarks document in your reference guide.

Trip Remarks could document things like compliments for CSRs or transportation providers, complaints about service or transportation, or even alert us to fraud situations. The Trip Remarks Available for use are all on the job aid in your reference guide and you'll use this document frequently on the job, so plan to keep it handy when you begin taking calls.

< MTM Site < CSR 101 < Trip Remarks Activity

On the site, let's do an activity to help make you familiar with Trip Remarks. Go ahead and access the Trip Remarks activity and complete it.

Say: You've all done a great job today and I really appreciate your participation. Tomorrow we're going to start looking at the NET Management (AS400) system and you'll begin learning about how you'll enter trips into the system while you're interacting with Members. We're going to get hands-on experience tomorrow, so get plenty of rest tonight!

Day 3

Say: Welcome back today! This morning we'll be getting into the basics of the NET Management or AS400 system. Ready to get started?

Workflows

Instructor Note: MTM Site < Process Flows < Houston Flows

VOICEOVER

Let's take a look at the workflows on the site. Here you can see exactly what a call looks like from start to finish. There are 5 workflows. Each is driven by the actions/results of each individual decision box.

Look at Eligibility. Here, if we follow the boxes, we see that if we reach the end of the chart, we've determined Eligibility and can proceed to the second workflow chart and continue with the Trip Set Up portion of the call.

Starting at the upper left corner at the first box – if you verify that the client is in the right place, and speaks English, and isn't deaf, hard of hearing, or speech impaired, the next step is to verify name, Medicaid ID #, address, and phone number. Once complete, Eligibility is confirmed.

At several points through the workflow, the call could end – depending on the answers to the questions provided by the Member. Note that each of the termination points include instructions for the steps the Member/CSR should take.

Once Eligibility is confirmed, we move to the Trip Set Up workflow.

On the Trip Set Up workflow, the first step is entering the trip information into the NET system. If the recipient has access to free transportation – the trip is denied and the call can be concluded. If the recipient does not have access to free transportation and is a first time caller, we educate the Member on services available. If the Member is qualified for mileage reimbursement, the mileage reimbursement workflow is utilized. If the Member is not qualified for mileage reimbursement – the CSR will determine either Public Transportation or Sedan/Wheelchair and proceed to the correct workflow.

We'll take the path for Public Trans/Bus flow first. This workflow shows a first step to confirm distance from bus stop in an effort to determine if the reimbursement for Public Transit will be via bus reimbursement or ADA reimbursement. If public transportation or ADA is not certified – the LON process is begun and the next appropriate workflow to review is the Sedan/Wheelchair.

The Sedan/Wheelchair workflow is where further determination is made about the ability of the Member to ambulate or not. If he is ambulatory or has a wheelchair that he can transfer from, the trip is set with the sedan provider. Members that have wheelchairs and cannot be transferred are set on trips with wheelchair providers. Members that have ambulance or stretcher requirements, will follow the additional workflow steps shown here.

This exercise helps illustrate how a call proceeds from start to finish and the questions/decisions that determine the next step for both the Member and the CSR.

Say: Next, we're going to explore the AS400/NET Management system. First - you're going to take a look in your reference guide at the various abbreviations you'll begin seeing as you use the system and read documentation in the system. Please take a look at the NET Management abbreviations page in your guide.

NET ABBREVIATIONS

Say: You'll find on this list that many of these are simply shortcut ways to make our notes shorter in the system. Words like "daughter" are shortened to DTR and words like "hospital" are shortened to HOSP. You'll quickly learn these abbreviations after seeing them repeatedly in your practice exercises in the AS400.

Medical terms like testing or medical abbreviations are typically already abbreviated, so we use the actual abbreviations the medical providers do – such as MRI, EKG, etc.

There are several guidelines that we follow in using the AS400 that will quickly become second nature to you. For example, looking at this slide, you can see that we:

- AVOID using punctuation in the system in the following fields:
    - Name
    - Address
- AVOID using PO Box addresses – ask for physical address or 911 address
- **Tab** will move the cursor to the next field
- **Shift and Tab together** will move the cursor to the previous field
- **+** on the number pad will clear information following the cursor on a field
- All times should be entered as military time
    - 1:00 am - 12:00 pm are entered: 0100, 0200, 0300, etc.

- 1:00 pm = 1300
- 2:00 pm = 1400
- 3:00 pm = 1500
- 4:00 pm = 1600
- 5:00 pm = 1700
- 6:00 pm = 1800
- 7:00 pm = 1900
- 8:00 pm = 2000
- 9:00 pm = 2100
- 10:00 pm = 2200
- 11:00 pm = 2300

When viewing a popup list or drop down field, press **Page Down** & **Page Up** to see additional options

- "Pop Ups" will appear on the screen when fields are left blank, incorrect data is entered in a field, or data entered in a field is outside the plan parameters. Always read the pop up, determine relevancy, make necessary corrections, and press **Enter** to exit the pop up.
- The following terms can sometimes be used interchangeably due to verbiage changes:

OLD TERM:	**CURRENT TERM:**
(Personal) Gas Reimbursement	Mileage Reimbursement
AS/400	MTM NET Management System
Vendor	Transportation Provider
Call Center	Customer Service Department
Medicaid	Medical Insurance

Say: We've covered a lot this morning! This is the perfect time for us to take a break before we continue our training. Let's be back in our seats in 10 minutes!

Say: Welcome back! Everyone should go ahead and launch the NET Management application and we're going to explore the system as a group. You'll use your user id and password from your HR orientation sheet from Monday.

Instructor note – this portion of the training will be led verbally by you – please ensure you cover all of the information listed.

- The first screen you see here is the login screen. Login using your user name and password you were provided.
- "User" field, type appropriate sign on (typically last name followed by first initial)
- "Password" field, type created password
  - On first log in, the password will be the same as the User name
  - The system will prompt you to change your password
  - The password cannot start with a number
  - The system will prompt you that a change in password is required every 45 days
  - The system will begin to prompt you daily for 2 weeks before the change is necessary
- All other fields not necessary to complete
- Press "Enter" to continue

The next screen you see is the CUSTOMER SERVICE MENU SCREEN.

- List "01" on "Option" field to sign in
- Press "Enter" to continue

Find the Training Accounts list in your reference guide and choose for this exercise, we'll use [insert] *(Connor Test = Stacy) (Mary Test = Sharon) (Candy Test = Doug)*

On the following screen, we'll begin a search for the Member calling.

On "Type selection from list" field, the last entry that is left blank "_" is where Type 1-6 will be entered according to what search criteria is being used (Name=1, Phone Number =3, Trip #=6, etc.)

- We'll choose 1 to search by Member name – and enter Connor, Test with no spacing and press "enter"

Sometimes, we're unable to find a Member in the system after attempting to locate the Member by multiple search methods. After all attempts have been made to locate the caller by name, alternate spellings of name, phone number and no match can be found, the Member must be added to the system. This is not completed CSRs – but the CSR will follow the process for adding a new Member.

Protocols are checked to determine if Members can be added by MTM or if they must be added through an upload from their plan.

If the Member must be added by the plan, the caller is politely informed that they will need to contact their health plan to verify their eligibility for transportation services.

If the Member can be added by MTM, the following information is placed in an email and sent to the Reports Specialist and Team Lead(s). Member's Medical ID #, Last Name, First Name, Middle Initial, DOB, Gender, Complete Address, Phone #(s).

The caller is informed that he will be receiving a call within the next several hours.
Either the Reports Specialist or Team Lead(s) will check eligibility by contacting the plan, checking a web site or listening to an automated eligibility line.

The Reports Specialist or Lead(s) will email a response to all stating that the file was added and is active for requests or has been made not eligible due to ineligibility.

As call volume permits, a call will be placed to the Member to inform of the eligibility status.

On the next screen, the CSR will see immediately if the Member is Eligible.

- **If ELIGIBLE,** the CSR will retrieve all necessary information to arrange the request.

- **If NOT ELIGIBLE**, the CSR will politely inform the caller that "Health Plan [insert] is currently showing you're not eligible for transportation services. I am unable to arrange transportation for you at this time. If you believe that this is an error, please contact the Health Plan."

- Confirm the account (There could be multiple accounts with the same name)
- (See far right column indicated as "PLAN")
- Verify DOB if necessary
- List "1" next to specific account
- Press "Enter" to continue

Your next step is verification.

- 4 key pieces of information must be confirmed on every file and should not be offered
- Verify the name
- Verify the address
- Verify the telephone number
- Verify the medical id or DOB (one or the other must be confirmed on every file)

Update Member Certification screen will display next.

This screen will appear upon entering the file of a plan that enforces the Level of Need Process. Close attention would need to paid to this screen to determine if a certification needs updated, has been updated recently or is pending an update.

- Cert Status-shows the status of the cert (i.e. Not Certified, Certified, Temporary Certification, Pending Certification)
- Member name-shows the name of the Member
- Xport Mode Cert-shows the current mode of certification (i.e. Walk, Public Transportation, Cab, Para-Lift, etc.)
- Description-shows a more clear description of the current level of certification
- Effective-shows the date that the certification became effective
- Expires-shows the date the certification will expire

Last updated: shows the date, time and who made the last update to the Member's certification

NOTE: This screen will not appear if the plan does not enforce the Level of Need Process.

Press "enter" to continue and we'll move into the Trip History screen next.

Over time, past requests will be archived. These requests can be viewed by pressing F8=See Old&New

A quick review of this screen can tell you a lot about what a caller is stating or questioning. You can see what transportation provider typically accommodates and also if a request has been canceled, denied, left in waiting or is scheduled.

For this exercise, we're going to schedule a NEW trip – so we'll populate the Appointment Date field – use 2/6/2012 for the date and the appointment time of 1400 on the Time field. Press F1 to add a trip.

- ❑ The Member Red Flag screen shows next.
- ❑ The Red Flag contains all important information that would be needed on each and every request
- ❑ The system will prompt the Red Flag to pop up each time a request is entered

Read the Red Flag thoroughly (page up or page down) for any information that will need to be listed on a request (directions, specific needs, gate codes, passwords, etc.)

- ❑ Transportation providers cannot view the Red Flag
- ❑ Additions to the Red Flag can be added for any information that will need to be viewed for any future requests and can be saved by pressing "enter"

- Additions can be added to the Red Flag in any request and the change will reflect on any request entered
- Follow any Red Flag instructions

We won't be making any changes to the Red Flag screen for this exercise, so press F3 and we'll continue.

The TRIP MAINTENANCE SCREEN 1 contains information about the caller and will prompt us to ask questions about the mode of transport. Let's look at each of the fields here.

- Blank fields will require an entry, with the exception of the Inst/Directions field, as this may not be needed
- The account holder's medical I.D. #, first, last and middle initial, age, DOB, Trip Number (authorization #), date of request, CSR that arranged and updated the request's sign on, the date and time the request was started are all listed at the top of the screen

- The "Caller dif?" field would be documented "SELF" if it is the account holder calling or with the name of the complete caller name if different and their contact number and relationship. Their phone number is critical if not residing in the same household. For our exercise – let's all type SELF in this field.

- The "Rel:" field is noted as "MEM" if the Member or any friend/relative is calling on their behalf. The field is noted as "FAC" if any person from a facility is calling on their behalf. No need to type anything in this field today.

- The "Would you like to use our mileage reimb. program?" field is plan specific and should be questioned if the appropriate if the account holder has a car or a friend or relative available to transport. We'll type "Y" for this exercise.

    - NOTE: If this field does not have a "Y" for yes, the mileage reimbursement option will not appear at the time of vendor shopping. See Vendor Selection

- The "Auth" field is the name of the CSR authorizing the request – type your name here.
- The "Trp Typ" field is as follows : T=To, R=Round, F=From – Today we're doing a roundtrip for our Member – please type R into this field.

- The "Appt Dte" and "Appt Tm" fields are entered by the system according to what was entered on the Trip History

- The "Ret Tm" field is the time the transportation provider should return and is used for specific appointments (dialysis) when an exact time is known. Today, we'll use 15:30 for the return time.
    - All other requests, the "WILL CALL" time of "2359" is entered

- Trip Maintenance Screen 1 also shows the pick up and destination counties if distance is a factor
- The "Pickup" field is the address of pick up is entered by the system according to the address that was in the Update Screen
    - If the caller is requesting to be picked up at a different location than what the system contains, question the following: "Is this permanent or for a temporary timeframe?"
        - The temporary change to the pick up address can be made to the specific request.
        - A permanent change to the pick up address must be made in the Update Screen
    - Typically all drop offs should be to the same location as pick up, but exceptions can be made (school, work, etc), but these sort of requests would require additional requests and are considered "multi-legs"

Today – we won't make changes to these fields – as we'll have Member picked up at the system address.

We'll need to search for the Member's provider by the telephone number. Once you've obtained that number from the Member, (we'll use 8169235800) type it in here and press F6.

- The search brought up several results by telephone number
- Page Up and Page Down will show more selections listed alphabetically
- Both names of persons and facilities could be listed

Next – type in a 1 next to the provider that is correct. We'll use Swope Health Services Center for this exercise. Press enter to continue.

Our medical provider's information was located in the Provider Search, and the information was automatically be inserted into the:

- "Destination" field because "R" for Round was entered
- "Pickup" field if the "R" for Round was entered

Any changes made to a request can be viewed by pressing, F10=SEE HIST from Trip Maintenance Screen 1 to verify or clarify what has been changed in this file and when the

change was made. NOTE: This screen will not need to be checked on every request, only when in question.

- What date and time the change was made
- What specifically was changed
- What it was changed from
- Who made the change

- Only certain criteria are allowed to be changed on a request. If any other changes are made and it is determined through the Trip History that the changes were made after the request was faxed off, the change(s) is to be considered to be done in error.
- Changes are only shown after the request is exited and re-entered.

Enter F11 to cancel this screen and we'll move into the 2nd Trip Maintenance Screen.

This is the screen where we determine what Trip Reason codes should be used. Remember, when questioning type of doctor – always ask "What type of doctor are you seeing?" - NEVER asking "WHY."

- On "Trip Reason Cd" field, type a *
- Press "Enter" to continue

- The Trip Reason Codes will consist of covered and non-covered services
  - See specific plan's list of Covered and Non-Covered Services
- Trip Reason Codes are in alphabetical and not numerical order
- Use Page Up and Page Down to see all codes - *If appropriate code is known by memory, it can be inserted manually without searching the "Select Trip Reason Code" screen*
- List the 2-digit code to match the type of service requested on the "Selection:" field. For this exercise, we'll select 35 – Cardiac Rehabilitation.
- Under the "Note" column are protocol specific criteria with instructions such as:
  - PRIOR AUTHORIZATION=Contact plan to verify this service is covered
  - These notes specify any plan parameters

If your caller has special needs, you'll use the Special Needs questions to ensure the appropriate transportation is arranged.

- Special Needs fields: "Pregnant (Y/N)", "Require Wheelchair Lift (Y/N)", "Require Attendant (Y/N)" and "Crutches/Walker/Cane (Y/N)" are marked "Y" for yes or "N" for no, after determination.

- If the "Pregnant (Y/N)" field is marked as yes, the expected due date should be documented on the Special Needs field.

- The "Require Wheelchair Lift (Y/N)" field should be marked "Y" for yes if determined that a transfer cannot be made from the wheelchair or "N" for no if determined that a transfer can be made from the wheelchair.
    - If determined that a lift is required, the following information should be retrieved and marked on the "Special Needs" field
        - Type of wheelchair, approximate weight of the person, and number of steps
    - If determined that a transfer can be made and it is understood that the person is not wheelchair confined, the "Special Needs" field should be marked "Can Transfer"
    - If the wheelchair being brought cannot be collapsed and put in the trunk of the vehicle, the "Require Wheelchair Lift (Y/N)" field should be marked "Y" for yes (i.e. electric, scooter, etc.)

- The "Require Attendant (Y/N)" field is marked with an "N" on all requests. The field can changed to a "Y" if requested and allowed by the plan.
    - **NOTE: ALL fields can be entered "N" for no if request is for mileage reimbursement. These fields are only necessary when MTM is transporting.**

- The "# of Car Seats Needed", "# of Addtl Psgrs" and "# of Addtl Psgrs w/Appt" fields should be marked numerically
    - **NOTE: ALL fields can be entered "0" if request is for mileage reimbursement. These fields are only necessary when MTM is transporting.**
    - If the "# of Car Seats Needed" field is completed, both the age and weight in pounds of the child should be documented on the Special Needs field.
    - This is to ensure that the transportation provider brings the appropriate age/weight child safety seat for the child.
    - Check the specific state's age/weight requirements for car seats to determine if a child safety seat is needed.

- If the Member requires a service animal, the CSR will document this information on the Special Needs line in the NET Management system to read, "Has a service animal." The CSR will also document the Red Flag section of the NET Management System for future reference.

- ❑ After the Special Needs questions have been completed, document the "Special Needs" field with any directions, specific needs, gate codes, passwords, or any other information that was contained in the Red Flag needed by the transportation provider.

- ❑ We don't have any special needs for our caller today – so press F11=Update record.

Next, we'll need to locate Trip Status Code/Complete Vendor Shopping.

If the request is incomplete and requiring more information and should be left in waiting or needs denied or canceled, use the appropriate Trip Status Waiting Code. We're ready to complete our request.

- ❑ On "Trip Status" field, type a *
- ❑ Press "Enter" to continue

If the request is complete, it is ready to be F16=Vendor Shop (Shift + F4)

- ❑ Do not select a transportation provider if the request will be left in waiting, denied or canceled
- ❑ If the plan follows the Level of Need process, a dummy vendor must be assigned to a request in order to exit.
- ❑ See VENDOR SELECTION-Selecting a Dummy Vendor
- ❑ The request cannot be exited once it is started with a Trip Status Code
- ❑ Once a transportation provider has been selected for a request, the Trip Status will be completed automatically

The Trip Status Codes will consist of schedule, denial, cancel, escalate and waiting codes.
    - ○ Trip Status Codes may be specific to plan, department and/or Customer Service Center
- ❑ Trip Status Codes are grouped in order
- ❑ Refer to your list of Trip Status Codes for a refined and grouped list - *If appropriate code is known by memory, it can be inserted manually without searching the "Trip Status Selection" screen*

- ❑ Use Page Up and Page Down to see all codes
- ❑ List a "1" next to the most appropriate selection – for our exercise – use AO – trip added – not scheduled.
- ❑ Press "Enter"

Mileage is calculated by the system at the time of "Vendor Shopping." Check plan's protocols to ensure the request is within the plan limitations for distance.

If the system has determined that the pick up and drop off addresses is less than 1 mile in distance, the caller will be asked if they can walk to/from their medical provider's office. *NOTE: This option is to be offered and a person should not be denied transportation if they oppose.*

- ❑ Our Member today is unable to walk to the appointment, so we'll press F12=Cancel to continue Vendor Shopping when the caller mentions that walking is not a possibility due to weather or health related reasons.

Our Member isn't able to take advantage of either mileage reimbursement or bus today – so we'll continue the steps to find a vendor for his trip.

Say: Let's go ahead and take a break in the materials now for lunch. Be sure you lock your terminal by pressing CTL-ALT-DEL. You've really learned a lot today already and we're halfway through our day! I'd like you to break for lunch now and take 45 minutes.

Instructor Note: Bring class back together after lunch and continue.

When on the Vendor Selection screen:

- ❑ Do not disclose one transportation provider's price with another
- ❑ Do not mention anything concerning cost to a caller
- ❑ List "5=Display" on the "Opt" field to display any notes regarding the transportation provider

This screen contains any information regarding the transportation provider

- Specific directions regarding transfers, car seats, etc.
- Sub Location
- Phone Number
- Alt Phone Number
- Fax Number
- Etc.

- ❑ The first selection (which is the closest transportation provider) is made regardless of pricing, unless the plan offers Right of Choice.
  - ○ If the plan offers Right of Choice, it is questioned and selected regardless of price or mileage, but LON process must be followed or if there are any other specific plan rules that override the Right of Choice.

- The most appropriate transportation provider is contacted for availability before selection is made if the request is within 48 hours (excluding weekends or holidays) or the mileage is 75 miles or greater
- A transportation provider can be "preferred" as long as a selection has not been made and it does not show an increase in pricing, even if it is not the closest transportation provider.
    - At times the trip history can show that the transportation provider that is "preferred" normally transports and eliminates a turn back.
    - The F4-Trip Remarks must be documented with the reason why the closest transportation provider was not chosen.
- When finished reviewing the Vendor Information, press F12 to exit.
- Back on the Vendor Selection Screen, enter 1 next to our selection and Press "Enter" to continue.

Next, we have to document Trip Remarks, which include information such as:

- Transportation Provider's contacted and names of who declined/accepted
- Eligibility confirmations
- Documentation on why a request was canceled, denied, or left in a waiting status
- Health Plan names that give authorizations/approvals on requests outside of the parameters of the plan.

To locate the specific Trip Comment Code, while your cursor is on the 3rd hash line, press F4=Prompt

- Trip Remark (Comment) Codes may be specific to department
    - Refer to the list of Trip Remark (Comment) Codes for a refined list by department
- All Trip Remark (Comment) Codes are in order alphabetically
- Use Page Up and Page Down to see all codes
- List a "1" next to the most appropriate selection
    - If appropriate code is known by memory, it can be inserted manually without searching the "Select Comment Code" screen
- For this call, select MI for Miscellaneous Information – we'll type in a comment about the Member traveling alone, and having no special requirements and confirming eligibility.

Once Trip Maintenance Screen 1 and 2, and all other additional screens have been completed; the Trip Type, Date, Time, Pickup and Destination addresses, Trip Reason Code, any Special Needs, transportation provider, amount of miles is confirmed with the caller.

The caller is also informed to be ready 1 hour prior to their appointment time (unless the request is long distance and met approval), although the transportation provider might not show up that early if the distance is minimal. The caller is advised to call with any changes/cancellations.

Press F3=Exit

The next screen to display is to fax the trip.

- The fax will automatically appear as you F3=Exit the Trip Maintenance 1 Screen, unless the request was for mileage reimbursement or was not assigned to a transportation provider
- Let's choose F10= Send Fax

After a transportation request has been faxed or exited, you will be brought back to the Trip History Screen.

We're ready for our next call.

- To enter a new account, Press F3=Exit to exit back to the Database Lookup Screen

Say: Now that you've seen the system, we'll give you some additional information about what you've seen and how your role ties in with the system component.

Trip Types

VOICEOVER

There are different types of trips that are applicable for our Members. Those types of trips include Standard, One-Way, and Multi-Leg.
Standard trips are those trips that are standard. They are trips that transport a Member to an appointment and back to the point of origination. The majority of your trips will fit into this category.

For standard round trips, the Trip Type should be a:

"R" if the Member is going as a **ROUND** trip and is requesting transportation home and is to be set with the same transportation provider.

Sometimes, Members don't require a standard trip. In some instances, a Member needs a ride to an appointment, but not the return trip, or vice versa. These would be considered One-Way trips. Any requests put in as a one-way require a note in the F4-Trip Remarks as well as the special instructions/directions line explaining why it is a one-way.

For one-way trips, the Trip Type should be a:

"T" if the Member is going only **TO** the medical provider
"F" if the Member is going only **FROM** the medical provider

In some instances, Members require multi-leg trips. These would include trips that not only transport a Member to an appointment, but also include a pharmacy stop prior to returning home. For multi leg trips, all trip legs must be coded as "T" trips, except for the final leg that must be coded as an "F" trip.

- Any documentation is generally looked for in leg 1. All remaining legs require a note in the F4-Trip Remarks stating "See notes in leg 1". This guarantees that any trip that is entered would refer the reader to the proper trip to locate documentation.
- Documentation indicating each leg of the trip should be specified on the Special Needs field. Example: Leg 1 of 3, Leg 2 of 3, Leg 3 of 3.

For any "leg" of the trip that is home/school/work/etc, the Trip Reason Code used for the first "leg" would be used. Do not use Trip Reason Code 57-Non-Medical as this could appear that MTM is arranging transportation to non-covered services.

- This code is used on trips that are arranged to capture a denial or for accounts where non-medical services are covered. i.e. grocery store, hair salon, etc.
- Example: Psychiatric appt, Pharmacy stop, then home would be coded as follows: First Leg-**28**-Psychiatrist, Second Leg-**21**-Pharmacy, Third Leg-**28**-Psychiatrist

These designations will make more sense when we do practice exercises as we get into the AS400 today.

RTPS are another type of trip that we schedule for Members. These are utilized when Members have regular ongoing appointments with no minimum amount of days or a pattern. Once a recurring trip is entered into the system, the system will release each Friday for the following two weeks. Changes should be made to any trips that are showing in the system and for trips not yet showing as "released," should be handled by Care Management.

- ✓ Recurring trips occur when a Member has a regular ongoing appointment
- ✓ Recurring trips can only be set for trips that occur at the same appointment time and same destination
- ✓ Recurring trips can be set up for a period of 3 months, unless it's for dialysis which can be set for a period of 6 months
- ✓ Recurring trips help keep call volumes down

- ✓ Recurring trips that are verified correctly save time and money
- ✓ Recurring trips cannot be set up for plans that have trip limits
- ✓ A recurring trip can be set up to automatically produce trips in the computer

When creating a new RTP:

- ✓ Follow standard trip intake
- ✓ Document days, times, and expiration date on the special needs line
- ✓ Select "provider pending"
- ✓ Leave trip in "WR" Status
- ✓ If the trip meets urgency guidelines and is for same day/next day, transfer the caller to the CSCOT Queue 8108

We'll practice more around the RTP process as we continue our training and get into the system. Before we take our morning break, let's cover one more topic – LON – or Level of Need. Not all plans require that we perform a Level Of Need (LON) assessment. If a Health Plan enforces the Level of Need process this means the Member must be certified for each mode of transportation that they utilize. If public transportation (bus) shows as the most appropriate form of transportation, the Member must use bus unless there is a medical reason why they cannot. At this point, the CSR would start the Level of Need Process.

The Level of Need process is one way that MTM can ensure our Member's are riding with the most appropriate form of transportation while taking their medically necessary needs into consideration. As a CSR, you will gather the Member's primary care information. If required, our care management department will send a level of need form to that doctor. The doctor will then fill out the form and fax it back to us. The Care Management department will then certify the Member for whatever mode of transportation the doctor feels necessary.

Say: This is the perfect time for us to take a break before we continue our training. Let's be back in our seats in 10 minutes!

Instructor Note: Bring class back together and resume with Modes of Transport.

Say: Did you all have a good break? Let's jump right back into the materials with Modes of Transport.

Modes of Transport

Voiceover

Yesterday, we talked briefly about the different modes of transport. Depending on health plan and eligibility, the majority of our Members are ambulatory and will utilize gas mileage reimbursement or public transportation. When requesting gas mileage reimbursement (GMR), Members will report mileage using one of three methods:

1. Requests that must be called in prior to trip occurring.
2. Requests that must be called in after trip has occurred (up to 7 days).
3. Requests that must be put on a log.

CSR will follow standard trip intake marking the, "Would you like to you mileage reimbursement?" question with a "Y." You see an example of this on this screen.

Some exceptions will allow Members to take a cab, and the next screen shows how the AS400 displays such a situation. Note that the vehicle type is a "C."

We also have Members with special needs that we have the ability to address when applicable.

Para-lift or also known as wheelchair lift is defined as "any person not being able to ambulate and therefore requiring a lift van."

A Member meeting any of the following criteria would qualify for transportation via Para-lift:

- It is confirmed that Member does not meet any of the criteria for an ambulatory transport (walking, mileage reimbursement, bus or cab/sedan)
- It is confirmed that Member will be transported using a wheelchair that does not collapse and therefore cannot transfer from the wheelchair to a seat and will require a wheelchair lift

This screen shows the AS400 view of a paralift. Again, note the vehicle type in a paralift trip this is designated by a "P".

In rare instance, Ambulance and Stretchers are used on a non-emergency basis for Members that must be transported in a position lying down or that need a paramedic due to IV's, equipment, or medical observance. Any requests or cancellations of an ambulance or stretcher trip must be completed through the designated specialist, after the CSR has documented the trip. A follow-up

email is necessary to ensure that the Member's transportation request was looked into and that the call transfer was successful.

Voiceover

Choosing A Vendor

When choosing a vendor for our Members, we always base the choice first on most cost effective providers. Exceptions do occur in some situations, and would include:

- Mileage exceeds 20 miles of deadhead
- The Health Plan offers Right of Choice
- The facility has a Sole Source Provider

Preferred Provider/Right of Choice

- A Preferred Provider is when a Member prefers to ride with a certain transportation provider. If the Member's preferred provider is still the most cost effective option they may be chosen from the shopper, even if it is an increase in the mileage, provided it is no more than 20 miles away.
- Right of Choice is an option offered by a select few of our health plans. If a health plan offers "right of choice" the Member is free to choose which transportation provider they would like to ride with. It is selected without question but within reason.
- For plans that utilize "right of choice," the Member should be asked which transportation provider he prefers and this transportation provider should be selected. ***HSSC does not offer Right of Choice.***

Note: Some health plans may have the "right of choice" option but still follow the LON process. In this case, the Members are free to choose which specific vendor they would like to ride with, but would still have to be certified for a higher mode of transportation.

- In the event that the transportation provider is not part of MTM's network, the CSR would send the trip to the Coaches who would place the trip in "EC" (Escalate to Network Management)
- The MTM Network Management Department will make every possible attempt to arrange the ride with the requested transportation provider.

MTM utilizes Independent Contractors as part of our network of Transportation Providers.

The CIC is a department within MTM that works with Independent Contractors which are just like our Transportation Providers.

An Independent Contractor or IC is similar to MTM's traditional Transportation Providers. They are an individual using their own vehicle to provide transportation for our Members.

- They are credentialed the same as a Transportation Provider.
- They transport our Member safely to and from their medical appointments.
- They keep in contact with the CIC staff on a normal basis.

The CIC team works closely with our IC drivers to help lower cost of transportation. We select the trips and create their schedules in a cost effective manner. The CIC team schedules them like a dispatcher would for their own drivers.

Look at the screen here, note how the transportation provider **JT Nixon & Associates** is preceded by the letters IC. (IC) is how we identify an IC in the shopper.

What would determine if an IC was a good choice for your Member?

Since the goal of the IC program is cost savings we look at the following information for determination before trips are accepted:

- Area of Pick up and Drop off—To See what IC driver is in the area
- Distance of trip--- We prefer trips 50 miles or more, but will be happy to accept a request for less mileage.
- Check the Schedule to see if there is anything conflicting with the proposed trip request.

If you see an IC vendor in the shopper, we ask that you please do not select them for a trip without prior approval. Approval can be given by anyone on our CIC staff, by simply calling 8162 for trips less than 2 business days notice. E-mail us at "CIC Requests" or call 8162 for trips with 3 or more business days notice.

Say: For today – we're going to stop training. Can you believe how much we covered??

You've done an amazing job staying engaged today. Tomorrow is going to be another busy day – we'll see you bright and early tomorrow!

Day 4

Say: Welcome back today! Is everyone feeling like they got a good idea yesterday for what a typical call will sound like? Today, we're going to continue to learn some basics, do some additional practice, and then we'll be learning about your performance objectives and listening to and scoring some calls.

Voiceover

MTM is a non-emergency medical transport provider. This does not mean that we don't receive occasional calls from Members who feel they are in an Emergency Situation. In your reference guide is a Caller Emergency Situation document. Note that in most situations, Members should be instructed to call 911 in case of emergencies. However, there are exceptions that merit CSRs to assist Members.

In situations where Members are unable to call 911, and are truly in emergency situations, such as suicide, Team Leads or Managers will be asked to assist in contacting emergency services while the CSR keeps the Member on the line.

While emergency calls are rare, we do receive requests that we deem URGENT at times. Always consult our Urgency Guidelines when a Member is requesting an urgent trip. These guidelines are included in your reference guide. Please look at that document now. You'll notice that there are some situations that aren't included in the Urgency Guidelines, when applicable, our workflow begins with calling the facility to determine the true urgency. The decision from the facility drives our next actions.

Say: We'll take a few minutes and complete a quick exercise to ensure you understand this section of our training. Please go to the Urgency activity on the site. There are 5 questions here – go ahead and answer those at this time.

Instructor Note: MTM Site < Urgency< Urgency Activity

Give the class 10 minutes to complete the activity and once everyone has finished, move to the next section.

Say: You might have heard us refer to CSCOT this week, and it's time that we provide further information about them for you. CSCOT is a special group within MTM that handle special types of requests. You'll find a document in your reference guide that goes into detail on how to forward requests to CSCOT, but the basic requests that CSCOT handles are:

- New RTPs
- Existing RTPs
- Trips that require VERBAL Auth from the HP
- Stretcher/Ambulance Requests

Any eligibility discrepancies should be referred to CSCOT as well, this means:

- Members showing in system as Not Eligible.
- Members who do not appear in the system at all.

Say: Aside from the calls that have to be referred to CSCOT, we also have other situations that arise that necessitate other departments assist us.

Say: You can see on the AS400 screen here that there are many types of escalated trips listed – such as Ambulance or Stretcher, Public Transit, etc.

Say: Depending on which option you choose, the AS400 will automatically default to the correct trip status code for the desired escalation process. For example, if the CSR chooses option 12 for "trip under 3 days notice," the trip status will then automatically be change to "W8." Let's look at the Escalated Process in your Reference Guide. When we do our practice exercises, we'll revisit these types of escalations and complete a few in the AS400.

Voiceover

How many of you have heard the term, HIPAA? HIPAA is the Health Insurance Portability and Accountability Act of 1996. This Act keeps our Member data safe and the privacy of our Members at the forefront of our everyday operations. As a CSR, you'll be handling Member data each and every day, and it's crucial to take the steps necessary to keep that information secure.

Say: In your reference guide, you'll find a HIPAA Guidelines document. As a CSR, you'll want to follow these processes and always make Member privacy a priority. Please take a look at the HIPAA Guidelines with me.

Voiceover

Under the Health Insurance Portability and Accountability Act of 1996, MTM is obligated under federal law, including, without limitation, to maintain the confidentiality of information, including personal healthcare information of all Members.

It is critical that we protect our Members' information at all times. This includes the bullets you see listed on these guidelines. Some of the most important points to remember:

- Keep all documents that contain Member-specific information out of sight and utilize the metal bins located throughout the CSC to dispose of such documentation when necessary.
- DO NOT give out medical numbers to Members no matter how much information they verify.
- Confirm passwords on accounts when applicable prior to providing ANY information to a caller.
- When leaving messages for Members, never provide specific information - simply request a call back regarding transportation.

By safeguarding Member information, we not only protect our Members, but our company as well.

Say: This is a good time for us to break, as we're going to begin CSR Performance Measures when you return. Take 10 minutes and then we'll plan to get started when you get back!

Say: Welcome back! We're going to talk until lunch about your performance objectives. What are the goals you'll strive to meet in your position as a CSR?

Voiceover

Due to our various contract requirements with state agencies and healthcare providers, our customer service center is held to service level requirements. That means that we have a limited number of "rings" allowed prior to a call being answered. Careful balance of calls per hour per CSR and the length of time spent with each Member is important.

How is the performance of a CSR measured?

Individual calls per hour and handling time goals change as a CSR grows more comfortable with this position and will change after the 90 day introductory period. Obviously, as you become more

familiar with the calls and the job, your handling time and number of calls handled will improve. Your performance is also measured based on observations performed on your calls.

MTM has a state of the art monitoring program in place that is used to assure quality of our customer interactions. We'll be listening to some calls shortly and talking in greater depth about the observation process later today. Right now, let's take a look at the goals for Calls Per Day and Handle Time.

Your Goals for Calls Per Day and Handle Time

Ultimately, your goal is to maintain an average of 7 calls per hour, with an average 5 ½ minute talk time.

As a new CSR, the progression to achieve this goal is as follows:

- 0-40 days as a CSR - **5** calls per hour with average **7 ½** minute talk time.
- 41-90 days as a CSR - **6** calls per hour with average **6 ½** minute talk time.
- 91+ days as a CSR - **7** calls per hour with average **5 ½** minute talk time.

Average Handle Time:

Note: Handle time is talk time and hold time combined

Your goal is - 7 minutes.

Remember, as with any dynamic environment and the nature of differences between calls, your interactions with Members will vary from call to call. Some calls will take significantly less talk time and less hold time, while more complex issues will take longer talk time, as well as longer hold time. Your goals are always an average. Don't get overwhelmed by the objectives on paper and think that every call has to be an exact length.

Error rate is another metric we use to evaluate CSR performance. Each month, our Quality Management group completes 15 trip audits to ensure accuracy on our Member interactions.

Error Rate:

Your Goal is <1.5%.

Another key component of performance depends on your observation scores during monitoring.

Your goals for Call Monitoring are as follows.

Call Monitoring Scores:

- 0-40 days as a CSR - **85%** scores on call observations.
- 41-90 days as a CSR – **90%** scores on call observations.
- 91+ days as a CSR – **95%** scores on call observations.

Call Monitoring scores are derived from the result of observations.
There are 9 sections to the observation score. These are:

- Section 1 – Greeting
- Section 2 – Professionalism
- Section 3 – Confidentiality
- Section 4 – Call Management
- Section 5 – CSR Workflow
- Section 6 – Hold Technique
- Section 7 – Transfer Technique
- Section 8 – Quality
- Section 9 - Closing

We're going to talk through these sections at this time, if you'd like to follow along with me, you have a copy of the observation form in your binder as well as a copy of the guidelines.

Section 1 – Greeting

1.1 Identified self and area – The CSR should immediately upon answering the phone introduce themselves in the greeting of their contact.

a) Did the CSR thank the Member for calling or state, "Good Morning/Good Afternoon?

b) Did the CSR use their first name in the greeting of their call in a manner in which the caller could understand?

1.2 Properly identify the company – The CSR should immediately identify the company (Health Plan) the caller is trying to reach. They should not answer the phone as MTM unless specified in protocols.

a) Did the CSR thank the Member for calling?

b) Did the CSR use the Health Plan name in entirety without using abbreviations?

1.3 Verifies three pieces of HIPAA.

a) The CSR should follow HIPAA guidelines and must verify three of the five pieces of information to be compliant.

i) Name of Recipient

ii) Address

iii) Phone Number

iv) Medical ID

v) Date of Birth

If the CSR scores a 0 in this component, the entire observation will be scored as a 0 due to ensuring 100% compliance with HIPAA guidelines.

Section 2 – Professionalism

2.1 Used proper grammar.

a) CSR should refrain from using MTM jargon or abbreviations when speaking with callers.

b) CSR should use the right choice of wording as to not frustrate the caller or make them feel intimidated.

c) CSR should always speak in a professional manner.

d) CSR should pronounce their words clearly and in a manner in which the caller can understand.

2.2 Use of customer's name during the call.

a) CSR must use the caller's name throughout the call to show respect.

b) CSR must use the caller's last name unless granted permission to use the first name.

2.3 Asks open ended/probing questions.

a) Did the CSR say, "How may I help you today?" or any variation of offering assistance.

b) CSR should ensure they have gathered all the facts before making any speculations as to what happened previously in the trip that contributed to the issue.

Section 3 – Confidentiality

3.1 Obtained caller's name/relationship/telephone number before disclosing info – The CSR should ask caller information immediately after the greeting in order to identify the caller.

a) Did the CSR gain information from caller immediately after the greeting?

b) Did the CSR gain medical ID or other information if necessary in order to access account quickly?

c) Did the CSR obtain caller's name, relationship, and telephone number before disclosing personal information?

The next few sections are the heart of the Member's interaction with MTM. This is where CSR's provide the best service by asking important questions and offering solutions. Think about the requirements for good call management, CSR workflow, and listen to the hold and transfer techniques as we do observations.

Section 4 – Call Management

4.1 Uses open probe to start call/asked appropriate questions – The CSR will ask additional questions to confirm that they have an understanding of the caller's original request. CSR should take callers age and sex into consideration before asking the special needs questions.

a) CSR should reconfirm caller's needs to ensure they captured correct information.
b) CSR should confirm date and time of the appointment.
c) CSR should verify type of trip required.
d) CSR should verify facility information using F6 function in Net Management System.
    i) Facility phone number
    ii) Doctor/Facility name
    iii) Facility address
    iv) Type of doctor being seen
e) CSR should determine if there are additional passengers.
f) CSR should not ask a Member under the age of 12 or over the age of 50 if they are pregnant.
g) CSR should take the caller's special needs into consideration when asking about mobility capabilities such as crutches, walker, cane or wheelchair weight information.
    i) If the caller requires a paralift or stretcher/ambulance, the CSR needs to be cautious of how they ask the caller about their weight. "Ms/Mr Caller, in order for me to ensure we get you to your appointment safely, I need to ask what is your approximate weight including equipment? (If applicable.) The CSR should also ask if their wheelchair is manual or electric.
    ii) If caller requires paralift or stretcher, the CSR should also inquire to determine if the Member has steps outside of their home and approximately how many steps.

4.2 Verifies telephone number and address during the call.

a) The CSR must verify the Member's address and telephone number on all calls at some point throughout the call.

i) If Member does not have a phone number the CSR should indicate that in the F4 notes.

4.3 Offers mileage reimbursement.

a) CSR should explain the benefits of utilizing mileage reimbursement.

b) CSR needs to ensure proper education is made on the following:

i) Retro Process/Prior/Gas Logs

ii) Mileage reimbursement form process

4.4 Offers bus when available.

a) CSR should explain the benefits of taking public transportation.

i) Caller does not have to wait for transportation provider to pick up using the will call process.

ii) Taking the bus allows you the flexibility of being able to manage your time.

4.5 Acknowledged and answered all questions.

a) CSR needs to overcome caller's objection to taking public transportation or using mileage reimbursement.

b) CSR needs to provide the caller proper education on why they are denying based on state or health plan protocols.

c) CSR must educate the caller on next steps for mileage reimbursement, RTP, LON, OOC, Meals & Lodging and PA to reduce multiple callbacks and caller frustration.

d) CSR should never put blame on another department or CSR. They should always take personal accountability for any issue that arises.

i) "I have reviewed your trip and have identified the issue, I apologize for this inconvenience and I will do my best to get it resolved for you quickly."

e) If the caller is irate, the CSR should address the caller's personal concerns before making any recommendations about the trip.

f) CSR should never interrupt the caller when they are clearly upset. They should let the caller know they are there to listen to their concerns. After resolving the caller's personal needs, they will make recommendations on how to resolve the trip issue.

4.6 Gave correct answers.

a) Demonstrates expertise by clarity of questions to ensure you speak to the caller in a manner that meets the caller's experience with MTM. First time callers need more information for education purposes.

b) CSR must provide accurate information when setting trips by utilizing proper processes and procedures specifically LON, RTP, PA, OOC, Meals & Lodging and Mileage Reimbursement.

4.7 Recapped the trip/Quantified all commitments to the caller.

a) CSR must provide the caller with a review of the trip details.

i) Date and time of appointment

ii) Pick up and drop off locations

iii) Trip type (one-way, round trip or multi-leg)

iv) Special needs requirements (if applicable)

v) Passenger information (if applicable)

vi) Transportation provider information

vii) Mileage (long distance trips beyond protocol mileage guidelines)

4.8 Confirmed understanding.

a) Encourage customer to clarify – This component is to allow the caller to affirm the reason or request for accuracy purpose.

b) Checks for customers overall understanding of product and service.

i) Mileage reimbursement

ii) Public transportation

iii) Cab

iv) Para lift/Stretcher

c) Ensures proper education is made on the following

i) Pick up and drop off procedure

ii) Prior authorization process

iii) Out of county/State process

iv) Meals & lodging

v) Urgency guidelines

vi) Level of Need form

vii) Mileage reimbursement form process

viii) Recurring trip process

d) Identifies and discusses appropriate solutions, options and/or alternatives – The CSR needs to review appropriate solutions before making recommendations and enter necessary F4 notes within the Net Management System.

i) Bus exclusion

ii) Special needs (para lift/stretcher)

If the CSR scores a 0 in this component, the entire observation will be scored as a 0 due to not documenting F4 notes.

e) Confirms and responds appropriately to the caller's message.
   i) Reaffirm the caller's needs for mutual agreement.
   ii) Apologize for misinterpreting the caller's original reason for calling.

4.9 Problem solving.

a) CSR needs to portray confidence in order to convince the caller that they can handle their concerns or request.

b) CSR should take all appropriate steps of assisting the customer before escalating the call.

c) If a caller calls and requests a supervisor immediately, the CSR should inform the Member that they can't escalate to a supervisor without trying to resolve the issue first.

Section 5 – CSR Workflow

5.1 Verifies eligibility including Member's demographic information.

a) If the caller is not eligible for transportation, the CSR verifies via website, Health Plan or IVR and provides information to have caller added to system.

i) First and last name

ii) Medicaid ID

iii) Birthdate

iv) Sex

v) Address

vi) Telephone number

5.2 Verifies the provider's address.

a) CSR clarifies the provider's address which was given by the caller.

5.3 Provides information about the benefits and accessing services.

a) CSR should review Health Plan protocols to ensure the caller is meeting days notice guidelines and educate the Member on proper call in procedure for future trips while following current protocols and urgency guidelines.

b) CSR should decide if the trip meets the guidelines to set or deny based on protocols and F8 Red Flag within the Net Management System.

i) The CSR needs to ensure they review the covered/excluded list, eligibility requirements, and F8 Red Flag notes on account.

c) CSR should communicate the value of MTM's transportation services wherever applicable.

d) The CSR should always inform the caller why specific information is needed to set the trip.
    i) HIPAA Regulations – "In order for me to process your transportation request, I will need to verify three items of identification. This is to ensure we are compliant with HIPAA regulations."
    ii) Special needs questions – "In order to set your trip with the appropriate transportation provider, it is necessary for me to get your weight."
    iii) Additional passenger's age and weight information (car seats) – "It is important for me to get the ages of the additional passengers should an emergency occur as well as determining car seat requirements."
e) Acknowledges customer's probable feelings.
    i) When protocol states that we cannot set trip, the CSR should acknowledge and empathize with the caller's feelings of being denied.
f) Proper call back procedure – CSR needs to educate the caller on the call back procedure if a requirement on this call.
    i) Meals and lodging request, network EC trips, complaint process, and after hours.

Section 6 – Hold Technique

6.1 Requests permission and explains to place caller on hold.
    a) CSR must always gain permission from caller to place them on hold.
    b) CSR should not put caller on hold unnecessarily.

6.2 Periodic time check.
    a) CSR must go back to the caller after having on hold for no more than two minutes (depending on Health Plan) to make them aware of the status.
    b) CSR should always thank the caller for holding when bringing them back on the line.

Say: How did this CSR deliver on appropriate hold technique? Did you score this section well?

Section 7 – Transfer Technique

7.1 Transferred call appropriately.
    a) CSR should educate the caller by letting them know why they need to be transferred.
    b) CSR should also educate on whom they are being transferred to and provide the caller with a call back number in case they are disconnected during the transfer process.
    c) CSR needs to ensure the caller they can assist with the request instead of transferring to a specific CSR as caller requested.

Section 8 – Quality

8.1 Overall (tone and courtesy words).

a) CSR should show empathy when speaking to Members by using phrases like – "I understand your situation/frustration and I will do what I can to accommodate your request."

b) CSR must always maintain a positive upbeat experience for the caller without being condescending or rude.

c) CSRs voice should fluctuate in a tone that expresses concern on the caller's behalf.

d) The CSR should apologize based upon the situation and reaction of the caller.

e) CSR should keep an even tone throughout the call.

f) CSR should never elevate their voice to match the callers if the caller is upset.

g) CSR should keep a smile in their voice that demonstrates appreciation.

h) CSR should do their best to match the caller's rate of speech in order to reduce the frustration level of the caller.

i) If the caller speaks slower than the CSR, the CSR should try to match to ensure the caller is retaining all the information we are providing.

j) CSR should always pause throughout the contact of the call to give the caller an opportunity to respond, ask questions, or reconfirm information.

k) Allows customer to speak without interruption.

l) CSR should inform the caller that they value them as a customer.

m) CSR should use courtesy words such as, "Please, thank you, and one moment" throughout the call.

n) CSR should gauge the caller's eagerness to get off the call and keep chit chat to a minimum.

o) CSR should refrain from having discussions involving religion, politics, or anything that may have conflicting view points.

8.2 Minimizes distractions.

a) CSR should use appropriate listening skills and focus strictly on caller.

i) Tune out background noise from peers.

ii) Eliminate other distraction (email).

iii) CSR should jot down quick notes to keep attentive to the caller's needs.

b) CSR needs to ensure they are not interrupting their conversation with the caller due to outside distractions (finishing up on previous trips, peers chatting, email, another call rings in, or music.)

Section 9 – Closing

9.1 Ended call properly (thanked caller/offered further assistance).

a) CSR must confirm the caller does not have any additional questions or needs to set up additional trips.

b) CSR must thank the caller for calling.

c) CSR must remind the caller if they need to make any changes or have questions about their trip to contact us at their earliest convenience.

d) CSR should use phrases that help direct the call flow to get the caller on and off the phone as quickly as possible.

Say: Before we dive into our observations, I'd like to let you give your brains a break! Let's break for lunch at this time and be back in 45 minutes. When we return, we're going to spend our day with YOU conducting observations. Enjoy your lunch!

Instructor Note: *Bring the class back together.*

Say: Welcome back! I hope you had a great lunch. We've got a lot to talk about this afternoon, so let's jump right in! As we discussed before lunch, performance measures for you here are your observation scores when you're monitored. As I mentioned earlier, MTM has a monitoring process in place that is industry leading.

Say: In order to understand the call observation, we're going to listen to a call and use the observation form and guidelines to provide a clear explanation of the different parts of the calls you'll be scored on. Remember, just as crucial as the observation guidelines, are the SOFT SKILLS that we talked about on Tuesday. These are the basics of good service.

Instructor Note: *Form is on MTM Site < Forms < New Call Monitoring Tools*

Say: Let's listen to a call and walk through the observation while we listen. The guidelines provide specifics for each section of the form that is used for the final score. On the site, you'll find an electronic version of the form. Use that to score the calls as we listen.

Say: We'll talk about the different parts of the scoring at the end of the call, don't be afraid to take notes that you want to discuss after the call is over. Is everyone ready?

Instructor Note:

Begin playback of pre-selected call.

MTM Site < Calls < Observation.wav

Display the observation form on the screen for the duration of the call and after the call concludes, begin discussion below, showing each accompanying slide.

Section 1 – Greeting

Say: What did we hear on that part of the call? Were the 3 components of the greeting met appropriately? How did you score this CSR on the greeting?

Section 2 – Professionalism

Say: Did the CSR use proper grammar? What about the other components of this section? How did you score this call for professionalism?

Section 3 – Confidentiality

Say: Did this CSR do a good job in securing confidentiality? Score this section of the observation based on how you believe he performed.

Section 4 – Call Management

Say: What did you notice about this portion of the call? Did the CSR ask good questions and determine both the most appropriate AND cost effective method for this Member? Would you have offered this Member a different solution? Go ahead and score this section of the observation on your form.

Section 5 – CSR Workflow

Say: What did you notice in this section about how the CSR handled the Member's eligibility? Did you hear any techniques that you think will be useful when you begin taking calls? How did you score this section for this call?

Section 6 – Hold Technique

Say: Did you agree with the hold technique this CSR used?

Section 7 – Transfer Technique

Say: How did this CSR deliver on appropriate transfer technique? How did you score this section?

Section 8 – Quality

Say: This section of the call helps determine whether or not we provided a quality Member experience. If you were on the other end of this call, would you have felt like you were a valued Member? Would you have felt like you had the CSR's attention throughout the call?

Section 9 - Closing

Say: Did the caller end this call feeling as if his needs were addressed? Did the CSR ensure that the Member expectations were met? Do you think the Member left the call understanding exactly what would happen prior to their trip?

Say: Looking at that call overall, how did you score this CSR on this observation? Do you have a good understanding now of how you'll be scored on your own calls? What about the Soft Skills on that call? What did you notice?

Say: You guys did a great job in that monitoring exercise. Let's go ahead and take a break now. We'll plan to be back in our seats in 10 minutes and we'll continue.

Instructor Note: *Regroup and begin.*

Say: On Tuesday, we spent time talking about soft skills and the importance of those when interacting with our Members. We're going to listen to another call now, but instead of focusing on the observation form, I'd like you to think in terms of soft skills in particular. Here is the list we talked about earlier this week. Take notes about the things you notice about THESE behaviors on this next call. After the call is over, we'll talk about what you heard and observed.

Instructor Note:

Begin playback of next pre-selected call.

MTM Site < Calls < Soft Skills 2.wav

Display the soft skills screen for the duration of the call and after the call concludes, begin discussion below, showing each accompanying slide.

Say: Did you find that this CSR demonstrated good soft skills? If you were this Member, how would you have felt about the call you just completed?

Instructor Note:
Facilitate discussion about the soft skills on this call, noting that the Member was asked to wait while the CSR was doing something else at the start of the call. Also talk about the sincerity and listening skills of the CSR.

Say: We're going to do that same exercise again – listening to another call specifically for Soft Skills.

Instructor Note:
Begin playback of next pre-selected call.
MTM Site < Calls < Soft Skills 3.wav
Display the soft skills screen for the duration of the call and after the call concludes, begin discussion below, showing each accompanying slide.

Say: Did you find that this CSR demonstrated good soft skills? If you were this Member, would you have felt like this CSR was interested in your needs?

Instructor Note:
Facilitate discussion about the soft skills on this call, noting that the CSR's tone at the beginning of the call was not friendly. Also note that he uses the word, "I think," frequently, and his reluctance to offer assistance in locating the provider by name without a telephone number from the Member.

Say: We'll listen to one more call for Soft Skills.

Instructor Note:
Begin playback of next pre-selected call.
MTM Site < Calls < Soft Skills 5.wav
Display the soft skills screen for the duration of the call and after the call concludes, begin discussion below, showing each accompanying slide.

Say: This Member was a bit difficult to understand, but did you notice the CSR showing any signs of frustration as a result?

Instructor Note:

Facilitate discussion about the soft skills on this call, noting that the CSR remained friendly throughout the duration of the call, despite difficulty in understanding the caller.

Say: Do you see the connection between good service and soft skills after listening to these calls? While we follow protocols and guidelines for the hard skills that we learn, the courtesy that our soft skills provide to our Members has a huge impact on our quality of service.

Say: After listening to calls today and walking through the observation process, how are you feeling about the prospect of taking calls? You did a nice job today. Tomorrow we're going to talk in-depth about what we refer to as Call Center 101. Enjoy your evening and we'll see you in the morning!

Day 5

Say: Welcome to the last day of our first week together! Today we're going to cover a couple of Quality Management topics and then get into Call Center 101, which includes some of the basics like MTM policy at the center.

Complaints

Voiceover

There are times when Members have what they consider to be a bad experience with either MTM or a transportation provider. In these cases, sometimes, they call with the intention of filing a complaint with us.

What is considered a complaint?

If a caller informs you that he would like to file a formal complaint/grievance, the following steps would be taken:

The CSR will escalate the call to the QM Queue **(8105)** and also email the QM Complaints **if** the complaint is regarding an accident, incident, or any type of substance abuse claim.

The email should include the trip number, Member/transportation provider names, and contact phone number.

NOTE: If the plan requires a warm transfer, inform the caller that the plan would like to hear from them directly. Contact the plan and warm transfer.

If a complaint call is after hours (after 5 PM) or on a weekend, document using the **AC**-After Hours code in the Trip Remarks. Email the QM Complaints burst with the trip number, Member/transportation provider names, and contact number for follow up on the next business day.

NOTE: If the plan requires a warm transfer and is not open, inform the caller that the plan would like to hear from them directly, please call back on Monday in order for us to transfer you.

After the first complaint code is entered in the F4-Trip Remarks, all supporting documentation regarding the complaint would be entered into the next paragraphs using the **MI**-Misc. Info code. If not handled in this way, it appears that there were multiple complaints filed.

Documentation of complaints should include no abbreviations and must be detailed, showing exactly who called and the circumstances.

If a caller states that he is frustrated, but would not like to file an official complaint, this is documented using an MI-Misc. Code using the NET Management system.

Say: Unfortunately, sometimes fraud and abuse are also present in our industry. We'll talk now about the Fraud and Abuse procedures that MTM employs to help stop such behaviors.

Fraud and Abuse

Voiceover

In relation to services provided by MTM; fraud and abuse encompass a wide range of recipient and transportation provider issues. Offenses that should be considered fraud and abuse include:

- Misuse of Medicaid or Medicare services
- Misuse of transportation and mileage reimbursement services
- Improper billing practices

MTM's Fraud and Abuse Program is set up to monitor and prevent cases of recipient and transportation provider fraud. Compliance Auditors review and investigate fraud alerts that are reported daily.

- Each day a Compliance Auditor pulls a report of the previous day's fraud alerts that the system has automatically generated. The Compliance Auditor investigates each fraud alert and works towards resolving the issue.
- Each fraud alert is posted to a monthly Fraud Alert Summary that includes the issue, a resolution to the issue, and a code to identify the type of issue that has been reported.

So what are examples of potential fraud?

- A Member states he has an appointment, but the doctor's office states the person is not scheduled for an appointment.
- A Member has been informed that a service is not covered, but the Member still makes an attempt to be transported to a facility to be seen for the service that is not covered.
- Two Members from the same household have set up mileage reimbursement for appointments that are on the same dates and to the same destination.
- A Member states he has a working vehicle but requests transportation service rather than mileage reimbursement without a medical reason for not driving.
- MTM is informed that a transportation provider did not complete a past trip, but the trip still has a scheduled trip status.
- A request has been made to set up transportation under the name of a Member for someone other than the Member.
- A Member's trip history reflects excessive trips to the Emergency Room or excessive routine appointments without a justified reason that warrants the excessive trips.

Although this list isn't all inclusive, it does present some typical examples of the fraud and abuse we sometimes encounter. The best way to prevent Fraud and Abuse is to do your part to follow the process:

- Report issue of suspected fraud and abuse by entering an FA code in the trip notes.
- Take immediate steps to prevent fraud or abuse from occurring, if at all possible. (i.e. deny/cancel trip request that involves fraudulent or abusive trip activity, contact team lead, Red Flag the member.)
- A Compliance Auditor will review the FA, Resolve the FA issue, and identify the FA type.

Say: Let's go ahead and take a break now. Now that we've covered Complaints and Fraud, we're going to move into what we refer to as our Call Center 101 after the break.

INSERT MATERIALS/INFORMATION

CSC Tier Levels

Chain of command

Scheduling

Say: You'll find a detailed document in your reference guide with some tips for using email in the workplace effectively – but some basics to remember:

- Emails should be checked routinely throughout the day for any changes or important updates
- Keep email minimized when on calls
- Close at the end of the day
- Emails should be used for business purposes only

Say: Since many of you have likely used Outlook or other email clients in the past, we're going to cover Outlook by completing an activity.

Using the materials in your reference guide for any additional help, complete the Outlook exercise you see here. If you need any help, please raise your hand and I'll be happy to assist.

Instructor Note:

Display activity on slide. Provide 10 minutes to complete, and provide assistance for anyone who needs it.

Say: How did that go? Everyone got the email sent? Let's break for lunch at this time and be back in 45 minutes.

Instructor Note:

Bring the class back together.

Say: Welcome back! For the remainder of our day today, we're going to do some additional practice exercises in the AS400/NET Management System.

Instructor Note:

Display exercise from slides and make your way around the room offering assistance as needed.

Say: Please follow the instructions for the requirement for this exercise. This is to refresh your memory on the system before we start practicing some different types of trips. Use your reference guide and ask any questions that might arise as you process the request.

Instructor Note:

When it appears that the class is finished, wrap this exercise and move forward.

Say: How did that go? Do you feel like you're getting a better feel for the system and setting up basic round trips?

Say: I'm going to walk you through an exercise where we do mileage reimbursement. I'd like everyone to pull up the account for medical #56461646456. What is the name of the Member that comes up for that number?

Instructor Note:

Display exercise from slide and verbally explain the process/screens while displaying AS400 screen on TV simultaneously.

Say: Now that you've completed a mileage reimbursement, let's do one more practice exercise today. This time, you guessed it – public transportation. I'm going to walk you through this exercise like the previous one.

Instructor Note:

Display exercise from slide and verbally explain the process/screens while displaying AS400 screen on TV simultaneously.

Say: You've had a lot to digest this week – for many of you this was a new industry, for most of you a totally new type of job. We've talked about policies for MTM, HIPAA, you've learned about Soft Skills, and basics of Customer Service expectations. There's a whole list here on the screen and it's not even the majority of what you've learned.

Say: Next week we're going to spend our first three days splitting the days into two parts. In the mornings we'll do practice exercises and role plays with the specific protocols. In the afternoons we'll be entering paper trips into the system for rides that have already been requested.

Say: Before we adjourn for today, take a moment to congratulate yourselves on your hard work this week. I'm very proud of you! Now, go enjoy your weekend and we'll see you Monday!

Week 2

Day 1

Say: Welcome back to week 2! Did everyone have a good weekend? As I mentioned last week, we're going to do much more hands on work this week, specific to the TX protocols! This morning we'll start with some practice exercises and some role playing activities.

INSERT AS400 PRACTICE EXERCISES
Break at 10 am
INSERT AS400 PRACTICE EXERCISES
LUNCH at 12 pm
INSERT AS400 PRACTICE EXERCISES
INSERT ROLE PLAY EXERCISES
Break at 2:30 pm
INSERT ROLE PLAY EXERCISES
Close for day

Day 2

Say: Hi there! Welcome back! You did a great job yesterday with your practice exercises, and paper trips. Today, we'll do some role playing activities to practice our SOFT SKILLS. Then this afternoon we'll spend entering paper trips like we did yesterday.

AS400 Practice Exercises
Break at 10 am
PAPER TRIP INSTRUCTIONS
LUNCH at 12 pm
PAPER TRIP ENTRY BEGINS
Break at 2:30 pm
PAPER TRIP ENTRY RESUMES
Close for day

Day 3

Say: We're officially half way through your last week of training! Great job! This morning we'll spend the first part of the morning talking through the plan protocols. I've had a few folks taking notes about questions they wanted to ask, and I'm sure it would be a good time to ensure we're all in sync.

Plan Protocols
Break at 10 am
Plan Protocols
LUNCH at 12 pm
Plan Protocols
Close for day

Day 4

Say: We're almost there. You graduate from training tomorrow! Today we're going to learn about the Cisco phones that you'll use every day. Once we've finished that portion of our training, we'll do some more paper trips, and then this afternoon, you'll take your final exams!

Insert CISCO Materials
(also included in REF GUIDE)
Nesting time – listen to calls on floor.
Lunch at 12 pm
Nesting time – listen to calls on floor.
Bring class back together at 4

Say: Welcome back and thanks for the hard work this week, I know listening to calls must seem monotonous, but that gives you great practice for taking calls! I'm going to direct you to the site to take the test. Notes are not allowed. Once you've finished, you're free to go for the day! Is everyone ready?

Instructor Note:

MTM Site < Graduation < Final Assessment

Final Day

Say: You made it! Today is your final day of training before you start taking calls! We'll finish up taking calls in the classroom after lunch today and then we'll answer any remaining questions you have and you'll evaluate your training experience from the two weeks. Is everyone ready to continue with taking calls?

Take calls in classroom
Break when necessary
Lunch at 12 pm
Take calls in classroom
Bring class back together at 2

Say: Before we finish our last "official" activity, what questions do you have from the past two weeks? Do you have any items that you've seen routinely that you have unanswered questions about? Anything you'd like to comment on?

Instructor Note:

Facilitate discussion for amount of time that is sufficient to answer all questions.

Say: That leaves us our last activity. Now is the time where you get to evaluate us. We're going to ask you to fill out a quick training evaluation which helps us determine which portions of the training were most helpful and which portions we need to improve on. Please be candid in your feedback. Your evaluation is not tied to you and we appreciate the honest responses.

Instructor Note:

MTM Site < Graduation < Training Evaluation

Say: Now that we've finished that, I want to thank you for your hard work over the past two weeks. I have had fun training with all of you and I think you'll enjoy the memories you see here!

Instructor Note:

Display photos from past two weeks on screen. Proceed with graduation activities including cake/punch/etc., if applicable. Provide reporting instructions for following week including location/hours. Dismiss.

MTM

Call Center Services

Welcome To CSR Training

Classroom Courtesies

- Be on time…Breaks…Lunch
- Be respectful – keep an upbeat attitude
- Pay attention
- Use professional language
- Do not work ahead- stay with the class
- Actively participate in conversation
- Have fun!

MTM

Icebreaker Activity

Finish the Sentence

Round 1

- The best job I ever had was....

Round 2

- The worst food I ever ate was...

Round 3

- The best vacation I ever took was to...

MTM

This Morning's Topics

Being a Customer Service Representative

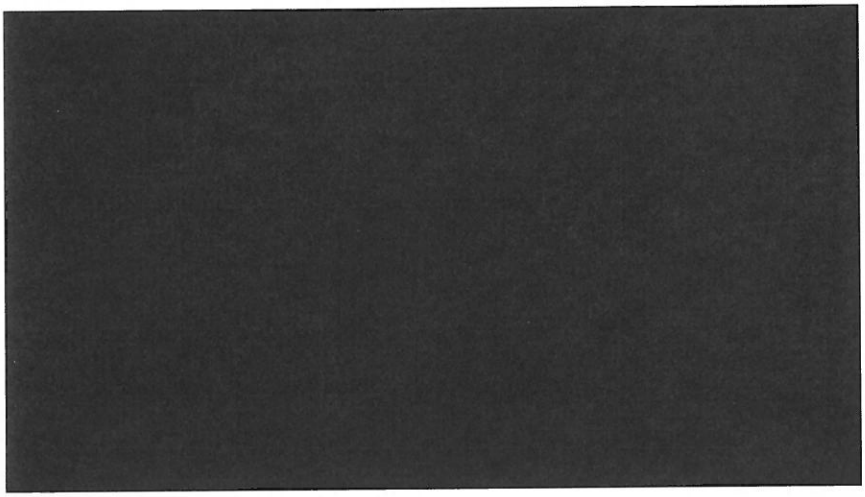
- What's it like to be a CSR at MTM?
- What is my role as a CSR?
- How does a high quality CSR perform?

General Call Information

- Military time
- MTM Terms
- Soft Skills vs. Hard Skills

MTM

What's it like to be a CSR at MTM?



MTM

What is my role as a CSR?

- Answer every call with the goal of providing THE BEST customer service possible to our Members.
- Take personal accountability to provide accurate and helpful service on each call.
- Demonstrate sincere personal commitment to promptness, reliability and quality of work.
- BE the face and voice of MTM.

MTM

Quality CSRs = MTM Success

- **WHAT** do we do?
- **WHEN** do we arrange rides?
- **WHERE** do we arrange rides?
- **HOW** is transportation arranged?
- **WHY** do we do what we do?

MTM

Military Time

Military Time	Standard Time	Military Time	Standard Time
0000	12:00 AM	1200	12:00 PM
0100	1:00 AM	1300	1:00 PM
0200	2:00 AM	1400	2:00 PM
0300	3:00 AM	1500	3:00 PM
0400	4:00 AM	1600	4:00 PM
0500	5:00 AM	1700	5:00 PM
0600	6:00 AM	1800	6:00 PM
0700	7:00 AM	1900	7:00 PM
0800	8:00 AM	2000	8:00 PM
0900	9:00 AM	2100	9:00 PM
1000	10:00 AM	2200	10:00 PM
1100	11:00 AM	2300	11:00 PM

MTM

Terms Exercise Activity

Term Review Time

Pass out Bingo Terms Handout & Specialist man

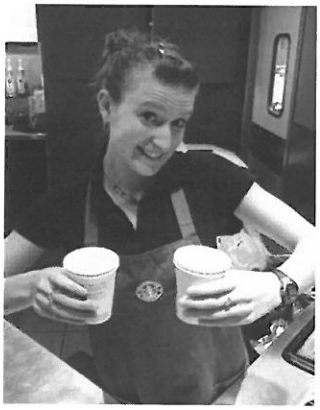
MTM

Terms Exercise

B.I.N.G.O.

MTM

Hard Skills vs. Soft Skills



MTM

How are soft skills related to what I do?

Communicating clearly	Listening	Servicing customers
Being on time	Following instructions	Teamwork
Getting along with others	Responsibility	Dependability
Appreciating diversity	Honesty	Enthusiasm
Leadership	Solving problems	Making decisions
Taking initiative	Creativity	Friendliness
Negotiating	Managing yourself	Self-Esteem
Good manners	Work Ethic	Adaptability

MTM

Soft Skills

What soft skills do you think are important for your position?

MTM

Customer Service????

MTM

Customer Service ????

Think about yourself as the customer in these situations.

(Show video now.)

MTM

Customer Service ????

What did you observe about the customer service in this video?

MTM

What is your first impression?

PHOTO: JOHN MCGRAIL/TIME LIFE PICTURES/GETTY

MTM

Insights from Sam Walton

"There is only one boss, and whether a person shines shoes for a living or heads up the biggest corporation in the world, the boss remains the same. IT'S THE CUSTOMER!

The customer is the person who pays everyone's salary and who decides if the business is going to succeed or fail. In fact, the customer can fire everybody in the company from the chairman on down, and he can do it simply by spending his money somewhere else."

MTM

First Impression Activity

Listen to each call and discuss the 1st impression

Call 1

Call 2

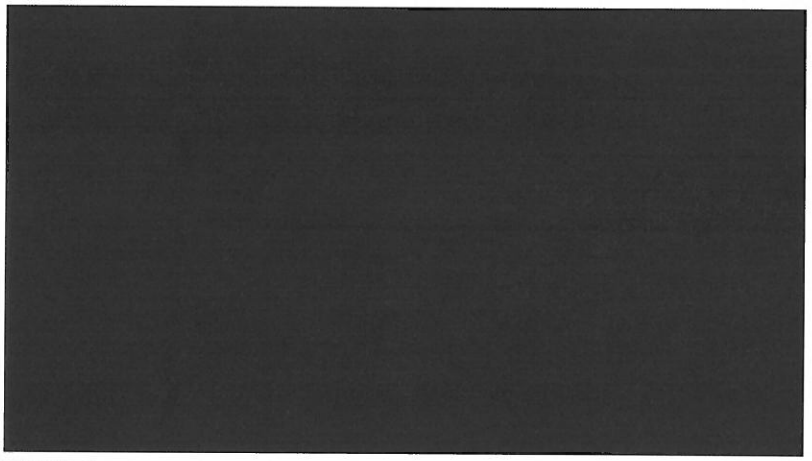
Call 3

Call 4

Call 5

MTM

First Impression Video



MTM

LUNCH

Time to rest your brains for a bit.
Be back here in **1 hour** and
ready to move forward.

Enjoy!

MTM

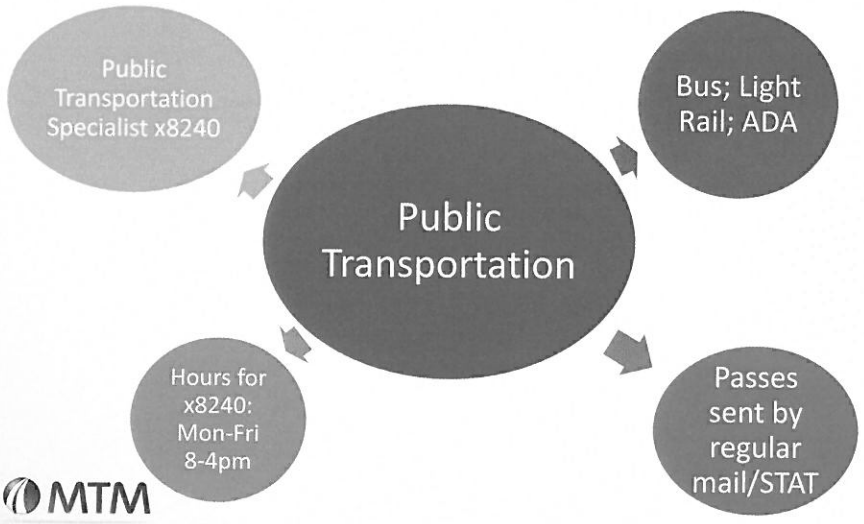
This Afternoon's Topics

General Call Intake

- Modes of Transportation
- Types of Medical Coverage & Specialists
- Trip Eligibility (Eligible/Not Eligible) & Remarks
- Emergency vs. Urgency

MTM

Modes of Transportation



MTM

Modes of Transportation

Gas Mileage Reimbursement

Dollar amount per mile for round trip to the provider's location and back. This is the preferred method of transport.

MTM

Medicaid

Available to:
Certain low income individuals
Families who fit eligibility criteria

Costs:
Depending on state rules – some individuals might be responsible for a co-pay for select medical services

Pays:
Healthcare Providers only

MTM

Medicare

Available to:
People 65 or older
People under 65 with certain disabilities
People of any age with end-stage renal failure

Costs:
Part A – generally no premium for Part A
Part B – most pay a monthly premium for Part B

MTM

Types of Specialists

Hand out *Types of Specialists* document for binders

MTM

Types of Specialists Activity

Time for a fun activity!

Types of Specialists word search

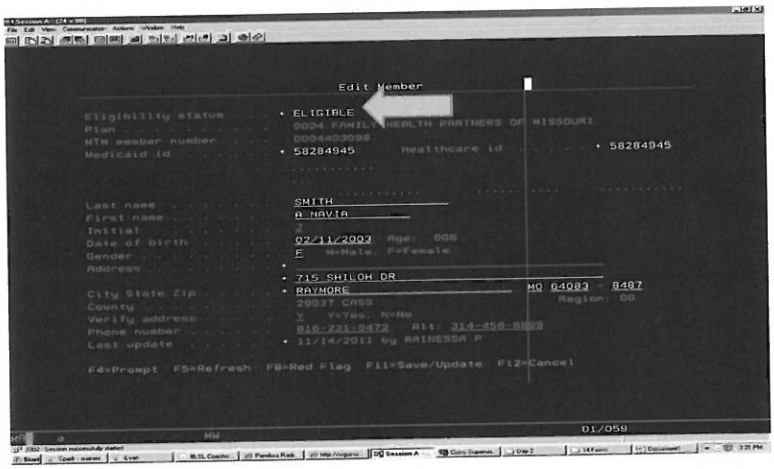
MTM

Trip Eligibility

- It is our job as a CSR to ensure that the Member is eligible for trips under their current plan
- Dependence on NET Management (AS400) to display eligibility
- Eligibility is determined by the plan
- Ineligible requests go to CSCOT/referred to plan
- Eligibility is determined early in the call and will guide the flow of the call.

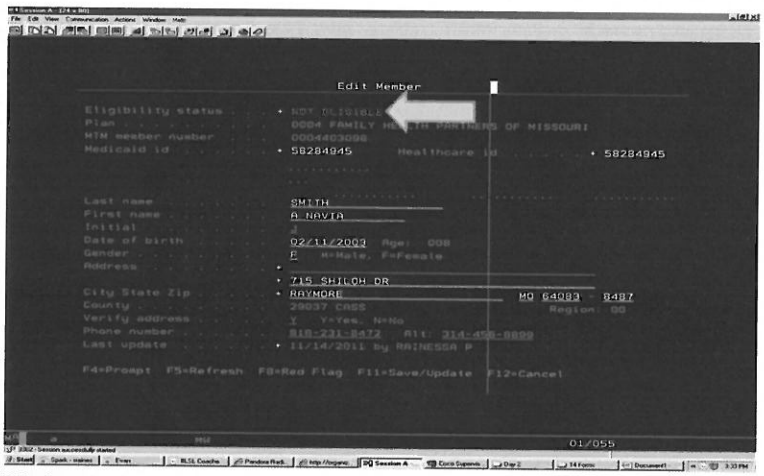
MTM

Eligible



MTM

Not Eligible



MTM

Trip Remarks

(Hand out trip remarks document)

- Trip remarks must be documented to indicate the outcome of a trip request
- Also referred to as **F4** notes
- Important for reporting purposes

MTM

Emergency vs. Urgency

Emergency Policies

- Situations requiring immediate action

Urgency Guidelines

- Requests for trips that are urgent in nature

MTM

Emergency vs. Urgency

- Hand out the *Emergency Situations* hand out
- Read that document silently to yourself now

MTM

Emergency vs. Urgency

- Hand out *Urgent Request Guidelines* document
- Review together as a class

MTM

Today's Recap

Being a Customer Service Representative

- Being a high quality CSR at MTM
- Excellent customer service & first impressions

General Call Information

- MTM Terms & Military Time
- Soft vs. Hard Skills

General Call Intake

- Modes of Transportation
- Types of Medical Coverage & Specialists
- Trip Eligibility (Eligible/Not Eligible) & Trip Remarks
- Emergency vs. Urgency

MTM

END OF THE DAY

ANY QUESTIONS?

MTM

END OF THE DAY

THANK YOU for your active participation today!

We will begin tomorrow morning at 0830. Have a wonderful evening!

MTM

MTM Call Intake Script for Reservation Line

Opening

1. **"Hello, my name is _____. May I have your name and Medicaid ID number please?"**
2. **"Are you calling to schedule a transportation request?"**
3. **"Are you calling for yourself or another member?"**
    a. If not the member, the CSR will ask, **"What is your relationship to the member?"**

HIPAA Verification

1. **"Can I please have your (the member's) name and date of birth?"**
2. **"Thank you, Mr. / Ms. _____. Is your home address still (CSR will say address)"**
3. **"Is your phone number still (CSR will read phone number)."**
4. **"Is that the best number for us to update you on changes to your transportation?"**

    NO → **YES- Go to #6**

5. CSR will document the alternative number
6. Opening and HIAAA verification complete

    If the member cannot verify any of the above information, they will be informed that we cannot set up transportation without going through the HIPAA verification process.

    a. If member is not in the system or shows as not eligible:
        i. **"I would like to transfer you to our escalation department so they can research your information further with regards to eligibility. Would that be ok with you?"**
        ii. **"Please hold while I transfer your call to them."**

Level of Service Information

1. **"May I please have the date and time of your appointment?"**
    a. If falls outside of days' notice requirements, CSR will use urgency guidelines to either deny transportation or continue with request.
    b. trip is denied and CSR will document the reason for denial as access to free transportation available.
2. **"Do you have your own vehicle?"**

    YES → **NO- Go to #5**

3. **"Can you drive yourself to your medical appointment?"**

    YES → **NO- Go to #5**

4. **"Do you use your vehicle for non-health related trips?"**

   YES → **NO- Go to #5**

5. **"Because you own a vehicle and use this vehicle for all other non-medical related activities, we must deny your transportation because your assurance for transportation has been met under federal Medicaid guidelines."**
   a. Trip is denied and CSR will document denial reason as access to free transportation.
   b. If member states they only have one vehicle for the household and spouse needs for work, then CSR will continue with transportation request.
   c. If member states they cannot afford to drive, CSR will ask if they will drive themselves if we provide mileage reimbursement at 24 cents a mile
6. **"How are you transported when accomplishing normal, everyday tasks such as grocery shopping, attending church services?'**
   a. If the participant responds by stating a friend or family member will take them, the CSR will then ask, **"Would your family or friend be able to take you to your medical appointment?"**

      YES → **NO- Go to Reservation Section**

7. **"Great, I will be happy to set this request as mileage reimbursement."**
   a. CSR will set up transportation request as mileage reimbursement, explain the mileage reimbursement program to member and send out Comdata card and trip log sheet.

Reservation Information

1. **"Are we picking you up at (CSR will say address on file) for this appointment?"**

   NO → **YES- Go to #3**

2. **Can I please get the address where we need to pick you (the member) up?"**
3. **"Thank you. Can I also get the address where you (the member) need to go?"**
   a. If the address provided is not the member's home address, the CSR will ask **"I notice this is not your home address, can you please indicate a reason for needing to be picked up at this alternate address?"**
4. **"Is there a specific building, entrance or suite number that we need to communicate to the transportation provider?"**
   a. If yes, the CSR will document in the special instruction line for the transportation provider.
5. **"What is the name of the medical provider or facility you are attending?"**
   a. CSR will document this into the special instruction line for the transportation provider.
6. **"In addition, I need the telephone number for the facility. Can you please provide that to me?"**

a. If the member does not have the facility information, the member will be asked to call back with all the specific information before transportation can be arranged.
    i. The trip is cancelled and the CSR will document the reason for cancellation as need additional information that member couldn't provide.

7. **"We need to ensure this is a Medicaid covered service. Could you please tell me what is the nature of your appointment? For example, is the appointment for a chiropractor, physical therapy, or a check-up?"**
    a. If the member is going to a non-covered service, the CSR will educate the member, **"I apologize, but I am showing that this service is not under the covered benefit. Therefore, you will have to find an alternative way to get to your medical appointment."**
    b. If the member is asking for a round trip to the pharmacy, CSR will ask the member if they are able to pick-up their prescription on the way home from a health care visit or if they have asked their health care provider or pharmacist if free mail order is an option. If neither of these are options, CSR will book the trip according to the urgency guidelines.
8. **"Will you require the use of crutches, a wheelchair, or a cane, or are you currently experiencing any issues with your pregnancy that would affect how you travel?"**

    YES → **NO- Go to #6**

    a. If the member uses crutches, walker, a cane, or is having difficulties with pregnancy, the CSR will document the need. If there is a pregnancy related issue for a member otherwise eligible to take the bus, the CSR will escalate to CSCOT to begin the LON process. For members utilizing DME, the CSR will include this information in the special instructions to notify the transportation provider. This will ensure the transportation provider has the ability to store these items during transportation.
9. If they are in need of a wheelchair: **"Is the wheelchair manual or electric?"**
    a. Wheelchair –**"Are you (is the member) able to transfer without assistance?"**
        i. **YES** – Book as Ambulatory – enter "manual can transfer" in TP Comments
        ii. **NO** – Book as Wheelchair – **"May I have your (the member's) approximate weight including the wheelchair?"**
        iii. **"Do you have steps or a ramp?"**
            1. If the member has steps, the CSR will ask how many steps and document in the special needs directions for the transportation provider.
    b. Stretcher – **"May I have your (the member's) approximate height and weight?"**
10. **"Will you require an additional passenger to go with you to your appointment?"**

    YES → **NO- Go to Mode of Transportation**

    a. **"Will they be assisting you or do they also have a medical appointment?"**
        i. CSR will document additional passenger information in the call intake system with Medicaid ID if they too have a medical appointment.

Mode of Transportation

1. If system shows that bus is the most appropriate mode: **"I am showing that public transportation is the most appropriate mode for your purposes, so I have your transportation set up with (name of public transit system) and you will be receiving your bus ticket within (specific date ranges (depending on delivery method))."**
    a. If the member states they are unable to take the bus, the CSR will educate the LON process including sending out the LON form to Doctor, the temporary certification process, and the escalation to the requested mode of transportation.
    b. CSR will ask **"Do you require additional information on how to use the bus?"**
        i. If member says yes, the CSR will offer to transfer the member to a Public Transportation Specialist who will help provide them specific information regarding using the bus.
2. If system shows sedan populates as most appropriate mode: **"I have your transportation set up with (name of transportation provider). Their phone number is _____. You will receive a confirmation call from them the day before your appointment to notify you when to be ready."**

Confirming Request

1. **"I have scheduled your transportation as a round trip being picked up at (pick-up address) going to (facility address) for (type of doctor) on (date) at (time). You are traveling with/without special needs and (no/# of passengers) additional passengers. The one way mileage is XX and you are scheduled to ride with (transportation provider name). We ask that you be available for pick up one hour prior to your scheduled appointment time."**
2. **"Have I stated everything accurately?"**

Closing

1. **"Is there anything else I can help you with today?"**
2. **"I want to thank you for calling today Mr. /Ms. _____. If you need to make any changes, have any questions, or you need to cancel your transportation request please call us no later than twenty four hours of your scheduled appointment time."**

Live/Pulled Call Monitoring Form

Reviewers Name		Live / Pulled call	
CSR Name	**New CSR 13**	Date of Call	
Trip Number		Date of Trip	

Quality categories - Did the CSR Ask:	**Possible Points**	**Points Scored**	**N/A**
Greeting/State Plan Name			
CSR State Name			
Medical ID/M.A. Number (SS# Martin County)/ DOB			
Verify Members Name			
Verify members phone #			
Verify Members Address			
Verify Complete Caller Information			
Offer Mileage Reimbursement If Applicable			
Appointment Date/Time			
Urgency Asked and Verified if Applicable			
Facility Phone Number			
Doctor/Facility Name			
Facility Address-			
Type of Doctor			
Special Needs:W/C, Walker, Crutches, Cane, Car Seat/Service Dog (Martin County)			
Pregnancy Asked if Applicable			
Additional Passenger			
Preferred Vendor/Right Of Choice			
Offered Bus If Applicable			
Vendor Contact (Ur/Distance/Req)			
Read Back Entire Trip			
Closing Call Correctly			
Call Handled Appropriate-Not Disconnected			
Trip Started or Notes Placed in Existing Trip			

Soft Skills - Rate the CSR's	**Possible Points**	**Points Scored**	**N/A**
Overall Tone			
Overall Flow of Call			
Professionalism			
Attentivenous-No Duplication/Helpfulness			

	Total Call %	**Hard Skill%**	**Soft Skill %**
Trip Score Percentage	**#DIV/0!**	**#DIV/0!**	**#DIV/0!**

Soft Skills	**0**	**0**	**0**
Hard Skills	**0**	**0**	**0**
Total Points	**0**	**0**	**0**

MTM

2013 Incentive Structure

CSR

MTM recognizes the hard work and dedication that you put forth every day. Without your commitment to quality, it would be impossible for MTM to meet our goals and provide our clients and their members with excellent customer service. Your time, effort, and skills are what make MTM successful, and now you have the opportunity to directly benefit from the determination you apply to your daily activities.

We are excited to announce the new 2013 incentive structure that rewards your outstanding performance. Now, not only will you be rewarded on a monthly basis, but quarterly and semi-annually as well. It's simple: put in the effort, meet your goals, and get the cash—up to $5,200 each year.

Up to

$5,200

each year

CSR

Metric	Goal	Monthly Payout	Quarterly Payout	Semi-Annual Payout
Average Handle Time	Six minutes or less	$50	$400	$600
Quality Score	95% or higher	$50		
Enterprise Call Stats*	5% or less abandonment rate 30 seconds average speed to answer	$50		
Attendance	No more than ½ point/month	$50		
TOTAL POSSIBLE		**$200/month; $2,400/year**	**$400/quarter; $1,600/year**	**$600/semi-annually; $1,200/year**

*Only awarded if goals are met business-wide

Qualifications

Monthly:

- You must meet at least two of the metric goals to be eligible
- You must be in good standing and work at least 95% of your regularly scheduled hours (no more than one unscheduled day off)

Quarterly:

- You must be eligible for incentives and meet the goals for average handle time, quality score, and attendance all three months of the quarter

Semi-Annual:

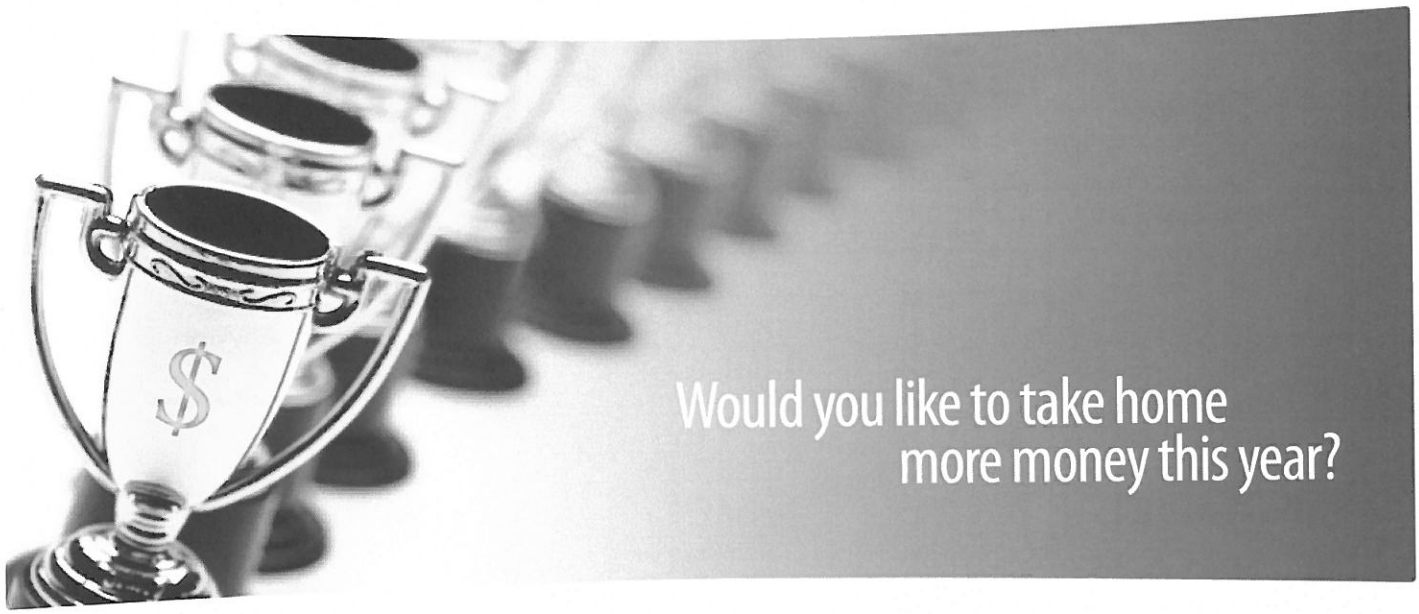
- You must be eligible for all six months of the payout period and meet the quarterly requirements

Note:

Employees who are actively employed at the time of the payout will be eligible. All new hires will be eligible after their first full month of training has ended. Part-time employees will be issued payouts that are prorated based on the number of hours they are scheduled to work. Payouts will be issued on the second payroll period of the following month to allow time for finalizing results. All incentives received will be taxed at the appropriate rate and will be classified as part of your annual income.

MTM

2013 Incentive Structure



CSCOT

MTM recognizes the hard work and dedication that you put forth every day. Without your commitment to quality, it would be impossible for MTM to meet our goals and provide our clients and their members with excellent customer service. Your time, effort, and skills are what make MTM successful, and now you have the opportunity to directly benefit from the determination you apply to your daily activities.

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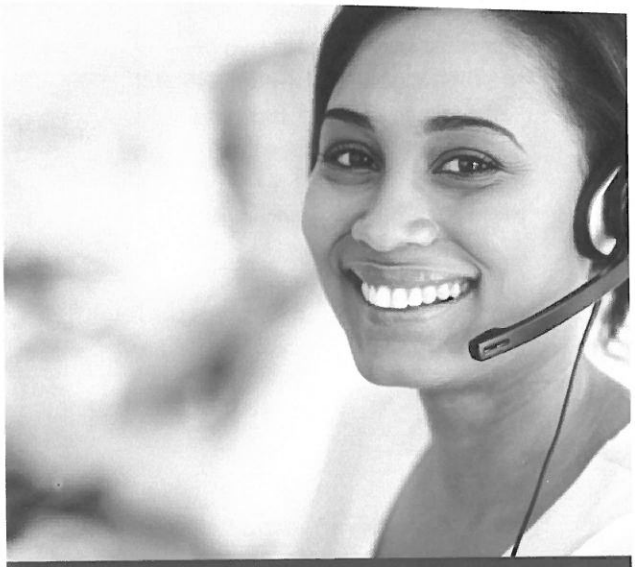


Up to

$5,200

each year

CSCOT

Metric	Goal	Monthly Payout	Quarterly Payout	Semi-Annual Payout
Quality Score	95% or higher	$50	$400	$600
Workflow Compliance	95% or higher (trips worked three days out)	$50		
Call Metrics	5% or less abandonment rate 30 seconds average speed to answer	$50		
Attendance	No more than ½ point/month	$50		
TOTAL POSSIBLE		**$200/month; $2,400/year**	**$400/quarter; $1,600/year**	**$600/semi-annually; $1,200/year**

*Only awarded if goals are met business-wide

Qualifications

Monthly:

- You must meet at least two of the metric goals to be eligible
- You must be in good standing and work at least 95% of your regularly scheduled hours (no more than one unscheduled day off)

Quarterly:

- You must be eligible for incentives and meet the goals for average handle time, quality score, and attendance all three months of the quarter

Semi-Annual:

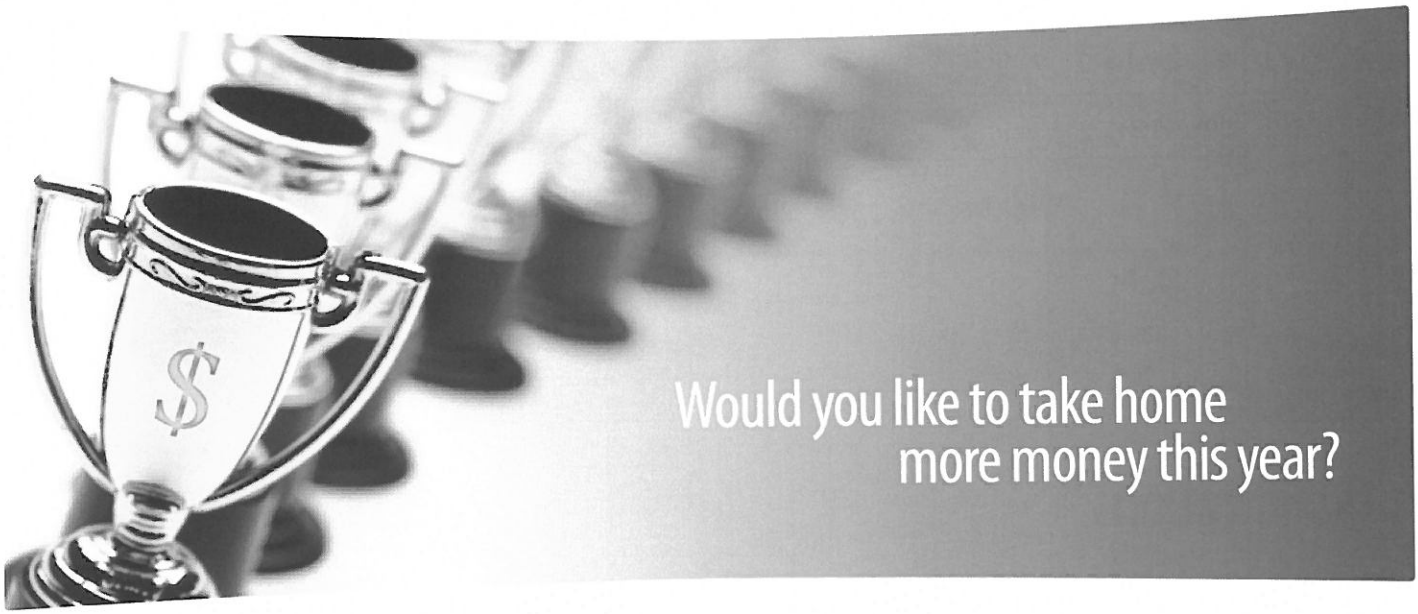
- You must be eligible for all six months of the payout period and meet the quarterly requirements

Note:

Employees who are actively employed at the time of the payout will be eligible. All new hires will be eligible after their first full month of training has ended. Part-time employees will be issued payouts that are prorated based on the number of hours they are scheduled to work. Payouts will be issued on the second payroll period of the following month to allow time for finalizing results. All incentives received will be taxed at the appropriate rate and will be classified as part of your annual income.

MTM

2013 Incentive Structure



SNT

MTM recognizes the hard work and dedication that you put forth every day. Without your commitment to quality, it would be impossible for MTM to meet our goals and provide our clients and their members with excellent customer service. Your time, effort, and skills are what make MTM successful, and now you have the opportunity to directly benefit from the determination you apply to your daily activities.

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Up to

$5,200

each year

SNT

Metric	Goal	Monthly Payout	Quarterly Payout	Semi-Annual Payout
Average Cost/Trip	Less than $21.73	$50	$400	$600
Quality Score	95% or higher	$50		
Productivity	At least 65 trips worked/day	$50		
Attendance	No more than ½ point/month	$50		
TOTAL POSSIBLE		**$200/month; $2,400/year**	**$400/quarter; $1,600/year**	**$600/semi-annually; $1,200/year**

Qualifications

Monthly:

- You must meet at least two of the metric goals to be eligible
- You must be in good standing and work at least 95% of your regularly scheduled hours (no more than one unscheduled day off)

Quarterly:

- You must be eligible for incentives and meet the goals for quality score, productivity, and attendance all three months of the quarter

Semi-Annual:

- You must be eligible for all six months of the payout period and meet the quarterly requirements

Note:

Employees who are actively employed at the time of the payout will be eligible. All new hires will be eligible after their first full month of training has ended. Part-time employees will be issued payouts that are prorated based on the number of hours they are scheduled to work. Payouts will be issued on the second payroll period of the following month to allow time for finalizing results. All incentives received will be taxed at the appropriate rate and will be classified as part of your annual income.

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MTM

2013 Incentive Structure

Team Coach

MTM recognizes the hard work and dedication that you put forth every day. Without your commitment to quality, it would be impossible for MTM to meet our goals and provide our clients and their members with excellent customer service. Your time, effort, and skills are what make MTM successful, and now you have the opportunity to directly benefit from the determination you apply to your daily activities.

We are excited to announce the new 2013 incentive structure that rewards your outstanding performance. Now, not only will you be rewarded on a monthly basis, but quarterly and semi-annually as well. It's simple: put in the effort, meet your goals, and get the cash—up to $5,800 each year.

Up to

$5,800

each year

Team Coach

Metric	Goal	Monthly Payout	Quarterly Payout	Semi-Annual Payout
Staff Attendance	Less than 1 point/employee	$35	$400	$600
Team Quality Score	95% or higher	$35		
Team Average Handle Time	Six minutes or less	$35		
Monthly Coaching	Four formal sessions and 30 side-by-sides	$70		
Enterprise Call Stats*	5% or less abandonment rate 30 seconds average speed to answer	$35		
Attrition	5% or less/office	$40		
TOTAL POSSIBLE		**$250/month; $3,000/year**	**$400/quarter; $1,600/year**	**$600/semi-annually; $1,200/year**

Qualifications

Monthly:

- You must meet at least three of the metric goals to be eligible
- You must be in good standing and work at least 95% of your regularly scheduled hours (no more than one unscheduled day off)

Quarterly:

- You must be eligible for incentives and meet the goals for team average handle time, team quality score, and monthly coaching all three months of the quarter

Semi-Annual:

- You must be eligible for all six months of the payout period and meet the quarterly requirements

Note:

Employees who are actively employed at the time of the payout will be eligible. All new hires will be eligible after their first full month of training has ended. Part-time employees will be issued payouts that are prorated based on the number of hours they are scheduled to work. Payouts will be issued on the second payroll period of the following month to allow time for finalizing results. All incentives received will be taxed at the appropriate rate and will be classified as part of your annual income.

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MTM

2013 Incentive Structure

CSC Supervisor

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We are excited to announce the new 2013 incentive structure that rewards your outstanding performance. Now, not only will you be rewarded on a monthly basis, but quarterly and semi-annually as well. It's simple: put in the effort, meet your goals, and get the cash—up to $6,200 each year.

Up to

$6,200

each year

CSC Supervisor

Metric	Goal	Monthly Payout	Quarterly Payout	Semi-Annual Payout
Attrition	5% or less/office	$50	$400	$500
Actual vs. Forecasted Staffing	95% or higher	$50		
Team Quality Score	95% or higher	$40		
Cross Training	90% in 120 days/100% in 150 days	$50		
Monthly Coaching	Four/coach	$40		
Enterprise Call Stats*	5% or less abandonment rate 30 seconds average speed to answer	$35		
Team Average Handle Time	Six minutes or less	$35		
TOTAL POSSIBLE		**$300/month; $3,600/year**	**$400/quarter; $1,600/year**	**$500/semi-annually; $1,000/year**

*Only awarded if goals are met business-wide

Qualifications

Monthly:

- You must meet at least four of the metric goals to be eligible
- You must be in good standing and work at least 95% of your regularly scheduled hours (no more than one unscheduled day off)

Quarterly:

- You must be eligible for incentives and meet the goals for actual vs. forecasted staffing, team quality score, cross training, monthly coaching, and average handle time all three months of the quarter

Semi-Annual:

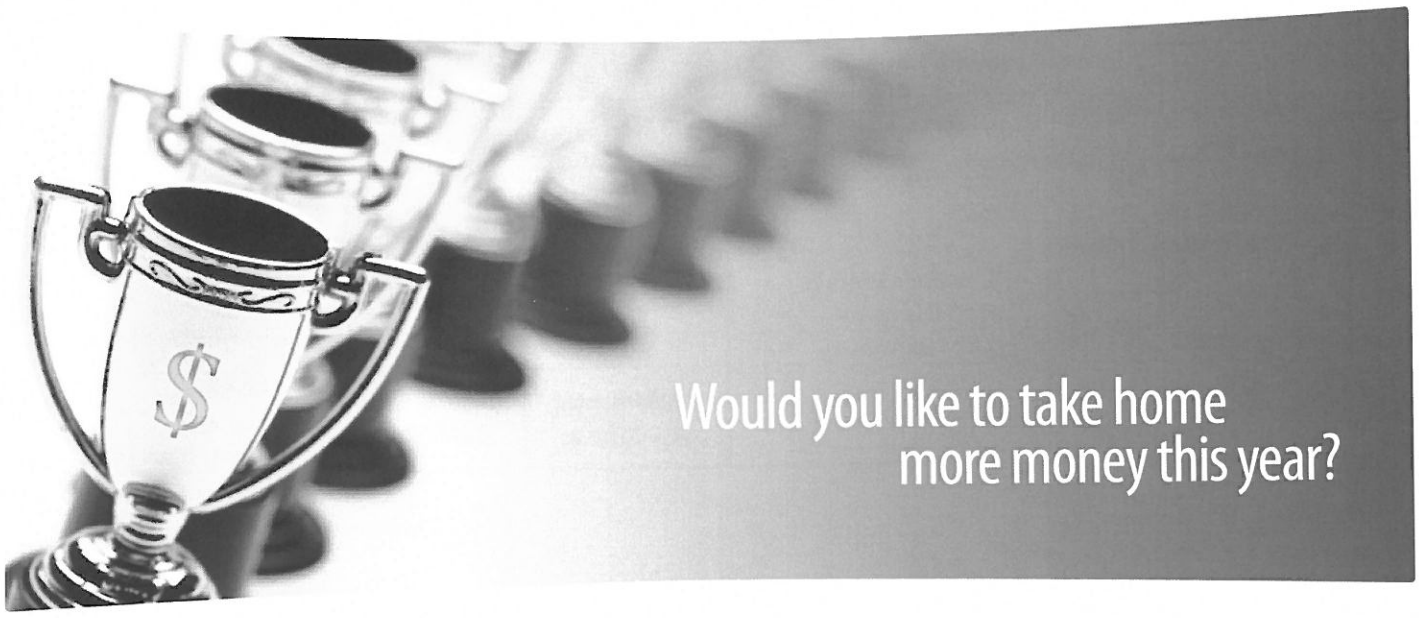
- You must be eligible for all six months of the payout period and meet the quarterly requirements

Note:

Employees who are actively employed at the time of the payout will be eligible. All new hires will be eligible after their first full month of training has ended. Part-time employees will be issued payouts that are prorated based on the number of hours they are scheduled to work. Payouts will be issued on the second payroll period of the following month to allow time for finalizing results. All incentives received will be taxed at the appropriate rate and will be classified as part of your annual income.

MTM

2013 Incentive Structure



CSC Manager

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We are excited to announce the new 2013 incentive structure that rewards your outstanding performance. Now, not only will you be rewarded on a monthly basis, but quarterly and semi-annually as well. It's simple: put in the effort, meet your goals, and get the cash—up to $8,600 each year.

CSC Manager

Metric	Goal	Monthly Payout	Quarterly Payout	Semi-Annual Payout
Cross Training	90% in 120 days/100% in 150 days	$80		
Team Quality Score	95% or higher	$80	$400	$500
Team Average Handle Time	Six minutes or less	$80		
Actual vs. Forecasted Staffing	95% or higher	$80		
Enterprise Call Stats*	5% or less abandonment rate 30 seconds average speed to answer	$80		
Attrition	5% or less/office	$100		
TOTAL POSSIBLE		**$500/month; $6,000/year**	**$400/quarter; $1,600/year**	**$500/semi-annually; $1,000/year**

*Only awarded if goals are met business-wide

Qualifications

Monthly:

- You must meet at least four of the metric goals to be eligible
- You must be in good standing and work at least 95% of your regularly scheduled hours (no more than one unscheduled day off)

Quarterly:

- You must be eligible for incentives and meet the goals for team quality score, cross training, actual vs. forecasted staffing, and attrition all three months of the quarter

Semi-Annual:

- You must be eligible for all six months of the payout period and meet the quarterly requirements

Note:

Employees who are actively employed at the time of the payout will be eligible. All new hires will be eligible after their first full month of training has ended. Part-time employees will be issued payouts that are prorated based on the number of hours they are scheduled to work. Payouts will be issued on the second payroll period of the following month to allow time for finalizing results. All incentives received will be taxed at the appropriate rate and will be classified as part of your annual income.

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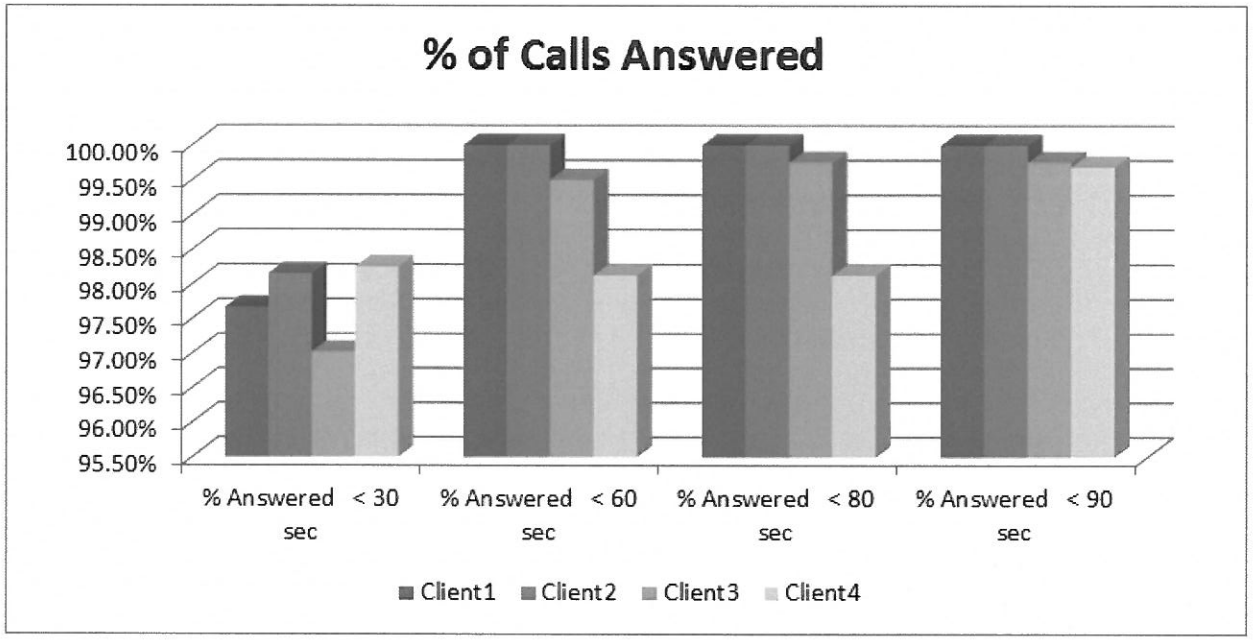
2013

Client Monthly Report-October

Justin Cannavan

11/5/2013

1 Call Center Summary – October

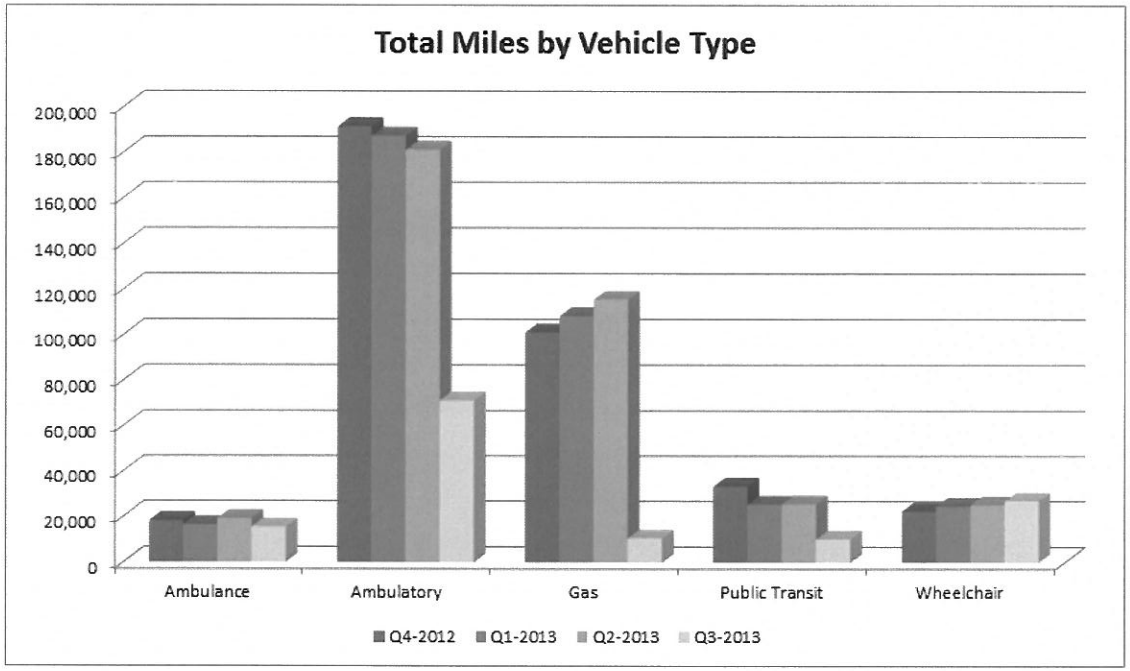


CSQName	Calls Presented	Calls Handled	Calls Abandoned	Abandoned Rate	% Answered < 30 sec	% Answered < 60 sec	% Answered < 80 sec	% Answered < 90 sec	Avg Time to Abandoned	ASA	AHT
Client1	334	270	4	1.48%	97.67%	100.00%	100.00%	100.00%	6.96	14.80	100.49
Client2	429	379	8	1.86%	98.15%	100.00%	100.00%	100.00%	31.63	14.20	130.45
Client3	483	401	7	1.45%	97.02%	99.50%	99.75%	99.75%	14.71	16.90	86.27
Client4	358	320	6	1.68%	98.25%	98.13%	98.13%	99.69%	23.17	16.70	118.89
Total	1,604	1,370	25	1.62%	98%	99%	99%	100%	20.91	15.69	110.51

2 Monthly Lag Report

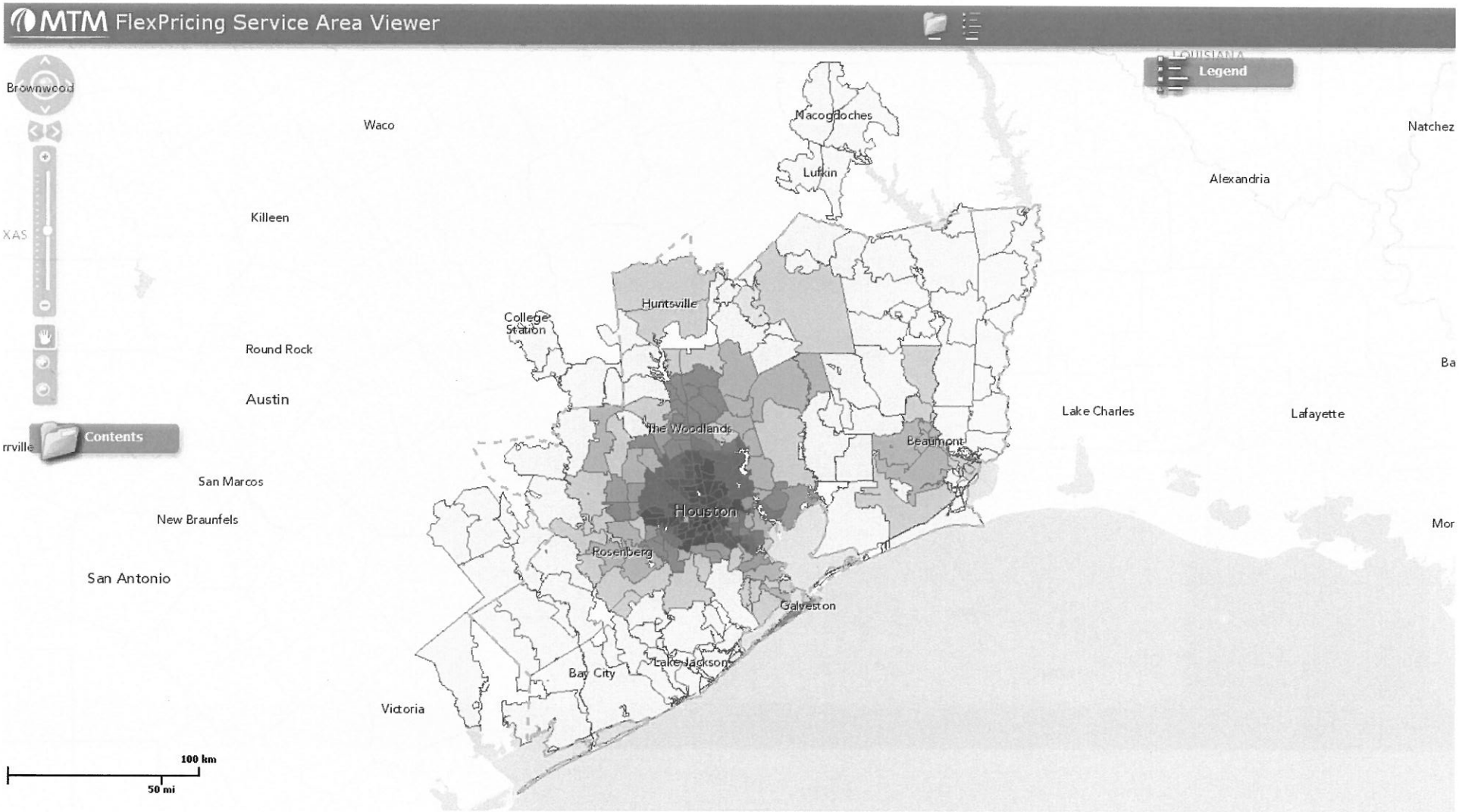
Sum of Paid Amount	2012 - Nov	2012 - Dec	2013 - Jan	2013 - Feb	2013 - Mar	2013 - Apr	2013 - May	2013 - Jun	2013 - Jul	2013 - Aug	2013 - Sep	Grand Total
2012 - Dec	$ 150,317	$ 980										$ 151,297
2013 - Jan	$ 261,677	$ 125,138	$ 6,469									$ 393,283
2013 - Feb	$ 190,180	$ 452,675	$ 340,352	$ 36,694								$ 1,019,901
2013 - Mar	$ 91,967	$ 145,211	$ 368,410	$ 331,206	$ 28,410							$ 965,204
2013 - Apr	$ 80,984	$ 92,705	$ 150,503	$ 355,853	$ 548,486	$ 72,288						$ 1,300,818
2013 - May	$ 33,894	$ 40,039	$ 45,481	$ 66,525	$ 237,571	$ 470,250	$ 78,682					$ 972,442
2013 - Jun	$ 22,019	$ 23,912	$ 29,749	$ 36,425	$ 76,738	$ 232,746	$ 307,711	$ 16,400				$ 745,699
2013 - Jul	$ 8,027	$ 15,031	$ 17,913	$ 24,332	$ 53,441	$ 100,647	$ 298,016	$ 295,357	$ 28,373			$ 841,137
2013 - Aug	$ 14,765	$ 14,808	$ 26,330	$ 31,398	$ 61,815	$ 125,672	$ 233,410	$ 489,157	$ 532,591	$ 60,513		$ 1,590,458
2013 - Sep	$ 5,273	$ 10,158	$ 17,171	$ 11,544	$ 22,257	$ 39,025	$ 71,479	$ 132,401	$ 325,393	$ 560,521	$ 37,047	$ 1,232,269
Grand Total	**$ 859,101**	**$ 920,656**	**$ 1,002,377**	**$ 893,977**	**$ 1,028,718**	**$ 1,040,628**	**$ 989,299**	**$ 933,316**	**$ 886,356**	**$ 621,034**	**$ 37,047**	**$ 9,212,509**

3 Total Miles by Vehicle Type

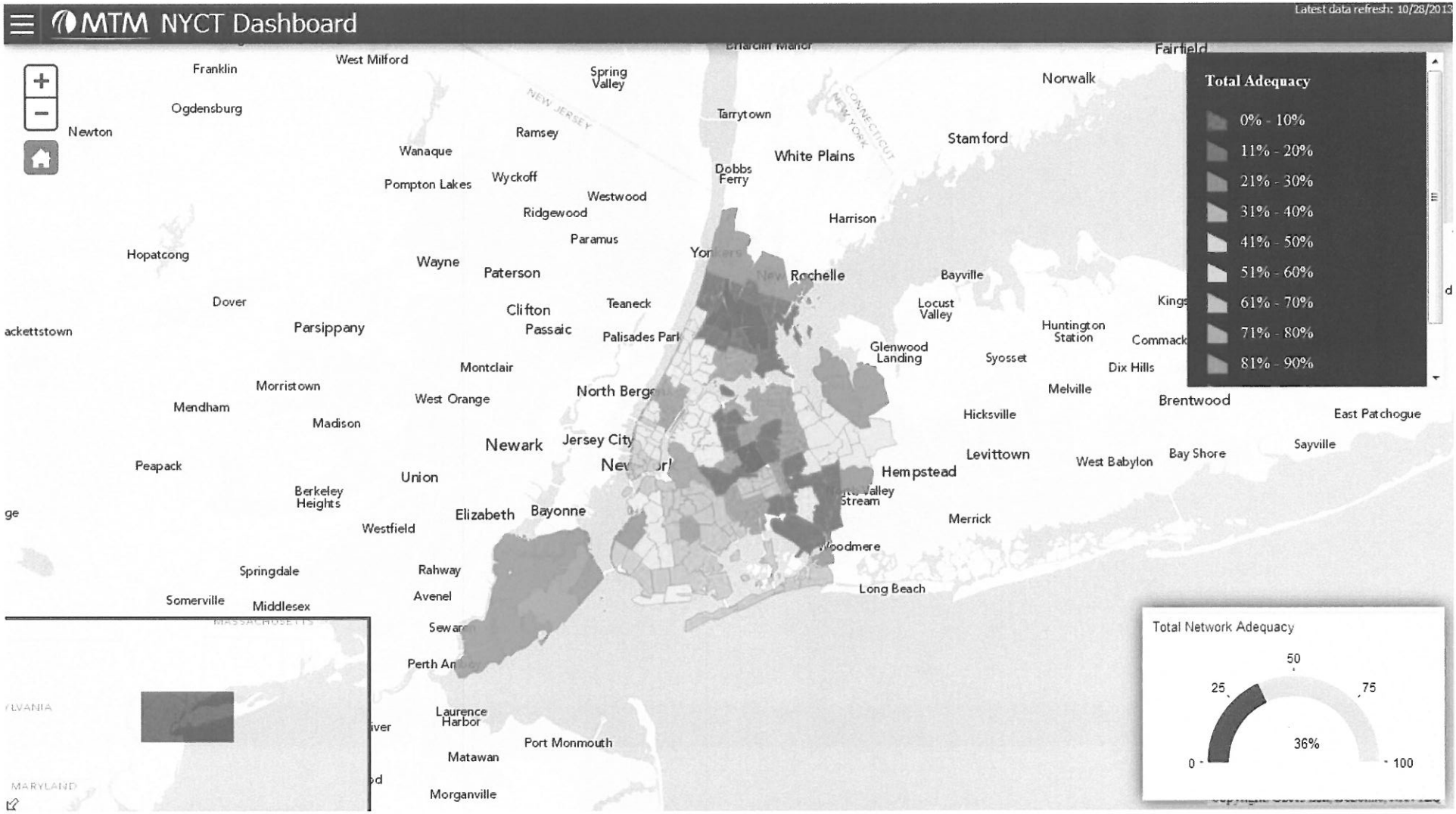


Vehicle Type	Q4-2012	Q1-2013	Q2-2013	Q3-2013	July	2013
Air Flight	0	0	0	0	0	0
Ambulance	18,261	16,558	19,220	15,486	0	21
Ambulatory	191,310	187,203	181,149	71,160	71,160	439,512
Charter Bus	0	0	0	0	0	0
Gas	101,192	108,305	115,578	10,609	10,609	234,492
Public Entity	0	0	0	0	0	0
Public Transit	33,387	25,446	25,623	10,146	10,146	61,215
Stretcher	0	0	0	0	0	0
Wheelchair	22,459	24,578	25,234	26,981	26,981	76,793
All Vehicles	**366,609**	**362,090**	**366,804**	**134,382**	**118,896**	**812,033**

4 Service Area Viewer



5 Network Adequacy



6 Member/Transportation Provider Satisfaction Survey

Phone Service Benchmark: 95% **Transportation Provider Service Benchmark: 92%**

Current Month: July2013 Completed: 136 Refused: 61 Unavailable: 19 Unaccounted: 0					
Questions Regarding Phone Service	**Yes**	**No**	**Questions Regarding Transportation Provider**	**Yes**	**No**
All Questions	98.00%	1.00%	All Questions	96.00%	4.00%
Was your call answered as quickly as you'd like ?	135	0	Did the driver treat you with dignity and respect ?	131	4
Did the person who answered your call treat you with dignity and respect ?	134	1	Did the driver tell you his name and why he was there ?	128	7
who the person you talked to helpful ?	134	1	Did you get to your health care vision on time ?	132	3
Did the person you talked to offer you help with more than just your ride ?	129	6	For your ride back home, did the driver pick you up within 1 hour ?	124	11
When you called, did you get the kind of service you wanted ?	134	1	Did the vehicle have working seat belts ?	135	0

Previous Quarter: Q2-2013 Completed: 441			
Questions Regarding Phone Service	**YES**	**Questions Regarding Transportation Provider**	**YES**
Responses	98.00%	Responses	97.00%

Year: 2013 Completed: 1039			
Questions Regarding Phone Service	**YES**	**Questions Regarding Transportation Provider**	**YES**
Responses	98.00%	Responses	96.00%

MEDICAL TRANSPORTATION MANAGEMENT, INC.
CUSTOMER SERVICE CENTER PERFORMANCE REPORT

Client Name

Year

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	YTD
Calls Received	637	479	426	384	412	433	493	572	513	547	553	521	6070
Calls Answered	575	437	398	377	404	428	478	557	496	535	[illegible]	504	5822
Ave. Speed to Answer	:28	:27	[illegible]	:16	[illegible]	:18	:24	:26	:26	:24	:23	:28	:27
Calls Abandoned	12	10	12	[illegible]	8	5	15	15	17	12	20	17	150
Abandonment Rate	1.88%	[illegible]	2.82%	1.82%	1.94%	1.15%	3.04%	2.62%	3.31%	2.19%	3.06%	3.26%	2.43%

SAMPLE

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Sample Complaint Form
mm/yr

Last Name	First Name	MMEDC#	Appt Date	Appt Time	Comment Date	Comment	Transportation Provider Name	Resolution	Date of Resolution	Transportation Provider Education	Mgr. Review
DOE	JANE	ABC	20041214	1300	20041215	THE TRANSPORTATION PROVIDER ARRIVED LATE FOR PICK UP.	XYZ TAXI COMPANY	THE TRANSPORTATION PROVIDER STATED THE MEMBER WAS DROPPED OFF AT THE APPOINTMENT ON TIME. THE TRANSPORTATION PROVIDER WAS UNABLE TO PROVIDE SUPPORTIVE DOCUMENTATION	20041217	THE TRANSPORTATION PROVIDER WAS EDUCATED TO CONTACT MTM AND THE MEMBER WHEN DELAYS OCCUR.	NAK
FLOWER	LAUREN	DEF	20041216	1430	20041220	THE MEMBER STATED THE DRIVER WAS TALKING ON THE CELL PHONE THE WHOLE RIDE. SHE ALSO SAID THE DRIVER WAS SMOKING IN THE VEHICLE.	UVW CAB COMPANY	THE TRANSPORTATION PROVIDER STATED THE DRIVER WAS EDUCATED ABOUT SMOKING IN THE VEHICLE AND TALKING ON THEIR CELL PHONE.	20041227	THE TRANSPORTATION PROVIDER WAS EDUCATED TO PRACTICE SAFE DRIVING AND TO MAKE SURE NONE OF THEIR DRIVERS ARE SMOKING IN THE VEHICLES.	NAK
JOHNSON	DANIELLE	GHI	20041216	1430	20041220	THE MEMBER STATED THE DRIVER WAS USING FOUL LANGUAGE AND MAKING RUDE COMMENTS.	RST TAXI ENTERPRISE	THE TRANSPORTATION PROVIDER STATED THE DRIVER WAS EDUCATED ABOUT THEIR BEHAVIOR.	20041227	THE TRANSPORTATION PROVIDER WAS EDUCATED TO MAINTAIN A HIGHER LEVEL OF PROFESSIONALISM.	NAK
JONES	GEOFF	JKL	20041228	1400	20041229	THE TRANSPORTATION PROVIDER DID NOT ARRIVE FOR PICK UP. THE MEMBER HAD TO RESCHEDULE THE APPOINTMENT.	MNO TRANSPORTAION	THE TRANSPORTATION PROVIDER CONTACTED MTM, WHEN THE DRIVER ARRIVED, AND STATED THE MEMBER WAS NOT THERE.	20041230	THIS IS AN UNSUBSTANTIATED COMPLAINT AGAINST THE TRANSPORTATION PROVIDER. THE TRANSPORTATION PROVIDER WAS WITHIN MTM GUIDELINES.	NAK
ANDERSON	ALICE	MNO	20041220	1110	20041220	THE TRANSPORTATION PROVIDER ARRIVED LATE FOR PICK UP. THE MEMBER HAD TO RESCHEDULE THE APPOINTMENT.	TAXI CAB TRANSPORTATION	THE TRANSPORTATION PROVIDER STATED THE DRIVER ARRIVED ON TIME TO PICK UP THE MEMBER, BUT THE MEMBER CANCELLED THE TRANSPORTATION TO THE DRIVER.	20041221	THE TRANSPORTATION PROVIDER WAS EDUCATED TO CONTACT MTM WITH ANY MEMBER CANCELLATIONS.	NAK

NEMT Services Operations Manual

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Purpose: To provide a written tool that informs client staff, MTM staff, transportation providers, and medical facilities of the operations, expectations, and formal policies and procedures that govern each activity associated with the delivery of NEMT services by MTM.

Use and Format

1. The MTM client shall maintain a copy of this *Operations Manual*, which will be updated annually and/or as needed.
2. This manual will be used as a basic reference guide for new and existing MTM staff, transportation providers, medical facilities, and MTM clients.
3. Transportation providers will receive a supplemental *Transportation Provider Handbook* with policies and procedures specific to their operations.
4. Medical facilities will receive a supplemental *Facility Manual* outlining the rules and regulations of the transportation program that directly apply to facility activities.
5. All staff in MTM's Customer Service Center (CSC) will receive a *Customer Service Center Training Manual* specific to CSC training and operations.
6. Although updates may be made at any time, the entire *Operations Manual* will be reviewed annually. This annual review is the responsibility of MTM's Operations Department.
7. The MTM client may address any questions regarding this *Operations Manual* with MTM's Client Services staff.
8. The MTM client will be given the opportunity to review and approve the *Operations Manual* and any subsequent revisions.
9. Subsequent updates will be distributed to client staff, transportation providers, and medical facilities when required.

MTM Contact Information

Address: 16 Hawk Ridge Dr.

Lake St. Louis, Missouri 63367-1829

Local Phone Number: (636) 561-5686

Toll-Free Phone Number: (888) 561-8747

Fax Number: (636) 561-2962

Website: www.mtm-inc.net

MTM Contractual Responsibilities

MTM is responsible for providing the following contractual services, with services commencing XX/XX/XXXX:

1. **Prior Authorization**: Issue prior authorizations in a timely and accurate manner.
2. **Gate Keeping, Certification and Verification of Need, and Cost-Effectiveness:** Verify member eligibility; assess member need for NEMT services; determine the most appropriate and cost-effective transportation method to meet the member's need and level of care during the transport, including any special transport requirements for the medically fragile or physically/intellectually challenged; and provide education for members on the use of NEMT services.
3. **Reservations, Scheduling and Trip Assignments:** Receive member requests for transportation and assign the trip to the most appropriate transportation provider. MTM must assure that dispatching activities are performed, but may, at its option and under its responsibility, delegate dispatch activities to the transportation provider.
4. **Quality Improvement:** Provide assurance that transportation providers meet health and safety standards for vehicle maintenance, operation, and inspection; driver qualifications and training; member problem and complaint resolution; and the delivery of courteous, safe, and timely transportation services.
5. **Administrative Oversight and Reporting**: Manage the day-to-day operations necessary for the delivery of NEMT services, the maintenance of appropriate records and systems to report to the client, and response to the terms of the contract.
6. **Broker Records**: Maintain detailed records evidencing administrative costs and expenses incurred pursuant to the contract, the provision of services under the contract, and complaints, for the purpose of audit and evaluation by the client and other federal or state personnel.
7. **Broker/Transportation Provider Records**: Establish, maintain, and provide upon request the records and related information for each transportation provider with which MTM has entered into a service agreement:
8. **Orientation for Transportation Providers**: Provide an orientation program for all transportation providers with which MTM has entered into a service agreement.

1.0 Member Rights and Responsibilities

Member Rights:

- Transportation for a covered non-emergency medical service allowing the member to arrive to the destination on time.
- Courteous trip reservations with respect to privacy, confidentiality, and cultural diversity.
- Instructions on how to use NEMT services offered by MTM and/or its subcontracted transportation providers/coordinators.
- Education on the complaint, grievance, and appeals process.
- Free oral interpretation services for members with limited-English proficiency (LEP).
- Written information in prevalent languages (subject to contract requirements).
- Information in alternate formats for individuals with special needs (i.e. visually or hearing impaired).
- Safe, reliable transportation services in clean, undamaged, and appropriately equipped vehicles operated by trained, professional, and courteous drivers.

Member Responsibilities:

- When members call to schedule transportation to medical appointments, they must provide their:
    - ID number
    - Pick up address
    - Telephone number
    - Date of birth
    - Date, time, place, and type of appointment(s)
    - Doctor's name
    - Medical facility name, address, and telephone number to verify appointment(s)
- Members must schedule transportation services for routine medical appointments with the required amount of advance notice.
- Urgent trips, follow-up appointments, and hospital discharges can be set up with less than the required amount of advance notice.
    - If the member calls for urgent/same day trips, MTM is responsible for calling the medical provider to confirm urgency and will schedule transportation according to the client's protocols and guidelines.

- Members who live within a client-determined distance of a fixed bus route must use the bus if they are physically and cognitively able to do so. A member is excluded from public transit if they meet the client-approved exclusions.
- Members will be assigned to the mode of transportation that is most appropriate to their needs in the following order:
    - Public transit
    - Cab
    - Para-lift
    - Stretcher
    - Non-emergency ambulance
- Member may use transportation services for approved services only.
- Members should attempt to use the closest appropriate medical facility unless a health care provider has referred the member outside of the immediate community.
- Return trips will only be provided from the point of drop-off where the member obtained authorized health care.
- The transportation provider must pick up members within one hour from the time the member calls for the return ride or "will call" trip.
- Members must await pick up in an area designated as a pre-arranged "look-out" position. This is not necessarily outside but rather an area that allows easy and speedy access to the vehicle. The transportation provider will not be required to wait more than five minutes. The transportation provider's approved methods for notifying the driver's arrival include at minimum honking, knocking on the door, inquiring at the reception desk, and calling dispatch to place a call to the member.
- All requests for out-of-state transportation and associated meals and lodging must be submitted to the MTM Care Manager for approval. MTM shall authorize out-of-state travel for eligible members and a travel companion based on physician referral when medically necessary.

2.0 Health Insurance Portability and Accountability Act (HIPAA) Confidentiality

MTM manages contracts with states, counties, health plans, and other health care providers as defined by HIPAA to provide NEMT, central intake and dispatch services, and utilization review reports and services for its clients and their members. In connection with the provision of such services, MTM receives or obtains Personal Health Information (PHI) regarding the member. As a result, we are a Business Associate of each client with whom we contract.

MTM requires its subcontracted transportation providers and other subcontracted entities to comply with the requirements of HIPAA applicable to Business Associates.

MTM requires its workforce to adhere to the restrictions and conditions regarding PHI. MTM will not disclose PHI to any member of our workforce unless the individual is advised of his/her obligations under HIPAA and the consequences of a violation of these obligations, including disciplinary action should PHI be disclosed in violation of this Section.

3.0 MTM's Culturally and Linguistically Appropriate Services (CLAS) Standards

To ensure clients and their members receive equitable and effective treatment in a culturally and linguistically appropriate manner, MTM has adopted national CLAS standards issued by the U.S. Department of Health and Human Services Office of Minority Health in 2001. These standards are designed to address the needs of racially, ethnically, and linguistically diverse populations that experience unequal access to health care services.

In an effort to provide the most adequate and fair treatment to members, clients, and staff, MTM has adopted three types of standards of varying stringency:

- **CLAS Mandate**: Standards that are current Federal requirements for all recipients of Federal funds (Standards 4-7). These standards are based on Title VI of the Civil Right Act of 1964.
- **CLAS Guidelines:** Activities recommended for adoption as mandated by Federal, state, and national accrediting agencies (Standards 1–3 and 8–13).
- **CLAS Recommendations:** Services suggested for voluntary adoption (Standard 14).

4.0 Network Management

Overview of Network Management

MTM's Network Management Department is responsible for recruiting and negotiating contracts with transportation providers; monitoring provider performance to ensure compliance with MTM Guidelines; performing on-site observations and vehicle inspections; and completing general transportation provider relations. Network Management staff also ensure that all transportation providers adhere to Federal, state, and local government, laws, rules, and regulations.

MTM has developed a network of qualified, licensed transportation providers across the contracted area to ensure comprehensive services. This network includes taxi cabs and sedans, para-lift vehicles, stretcher vans, non-emergency ambulances, and public transit services.

Network Management Responsibilities

Network Management staff will monitor transportation provider performance to ensure the provider complies with MTM's Service Agreement requirements. In doing so, Network Management staff responsibilities will include, but not be limited to:

- Creating and maintaining a database of contracted transportation providers.
- Monitoring the network to maintain sufficient capacity to meet the needs of all members.
- Monitoring insurance requirements, background information, and training documents to ensure drivers and vehicles maintain compliance as defined in contracts at all times.
- Monitoring transportation provider no-shows and missed trips.
- Assisting with transportation provider inquiries and providing resolution where feasible.
- Providing orientation and ongoing education to transportation providers to ensure high quality, timely service is provided.

Network Management staff conducts routine monitoring, including annual monitoring at the transportation provider's base location. MTM also reserves the right to conduct special on-site reviews to address complaints and provide supplemental education. Education is also provided via written letters, phone conversations, emails, and faxes from Network Management staff, as well as notifications and information provided on MTM's credentialing website.

Please find all associated policies and procedures within **Attachment A** of this manual.

5.0 Customer Service

Overview

MTM's professional and courteous CSC provides prompt and efficient eligibility verification in accordance with client specifications. This includes taking requests for transportation services from members or their representatives, medical providers, and facilities.

During the intake process, Customer Service Representatives (CSRs) gather pertinent member information including the member's ID number, pick-up address, destination address, appointment date and time, and special needs, then enters this information into MTM's NET Management System.

CSR Responsibilities

The CSR's main functions include:

- Answering calls promptly and professionally while respecting the caller's right to privacy, confidentiality, and sensitivity to cultural diversity.
- Educating members on the program they belong to, including explaining member responsibilities for scheduling transportation and coordinating pick-up and delivery.
- Gathering and entering required information into MTM's NET Management System to verify eligibility and adequately analyze the member's transportation needs for trip assignment. Trips should be assigned to the least costly transportation provider that adequately meets the member's needs.
- Escalating trip requests for higher modes of service than believed necessary to the appropriate department.
- If a request is denied, explaining to the caller the reason for denial and instructing the system to send a denial letter to the member within 72 hours.
- If a complaint call is received, following the procedures for documenting and resolving member complaints.
- Escalating special requests to the appropriate department.
- Following MTM and client protocols, policies and procedures.

Hours of Operations

CSC hours vary from client to client. However, CSC hours generally occur Monday through Friday for routine transportation requests, with the exception of the MTM observed holidays listed below, to ensure members have convenient access to NEMT services. After-hours call center services will be available 24/7/365 for urgent and hospital discharge trips.

Observed Holidays

MTM's CSC, excluding our corporate CSC which operates 24/7/365, will be closed on the following holidays.

- New Year's Day
- Memorial Day
- Independence Day
- Labor Day
- Thanksgiving Day
- The Friday after Thanksgiving
- Christmas Eve (½ day)
- Christmas Day

If a holiday falls on a Saturday, it will generally be observed the preceding Friday. If a holiday falls on a Sunday, it will generally be observed the following Monday.

CSC Phone Line

A toll-free telephone number has been installed so members and medical providers can schedule transportation. They will never be charged for calls to this toll-free number. ***The toll-free number is 1-888-XXX-XXXX.***

A separate queue has been established for member and medical provider inquiries about the status of a trip or the whereabouts of a transportation provider. ***This toll-free number is 1-888-XXX-XXXX.***

Mileage Reimbursement to Members

As a low cost transportation option, MTM offers members mileage reimbursement if they are able to drive themselves or utilize a friend or family member to drive them to their appointment. After the appointment, the member must submit a mileage trip log to MTM. The trip is then verified with the medical facility and the member will be issued reimbursement via check or debit card. Check payments are issued twice a month and debit card payments are issued once a month.

Customer Satisfaction Survey

A statistically valid random sample of members will be contacted each week via telephone for a follow up customer satisfaction survey. The survey will include evaluation of the service provided, including satisfaction with the call intake process, driver and vehicle assessment, and timeliness of the service received. Findings of the survey will be reported to the client each month.

Customer Service Audits and Evaluations:

To ensure professional call intake activities, MTM performs continuous call monitoring for each CSR on a monthly basis This allows MTM to constantly improve the level of service provided to members and provides an opportunity to coach and mentor CSRs on identified challenges regarding quality control and training purposes.

CSR Training

MTM's Customer Service Center staff, including all CSRs, receives thorough training on MTM's policies and requirements to ensure appropriate and timely service. CSRs will give first-time callers an orientation on the program, member responsibilities, and the importance of adhering to guidelines.

Please find all associated policies and procedures within **Attachment A** of this manual.

6.0 Care Management

Overview

MTM is dedicated to increasing health care access by providing quality transportation services to the medically needy. Out of this knowledge came the formation of MTM's Care Management Department, which provides one point of contact for medical facilities, social workers, and case managers for transportation coordination. This type of direct contact ensures "special" transportation services are booked in a timely and appropriate manner and allows social workers and facility staff to establish a relationship with their designated Care Management Coordinator. The Care Management Department provides extra attention to those situations that require intense review, including special care beyond a standard trip request or interaction with health care professionals.

The Care Management Department also plays a vital role in MTM's efforts to prevent intentional and unintentional instances of fraud and abuse. Processes and audits built into the workflow of the department enable staff to readily identify patterns, tactics, and indicators of fraud and abuse, as well as prevent the misuse of benefits through improper scheduling or mode assignment.

MTM's Care Management Coordinators work to appropriately address "special" transportation needs by:

- Working with health care personnel including physicians, nurses, case managers, and social workers to coordinate and verify recurring trips for treatments such as dialysis, mental health, and children's programs, keeping in mind each member's special needs and the ways of controlling transportation costs.
- Handling all transportation requests requiring stretcher or non-emergent ambulance to ensure trip criteria mirrors federal guidelines.
- Overseeing on-site bus pass distribution.
- Overseeing special needs transportation (including fixed wing, recurring, dialysis, psych/social, and substance abuse programs).

Care Management Outreach

MTM works directly with the local community to provide outreach and education to medical facilities and advocacy groups regarding the NEMT program and MTM's management. Proper education is often the key to increasing satisfaction and reducing complaints. MTM will meet with

local stakeholders before start-up and then as needed or requested to ensure service satisfaction among these groups. For a full description and documentation of the outreach program, refer to the *Facility Manual* and handouts.

Care Management staff also works closely with transportation providers and medical facilities, particularly those where recurring trips are the norm, to group members and trips whenever possible to pursue cost savings while fulfilling the transportation need. Care Management staff work closely with public transit companies to develop new routes or shuttle services in areas where lacking so members may access less costly public transportation if possible.

For medical provider convenience, the Care Management Department has direct telephone, fax, and e-mail access.

Please find all associated policies and procedures within **Attachment A** of this manual.

7.0 Quality Management

Overview

The Quality Management Department includes several components that monitor and improve MTM service delivery. MTM strives to provide individualized focus for every relevant area of Quality Improvement and Management. This department documents, investigates, and resolves complaints and risk issues, manages fraud and abuse, and performs audits including those pertaining to transportation providers and call intake. MTM follows the National Committee of Quality Assurance (NCQA) Guidelines for monitoring of all facets of our program.

Quality Management Program

MTM's Quality Management Program monitors reported issues for evaluation and detects any trending key areas. Quality improvement activities focus on customer satisfaction, procedure improvement, and continuous monitoring of services provided by MTM and its contracted transportation providers. Quality indicators are continuously monitored for compliance to performance standards. Trends that fall outside of MTM's expected performance threshold are evaluated, and corrective action plans are implemented when necessary. Quality Management also develops new initiatives, policies, and procedures to improve the outcome of the service(s). Accessibility, safety of transportation services, and customer satisfaction are the expected outcomes of Quality Management's efforts.

Supporting the program is MTM's Quality Management Committee (QMC). The QMC is the team of Executives and Senior Managers tasked with evaluating service trends, developing corrective action plans, recommending policy changes, creating policies and procedures, recommending sanctions, etc. The QMC creates an annual Work Plan and calendar that list the quality indicators that will be tracked, trended, and evaluated throughout the year.

Please find all associated policies and procedures within **Attachment A** of this manual.

8.0 Client Services

Overview

The Client Services Department functions as the internal liaison that works in collaboration with all operational departments to ensure MTM is fully compliant with each client's contractual requirements and policies. Client Services staff ensure the delivery of the high quality service. Client Services will staff a dedicated Account Manager/Program Director to ensure compliance and satisfaction of the client, members, and other key stakeholders. The Account Manager/Program Director will be the primary contact for the client and will be responsible for reviewing all reports for accuracy, compliance, and trends. To ensure satisfaction and efficiency, the Account Manager/Program Director will meet with the client regularly to discuss the NEMT program and answer questions about implementation and overall operation.

9.0 Reporting Requirements

MTM assembles pertinent trip, administrative, statistical, and financial data and provides these reports as required by the client's contract. These reports are distributed on a consistent, timely basis, and contain valuable tracked and trended data.

10.0 Payment Administrations/Billing

Overview

MTM designed its Claims Adjudication Process for efficiency and confidentiality. Efficiency is obtained through a batch processing mode that provides a detailed report for each transportation provider on a weekly basis. The detail report is made available to each transportation provider following the week of service and includes a list of all services that were provided by the transportation provider, as well as pickup and drop-off times. Transportation providers must review, update, and return the report by the following Thursday, along with signatures from members transported. This report serves as the claim that services were rendered and is used as supporting documentation for any reviews of errors and irregularities.

Once returned, MTM adjudicates the reports and sends a confirmation of receipt to the transportation provider that indicates the status of the adjudication (i.e. completed without exception or with discrepancies).

MTM ensures appropriate staffing to complete the claims adjudication processes in a timely manner. MTM also makes every effort to assist transportation providers who get behind in their paperwork to ensure that they can be paid as quickly as possible, once the provider gets the paperwork completed and submitted.

11.0 Information Technology

Business Continuity & Risk Management Plan (Disaster Recovery Plan)

MTM's Business Continuity and Risk Management Plan ensures that, in the case of any service disruption, minimal impact is placed on MTM's clients by establishing service continuation through alternative plans of action. This includes, but is not limited to re-routing calls, manual documentation and faxing, back-up emergency equipment, and replacing systems and/or servers. The necessary resources include emergency contact information, forms, and step-by-step plans of action.

This plan is reviewed annually, at a minimum, by MTM Executives, Directors, and Managers to ensure information contained herein is accurate.

Please find all associated policies and procedures within **Attachment A** of this manual.

12.0 Glossary of Terms

Action: The denial or limited authorization of a requested service, including the type or level of service; the reduction, suspension, or termination of a previously authorized service; the denial in whole or in part of payment for a service; or the failure of the client to act within established time requirements for service accessibility.

Additional Member: An eligible member beyond the first member transported by a transportation provider during the same trip to health care appointments.

Additional Stop: An additional stop (pick-up or drop-off point) other than the initial pick-up and drop-off points. Additional stops occur when multiple members are transported during a single trip or MTM approves an additional trip, i.e. pharmacy stop after a health care appointment.

Alternative Method of Transportation: If the most appropriate type of transportation for a member is not available, a different form may be used, i.e. mileage reimbursement in place of a transportation provider.

Ambulance: A vehicle for transporting the sick and injured that is equipped and staffed to provide medical care during transit.

Ambulatory: A person who can walk without the assistance of another person. The person may be using a device such as cane or walker. Ambulatory also includes a person who uses a wheelchair and is able to transfer from the chair to a vehicle.

Ancillary Services: Additional services provided such as parking, meals and lodging, also known as Prior Authorization services.

Appeal: Any written or oral communication by a member or his/her representative to MTM expressing dissatisfaction with the provision of transportation or any other transportation related service provided for under this contract.

Appropriate Method of Transportation: The least expensive mode of transportation that best meets the physical, medical, or behavioral circumstances of a member requiring transportation to a health care service.

Assistance: The acts required to physically help from within or into a building or from within or into the medical provider's site. Without this assistance it would be unsafe or impossible for the member to reach the vehicle or the medical provider's site. An employee of the transportation provider, the driver, or an additional person provides this assistance, which is beyond a door-to-door service.

Available Transportation: A public transportation system, transportation provider, organization, agency, or individual offering appropriate transportation services to a member who requires transportation.

Broker: An entity that recruits and contracts with transportation providers; performs payment administration, gate keeping, and verification of need; makes reservations and trip assignments; performs quality assurance and service improvement activities; provides administrative oversight; and reports on NEMT program activities.

Curb-to-Curb: The transportation provider picks up and drops off the member at the curb or outside of the building of the destination.

Door-to-Door: The transportation provider accompanies the member from the door of the pick-up point to the door of the destination.

Door-through-Door: The transportation provider accompanies the member from inside their place of residence into the office of the service provider because of some specified physical or mental impairment.

Driver Trip Log: A form filled out by drivers that records required information for each trip.

Emergency: A situation or medical condition (including labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could result in seriously jeopardizing the member's health, impair bodily functions, or cause dysfunction of any bodily organ or part. Emergency transportation is not included in this contract.

Escort: Someone who must accompany a member to and from a medical appointment, i.e. family member or aide.

Follow-Up Treatment: Repeat visits for health care services, i.e. further tests based on an appointment.

Grievance: An expression of dissatisfaction about any matter. Possible subjects for complaints include, but are not limited to, aspects of interpersonal relationships such as rudeness of a transportation provider or MTM employee, or failure to respect the member's rights.

Individual Transportation Provider: An individual who approved to transport members using a personal vehicle.

Level-of-Need (LON) Assessments: Medical assessments completed by the member's physician and an MTM Care Manager that determines the most appropriate, least costly mode of transportation for each member.

Medical Provider: Any business entity or individual providing one or more medical services to a member.

MTM Client: Any business entity for which MTM has agreed to provide transportation services.

Multi-Passenger Vehicle: A sedan or van type vehicle capable of carrying multiple passengers that is used to transport ambulatory patients who may require assistance.

NEMT (Non-Emergency Medical Transportation): A program that offers non-emergency transportation services for members who have no other means of transportation, but need to secure necessary health care services with the nearest health care provider.

NEMT Trip: A one-way transportation service from the member's home to a place where a covered health care service will be provided to that member, a return trip home, or a trip from one covered medical service to another.

Network Providers: Transportation providers under contract with MTM.

Non-Ambulatory: A member who cannot walk without assistance and may be in a wheelchair or needs personal assistance.

Non-Emergency Ambulance Trip: A pre-arranged ambulance trip that is not responding to an emergency injury or illness. These services may be needed because a member requires medical care during transit, which an ambulance is equipped and staffed to provide. Ambulance service is not included in this contract.

No-Show: When a member fails to use an approved transportation service that is not cancelled, or when a transportation provider has not cancelled a scheduled trip but fails to complete the scheduled trip.

Private Transportation: Transportation in a vehicle owned by a member or a friend, relative, acquaintance, or other individual, provided the vehicle is not licensed for commercial carriage. Individual does not mean communities, companies, corporations, societies, or associations.

Quality Improvement/Assurance Program: The monitoring and evaluation program(s) established by MTM, based on MTM policies, federal and state laws and NCQA standards to ensure ongoing delivery of quality services and maintain compliance.

Round Trip: The dispatching of a vehicle to the member's pick-up point, transporting the member to a medical provider, and transporting the member back to the pick-up point.

Shared Ride/Multiload: A form of transportation in which the provider transports several members who have similar or close delivery destinations at the same time.

Special Populations: Includes dialysis, disabled or impaired individuals, the medically fragile members of Adult Day Health Care, and certain other persons and must take into particular account the physical or medical condition of the rider following certain treatment or activity.

Substantial Complaint: A request for review of the denial or limited authorization of a requested transport; the reduction, suspension, or termination of a previously authorized transport; the denial, in whole or in part, of payment for a transport; the failure to provide transportation services in a timely manner; or the failure to act within the timeframes provided in the contract.

Transportation Provider Profile: A set of data describing each transportation provider's unique service abilities such as hours of operation, types of vehicles and related transportation services, and pricing structure.

Transportation Provider Service Agreement: The signed written contractual agreement between MTM and the provider of transportation services.

Wheelchair (Paralift): A vehicle used exclusively for the transportation of non-ambulatory patients. Paralift transports individuals who require transport while sitting in a wheel chair.

Wheelchair Vans: A vehicle that has been designed with a drop floor, extended roof, and ramp or lift to transport disabled members who are in wheelchairs.

Attachment A

Policies and Procedures

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Network

MTM

Corporate Policy

Subject:	Transportation Provider Contracting	**Policy No.:**	100
Authorized By:	President/CEO	**Date:**	7/30/2001
Department:	Network Management	**Last Revised:**	5/10/2013
Applicability:	Network Management		

PURPOSE:

To ensure that MTM maintains a provider network that is sufficient in the number and types of Transportation Providers needed to meet the non-emergency medical transportation needs of our Clients and to ensure access to transportation services for all eligible members in MTM service areas; by utilizing contracted and Out of Network Transportation Providers. Each Transportation Provider will be required to submit all credentialing information, in accordance with their contractual agreement and according to Client and/or contractual obligations of the contract, to MTM's Credentialing Website which will be reviewed for accuracy and verified prior to being approved for participation in the MTM Network.

POLICY:

Network Management will conduct ongoing provider analysis to ensure network adequacy is met. Transportation Provider recruitment will be conducted on an ongoing basis in MTM service areas to ensure access to adequate and appropriate Transportation Providers. Transportation Providers who meet MTM's standards and who fulfill a recruiting or network adequacy need will be evaluated for credentialing or re-credentialing.

DEFINITIONS:

Client: Refers to the customer contracted with MTM to handle the transportation benefit offered to their covered population.

Member: Refers to the population served by MTM Clients. Often referred to as participants, beneficiaries, clients, recipients and other terms; for MTM purposes, member is being used as a standard meaning for the Client's covered population.

Out of Network Transportation Provider: Refers to a Transportation Provider that is not currently contracted with MTM to perform transportation services. Out of Network

Transportation Providers are not part of MTM's network of Transportation Providers; therefore they are not automatically assigned trips but may be contacted on an individual trip basis when a contracted Transportation Provider is not a viable option for the individual trip.

RESPONSIBILITY:

A. Network Management works closely with the Sales, Marketing and Client Services Departments to obtain membership information, utilization information and any other pertinent information that will allow identification of the need for Transportation Provider Network expansion in existing service areas, as well as areas which are expanding due to Client contracts.

B. Review trip detail reports to identify any unusual increases in trip costs that may be related to the need of additional Transportation Providers.

C. Review Quality Management (QM) complaint reports to identify any areas focused on Transportation Provider Network deficiencies.

D. In existing service areas where there is network inadequacy, the first action will be to utilize transportation providers from adjoining areas to assist in providing necessary transportation.

E. If providers from adjoining areas cannot be utilized an Out-of-Network Transportation Provider may be used on a case by case basis.

F. Transportation Providers interested in joining the MTM Network are directed to our web page to fill out the online application. Once the application (Letter of Intent) is filled out, Network Recruiters will review the application for quality, adequacy and demand. A Network Recruiter will then follow up with each interested applicant within 72 hours from the date the application was received. At this point, the Network Recruiter will give information about MTM and inform the Transportation Provider if we have a demand for transportation in their area. If there is not a need in their area, the Recruiter will explain the Transportation Provider's information will be retained and reviewed as demand rises. If there is a demand, and the Transportation Provider meets MTM qualifications (minimum amount of vehicles, years in business etc.) the Recruiter will begin the contracting process.

G. Once Network Management has received a signed contract back from the Transportation Provider, it is reviewed for accuracy. The Transportation Provider will be required to upload and manage required documents prior to transporting (insurance, background checks, Motor vehicle Records, valid driver licenses, etc.) MTM preforms an internal check on all drivers through State and Federal banned lists through System for Award Management (SAM) and/or Office of Inspector General (OIG). After all required documents have been approved the Transportation Provider will be presented to the Credentialing Committee for approval.

H. Once approved by MTM's Credentialing Committee, the contracts are sent to MTM's Contract Officer and Network Management leadership for final review and signature.

I. In the event that a driver is denied by MTM's Credentialing Committee, the Transportation Provider will receive notification via MTM's credentialing website and an email; the Transportation has 30 days to appeal MTM's decision.

J. All aspects of Transportation Provider services to MTM are monitored for compliance with the MTM Services Agreement, and if applicable, the MTM Transportation Provider Guidelines.

K. MTM must follow contractual requirements within the MTM Services Agreement regarding termination for cause or termination without cause.

L. MTM's General Counsel will draft a letter of termination and the letter will be sent to the Transportation Provider via Certified Mail.

M. Transportation providers have the right to appeal MTM's decision to terminate their contract. This appeal must be received in writing within 90 days of the termination notice. The appeal will be sent to MTM's General Counsel for the final decision.

N. Credentialed and contracted providers are reported to the Quality Management Committee (QMC) on a quarterly basis by month for tracking, trending, and quality improvement.

This policy is reviewed by the Quality Management Committee on an annual basis for appropriateness and effectiveness.

APPROVED BY:

_____	_____
Director, Network Management	Date
_____	_____
VP, Operations	Date
_____	_____
President/CEO	Date

MTM

Corporate Policy

Subject:	Transportation Provider On-Site Visits	**Policy No.:**	101
Authorized By:	President/CEO	**Date:**	10/28/2002
Department:	Network Management	**Last Revised:**	5/10/2013
Applicability:	Network Management		

PURPOSE:

To ensure compliance with MTM's Transportation Provider Guidelines. Areas of non-compliance will be addressed through appropriate education by MTM staff and may result in disciplinary measures. Site visits may include an On-Site Visit of the Transportation Provider's facility, Vehicle Inspections, and On-Street Observations.

POLICY:

Site Visits will be conducted to review and discuss the requirements of the Transportation Provider Guidelines and complete Vehicle Inspections of the Transportation Provider's fleet of vehicles. MTM will conduct On-Site Visits and Vehicle Inspections for contracted Transportation Providers. In addition to the initial site visits, MTM may conduct Special On-Site Visits and Vehicle Inspections or complete On-Street Observations in response to an identified compliance or quality issue.

RESPONSIBILITY:

On-Site Visits:

A. The Field Inspector or MTM delegate will inform the Transportation Provider they must have all aspects of the contracting and credentialing process in place for review during the visit.
B. During the On-Site Visit the Field Inspector or MTM delegate will complete the site visit to ensure compliance with the MTM Transportation Provider Guidelines. The Field Inspector or MTM delegate will discuss deficient areas with the Transportation Provider at the time of the visit.
C. If compliance is not met, the Transportation Provider may be removed from the MTM network, assessed Liquidated Damages or issued written notification of non-compliant items through a Performance Improvement Plan (PIP).

D. The Field Inspector or MTM delegate will offer assistance to the Transportation Provider in responding to actions identified in the PIP.
E. If compliance to the PIP is not met the Field inspector or MTM delegate may pursue disciplinary measures, including suspension or termination from the MTM network or assess Liquidated Damages.
F. Completion of site visits is reported to the Quality Management Committee (QMC) on a monthly basis for tracking, trending, and quality improvement.

Vehicle Inspections:

A. The Field Inspector or MTM delegate will award each vehicle as "Pass" or "Fail" based upon the vehicle inspection.
B. The Field Inspector or MTM delegate will affix a MTM inspection sticker on the window of each vehicle that has been awarded a "Pass" during the inspection process.
C. In lieu of a MTM vehicle inspection, a vehicle inspection from the State or Federal Department of Transportation (DOT) or a governmental regulating authority may be substituted in place of the MTM vehicle inspection.
D. Network Management will maintain Vehicle Inspection Forms in the Transportation Provider Credentialing Website.

On-Street Observations:

A. The Field Inspector or MTM delegate may conduct Transportation Provider monitoring to observe Transportation Providers, drivers and vehicles during the normal course of work.
B. The Field Inspector or MTM delegate may choose Transportation Providers for random compliance review or in response to identified compliance or quality issues.

This policy is reviewed by the Quality Management Committee on an annual basis for appropriateness and effectiveness.

APPROVED BY:

Director, Network Management	Date
VP, Operations	Date
President/CEO	Date

MTM

Corporate Procedure

Subject:	Transportation Provider Contracting	**Policy No.:**	100.001
Authorized By:	Director, Provider Network	**Date:**	1/30/2012
Department:	Network Management	**Last Revised:**	5/10/2013
Applicability:	Network Management		

PURPOSE:

To ensure that MTM maintains a provider network that is sufficient in the number and types of providers needed to meet the non-emergency medical transportation needs of our clients. To verify each Transportation Provider submits all required documentation to MTM's Credentialing Website. All information will be reviewed for accuracy and verified prior to being approved for participation in the MTM Network. Network Management will also validate and assess the qualifications of the Transportation Provider's drivers prior to the provision of transportation services. The decision to include a Transportation Provider and individual drivers in the MTM Transportation Provider Network is based on a review and evaluation of the Transportation Provider and driver's credentials. Network Management will also add Transportation Providers into the MTM NET System, phone directory and will notify the correct departments of the Transportation Providers status updates. Network Management monitors each Transportation Provider so they are not being utilized for MTM business when there are non-compliance issues.

POLICY:

Policy 100 – Transportation Provider Contracting

RESPONSIBILITY:

Recruiting/Credentialing/Contracting:

A. In existing areas where there is network inadequacy, the first action will be to utilize Transportation Providers from adjoining areas to assist in providing necessary transportation.
B. If providers from adjoining areas cannot be utilized, an Out-of-Network Transportation Provider may be used on a case by case basis.

C. Transportation Providers must meet MTM standards and satisfy a recruiting or network adequacy need in order to be approved for network participation.
D. All drivers in network will go through MTM's current credentialing process and must be approved by the Credentialing Committee prior to providing services for MTM (unless the Transportation Provider is considered an Out of Network Transportation Provider).
E. Once Network Management receives a Transportation Provider's questionnaire, Network Management verifies all provider profile information (i.e., vehicle types, hours of operations, special services, fees and billing information). The Contracting/Credentialing process begins with entering the Transportation Provider into MTM's NET System and submitting a request for the Transportation Provider to be added to MTM's Credentialing Website through Issuetrak.
F. The Recruiter gives the Transportation Provider their username and password and requests training for the Transportation Provider from the Trainer. The Transportation Provider may begin submitting credentials for Network Management approval.
G. All Owners/Officers/Drivers will be checked against State and Federal banned lists.
H. . Once all credentials have been submitted, approved by MTM, and sent to the provider for signature, contracts are created with an effective date of the 1st or 15th of the month or the start date of the new plan.
I. Once Network Management has received the signed contract from the Transportation Provider, it is reviewed for accuracy.
J. The contracts along with all other required credentialing information are then presented to MTM's Credentialing Committee in an organized format. All documents must be presented in the exact same order in the completed file.
K. The members of the Credentialing Committee will review the presented file and state whether he/she approves or disapproves the Transportation Provider and/or driver for participation in the network. Objections must be documented and reasons for objections stated.
L. Once approved by the Credentialing Committee, the contracts are signed by the VP of Operations.
M. The signed contracts are returned to the Network Management employee. The employee then uploads and approves the contracts on MTM's Credentialing Website. A copy of the Transportation Provider Services Agreement and Guidelines will be filed in the Transportation Providers' paper and electronic files.
N. MTM departments are notified of the new Transportation Provider and the effective date of when the Transportation Provider is available to start taking trips.
O. Drivers are credentialed upon entry into the MTM Transportation Provider Network and re-credentialed on an annual basis thereafter.

P. MTM's Credentialing Committee reviews all documents as they relate to the credentialing/re-credentialing process and make the decision to either approve or deny the credentialing/re-credentialing of the Transportation Provider/driver.
Q. If the Transportation Provider/driver is denied, Network Management will provide that decision to the Provider in writing.
R. The Transportation Provider has the right to appeal the decision within 30 days.
S. All appeals are presented to MTM's Credentialing Committee before forwarding to MTM's General Counsel for final decision.

Temporary Suspension/Termination:

REASONS FOR CLOSING (including, but not limited to the following): driver issues, vehicles issues, insurance issues and other compliance issues. When a Transportation Provider is closed, they must remain closed for a minimum of seven (7) days, unless otherwise approved by department management.

A. Network Management is the owner of provider closings and will provide oversight from start to finish.
A. Transportation Providers are continually monitored to ensure they remain in compliance with all MTM requirements.
B. Transportation Providers found to be out of compliance (situations including but not limited to endangerment of a member or cause of unnecessary liability to MTM) are closed immediately until such issues are resolved to MTM's satisfaction.
C. Continued non-compliance will result in MTM terminating the contract between MTM and the Transportation Provider. MTM will comply with the termination with or without cause in accordance with the Transportation Providers contract. MTM will notify the Transportation Provider, via Certified Mail, of the contract termination.
D. Transportation Providers have the right to appeal the decision of MTM to terminate their contract. Appeals must be received in writing within 90 days of the termination notice. All appeals are sent to MTM's General Counsel for the final decision.
E. The monitors considered to be of a "serious" nature would include but are not limited to the following:
    a. Lack of current insurance in accordance with the Transportation Provider's contractual agreement.
    b. Vehicle safety issues.
    c. Reports of drivers smelling of an alcoholic beverage.
    d. Reports of drivers using or smelling of a non-prescribed, illegal substance.
    e. Reports of drivers driving erratically and/or having near miss situations with other vehicles.
F. In the case where the issue is a lack of current insurance, the Transportation Provider is immediately closed in the NET System to all new trips 5 days prior to the insurance due

expiration date. If the updated insurance is not received by the Network employee by close of business the 3rd business day before the expiration date, the provider will remain closed and have existing trips canceled for the day of expiration. If the updated policy has not yet been received by the Network employee two days before the expiration date, the trips for the day following the expiration are canceled and reset with compliant Transportation Providers. If by noon the day before the policy is due to expire, the Transportation Provider has still not submitted their new insurance policy, the remaining days (to make a total of 7 days' worth of trips) will be canceled and reset with compliant Transportation Providers. (Seven day closure may be reduced by the department management in areas of small or limited network. Closure may also be reduced if the possibility of a negative impact on transportation for members in the service area is a possibility.)

a. Network Management will inform the appropriate departments of the Transportation Provider closing so that all scheduled trips are cancelled with the Transportation Provider and rescheduled with another Transportation Provider. The information sent out by Network Management will specifically state which department(s) is responsible for canceling the trips and whether or not there is a need to cancel trips greater than 7 days out.
b. Network Management will evaluate Transportation Provider availability in an area where a Transportation Provider is being deactivated and contact other Transportation Providers in the area of the Transportation Provider deactivation (when necessary) that may be able to provide the appropriate mode of transportation. MTM will receive verbal agreement to accommodate the increased trip volume caused by another Transportation Provider's deactivation. This information will be included in the notification of closure.

G. Customer Service Center(s) is responsible for canceling the existing trips they set up and rescheduling the trips.
H. Upon completion of trip reassignments, each department must notify Network Management.
I. In the case where the concern involves one particular driver or vehicle, the Transportation Provider can remain open in the NET System but will be required not to use that particular driver or vehicle until the issue has been resolved to MTM's satisfaction.
J. Network Management will notify the Transportation Provider of the deactivation for non-compliance verbally and by fax. Network Management will also inform the Transportation Provider that MTM will begin canceling all current trips, and no future trips will be awarded until the appropriate document(s) have been obtained. Cancelled trips will not be re-awarded to the Transportation Provider once appropriate documentation has been provided to MTM.

K. The Transportation Provider will be notified by fax of the reason for the cancellation of trips and the type of document(s) in question.
L. Network Management will note the reason for closure of the Transportation Provider in the internal notes section on the "My Account" page in MTM's credentialing website.
M. Network Management will notify applicable departments when a deactivated Transportation Provider is reinstated.
N. Network Management can close a Transportation Provider in the NET System; however, Network Management may not terminate the provider contract. Only MTM's General Counsel can terminate provider contracts.
O. Transportation Providers will be suspended and/or disciplined when their service level falls below MTM's acceptable level and/or when the safety of the member is in question.

Issues are categorized into two groups:

1. **Non-Safety Issue** is defined as any issue that does not directly endanger the immediate health and welfare of the member. MTM reserves the right to terminate any Transportation Provider upon the occurrence of any material non-safety complaint or incident. MTM shall determine, in its sole discretion, the materiality of any non-safety complaint or incident. For minor non-safety issue, such as provider's no-show, or cancellation of a trip (less than 24 hours' notice) rate of more than 1.99%, provider discipline shall be as follows:
    a. At the first occurrence of 1.99% or more of their monthly total trip volume, Network Management will send an education letter of warning to the provider. Drivers will also be required to attend refresher training.
    b. At the second occurrence consisting of 1.99% or more of their monthly total trip volume, Network Management will send a Performance Improvement Plan (PIP) suspending the Transportation Provider to new trips for two (2) consecutive calendar days.
    c. At the third occurrence consisting of 1.99% or more of their monthly total trip volume, Network Management will send a PIP suspending the provider to new trips for five (5) consecutive calendar days.
    d. At the fourth occurrence consisting of 1.99% or more of their monthly total trip volume, Network Management will send a PIP suspending the provider to new trips for thirty (30) consecutive calendar days.
    e. If the Transportation Provider is still out of compliance after the PIP, MTM reserves the right to terminate the Transportation Provider.

f. Transportation Providers with two (2) or more grievances in one (1) month, or any group with four (4) or more grievances, shall be further reviewed by the MTM.
g. All correspondence referenced above will be kept in the Transportation Provider's file.

2. **Safety Issue** is defined as any complaint that directly endangers the immediate health and welfare of the member. MTM reserves the right to terminate any Transportation Provider upon the occurrence of a material breach in the safety of any member. MTM shall determine, in its sole discretion, the materiality of any breach in safety. For minor safety incident complaints, Transportation Provider discipline shall be as follows:
    a. Upon a first occurrence of a substantiated Transportation Provider safety complaint, Network Management will send a PIP suspending the Transportation Provider to new trips for two (2) consecutive calendar days.
    b. Upon a second occurrence of a substantiated Transportation Provider safety complaint, Network Management will send a PIP suspending the Transportation Provider to new trips for five (5) consecutive calendar days.
    c. Upon a third occurrence of a substantiated Transportation Provider safety complaint, Network Management will send a PIP suspending the Transportation Provider to new trips for thirty (30) calendar days.
    d. Apart from an extenuating circumstance, any additional occurrences of substantiated Transportation Provider safety complaints would result in the Transportation Provider being terminated from the MTM Transportation Provider Network.

P. Network Management staff will educate and document during all the above steps.
Q. Transportation Providers may be allowed to return to the MTM Transportation Provider Network only in the case of non-safety issues.
R. Transportation Providers may not be allowed to return to the MTM Transportation Provider Network in the case of removal for safety issues.
S. A terminated Transportation Provider must be out of the MTM Transportation Provider Network for at least one (1) year and cannot return without all required documentation and training in place.
T. All suspensions and/or disciplines are measured on a calendar month basis.
U. Notice of suspension given to a Transportation Provider commences a ninety (90) day time table for the Transportation Provider to correct the issue(s) which lead to the suspension.

V. If the Transportation Provider has not corrected these issues within the ninety (90) days allowed, the Transportation Provider will be recommended to MTM's Credentialing Committee for termination.
W. Once the termination is approved by MTM's Credentialing Committee, MTM's General Counsel will notify the Transportation Provider via certified mail.
X. All Transportation Provider education and discipline issues are documented and maintained in the Transportation Provider's file.

This procedure is reviewed by the appropriate department management on an annual basis for appropriateness and effectiveness.

APPROVED BY:

_____ _____

Director, Provider Network Date

MTM

Corporate Procedure

Subject:	Out Of Network Transportation Providers	**Policy No.:**	100.002
Authorized By:	Director, Provider Network	**Date:**	1/20/2012
Department:	Network Management	**Last Revised:**	5/10/2013
Applicability:	Network Management		

PURPOSE:

To ensure that MTM is capable of accommodating short-notice trips, urgent appointments, 24 hour access to and from covered services, and be prepared to respond to Transportation Provider no-shows or issues. Out of Network Transportation Providers will be used after all contracted Transportation Providers have been exhausted as a viable option to provide the required transportation services.

POLICY:

Policy 100 – Transportation Provider Contracting

RESPONSIBILITY:

The following will be conducted by Network Management when utilizing an Out of Network Transportation Provider:

Review city or county ordinances regulating Taxi-Cab or For-Hire Transportation Providers to ensure the company is licensed and drivers and vehicles are reviewed and approved by the regulating authority.

The following minimum requirements will be confirmed by Network Management:

- Insurance: verify the Out of Network Transportation Providers have adequate insurance to meet the requirement of the regulating authority
- Vehicle: verify that each vehicle is reviewed and approved for general public use by the regulating authority
- Drivers: verify that each driver must submit a Motor Vehicle Record and Criminal Background Check to the regulating authority for review and approval prior to providing transportation to the general public

This procedure is reviewed by the appropriate department management on an annual basis for appropriateness and effectiveness.

APPROVED BY:

Director, Provider Network	Date

Corporate Procedure

Subject:	Volunteer Drivers	**Policy No.:**	100.006
Authorized By:	Director, Provider Network	**Date:**	7/1/2012
Department:	Network Management	**Last Revised:**	5/10/2013
Applicability:	Network Management		

PURPOSE:

To ensure that MTM maintains a volunteer network as applicable by plan that meets the non-emergency medical transportation needs of our clients. To verify each volunteer submits all required documentation to MTM's Credentialing Website. All information will be reviewed for accuracy and verified prior to being approved for participation in the MTM Network. Corp. of Independent Contractors will also validate and assess the qualifications of the volunteer drivers prior to the provision of transportation services. The decision to include a volunteer driver in the MTM Transportation Provider Network is based on a review and evaluation of the volunteer driver's credentials. Corp. of Independent Contractors will also add volunteer drivers into the MTM NET System, phone directory and will notify the correct departments of the volunteers status updates. Corp. of Independent Contractors monitors each volunteer so they are not being utilized for MTM business when there are non-compliance issues.

POLICY:

Policy 100 Transportation Provider Contracting

RESPONSIBILITY:

A volunteer driver is one who may provide transportation and is not contractually bound to provide services. Volunteers are those drivers using their own vehicles or that of a not for profit entity to transport members to and from covered services and whom are reimbursed for their mileage only and no other services.

This procedure is reviewed by the appropriate department manager on an annual basis for appropriateness and effectiveness.

APPROVED BY:

_____ _____

Director, Provider Network Date

MTM

Corporate Procedure

Subject:	Transportation Provider Meetings	**Policy No.:**	101.002
Authorized By:	Director, Provider Network	**Date:**	1/27/2012
Department:	Network Management	**Last Revised:**	5/1/2013
Applicability:	Network Management		

PURPOSE:

Provide education and information to the Transportation Providers who are participating in the MTM Transportation Provider Network.

POLICY:

Policy 101 – Site Visits

RESPONSIBILITY:

A. Presentation topics are determined by educational needs, historical trends, compliance issues, and input from Transportation Providers.
B. Schedule the meeting and invite all active Transportation Providers, informing them of the dates, times, topics, and locations to give them an opportunity to select the meeting that best fits their schedule.
C. Assign responsibilities to MTM staff for information and materials presented during the meetings.
D. Monitor RSVPs to determine Transportation Provider interest.
E. Make follow-up phone calls to contact Transportation Providers who have not responded to the initial invitation to invite them to the meetings.
F. Conduct the meetings and provide opportunity for a written evaluation from all attendees with suggestions for future meetings and topics.
G. Document questions that arise during the course of the meeting and provide written feedback to all Transportation Providers in the Network.
H. Track attendance and feedback to assist in planning future meetings and for reporting outcomes to the Quality Management Committee (QMC).

This procedure is reviewed by the appropriate department management on an annual basis for appropriateness and effectiveness.

APPROVED BY:

Director, Provider Network	Date

Customer Service Center

MTM

Corporate Policy

Subject:	Process for Consumer Mistreat	**Policy No.:**	200
Authorized By:	President/CEO	**Date:**	7/1/2010
Department:	Customer Service Center	**Last Revised:**	5/30/2013
Applicability:	Customer Service Center		

PURPOSE:

To ensure that CSRs are following the guidelines and handling calls with the utmost respect.

POLICY:

The CSC management team will ensure that the CSC staff treats all callers with dignity and respect. Professionalism will be enforced at all times and monitored through side-by-side observations, random call sampling, and live calls reviewed by the Quality Auditing Team.

DEFINITIONS:

Client: Refers to the customer contracted with MTM to handle the transportation benefit offered to their covered population.

Member: Refers to the population served by MTM Clients. Often referred to as participants, beneficiaries, clients, recipients and other terms; for MTM purposes, member is being used as a standard meaning for the Client's covered population.

RESPONSIBILITY:

In the event that any of the following issues arise or are discovered in the CSC, they will not be ignored and immediate steps of action will be taken.

- Hanging up on member
- Using profanity
- Mocking, mimicking, or making fun of callers (with caller on mute or otherwise)

The following steps will be taken to closely monitor interaction with all callers to ensure excellent customer service is being demonstrated at all times.

- Side-by-Side Monitoring
- Random Call Sampling
- Live Call Review (Quality Auditing Observations)

The following steps will be taken if any violations are found:

A. An immediate face-to-face meeting with the supervisor, CSR, and Manager/HR staff if necessary.
B. Thorough, accurate documentation will be captured regarding the situation and outcome.
C. Depending on the severity of the issue, disciplinary action may be taken; up to and including immediate termination.

This policy is reviewed by the Quality Management Committee on an annual basis for appropriateness and effectiveness.

APPROVED BY:

Director, Customer Service Center	Date
VP, Operations	Date
President/CEO	Date

MTM

Corporate Policy

Subject:	Call Handling	**Policy No.:**	201
Authorized By:	President/CEO	**Date:**	7/29/2001
Department:	Customer Service Center	**Last Revised:**	5/1/2013
Applicability:	Customer Service Center		

PURPOSE:
The purpose of this policy is to develop and maintain a call handling policy that will adhere to both MTM and client specific protocol requirements.

POLICY:
MTM Customer Service employees will handle all calls by obtaining complete and accurate information, ensuring compliance of specific protocol requirements for our clients, as well as ensuring they are in adherence to MTM policies and procedures.

DEFINITNIONS:
Client: refers to the customer contracted with MTM to handle the transportation benefit offered to their covered population.
Member: refers to the population served by MTM Clients. Often referred to as participants, beneficiaries, clients, recipients and other terms, for MTM purposes, member is being used as a standard meaning for the Client's covered population.

RESPONSIBILITY:
Scheduling transportation Request:
CSRs will handle all calls with dignity, respect, and in a professional manner.

When appropriate, CSRs will greet callers using the specific greeting that displays on their screen prompt through the call intake system or as outlined in the client protocols.

CSRs will identify if the member requires relay services, or language assistance. If necessary, the CSR will utilize the training document on handling relay or language assistance calls, which is found in the Call Center 101 reference book.

Before approving the member's transportation request, the CSR will ensure the member qualifies for transportation in accordance with client protocols by verifying eligibility and service requirements, adhering to days' notice requirements, as well as verify the member is going to a facility that accepts Medicaid or Medicare in accordance to client protocols.

CSRs will educate the member if services are to be denied for any reason and inform them that they have the right to appeal and give the appropriate toll-free number to the client. The member will also be given instructions based on client's protocols.

CSRs will verify if the member requires any special accommodations including specific vehicle type, an attendant, or requires traveling with a service animal. If specific accommodations are needed, the CSR will adhere to all documentation requirements in the NET Management System.

CSRs will use the NET Management System to select the most appropriate mode of transportation to include offering mileage reimbursement, ADA or Para Transit Systems, Public Transportation, sedan, para-lift vehicles, stretcher, or ambulance that are in adherence to what modes the clients offer their members.

The CSR will recap all trip information with the member and make the necessary corrections if required at time of the call. The CSR will also educate the member on the specific requirements for the day of travel including when to be ready for pick up, the phone number of the transportation provider and the requirements of a call back should the appointment need to be canceled or rescheduled.

Lastly, the CSRs will document the member's file/trip information should it be needed for future reference.

Caller Emergency Situations:

Should a CSR determine a transportation service request is related to an emergency condition and if appropriate instruct the caller to hang up and dial 911. If the caller cannot call 911, the CSR will immediately contact a member of the leadership staff to take control over the call. The leadership staff will call 911 on the member's behalf and stay on the line until the emergency personnel arrive at the member's location.

The leadership staff will document the situation in the member's file as well as report the incident to the necessary internal departments for communication to the client.

Trip Cancellation Request:

Upon the request to cancel a scheduled trip, the CSR will ensure that the trip request is properly documented with the person who called in the request to cancel as well as ensure the appropriate trip cancellation reason code is used.

CSR will contact the transportation provider if the trip request is for same day or the next day as well as ensure the cancellation fax is sent to the provider.

Stranded Passenger Request:
If a CSR receives a call from a member stating that they have been stranded, the CSR will identify where the member is located and contact the transportation provider to determine the status of the pick-up. If the transportation provider cannot be reached, the CSR will cancel the trip using the appropriate cancellation status code and will enter a one way transportation request and locate a new transportation provider to accommodate the trip request.

The CSR will also document the situation in the NET Management system as well as ask the member if they would like to file a formal complaint against the transportation provider. If the member does want to file a complaint, the CSR will transfer the caller to the QM department.

This policy is reviewed by the Quality Management Committee on an annual basis for appropriateness and effectiveness.

APPROVED BY:

Director, Customer Service Center	Date
VP, Operations	Date
President/CEO	Date

MTM

Corporate Policy

Subject:	Customer Service Center Telephone Conduct	**Policy No.:**	202
Authorized By:	President/CEO	**Date:**	4/13/2001
Department:	Customer Service Center	**Last Revised:**	5/30/2013
Applicability:	Customer Service Center		

PURPOSE:
To ensure MTM's Customer Service Center adheres to excellent customer service guidelines on all incoming and outgoing calls.

POLICY:
The CSC leadership staff will ensure that all employees treat members with dignity and respect. Professionalism will be enforced at all times and monitored through visual observation, side-by-side observations, random call sampling and live calls reviewed by the Quality Auditing Team.

DEFINITIONS:
Client: refers to the customer contracted with MTM to handle the transportation benefit offered to their covered population.
Member: refers to the population served by MTM Clients. Often referred to as participants, beneficiaries, clients, recipients and other terms, for MTM purposes, member is being used as a standard meaning for the Client's covered population.
CSC: refers to Customer Service Center.
CSR: refers to Customer Service Representative.

RESPONSIBILITY:
CSRs will provide courteous, professional and helpful service without regard to race, religion, gender, color, sexual preference, national origin, age or physical or mental health status.

CSRs will maintain a courteous and pleasant speaking voice throughout the entirety of the call regardless of member behavior.

CSRs will use the member's last name throughout the conversation of the call unless obtaining permission to use the caller's first name.
CSRs will maintain control over the call by avoiding personal conversations with members.

CSRs will avoid putting members on hold without educating the member on the reason for the hold. Once a member is placed on hold, the CSR will follow up with the member to provide an update on the situation.

CSRs will not put a member on hold in order to have a personal conversation with other call center employees.

If the member becomes angry, or abusive in language and behavior, the CSR will not disconnect the call until providing fair warning and allowing the member a chance to correct the behavior.

If a member requests to speak to a Supervisor, the CSR will first see if they can resolve the member's request before proactively offering to escalate to a Supervisor. However, if member is adamant that they want to speak to a Supervisor, the CSR will never deny the request of a member to speak with a Supervisor. The CSR will politely ask the member to hold while they contact their Supervisor and will escalate the call immediately.

CSRs will never avoid answering calls. CSRs will be available to handle all incoming call requests when scheduled to be online unless following up on a previous request.

CSRs will avoid inappropriate conversations and loud noises within the call center at all times as there is a risk of the conversation being overheard by members on the phones with other CSRs.

CSRs will avoid speaking to members while eating or drinking as this is inappropriate behavior.

Any violations of the above will result in disciplinary actions including termination depending on the severity of the situation.

This policy is reviewed by the Quality Management Committee on an annual basis for appropriateness and effectiveness.

APPROVED BY:

_____	_____
Director, Customer Service Center	Date
_____	_____
VP, Operations	Date
_____	_____
President/CEO	Date

MTM

Corporate Policy

Subject:	Customer Service Center Reporting	**Policy No.:**	203
Authorized By:	President/CEO	**Date:**	02/15/2001
Department:	Customer Service Center	**Last Revised:**	5/1/2013
Applicability:	Customer Service Center		

PURPOSE:
The purpose of this policy is to ensure the CSC is in compliance with all reporting requirements.

POLICY:
The CSC will produce, monitor, and report all performance metrics to be in compliance with Client protocol requirements.

DEFINITIONS:
Client: refers to the customer contracted with MTM to handle the transportation benefit offered to their covered population.
Member: refers to the population served by MTM Clients. Often referred to as participants, beneficiaries, clients, recipients and other terms, for MTM purposes, member is being used as a standard meaning for the Client's covered population.

RESPONSIBILITY:
The CSC Leadership staff will partner with the Information Technology Department to develop reports that meet the specific needs of MTM and our clients.

The CSC Leadership staff will meet all required deadlines for producing and communicating reports for internal personnel as well as our clients.

The CSC Leadership staff will utilize call statistic reports and quality monitor reports to identify areas of opportunity for MTM call center staff and will take the necessary corrective actions to ensure MTM is meeting all performance standards.

The CSC Leadership staff will ensure all client specific reports are posted via FTP site or other specified areas for access of MTM personnel on a daily, weekly and monthly basis.
The CSC Leadership staff will not falsify data that is being reported.

This policy is reviewed by the Quality Management Committee on an annual basis for appropriateness and effectiveness.

APPROVED BY:

Director, Customer Service Center	Date
VP, Operations	Date
President/CEO	Date

MTM

Corporate Policy

Subject:	Call Center Service Disruption	**Policy No.:**	204
Authorized By:	President/CEO	**Date:**	7/11/2002
Department:	Customer Service Center	**Last Revised:**	5/30/2013
Applicability:	Customer Service Center		

PURPOSE:
The purpose of this policy is to provide an organized plan on how to provide continuous service to MTM clients in case of phone and/or system outage.

POLICY:
MTM will ensure members have access to MTM's customer service centers in the event of an outage.

DEFINITIONS:
Client: refers to the customer contracted with MTM to handle the transportation benefit offered to their covered population.
Member: refers to the population served by MTM Clients. Often referred to as participants, beneficiaries, clients, recipients and other terms, for MTM purposes, member is being used as a standard meaning for the Client's covered population.

RESPONSIBILITY:
The Customer Service Center (CSC) leadership staff will immediately report all service outages to MTM's Information Technology (IT), and Client Services (CS) at the time the outage/service disruption is identified.

Each client will have a designated primary and secondary (back up) CSC. The secondary CSCs will have staffed trained on all client protocols designated for the CSC.

Should an outage occur, the CSC staff will immediately ensure secondary CSCs are staffed appropriately and skilled to handle the secondary call volume. This may include calling in additional staff or requiring overtime until the outage is resolved.

Calls will be routed to the CSCs designated as the secondary back up for each client.

If necessary, the CSC staff will go to paper documentation to ensure all calls are handled in a timely and accurate manner. If appropriate, all requests will be resolved within 24 hours or within requirements of client protocols.

The IT staff will determine the nature of the outage, estimate time of restoral of services, and communicate with Client Services and the CSC frequently until outage has been resolved.

The IT staff will complete a business disruption form for client communication requirements including nature of disruption, time reported, impacts to client, and estimated time of restoral.

If the outage is related to inclement weather, the CSC leadership staff and Client Services will partner with the Client to obtain approval to activate emergency IVR messages. The emergency IVR messages will defer non urgent trip requests during the outage.

This policy is reviewed by the Quality Management Committee on an annual basis for appropriateness and effectiveness.

APPROVED BY:

_____	_____
Director, Customer Service Center	Date
_____	_____
VP, Operations	Date
_____	_____
President/CEO	Date

MTM

Corporate Policy

Subject:	Call Center Operations	**Policy No.:**	205
Authorized By:	President/CEO	**Date:**	5/13/2013
Department:	Customer Service Center	**Last Revised:**	
Applicability:	Customer Service Center		

PURPOSE:
The purpose of this policy is to ensure that MTM's customer service centers are meeting contractual requirements as outlined by clients.

POLICY:
MTM Customer Service Centers will enforce call center standards that meet the needs of our clients.

DEFINITIONS:
Client: Refers to an entity contracted with MTM to provide services based on designated contracted stipulations.
Member: Refers to the population served by MTM Clients. Often referred to as participants, beneficiaries, clients, recipients and other terms, for MTM purposes, member is being used as a standard meaning for the Client's covered population.

RESPONSIBILITY:
Hours of Operation:
MTM will ensure compliance with the hours of operation as outlined in client protocols
MTM will ensure we are adequately staffed with call center personnel during all hours of operation to meet service level requirements as outlined in contract.

Location of Call Center:
MTM will meet facility location requirements as specified in client contract.
MTM will ensure that the facility is secure at all times to be in compliance with HIPAA as well as to protect the safety of employees and MTM/Client property.

Operating Procedures:

MTM will ensure that employees have all the necessary equipment and resources to meet the requirements of their job functions.

MTM will provide separate phone numbers for clients to reach key personnel as outlined in contract.

MTM will meet the technology requirements to ensure member calls are answered by a live CSR without any interruption in service.

Call Center Performance Standards:

MTM will ensure all service level requirements are met as outlined in client contract.

MTM will ensure all call center historical data is collected, reviewed and provided to client.

This policy is reviewed by the Quality Management Committee on an annual basis for appropriateness and effectiveness.

APPROVED BY:

Director, Customer Service Center	Date
VP, Operations	Date
President/CEO	Date

MTM

Corporate Policy

Subject:	Inclement Weather	**Policy No.:**	206
Authorized By:	President/CEO	**Date:**	03/09/2004
Department:	Customer Service Center	**Last Revised:**	06/10/2013
Applicability:	Customer Service Center		

PURPOSE:

To ensure safety is always the first consideration when determining whether or not to perform services during times of inclement weather and to ensure proper notification to members in the event transportation is not possible due to the inclement weather situation.

DEFINITIONS:

Client: refers to the customer contracted with MTM to handle the transportation benefit offered to their covered population.

Member: refers to the population served by MTM Clients. Often referred to as participants, beneficiaries, clients, recipients and other terms, for MTM purposes, member is being used as a standard meaning for the Client's covered population.

POLICY:

MTM staff will consider the safety of the members first and above all things when the decision is being made whether or not to transport during times of inclement weather. Members will be notified by either MTM or the transportation provider of any decision not to complete the transportation services due to inclement weather.

NOTE: Special consideration will be given to life sustaining (i.e., dialysis, chemotherapy & radiation) transports and urgent requests.

RESPONSIBILITY:

1. MTM staff will consider the safety of the member above all other things during times of inclement weather (when forecasted) before assigning transportation to a public transit organization where the member would be expected to walk to and/or wait at a public transit waiting area.
2. MTM staff is educated and encouraged to keep the lines of communication open between the transportation providers and members regarding inclement weather

and/or unusual traffic conditions so each party is informed of decisions to either transport or not to transport.

3. MTM staff is educated on the proper handling of transports which cannot be completed due to inclement weather and/or unusual traffic conditions. The transportation provider will contact MTM via telephone, fax or e-mail if they cannot complete the transportation because of inclement weather and/or unusual traffic conditions.
4. When the member does not want to complete the transportation due to the inclement weather and/or unusual traffic conditions, they are expected to contact MTM and/or the transportation provider via telephone. Note: Members are educated on each call to MTM to contact MTM if they need to make any changes to or cancel a scheduled trip.
5. Transports are canceled when notification is made to MTM by either the transportation provider or the member. Transportation providers are also notified via telephone, fax or e-mail in the event a member contacts MTM directly to cancel due to inclement weather and/or unusual traffic conditions.
6. Every effort is made by the transportation providers to complete all trips during inclement weather and/or unusual traffic conditions whenever safety permits. Members who have already been taken to their appointment before the inclement weather situation occurs must be returned to their original pick up location by the transportation provider. If the original transportation provider cannot accommodate the return ride, MTM will locate another transportation provider that is able to accommodate the return ride for the member.
7. Life sustaining and urgent need transports are considered of the utmost importance and those transports are given the highest level of importance and are completed if at all possible, even in inclement weather and/or unusual traffic conditions, whenever safety allows. Every effort is made to complete these types of transports while still ensuring member and transportation provider safety.

This policy is reviewed by the Quality Management Committee on an annual basis for appropriateness and effectiveness.

APPROVED BY:

_____	_____
Director, Call Center Operations	Date
_____	_____
VP, Operations	Date
_____	_____
President/CEO	Date

MTM

Corporate Policy

Subject:	Customer Service Center Training Requirements	**Policy No.:**	230
Authorized By:	President/CEO	**Date:**	1/27/2003
Department:	Customer Service Center	**Last Revised:**	5/30/2013
Applicability:	Customer Service Center		

PURPOSE:

To ensure every customer service employee is appropriately trained in all areas of their job responsibility to include following MTM policies and procedures as well as contractually obligated client requirements.

DEFINITIONS:

Client: refers to an entity contracted with MTM to provide services based on designated contracted stipulations.

Member: refers to the population served by MTM Clients. Often referred to as participants, beneficiaries, clients, recipients and other terms, for MTM purposes, member is being used as a standard meaning for the Client's covered population.

CSR: refers to Customer Service Representative.

POLICY:

MTM's customer service center will adhere to internal training requirements in accordance with Policies 715 Orientation of New Employees and Policy 753 Documentation of Ongoing Training. When appropriate, MTM will adhere to Client training requests and/or training requirements.

RESPONSIBILITY:

Leadership staff will conduct new hire orientation during which CSRs will learn the following:

- Corporate policies and procedures including Customer Service
- HIPAA requirements
- Cultural Competency
- Fraud, Waste, and Abuse
- Code of Conduct

- Introduce CSRs to MTM's various departments providing the roles and responsibilities of each department.
- Educate CSRs about the types of services MTM provides
- Basic responsibilities of handling a transportation request

In depth training on the NET Management System software includes but is not limited to the following:

- Learning the various trip maintenance screens and specific data requirements for completing a transportation request
- Entering transportation request into NET Management System screens
- Monitoring live calls with an experienced CSR in the Customer Service Center and with Trainer in training area.
- Practice data entry on live calls with experienced CSRs in the Customer Service Center.
- Take live calls asking questions as needed in training area.

Provide in depth training in customer service soft skills by reviewing MTM's quality monitoring program requirements and through role playing exercises.

Train on specific Client protocols to include covered/non covered services, prior authorization processes, handling special need requirements, and determining appropriate modes of transportation.

Train CSRs to effectively use phone systems and various other software programs to complete daily task.

Provide CSRs with assessment quizzes to verify training material was comprehended. Each CSR will meet the minimum assessment score requirement based on MTM and client requirements before handling incoming calls.

Provide continual training through coaching and development activities including call monitoring sessions, pulling trip queries, having CSRs listen to their own calls, side by side sessions, and reviewing quality audits.

Ensure CSRs are trained on protocol changes as well as additional policy or procedure changes.

This policy is reviewed by the Quality Management Committee on an annual basis for appropriateness and effectiveness.

APPROVED BY:

_____	_____
Director, Customer Service Center	Date
_____	_____
VP, Operations	Date
_____	_____
President/CEO	Date

MTM

Corporate Procedure

Subject:	Scheduling Transportation Requiring Special Needs	**Policy No.:**	004
Authorized By:	Director, Customer Service Center	**Date:**	4/13/2001
Department:	Customer Service Center	**Last Revised:**	5/22/2013
Applicability:	Customer Service Center		

PURPOSE:

MTM Customer Service Center staff needs to ensure that the most appropriate means of transportation is arranged for members based on any special need requirements.

POLICY:

Not Applicable.

RESPONSIBILITY:

The Customer Service Representative (CSR) will:

A. Determine any special needs or conditions (e.g. pregnant, uses crutches, in wheelchair, blind, requires a service animal).
B. Note any special needs details on the Special Needs line in the system to provide detailed information to the transportation provider.
C. Note special needs in the Red Flag section of the NET Management System for future request.
D. Identify when member cannot speak English and if appropriate, utilize translation services. If appropriate and provided by client protocol, the CSR will determine if a translator is required on date of appointment or if MTM's network has a transportation provider that speaks member's language.
E. Determine if member is in a wheelchair and if appropriate the type of wheelchair. If the member does require a wheelchair, the CSR will determine of the member can transfer and use ambulatory services. The CSR will also determine if/how many steps are from the member's house to the curb. Lastly the CSR will -document the approximate weight of the member and the wheelchair. All information will be noted on the Special Needs line in the NET Management system.

F. Determine if the member requires a non-emergency stretcher or ambulance. If required, the CSR will input the trip information and escalate the trip to the appropriate personnel to obtain authorization and complete the transportation request.
G. Determine if the member requires transportation to or from a facility that is outside of the mileage limitations of the client's protocol. If transportation is required, the CSR will take down the basic trip information and escalate to the appropriate personnel to obtain authorization and to complete the transportation request.

This procedure is reviewed by the appropriate department manager on an annual basis for appropriateness and effectiveness.

APPROVED BY:

_____ _____

Director, Customer Service Center Date

MTM

Corporate Procedure

Subject:	Translation Services	**Policy No.:**	005
Authorized By:	Director, Call Center Operations	**Date:**	7/12/2011
Department:	Customer Service Center	**Last Revised:**	7/22/2013
Applicability:	Customer Service Center		

PURPOSE:

To educate customer service staff on the proper process for handling calls where there is an identified language barrier. TTY stands for Text Telephone. This device allows people who are deaf, hard of hearing, or speech-impaired use the telephone, by allowing them to type messages back and forth to one another or to a Relay Operator at the Telephone Relay Service Center.

POLICY:

Not Applicable.

RESPONSIBILITY:

Translation or -Third Party Language Services:

A. Identify the language the Member is speaking. If applicable, transfer the call to the appropriate internal translation queue.
B. After determining that the caller requires language line services and the CSR is not fluent in the language needed, the CSR will initiate a conference call by using the following steps:
    - Press the "more" option on the Cisco phone, followed by the "Confrn" option
    - Contact the third party language vendor at designated toll free number provided
    - Press "Dial" on the phone
    - When prompted, provide MTM's Account Number
    - Select option "1" for Spanish or option "9" for all other languages
    - Enter the Location Code followed by # key as follows:
    - TX HHSC Contract Frew Calls = 1000
    - TX HHSC Contract Non Frew Calls = 1001
    - All other contracts= 0000
    - Press enter to confirm your entry

- Your call will be routed to a third party language services Operator
- Once advised, inform the operator that you are adding the caller on the line
- Press the "Confrn" option on the Cisco phone
- All parties should be connected
- Once all three parties (translator, member, and CSR) are connected the CSR will initiate the conversation by stating the proper greeting.
- CSR will pause to allow the translator to repeat information to member in their preferred language. Once, the member communicates the reason for call, the translator will inform CSR.

The CSR will follow the trip intake call flow until completion ensuring pausing and allowing time for translator and member to communicate.

TYY Calls

A Relay Operator will contact MTM and provide instructions for conducting the call. They will then use a TYY device to communicate with the member and will verbally communicate the member's information to the CSR.

All Users: 711
TTY Users: 1-800-855-2880
Voice Users: 1-800-855-2881

AT&T Spanish Relay Service:
TTY Spanish: 1-800-855-2884
Voice Spanish: 1-800-855-2885

AT&T Speech-to-Speech Service
English STS: 1-800-229-5746
Spanish STS: 1-866-260-9470

This procedure is reviewed by the appropriate department manager on an annual basis for appropriateness and effectiveness.

APPROVED BY:

_____ _____

Director, Call Center Operations Date

MTM

Corporate Procedure

Subject:	Relaying Transportation Related Issues	**Policy No.:**	034
Authorized By:	Director, Call Center Operations	**Date:**	04/08/2005
Department:	Customer Service Center	**Last Revised:**	05/30/2013
Applicability:	Customer Service Center		

PURPOSE:

To ensure that any transportation provider issue (such as dispatch problems, computer issues, or vehicle troubles, etc.) are relayed to those who need the information in a timely manner.

POLICY:

Not Applicable

RESPONSIBILITY:

1. When a transportation provider calls to report difficulties in the execution of duties contracted by MTM, the CSR will obtain specific details on the provider's issue.
    - The CSR should be sure to get a full description of who is calling to include, but not limited to:
    - Specific detail of what the problem is
    - When the issues started
    - When the issues will be resolved
    - How the problem affects delivery of services
    - What the provider needs to do to address the issues
    - How MTM needs to address the situation, when the issues will be resolved, where the problem is affecting the provider's service
    - Which trips will the provider not be able to accommodate on the schedule due to problems. The CSR should instruct the provider of the "turn back" policy and instruct the provider to "turn back" the trips that are more than 24 hours.
    - Trips that are less than 24 hours will be taken by phone and cancelled.
    - The CSR will get as much information as possible and forward via email, by written memo, or by phone to the Customer Service Center Operation Team, (CSCOT).

2. The –CSCOT staff will forward the information to the Network Management department who will take appropriate steps to ensure that MTM services will not be interrupted. If it is issues relating to phone or fax numbers being incorrect, the CSR will also email the CSCOT staff asking them to send communication via email to the network management email burst.
3. All issues are to be reported to the Quality Management Department for documentation, investigation, and follow up reporting procedures as outlined in QM procedures.

This procedure is reviewed by the appropriate department manager on an annual basis for appropriateness and effectiveness.

APPROVED BY:

_____ _____

Director, Call Center Operations Date

MTM

Corporate Procedure

Subject:	Handling Discharge Request	**Policy No.:**	037
Authorized By:	Director, Call Center Operations	**Date:**	05/09/2001
Department:	Customer Service Center	**Last Revised:**	5/22/2013
Applicability:	Customer Service Center		

PURPOSE:

All requests for hospital discharges are screened for eligibility and appropriateness prior to scheduling.

POLICY:

Not Applicable

RESPONSIBILITY:

1. Requests for discharge are accepted from the member or a member's advocate and the information is entered into the Net Management System.
2. When the CSR receives a call for a hospital discharge, member's eligibility is screened.
3. The CSR will enter additional special information that is not reflected in the standard intake screen.
   - Appointment time is the earliest time the member will be ready to be picked up. The transportation provider's estimated time of arrival should be documented in the F4 notes of trip.
   - The CSR will enter the Nurse's Station phone number and the recipients'/members'/beneficiary's room number under the "instructions/special needs" line.
4. The CSR will enter a contact name such as a charge nurse or social worker for the phone number listed above
5. Once identified that the trip request is a discharge, CSR will verify with caller whether the trip is a discharge from an urgent care facility, from the hospital emergency room, or is a discharge from a hospital inpatient stay.
6. CSR will enter appropriate trip reason code so data in reports will provide accurate information.

- Trip reason code 10 = hospital discharge
- Trip reason code 72 = emergency room-FROM
- Trip reason code 61 = transportation from an urgent care

7. If the CSR identifies that the appropriate trip reason code is not an option in the NET Management System, the protocols must be reviewed to ensure the trip request is allowed for the member's health plan.
    - If it is determined that the trip reason is a covered service
    - The CSR will set trip using the next closest trip reason code as an alternate code and note the trip notes. The trip information will be escalated to the leadership staff in order to correct system issue.
8. If it is determined that the trip reason is not a covered service, the trip will be denied using the DF (trip denied-not covered service) trip status code.
9. If the member requires para-lift transportation, indicate on the "instructions/special needs" line if the member has their own wheelchair, or if they need one provided for the trip.
    - The CSR will enter the number of steps at the destination address and the member's approximate weight.
10. The CSR will call the facility to verify the discharge if it is being called in by anyone other than the hospital staff, or a medical professional.
11. Once verified, the CSR will escalate the trip to the Short Notice Transportation Specialist to locate transportation and complete the transportation request. In the event that the trip is during after hours, the CSR will escalate to CSCOT group which is staffed 24/7 365 days a year.
12. MTM will adhere to the specified travel time requirements per client protocols.

This procedure is reviewed by the appropriate department manager on an annual basis for appropriateness and effectiveness.

APPROVED BY:

_____ _____

Director, Call Center Operations Date

MTM

Corporate Procedure

Subject:	Member Eligibility	**Policy No.:**	039
Authorized By:	Director, Call Center Operations	**Date:**	01/02/2013
Department:	Customer Service Center	**Last Revised:**	05/22/2013
Applicability:	Customer Service Center		

PURPOSE:

To ensure complete information will be gathered for each trip request, and to ensure that the member is eligible for transportation.

POLICY:

Not Applicable

RESPONSIBILITY:

Member is not in the system

- The CSR will explain to member that they are showing as not eligible for services but additional verification needs to be completed and it is necessary to transfer the member to the Customer Service Center Operation Team, (CSCOT) team to confirm eligibility using the predetermined process outlined by health plan.
- The CSCOT representative will obtain the following information from the member and add into the system as either Eligible or Not Eligible based on the information provided on eligibility website/IVR line/member services.
    - Member's Medicaid ID #, Last Name, First Name, Middle Initial, DOB, Gender, Complete Address, Phone #(s).
- The CSCOT representative will inform the member of the eligibility status.
- If the member is ELIGIBLE, the CSCOT representative will retrieve all necessary trip information to arrange the request.
- If the member is NOT ELIGIBLE, the CSCOT representative will politely inform the caller that "you are currently showing as not eligible for transportation services. I am unable to arrange transportation for you at this time."

Eligible and Not Eligible Files

- ELIGIBLE- An "ELIGIBLE" member is eligible for transportation.

- You can identify an active member because he/she is NOT marked NOT ELIGIBLE in the system.
- NOT ELIGIBLE- A "NOT ELIGIBLE" member is ineligible for transportation.
- Once the file is entered, the Edit Member screen will show that the member is ELIGIBLE OR NOT ELIGIBLE in the "Eligibility status" field.

This procedure is reviewed by the appropriate department manager on an annual basis for appropriateness and effectiveness.

APPROVED BY:

Director, Call Center Operations	Date

MTM

Corporate Procedure

Subject:	Customer Service Trip Escalation	**Policy No.:**	201.001
Authorized By:	Director, Call Center Operations	**Date:**	7/12/2011
Department:	Customer Service Center	**Last Revised:**	6/18/2013
Applicability:	Customer Service Center		

PURPOSE:

To educate customer service center staff on the escalated call handling procedures.

POLICY:

Policy 201-Call Handling

RESPONSIBILITY:

- If member is requesting to attend services that require prior authorization, ancillary services, or anything outside of transportation protocols, the CSR will:
  - Enter the appropriate trip related information including referring doctor's information.
  - Document the reason for authorization in the note section of the NET Management System.
  - Assign appropriate trip status code based on type of escalation
    - Prior Authorization
    - Level of Need
    - Meals and Lodging
    - Stretcher/Ambulance
    - Advanced Funds
  - CSR will inform member that once authorization is obtained, they will receive a call back from MTM to finalize transportation request.

This procedure is reviewed by the appropriate department manager on an annual basis for appropriateness and effectiveness.

APPROVED BY:

_____ _____

Director, Call Center Operations Date

MTM

Corporate Procedure

Subject:	Emergency Situations	**Policy No.:**	201.003
Authorized By:	Director, Call Center Operations	**Date:**	8/15/2001
Department:	Customer Service Center	**Last Revised:**	5/30/2013
Applicability:	MTM Corporate		

PURPOSE:

To identify situations that should be referred to an emergency service provider, such as 911 or their local emergency number.

POLICY:

Policy 201-Call Handling

RESPONSIBILITY:

MTM offers non-emergency medical transportation services.

1. If a member or caller requests immediate transportation to a medical facility the CSR will determine the nature of the request by asking questions such as the following:
    a. What situation has prompted this request?
    b. Is the member having trouble breathing?
    c. Has there been an accident?
    d. Is this a woman in labor?
    e. Is the member calling in for reasons of child abuse, elder abuse or suicide threats?
2. Some examples of real emergencies include, but are not limited to the following:
    a. Chest pain or shooting pain down left arm
    b. Loss of consciousness or fainting
    c. Bleeding that cannot be stopped
    d. Drug overdose
    e. Broken bones (EXCEPTION: Minor breaks or fractures, i.e. toes, fingers)
    f. Sudden loss of vision, speech or movements of a body part
    g. Seizures
    h. Injuries from gunshot wounds, knives or accidents
    i. Recent neck or back injuries

j. Labor pains, loss of amniotic fluid or any other serious pregnancy related problems/issues
k. Suicidal threats
l. Physical abuse to a person (child, elder or spouse)

3. If the CSR and/or the member perceive the medical need to be an emergency, the member will be instructed to hang up and immediately call 911 or the local emergency number in their area when applicable.
    a. In the situation where a member calls about suicidal thoughts or abuse, the CSR should keep the member on the phone and immediately flag down a Team Coach or Manager
    b. The Team Coach or Manager should immediately collect the member's information and report to 911
4. If for some reason the caller feels they are unable to make the 911 call for other reasons than specifically noted above, the Team Coach will assist with calling 911 on the member's behalf.
5. All urgent situations will be reported to the Program/Account Manager for appropriate follow up with the designated representative for the Client.
6. MTM does not want to be involved more than necessary in an emergency situation, but must make certain the person understands the instructions and is able to get help.
7. The CSR will document the NET Management System with the appropriate Trip Status Denial Code that will enable the trip to be tracked, reported and trended for quality purposes if needed.

This procedure is reviewed by the appropriate department manager on an annual basis for appropriateness and effectiveness.

APPROVED BY:

_____ _____

Director, Call Center Operations Date

MTM

Corporate Procedure

Subject:	Inclement Weather-Missed Appointments	**Policy No.:**	206.001
Authorized By:	Director, Call Center Operations	**Date:**	2/1/2012
Department:	Customer Service Center	**Last Revised:**	5/30/2013
Applicability:	Customer Service Center		

PURPOSE:

To define a purpose for Customer Service Representatives (CSR) to handle calls from members regarding missed appointments, late arrivals and cancellations as a result of inclement weather.

POLICY:

Policy 206 Inclement Weather

RESPONSIBILITY:

A member of the management team will communicate to the CSRs any specific area that is experiencing inclement weather and inform the CSRs to follow the Inclement Weather Policy. The CSRs will follow the steps below to help resolve transportation issues during these times:

- Always inform the member we understand the inconvenience this may have caused them and we will do what we can to accommodate their request
- Offer assurance of help
- Show empathy through your tone of voice

CSRs will need to sympathize to the member they understand the inconvenience as well as advise the member due to the inclement weather, transportation services have been affected.

CSRs will contact the transportation provider to see if they can obtain an ETA.

- If the transportation provider is not going to get the member to his/her appointment on time, the CSR will direct the caller to contact the facility to see if they are able to be seen late and if so, up to how late.
    - If the facility states the member can be seen late, the CSR will notify the current transportation provider to continue with transportation service needs

CSRs will offer to do whatever they can in order to accommodate the member's transportation request. The CSR may offer to contact another transportation provider in the event the original transportation provider is not able to accommodate the request.

- If the member was arranged with public transportation and bus passes have already been sent, the member should be informed to return the passes.

In the event there is not a transportation provider available to accommodate the trip due to the inclement weather, the CSR will follow the below steps:

- Inform the member we understand the inconvenience it has caused them and offer to assist them with rescheduling their transportation for another day after they have scheduled a new/replacement appointment.
- If necessary and if the member has been charged a no-show fee by their facility for not arriving on the day of the inclement weather, offer to call the facility in order to assist the member getting any no show fees waived.

This procedure is reviewed by the appropriate department manager on an annual basis for appropriateness and effectiveness.

APPROVED BY:

_____ _____

Director, Call Center Operations Date

Information Technology

MTM

Corporate Policy

Subject:	Electronic Records Management and Destruction	**Policy No.:**	303
Authorized By:	President/CEO	**Date:**	11/1/2009
Department:	Information Technology	**Last Revised:**	5/1/2013
Applicability:	MTM Corporate		

PURPOSE:

The purpose of this policy is to establish and document a system for the creation, use, maintenance and disposal of MTM and affiliated company's electronic records. It is MTM's policy to apply effective and cost efficient management techniques to maintain complete, accurate, and high quality electronic records. Records are maintained in accordance with all applicable laws, regulations, and MTM policies.

POLICY:

All MTM employees are responsible for ensuring that all electronic records are created, used, maintained, preserved, and destroyed in accordance with this policy.

RESPONSIBILITY:

An electronic record is defined as either a tangible object or digital information. This includes office documents, databases, application data, and e-mails.

Electronic records will be managed responsibly. Retention schedules, destruction procedures and methods will maintained for electronic records. Electronic records that have satisfied their required period of retention will be destroyed in an appropriate manner as defined by MTM policies. Electronic records containing confidential and proprietary information will be securely maintained, controlled and protected to prevent unauthorized access.

All electronic records will be maintained and retained in accordance with Federal and state laws and regulations. The Compliance Officer will oversee the development of subsequent retention schedules. In addition, the Compliance Officer will review the appropriateness of these retention schedules periodically and recommend modification as necessary.

Electronic records containing confidential and proprietary information will be securely maintained, controlled and protected to prevent unauthorized access throughout the destruction process.

Destruction of protected health information (PHI) by MTM and affiliated companies shall be carried out in accordance with federal and state law and pursuant to a proper written retention schedule and destruction policy.

This policy is reviewed by the Quality Management Committee on an annual basis for appropriateness and effectiveness.

APPROVED BY:

_____	_____
Manager, Information Technology	Date
_____	_____
Chief Information Officer	Date
_____	_____
President/CEO	Date

MTM

Corporate Policy

Subject:	Risk Assessment	**Policy No.:**	304
Authorized By:	Chief Information Officer	**Date:**	12/5/2012
Department:	Information Technology	**Last Revised:**	5/30/2013
Applicability:	MTM Corporate		

PURPOSE:

To empower MTM's information security manager or specialists to perform periodic information security risk assessments for the purpose of determining areas of vulnerability, and to initiate appropriate remediation guidance to both IT and application development teams. This policy applies to all Medical Transportation Management, Inc. (MTM) employees and contractors.

POLICY:

The execution, development and implementation of remediation programs are the joint responsibility of the information security position and the departments responsible for the systems being assessed. Employees are expected to cooperate fully with any risk assessments being conducted on systems for which they are held accountable. Employees are further expected to work with MTM's information security personnel in the development of a remediation plan as deemed necessary for future risk assessments performed in a timely manner.

RESPONSIBILITY:

Risk assessments can be conducted on any MTM entity or any outside entity that has signed a Third Party Agreement and is connected to MTM's enterprise network. Risk assessments will be performed quarterly for both vulnerability and web applications and annually for penetration testing, wireless, physical and social engineering. These assessments can be conducted on any system, to include applications, servers, networks, and any process or procedure by which these systems are administered and/or maintained. Our risk assessment framework follows the industry standard guidelines as supplied by National Institute of Standards and Technology (NIST).

This policy is reviewed by the Quality Management Committee on an annual basis for appropriateness and effectiveness.

APPROVED BY:

Manager, Information Technology	Date
Chief Information Officer	Date
President/CEO	Date

MTM

Corporate Policy

Subject:	Disaster Recovery (DR)	**Policy No.:**	306
Authorized By:	President/CEO	**Date:**	11/1/2009
Department:	Information Technology	**Last Revised:**	5/1/2013
Applicability:	MTM Corporate		

PURPOSE:

MTM's policy is to maintain a viable recovery plan for each "business critical" information technology related service and operation. Planning for operations that may fall below the "business critical" level is encouraged but need not meet the same detailed planning and mandatory testing requirements. Plans are to provide for backup and supplementary replacement of information and equipment. MTM policy is to protect life, information and equipment in that order. Technology plans cannot replace the life or absence of employees but should be written for implementation by individuals who are not necessarily familiar with the regular operation. Annual testing is mandatory for all business critical functions.

POLICY:

MTM encourages the use of technology; yet recognizes that it is important to prevent misuse of computers, information, and processes and to mitigate business and operational risks associated with information. Departmental policies may be shared with MTM employees, business, clinics, affiliates, customers, partnerships, contractors and patients on a need to know basis.

RESPONSIBILITY:

Disaster Recovery Planning

Disaster recovery planning is the process of developing advance arrangements to enable response to disruptive events lasting an unacceptable period of time. The goal of the plan is to rapidly return critical information processing functions with minimal interruption or fundamental change. The recovery plan is intended to respond to all events causing a complete or temporary cessation of operations, which may or may not include destruction of critical components. Disaster recovery planning is adjunct to the larger process of business continuity planning properly covered by other MTM policies.

A. The Disaster recovery plan defines: what is to be recovered, where it is done, what needs to be accomplished, how to get it done and the sequence/timing of recovery events. All recovery-planning events are to occur within and in concert with corporate wide emergency/security policies where first priority is given to the protection of human life.

B. The role of the Information Technologies – Data Security, is to: assist, provide consulting oversight, participate as a key member of the planning integration team, establish plans for MTM technologies network systems, build and maintain corporate level designs for recovery and supervise policy compliance.

C. MTM has a fiduciary responsibility and is ultimately accountable with a vested interest in detail planning and contractual arrangements. MTM is responsible to: develop, document and conduct plan tests annually. The recovery services team combines the talents of both groups.

Methodology

The recovery services team is to employ the DR Methodology, which includes:

- Prevention or reducing vulnerabilities through awareness and the identification of preemptive controls.
- Response to events in a controlled manner, assessing situations and notifying appropriate parties. Specific business responsibilities are pre-assigned for each sub-team and task.
- Resumption support for mission critical functions and services includes how vital records will be transported, protected, who will be in charge and where recovery will occur.
- Recovery of functions and services with all necessary interfaces. Items described include which data recovery centers are to be used, alternative work facilities and where to redirect voice/data circuits including hotlines.
- Restoration and return to either original or replacement facilities. Full production is to be resumed and business continued in a normal production mode.

Planning Factors

Business unit management and the business unit Chief Information Officer (CIO) with exceptional care must make decisions regarding business criticality. Full consideration must be given to any impacts upon related systems and processes.

Disruption

Disruption impacts are time dependent. Plan activation and recovery efforts also take time. Even if normal restoration appears eminent, any event that creates serious disruption or loss should result in plan activation (at least for test purposes) within approximately 48 hours (TBD) from the initial event.

Violations

Violations of the policies, procedures, or guidelines detailed in MTM's security policies must be presented to the CIO, Legal, Compliance, Risk Management and/or Human Resources for appropriate action.

Risks

Not adhering to the policy and various fraud indicators makes MTM and individuals vulnerable to potential fraud abuse and resulting financial responsibilities.

This policy is reviewed by the Quality Management Committee on an annual basis for appropriateness and effectiveness.

APPROVED BY:

_____	_____
Manager, Information Technology	Date
_____	_____
Chief Information Officer	Date
_____	_____
President/CEO	Date

MTM

Corporate Policy

Subject:	Data Integrity	**Policy No.:**	307
Authorized By:	President/CEO	**Date:**	11/01/2009
Department:	Information Technology	**Last Revised:**	5/1/2013
Applicability:	Information Technology		

PURPOSE:

To ensure data is accurate and traceable.

POLICY:

Data Integrity

RESPONSIBILITY:

- The NEMT system shall be designed to ensure accuracy of data entry. The following guidelines shall be applied to all user interfaces:
  - Drop down menus shall be utilized whenever practical
  - Correct and consistent formatting of data shall be enforced through the re-use of standard software components.
  - Application requirements shall define context specific business edits designed to ensure that data entered meets the defined data footprint
  - Persistent data shall be auto populated
  - Free form data entry shall be limited to notes and comments and data that cannot be codified.
- All applications shall operate from a single enterprise database. The following design guidelines shall be applied to the enterprise database:
  - Data shall be normalized to achieve the optimum balance between performance and data redundancy.
  - Data records shall be referenced by a unique key.
  - An audit log shall be maintained tracking changes to data.
  - The purpose of each data item shall be clearly understood, ensuring that data is correctly interpreted when presented on reports.
- Data shall be confirmed with members whenever practical ensuring that data does not decay over a period of time.

This policy is reviewed by the Quality Management Committee on an annual basis for appropriateness and effectiveness.

APPROVED BY:

Manager, Information Technology	Date
Chief Information Officer	Date
President, CEO	Date

MTM

Corporate Policy

Subject:	Encryption Policy	**Policy No.:**	309
Authorized By:	President/CEO	**Date:**	4/1/2013
Department:	Information Technology	**Last Revised:**	5/30/2013
Applicability:	MTM Corporate		

PURPOSE:

The purpose of this policy is to define the acceptable use and management of encryption software throughout Medical Transportation Management, Inc. (MTM). This policy applies to all MTM employees, contractors, and others acting on behalf of MTM. Media is subject to this encryption policy until it is sanitized or destroyed in accordance with the National Institute of Standards and Technology (NIST) Special Publication (SP) 800-88, Guidelines for Media Sanitization, and/or MTM department policy or procedures.

POLICY:

MTM's general principals of encryption include:

1. All MTM-furnished laptop computers shall be secure using a Federal Information Processing Standard (FIPS) 140-2 validated encryption software solution.
2. All MTM-furnished desktop and server computers shall be secured either through the FIPS 140-2 compliant encryption software solution or through adequate physical security and operational controls at the equipment's residing location.
3. All MTM portable media (all addressable data storage that is not currently in the computers storage or memory) that contain sensitive information shall be encrypted, as specified above. All exceptions for not encrypting portable media shall be documented stating the reason for the exception and includes authorization from one senior management representative and the Chief Information Officer.
4. All MTM electronic data transmissions that contain PHI and other sensitive information will be encrypted.
5. All MTM Virtual Private Network (VPN) connections will be encrypted.
6. A key recovery mechanism shall be used so encrypted information can be decrypted and accessed by authorized personnel. Use of encryption keys which are not recoverable by authorized personnel is prohibited. MTM requires one senior management representative and the Chief Information Officer to authorize recovery of keys by someone other than the key owner.

7. Sensitive information is defined as:
    a. Personal Health Information (PHI); defined as any information about health status, provision of healthcare, or payment for health care that can be linked to a specific individual.
    b. Individually Identifiable Health Information (IIHI); defined as any subset of health information, including demographic information collected from an individual that:
        i. Is created or received by a health care provider, health plan, employer, or health care clearinghouse;
        ii. Relates to the past, present or future physical or mental health or condition,
        iii. Relates to the past, present or future provision of care to an individual, or
        iv. Relates to the past, present or future payment for the provision of health care to an individual; and
        v. Identifies the individual (or there is a reasonable basis to believe that the information can be used to identify the individual.
    c. Personal Identifiable Information (PII); defined as information that can be used to uniquely identify, contact or locate a single person or can be used with other sources to uniquely identify a single individual.
    d. MTM intellectual property, financial, and confidential data

Any employee found to have violated this policy may be subject to disciplinary action, up to and including termination of employment.

This policy is reviewed by the Quality Management Committee on an annual basis for appropriateness and effectiveness.

APPROVED BY:

Manager, Information Technology	Date
Chief Information Officer	Date
President/CEO	Date

Quality

Corporate Policy

Subject:	Complaints Management	**Policy No.:**	401
Authorized By:	President/CEO	**Date:**	4/10/2001
Department:	Quality Management	**Last Revised:**	5/1/2013
Applicability:	MTM Corporate		

PURPOSE:
To establish a mechanism and reporting system for all complaints including documentation, evaluation, tracking and trending, resolution and performance improvements in order to improve quality of services.

POLICY:
All complaints are important and are channeled to the Quality Management Department (QM) (unless protocols state otherwise) for documentation, investigation, tracking and trending, resolution, follow up and reporting.

Definitions:
Client: Refers to the customer contracted with MTM to handle the transportation benefit offered to their covered population.

Member: Refers to the population served by MTM Clients. Often referred to as participants, beneficiaries, Clients, members and other terms, for MTM purposes, member is being used as a standard meaning for the Client's covered population.

Complaint: Any written or verbal expression of dissatisfaction about services, procedures or functions of MTM which causes an intervention by MTM for the member and/or the caller (if different).

Serious Complaint: Involves complaints such as, but not limited to those of sexual harassment, discrimination, threatening conversation/behavior or safe driving issues, etc.

Unsubstantiated Complaint: A complaint that, after full investigation is completed, the transportation provider in found to be in compliance with MTM's Transportation Provider Guidelines.

Warm Transfer: A process where MTM is not delegated by the Client to handle complaints or for a specific process where the member needs additional assistance. In a Warm Transfer, the member will be transferred as directed by the Client to a location (phone number) other than MTM. MTM staff will remain on the line until a live person is reached.

RESPONSIBILITY:

A. A toll free number is available for Clients, members and healthcare providers to call and file a complaint.
B. All MTM personnel are trained to forward all calls (according to Client contract) regarding complaints to QM where an assigned Quality Service Representative (QSR) will intake and document the issues.
C. An assigned Quality Service Coordinator (QSC) will conduct the investigation, follow up, and reporting for all complaint issues, per contract.
D. If the complaint call is received after normal business hours or during holidays, the caller will receive the option to leave a voice message. A QSR will return the call by the following business day to ensure the complaint is documented and addressed.
E. The assigned QSC will then begin the investigation, resolution, and follow-up process. QSCs work with pertinent stakeholders to resolve complaints and initiate performance improvement plans. The QSC will document and code all complaints in the Non-Emergency Transportation (NET) Management System.
F. Complaints submitted via mail, fax and/or e-mail will also be addressed in the same manner. The QSC will contact the person the complaint within 24 hours of receipt of the complaint and will indicate the issue has been documented in the NET Management System and will be addressed.
G. All complaints will be resolved as identified within the Client specific contract and/or protocols. Any complaint not resolved in that timeframe will be considered delinquent.
H. The QSCs will provide education to pertinent stakeholders as part of the resolution process.
I. If the complaint is found to be unsubstantiated at the time of the investigation, the complaint is coded as an unsubstantiated complaint and the transportation provider is notified by the QSC. (Note: Even if the complaint is found to be unsubstantiated, the complaint is documented on the Client monthly report.)
J. QSCs use a standard format for reports sent to Clients.
K. All Quality Reports are sent to the Client per Client contract via their FTP Server. HIPAA Privacy Rule 45 CFR 164.530 confidentiality clause, password protected, encrypted, or a secured server. (Note: Weekly reports are sent to Clients per contractual requirements.)

L. QM staff maintains discretion and confidentiality in all complaint situations.
M. Complaints will be tracked and trended monthly by transportation provider and presented to Quality Management and Network Management for recommendations on follow up and/or Performance Improvement Plans if the transportation provider is consistently not meeting quality expectation.
N. Disciplinary action recommendations will be presented to the Quality Management Committee (QMC) for approval.
O. MTM shall follow its current policies which identify the appropriate plan of action regarding vendor non-compliance and the application of appropriate performance improvement action(s).
P. Complaints are reported to the Quality Management Committee on a quarterly basis for tracking, trending, and quality improvement.

This policy is reviewed by the Quality Management Committee on an annual basis for appropriateness and effectiveness.

APPROVED BY:

_____	_____
Director, Quality Management	Date
_____	_____
VP, Administration	Date
_____	_____
President/CEO	Date

Corporate Policy

Subject:	Reporting and Handling of Accidents/Incidents	**Policy No.:**	408
Authorized By:	President/CEO	**Date:**	8/23/2001
Department:	Quality Management	**Last Revised:**	5/1/2013
Applicability:	MTM Corporate		

PURPOSE:
To define a process for handling, documenting and reporting information relating to accidents and incidents involving members.

POLICY:
All information regarding accidents and incidents will be maintained, handled and reported according to MTM established policies and procedures.

Definitions:
Client: refers to the customer contracted with MTM to handle the transportation benefit offered to their covered population.

Member: refers to the population served by MTM Clients. Often referred to as participants, beneficiaries, clients, members and other terms, for MTM purposes, member is being used as a standard meaning for the Client's covered population.

Accident: Any mishap involving a subcontracted transportation provider's vehicle and a recipient. This includes, but not limited to a fender bender, blown tire, etc.

Incident: Any non-vehicular mishap involving a recipient while in the care of a MTM transportation provider. This includes, but not limited to the passenger falls while trying to enter the vehicle, a passenger falls while walking to the vehicle, etc.

Internal Alert: Any reported accident/incident which requires immediate response and direction from MTM's Executive team, including but not limited to serious cases of abuse, neglect, sexual misconduct or injury, threat of or attempted suicide, missing person or death.

RESPONSIBILITY:

1. All accidents/incidents are reported directly to the Quality Management Department (QM). Reporting timeframes shall be as follows:
    a. All accidents/incidents considered an "Internal Alert" shall be reported by the Compliance Auditor to MTM's Executive VP and General Counsel, Manager, Quality Management, Manager, Network Management, Director, Client Services and Client immediately.
    b. All other accidents/incidents shall be reported to the appropriate parties in accordance to the contractually obligated timeframe.
    c. Information received is to be logged immediately into the appropriate documentation systems and the Non-Emergency Transportation (NET) Management System in which information is logged and maintained.
2. The Compliance Auditor will request the transportation provider complete an accident/incident form and submit it to MTM QM Department within twenty-four hours of the accident/incident.
3. Regardless of the type or severity of an accident /incident, MTM retains the right to require a driver submit to drug/alcohol testing when deemed necessary:
    a. When necessary, alcohol testing should be performed within two (2) hours following the event in question
    b. If alcohol testing within two (2) hours of the event is impossible, the testing should be performed as soon as possible, not to exceed eight (8) hours from the time of the event. Documentation explaining why the testing could not take place within the allotted timeframe must be retained.
    c. When necessary and as with alcohol testing, drug testing should be performed as soon as possible following the event in question.
    d. If immediate drug testing is not possible and testing does not occur within thirty-two (32) hours from the time of the event, the employer should cease any further attempts to have the testing preformed and documentation explaining why the testing could not take place within the allotted timeframe must be retained.
4. Once the results are back, the Network Management designee will work with the owner or managing official of the company regarding the results. If the results are found to be negative, the driver will be allowed to continue working.
5. In the event of an Internal Alert, the following must be informed:
    a. Manager, Quality Management
    b. Manager, Network Management
    c. Account Executive, Client Services
    d. Director, Client Services
    e. Marketing designee (if the media is involved)

f. Vice President, Administration
g. Executive VP and General Counsel
h. President/CEO

6. The Executive VP and General Counsel will determine if MTM's Liability Insurance Carrier is to be notified.
7. All reports of the accident/incident will be documented and saved electronically. The Compliance Auditor will check MTM records for copies of current insurance, driver training records, driver background check and DMV record for the driver involved.
8. When there is a fatality involved, Network Management will complete an on-site visit within 3-5 business days. If deficiencies are found, all future trips may be cancelled until corrected. Whenever there is a loss of human life, each surviving safety sensitive employee operating the vehicle at the time of the accident/incident must be tested. Safety-sensitive employees not in the vehicle (e.g., attendants), whose performance could have contributed to the accident/incident must also be tested.
9. The Executive VP and General Counsel reserve the right to determine the necessity of an on-site visit and the time line of completion regardless of the circumstances.
10. All inquiries by the media will be forwarded to the Marketing designee and the Executive VP and General Counsel.

This policy is reviewed by the Quality Management Committee on an annual basis for appropriateness and effectiveness.

APPROVED BY:

_____	_____
Director, Quality Management	Date
_____	_____
VP, Administration	Date
_____	_____
President/CEO	Date

Corporate Policy

Subject:	Management of Grievances and Appeals	**Policy No.:**	410
Authorized By:	President/CEO	**Date:**	5/31/2001
Department:	Quality Management	**Last Revised:**	5/1/2013
Applicability:	MTM Corporate		

PURPOSE:
To provide an infrastructure for defining the requirement for the complaint, grievance and appeals process.

POLICY:
All complaints, grievances and appeals are channeled through the Quality Management Department for documentation, investigation, resolution, and follow up and reporting. Complaints, grievances and appeals are given immediate and appropriate attention and may be originated by a health care provider or medical home, MTM passenger, MTM transportation provider, or MTM client. All records of complaints, grievances and appeals shall be maintained for ten (10) years following a final decision of closure of the grievance and/or appeal, or longer if contractually obligated. All records shall be maintained in accordance with HIPAA guidelines 45CFR 164.530.

DEFINITIONS:
Client refers to the customer contracted with MTM to handle the transportation benefit offered to their covered population.

Member refers to the population served by MTM Clients. Often referred to as participants, beneficiaries, clients, members and other terms, for MTM purposes, member is being used as a standard meaning for the Client's covered population.

MTM Provider refers to the contracted transportation provider performing transportation services.

Grievance refers to any complaint or dispute, other than one involving an organization determination, expressing dissatisfaction with the manner in which a [Client] or delegated entity provides health care services, regardless of whether any remedial action can be taken. A [member] or their representative may make the complaint or dispute, either orally or in writing, to a [Client], provider, or facility. An expedited grievance may also include a complaint that a [Client] refused to expedite an organization determination or reconsideration, or invoked an extension to an organization determination or reconsideration time frame.

In addition, grievances may include complaints regarding the timeliness, appropriateness, access to, and/or setting of a provided health service, procedure, or item. Grievance issues may also include complaints that a covered health service procedure or item during a course of treatment did not meet accepted standards for delivery of health care.

Appeal refers to any written expression of continued dissatisfaction after the written resolution of a grievance. An appeal is the formal mechanism which allows a request for review of an action/decision of MTM. Appeals must be filed within the Client established timeframes and contractual obligations.

Transportation Provider refers to an MTM vendor providing the transportation service to a member.

Warm Transfer refers to a process where MTM is not delegated by the Client to handle complaints or for a specific process where the member needs additional assistance. In a Warm Transfer, the member will be transferred as directed by the Client to a location (phone number) other than MTM

Members' Rights

- Members shall have the right to file a grievance about any matter related to their services, without concern of reprisal from MTM, its employees, or providers.
- MTM will provide all members written notice of the grievance procedures upon denial of services, member request for appeal or grievance, or at the member's request.
- A written grievance request shall be mailed directly to MTM's Quality Management Department at the following address:

  Medical Transportation Management, Inc.
  16 Hawk Ridge Dr.
  Lake St Louis, MO 63367
  Attn: Grievance and Appeals

RESPONSIBILITY:

1. All MTM service operations shall strictly adhere to the established procedures and requirements, and will ensure that members' issues are appropriately routed to the Quality Management Department in a timely manner.
2. MTM shall provide whatever accommodations necessary to assist language, visual, hearing or other impaired members with filing a grievance.
3. The Quality Management Department will follow the steps listed below:
    a. In accordance with all applicable contracts and regulations as well as all other applicable state and federal laws and regulations, establish and maintain grievance processes and procedures.
    b. Adhere to the protocols for receiving and handling grievance requests via phone, letters, emails and/or faxes.
        i. All standard and expedited grievances received from a member, member's representative, or provider on behalf of a member (where applicable by state/contract) during normal business hours shall be handled in accordance with the established procedures.
        ii. All standard grievances received from member, member's representative, or provider on behalf of a member (where applicable by state/contract) after normal business hours will have the option to leave a message and shall receive a call back the next business day.
        iii. All expedited grievances received from a member, member's representative or provider on behalf of a member (where applicable by state/contract) after normal business hours via the toll-free number will have the option to leave a message, and shall receive a call and resolution within seventy-two (72) hours of receipt.
        iv. Grievance Appeals acknowledgement letters shall be mailed within fifteen (15) business days of receipt. (Only applicable in those contracts where required).
        v. Acknowledgement letters must include: the name and telephone number of the person working on the grievance and, if applicable, a request for any additional information needed to investigate the grievance.
    c. The Quality Management Department will involve all operational areas that need to be involved in the resolution of the grievance.
4. Up to 14 calendar days extension may be requested by the member or provider on behalf of a member where applicable by State regulation, on member's behalf (written or verbal). MTM may also initiate an extension if member/provider can justify a need for additional information and if the extension is in the member's best interest. In all cases, extensions must be well documented.

5. Provide prompt notification to the member using an approved notice (letter) regarding MTM's plan to take up to 14 calendar day extension on a grievance case.
6. Complaints may include both grievances and appeals. Complaints can be processed under the appeal procedures, under the grievance procedures, or both depending on the extent to which the issues wholly or partially contain elements that are organization determinations. If a member addresses two or more issues in one complaint, then each issue shall be processed separately and simultaneously (to the extent possible) under the proper procedure. Cases involving an Appeal complaint shall be forwarded to the Appeals Department for processing and resolution.

Grievance Processing and Resolution

Upon receipt of the assigned grievance, the Quality Management Coordinator shall determine the type of grievance and allowable timeframes for resolution:

1. Where applicable by State regulations, if a complaint/grievance cannot be resolved immediately (same day), then the issue will be handled by the Quality Management Department via the established protocols. The Quality Management Coordinator shall determine if the grievance should be processed as expedited or standard. The member shall be notified via telephone and an acknowledgement letter shall be mailed within the specified time.
2. An expedited grievance shall be processed if it's determined that a delay would seriously jeopardize the member's life, health, or ability to attain, maintain, or regain maximum function, as applicable by state/contract.

Record Keeping

1. Maintain a file on each grievance within MTM's system for review and audit purposes that must include (at a minimum):
    a. The date the grievance was filed and a copy of the grievance
    b. The date of receipt and a copy of the member's acknowledgement letter
    c. All member/provider requests for expedited grievances and MTM decision about the request
    d. Necessary documentation to support extensions, and
    e. The decision made by MTM, including the date of the decision, titles, and in the case of clinical decision, the credentials of MTM's personnel who reviewed the grievance
2. Log each grievance into the NET Management System and enter all actions taken and decisions into the appropriate system.
3. All documents and records shall be maintained for a period of 10 years from the termination date of the contract, or per Client specifications.

Reporting

1. Track, trend, and report grievances, both internally (Quality Management Committee) and to the appropriate state regulators, for the purpose of identifying opportunities for improved care and/or services to members.
2. All grievances shall be reported monthly, quarterly, and annually to appropriate committees and state/ plan regulators, with reports analyzed to identify outstanding issues and adverse trends.
3. Grievance reporting to the appropriate state/plan shall be submitted as deemed appropriate by state regulations/requirements.

   NOTE: transportation provider grievances and appeals are handled in the same manner as member grievances and appeals. Both transportation providers and members can request a State Fair Hearing at any time during the appeal process.

Details and timing of any grievance, appeal or State Fair Hearing are based upon contractual requirements per MTM Client and the Centers for Medicare & Medicaid Services (CMS).

This policy is reviewed by the Quality Management Committee on an annual basis for appropriateness and effectiveness.

APPROVED BY:

_____	_____
Director, Quality Management	Date
_____	_____
VP, Administration	Date
_____	_____
President/CEO	Date

Corporate Policy

Subject:	Policy Approval	**Policy No.:**	416
Authorized By:	President/CEO	**Date:**	9/28/2001
Department:	Quality Management	**Last Revised:**	5/1/2013
Applicability:	Quality Management		

PURPOSE:
To develop a consistent process for the development and/or revision of organizational policies and procedures.

POLICY:
The Quality Management Department (QM) is responsible for maintaining the most current electronic directory of policies and procedures. Management staff is responsible for developing and maintaining operational policies and procedures applicable to their functional areas. On at least an annual basis, departmental policies and procedures are reviewed, revised as necessary, and approved by the Quality Management Committee (QMC). Management and Executive staff will sign the policies and procedures. Presentation of the policies and procedures will be reflected in the QMC meeting minutes. Management staff is responsible for advising their staff regarding new and reviewed/revised policies and procedures.

DEFINITIONS:
Client: Refers to the customer contracted with MTM to handle the transportation benefit offered to their covered population.

Member: Refers to the population served by MTM Clients. Often referred to as participants, beneficiaries, clients, recipients and other terms; for MTM purposes, member is being used as a standard meaning for the Client's covered population.

RESPONSIBILITY:

New Policy and Procedures

A. Using the established template for either a policy or a procedure, insert text as it should read, keeping in mind policies are meant to be Corporate policies suitable for general information and procedures are meant to explain any necessary details or processes to support a Corporate policy or to support a specific process not directly related to a Corporate policy.
B. Send the new policy or procedure (via e-mail) to the Quality Management Department for number assignment and tracking purposes.
C. The policy will be numbered and sent to the QMC members for voting to approve/deny the policy as is or they may submit suggested adjustments before they are willing to approve. There are seven (7) members of the QMC committee that are part of the voting group; policy approval requires a majority vote. NOTE: any policy that needs immediate approval will be sent with high priority and a notification stating why there is an immediate need for approval.
D. The policy is put on the next QMC meeting agenda and the meeting minutes will reflect discussion was had related to the policy.
E. If changes were recommended and agreed upon, changes will be made by QM. QM may request assistance from the submitting department with making the changes to ensure the policy is correctly written to address the topic.
F. Once the policy is completely accurate as intended, QM will ensure all necessary signatures are captured and the policy will be saved to the permanent location for all policies and procedures.
G. QM will ensure the policy is uploaded to the MTM intranet for staff access.
H. Management staff of each department is responsible for educating their department on the new policies and procedures.
I. Management Staff of each department is responsible for reviewing departmental policy and procedures at a minimum on an annual basis.
J. If revisions are required or a policy transfers from one department to another, the revisions or the department change must follow the established approval process and QM will address gaining QMC approval using the same steps listed above.

NOTE: Policies must be reviewed and approved through the QMC on an annual basis. Procedures do not need QMC approval annually but must have the Manager, Director or Executive in charge of the department review and sign-off annually.

This policy is reviewed by the Quality Management Committee on an annual basis for appropriateness and effectiveness.

APPROVED BY:

Director, Quality Management	Date
VP, Administration	Date
President/CEO	Date

MTM

Corporate Policy

Subject:	Denial Letters	**Policy No.:**	429
Authorized By:	President/CEO	**Date:**	4/26/2001
Department:	Quality Management	**Last Revised:**	5/1/2013
Applicability:	MTM Corporate		

PURPOSE:
Sending written notification of the reason for denied transportation requests to members per client contractual obligation. Trips are denied based on established Client protocols

POLICY:
Client approved form letters with appeal language are computer-generated daily and mailed to members.

Definitions:
Client: Refers to the customer contracted with MTM to handle the transportation benefit offered to their covered population.

Member: Refers to the population served by MTM Clients. Often referred to as participants, beneficiaries, clients, recipients and other terms, for MTM purposes, member is being used as a standard meaning for the Client's covered population.

RESPONSIBILITY:

1. After denying transportation and advising the member of their rights for appeal, the customer service representative (CSR) will code the trip in the NET Management System with the proper denial code.
2. On a daily basis, a computer-generated form letter is created for each denied trip. Each letter will contain:
    a. Member's name and address
    b. Date transportation was requested
    c. Date of the appointment
    d. Reason the trip was denied
    e. Rights to appeal information

3. The Claims Department will print the letters.
    a. Each members file will be documented with the date the denial letter was mailed.
    b. The letters will be mailed to the member within timelines identified per contractual guidelines.
    c. A denial report will be submitted to the client based on contractually obligated timeframes.
4. Denial trends will be reviewed by the Client Services Account Executive and with specific clients, as indicated.

This policy is reviewed by the Quality Management Committee on an annual basis for appropriateness and effectiveness.

APPROVED BY:

_____	_____
Director, Quality Management	Date
_____	_____
VP, Administration	Date
_____	_____
President/CEO	Date

MTM

Corporate Policy

Subject:	Authorization for Release of Member Records	**Policy No.:**	432
Authorized By:	President/CEO	**Date:**	12/17/2002
Department:	Quality Management	**Last Revised:**	5/1/2013
Applicability:	Quality Management		

PURPOSE:
To document standardization of procedures for release of member trip records and other records relative to transportation services managed by MTM.

POLICY:
All requests for release of Member records must be authorized by the Client, adhering to State and Federal laws and regulations and in accordance with HIPAA 45CFR 164.530.

DEFINITIONS:
Client: Refers to the customer contracted with MTM to handle the transportation benefit offered to their covered population.

Member: Refers to the population served by MTM Clients. Often referred to as participants, beneficiaries, clients, recipients and other terms; for MTM purposes, member is being used as a standard meaning for the Client's covered population.

RESPONSIBILITY:

A. Request for release of member records is sent to the Executive VP and General Counsel or designee.
B. The Executive VP and General Counsel or designee is responsible for maintaining a log. The log will contain the name of the requesting party, the specifics of the records requested, the date of the request, the date the records were forwarded and by what means, and any other notations regarding the request.
C. The requested records (request not in response to risk or legal issues) are obtained under authorization of the Executive VP and General Counsel or designee.

D. If the release of information is in response to a risk concern or other legal concern, the request is discussed with MTM's Executive VP and General Counsel and all information received is forwarded to them when received.
E. The request must be reviewed by MTM's Executive VP and General Counsel to determine that all proper release forms have been supplied and the appropriateness of the request and response.
F. After review, MTM's Executive VP and General Counsel will initial and date the documents and their designee will forward the documents along with a cover letter to the requesting party, along with updating the information request tracking log.

This policy is reviewed by the Quality Management Committee on an annual basis for appropriateness and effectiveness.

APPROVED BY:

_____	_____
Director, Quality Management	Date
_____	_____
VP, Administration	Date
_____	_____
President/CEO	Date

Corporate Policy

Subject:	Fraud, Waste and Abuse Prevention and Investigation	**Policy No.:**	443
Authorized By:	President/CEO	**Date:**	9/15/2003
Department:	Quality Management	**Last Revised:**	5/1/2013
Applicability:	MTM Corporate		

PURPOSE:
MTM has an ethical, legal, and fiduciary duty to ensure procedures for fraud, waste and abuse (FWA) prevention, detection, investigation, and reporting are effective and consistent with the Centers for Medicare and Medicaid Services (CMS) and client requirements.

POLICY:
The Quality Management Department (QM) will make every effort to reduce, prevent, and report issues of FWA in accordance with CMS and client requirements.

DEFINITIONS:
Client: Refers to the customer contracted with MTM to handle the transportation benefit offered to their covered population.

Member: Refers to the population served by MTM Clients. Often referred to as participants, beneficiaries, clients, recipients and other terms; for MTM purposes, member is being used as a standard meaning for the Client's covered population.

Fraud: Refers to an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law.

Waste: Refers to over-utilization of services or other practices that result in unnecessary costs. Waste is generally not considered to be caused by criminally negligent actions but rather the misuse of resources.

Abuse: Refers to practices that are inconsistent with sound fiscal or business practices and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that were not performed.

RESPONSIBILITY:

A. QM will investigate all reported incidents of suspected FWA with all results being supplied to the Client on at least a monthly basis, or upon Client contractual requirements.
B. Each suspected incident of FWA is handled in the same basic manner, whether the incident is related to a member, transportation provider, medical facility or any other source; an issue deemed more serious in nature will be given highest priority.
C. QM will make recommendations to MTM Executive staff and/or the Quality Management Committee (QMC) when it is deemed that a more thorough and focused review is necessary regarding specific incident(s) of suspected FWA. Particularly, when a member is being recommended for a more focused review, the Client is immediately notified for their input and direction.
D. Transportation providers contracted with MTM to provide services are subject to disciplinary actions up to and including termination from the MTM Network if it is reasonably believed that they have committed some actions of FWA. MTM's Executive Vice President, General Counsel has the final determination to terminate a transportation provider from the MTM Network any time FWA is suspected.

FWA TRAINING:

A. All MTM staff members are annually trained on FWA and training is documented. New employees are trained immediately upon hire.
B. In compliance with rules established by CMS, MTM has ensured that FWA training is available to all First Tier, Downstream, and Related Entities. MTM's FWA training presentation is available on the MTM website.

This policy is reviewed by the Quality Management Committee on an annual basis for appropriateness and effectiveness.

APPROVED BY:

Director, Quality Management	Date
VP, Administration	Date
President/CEO	Date

MTM

Corporate Policy

Subject:	HIPAA – Security Rule Standards	**Policy No.:**	449
Authorized By:	President/CEO	**Date:**	3/19/2007
Department:	Quality Management	**Last Revised:**	5/1/2013
Applicability:	MTM Corporate		

PURPOSE:
To develop and maintain Health Insurance Portability and Accountability Act (HIPAA) compliant security standards to ensure the confidentiality and privacy of member information, to include the electronic transfer of information.

POLICY:
MTM shall follow rigorous HIPAA compliant processes to achieve and maintain secure transmission of data containing Protected Health Information (PHI).

DEFINITIONS:
Client: Refers to the customer contracted with MTM to handle the transportation benefit offered to their covered population.

Member: Refers to the population served by MTM Clients. Often referred to as participants, beneficiaries, clients, recipients and other terms; for MTM purposes, member is being used as a standard meaning for the Client's covered population

Protected Health Information (PHI): shall have the same meaning as the term protected health information in 45 CFR 164.501, limited to the information created or received by MTM or on behalf of a covered entity or business associate. The term PHI means individually identifiable information in any medium pertaining to past, present or future physical or mental health or condition of an individual; the provision of health care to an individual; or the past or future payment for the provision of health care to an individual that MTM receives from the State/Health Plan or that MTM creates or receives on behalf of the State/Health Plan.

The term PHI applies to the original data and to any data derived or extracted from the original date that has not been de-identified.

Electronic protected health information (EPHI) is a subset of PHI and means individually identifiable health information that is transmitted by or maintained in electronic media.

Safeguards and Securing PHI will be performed to maintain adherence to standards identified within 45 CFR 164.504(e) (2) (ii) (B). MTM will take steps to protect the physical security of and prevent unauthorized access to the PHI.

Required Use of PHI will be in accordance with 45 CFR 164.504.

Limitation of Use and Disclosure: MTM will follow the identified regulations set forth in 45 CFR 164.504 (e)(2)(ii)(A).

Required Disclosures: MTM will follow the regulations identified within 45 CFR 164.504(e)(2)(i).

American Recovery and Reinvestment Act of 2009 (ARRA): an economic stimulus bill created to help the United States economy recover from an economic downturn beginning in 2007. ARRA was enacted on February 17, 2009.

Incidental use or disclosure: refers to disclosure that cannot reasonably be prevented, is listed in nature, and that occurs as a result of another use of disclosure that is permitted under the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule.

Reasonable Safeguards: refers to the maintenance of appropriate administrative, technical, and physical safeguards which protect against uses and disclosures not permitted by the HIPAA Privacy Rule (45 CFR 164.530 (c) which is identified as Attachment A of this policy.

Minimum Necessary: refers to a key protection of the HIPAA Privacy Rule. Based on sound current practice that protected health information should not be used or disclosed when it is not necessary to satisfy a particular purpose or carry out a function.

RESPONSIBILITY:

A. Where feasible, workstations/terminals will be positioned or shielded so that computer screens are not visible to the general public or unauthorized staff.
B. Where practical, fax machines and copiers will be located in areas that are not accessible to the public.
C. Output from these devices should be monitored to insure that it is promptly delivered to the intended party or promptly discarded.
D. Staff will secure their work areas when unattended. This includes breaks; lunch periods or any other times that work areas are vulnerable unauthorized access. If offices have

doors that lock, they should be locked when unoccupied if Protected Health Information (PHI) is visible. Where no doors secure work areas, desks should be kept free of clutter, and all documents containing PHI should be placed in locked drawers or cabinets

E. Staff will enable a password protected screen saver feature to clear the screen if the workstation/terminal must be left briefly unattended.
F. Staff shall sign off/power off workstations/terminals when not in use or when leaving the work area, or at the end of the day.
G. Any electronic media being discarded or replaced (including hard drives in workstations) shall be written over, degaussed, or irrecoverably destroyed to ensure proper erasure of confidential or proprietary information
H. Staff shall secure media (such as hard copy, diskettes, etc.), which contain confidential information in double locked environment such as locked desk, cabinet, or room.
I. Management shall provide staff with facilities (shredders, secured bins, etc.) for proper disposal of confidential printouts. Staff shall dispose of printouts at these facilities.
J. Staff shall print documents only when necessary.
K. Copying of confidential documents shall be minimized.
L. Management and staff will take any other reasonable and logical measure necessary to maintain a secure work area, even if this measure is not specifically enumerated above.
M. In accordance with ARRA, MTM, along with any and all of MTM's sub-contracted providers will abide by the regulation changes set forth in the ARRA which could impact HIPAA.
N. ePHI (electronic PHI) will only be delivered using secure protocols as defined in MTM's encryption policy.
O. All outgoing emails and faxes are automated with explanatory HIPAA language attached to them.
P. Inadvertent disclosures to other than the intended recipient will be logged on MTM's HIPAA Disclosure Log and reported to Clients per contractual requirement.
Q. See below for email and fax disclaimers:

This policy is reviewed by the Quality Management Committee on an annual basis for appropriateness and effectiveness.

APPROVED BY:

Director, Quality Management	Date
VP, Administration	Date
President/CEO	Date

MTM

Corporate Policy

Subject:	HIPAA Training	**Policy No.:**	452
Authorized By:	President/CEO	**Date:**	5/7/2007
Department:	Quality Management	**Last Revised:**	5/1/2013
Applicability:	Quality Management		

PURPOSE:

To ensure all MTM staff, transportation providers and subcontractors are trained regarding the Health Insurance Portability and Accountability Act (HIPAA) regulations found in 45 CFR Parts 160, 162 & 164.

POLICY:

All MTM staff will have initial HIPAA training within new employee orientation and ongoing HIPAA training on an annual basis. Transportation providers and subcontractors will receive initial HIPAA training and periodic updates as needed.

DEFINITIONS:

Client: Refers to the customer contracted with MTM to handle the transportation benefit offered to their covered population.

Member: Refers to the population served by MTM Clients. Often referred to as participants, beneficiaries, clients, recipients and other terms; for MTM purposes, member is being used as a standard meaning for the Client's covered population.

HIPAA: Health Insurance Portability and Accountability Act

RESPONSIBILITY:

A. HIPAA training is part of MTM's new employee orientation agenda.
B. HIPAA training will include discussion on privacy and security of personal health related information.
C. Upon completion of HIPAA training, staff will sign a HIPAA training and confidentiality statement. Documentation of the training and copies of the confidentiality statement will be stored in Human Resources.
D. Ongoing training will be provided as needed on an annual basis.

This policy is reviewed by the Quality Management Committee on an annual basis for appropriateness and effectiveness.

APPROVED BY:

Director, Quality Management	Date
VP, Administration	Date
President/CEO	Date

MTM

Corporate Policy

Subject:	General Counsel Oversight-Compliance	**Policy No.:**	453
Authorized By:	President/CEO	**Date:**	5/21/2007
Department:	Quality Management	**Last Revised:**	5/1/2013
Applicability:	Quality Management		

PURPOSE:

To identify a process in which General Counsel oversees compliance with all applicable laws and regulations and works closely with the management of all departments on contract performance issues.

POLICY:

MTM's General Counsel will oversee compliance with all applicable laws and regulations.

Definitions:

Client refers to the customer contracted with MTM to handle the transportation benefit offered to their covered population.

Member refers to the population served by MTM Clients. Often referred to as participants, beneficiaries, clients, recipients and other terms, for MTM purposes, member is being used as a standard meaning for the Client's covered population.

RESPONSIBILITY:

A. Upon receipt of new requests for proposals, new contracts, and amended contracts, MTM's General Counsel reviews and identifies specific laws and regulations which will need to be understood and supported by the staff and departmental activities within MTM.
B. General Counsel provides all necessary information and advice to identified department heads.
C. Issues regarding Compliance are discussed with General Counsel via Contract Implementation Meetings, Compliance Auditor Meetings and Ad Hoc meetings as needed, and are presented within the Quality Management Committee (QMC) as appropriate.

D. The Quality Management Department, through routine quality improvement activities will identify, analyze, document and apply appropriate corrective action activities to respond to quality and/or compliance issues.
E. Reporting of incidents of non-compliance and areas of fraud and abuse shall follow the processes identified within MTM's Fraud Waste and Abuse (FWA) related policies.
F. All identified areas of non-compliance are reported to the Manager, Quality Management for appropriate coordination and resolution.

This policy is reviewed by the Quality Management Committee on an annual basis for appropriateness and effectiveness.

APPROVED BY:

Director, Quality Management	Date
VP, Administration	Date
President/CEO	Date

MTM

Corporate Policy

Subject:	Document Retention-Destruction	**Policy No.:**	463
Authorized By:	President/CEO	**Date:**	2/27/2009
Department:	Quality Management	**Last Revised:**	5/1/2013
Applicability:	MTM Corporate		

PURPOSE:
To establish corporate policy regarding the proper maintenance, storage and destruction of records generated by MTM business activities.

POLICY:
This document specifies how important documents (Hardcopy) should be retained, protected and eligible for destruction. MTM demonstrates accountability by establishing and promulgating document retention and destruction standards.

MTM's document retention and destruction standards will at a minimum meet the following:

- Content
- Organization or numbering system
- Ease of retrieving documents
- Appropriate maintenance of confidential information
- Documents are stored in a secure manner that allows access by authorized personnel only

Definitions:
Client refers to the customer contracted with MTM to handle the transportation benefit offered to their covered population.

Member refers to the population served by MTM Clients. Often referred to as participants, beneficiaries, clients, recipients and other terms, for MTM purposes, member is being used as a standard meaning for the Client's covered population.

RESPONSIBILITY:
The following types of documents will be retained for the following periods of time. At least one copy of each document will be retained according to the following Document Retention Schedule.

Corporate Records

Articles of Incorporation to apply for corporate status	Permanent
IRS forms	7 years
Bylaws	Permanent
Board policies	Permanent
Board Meeting Minutes	Permanent
Tax or employee identification number designation	Permanent
Annual corporate filings	10 years

Financial Records

Chart of Accounts	Permanent and updated as needed
Fiscal Policies and Procedures	Permanent
Audits	10 years
Financial Statements	10 years
General Ledger	10 years
Check registers/ books	10 years
Business expenses documents	10 years
Bank deposit slips	10 years
Cancelled checks	10 years
Invoices	10 years
Investment records (deposits, earnings, withdrawals)	10 years
Property/ asset inventories	10 years
Petty cash receipts/documents	10 years
Credit card receipts	10 years

Tax Records

Annual tax filing for the organization	7 years
Payroll registers	7 years
Fees paid to consultants	7 years
Payroll tax returns	7 years
W-2 statements	7 years

Personnel Records

Employee offer letters	7 years after termination
Confirmation of employment letters	7 years after termination
Benefits descriptions per employee	Permanent and updated as needed
401k quarterly investment reports	7 Years
Employee applications and resumes	7 years after termination
Promotions, demotions, letter of reprimand, termination	7 years after termination
Job descriptions, performance goals	7 years after termination
Workers' Compensation records	5 years
Salary ranges per job descriptions	Permanent and updated as needed
Time sheets	7 years after termination

I-9 Forms	7 years after termination

Insurance Records

Property Insurance policy	7 years
Workers' Compensation Insurance Policy	7 years
General Liability Insurance Policy	7 years
Insurance claims	3 years after resolution of claim
Insurance disbursements/denials	7 years

Contracts

All insurance contracts	Permanent
Employee contracts	7 years after date of termination
Legal correspondence	3 years after matter is resolved
Loan/ mortgage contracts	7 years after loan is paid in full
Leases	10 years after termination of lease
Deeds	Permanent - to be stored in corporate location only – not to be in off-site storage
Vendor Contracts	10 years after termination of the contract
Client Contract	10 years after termination of the contract

Management Plans and Procedures

Strategic Plan/ Business Plan	7 years
Staffing, programs, marketing, finance, and evaluation plans	7 years
Disaster Recovery Plan	Permanent and updated as needed
Other records – i.e. level of need information, trip sheets, plan of care	10 years

Document Protection

Documents will be stored in a protected environment for the duration of the Document Retention Schedule, whether in hardcopy (paper) or electronic form.

Provision of Documentation for Investigations of Litigation

Documents requested and subpoenaed by legally authorized personnel will be provided within the time frame requested or mutually agreed upon. The Board Chair and CEO will authorize this provision. No documents will be concealed, altered or destroyed with the intent to obstruct the investigation of litigation. Documents pertaining to any matter which is the subject of a claim or litigation will not be destroyed until the matter is completely resolved and all appeals have been exhausted.

This policy is reviewed by the Quality Management Committee on an annual basis for appropriateness and effectiveness.

APPROVED BY:

Director, Quality Management	Date
VP, Administration	Date
President/CEO	Date

MTM

Corporate Policy

Subject:	Financial Incentives	**Policy No.:**	464
Authorized By:	President/CEO	**Date:**	2/27/2009
Department:	Quality Management	**Last Revised:**	5/1/2013
Applicability:	Quality Management		

PURPOSE:
To identify MTM's position regarding a financial incentive policy.

POLICY:
MTM has a financial incentive program which is totally discretionary with the Board of Directors. It is based upon overall company performance. MTM's financial incentive plan is not based directly on consumer utilization of health care services.

MTM is aware that financial incentives could negatively affect the provision of health care services and access to care.

DEFINITIONS:
Client: Refers to the customer contracted with MTM to handle the transportation benefit offered to their covered population.

Member: Refers to the population served by MTM Clients. Often referred to as participants, beneficiaries, clients, recipients and other terms; for MTM purposes, member is being used as a standard meaning for the Client's covered population.

RESPONSIBILITY:
MTM identifies "consumer utilization of health care services" as, but not limited to the following:

- Costs (either as a total amount of a savings percentage);
- Total utilization in a population;
- Utilization rates

MTM has ensured that controls are in place to protect members. These controls would include, but are not limited to the following:

- Audits
- Overall assessment of causes of utilization pattern variation
- Offsetting financial incentives that relate to quality
- Review of state and federal laws that may prohibit a bonus or incentive based on consumer utilization of health care services

This policy is reviewed by the Quality Management Committee on an annual basis for appropriateness and effectiveness.

APPROVED BY:

Director, Quality Management	Date
VP, Administration	Date
President/CEO	Date

MTM

Corporate Policy

Subject:	Quality Performance – Call Monitoring Process and Evaluation	**Policy No.:**	468
Authorized By:	President/CEO	**Date:**	6/1/2000
Department:	Quality Management	**Last Revised:**	5/1/2013
Applicability:	MTM Corporate		

PURPOSE:
To make certain the Quality Performance Standards and Expectations put forth by MTM for its Clients are being met or exceeded to ensure compliance with established goals.

POLICY:
All inbound and outbound calls are recorded and monitored monthly for all MTM Call Center personnel, in accordance with the MTM Quality Observation Scoring Guidelines. In addition to Call Center personnel, other Department Staff calls may be pulled for review and evaluation as requested by Management or Clients.

Definitions:
Client refers to the customer contracted with MTM to handle the transportation benefit offered to their covered population.

Member refers to the population served by MTM Clients. Often referred to as participants, beneficiaries, clients, recipients and other terms, for MTM purposes, member is being used as a standard meaning for the Client's covered population.

RESPONSIBILITY:
With respect to the Call Center personnel the appropriate recorded calls will be obtained and the following are the measurable categories;

1. Ten (10) audits for each Customer Service Representative (CSR) per month
    a. Ensure Client Protocols are being met
    b. Make certain excellent Customer Service is being provided.
2. Queries for each trip associated with each audited call
    a. Ensure Proper and correct data entry
    b. Ensure the most appropriate transportation provider is selected.

3. During the review process any areas not meeting MTM Quality Indicators will be forwarded to Call Center Coaching Staff for documentation and continued CSR training and education.
4. Results of the call monitoring will be reported to the Management on a monthly basis for tracking, trending and quality improvement.
5. Call monitoring outcomes are reported to QMC on a quarterly basis and to MTM Client's based on contractual obligations.

This policy is reviewed by the Quality Management Committee on an annual basis for appropriateness and effectiveness.

APPROVED BY:

Director, Quality Management	Date
VP, Administration	Date
President/CEO	Date

MTM

Corporate Policy

Subject:	Breach Notification of Unsecured PHI, HIPAA/HITECH	**Policy No.:**	470
Authorized By:	President/CEO	**Date:**	7/20/2010
Department:	Quality Management	**Last Revised:**	5/1/2013
Applicability:	Quality Management		

PURPOSE:
To maintain compliance with the Health Information Technology for Economic and Clinical Health Act (HITECH) provision of the American Recovery and Reinvestment Act of 2009 (ARRA) breach notification of unsecured protected health information (PHI) requirements.

POLICY:
In the event of a breach of unsecured PHI, the Privacy Official must notify: a) the health plan and/or b) the member or the member's personal representative, as indicated in the contract. Notice is provided without unreasonable delay, or as indicated in the contract, and in no case later than 60 days of discovering the breach. A breach is considered discovered as of the first day on which the breach is known.

If a law enforcement official determines that a notification, notice, or posting would impede a criminal investigation or cause damage to national security, such notification, notice or posting will be delayed pursuant to §164.528(a)(2) of title 45, Code of Federal Regulations.

MTM's Privacy Official (Manager, Quality Management), and/or authorized designees, will timely and accurately report any breach of unsecured PHI according to Client contractual obligations, ARRA, and other Federal/State regulations. All documentation related to the breach (e.g., notification letters) is stored in the Quality Management database for a minimum of six (6) years.

DEFINITIONS:
Client: Refers to the customer contracted with MTM to handle the transportation benefit offered to their covered population.

Member: Refers to the population served by MTM Clients. Often referred to as participants, beneficiaries, clients, recipients and other terms; for MTM purposes, member is being used as a standard meaning for the Client's covered population.

Breach: Refers to an unauthorized acquisition, access, use, or disclosure of unsecured protected health information which compromises the security or privacy of such information and poses a significant risk of financial, reputational, or other harm to the individual. To determine if a breach has occurred, a risk assessment is performed to determine if the security or privacy of the PHI has been compromised. Limited Data Sets (except those that exclude patient zip code and date of birth) are subject to the breach notification reporting requirements. The term 'breach' does not include:

1. Any unintentional acquisition, access, or use of PHI by MTM staff or an individual acting under the authority of a covered entity (e.g., health plan) or MTM if:
    a. Such acquisition, access, or use was made in good faith and within the course and scope of authority,
    b. Such information is not further used or disclosed in a manner not permitted; or
2. Any inadvertent disclosure by an individual who is authorized to access PHI at MTM, the same covered entity, or organized health care arrangement in which MTM or the covered entity participates; however, the information that was received as a result of such disclosure is not further used or disclosed in a manner not permitted; or
3. A disclosure of PHI where MTM and/or the applicable covered entity has a good faith belief that an unauthorized person to whom the disclosure was made would not reasonably have been able to retain such information.

Protected Health Information: Refers to any oral, written or electronic individually-identifiable health information collected or stored by MTM. Individually-identifiable health information includes demographic information and any information that relates to past, present or future physical or mental condition of an individual.

Unsecured PHI: Refers to protected health information that is not encrypted and/or rendered unusable, unreadable, or indecipherable to unauthorized individuals through the use of a technology or methodology specified by the Secretary of the Department of Health and Human Services (HHS).

RESPONSIBILITY:

In the event of a breach of unsecured PHI, MTM will:

1. Notify the Client immediately or pursuant to the terms of the contract

2. Notify the following individuals/entities unless MTM's contract with the covered entity provides that the covered entity will notify the individuals/entities:
    a. The member or the member's personal representative
    b. Relevant prominent media (for breaches of more than 500)

Notification:

Covered Entity and/or Member Notification

1. After a complete investigation and without unreasonable delay, and in no case later than 60 days from breach discovery, MTM will provide written notice to the Client and/or the member.
   MTM will provide notice to the member in accordance with the terms of the contract with the Client. Such notice will be provided in writing to the member, or
    a. If the member is deceased, the next of kin or personal representative, or
    b. If the member is incapacitated/incompetent, the personal representative, or
    c. If the member is a minor, the parent or guardian.
2. Written notification will be in plain language at an appropriate reading level with clear syntax and language. Americans with Disabilities Act (ADA) and limited English proficiency requirements will be met.
3. Written notification will be sent to the last known address of the member or next of kin, or if specified by the member, by encrypted electronic mail.
4. In the case where there is insufficient or out-of-date contact information:
    a. For less than ten (10) individuals that precludes direct written notification to the member, a substitute form of notice will be provided such as a telephone call.
    b. In the event there are ten (10) or more individuals for which there is insufficient or out of date contact information and contact information is not obtained, MTM will:
        i. Post a conspicuous notice for 90 days on the homepage of MTM's website that includes a toll-free number; or
        ii. Provide notice in major print or broadcast media in the geographic area where members can learn whether or not their unsecured PHI is possibly included in the breach. A toll-free number will be included in the notice. In the event MTM utilizes major print or broadcast media, the Privacy Official, or designee(s) will work with MTM's corporate office to coordinate this activity.
5. If MTM determines the member should be notified urgently of a breach because of possible imminent misuse of unsecured PHI, MTM may, in addition to providing notice as outlined in steps 1-4 above, contact the member by telephone or other means, as appropriate.

Media Notification

1. In the event a single breach event affected more than 500 residents of the same State or jurisdiction, notice will be provided to prominent media outlets. A jurisdiction is defined as a geographic area smaller than a state (e.g., city, county). For example, if a single breach event affects 300 members for one Client and 200 members for another Client, a notice to the media is not required as there are not more than 500 members in the same State or jurisdiction affected. However, if a single breach event affects 500 members in Missouri and 500 in Kansas, a media notice is required in both Missouri and Kansas.
2. MTM's Privacy Official, and/or or authorized designee(s) will work with MTM's Executive Vice President, General Counsel to coordinate this notification.

Content of Notification:

Regardless of the method by which the notice is provided to members, notice of the breach will include:

1. A brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known.
2. A description of the types of unsecured PHI that were involved in the breach, such as full name, Social Security Number, date of birth, home address, account number, diagnosis code or disability code.
3. The steps the member should take to protect him/her from potential harm resulting from the breach.
4. A brief description of what MTM is doing to investigate the breach, mitigate harm to the member, and to protect against any further breaches.
5. Contact procedures for members to ask questions or learn additional information, which includes a toll-free telephone number, an e-mail address, website, or postal address.

This policy is reviewed by the Quality Management Committee on an annual basis for appropriateness and effectiveness.

APPROVED BY:

_____ _____

Director, Quality Management Date

_____ _____

VP, Administration Date

_____ _____

President/CEO Date

Claims

MTM

Corporate Policy

Subject:	Non-Online Transportation Provider Claims Processing	**Policy No.:**	601
Authorized By:	President/CEO	**Date:**	5/1/2013
Department:	Claims	**Last Revised:**	
Applicability:	Claims		

PURPOSE:
To ensure transportation providers that do not use the Claims Web Application can still receive payment for services rendered.

POLICY:
Transportation providers that cannot upload their claims online, due to lack of internet access or other limitations, will be given the option of sending their trip logs and other documentation into the main office via mail, email, or fax.

DEFINITIONS:
Transportation Providers: Refers to the customer contracted with MTM to handle the transportation benefit offered to their covered population. They are also known as Clients.
Claims Web Application: The Claims Web Application is an online tool utilized by transportation providers and MTM to facilitate timely and accurate payment of services rendered.

RESPONSIBILITY:
The Claims Department shall manage mailed, faxed, or emailed trip logs from the transportation providers as follows:

A. Paper documents shall be sent to the Claims Department via certified mail, email, or fax.
B. Upon arrival, data shall be labeled, logged, and date stamped.
C. Data shall be sorted by region and week ending date then stored according to date.
D. Data shall be entered by the Signature Entry Team according to the region and week ending date through the MTM Operational System.
E. Any necessary reconciliation or issuing of reports and payment summaries shall be completed by the Trip Reconciliation Specialists.
F. Data shall be logged as completed.

G. Data shall be scanned to a secure network drive by transportation provider name and week ending date. Data is backed up nightly.
H. Data shall be boxed and labeled according to date including destruction date then logged in the Storage Log.
I. Data is stored in boxes in a secure storage facility until the designated destruction date.
J. Data will be shredded and recycled no earlier than 10 years after week ending date.

This policy is reviewed by the Quality Management Committee on an annual basis for appropriateness and effectiveness.

APPROVED BY:

_____	_____
Manager, Claims	Date
_____	_____
VP, Operations	Date
_____	_____
President/CEO	Date

MTM

Corporate Policy

Subject:	Denial of Payment or Services	**Policy No.:**	602
Authorized By:	President/CEO	**Date:**	5/1/2013
Department:	Claims	**Last Revised:**	
Applicability:	Claims		

PURPOSE:
To ensure the member has full understanding of why mileage reimbursement payment or transportation has been denied.

POLICY:
For many plans, written notification must be provided to the member for denial of mileage reimbursement or transportation and include the reason for the denial. A member has the right to request and receive a detailed written notice of the denial of payment. Denials may occur even with claims where there is proof the trip occurred.

DEFINITIONS:
Member: Refers to the population served by MTM Clients. Often referred to as participants, beneficiaries, clients, recipients and other terms; for MTM purposes, member is being used as a standard meaning for the Client's covered population.
Mileage Reimbursement: Refers to the monetary reimbursement issued to members that qualify for transportation but can provide it on his or her own behalf. There are several restrictions and requirements.

RESPONSIBILITY:
The Claims Department shall promptly send denial of payment/services letters as follows:

A. Denial letters are auto-generated by MTM's system.
B. Denial letters shall be printed, copied, logged, stuffed in envelopes, addressed, and mailed daily.
C. The MTM Operational System notes section shall be updated for each denial letter.

This policy is reviewed by the Quality Management Committee on an annual basis for appropriateness and effectiveness.

APPROVED BY:

Manager, Claims	Date
VP, Operations	Date
President/CEO	Date

MTM

Corporate Policy

Subject:	Claims Web Application – Claim Approval Timeframe & Payment Schedule	**Policy No.:**	605
Authorized By:	President/CEO	**Date:**	5/1/2013
Department:	Claims	**Last Revised:**	
Applicability:	Claims		

PURPOSE:
To make transportation providers aware of payment schedule and timeframe established by Accounting, and to ensure transportation providers are paid in a timely manner for trips claimed through the online Claims Web Application.

POLICY:
Transportation Providers shall be paid according to Accounting's established payment cycle as long as clean claims are submitted according to schedule.

DEFINITIONS:
Transportation Providers: Refers to the customer contracted with MTM to handle the transportation benefit offered to their covered population. They are also known as Clients.
Claims Web Application: The Claims Web Application is an online tool utilized by transportation providers and MTM to facilitate timely and accurate payment of services rendered.

RESPONSIBILITY:
Each provider's claim approval timeframe and payment schedule will be outlined as follows:

A. MTM Accounting shall establish a payment cycle for the entire year in advance. The payment cycle will define dates of transport, claims submission, and payment.
B. This payment cycle will be distributed to Network Management then to the transportation providers as they sign up for the claims web application. If the provider is already utilizing the claims application, payment schedules will be available before the close of each year for the next year.
C. Provider is responsible for submitting claims through the claims web application in accordance with the defined payment schedule.
D. Claims must be approved for payment more than 2 days before the scheduled pay date to be included on the payment. Claims approved for payment within 2 days or less of

the payment scheduled date will be paid on the next scheduled pay date. Payment for claims will not be made sooner than identified on the payment schedule.

E. Trips that have been appealed will be paid if the appeal is overturned. The payment will be included in the next scheduled payment cycle.
F. Provider is responsible for monitoring pay dates.

This policy is reviewed by the Quality Management Committee on an annual basis for appropriateness and effectiveness.

APPROVED BY:

_____	_____
Manager, Claims	Date
_____	_____
VP, Operations	Date
_____	_____
President/CEO	Date

MTM

Corporate Policy

Subject:	Claims Web Application – Trip Submissions and Claims	**Policy No.:**	606
Authorized By:	President/CEO	**Date:**	5/1/2013
Department:	Claims	**Last Revised:**	
Applicability:	Claims		

PURPOSE:
To define the method in which Transportation Providers can upload signature documents and submit claims real time via MTM's Claims Web Application.

POLICY:
Transportation providers will be given the ability to claim trips within 90 days of service with supporting signature document via MTM's online claims application.

DEFINITIONS:
Transportation Providers: Refers to the customer contracted with MTM to handle the transportation benefit offered to their covered population. They are also known as Clients.
Claims Web Application: The Claims Web Application is an online tool utilized by transportation providers and MTM to facilitate timely and accurate payment of services rendered.

RESPONSIBILITY:
The method in which Transportation Providers can upload signature documents and submit claims via MTM's Claims Web Application is outlined as follows:

A. All claims must be submitted within the specified timeframe. Timeframes are mandated by any applicable regulation and/or Client specific contracted obligations. Claims can be submitted by adding them to a packet of one or many claims.
B. Claims made prior to the date of service will not be allowed.
C. Transportation providers must provide all required compliance data when uploading a claim.
D. The provider is responsible for validating the accuracy of all claim and signature data prior to submission.
E. The provider is responsible to verify that all trip costs displayed are accurate and may not be negotiated after the trip is claimed. If the transportation provider feels a trip

cost is incorrect, they should remove the claim from the packet so as not to submit it and contact the Transportation Provider Helpdesk at 1-877-892-3997.

F. After the packet is submitted, the provider will no longer be able to edit or delete any of the claims that were added to the packet.
G. MTM will review submitted packets daily and verify signatures for corresponding trips.
H. A packet is verified when all the claims in the submitted packet are viewed.

This policy is reviewed by the Quality Management Committee on an annual basis for appropriateness and effectiveness.

APPROVED BY:

_____	_____
Manager, Claims	Date
_____	_____
VP, Operations	Date
_____	_____
President/CEO	Date

MTM

Corporate Policy

Subject:	Claims Web Application – Approved Drivers and Vehicles	**Policy No.:**	607
Authorized By:	President/CEO	**Date:**	5/1/2013
Department:	Claims	**Last Revised:**	
Applicability:	Claims		

PURPOSE:
To ensure that Transportation providers only use approved drivers and vehicles for transporting members and filing claims for payment via MTM's Claims Web.

POLICY:
In order for Transportation providers to claim for payment and to be paid by MTM, they must use only pre-approved credentialed drivers and vehicles for all claims they submit for payment via the Claims Web Application.

DEFINITIONS:
Transportation Providers: Refers to the customer contracted with MTM to handle the transportation benefit offered to their covered population. They are also known as Clients.
Claims Web Application: The Claims Web Application is an online tool utilized by transportation providers and MTM to facilitate timely and accurate payment of services rendered.

RESPONSIBILITY:
The method Transportation Providers must use to ensure they are using credentialed and pre-approved drivers and vehicles is outlined as follows:

A. The provider shall only use approved drivers and vehicles as identified by the Credentialing Web Application. It is the provider's responsibility to upload all applicable credentials to the Credentialing Web Application for approval BEFORE any trips are taken by that driver or vehicle.
B. Network Management shall approve or deny the driver/vehicle credentials in a timely manner. It is only after the driver/vehicle has been approved by Network Management that the driver/vehicle may be used by the provider to transport for MTM.

C. If the credentialing web application identifies a driver and/or vehicle as not approved and the provider finds this to be in error, they must contact their Network Representative prior to using the driver or vehicle in question.
D. The provider is responsible for making sure all driver and vehicle credentials are all up to date and approved if they are used to provide services for MTM.
E. MTM shall perform random audits of trips to ensure that a proper driver and/or vehicle were used.
F. Failure to identify an approved driver/vehicle while making a claim for service may result in the claim (s) being denied.

This policy is reviewed by the Quality Management Committee on an annual basis for appropriateness and effectiveness.

APPROVED BY:

Manager, Claims	Date
VP, Operations	Date
President/CEO	Date

MTM

Corporate Policy

Subject:	Claims Web Application-Appeal Process	**Policy No.:**	608
Authorized By:	President/CEO	**Date:**	5/1/2013
Department:	Claims	**Last Revised:**	
Applicability:	Claims		

PURPOSE:
To allow transportation providers using the Claims Web Application the opportunity to appeal disputed claims for payment.

POLICY:
MTM shall allow Transportation Providers the ability to dispute discrepancies on selected denials when the provider feels the denial of payment for the claim was in error.

DEFINITIONS:
Transportation Providers: Refers to the customer contracted with MTM to handle the transportation benefit offered to their covered population. They are also known as Clients.
Claims Web Application: The Claims Web Application is an online tool utilized by transportation providers and MTM to facilitate timely and accurate payment of services rendered.

RESPONSIBILITY:
The method Transportation Providers must use to dispute denied claims is outlined as follows:

1. The transportation provider has the ability to dispute any denied claims within the specified timeframe. Timeframes are mandated by any applicable regulation and/or Client specific contractual obligation. The transportation provider must supply the necessary information to support disputes.
2. The transportation provider will submit the appeal via the Claims Web Application after all disputes have been addressed.
3. The MTM appeal group will review the submitted data within 4 business days and either:
    a. Approve the appeal
    b. Determine insufficient documentation was presented and deny the appeal.
4. The MTM appeal group will update the appeal real time via the Claims Web Application.

5. The transportation provider can escalate a denied appeal within 30 days of the denial as a means of a 2nd appeal.
6. The provider must supply supporting data and/or circumstances for 2nd appeal.
7. A supervisor will review submitted data and approve or deny 2nd level appeal.
8. In special circumstances, a 3rd appeal can be filed with Network Management.

This policy is reviewed by the Quality Management Committee on an annual basis for appropriateness and effectiveness.

APPROVED BY:

_____	_____
Manager, Claims	Date
_____	_____
VP, Operations	Date
_____	_____
President/CEO	Date

MTM

Corporate Policy

Subject:	Mileage Reimbursement	**Policy No.:**	609
Authorized By:	President/CEO	**Date:**	5/1/2013
Department:	Claims	**Last Revised:**	
Applicability:	Claims		

PURPOSE:
To ensure complete trip information is gathered and authorized for an eligible participant of mileage reimbursement prior to the trip or according to the specific client's contract, and to ensure that all mileage reimbursement requests are processed in a timely and consistent manner.

POLICY:
Mileage reimbursement will be paid to eligible members at the contracted rate on scheduled pay dates for all verified requests in accordance with contractual requirements.

DEFINITIONS:
Mileage Reimbursement: Refers to the monetary reimbursement issued to members that qualify for transportation but can provide it on his or her own behalf. There are several restrictions and requirements.
Member: Refers to the population served by MTM. Often referred to as participants, beneficiaries, clients, recipients and other terms; for MTM purposes, member is being used as a standard meaning for the Client's covered population.

RESPONSIBILITY:
MTM shall handle Mileage Reimbursement as follows: (see the Claims Manual for detailed instructions)

A. Eligible members will call in to the MTM Customer Service Center.
B. The CSR will capture all relevant information during call intake and verify the member's eligibility by meeting all protocols or guidelines established by the member's plan.
C. Requests must be made by the member in accordance with the timeframe set forth by the member's plan. Requests that fall outside the timeframe will be denied.
D. The Gas Mileage Reimbursement Team will conduct attendance verification.

E. The GMR Team will handle basic mileage disputes and forward any check re-issuing requests to the Accounting Department.
F. Formal Mileage Reimbursement Appeals will be filed through Quality Management.
G. The Accounting Department will handle lost or missing check investigations.
H. The Quality Management staff will conduct random audits on the mileage reimbursement process to validate compliance with the policy.
I. The Quality Management staff will inform the GMR Team of the audit's findings then offer corrective actions plans when necessary.

This policy is reviewed by the Quality Management Committee on an annual basis for appropriateness and effectiveness.

APPROVED BY:

Manager, Claims	Date
VP, Operations	Date
President/CEO	Date

Care Management

MTM

Corporate Policy

Subject:	Ancillary Services	**Policy No.:**	1033
Authorized By:	President/CEO	**Date:**	6/22/2001
Department:	Care Management	**Last Revised:**	5/1/2013
Applicability:	Care Management		

PURPOSE:

To approve, schedule, and reimburse members for ancillary services such as meals, lodging, tolls, and/or parking for members, attendants, and escorts, to include transport via commercial air, commercial bus and commercial train.

POLICY:

Requests for ancillary services for members, attendants, and escorts are screened for eligibility and appropriateness, scheduled, and reconciled.

DEFINITIONS:

Client: Refers to the customer contracted with MTM to handle the transportation benefit offered to their covered population.

Member: Refers to the population served by MTM Clients. Often referred to as participants, beneficiaries, clients, recipients and other terms; for MTM purposes, member is being used as a standard meaning for the Client's covered population.

RESPONSIBILITY:

1. Requests are received via phone, fax or email.
2. Eligibility is checked.
    a. Eligibility is confirmed.
    b. Coverage of ancillary services is confirmed.
    c. Coverage of medical service type is confirmed. MTM will verify the medical necessity related to out-of-state-travel, overnight stays, and meals and lodging by contacting the client's Utilization Management, Member Services or Care Management Department as identified per specific contract and protocol.
    d. Appropriateness of trip distance is confirmed.

e. Necessity/coverage of any attendant or escort is confirmed.

3. If it is determined that member does not meet any of the eligibility or appropriateness requirements, request is denied.
4. If it is determined that member meets all eligibility and appropriateness requirements, request is approved.
5. As identified per specific contract or protocol, the prior authorization process will be followed and as indicated any Prior Authorization Form will be used for authorization or denial to communicate between client and MTM.
6. Trip is entered into NET Management System.
    a. Approved services and maximum amounts are documented.
7. Method of reimbursement given is identified within specific contract and may include:
    a. The facility member is visiting covers all costs for meals and lodging incurred by member. After the stay, facility bills MTM for those charges.
    b. Member retains receipts for meals and lodging incurred during their stay. Receipts are mailed or faxed to MTM, who then issues a check directly to member or other person specified by member.
    c. MTM will pay contract specified amount per day for meals and contract specified amount per day for lodging.
    d. Member may receive pre-payment directly from their health plan and there is no billing through MTM.
    e. In cases where no other forms of payment are available, the services are paid for in advance by MTM.

This policy is reviewed by the Quality Management Committee on an annual basis for appropriateness and effectiveness.

APPROVED BY:

_____ _____

Manager, Care Management Date

_____ _____

VP, Operations Date

_____ _____

President/CEO Date

MTM

Corporate Policy

Subject:	Ambulance Requests	**Policy No.:**	1364
Authorized By:	President/CEO	**Date:**	3/1/2001
Department:	Care Management	**Last Revised:**	5/1/2013
Applicability:	Care Management		

PURPOSE:
To respond to requests for non-emergency ambulance and non-emergency air ambulance (referred to as "ambulance") transportation and schedule appropriately as required by contract.

POLICY:
All requests for ambulance transports are managed by designated Care Management (CM) staff to determine appropriate transportation.

DEFINITIONS:
Client: Refers to the customer contracted with MTM to handle the transportation benefit offered to their covered population.

Member: Refers to the population served by MTM Clients. Often referred to as participants, beneficiaries, clients, recipients and other terms; for MTM purposes, member is being used as a standard meaning for the Client's covered population.

Non-Emergency Ambulance Medical Transportation Services: Refers to ambulance transportation services for members who have, or predictably will have need for, attendant medical care during routine transfers to medical appointments, clinics, physician's offices, outpatient facilities, hospitals, and other medically necessary services.

RESPONSIBILITY:
1. Requests are received via phone, fax, or email.
2. Note: All requests for ambulance transport must be made through MTM. Requests made directly to ambulance companies cannot be retroactively approved.

3. Verify eligibility prior to final arrangements being made for ambulance transportation.
    a. If YES- go to next step.
    b. If NO - inform caller that member is ineligible.
4. Ask caller if member has Medicare coverage.
    a. If NO- go to next step.
    b. If YES - check the nature of appointment and refer to Medicare guidelines to see if trip is a covered service under Medicare.
5. Determine immediacy of transport.
6. Determine appropriateness:
    a. Determine if services being requested are appropriate per plan protocols.
    b. Determine if there is possibility of wheelchair, wheelchair with attendant, or stretcher transportation.
7. Enter trip information into NET Management System as necessary:
    a. Name and title of caller
    b. Phone number or pager number of caller
    c. Room # and nurse's station # if in hospital or institution
    d. Address and home telephone number if at residence
    e. Weight of member
    f. Basic medical condition
    g. Special medical needs, i.e., oxygen (# of liters/min), IVs, suction, ventilator, etc. - the needs of member determine whether it is a Basic Life Support (BLS) or Advanced Life Support (ALS) transport.
    h. Number of steps to navigate at pick up and drop off addresses
    i. Additional riders
    j. Level Of Need (LON) – ambulance assessment form signed by healthcare professional required by MTM before the trip is authorized or, alternately, Plan approval depending on contract requirements.
        i. LON assessment form information is documented in NET Management System.
8. Transport outside of MTM business hours
    a. After hours trips can be pre-arranged during MTM business hours.
    b. If ambulance hospital discharge is requested outside of MTM business hours, the after-hours Customer Service Center (CSC) will follow their procedure by completing a verbal LON and emailing CM.
    c. CM will follow up as appropriate on the next business day.
9. Determine appropriate ambulance service
    a. Geographic location
    b. Exclusive districts

This policy is reviewed by the Quality Management Committee on an annual basis for appropriateness and effectiveness.

APPROVED BY:

Manager, Care Management	Date
VP, Operations	Date
President/CEO	Date

MTM

Corporate Policy

Subject:	Stretcher Requests	**Policy No.:**	1366
Authorized By:	President/CEO	**Date:**	3/1/2001
Department:	Care Management	**Last Revised:**	5/1/2013
Applicability:	Care Management		

PURPOSE:
To respond to requests for stretcher transportation and schedule appropriately as required by contract.

POLICY:
All requests for stretcher transports are managed by designated Care Management (CM) staff to determine appropriate transportation.

DEFINITIONS:
Client: Refers to the customer contracted with MTM to handle the transportation benefit offered to their covered population.

Member: Refers to the population served by MTM Clients. Often referred to as participants, beneficiaries, clients, recipients and other terms; for MTM purposes, member is being used as a standard meaning for the Client's covered population.

Stretcher Services: Refers to transportation using a stretcher provided for members who require transport in a lying down position, but who do not require, or have predictable need for, attendant medical care during routine transfers to medical appointments, clinics, physician's offices, outpatient facilities, hospitals, and other medically necessary services.

RESPONSIBILITY:
1. Requests are received via phone, fax, or email.
2. Verify eligibility prior to final arrangements being made for stretcher transportation.
    a. If YES- go to next step.
    b. If NO - inform caller that member is ineligible.
3. Determine immediacy of transport.

4. Determine appropriateness.
    a. Determine if services being requested are appropriate per plan protocols
    b. Determine if there is possibility of wheelchair or wheelchair with attendant transportation.
5. Enter trip information into NET Management System as necessary:
    a. Name and title of caller
    b. Phone number or pager number of caller
    c. Room # and nurse's station # if in hospital or institution
    d. Address and home telephone number if at residence
    e. Weight of member
    f. Basic medical condition
    g. Special medical needs
    h. Number of steps to navigate at pick up and drop off addresses
    i. Additional riders
    j. Level of Need (LON) - stretcher assessment form signed by healthcare professional required by MTM before the trip is authorized, or alternately, Plan approval depending on contract requirements.
        i. LON assessment form information is documented in NET Management System.
6. Transport outside of MTM business hours
    a. After hours trips can be pre-arranged during MTM business hours.
    b. If stretcher hospital discharge is requested outside of MTM business hours, the after-hours Customer Service Center (CSC) will follow their procedure by completing a verbal LON and emailing CM.
    c. CM will follow up as needed on the next business day.
7. Determine appropriate stretcher service
    a. Geographic location
    b. Exclusive districts

This policy is reviewed by the Quality Management Committee on an annual basis for appropriateness and effectiveness.

APPROVED BY:

_____	_____
Manager, Care Management	Date
_____	_____
VP, Operations	Date
_____	_____
President/CEO	Date

MTM

Corporate Policy

Subject:	On-Site Bus Programs	**Policy No.:**	1367
Authorized By:	President/CEO	**Date:**	6/19/2001
Department:	Care Management	**Last Revised:**	5/1/2013
Applicability:	Care Management		

PURPOSE:
To work with contracted medical facilities to distribute bus fare to eligible members.

POLICY:
Bus fare is distributed at contracted medical facilities to eligible members and reconciled with MTM.

DEFINITIONS:
Client: Refers to the customer contracted with MTM to handle the transportation benefit offered to their covered population.

Member: Refers to the population served by MTM Clients. Often referred to as participants, beneficiaries, clients, recipients and other terms; for MTM purposes, member is being used as a standard meaning for the Client's covered population.

RESPONSIBILITY:

1. Medical facility purchases bus fare.
    a. Contracted medical facility purchases bus fare and distributes to eligible members who are certified for public transportation by either MTM or bus agency.
    b. Regularly scheduled reconciliation reports are created by medical facility and submitted to MTM.
    c. MTM will verify member eligibility.
        i. If not eligible, MTM does not provide reimbursement.
        ii. If eligible, proceed to step d.
    d. Trips are entered in NET Management System.
        i. Trip information is entered.

ii. Appropriate vendor code and rate is used.

e. Medical facility is reimbursed in the form of bus passes for distributed fare.

2. MTM purchases bus fare.
   a. MTM's Accounting Department purchases bus fare which is distributed to the contracted medical facility for distribution to eligible members who are certified for public transportation by either MTM or bus agency.
   b. Regularly scheduled reconciliation reports are created by medical facility and submitted to MTM.
   c. Member eligibility is checked.
      i. If not eligible, MTM deducts fare from future orders.
      ii. If eligible, proceed to Step d.
   d. Trips are entered in NET Management System.
      i. Trip information is entered.
      ii. Appropriate vendor code and rate is used.
   e. Facility is reimbursed in the form of bus passes for distributed fare.

This policy is reviewed by the Quality Management Committee on an annual basis for appropriateness and effectiveness.

APPROVED BY:

_____	_____
Manager, Care Management	Date
_____	_____
VP, Operations	Date
_____	_____
President/CEO	Date

MTM

Corporate Policy

Subject:	Long Distance Transportation Requests	**Policy No.:**	1368
Authorized By:	President/CEO	**Date:**	5/31/2001
Department:	Care Management	**Last Revised:**	5/1/2013
Applicability:	Care Management		

PURPOSE:
To approve, coordinate, and schedule long distance transportation requests and when appropriate, ancillary services.

POLICY:
Long distance transportation requests are screened for eligibility and appropriateness, authorized, arranged, and scheduled.

DEFINITIONS:
Client: Refers to the customer contracted with MTM to handle the transportation benefit offered to their covered population.

Member: Refers to the population served by MTM Clients. Often referred to as participants, beneficiaries, clients, recipients and other terms; for MTM purposes, member is being used as a standard meaning for the Client's covered population.

RESPONSIBILITY:

1. Requests are received via phone, fax, or email.
2. Member eligibility is verified.
    a. Coverage of service type is confirmed.
    b. Compliance with distance guidelines established by specific client is confirmed.
3. Trip is set in NET Management System.
4. Most appropriate, cost-effective mode of transport is determined. Non-traditional means such as train or plane are considered.
5. Upon request by member and when allowed by member's health plan, ancillary services such as meals and lodging are arranged (see Policy 1033).

This policy is reviewed by the Quality Management Committee on an annual basis for appropriateness and effectiveness.

APPROVED BY:

Manager, Care Management	Date
VP, Operations	Date
President/CEO	Date

MTM

Corporate Policy

Subject:	Recurring Appointment Transportation	**Policy No.:**	1369
Authorized By:	President/CEO	**Date:**	4/25/2005
Department:	Care Management	**Last Revised:**	5/1/2013
Applicability:	Care Management		

PURPOSE:
To approve and schedule transportation to recurring appointments for eligible members.

POLICY:
Requests for recurring appointment transportation are screened for eligibility, appropriateness, and trips are scheduled.

DEFINITIONS:
Client: Refers to the customer contracted with MTM to handle the transportation benefit offered to their covered population.

Member: Refers to the population served by MTM Clients. Often referred to as participants, beneficiaries, clients, recipients and other terms; for MTM purposes, member is being used as a standard meaning for the Client's covered population.

RESPONSIBILITY:

1. Care Management Coordinator (CMC) receives requests for recurring appointment transportation from medical facility representatives via phone, fax, or email.
    a. Request is screened for eligibility.
    b. Request is screened for appropriateness of service type.
    c. Request is screened for appropriate transportation requirements. Special needs are discussed at this time.
    d. Duration of treatment is determined and recurrence schedule is created in NET Management System.
    e. Transportation is scheduled with most appropriate, cost-effective transportation provider who can accommodate any special needs for member.

f. Caller is notified of the transportation provider responsible for transports and appropriate contact numbers for that transportation provider.
g. Caller is asked to contact MTM with any changes to the transportation schedule including extending or cancelling the appointments.

This policy is reviewed by the Quality Management Committee on an annual basis for appropriateness and effectiveness.

APPROVED BY:

Manager, Care Management	Date
VP, Operations	Date
President/CEO	Date

MTM

Corporate Policy

Subject:	Transportation Requests which exceed Thresholds	**Policy No.:**	1372
Authorized By:	President/CEO	**Date:**	2/15/2007
Department:	Care Management	**Last Revised:**	5/1/2013
Applicability:	Care Management		

PURPOSE:

To evaluate transportation requests of members that exceed utilization/financial thresholds established by MTM and identified within a High Cost Trip Review Report to determine if more appropriate transportation arrangements can be made.

POLICY:

Transportation requests which exceed MTM's utilization/financial thresholds are reported weekly and evaluated to determine if more appropriate transportation arrangements can be made.

DEFINITIONS:

Client: Refers to the customer contracted with MTM to handle the transportation benefit offered to their covered population.

Member: Refers to the population served by MTM Clients. Often referred to as participants, beneficiaries, clients, recipients and other terms; for MTM purposes, member is being used as a standard meaning for the Client's covered population.

RESPONSIBILITY:

1. Client Services generates a report weekly listing trips which exceed established thresholds.
2. Care Management (CM) staff will access files of members listed on the report and determine why transportation request(s) exceeds MTM's threshold. Examples are:
    a. Long distance trip.
    b. Trip in region with limited transportation providers.
    c. Transportation at an inappropriate level of service.

3. CM identifies actions that would result in transportation being within MTM's threshold. Examples are:
    a. Identifying medical facilities closer to member's residence.
    b. Negotiating special rates with transportation providers.
    c. Evaluating member's mode of transport and assigning a more appropriate mode.
4. If proposed solutions can be implemented, any necessary changes are made to member's file and cost savings are tracked.
5. If a solution cannot be found or member's excess of the threshold is legitimate, notes will be entered in report to explain the situation for Client Services and Account Executive is notified.

This policy is reviewed by the Quality Management Committee on an annual basis for appropriateness and effectiveness.

APPROVED BY:

_____	_____
Manager, Care Management	Date
_____	_____
VP, Operations	Date
_____	_____
President/CEO	Date

Medical Transportation Management, Inc.

Business Continuity and Disaster Recovery Plan

Approved

Dated 10/15/2012

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Purpose

To provide a business continuity and risk management plan to ensure that in the case of any service disruption, minimal impact is placed on MTM's clients. Service continuation is ensured through alternative plans of action, including but not limited to the re-routing of calls, the use of manual documentation and faxing, the use of back-up emergency equipment, and the replacement of primary systems and/or servers with standby replicas. This document identifies the applicable disaster scenarios and the step-by-step plan of action to be executed in the event that the disaster scenario occurs. Emergency contact information is also identified.

1) Required Review

This plan is reviewed annually, at a minimum, by the following MTM Executives to ensure information contained herein is accurate. Additionally, in the event that a disaster scenario occurs the plan will be reviewed within 15 days to identify areas of opportunity and updated accordingly. Each MTM executive will review the plan with their subject matter experts, contribute changes and approve changes made by other departments. The CEO will confirm that all departments agree with the revised plan before approving the final updated document. The revised document will be effective immediately upon CEO approval. Clients will be notified of any revision to the document within 15 days of approval.

☐	CEO, Alaina Macia
☐	Exec. General Counsel, Don Tiemeyer
☐	CFO, Gary Richardson
☐	VP, Network Management, Patrick McNiff
☐	VP, Operations, Natasha Boekholt
☐	CIO, Joe Federer

2) Location

This document will be maintained on MTM's Shared Drive under the file "Business Continuity Plan" and on MTM's Intranet. At least one physical copy must be available at each facility, with, at a minimum, each Director or department Manager and the above listed individuals also possessing a physical copy. Any revisions will be sent to the above listed Executives, Directors and Managers. At all times the current version will be available on the shared drive and Intranet.

3) The Net management System goes down at all sites

a) The Business Solutions Group (BSG) immediately investigates the reason for the outage and reports to the Executive Team when the NET Management system will be restored. The VP of Client Services, or delegate, will report the outage to all impacted clients using a Business Disruption Form.

   i) MTM operational departments revert to manual operation.

   ii) If the prognosis is that the NET Management System is non-operational at all sites and service cannot be restored within four hours, BSG initiates procedures to bring up the NET Management system on the mirrored backup server at the geo-distinct location, located in NE Topeka, KS, approximately ten miles from the primary system Trip requests that have been recorded using paper based processes are entered into the NET system immediately the back up server is online. Once the issue is resolved, BSG initiates procedures to resume operations on the main server. When the NET Management system is operational on the primary server, this server is updated to store the data that was entered on the backup server during the period of outage. Data mirroring is re-enabled through high availability and disaster recovery software, ensuring that data between the primary and secondary server is in sync.

b) Customer Service Representatives (CSRs) and Care Managers take trip requests/changes/cancellations over the phone and document on appropriate Trip Request Form using Attachment #2.

   i) Urgent trips are scheduled immediately. CSRs and Care Managers reference the Transportation Provider Listing provided by Network at time of NET Management System outage (to ensure the list is most current). The list is sorted by state and county and lists the providers' contact numbers, types of vehicles, and rate schedule. After contacting an available provider and confirming their ability to take the trip, the trip request form is faxed to the provider.

   ii) If the trip is non-urgent (two to three days out), the trip request is documented and faxed to the provider after the NET Management System is back online and/or power is restored. If the NET Management system is to be down or power is interrupted for more than 24 hours, the trip is faxed to the available provider per the Transportation Provider Listing. As providers reach capacity, Network e-mails the CSRs and Care Managers with the name of the provider and trip faxes cease. The CSC and Care

Management departments designate an appropriate number of CSRs and Care Managers to fax the non-urgent trips to the appropriate providers.

iii) Sent faxes are sorted by date and filed in a locked drawer within the secured office location until the NET Management System is back up and running and/or power is restored. When the System is up and running and/or power is restored, the trip forms are entered into the System. After the trips have been entered into the System, the forms are scanned and filed on MTM's server for use in the event of any disputes or issues. The original forms are destroyed after they have been filed electronically.

c) QSCs take complaints/incident/issues over the phone and document them on the Complaint/Incident/Issue Form, (See Attachments #3 and #4) or in the Complaints database, which is not a part of the NET Management System.

i) Complaints/incidents/issues are documented and resolved to the extent possible without the information in the NET Management System.

ii) Relevant information will need to be collected on the form; the forms are filed by date in a locked drawer until the System is back online and/or power is restored. When this occurs, the information on the forms is entered into the System. After the information has been entered into the System, the forms are scanned and filed on MTM's server for use in the event of any disputes or issues.

iii) A complaint code is entered in the NET Management System for any trips that had a complaint called in while the NET Management System was down.

d) Network Reps take trip changes/issues over the phone and document them on the Trip Changes/Issues Form (See Attachment #5)

i) Changes made for trips that are to take place within 24 hours are called into the provider.

ii) Changes for trips that are to take place after 24 hours are faxed to the provider. Forms are filed by date in a locked drawer within the secured office facility until the NET Management System is back up and running.

iii) After the NET Management System is up and running, all changes documented on Trip Changes/Issues Form are immediately entered in the NET Management System.

iv) After the information has been entered into the System, the forms are scanned and filed on MTM's server for use in the event of any disputes or issues.

e) All other departments complete non-NET Management System work to the extent possible and deploy available staff to the CSC to assist in filing, faxing, and taking calls.

4) Phone server goes down, not due to power outage; MTM has complete redundancy on-site

a) MTM has two Cisco call system type servers: CallManager (which allows us to have phones on the desk) and IPCC (which allows us to take CSC calls and route them to agents).
b) We have a primary and secondary CallManager server in production at all times. This ensures that in the event one server fails calls will NOT be dropped, and we can place calls as normal.
c) We have a primary and secondary IPCC server in production at all times. This ensures that in the event one server fails, calls will continue to be routed to agents.

5) Telephone lines down at corporate headquarters

a) Call carrier via cell phones.
b) The VP, Client Services, or delegate, will notify clients of system failures and provide clients with appropriate cell phone numbers for emergencies.
c) MTM handles all urgent trips via cell phones.
d) Place global message on 800 lines.
e) The secondary IPCC server is located in the Houston CSC. This server will route calls to the other CSCs in the event of a telephone line outage at corporate headquarters.

6) Power outage at corporate headquarters or remote offices

a) MTM has natural gas fueled generators at corporate headquarters and at the Houston remote CSC. If power is lost from the main utility lines the generator will immediately provide power providing for seamless operations.
b) If a remote site loses power calls will be automatically rerouted to the secondary and tertiary offices.

7) **Telephone lines down at remote call center location; natural disaster makes remote call center unavailable; weather or flu-type epidemic results in reduced staffing at corporate or remote call centers**

a) The NET Management System automatically routes calls to the backup call centers. A secondary and tertiary back up call center is identified for all phone lines. During normal operation calls are routinely routed to staff in the secondary and tertiary call centers ensuring staff are fully conversant with client requirements.

b) CSRs in the secondary and tertiary call centers are trained to the same client standards and at the same frequency as the primary call center and are able to manage calls seamlessly to the member.

8) **Disaster makes** headquarters **unavailable**

a) The phone server is brought back up with the generator to bring remote sites on line.

b) The NET Management System automatically routes calls to the backup call centers. A secondary and tertiary backup call center is identified for all phone lines.

c) CSRs in the secondary and tertiary call centers are trained to the same client standards and at the same frequency as the primary call center and are able to manage calls seamlessly to the member.

d) In the event headquarters cannot be made operational within 48 hours, staff located at secondary and tertiary sites provide weekday, weekend, and overnight support. Staff normally located at corporate headquarters are relocated to the secondary and tertiary sites at company expense for the duration of the recovery event.

e) Hot Line and Calling Tree: The VP of Operations or Director CSC operations contact each CSC manager and instructs them to call the conference bridge number (866-906-9888, Host Code: 50597319, Participant Code: 5973575) in the event Headquarters loses operational capacity. The recovery planning call is followed by the initiation of the calling tree to inform CSRs of response plans and determine their ability to support alternate site operations plans. Team Leads and Supervisors contact each of their team members to make immediate arrangements to assign and transport staff to the appropriate remote call center location. The VP of Operations or the Director CSC Operations will determine what staff are to be allocated to each remote call center.

f) Claims processing capability is dependent on MAS, which is a third party accounting package housed in the corporate facility. This application is mirrored on back up servers at

one or more remote MTM locations which remain accessible to accounting personnel from any laptop or PC that has a broadband internet access connection. The Controller identifies which remote office will process claims and pay transportation providers, and makes immediate arrangements to assign and transport staff to the appropriate remote call center location.

g) All MTM contracts, Plan Protocols, Training Materials, and other critical business documents are housed in folders on the corporate intranet. These documents are backed up nightly on mirrored servers housed at one or more remote MTM locations and are accessible to all authorized MTM personnel through a broadband connection using MTM's Virtual Private Network for access from a PC or laptop computer.

Attachment 1 - IBM iSeries System

Historically, the IBM iSeries system has a 99.9% availability. Data is mirrored to a backup server in another location. If a failure occurs on the primary system, it is repaired quickly if possible. If the System cannot be repaired quickly, the NET system is brought up on the secondary iSeries system. The operating system on the iSeries has system and hardware diagnostics running at all times. If a failure is about to occur, or has occurred, a message to IBM support is automatically generated and sent to the IBM support center as well as the IT staff and is addressed immediately.

The following has been implemented to recover from any outside influence that is beyond our control.

All of the MTM data is backed up to tape on a nightly basis. All user data on the iSeries is backed up to tape weekly. The entire system is backed up to tape on a monthly basis. These tapes are then stored offsite. These tapes are used to restore one or more objects that have been damaged due to an error in a program or some other action. As a last resort (both the primary and backup systems had a simultaneous unrecoverable failure), the monthly tape and the most recent nightly tape are used to restore the entire system.

MTM currently uses a High Availability & Disaster Recovery software application that mirrors every transaction taking place on the production system and duplicates it on another iSeries backup system in a secure, monitored, hardened building, which has generator backup to ensure maximum uptime. These transactions are typically available on the backup box within milliseconds. During heavy traffic periods, a transaction may take a few minutes to be available on the backup/HA iSeries. The HA application has built-in auditing capabilities that are run nightly to ensure that both iSeries are in sync. The two iSeries systems are in geo-distinct locations and are constantly monitored to ensure all transactions are mirrored. Every precaution has been taken to ensure MTM's data is available at all times. The backup iSeries is brought online providing access to MTM data within approximately one hour.

MTM has standing agreements with the hardware/software providers to provide next-day delivery of the affected servers and/or software.

Attachment 2 – Transportation Request Form

MTM

Transportation Request Form - Date of Request

Patient Name: (Specify) _____ **Medicaid Number:** _____

Date of Birth: _____ **Phone:** (_____) _____

Person Making Request: _____ **Relationship to Patient:** _____

(If **SELF**, specify)

Reason for Call: (Circle)
ARRANGE VERIFY COMPLAINT CHANGE UPDATE CANCEL MILEAGE OTHER
(If **UPDATE, CANCEL**, or **OTHER** specify vendor & appt date, if known)_____

Appt Date: _____ **Appt Time:** _____ AM/PM (Circle) **Return Time:** _____

Trip Type: (Circle) **ROUND/ONE WAY TO/ONE WAY FROM/PHARMACY**
(If multi-leg trip, specify) _____

PICKUP ADDRESS: _____
(If different from **HOME**, specify)

City _____ **State** _____ **Zip** _____

Instructions/Directions _____

Provider Name: _____ **Provider Phone #:** (_____) _____

DESTINATION ADDRESS: _____

City _____ **State** _____ **Zip** _____

Type of Appointment/Doctor: (primary care, cardiologist, discharge, etc.) _____

Only Complete Fields That Apply
Stretcher/Ambulance: _____ **W/C Lift or Transfer:** (Specify) _____ **Pregnant:** _____

W/C Type: (Specify) _____ **Crutches/Walker/Cane:** (Specify) _____

# of Additional Passenger(s): _____(If more than 1 passenger, specify and continue on back)

Passenger Age: _____ **Passenger Name**: _____ **Relationship:** _____

Passenger has Appt: _____ **Passenger Medicaid # ('s):** (If yes for appt) _____

Special Needs/Remarks: _____

Transportation Provider Preference: (If known, specify) _____ *Not guaranteed*

Additional Details on Back: _____

Attachment 3 – MTM Complaints/Compliments Form

MTM COMPLAINTS/COMPLIMENTS FORM

Your Name: _____ **Date:** _____ **Time:** _____
Patient Name: _____
Caller's Name: _____ **Phone #:** _____
Member Medicaid # (if applicable): _____
Scheduled Trip Date: _____ **Appointment Time:** _____
Transportation Provider: _____
MTM Client Name: _____
MTM Trip # (Authorization #): _____

COMPLAINT/COMPLIMENT

(list specific details using dates, times and names)

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

MTM COMMENTS / RESOLUTION

_____
_____
_____
_____
_____
_____
_____

Signed _____ **Date** _____

Attachment 4 – MTM Incident Report Form

MTM INCIDENT REPORT FORM

Your Name:_____ **Date:**_____ **Time:**_____
Patient Name:_____
Caller's Name:_____ **Phone #:** _____
Member Medicaid # (if applicable):_____
Scheduled Trip Date:_____ **Appointment Time:**_____
Transportation Vendor:_____
MTM Client Name:_____
MTM Trip # (Authorization #):_____
Was Illness or Injury Involved?:_____
Date and time of Incident:_____

Description of Incident (Please include names of individuals involved, nature of the incident, if injury or illness give name of physician/hospital used, names & addresses of witnesses, and narrative of what occurred)

Attachment 6 - Disaster Recovery Contact Information

Title	Name	Cell Phone
Chief Executive Officer	Alaina Macia	314-495-4953
Controller	Randall Baum	314-805-6006
Chief Information Officer	Joe Federer	314-504-5290
VP, Network Management	Patrick McNiff	636-695-5738
VP, Operations	Natasha Boekholt	636-695-5573
VP, Marketing	Michele Lucas	636-541-2978
Director, Call Center Operations	Stephanie Boschenreither	636-297-7542
Director, Client Services	Marian Qualls	314-276-1254

2013

Quality Management Program (QMP)

Medical Transportation Management, Inc. (MTM)

Reviewed/Approved = January 24, 2013

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STANDARDIZED LANGUAGE:

Throughout this entire document, the following two definitions will be used:

Client: Refers to the customer contracted with MTM to handle the transportation benefit offered to their covered population.

Member: Refers to the population served by MTM Clients. Often referred to as participants, beneficiaries, clients, recipients and other terms; for MTM purposes, Member is being used as a standard meaning for the Client's covered population.

I. Purpose

The purpose of the Quality Management Program (QMP) is to provide an organized schedule of objective and systematic monitoring, measurement, reporting, and evaluation of MTM's services. Based upon results from this monitoring and evaluation, new and better processes are implemented and improvements are made based on actual findings from the previous year. The goal is to support MTM's mission of developing best practices in providing access to non-emergency medical care, medical program management, information management, and new product development. In order to ensure continuing compliance with MTM's Utilization Review Accreditation Committee (URAC) accreditation, the focus of the QMP centers upon addressing opportunities for continued process improvements. This program is reviewed and updated by our Quality Management Committee (QMC) and approved by our Chairman of the Board on an annual basis.

II. Scope

The annual review and renewal of the QMP builds upon the existing QMP, with an emphasis on process improvements. Program activities are reported to the QMC for analysis and directives on a quarterly basis. Processes within the scope of the QMP include but are not limited to:

- Credentialing drivers and Transportation Providers
- Conducting audits and site reviews to ensure Transportation Provider compliance with the MTM Transportation Services Agreement and the MTM Transportation Provider Guidelines
- Investigating and addressing all external or internal complaints

- Investigating, addressing, and trending potential fraud, waste, and abuse issues
- Internal audits to ensure compliance with company policies and Client contracts and service protocols

MTM became certified and accredited by URAC in March 2010. Becoming URAC accredited enables MTM to participate in a wide range of quality benchmarking programs and services and keep pace with the rapid changes in the healthcare system. Additionally, URAC accreditation provides a symbol of excellence for organizations to validate their commitment to quality and accountability.

Accreditation through URAC is awarded for three years. MTM has applied to URAC for re-accreditation for the next three years, beginning in April 2013.

III. MTM's Mission and Vision

Mission Statement

MTM's mission is to be the premier manager of non-emergency transportation services providing safe, reliable transportation for Members and the best value for Clients.

Vision Statement

MTM strives to bring a direct and honest approach to the creation of innovative solutions for today's health and social concerns, particularly in accessing medical care, medical program management, information management, and new product development. To achieve its vision, MTM develops best practices for managing transportation access to healthcare and social services for the disabled, underserved, and elderly, providing reduced cost to Clients and increased overall satisfaction.

IV. Resources

MTM has an invaluable team of people working to achieve MTM's quality goals. From administrative staff to the Board of Directors, everyone is focused on the goal of making MTM the premier transportation management organization in the country.

V. Objectives

Objectives of the QMP are to:

- Improve quality of MTM services provided by comprehensive and continuous monitoring of performance indicators, evaluating results of data, and acting to promote improvement
- Comply with standards established by relevant regulatory agencies, Client contracts, corporate policies and procedures, and URAC accreditation standards
- Promote communication by providing feedback on results of specific performance assessments and collaboratively develop improvement strategies
- Promote and ensure access to care
- Investigate, track, and resolve complaints
- Identify, report, and prevent potential fraud, waste, and abuse

VI. Methodologies

The following methodologies are employed to achieve QMP objectives:

A. Customer Service Representative Oversight

The Quality Support Coaches have a quality program developed with specific criteria designed to work with the Cisco Quality Management System database. Performance measures include, but are not limited to:

- Proper verification of a minimum of three pieces of Protected Health Information (PHI) from the caller before entering into conversation related to the Member and/or the services they are requesting
- The tone, manner, and efficiency of the Customer Service Representative (CSR) during trip intake, including documentation of any special needs the Member has which must be accommodated
- Recap of the entire trip with the caller to ensure accuracy

The Quality Support Coaches have a minimum objective of ten scored observations per CSR per month. The observation scores are used as a guide of the overall performance of the CSR in the area of quality. The Cisco Quality Management System database calculates the scores as evaluated by the Quality Support Coaches on all components of the call intake process, including hard and soft skills and compiles the CSR's overall score.

To ensure fair and objective monitoring by the Quality Support Coaches, the list of CSRs reviewed by each Quality Support Coach changes on a monthly basis. In addition to the monthly changes, anytime a person moves into the role of Quality Support Coach, they cannot monitor CSRs from the office they transferred from for at least six months.

The Quality Support Coaches are responsible for sharing individual and Call Center results with the CSR's Coach and Call Center leadership for useful feedback, training, coaching, and performance improvement purposes. Additionally, the Quality Support Coaches, Quality Management leadership, and Call Center leadership meet on a quarterly basis to review quality monitoring results, discuss trending, discuss opportunities for improvement, and field any quality related issues. The workflow processes and policies are reviewed for compliance to the MTM Customer Service and Client criteria.

Methodology	Audit Schedule
Quality Support Coaches – compilation of scores	Customer Service Representatives - monthly

B. Transportation Provider Site Visits

The purpose of the Transportation Provider site visit is to ensure Transportation Provider compliance with their contractual obligations to MTM. The MTM Field Inspector or MTM delegate completes Transportation Provider site visits for 100% of the contracted Transportation Providers in the MTM Transportation Provider network on an annual basis. Initial site visits are conducted prior to or within 90 days of the Transportation Provider's contract effective date.

Methodology	Audit Schedule
Site Visit	Annually or per contract

C. Transportation Provider Credentialing/Re-credentialing

The credentialing process ensures appropriate and complete information is collected and verified for all Transportation Providers and drivers. The decision to include a Transportation Provider and/or an individual driver in the MTM Transportation Provider network is based on a thorough review and evaluation of the driver's credentials. Those items examined include but may not be limited to:

- Continual monitoring of state/federal exclusions lists {Office of Inspector General (OIG) and Systems Award Management (SAM)} containing the names and addresses of people which have been debarred from providing services to Medicare and/or Medicaid
- Criminal background check
- DMV records
- Driver's license status
- Proof of insurance
- Any other appropriate sources which may confirm a driver's ability to provide high quality, safe transportation services

Each new contracted Transportation Provider is required to complete MTM credentialing before joining the MTM network. In addition, all Transportation Providers are required to be re-credentialed annually.

Between 2010 and 2012, MTM shifted all Transportation Providers to an on-line, web-based portal versus using conventional mail service and faxing. As of 2012, nearly 100% of Transportation Providers have moved to the web-based portal as a means to communicate necessary documentation to MTM. The portal is a real-time resource which is available to the Transportation Providers 24 hours a day. It is used as a warehouse for all credentialing information. The Transportation Provider simply uploads the driver's documents and MTM is notified automatically via the portal. The Network Management Department staff approves or denies each element of the information the Transportation Provider uploads into the portal. This ensures credentialing is current. All credentials are reviewed/re-approved annually.

Methodology	Audit Schedule
Re-credentialing	Annually or per contract

D. Potential Fraud and Abuse Review

1. **Focus Audits, Initial Trip Record Review Audits (for newly contracted Transportation Providers), and Exit Audits**

   Periodic audits of Transportation Provider processes are conducted to determine appropriate conduct and practices are being followed.

The Manager of Quality Management oversees and assigns file reviews and audits to a Compliance Auditor. Audits are conducted as follows:

- Potential Fraud and Abuse Audits, also referred to as Focus Audits, are conducted immediately upon request, depending upon the nature of the issue, why the audit is being requested, and when the request is deemed necessary by QM.
- Transportation Provider Performance Improvement Project (PIP) reviews are conducted at designated times during a standard 30-60-90 PIP and again two weeks following the closure of a PIP to ensure the improvements required are put into place and remain after the PIP has been closed.
- Exit Audits are completed when a contracted Transportation Provider leaves the MTM Transportation Provider network. The Transportation Provider's trip records from the last 30 days of service are reviewed for possible errors, inaccurate billing or potentially fraudulent behavior. The audit is completed within 30 days.

Methodology	Timetable
Focus Audit	As soon as possible once the need for audit has been determined
PIP Audit	As required during 30-60-90 day PIP and then two weeks following closure of PIP to ensure continued compliance with improvements made during PIP
Exit Audit	Completed within 30 days of the Transportation Provider leaving the network

2. Attendance Verification

Attendance verification is conducted to detect potentially fraudulent activity by the Member. Pre-attendance verification is accomplished through, but may not be limited to:

- Recurring trip requests (dialysis, chemotherapy, etc.) are verified with the facility prior to scheduling
- Urgent trip requests are verified with the facility prior to scheduling
- Trips not meeting Client protocol or requiring Client authorization are verified/authorized by the Client prior to scheduling
- 100% of Members displaying potentially fraudulent behavior are verified with facility prior to scheduling

The post-attendance verification process is accomplished through the following QM auditing processes:

- Gas Mileage Reimbursement Audit
- Recurring Trip Audit
- Advanced Funds Audit (100% Pre/Post Verification)
- Bus Pass Utilization Audit
- Member Focus Audit

Methodology	Timetable
Medical appointment attendance verifications	Daily/Weekly

3. Potential Member Fraud Alert Audits/Investigations

A member of the QM staff investigates all reported potential fraud alerts. Upon receipt of a potential fraud alert, investigation begins by acquiring all pertinent documentation. If it appears to be a legitimate fraud alert, notification is sent to the Program/Account Manager for determination of what further action is warranted. MTM's General Counsel may also be consulted during this investigation for his input. A report is generated monthly which includes investigation and resolution for all potential fraud issues considered to be legitimate enough for further action. Results are reported to MTM Clients based on contractual requirements.

Methodology	Timetable
Potential Fraud Alerts	Per Client requirements

E. Internal Audits

MTM's internal auditing process is designed to add value and improve operations. Its purpose is to accomplish MTM's objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of its corporate programs and departments. Internal audits can include but may not be limited to:

- Network Management – Transportation Provider files
- Care Management - appropriate application of Level of Need (LON) assessments
- Data Management Group/Operations – data entry accuracy monitoring

- Health Insurance Portability and Accountability Act (HIPAA) compliance audits - conducted on an annual basis, and on a semi-annual basis for those departments failing the annual HIPAA audit

Audit results are discussed with department heads and training is provided as needed.

Methodology	Timetable
Internal Audits	Annually or semi–annually (if department fails audit)

F. HIPAA, Fraud, Waste, and Abuse (FWA), Cultural Competency, and Code of Conduct Training

All MTM staff is trained on current HIPAA and FWA standards and regulations. MTM continues to add additional training subject matter as required and to ensure continued compliance with Client, HIPAA, and Centers for Medicaid and Medicare Services (CMS) regulations. Training takes place during new hire orientation and then annually thereafter for all staff members. MTM makes all of the training materials available to the downstream/related entities (MTM Transportation Providers) via the MTM website.

G. Satisfaction Surveys

MTM utilizes surveys for purposes of identifying areas where there may be opportunities for improvement in order to increase the quality of care and services provided to Members and Clients. A third party survey company administers all of MTM's surveys.

1. **Member Satisfaction Survey**

   To ensure MTM's Members are receiving the highest quality of service, a statistically valid random sample of all Members is selected for a telephone follow-up satisfaction survey. The survey includes evaluation of the intake process, driver and vehicle performance, and timeliness of the service. Member Satisfaction Surveys are reported on a monthly basis. MTM strives for a satisfaction rate of 92% or better.

Methodology	Timetable
Random Telephone Surveys	Monthly

2. **Client Satisfaction Surveys**

Annual Client Satisfaction Surveys are conducted as a method of maintaining excellence in delivery of services. Additionally, the survey is a tool to monitor MTM's response to Client needs and concerns and to identify areas needing improvement. MTM looks for a return rate of at least 50% and a satisfaction rate of 95% or better.

Methodology	Timetable
Third party survey company, via electronic communication	Annually

3. **Medical Facility Satisfaction Survey**

A survey of facility satisfaction provides feedback in several service components, including Transportation Provider performance for Members attending facilities. The survey is a tool to monitor MTM's ability to provide effective delivery of transportation services and to accommodate the special needs of the Members attending the facility. MTM looks for a return rate of at least 40% and a satisfaction rate of 85% or better.

Methodology	Timetable
3rd party survey company, via electronic communication	Annually

H. Complaints Management

All complaints are managed by the Quality Management (QM) Department (unless Client protocols state otherwise). The purpose of the complaint process is to establish a mechanism and reporting system allowing MTM to address key issues and problems in an effort to improve quality of care and services. The process includes documentation, investigation, resolution, PIP (when warranted), and reporting. Complaints are tracked and trended on a monthly basis in order to identify potential issues of concern. NOTE: As directed by MTM's individual Clients, MTM follows the complaint management path chosen by the Client. Clients use a three or four level path as depicted in **Figure 1**.

MTM offers a toll-free number through which any stakeholder can file a complaint. Complaints may also be filed in writing via conventional mail, fax, e-mail, or via the MTM website. If the call is received after standard business hours, the caller has the option to leave a voice message and a Quality Service Coordinator (QSC) will return the call on the following business day. The same

timeframe applies to complaints received via mail, fax, e-mail or the MTM website. Complaints filed via the MTM website are systematically linked directly to the QM Department for immediate notification and handling.

Once the complaint is received, a QSC investigates the circumstances surrounding the complaint. Complaints relating to a Transportation Provider are forwarded directly to the Transportation Provider. The Transportation Provider must respond to the complaint within 24 hours unless a client's requirements specify a shorter timeframe. Complaints within MTM, referred to as Internal Complaints, are addressed with the relevant department and are subject to the same 24 hour response time, or as required by the Client's contractual requirements.

All complaints are tracked from initial intake through resolution with reporting conducted based on Client requirements.

I. Grievance and Appeals

Any MTM stakeholder may originate grievances and appeals. All records of grievances and appeals are maintained for ten years following a final decision of closure of the grievance and/or appeal. All records are maintained in accordance with HIPAA guidelines 45CFR 164.530.

Members have the right to file a grievance about any matter related to their services, without concern of reprisal from MTM, its employees, or providers. MTM provides written notice of the grievance procedures upon denial of services or at the request of the Member. If a Member is not satisfied with the resolution determined by MTM, they can escalate the issue through the Grievance Process as depicted in **Figure 1**.

Expedited grievances (if a Member's health could be adversely affected by any delay in treatment) are resolved as quickly as possible, but in no event outside the appropriate timeframe required by the state. Standard grievances shall also be resolved within the appropriately stated required timeframe. The decision notice shall include the grievance resolution, and in cases where the decision has a clinical or level of need basis, the clinical rationale for the decision is also stated. All grievances are tracked and trended and results are reported both internally and to the Client. Grievance Reports are sent to the applicable Client based on contractual requirements.

All appeals are managed, as indicated in the following flow chart, within a specified timeframe involving documentation, investigation, follow-up, and resolution. MTM maintains a proactive approach to this entire process.

MTM understands the unique reporting requirements of our individual Clients and develops Client specific procedures regarding the complaints, grievance, and appeals process in order to meet those needs.

J. State Fair Hearings

Members and/or Transportation Providers may request a state fair hearing at any time during their contact with MTM related to any situation. This is a right given to the Member and/or Transportation Provider by their state of residence. Members and Transportation Providers alike are given the appropriate contact information by MTM to request a state fair hearing. They are required to participate in a state fair hearing directly with a representative from their respective state; this is something MTM cannot direct but rather only can participate in if requested/required. The state of record has the final decision in the case of a state fair hearing.

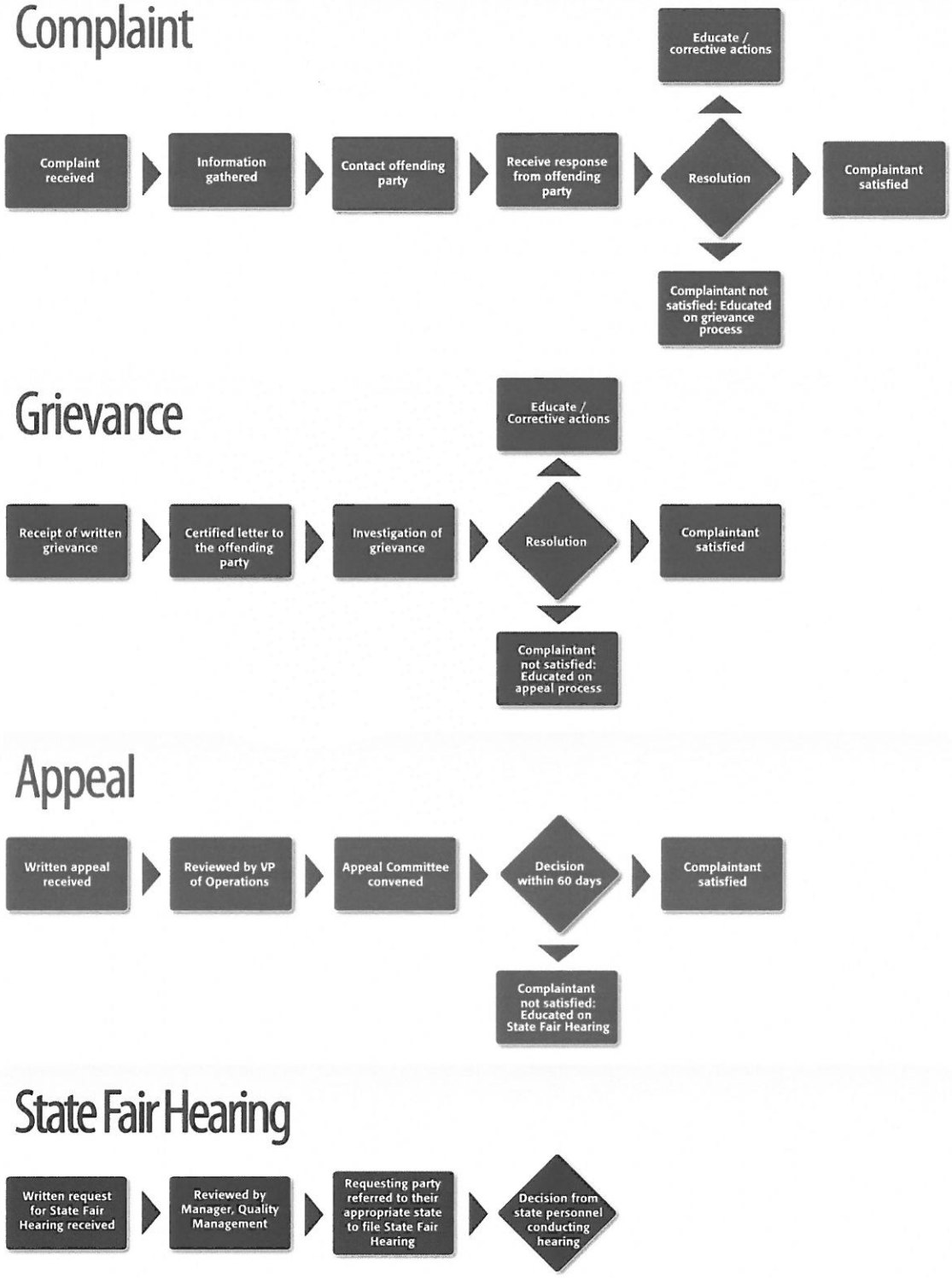

Figure 1: Complaint, Grievance, Appeal and State Fair Hearing Flowchart

K. Incident/Accident Reports

Incident/Accident processes are in place to ensure all information is documented and addressed appropriately and within the required timeframes. A Compliance Auditor manages all incident/accident reports to ensure action, closure, and communication to the appropriate stakeholders. MTM's reporting system includes documentation of all incidents/accidents including, but not limited to, abuse by Member, abuse by Transportation Provider, harassment, assault, injuries, and motor vehicle accidents.

Transportation Providers are educated and contractually bound to notify MTM of any incident/accident, preferably immediately, but minimally within 24 hours. MTM staff members are educated to forward all calls reporting any incident/accident to the QM Department. Stakeholders can also use the MTM website to report an incident/accident in the same manner they would if filing a complaint. A Compliance Auditor escalates the report to designated MTM management staff for review, recommendation, and resolution. QM escalates incidents/accidents of a more serious nature to MTM's General Counsel and designated executive staff. Full investigation and closure is provided to MTM's Client within 30 days of the reported incident/accident.

Definition:

Accident– Any mishap involving a subcontracted Transportation Provider's vehicle while transporting a Member.

Incident – Any non-vehicular mishap involving a Member while in the care of an MTM Transportation Provider.

Serious Incidents/Accidents - Any report of death, allegation of abuse or neglect, serious physical injury, improper use of restraints, suicide attempt, threat of suicide, and/or missing person.

All incidents/accidents are fully investigated internally and information from all parties involved is gathered, including the police report if applicable.

Methodology	Timetable
Incident/Accident Reports	Per MTM policy and based on Client contract requirements

VII. Process for QMP and Policy Approval

Policies are necessary to:

- Document business processes
- Assign personnel responsibilities
- Describe departmental operations
- Promote uniformity in executing and recording metrics

QM maintains the most current electronic directory of policies and procedures on the intranet and operations drive. Management staff is responsible for developing and maintaining operational policies and procedures applicable to their functional areas. On an annual basis, or more frequently as needed, departmental policies are evaluated and approved by the QMC. The President/CEO, executive management, and managing staff sign the policies. Management staff is responsible for advising their staff regarding new and revised policies and procedures.

MTM adheres to the following practices for policies and procedures:

- Maintain accurate, complete, and current policies/procedures
- Review and approve all policies and procedures at least annually and revise and update as indicated
- Communicate significant changes to all affected personnel immediately to ensure they are aware of any revisions to their daily duties and responsibilities. In the event there are changes in personnel, documented policies and procedures will facilitate training and provide guidelines for the respective positions
- Comply with applicable HIPAA and URAC standards
- Post all policies on the intranet for employee access

Reviews and Approvals - When a process is conducted within a department, there is:

- Another level of review and approval performed by the QMC committee
- Documentation to verify a review and approval were completed
- Electronic approval available to enable rapid documentation of approvals
- Assurance those approval alerts and escalations are within the workflow
- Approval documented in a repository to ensure compliance with internal and external audits

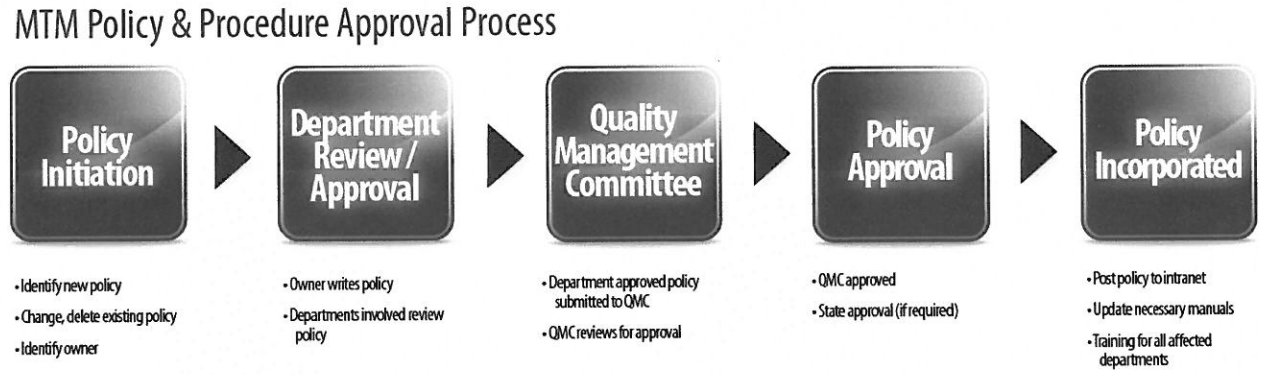

Figure 2: Policy and Procedure Development

VIII. MTM Committee Infrastructure

A. Quality Management Committee (QMC)

The QMC is a committee which is granted authority by MTM's Board of Directors, President/CEO, and executive management staff. The committee consists of the following members:

Membership of the QMC Committee:
Manager, Quality Management – *Chair*
Vice President of Operations
Director of Client Services
Vice President of Marketing
Director of Call Center Operations
Chief Information Officer
Chief Financial Officer

The QMC meets quarterly and is responsible for:

- Providing on-going reporting to MTM's Board of Directors
- Maintaining minutes of all committee meetings
- Providing guidance to MTM staff on quality management priorities and projects
- Approval of all quality improvement projects
- Monitoring quality improvement goals
- Evaluating the QMP annually
- Informing department staff of QMC activities/results

Meeting minutes reflect all decisions and actions and are signed and dated by the committee Chair. The QMC, which oversees the quality functions for MTM, has three internal subcommittees:

- Risk Management and Appeals Committee (RMAC)
- Credentialing Committee
- Provider Advisory Committee

B. Risk Management and Appeals Committee (RMAC)

The RMAC is in place to ensure risk issues are mitigated, avoided, and/or corrected if identified. The RMAC meets on an as-needed basis.

Membership of the RMAC Committee:
Executive Vice President, General Counsel – *Chair*
Vice President of Operations
Director, Human Resources
Manager, Quality Management
Quality Management Compliance Auditor
Rotating Chair - Vice President of Paratransit or Director of Client Services

C. Credentialing Committee

The Credentialing Committee reviews multiple aspects of Transportation Provider performance and compliance. The committee, which meets on a weekly basis, evaluates new Transportation Providers and drivers for compliance with MTM's credentialing standards and reviews Transportation Provider and driver performance for continuation in the MTM network (re-credentialing). Driver re-credentialing takes place annually for each Transportation Provider. The Credentialing Committee reviews the Transportation Provider performance file and documents the outcome of the review. This committee makes recommendations to the QMC for Transportation Provider and driver approval.

Departments included in the Credentialing Committee:
Network Management – *Chair*
Executive Vice President, General Counsel (when necessary for legal consultations)
Quality Management
Care Management
Call Center
Operations

D. Transportation Provider Advisory Committee Meetings

Based on Client requirements, MTM developed a Transportation Provider Advisory Committee (PAC) meeting structure (Stakeholder Meetings) in certain business areas. Meetings are held with MTM, per Client contractual obligations, or as needed. All Transportation Providers are polled during the initial provider meetings for interest in the committee. MTM then includes Transportation Providers of all sizes and regions of the state for a fair representation. The purpose of these meetings is to increase communication with Transportation Providers in the respective areas and for the group to act as a liaison between the Transportation Providers and MTM. The PAC meeting provides a forum for Transportation Providers to present ideas, concerns, and suggestions to MTM. In addition, it allows MTM a forum to introduce new processes or strategies. Each meeting has an agenda and notes are taken so if any follow-up needs to be done, it is recorded in the meeting notes.

MTM Members of the Advisory Committee:
Program Director/Manager
Manager, Network Operations
Contract Representative/Contract Officer

IX. Quality Improvement Program (QIP)

MTM's Quality Management Committee addresses priority program-related issues in connection with key indicators which require further study and intervention. MTM conducts a minimum of two quality improvement projects per year. QIPs exemplify the process of continuous quality improvement, allowing MTM to refine, improve, and maintain quality. The committee utilizes survey results, outcome results, accessibility surveys, and other operational reports to identify opportunities for quality improvement projects. Each QIP includes the following:

- Reports of changes in implementation strategy(s) together with a description of why strategy(s) was/were changed
- Notes regarding the onset and end dates of the project
- Decision as to whether or not MTM will continue to periodically measure performance after project completion

Note: all QIPs must answer each identifier within URAC version 3.0, CORE 23.

Project results are disseminated to MTM departments, board members, and applicable Clients.

QIP Project Continued into 2012:

1. **Improving Transportation Provider Satisfaction**

   This QIP is a two-year project, beginning in 2010 and is specifically focused on improving the overall satisfaction rating of the Transportation Providers working side-by-side with MTM on a daily basis. Many Transportation Providers have been experiencing some "growing pains" as MTM continues to build and expand. It is vital for MTM to maintain good working relationships with Transportation Providers; MTM and the Transportation Providers are partners in providing transportation services to MTM Clients. This QIP is being used as a means to improve relations and to gauge satisfaction for the long term. Final results will be available after review of 2012 Satisfaction Surveys has been completed.

Results for 2012 QIPs:

1. **Improving Customer Service Training Program**

   This QIP focused on developing an improved version of the Customer Service Center Training Program. The goal was to make the training more user-friendly and streamline the training program as a whole.

   Result: MTM successfully developed a completely new and improved training program for the Customer Service Center. Quality scores performed on CSRs trained using the new training program increased by 2.61% over those CSRs trained under the old program. This QIP was closed at year end 2012.

2. **Improving Policies and Procedures**

   This QIP focused on a complete overhaul of MTM policies and procedures, including their content, their construction and appearance, where they were stored and who had ultimate ownership.

   Result: MTM successfully renovated the corporate policies and procedures to include a concise numbering convention and detailed tracking mechanism which provides the complete departmental overview and lifecycle for each policy and procedure. This QIP was closed at year end 2012.

New for 2013:

1. **Incidents and Accidents**

   This QIP will focus on "preventable" and "non-preventable" incidents and accidents. With MTM's training and other requirements surrounding the proper monitoring of those Transportation Providers servicing the members, the hope is to prevent as many incidents

and accidents from taking place as possible. This QIP will analyze 2013 data related to incidents and accidents and make recommendations for either area of possible improvement or expansion on areas where things are already working well. This will be a one-year QIP.

2. **FWA Investigation**

   Due to promising results by the end of 2012, the FWA QIP has been extended into 2013 to further fine tune FWA investigation, reporting, and overall savings.

X. Indicators of Care and Service

All services provided by MTM are considered when setting indicators for ongoing monitoring. All MTM departments contribute to the identification of these key indicators. Key indicators are those with the greatest impact on the quality of care/services a Member or Client receives.

Quality Management

#	INDICATOR	GOAL	REPORT FREQUENCY
001	Complaint Rate	1.99% or less.	Monthly
002	Resolution Rate	90% of all complaints will be resolved per Client contract timeframes.	Monthly
003	Compliance Audit Rates	90% of Compliance Audits will indicate 85% or better compliance. Audits range from Transportation Provider audits to type specific audits (gas mileage reimbursement, bus, recurring trips, etc.). All should fall within the 90% Compliance range.	Monthly
004	Complaints by Reason Code	Tracking and trending delivered to Client per contract specifications.	Monthly
005	Risk Management	Tracking by type, Transportation Provider, and Client.	Monthly
006	HIPAA Disclosure	100% compliance with HIPAA Disclosure Policy.	As necessary
007	Member Satisfaction Survey	95% satisfaction with Customer Service Center performance.	Monthly
008	Member Survey Results-Overall Satisfaction	92% satisfaction with network Transportation Provider performance.	Monthly
009	Member No Show	5% or less.	Monthly

Network Management

#	INDICATOR	GOAL	REPORT FREQUENCY
001	Transportation Provider Non-Compliance	5% or less Transportation Providers are closed for non-compliance.	Monthly
003	Transportation Provider Complaint	1.99% or less complaint rate.	Monthly
004	Transportation Provider No-Show	1.99% or less no-show rate.	Monthly
005	Transportation Provider Short-Notice Cancellation	1.99% or less cancellation rate.	Monthly
006	Transportation Provider On time Performance	90% of Transportation Providers are on-time, unless otherwise dictated by contractual requirement.	Quarterly

Customer Service

#	INDICATOR	GOAL	REPORT FREQUENCY
001	Abandon Rate	The monthly average for abandonment is 5% or less for all Customer Service Centers.	Monthly
002	Speed to Answer	The monthly average for answering the call by a non-recorded voice is within 30 seconds.	Monthly
003	Customer Service Center Audits	95% or better average on CSR performance evaluation.	Monthly

Care Management

#	INDICATOR	GOAL	REPORT FREQUENCY
001	Recurring trip program (RTP) verification of eligibility, closest, and most cost effective Transportation Provider	95% accuracy of RTP documentation.	Monthly
002	Consistency in mode of transport determination (LON's)	95% accuracy of LON documentation.	Monthly
003	Management Override	95% correct mode used with documentation and coding being accurate.	Weekly

Client Services

#	INDICATOR	GOAL	REPORT FREQUENCY
001	Client Satisfaction	95% Excellent or Good.	Annually
002	Client Loyalty	98% Retention	Annually

XI. Evaluation and Accountability to the Governing Body

The QMP is accountable to the governing body of MTM, which includes both the Executive Management team and the Board of Directors. Achievements of the QMP are reflected in results of audits, Client Annual Evaluations, and the overall improvement of MTM services as a whole. Several parameters indicate the success of the QMP's efforts in improving quality of care and services:

- Significant reduction in costs
- Increase in Member and Client satisfaction
- Development of sustainable quality of care and services
- Increases in MTM's book of business
- Increased collaboration and commitment to MTM's mission by personnel

Summary

The QMP is built upon the monitoring and evaluation process. Modifications within the QMP include but are not limited to:

- Placing emphasis on leadership's role in improving quality
- Expanding the scope of assessment and improvement activities
- Utilizing other sources for feedback such as community and Client responses to surveys
- Organizing assessment and improvement activities around services, with specific attention to how the Member, Client, and Transportation Provider relationships can be improved
- Emphasizing continuous improvement in addition to resolving identified problems
- Maintaining quality improvement over time

Approved: Tony Light 1/24/2013

Manager, Quality Management Date

Approved: Elaine Rocia 1/24/2013

President/CEO Date

Approved: Reg Grismold 1/24/2013

Board of Directors, Chair Date

State of West Virginia

Certificate

I, Natalie E. Tennant, Secretary of State,
of the State of West Virginia, hereby certify that

Medical Transportation Management, Inc.

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

Given under my hand and
the Great Seal of West Virginia
on this day of
November 20, 2013

Natalie E Tennant

Secretary of State