

Title Page

State of West Virginia

Non-Emergency Transportation Services (NEMT) and STP

BMS #2000000003

Technical Proposal

Submitted by:



DRIVING THE FUTURE OF TRANSPORTATION MANAGEMENT

Contact Information:

4751 Best Road, Ste. 300

Atlanta, GA 30337

Benjie Alexander

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balexander@southeastrans.com

April, 2020



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2020 APR 10 AM 11:48

WV PURCHASING
DIVISION

Signature Pages

REQUEST FOR PROPOSAL

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

Step 2 – 1×30 = Total Cost Score of 30

Proposal 2: Step 1 – $\$1,000,000 / \$1,100,000$ = Cost Score Percentage of 0.909091 (90.9091%)
Step 2 – 0.909091×30 = Total Cost Score of 27.27273

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

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

Southeastrans, Inc.

(Company) 

Benjie Alexander, Chief Administrative Officer

(Representative Name, Title)

678.510.4507

(Contact Phone/Fax Number)

4/3/2020

(Date)



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

State of West Virginia
Request for Proposal
26 — Medical

Proc Folder: 671904

Doc Description: RFP for Non Emergency Medical Transportation (NEMT) and STP

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2020-02-14	2020-03-20 13:30:00	CRFP 0511 BMS2000000003	1

BID RECEIVING LOCATION

BID CLERK

DEPARTMENT OF ADMINISTRATION

PURCHASING DIVISION

2019 WASHINGTON ST E

CHARLESTON

WV 25305

US

VENDOR

Vendor Name, Address and Telephone Number:

Southeastrans, Inc.

4751 Best Road, Ste 300

Atlanta, GA 30337

778-510-4507

FOR INFORMATION CONTACT THE BUYER

Brittany E Ingraham

(304) 558-0067

brittany.e.ingraham@wv.gov

Signature X

FEIN #

58-2504845

DATE

4/3/2020

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



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

State of West Virginia
Request for Proposal
26 — Medical

Proc Folder: 671904

Doc Description: Addendum 1 Non Emergency Medical Transportation (NEMT) & STP

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2020-03-04	2020-03-20 13:30:00	CRFP 0511 BMS2000000003	2

BID RECEIVING LOCATION

BID CLERK

DEPARTMENT OF ADMINISTRATION

PURCHASING DIVISION

2019 WASHINGTON ST E

CHARLESTON

WV 25305

US

VENDOR

Vendor Name, Address and Telephone Number:

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FEIN # 58-2504845

DATE 4/3/2020

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

SOLICITATION NUMBER: CRFP 0511 BMS2000000003

Addendum Number: 1

The purpose of this addendum is to modify the solicitation identified as CRFP 0511 BMS2000000003 ("Solicitation") to reflect the change(s) identified and described below.

Applicable Addendum Category:

- ☐ Modify bid opening date and time
- ☐ Modify specifications of product or service being sought
- ☐ Attachment of vendor questions and responses
- ☒ Attachment of pre-bid sign-in sheet
- ☐ Correction of error
- ☐ Other

Additional Documentation: The purpose of this addendum is to:

1. Publish the pre-bid sign-in sheet

No other changes.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.



Purchasing Division
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State of West Virginia
Request for Proposal
26 — Medical

Proc Folder: 671904

Doc Description: Addendum 2 Non Emergency Medical Transportation (NEMT) & STP

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2020-03-16	2020-03-27 13:30:00	CRFP 0511 BMS2000000003	3

BID RECEIVING LOCATION

BID CLERK

DEPARTMENT OF ADMINISTRATION

PURCHASING DIVISION

2019 WASHINGTON ST E

CHARLESTON

WV 25305

US

VENDOR

Vendor Name, Address and Telephone Number:

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Signature X

FEIN # 58-2504845

DATE 4/3/2020

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

SOLICITATION NUMBER: CRFP 0511 BMS2000000003
Addendum Number: 2

The purpose of this addendum is to modify the solicitation identified as CRFP 0511 BMS2000000003 ("Solicitation") to reflect the change(s) identified and described below.

Applicable Addendum Category:

- ☒ [X] Modify bid opening date and time
- ☐ [] Modify specifications of product or service being sought
- ☐ [] Attachment of vendor questions and responses
- ☐ [] Attachment of pre-bid sign-in sheet
- ☐ [] Correction of error
- ☐ [] Other

Additional Documentation: The purpose of this addendum is to:

1. Modify the bid opening date as follows:

Bid opening WAS 03/20/2020 at 1:30 PM ET
Bid opening IS NOW 03/27/2020 at 1:30 PM ET

Responses to vendor questions will be issued under separate addendum.

No other changes.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.



Purchasing Division
2019 Washington Street East
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State of West Virginia
Request for Proposal
26 – Medical

Proc Folder: 671904

Doc Description: Addendum 3 Non Emergency Medical Transportation (NEMT) & STP

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2020-03-23	2020-03-31 13:30:00	CRFP 0511 BMS2000000003	4

BID RECEIVING LOCATION

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

VENDOR

Vendor Name, Address and Telephone Number:

Southeastrans, Inc.
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Signature X

FEIN # 58-2504845

DATE 4/3/2020

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

SOLICITATION NUMBER: CRFP BMS2000000003

Addendum Number: 3

The purpose of this addendum is to modify the solicitation identified as CRFP BMS2000000003 ("Solicitation") to reflect the change(s) identified and described below.

Applicable Addendum Category:

- ☒ [X] Modify bid opening date and time
- ☐ [] Modify specifications of product or service being sought
- ☐ [] Attachment of vendor questions and responses
- ☐ [] Attachment of pre-bid sign-in sheet
- ☐ [] Correction of error
- ☐ [] Other

Additional Documentation:

1. The bid opening has moved from 03/27/2020 to 03/31/2020. Bid opening time remains at 1:30 pm.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.



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State of West Virginia
Request for Proposal
26 — Medical

Proc Folder: 671904

Doc Description: Addendum 4 Non Emergency Medical Transportation (NEMT) & STP

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2020-03-26	2020-04-03 13:30:00	CRFP 0511 BMS2000000003	5

BID RECEIVING LOCATION

BID CLERK

DEPARTMENT OF ADMINISTRATION
PURCHASING DIVISION
2019 WASHINGTON ST E
CHARLESTON
US

WV 25305

VENDOR

Vendor Name, Address and Telephone Number:

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FOR INFORMATION CONTACT THE BUYER

Brittany E Ingraham
(304) 558-0067
brittany.e.ingraham@wv.gov

Signature X

FEIN # 58-2504845

DATE 4/3/2020

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

SOLICITATION NUMBER: CRFP BMS2000000003

Addendum Number: 4

The purpose of this addendum is to modify the solicitation identified as CRFP BMS2000000003 ("Solicitation") to reflect the change(s) identified and described below.

Applicable Addendum Category:

- ☒ Modify bid opening date and time
- ☐ Modify specifications of product or service being sought
- ☐ Attachment of vendor questions and responses
- ☐ Attachment of pre-bid sign-in sheet
- ☐ Correction of error
- ☐ Other

Additional Documentation:

1. The bid opening has moved from 03/31/2020 to 04/03/2020. Bid opening time remains at 1:30 pm.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.



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

State of West Virginia
Request for Proposal
26 — Medical

Proc Folder: 671904

Doc Description: Addendum 5-Non Emergency Medical Transportation (NEMT) & STP

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2020-03-26	2020-04-03 13:30:00	CRFP 0511 BMS2000000003	6

BID RECEIVING LOCATION

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

VENDOR

Vendor Name, Address and Telephone Number:

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brittany.e.ingraham@wv.gov

Signature X

FEIN # 58-2504845

DATE 4/3/2020

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

SOLICITATION NUMBER: CRFP BMS2000000003

Addendum Number: 5

The purpose of this addendum is to modify the solicitation identified as CRFP BMS2000000003 ("Solicitation") to reflect the change(s) identified and described below.

Applicable Addendum Category:

- ☐ Modify bid opening date and time
- ☐ Modify specifications of product or service being sought
- ☒ Attachment of vendor questions and responses
- ☐ Attachment of pre-bid sign-in sheet
- ☐ Correction of error
- ☒ Other

Additional Documentation:

1. Responses to vendor questions attached.
2. The number of convenience copies required for bid submission has changed from seven (7) to three (3).
3. Revised Attachment A - Cost Sheet attached.
4. Attachments 2 through 8 attached.
5. Change log attached.
6. The bid opening was extended via Addendum No. 4 to 04/03/2020. The bid opening remains at 1:30 pm.
7. Online responses are prohibited.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.



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

State of West Virginia
Request for Proposal
26 — Medical

Proc Folder: 671904

Doc Description: Addendum 6-Non Emergency Medical Transportation (NEMT) & STP

Proc Type: Central Master Agreement

Date Issued	Solicitation Closes	Solicitation No	Version
2020-03-27	2020-04-10 13:30:00	CRFP 0511 BMS2000000003	7

BID RECEIVING LOCATION

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

VENDOR

Vendor Name, Address and Telephone Number:

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FOR INFORMATION CONTACT THE BUYER

Brittany E Ingraham
(304) 558-0067
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Signature X

FEIN # 58-2504845

DATE 4/3/2020

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

SOLICITATION NUMBER: CRFP BMS2000000003

Addendum Number: 6

The purpose of this addendum is to modify the solicitation identified as CRFP BMS2000000003 ("Solicitation") to reflect the change(s) identified and described below.

Applicable Addendum Category:

- ☒ [X] Modify bid opening date and time
- ☐ [] Modify specifications of product or service being sought
- ☐ [] Attachment of vendor questions and responses
- ☐ [] Attachment of pre-bid sign-in sheet
- ☐ [] Correction of error
- ☐ [] Other

Additional Documentation:

1. The bid opening has moved from 04/03/2020 to 04/10/2020. Bid opening time remains at 1:30 pm.

Terms and Conditions:

1. All provisions of the Solicitation and other addenda not modified herein shall remain in full force and effect.
2. Vendor should acknowledge receipt of all addenda issued for this Solicitation by completing an Addendum Acknowledgment, a copy of which is included herewith. Failure to acknowledge addenda may result in bid disqualification. The addendum acknowledgement should be submitted with the bid to expedite document processing.

ADDENDUM ACKNOWLEDGEMENT FORM
SOLICITATION NO.: CRFP BMS2000000003

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

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

Addendum Numbers Received:

(Check the box next to each addendum received)

<input checked="" type="checkbox"/> Addendum No. 1	<input checked="" type="checkbox"/> Addendum No. 6
<input checked="" type="checkbox"/> Addendum No. 2	<input type="checkbox"/> Addendum No. 7
<input checked="" type="checkbox"/> Addendum No. 3	<input type="checkbox"/> Addendum No. 8
<input checked="" type="checkbox"/> Addendum No. 4	<input type="checkbox"/> Addendum No. 9
<input checked="" type="checkbox"/> Addendum No. 5	<input type="checkbox"/> Addendum No. 10

I understand that failure to confirm the receipt of addenda may be cause for rejection of this bid. I further understand that 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.

Southeastrans, Inc.

Company



Authorized Signature

4/3/2020

Date

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

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Appendix 3

A3, 14, 16

Appendix 4

A4, 34, 35, 40, 43, 46, 51, 52, 54, 63, 76

Response Reference

4.2 Project Goals and Mandatory Requirements:

Vendor should describe their approach to the West Virginia NEMT program utilizing a full-risk capitation brokerage model that demonstrates a clear understanding of the overall engagement and services to be provided, including a timeline showing how they propose to meet project deliverables. Vendor should describe its approach and methodology to providing the service or solving the problem described by meet the goals/objectives identified below. Vendor's response should include any information about how the proposed approach is superior or inferior to other possible approaches

4.2.1 Goals and Objectives

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

Without access to safe reliable transportation, Medicaid beneficiaries with complex health and social needs regularly miss outpatient medical appointments. The results are predictable: worsening health, emergency room visits, and expensive inpatient hospitalizations.

West Virginia needs a full-risk capitation broker to directly coordinate a safe, effective, and efficient statewide Non-Emergency Medical Transportation (NEMT) Program for the Bureau for Medical Services (BMS) and an optional service for a Statewide Transportation Program (STP) for the Office of Drug Control Policy (ODCP) and the Bureau for Behavioral Health (BBH). Our proposal provides a comprehensive plan to establish and maintain a high-quality, high-value Medicaid NEMT Program for the Bureau using proven broker-managed concepts coupled with our advanced technology and innovative transportation management techniques and business practices.

Bringing the Best NEMT Experience to West Virginia

Southeastrans, Inc. (SETI) recognizes that our single most important function as a NEMT broker is to facilitate safe, timely, and comfortable transportation to or from Medicaid-approved services. We understand that our stakeholders are busy and that they want transportation to be easy and quick (simple, accessible, reliable and safe)?.

Our plan for management of NEMT services meets and exceeds all RFP requirements outlined in [Appendix 1, Operational Specifications](#). We meet or exceed all State and Federal regulatory requirements; materials, including manuals, policies, member communications, and Bureau reports are comprehensive and completed and distributed as specified; screenings of drivers, transportation providers, subcontractors, and members are performed as indicated; and procedures to address fraud, complaints, denials, timeliness, vehicle requirements, compliance, and operations are well established and documented. All service request processing is consistent with the manuals, policies, and codes of the State of West Virginia and applicable organizations, including the Bureau, as listed in [Appendix 1](#).

What Differentiates Southeastrans?

Investing in West Virginia

- SETI will establish our West Virginia NEMT business office and customer call center in a Charleston location near the Bureau that not only meets the requirements needed to serve your members, but offers additional space for expansion of Bureau programs **and** enables us to offer after-hours services to other clients.

Advanced NEMT Technologies

- Deployment of SETI's proprietary mobile technology throughout the transportation provider network to electronically document pick-ups and drop-offs with automated timestamps and recorded geo-coded locations to automatically validate each trip
- A member web portal for members to view scheduled transportation services, confirm appointment times, rate past trips, and request transportation service online
- A web portal for transportation providers with secure access to claims information, reports, trip manifests, forms, and other provider-related documentation
- A web portal for healthcare providers and facilities to request urgent trips, confirm pre-scheduled trips, request changes in trip reservations, and provide trip validations
- A client web portal for the Bureau staff to access trip reservations, request transportation services, view the status of trips in real-time, and access complaint investigations and resolutions
- Trip reminder notices to members via SMS text message and/or automated outbound dialers for members with a history of member no-shows or trips canceled at the door after transportation provider arrival

Transportation Provider Network Initiatives

- Increased transportation network resources through the establishment of positive and collaborative relationships with West Virginia NEMT transportation providers resulting in improved access to care for all members Add language about increased used of transit and establish relationships with rural transits and 5310 agencies to enhance the network and maximize use of local resources
- Enhanced screening of transportation providers and drivers to assure that only fully qualified providers are transporting members
- Improved communications and performance monitoring of transportation providers through monthly provider scorecards
- Improvements in efficiency and effectiveness of the transportation provider network through centralized trip assignment and routing functions, improved usage of transportation providers, in-field monitoring of service delivery, and on-going quality management initiatives
- Rapid payment of transportation providers with weekly pay cycles and reduced process lag through electronic claims processing via mobile technology and the provider web portal

Fraud and Abuse Initiatives

- Increased emphasis on fraud prevention, determent, and detection through integrated mobile technology that validates actual pick-up and drop-off geo-codes with the geo-coded map locations of the pre-authorized locations
- Electronic signature capture that allows comparison of signature consistency to detect potentially fraudulent driver or member signatures
- Utilization of NEMT vehicle tag numbers link vehicles to trips to assure that only authorized vehicles are used to transport members
- Extensive data management and reporting capabilities to provide the Bureau with critical statistics regarding utilization, trends, performance, and cost of the statewide NEMT program
- A one of a kind internal audit/FWA unit to protect the Bureau and its members from fraud and abuse

Enhanced Services

- Targeted monthly satisfaction surveys for call center and transportation provider services
- Systematic statistical analysis of provider performance
- Ability for members to rate their transportation provider via SETI's member web portal

- SETI's "Member Care Gatekeeper Program" to train NEMT drivers to recognize and report member issues or needs that may impact member healthcare. This is a great feature that we need to expand on if it is not done later on.

These innovations and enhancements in technology, infrastructure, and NEMT processes improve overall service quality, reduce complaints, and improve operational efficiency. They provide new methods of accessing and confirming trip information for members, transportation and medical providers, and healthcare facilities, and enable us to build a strong relationship with Bureau staff.

Meeting the Bureau's Objectives

As demonstrated in our proposal, the SETI program fully achieves the desired performance objectives for the West Virginia Bureau for Medical Services Medicaid NEMT program. Please see our responses below and to the RFP appendices that demonstrate our commitment to comply with the Bureau's requirements. We look forward to establishing our operations and call centers in Charleston and providing outstanding service to the Medicaid population of West Virginia.

- 4.2.1.2 Appendix 2, Implementation Specifications, including all deliverables and proposal components described therein. Appendix 5, Implementation Deliverables, Milestones and Payments, in table format. The Vendor's approach should exhibit an up-to-date knowledge and understanding of the NEMT Brokerage Program and NEMT Services in general, including the requirements of BMS Chapter 524 (<http://www.dhhr.wv.gov/bms/Pages/Manuals.aspx>) of the West Virginia State Medicaid Manual for Provider requirements, Chapter 27 of the West Virginia Bureau for Children and Families (BCF) Income Maintenance Manual (IMM) for member eligibility (http://www.wvdhhr.org/bcf/policy/imm/new_manual/IMManual/Manual_H_TM_Pages/IMChapter27.html) and 42 CFR § 440.170 (<https://www.gpo.gov/fdsys/pkg/CFR-2011-title42-vol4/pdf/CFR-2011-title42-vol4-sec440-170.pdf>)

The Bureau needs to ensure that the implementation of a new vendor for the West Virginia NEMT and STP programs is efficient and provides continuity of service for West Virginia members. The Implementation Plan must produce a fully operational NEMT brokerage system prior to the readiness review date that meets all requirements. Our approach to implementing new programs is based on collaboration and partnership; we ensure a superior implementation experience for your members through careful planning, team expertise, and executive-level leadership.

Experienced Implementation Planning

We have successfully completed the implementation of 11 Medicaid NEMT contract implementations or renewals that were similar in scope, size, and complexity to the West Virginia NEMT program. In fact, we successfully implemented two NEMT programs in 2018, one NEMT contract in January 2019, and one emergency expansion in Arkansas in February 2019.

Meeting Implementation Requirements[A2]

To ensure readiness by the go-live date, we will provide a **work plan** listing all tasks and functions required in **Appendix 2** of the RFP. The plan will include proposed milestones and additional steps that will improve plan execution. SETI will also provide a **quality assurance (QA) plan (Exhibit A)** that includes certification procedures; operational standards; indemnification information; fraud, waste, and abuse (FWA) prevention measures; and call center quality control details to the Bureau for its approval. As outlined in **Appendix 5**, we will submit all deliverables for and successfully perform an **operational readiness review** for the Bureau before the go-live date. [A2.II]

Leveraging years of non-emergency transportation experience, we built an industry-leading NEMT software solution. **NET InSight™ (InSight)** is powered by Microsoft SQL Server, a powerful relational database management system, and features a user-friendly and intuitive front-end written with Microsoft's .Net platform. System features of our state-of-the-art NEMT management tool include provider credentialing and quality management, claims administration, dispatching, and trip management. Southeastrans' **InSight data systems** provide timely and secure access to member data for enrollment, eligibility verification, encounter and other data capture and inquiry, and auditing. [A2.IV.C] [A2.IV.B][A2.IV.E]

To enable us to meet all requirements in the contract in the event of a communications, systems, or data failure, the Bureau will be supported by our **business continuity and disaster recovery plan (Exhibit B)**. To assure business continuity, we have a disaster recovery policy with pandemic procedures, which we have recently tested. SETI enables non-essential employees to work from home and offered pay differentials for those required to come into the call center. [A2.V]

We will deliver our final plans for the Bureau's approval during contracting.

*In January 2019, Southeastrans was asked to serve **four additional regions** of the Arkansas NEMT program because another national broker failed to perform. We agreed to assist the State with their emergency need and began taking life-sustaining trips immediately. Southeastrans fully implemented services on **February 1, 2019**. This was a 16-day implementation to go-live to provide NEMT services for **an additional 485,000 members**. We now manage five of the seven regions available in Arkansas.*

Meeting Your Objectives[A2.I.A]

We commit to fulfill and demonstrate the completion of all RFP objectives in time for a successful launch prior to the readiness review, including those in the following functional areas:

1. Facilities [A2.III.A.1]

- Acquire and prepare a local operations center/call center facility
- Ensure installation of all required utilities and telecommunications connectivity
- Acquire and install all required telecommunications and computer hardware
- Obtain office equipment and furnishings
- Identify administrative offices for management of all NEMT operations
- Designate space to conduct employee and transportation provider orientation and training
- Identify secure storage for transportation provider compliance files
- Establish adequate levels of restricted entry and security to facilities

2. Call Center

- Update customer service representative (CSR) training manuals and transportation request forms
- Meet with local healthcare facilities and current providers to identify existing trips
- Begin training CSRs
- Fully test all operational requirements

3. Staffing [A2.III.A.2]

- Finalize final staffing numbers, titles, and salary ranges
- Post all internal and external open positions
- Interview and select staff
- Deliver offer letters and general onboarding of new staff
- Ensure all proposed management and support staff are trained and in place

4. Transportation Provider Network [A2.III.A.3]

- Finalize network needs and demands
- Update and obtain approval for manuals, policies and procedures, and forms
- Post town hall meetings throughout the state
- Finalize transportation provider agreements and obtain final approval
- Meet with local transportation providers to begin negotiations, education, and contracting
- Credential all transportation providers [A2.III.A.4] [A2.III.A.5]
- Perform training for all transportation providers
- Input transportation provider data into the system
- Demonstrate network capabilities for the Bureau
- Send transportation provider existing standing orders

5. Medical Facility and Provider Outreach and Education

- Send introductory letter to large medical systems
- Schedule town hall meetings with the medical community
- Meet with large facilities one-on-one
- Receive standing orders from medical facilities
- Input standing orders and confirm with medical facilities the list is complete

6. Stakeholder Communications & Marketing

- Update stakeholder educational materials
- Submit stakeholder education materials for approval to the Bureau
- Print materials and distribute
- Send educational materials to medical facilities and members
- Update and obtain approval of customized web-based inquiry system
- Create material for job fairs and recruitment packets

7. Information Technology Systems [A2.III.A.7] [A2.IV.E]

- Install fully functional telecommunication, call recording, and automated call distribution systems
- Establish toll-free number access
- Install fully functional, proprietary *InSight* transportation management system
- Perform full implementation of SETI's exclusive *InSight* mobile technology
- Ensure installation of other appropriate software systems to support business operations
- Demonstrate and test *InSight* call intake, trip reservation, and dispatch functions
- Demonstrate and review all reporting functions

8. Readiness Deliverables (for approval by the Bureau)

- Develop reports
- Submit policy and procedure manual
- Establish encounter data submission procedures [A2.IV.C]
- Develop and submit QA plan [A2.III.A.9]
- Develop and submit business continuity and disaster recovery plan [A2.V]

Team Expertise and Leadership

To ensure the transition to a new vendor is comprehensive and properly executed, each task in the work plan is assigned to a SETI staff member with expertise in the required functional area. Tasks are logical in their sequence and include an appropriate time for completion. Dates provided in the proposed work plan are refined once the contract has been awarded, and all milestones are approved by the Bureau.

Valorie Williams, Vice President of Operations, leads our implementation teams and is empowered to make executive-level decisions to ensure we meet all deadlines. Our proven team selected for the Bureau's program successfully performed the last five major implementations, including:

- > A statewide fee-for-service Medicaid NEMT contract in Indiana
- > Five regions in Arkansas, including an emergency expansion of two regions in Arkansas for an additional 485,000 members
- > A statewide network in the Commonwealth of Virginia for a large health plan

Readiness Testing and Program Go-Live [A2.III] [A2.III.A.6]

SETI acknowledges and agrees to comply with the Bureau's operational readiness testing requirements, components, and timelines as specified in the RFP. We will demonstrate that all RFP requirements are met during the operational readiness review session. SETI will begin taking calls two weeks prior to go-live for NEMT services scheduled to be provided on or after the scheduled operation start date.

Our draft copy of the implementation plan for West Virginia is attached in **Exhibit C**.

Meeting Requirements: This section meets the requirements outlined in **Appendix 2, Implementation Requirements** and **Appendix 5, Implementation Deliverables, Milestones, and Payments**.

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

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

While SETI will perform all direct administrative NEMT brokerage services under this contract, we engage the following subcontractor to provide OIG compliance verification services:

Streamline Verify

100 Boulevard of the Americas

Lakewood, NJ 08701

Contact: Steven Grossman

Phone: 732.961.8528

Please see our contract with Streamline Verify in **Exhibit M**.

Subcontractor Responsibilities

Streamline Verify is the compliance verification industry's most advanced software tool. As the most proficient and reliable exclusion screening software in the industry, it is the solution SETI chose in 2017 to perform all of our exclusion screening. We intend to continue our relationship throughout the duration of our contract with West Virginia.

Streamline Verify's system allows us to:

- Perform instant OIG exclusion list checks on employees and transportation providers, including all name variations and diminutives, against every OIG exclusion database (including OIG and SAM) and ALL State databases
- Import and manage data from our current computer system, ensuring accurate comparison and verification
- Access compliance-proving reports and updated verification information

Quality Performance

We began working with Streamline Verify in November 2017 and leverage their foolproof exclusion verification system to ensure our OIG compliance verification responsibilities under all of our contracts is thorough and secure. Their verification product delivers precise results and they provide 24/7 customer service.

Vendor Management

We manage vendors that deliver services to SETI through a combination of stringent contracting and executive oversight. With over a decade of experience, our corporate counsel Chris Lee ensures vendor compliance through consistent application of compulsory requirements and service level audits. Policies and procedures for meeting company, State, and Federal regulations are comprehensively outlined in our subcontractor agreements. See **Exhibit M** for our contract with Streamline Verify and their references.

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

The Bureau and transportation providers need timely access to current trip authorization information. SETI delivers secure, web-based access to member and provider profiles for enrollment, eligibility, and transportation scheduling. We built **InSight**, our NEMT brokerage software solution, in 2011; we own, maintain, and support the source code for **InSight** and have support available 24/7. This allows us to incorporate new requirements and standards into the software without the need to work with a third-party software vendor. Assuring the Bureau of our security controls and regulatory compliance, we developed **InSight** to meet the high standards of both HIPAA and HITECH. The platform passes a HIPAA compliance review annually.

Up to Date Data Management [A2.IV.B] [A2.IV.E]

As demonstrated throughout our proposal, **InSight** captures data for the complete life cycle of a trip. The system uses trip status information to record complete transports, trip denials, cancellations, and even re-route requests. All trip and payment data is stored within our data warehouse and securely backed up daily. These records are maintained for the life of the contract and for the State's required period following the end of the contract. The data warehouse is updated every night; all data is current within 24 hours.

SETI establishes data exchange partner accounts with many of our clients. Using Microsoft .Net with SQL Server enables us to easily interface with other back-end systems. We will work with the Bureau and the West Virginia Medicaid Management Information System or other electronic system to establish and test data submission prior to launch.

InSight is capable of receiving, transmitting and reporting EDI-compliant data feeds, as well as proprietary file layouts, in batch mode. We also leverage **InSight** to perform utilization and other analyses and provide detailed reports to the Bureau.

SETI will receive weekly files from the Bureau containing a listing of all eligible Medicaid members within the areas we serve along with all member information currently on file with Medicaid relevant to verifying their eligibility. We will upload data files within two days to verify the member's eligibility. These files are used to import the following data fields into **InSight**:

- The member's Medicaid Identification Number
- The member's full name
- The member's address (on file with Medicaid)
- The member's county of residence (on file with Medicaid)
- The member's telephone number (on file with Medicaid)
- The member's Medicaid eligibility date
- The member's gender
- The member's date of birth
- The member's telephone number
- All other data fields required by the Bureau:
 - Program eligibility information
 - Third-party liability information
 - NEMT service type
 - Cost of service
 - Number of units provided
 - Special needs
 - Required or preferred mode of transportation
 - member notes

All SETI databases are backed up daily to a network area storage device and to tape. However, key databases, such as the database for **InSight**, are backed up hourly using transactional back-ups. In the event of a data-related issue, these transaction logs can be applied to the database to restore any data that has been added, deleted, or changed. [A3]

Eligibility Reporting [A2.IV.A]

We reduce processing time and eliminate critical delays through the import of daily Medicaid member eligibility files directly into **InSight**. **InSight** produces daily eligibility reports that identify those members whose eligibility has expired. If a member loses their eligibility, **InSight** marks the member ineligible for transportation services and will not allow a CSR to book a trip for the member until they verify current eligibility and change the member's status in the computer system.

If eligibility cannot be verified via daily download, eligibility will be verified directly through the West Virginia Medicaid Management Information System, or through designated Bureau resources.

Reports are automatically generated daily to identify those members with standing order trips (recurring trips such as dialysis or radiation therapy) that have lost eligibility. SETI's Special Service Representatives (SSRs) then take additional steps to determine if the member is actually ineligible before transportation to an appointment or program that is critical to their well-being is denied. We alert members to unexpected eligibility changes that could affect their ability to receive medical care. The member is notified to contact their social worker or case manager to verify their change in eligibility. This allows errors to be corrected before transportation services are needed.

InSight records every aspect of the NEMT business and provides a comprehensive offering of program reports.

Microsoft® SQL Server is our platform for report development and data analysis.

Microsoft® Reporting Services allows us to design routine, custom, and ad hoc reports with minimal development time.

The Bureau will have access to utilization data, systems, and facilities to conduct comprehensive audits.

System Availability and Capacity

To control operating costs and ensure our technology is cost-effective, our systems run on scalable, high-availability server infrastructure. Users of the SETI *InSight* system access the software through an easy-to-use interface. Our database servers are also configured for high availability and use solid-state drives for more efficient data access. Servers are located in secure data centers with advanced climate controls and conditioned power.

Meeting Requirements: This section addresses the requirements outlined in **Appendix 1, Section IV. Miscellaneous Operating Rules; Appendix 2, Implementation Requirements, Section V. Business Continuity and Disaster Recovery Plan;** and our capability to meet the requirements in **Appendix 3, Reporting Requirements.**

- 4.2.1.5 The Vendor should describe their approach and methodology for report development and production and should also provide examples of reports produced for projects of the type, size and scope of that described in this RFP.

SETI understands that timely, complete, and accurate data is key to supporting the NEMT program management goals. We provide the Bureau with a wide range of standard, optional, and ad hoc reporting capabilities. Our reporting services meet and exceed your requirements. We will provide all required monthly reports prior to the 15th of the month and all other reports on the frequency outlined in **Appendix 3** of the RFP. We provide additional reports and revise existing reports at no additional fee.

Using our data warehouse technology and Microsoft® Reporting Services, we can design and implement routine or custom reports with minimal development time and in a variety of formats.

We store all trip and payment data in our data warehouse. These records are maintained for the life of the contract and for the State's required period following the end of the contract. The data warehouse is updated every night, so all data is current. We use SQL Server reporting services as the platform for report development and statistical analysis. The *InSight* software includes a full offering of comprehensive performance and statistical reports to effectively administer the NEMT program for the Bureau.

Using data warehouse technology and Microsoft® Reporting Services for report development, we can design and implement routine or custom reports with minimal development time and in a variety of formats. We will submit time sensitive (e.g., accident and moving violation reports) and all other reports weekly, monthly, quarterly, and annually to match the due dates specified in the RFP. Reports will be posted to a secure internet site for access by the Bureau. We provide additional reports and revise existing reports without additional charges to the Bureau. We will provide supporting data in the format requested by the Bureau. [A3]



Our Director of Business Analytics works with the Bureau to develop and submit report layouts and content that demonstrates compliance with the RFP report specifications. We submit our report templates to you for review and approval during the implementation period and in advance of the program launch date. Ad hoc reports are developed as requested by the Bureau. Upon request, SETI can supply data to support any report submitted. Please see **Exhibit D** for a sample reporting package.

Meeting Requirements: This section meets the requirements outlined in **Appendix 3, Reporting Requirements**.

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

Our Director of Business Analytics works with the Bureau to develop and submit report layouts and content that demonstrate compliance with the reporting requirements in **Appendix 3**. We will submit sample versions of all reports required, with the titles and data elements specified, to you for review and approval at least 30 days prior to implementation (see **Exhibit D** for sample reports). Ad hoc reports are created as requested by the Bureau and submitted for approval. SETI will supply underlying data in the format requested to support any report submitted. [A2.I.A.9] [A3]

SETI confirms that we will perform according to the approved service level agreements listed in **Appendix 4**.

Meeting Requirements: This section meets the requirements outlined in **Appendix 3, Reporting Requirements** and **Appendix 4, Service Level Agreements**.

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

Upon award, we tailor our policies and procedures to meet the specific requirements of the West Virginia NEMT program to comply with the requirements of the RFP. Thirty days prior to operations start date, we submit a **Policies and Procedures Manual (Exhibit E)**, a **NEMT Provider Manual (Exhibit F)**, and a **Member Outreach and Education Plan (Exhibit G)** for review and acceptance. Upon approval, we distribute and implement the policies and procedures to our staff, providers, and transportation providers and incorporate them into the training programs. [A1.XII.] [A2.III.A.17]

The manuals are reviewed and updated on a six-month schedule and more frequently if we need to implement an operational change. We submit all modifications to the manuals to the Bureau for approval prior to implementation. We distribute changes to staff and other stakeholders after your acceptance.

NEMT Provider Manual [A1.XII.A]

We give our transportation providers a copy of the NEMT provider manual during implementation and credentialing. This manual serves as a complete document for everything they need to be successful with SETI and West Virginia, including:

- Enrollment and participation requirements
- Document and record keeping requirements
- Reimbursement processes
- Covered and non-covered services definitions
- Vehicle and driver requirements
- Forms and other documentation required

The manual will be customized during implementation in conjunction with the Bureau. These manuals will be updated annually and as necessary if there are any program changes and offered in hard copy and electronically via the website.

NEMT Provider Training and Education [A1.XII.B]

To ensure the highest quality of service to the Bureau and passengers, SETI will provide a comprehensive training curriculum that all our West Virginia NEMT program transportation providers, drivers, attendants, and volunteer drivers must complete before providing any NEMT-related services. All drivers are trained to transport members safely, punctually, and comfortably to their medical appointments. We understand that we are often the only viable link between members and the healthcare services they need and deserve. We commit to providing appropriate and thorough training of NEMT providers at no additional cost to the Bureau, as needed, throughout the life of our contract.

Enhanced, Hands-on Provider Training



We have invested considerable resources in our training program for transportation providers resulting in a high-quality professional service. Assuring that our provider network drivers have expertise in defensive driving as well as passenger assistance techniques and sensitivity skills appropriate for serving persons in the NEMT environment, specifically those with disabilities, our comprehensive driver training curriculum features Community Transportation Association of America's (CTAA) Passenger Assistance Sensitivity and Safety (PASS 6.0) trainer and driver certification.

Promoting a safe and comfortable transportation experience for both riders and drivers, the program offers additional operating guidance in the provision of NEMT services, including curriculum that integrates operational, technical, and safety practices. Drivers also learn proper passenger securement methods, basic first aid and CPR skills, how to use a spill kit, and accident/incident response and reporting procedures.

Our training is not only performed in person—all training is also managed in-house. SETI employs a corporate training manager certified as a PASS 6.0 Master Trainer. The Master Trainer designation is the highest level of certification offered by CTAA, and the title is held by a select few individuals nationwide.

Having a Master Trainer on staff allows SETI to train other PASS trainers, who can then teach and certify drivers in the PASS 6.0 program. This individual operates from a permanent NEMT driver training classroom in our corporate office and offers trainer classes on a weekly basis.

There is a PASS online training that many of our competitors offer; however, completing this online training does not mean the individual is PASS certified. To be PASS certified, individuals must have the PASS 6.0 training offered on-site that includes hands-on training, such as wheelchair securement. We are also able to ensure the person taking the training is the person being certified through in-person verification.

Since PASS 6.0 does not address certain important issues, such as how to handle a tough passenger, transporting children, transporting mental health members, etc., we have enhanced the PASS training for our transportation providers, drivers, and attendants to include these relevant NEMT program issues.

During the implementation phase, our Master Trainer will conduct local PASS training classes to certify our local compliance personnel to then deliver training to our transportation network. See our sample training curriculum in *Figure 1*. He will also assist them with initial transportation provider network orientation and training sessions. Our Project Manager (general manager) will monitor any changes in State statutes, West Virginia Administrative Code, and Medicaid policies and will provide additional training to all providers and stakeholders when changes occur.

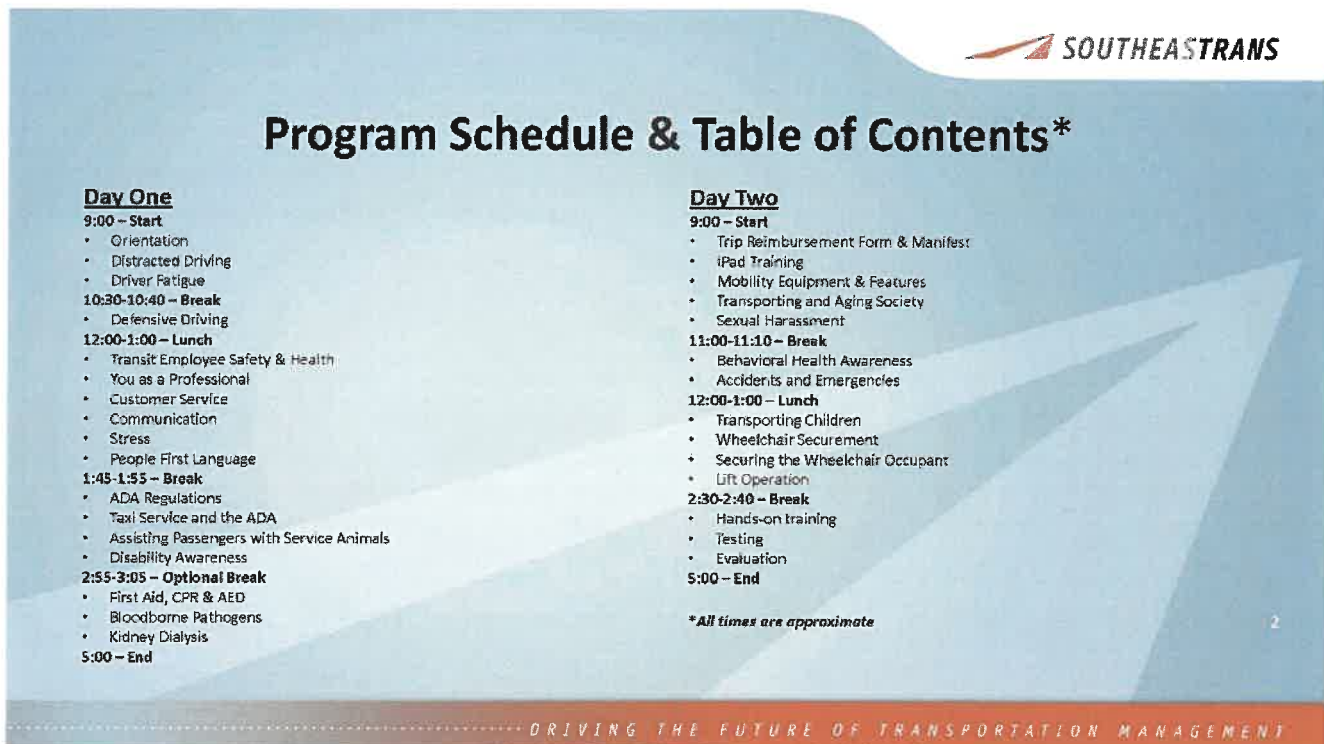


Figure 1 - Provider Training Curriculum Delivery Schedule

SETI maintains documentation of all training certifications for transportation providers, drivers, and attendants in our **InSight** system.

Medical Provider and Facility Training [A1.XII.B]

To build positive relationships between SETI and the communities we serve, our West Virginia operations outreach managers maintain direct contact with medical facilities. With Bureau approval, they will hold at least five regional meetings throughout the state during the implementation phase of the contract. These meetings will be to introduce SETI and to provide education on working with our NEMT program. In addition to the regional meetings, our team will meet face-to-face with large medical facilities and anyone who is unable to attend one of the regional meetings. These meetings continue through-out the life of the contract to maintain relationships and to ensure facilities satisfaction with the program.

To provide all the information medical facilities will need to schedule transportation for their members, they are provided with a facility education and training manual. We include posters and brochures that highlight program rules and requirements for scheduling transportation as well as web portal instructions for scheduling, cancelling, and modifying trips via the online system. The manual will also provide key contact information for the facilities.

Upon award of the contract, and with Bureau approval, SETI will develop a facility manual and brochure to send with our welcome packet to all identified major facilities. See **Exhibit C** for a workplan of timelines and **Exhibit G** for sample facility educational materials. [A2.A.8]

Member Outreach and Education Plan [A1.XII.C]

SETI produces and mails a Bureau-approved member introduction letter announcing the availability of NEMT services that provides our contact information, our hours of operation, and an overview of the process members should follow to schedule service. We also include Bureau-approved information on member rights and responsibilities, no-show procedures, and appropriate behavior expected during transport. We acknowledge that this mailing will occur thirty days prior to operational start date.

We will also develop member brochures. Please see the sample English-language NEMT Rider Guide in **Figure 2** composed at a fifth-grade reading level. Topics included in our rider guide include the following, and any other items the Bureau requests:

- Using NEMT Services
 - The appropriate use of non-emergency medical transportation
 - How to arrange non-emergency medical transportation, including toll-free telephone numbers, central business office location, and hours of operation
- Providing Your Information
 - Information each member is required to provide to arrange transportation
 - Information regarding pick-up times
- Getting Help
 - Call center hours, phone, and fax numbers
 - Website address for SETI and member web portal

See our Member Communication Plan in **Exhibit G** for more sample materials. In addition, approved brochures will be distributed to members and given to transportation providers for distribution to riders in their vehicles. Copies will also be provided to healthcare facilities for distribution.

Southeastrans' Mission

To provide transportation management solutions that deliver the highest levels of quality and satisfaction to our consumers, while offering exceptional value, performance, and responsiveness to our contracting agencies.



Helpful Hints

- If Public Transportation is identified as an available means of transport for the member and the members' medical condition precludes the use of Public Transportation, a Public Transportation Restriction Form* must be completed by the members' treating physician to indicate the medical reason the member cannot utilize Public Transit.
- A recurring trip (members' appointments occur two (2) or more days a week, lasting more than 6 weeks), or Standing Order may be requested for a member by completing a Standing Order Form* in its entirety. This form must be signed by both the member/ member representative and a facility representative.
- Standing Orders are recertified every 3 to 6 months depending on the type of treatment the member is receiving.

Transportation Provider Standards

- * Drivers should be wearing an ID badge
- * Transportation vehicles should be marked
- * If you arrive at your appointment 15 minutes before or after your scheduled appointment time, that is considered on-time transport.
- * When picking-up, drivers are only authorized to wait 10 minutes
- * Provider has one hour from your "I am ready to return home" call to pick you up.
- * Drivers must transport safely and follow all traffic laws

If the provider fails to meet any of these standards please contact Southeastrans at the contact numbers below.



The Southeastrans Team

While Southeastrans strives to provide the highest-level of service possible, we realize unforeseen things can sometimes happen.

In situations where you have transportation or provider issues, please contact:

Customer Service

Phone (601) 300-XXXX or (601) 300-XXXX

For additional assistance please call.



Medicaid Non-Emergency Transportation (NET) Guide

For Mississippi
Medicaid Members

Figure 2 - Sample NEMT Rider's Guide (English): Each brochure is customized to meet program requirements. All educational material is written in a clear, concise manner. Materials are provided in English and Spanish and written at a fifth-grade reading level.

All written materials we develop are written at a fifth-grade reading level and submitted to the Bureau at least 30 days prior to the launch date for approval. Written materials are developed in English and Spanish. We will distribute only materials that have been approved by the Bureau.

Policies and Procedure Manual [A1.XIII] [A2.III.A.17]

Policies and procedures are the backbone of every NEMT program. These documents provide a roadmap for the provision of NEMT services and meeting contractual obligations. Our manuals are the cornerstone of our employee and transportation provider training programs. Our NEMT Policy and Procedure Manual encompasses all operations (e.g., call center, transportation provider, quality assurance, compliance) required to deliver an efficient NEMT Program.

Upon award, we tailor specific policies and procedures to meet the requirements of the Bureau's NEMT program as outlined in the RFP. To assure the Bureau of our ability to comprehensively implement your program, we submit our Policies and Procedures Manual (Operations Manual) for review and acceptance at least 30 calendar days prior to implementation date. The manual will be a binding service document through the duration of the contract. Upon acceptance, we distribute and implement the policies and procedures to our staff and transportation providers and include them as part of our training programs for all stakeholders.

The manual is reviewed and updated on an annual schedule, and more frequently should an operational change take place at any point during the year. Modifications required by the Bureau will be incorporated within 10 business days of notification. We submit all modifications to the manual to the Bureau for approval

prior to implementation. We distribute changes to staff and transportation providers upon the Bureau's acceptance. We have included our DRAFT Operations Manual in **Exhibit E**.

Meeting Requirements: This section meets the requirements outlined in **Appendix 1, XII. Training and Education and XIII. Operations Procedures Manual**.

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

Throughout the life of the contract we provide additional training for our transportation providers. Triggers to training can include: Member satisfaction, complaints, new or modified processes and procedures, changes in laws or regulations, request from the providers, annual required retraining or as requested by the Bureau. Increased and additional training is delivered through webinars, regional training meetings, or in-person. All training will meet the requirements and quality standards of the RFP. We acknowledge all costs for additional training are SETI's responsibility. [A1.XII.B.]

Meeting Requirements: This section meets the requirements outlined in **Appendix 1, Section II. NEMT Providers**.

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

Implementation and Operations Change Control

Scope adjustments to implementation are managed by formalized change control procedures.

The NEMT program policies and procedures provide a roadmap for the provision of NEMT services and meeting contractual obligations. Specific elements of our NEMT operations procedures manual encompass all operations (call center, transportation provider, QA, compliance) required to deliver an efficient NEMT Program.

SETI operations policies and procedures are reviewed and updated annually and more frequently if we need to implement an operational change. We submit all modifications to the manuals to the Bureau for approval prior to implementation. We distribute changes to staff and other stakeholders after your acceptance.

System Administration and Change Management

Effective change management within the company's production IT environment is also vital to ensure the quality delivery of IT services, as well as to achieve regulatory compliance. SETI has a change management framework for all systems that ensures the effective management of change and reduces risk. Key components to the company's change management program include detailed documentation, a change advisory board, and a formally defined approval process.

*As a **URAC Accredited Broker**, Southeastrans maintains updated Policy and Procedure Manuals for all operations. The **Quality Management Committee** reviews each policy and procedure annually.*

Enabling us to track items and ensure internal service levels, all change requests, defects, and bugs are captured in our help desk ticketing system. SETI currently employs a staff of help desk technicians and support agents who report to an information technology manager and provide support 24/7. We perform system maintenance quarterly.

In order to ensure IT controls and compliance, SETI uses a third-party security consulting company to test and audit our IT policies, procedures, and systems. [A2.IV.D]

Meeting Requirements: This section meets the requirements outlined in **Appendix 2, Implementation Requirements**.

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

NEMT Communication Plans [A1.XII.C]

The NEMT project communication plan provides guidance on all implementation and ongoing operational activities for stakeholders (transportation providers, medical providers and facilities, local human service agencies, licensed behavioral health centers, and members). This plan provides guidance on all final documents and are reviewed by our internal leadership, marketing department, the appropriate State director, and the Bureau. No materials are released without your written approval.

The project communications plan is developed during contracting, in consultation with the Bureau, and delivered to stakeholders for review and approval. The plans identify the format, frequency, methods, and participants in all communications tasks and events.

Account Management Communications for the Bureau

We hold regular meetings at with the Bureau to review operational initiatives, contract compliance, and other account management items. Our proximity to the Bureau offices in Charleston will enable us to be extremely responsive to any requests for consultation or discussion, whether by telephone, teleconference, or on-site.

Written Content Development

All content developed any NEMT program that SETI manages is written clearly, concisely, and without difficult or cumbersome language.

Member Content

- All content is written at a fifth-grade reading level, which is confirmed using Word Readability Statistics.
- All content is provided in English and Spanish.

We identify the following parameters for member communications:

- Electronic Media: Email, website, and web portals
- Telephone: Call scripts, call queues, phone messages
- Printed Materials: Letters, brochures, notices, flyers
- Face to Face: Interactions between SETI and the transportation providers, the Bureau, and healthcare providers to discuss routine business items and resolve issues

See *Figure 3* for examples of our communications materials.

Member Outreach and Education Plan

Current Members: To meet the requirements in [Appendix 1](#) of the RFP, we will notify all eligible members and other NEMT program stakeholders about the transition of service administration from the previous vendor to SETI. This will include a mass mailing of a Bureau-approved Welcome Member brochure.

We develop a standard brochure with West Virginia-specific information, including:

- SETI office physical and mailing address
- Toll-free number to schedule transportation
- Hours of operation
- Urgent calling guidelines
- Member's rights and responsibilities, including how to request and obtain information about their transportation
- Brief description of how to use the NEMT services in West Virginia

Once the brochure has been approved, the Marketing department will print and mail at least 30 days prior to go-live.



Figure 3 - SETI Provides a Broad Set of Communications Materials

For all members, marketing will mail via first class postage to all heads of households, and the outreach coordinator will track the number of initial notices sent and the number returned as undeliverable. [\[A1.XII.C\]](#)

Facility Education

Upon award of the contract, SETI will develop a facility brochure to send with our welcome packet to all identified major facilities. See a sample facility brochure in [Exhibit G](#) of this document. Our outreach managers are the face-to-face link between the medical facilities and our West Virginia operations. They are responsible for building positive relationship with the communities we serve.

Educational Resources via the Web

We deliver member, facility, healthcare provider, and other stakeholder education through website and web portals. We will develop specific website content exclusively for the West Virginia NEMT program and will coordinate content with the Bureau. The interactive website will contain links to policies, procedures and contact information. Our site content always meets HIPAA and ADA standards.

All websites are designed to following standards:

- Must be clear and easy to navigate
- Must be reviewed and updated every six months to ensure accuracy of content
- Must include basic content information, addresses, phone numbers, member's rights and responsibilities, how to use NEMT transportation, and how to file a complaint
- Must be maintained separate and distinct from our other program websites
- Must have appropriate program links and downloadable forms for members, transportation providers, and medical facilities
- Must comply with Section 508 of the Rehabilitation Act

Our website will contain the following information:

- SETI staff contact information (names, phone numbers, and email addresses)
- SETI office address, phone/fax numbers, and email address
- Directions to our central business office and office hours
- Specific information for our transportation providers
- Links to our transportation provider, member, and facility web portals
- Frequently asked questions
- All NEMT operational policies and procedures manuals [A2.III.A.17]
- Transportation provider meeting dates, times, and locations
- Transportation provider education and training plan updates
- All toll-free numbers for members, transportation providers, and facilities
- Instructions for accessing NEMT Services
- Our complaint resolution and grievance process
- Member responsibilities and conduct



Links to other relevant websites will also be available. These links will include, but not be limited to the West Virginia-specific material, the SETI member portal, the SETI facility portal, and the SETI transportation provider portal.

The following are current web portals we provide that offer similar functionality to the portals we will implement for the Bureau's NEMT program.

Member Resources Web Portal

Members or their representatives can schedule transportation through their preferred method—requests can be made by phone, fax, email, or mobile, or via the web. The member portal is a secure website (mobile-friendly) where registered members can access the following information and perform the following tasks:

Information

- View broker contact information such as toll-free numbers, business office, mailing address, and email addresses
- Link to member forms and documents
- Link directly to the Bureau rules that govern the NEMT program

Tasks

- Request transportation through a secure online form, which is then vetted by SETI call center staff prior to authorization
- Submit secure messages to SETI to address potential fraud
- Provide suggestions or general feedback regarding services
- View secure transportation data regarding scheduled appointments



Figure 4 - The Member Web Portal Home Page enables members to schedule or cancel a ride and access help when necessary.

- Figure 4 shows the main page of our member web portal and the member entry point. It includes all the data points required by the RFP. From this page, members simply login to review their scheduled trips, schedule new trips, cancel a trip, or seek assistance from a SETI representative.

SETI also provides the Bureau with access to the mapped trip screens via the West Virginia program web portal. These trip screens provide near real-time location information of our provider vehicles.

From the facility portal (*Figure 6*), users can view their member's arrivals and departures, cancel a trip, book a trip, or confirm that a member was delivered to their scheduled appointment. The page is easily searchable by the member's Medicaid ID.

Figure 5 - Driver Detail Screen: NEMT providers can open a trip to view trip data as it occurs via updates from InSight.

Home
Book a Trip
Search
Forms
Contact Us
davitauser

You have the most current data. Last Updated Today at: 8:58 AM

Arrivals
Departures
DAVITA CUMMING

Active Arrivals

Trip ID	Member Name	Arrival Date	Est Arrival Time	Appointment Time	Show/No Show	Trip
5145191	LAND, JAMES	3/30/2017	9:55 AM	9:55 AM	<input type="checkbox"/> <input checked="" type="checkbox"/>	Cancel

Showing 1 to 1 of 1 entries

Previous
1
Next

Inactive Arrivals

Trip ID	Member Name	Arrival Date	Est Arrival Time	Appointment Time	Show/No Show	Trip
5145192	LAND, JAMES	3/30/2017	6:00 AM	6:00 AM	<input type="checkbox"/> <input checked="" type="checkbox"/>	Cancel
5151733	HAMPTON, DEBORAH	3/30/2017	6:00 AM	6:00 AM	<input type="checkbox"/> <input checked="" type="checkbox"/>	Cancel

Showing 1 to 2 of 2 entries

Previous
1
Next

Figure 6 – Sample Facility Web Portal Home Screen. The above screen shows what a facility would see when performing attendance verifications for standing orders at their facilities.

Client Web Portal

The West Virginia web portal will be operational at the time of program implementation. The portal is a secure website where the bureau can access the following information:

- View key broker personnel contact information
- View contract documents
- View transportation details including assignment and trip status
- View predefined KPIs and other service metrics

The Bureau can perform the following tasks:

- Request transportation for a member through a secure online form, which is then vetted by SETI call center staff prior to authorization
- View upcoming trips and trip history
- Create a list of “favorite” members to monitor
- Access complaint reports
- Access monthly, quarterly, and annual reports

Meeting Requirements: This section meets the requirements outlined in **Appendix 3, Reporting Requirements**.

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

Complaints Management [A1.XIV]

SETI has a comprehensive process for receiving, documenting, and responding to complaints from all stakeholders. Every staff member is trained in documenting complaints. We have specially trained quality personal to manage and resolve all complaints received. Team members forward complaints to a QA specialist for immediate review and response. If a member is denied service, they can be transferred immediately, without being disconnected, to the QA manager to discuss review and reconsideration of an adverse decision or denial.

To ensure that we properly and thoroughly address these issues, stakeholder complains from members, transportation providers, drivers, medical providers, facilities, or the Bureau follow the same rigorous procedures. In combination with our URAC Accreditation requirements, the SETI quality management committee reviews and updates our complaint management policy every six months.

During implementation activities and through continuous education and outreach, we publicize and encourage feedback from stakeholders regarding the quality of NEMT services. The West Virginia NEMT program stakeholders may file a complaint by phone, mail, or text, as well as through the SETI website, member satisfaction surveys, and member, driver, and facility web portals. Receipt of all complaints will be acknowledged within one business day. Once received, all complaints are handled following our complaint protocol, and are classified in the following categories:

- Complaints regarding transportation providers
- Complaints regarding SETI staff (e.g., drivers, CSRs, SSRs, dispatchers)
- Complaints regarding transportation provider timeliness
- Complaints regarding transportation provider service quality (e.g., driver behavior, vehicle issues)

To streamline the complaint process and to eliminate any barriers to accessing the complaint system, a toll-free complaint line is available for all stakeholders to file a complaint. If a call is received by a SETI staff member in a department other than the call center, protocol requires forwarding the complaint to a QA Specialist.

SETI has a less than 1% complaint rate across all programs. Complaints are thoroughly investigated and resolved within the Bureau's required timeframe.

Our QA team manages the complaint resolution process for the Bureau's NEMT program. All documented complaints are forwarded to a QA specialist.

Each step in the complaint process, as displayed in *Figure 7*, is recorded in the **InSight** system, which tracks the complete life cycle of an inquiry. We determine complaint validity and record each step performed to investigate and resolve the complaint.

Step-by-Step Complaint Process [A1.XIV.A] [A1.XIV.B]

Our Quality Assurance team will manage the complaint resolution process in the following manner:

1. All documented complaints are forwarded to a QA Specialist.
2. The QA Specialist records the complaint in the *InSight* system.
3. *InSight* assigns a unique tracking number to the complaint.
4. The QA Specialist determines a severity level, based on the nature of the complaint, and documents it in *InSight*:
 - **Severity 1** – These complaints include accident/incident situations where a member is injured or harmed. These types of complaints are investigated and handled immediately by a manager and include notification of executive management and the Bureau.
 - **Severity 2** – These complaints require the Senior Manager of QA or appropriate department manager (based on type of complaint) to investigate and resolve. These complaints will be responded to within one business day after receipt. Examples of these complaints may include member behavior during transport, or a complaint against a specific driver.
 - **Severity 3** – These complaints are day-to-day issues that the QA Specialist, leads, or supervisors can investigate and resolve. These complaints will be responded to within one business day after receipt of complaint. Examples of these complaints are late pick-up and drop-offs, member too long in vehicle, or vehicle condition.
5. If the complaint is found to be unsubstantiated after initial examination, the QA Specialist will review the complaint with the Quality Assurance Manager before marking it as invalid in *InSight*.
6. If the complaint involves SETI staff, the QA Specialist contacts the Bureau and the Project Director, informs them of the complaint severity level, and proceeds with the investigation and resolution of the complaint.
7. If the complaint involves a transportation provider, the QA Specialist works with the transportation provider to investigate. Transportation providers are contractually required to respond in writing within 24 hours of the complaint.
8. The QA Specialist completes the complaint investigation and provides a final response to the complainant within five business days. If the complaint is not resolved within five business days, SETI will provide the Bureau with daily updates until it is resolved.
9. The QA Specialist coordinates the complaint investigation with the Quality Assurance Manager to determine further action or to develop a corrective action plan.
10. A copy of the completed complaint investigation and any necessary corrective action plan is forwarded to our West Virginia Project Manager (WV General Manager) and the Chief Operating Officer (COO) for review and approval.

COMPLAINT PROCESS

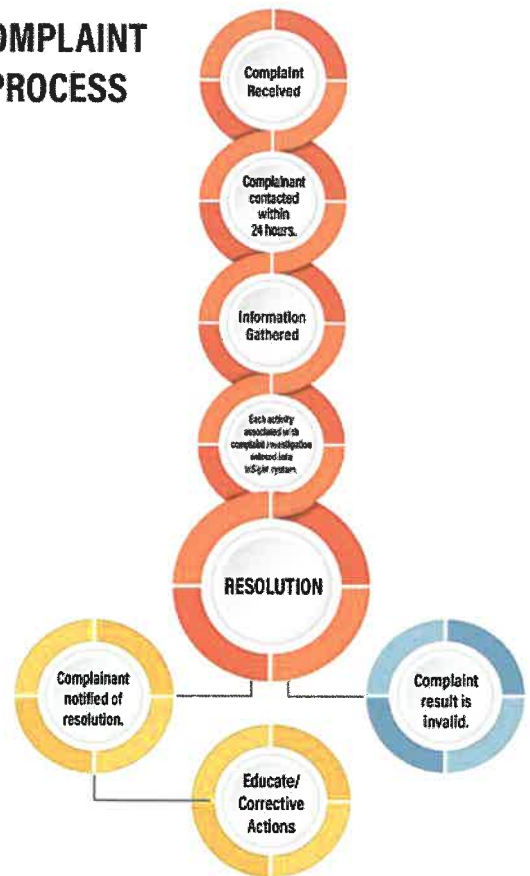


Figure 7 – Complaint Process

A monthly complaint summary report of all complaints received and their resolutions, including any corrective actions, will be generated by the QA Manager and distributed to the Bureau on or before the last day of the month for the previous month's activity.

Monitoring Complaints

Every complaint made regarding the NEMT program is documented and monitored in *InSight*. Our West Virginia NEMT call center will be staffed with a full-time senior QA manager and QA specialists to oversee the complaint management and resolution process, monitor service quality through surveys and statistical reports, and develop quality improvement initiatives when indicated.

Member Rights to Appeal Denials

Our members are allowed 30 calendar days to appeal a denial decision. Upon receipt of a timely appeal, SETI has 30 calendar days to complete the appeals process.

If we are unable to resolve the dispute, the member is given written, final notice informing them of their right for further appeal to the Bureau. Should a member choose this route, we submit copies of the notices to the Bureau within three business days.

Under no circumstances will SETI deny services to any member based on political affiliation, religion, race, color, gender, physical handicap, age, or national origin.

Meeting Requirements: This section meets the requirements outlined in **Appendix 1, Section V. NEMT Service Denials** and **Section XIV. Complaint Policy and Procedures**.

- 4.2.1.12 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.

Master Transportation Provider Service Agreement [A1.II.B]

We understand the Transportation Provider Service Agreement must be submitted to the Bureau for approval within ten business days following issuance of the intent to award the Contract. We will also submit all amendments to the Transportation Provider Service Agreement to the Bureau for approval prior to implementing changes. We understand the Bureau reserves the right to direct us to terminate any service agreement with a transportation provider if deemed necessary.

Our DRAFT Transportation Provider Service Agreement is included as *Exhibit H* for the Bureau's consideration. All NEMT operational and performance requirements for West Virginia and SETI are defined in the Agreement, including RFP required items, vehicle standards, and driver standards.

As part of transportation provider orientation, we require all providers to review and sign each operational and performance requirement as an acknowledgement of their understanding and acceptance. We will not use any transportation provider that has not fully executed a Bureau-approved Transportation Provider Service Agreement with SETI.

Termination

Ensuring the safety and comfort of members, SETI may terminate NEMT transportation providers for the following reasons:

- Failure to meet contract standards such as failed insurance, failed inspections, or failed background checks Fraud?
- Complaints

- Accidents
- At the request of the client

We change the vehicle's status in **InSight** to "inactive" to prevent trip assignments from being delivered to that vehicle.

Meeting Requirements: This section meets the requirements outlined in **Appendix 1, Section I. NEMT Service Request Processing, Section II. NEMT Providers, Section V. NEMT Service Denials, and Section XIV. Complaint Policy and Procedures.**

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

SETI is committed to recruiting, hiring, developing, compensating, and promoting the best-qualified individuals for positions at all levels within our organization. We further our commitment by mandating compliance with 42 CFR 438.12, the Civil Rights Act of 1964 and Section 504 of the Rehabilitation Act of 1973 in our transportation provider agreements, provider orientation, and information included during the driver training process. We maintain our unequivocal commitment to and support of equal employment opportunity for all individuals, free from discrimination based upon gender, race, color, religion, national origin, ancestry, age, physical or mental disability, medical condition, pregnancy, sexual orientation, marital status, or any other prohibited biases in accordance with any applicable, federal, West Virginia or local laws.

Background Checks [A1.X.A.5]

As part of our policies, we conduct a finger-print criminal background check, including Registered Sex Offender and HHS Fraud checks, OIG, and EPLS on all drivers and attendants prior to employment and annually thereafter. In addition, all SETI employees must pass criminal background checks for all employees. Employees in IT and Accounting must also pass a credit check. Such checks are pursuant to West Virginia statutes and conducted through the appropriate West Virginia Division of Law Enforcement Services or the National Crime Information Center if the driver has not resided in West Virginia for at least the most recent five consecutive years. All background checks will meet the standards of the RFP and NEMT program. In addition, all drivers must have a clean driving record.

Drug and Alcohol Screenings [A1.X.A]

Our policies require that no staff or driver shall use alcohol, narcotics, illegal drugs, or prescription medications that impair his/her ability to perform while on duty, and no staff or driver shall abuse alcohol or drugs at any time. In addition, all contracted transportation providers shall implement a verifiable 10-panel drug testing program for drivers. Pre-employment, post-accident, and random drug screens (within 365 days of last test) of every driver shall be mandatory.

Meeting Requirements: This section meets the requirements outlined in **Appendix 1, I. NEMT Service Request Processing.**

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

Member No-Shows and Safety Compliance [A1.XII.D]

Members who are frequent no-shows are costly to the NEMT system and are a key factor in the loss of network availability. We include procedures for no-show and other non-compliance correction (including limiting transportation options, requiring the member to call when ready, and procedures to address threatening behaviors) in our member outreach and education plan. We uncover the root cause of no-shows

before enacting any corrective actions. We will communicate with the Bureau regarding any member who is not cooperating with program policies. We do not charge members for no-shows.

Non-compliant members [A1.XII.C.3] [A1.XII.D]

We educate all stakeholders on the requirement to schedule non-urgent transportation as early as possible; at a minimum, three business days prior to the appointment. We re-educate members who request transportation with less than three days' notice about the policies of the program. To ensure the best possible customer service, we attempt to obtain transportation for members that do not schedule in the appropriate time frame. Members are given three educational opportunities before a report is generated to the Bureau or transportation options are limited.

Hostile or Aggressive Members

To protect the safety of members, NEMT providers, drivers, medical providers, and SETI personnel, we will immediately contact 911 for any event involving a member that is potentially dangerous to themselves or others. We notify the Bureau within 24 hours of these events. We follow contract guidelines to review incidents and obtain the Bureau's approval when imposing transportation options or limits on members who do not comply with policies regarding appropriate behavior.

During the incident review period, SETI will continue to provide transportation for the member; however, we will refuse service if there is a clear and imminent danger to the NEMT provider, driver, other members, medical providers, or SETI personnel.

Meeting Requirements: This section meets the requirements outlined in **Appendix 1, Section XII. Training and Education, Subsection D. Non-Compliant Member Education.**

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

Our **Insight** system performs eligibility verification automatically prior to every trip. During the implementation phase of the contract, we will work with the Bureau and IT helpdesk to ensure we can exchange information accurately and timely.

We will load eligibility files the same day we receive them from the Bureau to ensure our CSRs have access to the most current eligibility information. The system will only allow a trip to be scheduled for an eligible person. CSRs may also verify member eligibility by:

- Using the Bureau's member eligibility file
- Accessing the Medicaid Management Information System
- Contacting the automated voice response system

Member Call Flow Overview

The following graphic represents the call flow a member or authorized representative (family, guardian or medical provider) would experience when scheduling transportation. [A1.I.A.1] Callers hear a recorded message stating that all information provided to complete a request for services must be true and accurate, and that they must have a picture ID to prove Medicaid eligibility at the time of pick-up, if requested. The recording also indicates that the calls are recorded for quality assurance purposes. [A1.XI.D]

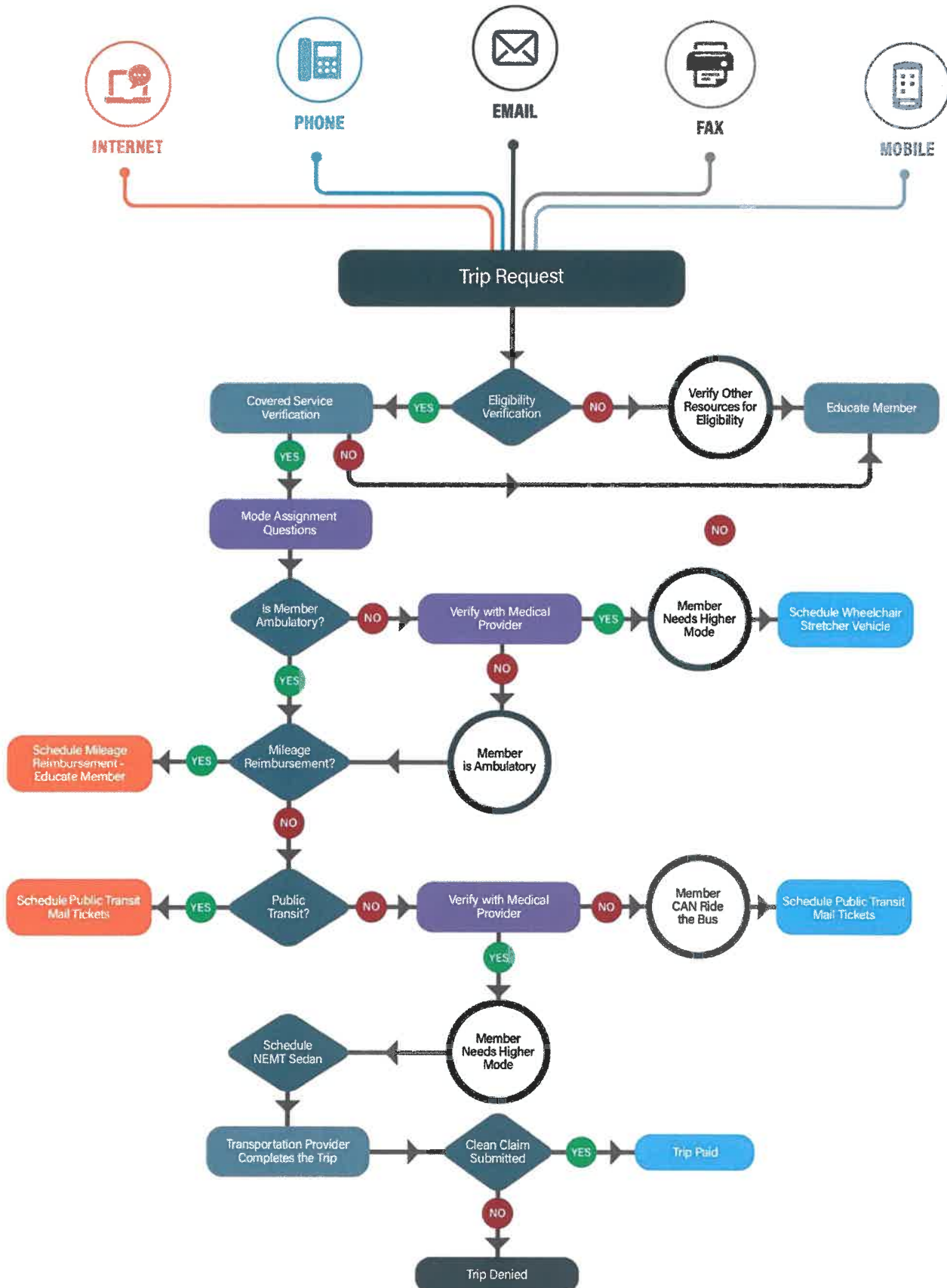


Figure 8 - Member Call Flow to Schedule Transportation

Once the call is answered live by a CSR, we follow our gatekeeping process to make the the following determinations pursuant to the policy regarding the member's request for NEMT [\[A1.I.A.2\]](#):

- Determine if proper notice has been provided or use Urgent Care or Trip Denial process, if applicable. [\[A1.I.B\]](#)
 - Advance reservations must be made at least 5 business days prior to the appointment. [\[A1.I.B\]](#)
 - Urgent reservations are trip request with less than 24-hour notice. [\[A1.I.B\]](#)
- Verify member eligibility by obtaining their Medicaid ID number. [\[A1.I.A.2.a\]](#)
- Confirm member's primary address.
- Confirm member's lack of access to other transportation. [\[A1.I.A.2.c\]](#)
- Verify member is requesting transportation to a Medicaid covered service, including those receiving behavioral health services. [\[A1.I.A.2.d\]](#) [\[A1.I.D.4\]](#)
- Verify member is requesting transportation to the closest medical provider. [\[A1.I.A.2.f\]](#)
- Determine request for service is valid; validate appointment reason. [\[A1.I.A.2.b\]](#)
- Determine if any additional riders (escorts or attendants) are requested. [\[A1.I.A.2.g\]](#) [\[A1.I.D.10\]](#)
- Gather pick-up and drop-off information.
- Document special needs required during transport. [\[A1.III.A.5\]](#)
- Determine appropriate mode of transportation. [\[A1.I.A.2.e\]](#)

Advance Reservations [\[A1.I.B\]](#)

We will educate all stakeholders to schedule transportation as early as possible, a minimum of 5 business days prior to the appointment. This advance notice improves our efficiency of the network.

Single Trip Request

We allow all members, medical facilities, and authorized person to schedule demand transportation via our toll-free numbers or, if approved by the Bureau, the member portal, email, or fax. [\[A1.I.D.8.a\]](#)

Standing Orders Request

Members can schedule multiple trips during the same phone call for their convenience. We consider a standing order any transportation request to the same medical provider three or more times a week. These standing orders can be scheduled for up to ninety days at a time. Our special unit of SSRs will verify standing orders with the medical provider every month. [\[A1.I.D.8.b\]](#)

Detailed Call Intake Procedures

Verify Eligibility [\[A1.I.A\]](#)

With every reservation call, the CSR will access the member profile in *InSight* to verify member eligibility. The CSR uses a simple approved call script to help guide the call. The caller will be asked to verify their name, home address, and phone number to ensure we are speaking to the appropriate person. As the CSR enters the member name, the system automatically matches the name with the files received from the Bureau. If the system can not find a match, the CSR will use other methods of confirming eligibility, such as accessing the MMIS directly.

Determine Need

Once eligibility has been confirmed, the CSR determines that the appointment is appropriate and Medicaid-approved. The CSR will record the date and time of the appointment, request the provider or facility name and address, and take the following steps to determine the lowest cost, most appropriate mode of transportation.

Determine the Mode of Transportation [A1.I.D.10]

The CSR will ask a series of questions to determine the most appropriate mode of transport. Note that at all time the member's medical, physical, and cognitive abilities are decisive factors in the mode selection.

- Does the member have access to a vehicle or friend/family that could drive them? If they do, offer them mileage reimbursement for the NEMT trip.
- Does the member meet public transit criteria (physical/cognitive ability and proximity of pick-up/drop-off locations, weather) [A1.III.A] [A1.III.A.4]? We determine the appropriate fare and ensure the member receives passes, tokens, or transit cards before the date of their appointment.
- If the member cannot use public transit, we will verify with their primary care provider.
- If Public transit is not an option, they will be assigned to an appropriate mode (basic and extended). *InSight* will automatically assign the trip to a contracted transportation provider, if applicable, at least two business days prior to the trip. [A4]

Notify Member of Transportation Arrangements [A1.I.C]

The CSR will verbally notify the member that transportation has been scheduled. The CSR will review the trip details with the member and tell them to be ready at least 30 minutes prior the stated pick-up time. They are also told that the transportation provider is required to call them the night before their appointment to remind them and which driver will pick up the member. In the event that we are not able to provide transportation arrangements at the time of the call, we will get back to them within 2 calendar days prior to their appointment.

In addition, if the member has enrolled in our notification reminders process during call intake or through the member portal, the member will receive an appointment reminder via text, voice, or email as their preference indicates.

Dispatching Trips

InSight automatically assigns a transportation provider at the time of the call and the member is immediately advised. Auto assignment is based on the most economical mode of transportation and the provider's capacity to perform the transportation. [A1.A.1.e] Members are pleased to know who will pick them up and the approximate time to expect the driver. If the member does not wish to be transported by the auto-assigned provider, SETI will accommodate the request with same transportation mode type and cost. When a member has a preferred provider, we will enter a note in the system so in future the member is always assigned to that provider (as long as the provider has the capacity). [A1.I.D.5] In the event the system is unable to auto-schedule transportation, our dispatchers will ensure that the transportation provider has at least two business days' advance notice. [A1.I.D.6] Further, *InSight* screens allow our personnel to sort individual trip legs based on various criteria such as pick-up time, mobility type, zip code, city, and county to allow efficient dispatching and routing of trips. [A4]

SETI sets capacity levels for each transportation provider in our network to help assure that members are not waiting more than 15 minutes from their scheduled pick-up time and to assure additional availability for urgent trip requests. This significantly reduces the need for trip re-routes. Capacity levels can be adjusted in *InSight* whenever providers add or eliminate vehicles from their fleet. [A4]

Transportation providers have the right to decline a trip or a re-routed trip for any reason. To do so, they must notify SETI by processing their “send backs” via the provider portal. When a provider declines an assigned trip, **InSight** indicates the trip as a “send back” to dispatching for reassignment to another provider. If the trip has been sent back with less than a 24-hour notice, we contact the new provider by telephone to verbally confirm their acceptance of the trip. Once accepted, we send a fax or email confirmation to the new provider with the trip details. We also contact the member to advise them of the change to their provider.

Notification of Trip Assignments to Transportation Providers

The **InSight** Dispatch Module enables our dispatchers to assign trips to transportation providers based on geographic location, fleet capabilities, and other assignment rules. Once the appropriate provider is selected, **InSight** transmits the trip assignment via fax server, email, or the provider web portal on the schedule in [Table 1](#).

This process ensures that there is enough time for the transportation provider to “send back” the trip if unable to fulfill the assignment.

Trips are scheduled and dispatched to ensure that the average waiting time for scheduled pick-ups does not exceed 15 minutes. [\[A1.I.D.1\]](#) [\[A4\]](#) We require transportation providers to return to pick-up the member within one hour of the notification for “will call” returns and within one hour for hospital discharges. [\[A1.D.7\]](#) [\[A4\]](#)

Trip Timeframe	Transmitted to Provider
Occurring in < 24 hours	Within 5 minutes
Occurring in < 48 hours	Every 4 hours
Occurring in < 72 hours	Every 8 hours

Table 1: Provider Notification Timelines

Notify Member of Transportation Arrangements

SETI provides web portals (mobile friendly) and appointment reminder services for all of its Medicaid NEMT contracts. The technology gives members and stakeholders access to request transportation, view scheduled trips, and provide feedback on NEMT services received. The member web portal for the Bureau’s NEMT Program is available 24 hours a day, 7 days a week. Member technology also allows for appointment reminder notifications via SMS, voice call, and email. [Figure 9](#) illustrates a sample member notification they would receive when they opt-in.

The member notification process allows them to enroll (“opt in”) for appointment reminders through the portal. Additionally, we may enroll members into the appointment reminder service if a member frequently misses appointments or when a demand response trip is scheduled more than a month in advance. This method assists the member by reminding them of their scheduled transportation event and benefits our transportation providers by reducing the potential for member no-shows.

For demand response trips, members are notified the night before their scheduled transport. Members with standing orders are notified the night before their first transport for the week.

Standing order notification includes a list of all days SETI has transportation scheduled for the member that week. Members

have the option to easily opt out of this service either by contacting the call center, texting **STOP** to a received SMS message, or by emailing SETI.

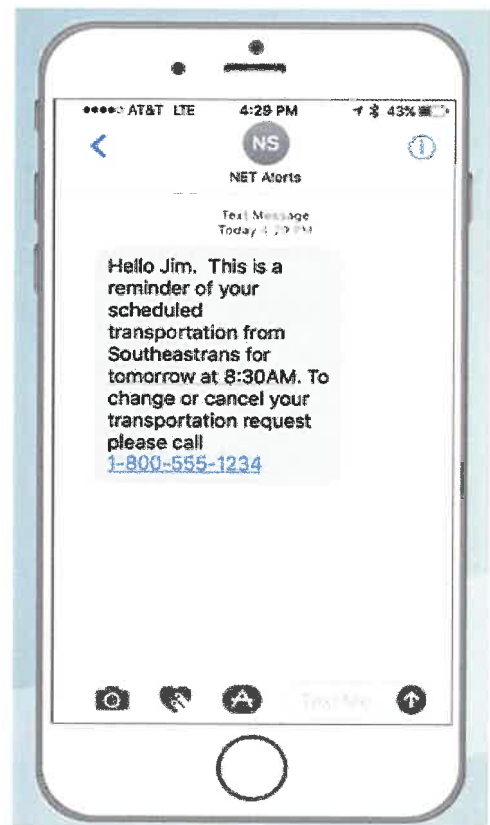


Figure 9 – Member notifications.

Member Where's My Ride (WMR) Locator

When the transportation providers driver is signed on to NetNotes, the member will be able text "WMR" and the smartphone shows member the vehicle location on a map. The application also texts the member the provider's name, driver's name, and arrival time (Figure 10).

Trip Cancellations

InSight captures and stores trip cancellations either by single leg or for an entire trip. The CSR selects the customized cancellation reason from a dropdown box and enters an associated note with any additional information about the cancellation (Figure 11).

InSight sends an update to the assigned transportation provider notifying them of the cancellation via their preferred notification type.

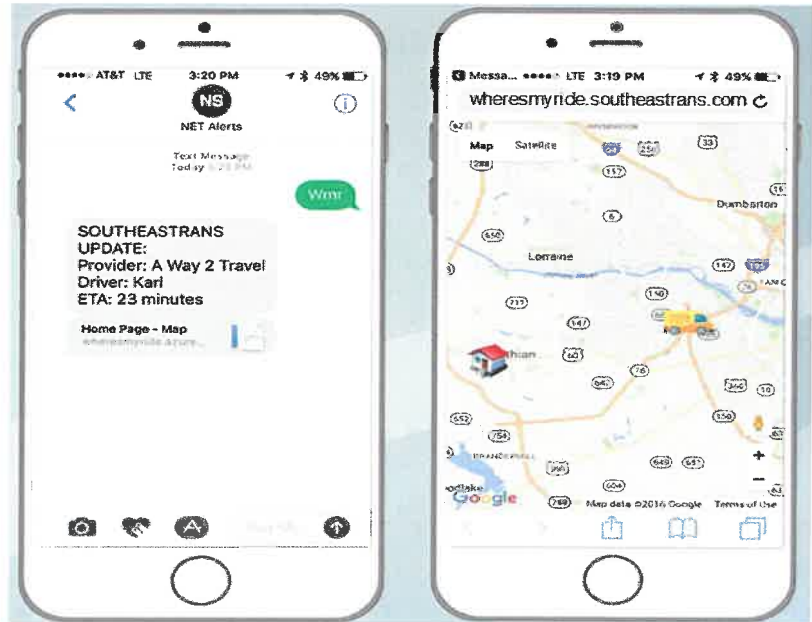


Figure 10 – WMR Notifications.

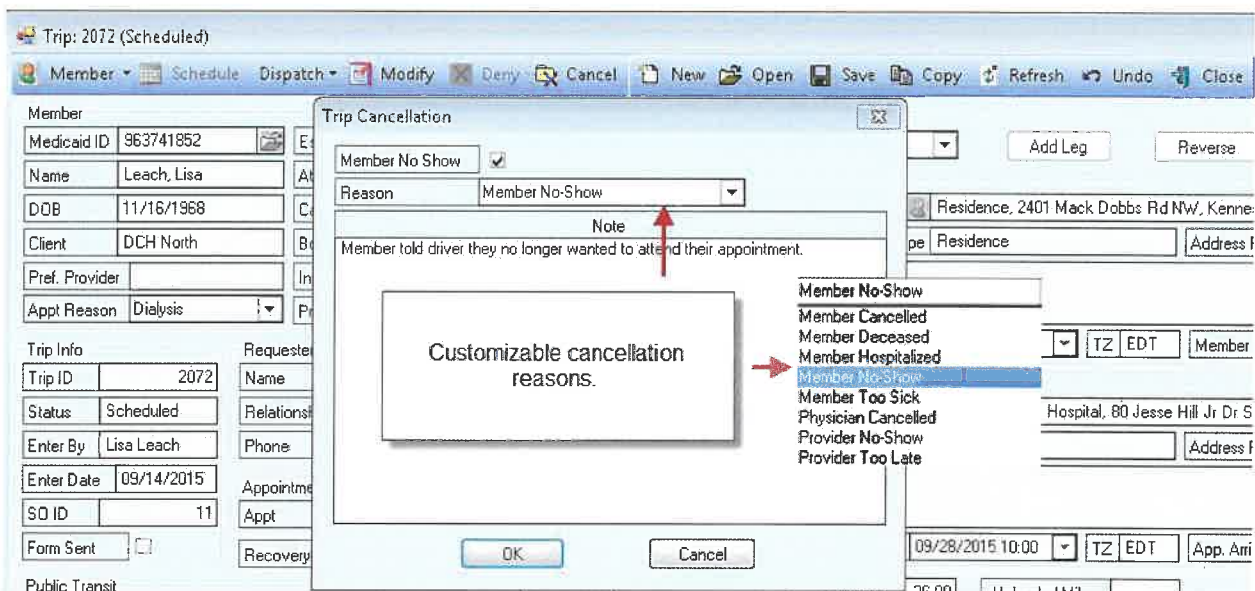


Figure 11 – InSight Trip Cancellation Screen: CSRs use this screen to document why a trip was canceled.

SETI also offers "chat" capability for our drivers. We are currently researching the benefits of offering "chat" to our members and facilities.

Meeting Requirements: This section meets the requirements outlined in **Appendix 1, Section I. NEMT Service Request Processing and Section III. Modes of Transportation.**

- 4.2.1.16 The Vendor should describe their plan to work collaboratively with the Bureau's Utilization Management Vendor or State MCOs or Office of Drug Control Policy/Bureau for Behavioral Health to assure that member services have met any prior authorization requirements prior to vendor scheduling and/or paying for member transportation.

Prior to any trip being scheduled or dispatched, we ensure that it meets all prior authorization requirements and that the authorization has been granted by the Bureau's Utilization Management Contractor (UMC) or from an authorized Agency representative for NEMT services. [\[A1.I.A.2.d\]](#) We also recertify any standing NEMT orders every 90 days or less.

During implementation we will work closely with the Bureau and the BBH to ensure that our scope of work includes all prior authorizations necessary for the ODCP program. We will develop procedures that meet the needs and requirements identified by ODCP's Recovery Transportation Task Team. These procedures are programmed into our *InSight* database to ensure that all scheduled trips are appropriate. We understand that ODCP/BBH is launching a new approach to this program and we are eager to help the Office qualify and implement best practices in this service category across the state.

To ensure appropriate authorizations are in-place for member transportation, we take the following steps during our call intake process:

- We automatically verify the member's eligibility in our *InSight* database.
- Any exceptions are identified, and additional eligibility verification is performed with the Bureau or MMIS.
- We verify the medical provider's name and facility information; our *InSight* system alerts us if the service is not covered.

Before scheduling out-of-state trips we take the following steps:

- We work directly with the State and all involved medical providers, including the referring provider and the receiving provider.
- We confirm the appointment is a medical service covered by West Virginia Medicaid and verify with the UMC that a valid prior authorization has been granted, if required.
- We confirm that for any dually eligible members, Medicaid is secondary and whether any portion of the trip is covered by West Virginia Medicaid. [\[A1.I.A.2.d\]](#)
- We ensure the BHR is the payor of last resort when no other eligibility exist.

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

Our system automatically notifies our network staff of any credentials (e.g., insurance, driver's license, background checks) that are expiring. The network staff reach out to the transportation providers to let them know they need to submit updated documents. If they do not submit updated documents, we lock out the specific vehicle, driver, or the entire provider fleet in our system. The system is unable to assign future trips to the driver/vehicle/provider, and any trips already assigned past the expiration dates will be reassigned to other providers.

Transportation providers are given appropriate advance notice at 60 days, 45 days, 30 days, 15 days, and 10 days that credentials are expiring.

Meeting Requirements: This section meets the requirements outlined in **Appendix 1, Section X. NEMT Providers' Drivers Policies and Procedures.**

- 4.2.1.18 The vendor should describe their plan/process for handling requests that are out of the members area, such as out-of-network/out-of-state services, how the service distance will be measured, and their plan/process for verification of the prior authorization of the Out-of-Network service by the Bureau's Utilization Management Vendor, Fiscal Agent, and/or MCO.

Out of State or Long Distance Travel [A1-IV.A]

We apply special consideration when a member must receive necessary medical care outside of the community or the state where the member resides. The SETI SSR manages all requests for out-of-state or excessive distances from the member's residence. We work with the primary care physician to obtain a Letter of Medical Necessity stating the reason the member is unable to be treated at a closer facility, and obtain approval from the Bureau's UMC or from an authorized Agency representative. If the member is approved for out-of-state or excessive distance, we verify that the selected provider is in-network. If the physician is out of network we also contact the Bureau's UMC for prior approval. We will monitor and report frequency of excessive distance trip request by members.

In the event the reason for the excessive distance or out-of-state trip was a result of a medical emergency and the member is being discharged and is able to be transported by private, basic, or enhanced auto or commercial air, we will provide the most appropriate transportation for the member and one escort.

[A1.I.D.8.c]

SETI authorizes exceptional travel without additional charges for members that meet the Bureau's approval and with appropriate prior authorization.

If a member is requesting a pick up out-of-state or they have moved out of West Virginia we will deny the request and notify the Bureau immediately.

Commercial Airline Transportation [A1.I.D.8.d] [A1.I.D.10]

Our corporate ancillary services team is responsible for coordinating all air transportation requested by the WV Medicaid's UMC. Once the exceptional travel is authorized, the ancillary services team coordinates the trip events and communicates directly with the member or their representative. We arrange and pay for airline tickets for the member and up to one escort. Tickets are delivered to the member by mail or FedEx, or if time constraints are crucial, can be obtained at the airport ticket counter. The member and escort's meals and lodging are arranged as described in the section below and are based on guidelines established for the West Virginia NEMT program.

*Southeastrans
coordinates and
manages more than
8,000 ancillary trips
each year!*

Meals and Lodging [A1.I.D.9]

Our corporate ancillary services team is responsible for coordinating all meals and lodging services at the request of the member. As noted above, all excessive distance trips will be verified and once the authorization is received from the Bureau, SETI will work with the member to schedule the appropriate transportation. SETI prepays for all lodging and transportation for the member and escort (if approved) based on guidelines established by the West Virginia NEMT program. To stay within state-approved lodging requirements we choose accommodations such as the Ronald McDonald houses or lodging that serves breakfast for our members. Members are educated on program requirements for reimbursement of meals and appropriate limits. If the member states they are unable to pay for the meals then we advance them the necessary funds via pre-paid cards.

Once the travel package is complete, our Vice President Of Operations signs off and financing sends the pre-paid card to the member. If time constraints are crucial, we FedEx the card directly to the hotel or place of lodging.

Meeting Requirements: This section meets the requirements outlined in **Appendix 1, Section I. NEMT Service Request Processing.**

4.2.1.19 The Vendor should describe their plan/process for identifying possible fraud, waste and/or abuse of the NEMT payments including, but not limited to: pick-up location verification, medical provider verification and repayments. This should include description on how trips are verified and the process for member and/or provider repayment.

Fraud and Abuse [A1.VIII] [A2.II]

Ensuring NEMT transportation for the future is critical to the Bureau and to SETI. The NEMT broker plays an important role in protecting and monitoring the program by working closely with the Office of the Attorney General, Medicaid Fraud Control Unit and the Bureau Office of Program Integrity's oversight responsibility for the integrity of the Medicaid programs, specifically regarding payment FWA. If we suspected FWA by any stakeholder in the West Virginia program will will notify the OPI and the Bureau's Contract Manager within 3 calendar days of discovery. We will support the Bureau in any investigation as request.

Screening for Excluded and/or Disbarred Entities

- SETI follows 42 CFR 1002 – Program Integrity State-Initiation Exclusions from Medicaid by screening all officers, managers, employees, subcontracted employees, transportation providers, and provider employees
- U.S. government System for Award Management check monthly
- The OIG exclusions lists
- The Bureau's compliance and performance review websites (all relevant State-specific websites)

InSight flags any matches found on the exclusion lists in the transportation provider compliance module so we do not request service from them. The compliance department produces reports for validation purposes and follow-up.

Program Integrity Staffing

Our internal audit and compliance departments support program integrity efforts and assist us in detecting and deterring FWA among transportation providers, healthcare providers, members, and our own employees.

The internal audit department functions as an independent department that provides program integrity oversight for the company at large and **reports directly to the CEO**. The internal audit department looks at all aspects of our operations, both internally and externally, from a compliance and FWA perspective.

The compliance department ensures our transportation provider network meets the requirements of the contract and **reports directly to our corporate counsel (NOT operations)**. The compliance department's primary focus is transportation provider network development, training, and compliance.

The work of both units is supported by **InSight**. This structure is unique to our industry and has proven to be unequivocally efficient in identifying and eradicating FWA within all the programs we manage. Both

*SETI is the ONLY BROKER that offers this **separation of duties**, ensuring that our operations and claims departments are not auditing themselves.*

departments function at the corporate level with the Bureau's local compliance staff. *InSight* is used to identify the types of fraud and abuse that typically occur within NEMT programs.

For the Bureau's NEMT program, we will employ additional compliance professionals who are dedicated to transportation provider training, compliance, and audit initiatives.

Program Integrity Plan

Our Program Integrity Plan is designed to clearly identify, define, and coordinate all internal procedures and processes used to prevent, detect, investigate, and report cases of FWA.

Prevention measures

- Pre-screening and credentialing of transportation providers
- Trip authorization functions
- Pre-trip validations
- Automated trip verification technology [A1.VII]
- Signature requirements
- Rotation of assignments
- Education and awareness initiatives

To ensure program integrity, we do not allow transportation providers to schedule transportation for members.

Detection methods

- In-field observations
- Post-trip validations
- Signature recognition studies
- Claim audits and reports
- Real-time mobile technology and data mining

The Program Integrity Plan follows our fraud and abuse policy that complies with the requirements of the Deficit Reduction Act of 2005 for detecting and preventing Medicaid FWA.

Compliance and Audit Functions

The critical objectives of our compliance and audit functions are to:

- Prevent, detect, review, and report member and transportation provider fraud
- Prevent and detect fraudulent and erroneous claims and payments to transportation providers
- Conduct timely and accurate payment to transportation providers

Compliance and audit staff conduct ongoing detection procedures such as unannounced spot checks of transportation providers, record reviews, random claim audit reviews, trip verification, member surveys, and examination of utilization trends to monitor member, provider, and healthcare facility fraud. They review and monitor our bus pass programs to confirm that members are receiving and using their passes appropriately.

[A4]

Types of Fraud that we Monitor

Medicaid Member	Transportation Provider	Healthcare Facility
Falsifying eligibility	Duplicate billing	Non-Medicaid certified facility
Kickbacks	Falsifying records	Misrepresenting member need
Card loaning	Non-medical trips	Misuse of public transportation
Repeated no-shows	Falsifying reports/signatures	fare/media
Misrepresenting access or need	Need and location verification	Medical provider verification [A1.VII]
Member reimbursement	Provider repayment	Provider repayment

Mobile Tracking Application and Program Integrity

The **InSight** Mobile Tracking Application not only tracks vehicles and members—enabling us to verify pick-up and drop-off locations—but also records trip details such as driver and vehicle identification, odometer reading of the vehicle at the time of pick-up and drop-off, and most important, the signature of the member. Signatures are captured electronically by the mobile device at the drop-off location. The technology provides the time and geo-coded location at the point of every pick-up or drop-off location. Compliance and audit staff at SETI can use these data elements to search for fraudulent activity among transportation providers.

Member and driver signatures ([Figure 12](#)) captured on the driver's tablet can be compared using customized reporting. This report may initiate a more in-depth review of claims and trip records to determine if fraud has occurred.

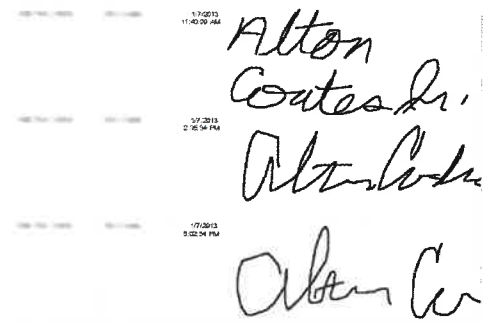


Figure 12 – Signatures Captured via Tablets.

Claims Payment and Validation

For more than a decade, SETI has streamlined our methodology of receiving trip claims, verifying trips, and processing payments to transportation providers in our network. Our advanced, in-house NEMT management system, **InSight**, facilitates the validation of transportation provider payments by performing verification of trip information through a system of checks and balances based on unique trip confirmation numbers. This minimizes or eliminates the potential for fraudulent claims.

Claims Audits

Claims audits are conducted specific to the state or client's requirements. These audits look at a percentage of total claims processed each month and assess standards as set forth by our clients, including anything from payment accuracy to timely payments. Claims are examined for different components for each contract, but in general:

- Vehicle and driver compliance
- Correct date of service
- Trip confirmation/leg ID
- Mileage/time of trip
- Member name/signature

Issues noted during a claims audit are communicated to the appropriate senior manager of transportation network and to the claims staff, along with recommendations for action. A follow-up is conducted every 30 days for a 90-day period to validate that previously identified issues are no longer occurring.

Program Integrity Activities Report

The internal audit team compiles extensive reporting on program integrity activities to include a bi-weekly dashboard update, an investigation report that documents findings for each case, and a final fraud report developed specifically for each client to meet the requirements of the contract.

Final Fraud Report

We are sensitive to the requirement of the Bureau and the way you choose to manage suspected and confirmed FWA within your program. We work with the Bureau to customize our internal processes in compliance with State and Federal requirements, including the process for reporting identified fraud and abuse to the Bureau.

The final fraud report has all the information outlined in the investigation report but includes information on each FWA incident, documented findings, supporting evidence, and a final determination.

Meeting Requirements: This section meets the requirements outlined in **Appendix 2, Implementation Requirements, Section II. Quality Assurance Plan.**

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

Transportation Advisory Council

SETI will establish a transportation advisory council comprised of NEMT members, NEMT member family representatives, member advocates, healthcare and transportation providers, and other stakeholders to provide feedback and suggestions to SETI and the Bureau regarding methods of enhancing the NEMT program. Committee members will be requested to serve on the committee for one year, which may be renewed. The committee will meet with this council as requested by the Bureau in various geographical regions of the State to ensure diverse input. Bureau staff may attend each council meeting.

Advisory council meetings will be held in two regions across West Virginia twice per year. We host an additional two meetings via webinar.

- 4.2.1.21 The vendor should describe their plan to provide a monthly report of the previous month's transportation trips that include, but not limited to: Medicaid recipient ID, date of service, servicing medical provider, and other data elements as determined by the Bureau.

SETI understands that timely, complete, and accurate data are key to supporting the NEMT program management goals; the Bureau needs monthly access to transportation information. SETI delivers secure, web-based access to member and provider profiles for enrollment, eligibility, and transportation scheduling. The following data fields are available in **InSight** and will be used to provide monthly transportation trip reporting to the Bureau.

- The member's Medicaid Identification Number
- The member's full name
- The member's address (on file with Medicaid)
- The member's county of residence (on file with Medicaid)
- The member's telephone number (on file with Medicaid)
- The member's Medicaid eligibility date
- The member's gender

- The member's date of birth
- The member's telephone number
- All other data fields required by the Bureau:
 - Program eligibility information
 - Third-party liability information
 - NEMT service type
 - Cost of service
 - Number of units provided
 - Special needs
 - Required or preferred mode of transportation
 - Member notes

We provide the Bureau with a wide range of standard, optional, and ad hoc reporting capabilities.

Meeting Requirements: This section meets the requirements outlined in **Appendix 3, Reporting Requirements**.

- 4.2.1.22 The vendor should describe how the plan to develop a monitoring report that shows increases or decreases in monthly transportation trips for those receiving services for Medication Assisted Treatment (including methadone and buprenorphine). At a minimum this report should include information that shows increases or decreases in NEMT utilization for MAT.

SETI has experience monitoring transportation utilization for MAT; we maintain comprehensive records for all transportation requests, including the medical provider and facility information. We deliver reporting to West Virginia that includes information showing increases and decreases in NEMT utilization for MAT by provider type.

Meeting Requirements: This section meets the requirements outlined in **Appendix 3, Reporting Requirements**.

- 4.2.1.23 The vendor should describe how they will inform BMS when providers are not compliant with verification that the member is being transported to a medically necessary service.

Additional Validation Checks [A1.VII] [A4]

To meet the required validation checks identified in the RFP, SETI will perform random pre-trip validation of 3% of all transportation requests each month, post-transportation validation on 2% of all trips each month, and validation on 5% of all fixed route transportation. We will work with the Bureau to develop and approve our methodology for this activity. Our verification specialist will be responsible for performing and tracking the required verification. We will program *InSight* to randomly select trips of all modes (public transit, basic and enhanced) each week for required pre and post trip verifications. SETI will also perform additional verifications that will exceed the 5% monthly requirement.

Pre-trip verification

To perform required pre-trip verification, our specialist will review the list of trips that need to be verified prior to member transport. The specialist will contact the medical provider by phone to verify that they are a Medicaid-approved provider and that the member has a medical appointment scheduled on the date and time identified. They will further confirm that the appointment reason is covered by Medicaid. Where necessary, our team will also verify trip authorization with an authorized Bureau representative or the Bureau's UMC.

All documentation will be entered into *InSight* for reporting purposes. If, during the call, the medical facility states that the member does not have an appointment the trip will be placed in a pending status until the member is reached for clarification and correction. If we confirm that no appointment is scheduled the trip will be cancelled, and a denial letter will be sent to the member explaining the reason for the denial.

If the medical provider refuses to cooperate with SETI in these verifications, we will document the situation in **InSight** and report the incident to the Bureau.

In addition to the 3% pre-trip random verification, SETI performs 100% pre-appointment verification on all standing orders. Two weeks prior to the end of the month, we contact all standing order facilities for verification that the member has appointments scheduled for the following month. This is automatically completed through the facility portal, where the medical provider can see all the upcoming appointments for their members. They can quickly note that appointments are the same or easily update a member's appointment frequency with a new standing order schedule.

Post-trip Verification

For post-trip verification, the verification specialist will repeat the pre-trip process with medical providers and verify that the member attended their appointment and the appointment was for a Medicaid covered service. All information gathered during this verification process is also entered into **InSight** for reporting purposes.

In addition to these validation checks, we perform 100% post verification on all mileage reimbursement transportation. To confirm appointment attendance, members are required to submit a mileage log that includes medical provider signatures. These logs are reviewed for accuracy and signatures are validated. Much like the pre-trip verification we also perform 100% attendance verification on all standing orders. This process is also online and easy for the facilities to complete. We also verify 100% of all monthly bus pass tickets for attendance prior to the next pass being provided.

Meeting Requirements: This section meets the requirements outlined in **Appendix 1, Section I. NEMT Service Request processing and Section VII. Validation Checks.**

Effective FWA monitoring can have significant impact on NEMT program costs. A responsible NEMT broker has an ethical, legal, and fiduciary duty to prevent, detect, investigate, and report provider adherence to verification procedures. We work with the Bureau to customize our internal processes in compliance with State and Federal requirements, including the process for reporting identified fraud and abuse to the Bureau.

Additionally, we provide the Bureau with an investigation report and a final fraud report that include information on all FWA incidents, documented findings, supporting evidence, and final determinations.

Office of Drug Control Policy-Optional Service

- 4.2.1.24 The vendor should develop and submit a plan on their engagement process with the Jobs and Hope program transition agents, whom will be responsible for booking non-medical travel with the NEMT broker.

Note: Members dually enrolled in both Medicaid and the Jobs and Hope program will utilize the vendor's services. Medicaid NEMT travel will be arranged directly with the member. Any travel under the Jobs and Hope program must be arranged through the Jobs and Hope transition agent.

Our plan to engage with the Jobs & Hope West Virginia program will ensure that West Virginians are able to obtain their non-medical and Medicaid NEMT travel needs. We understand this is a relatively new program; SETI's Project Manager (General Manager) will develop a relationship with key staff at the Jobs & Hope program to build a customized plan to serve West Virginia. We will develop a special unit within our Charleston call center to handle all ODCP transportation requests. To understand the unique needs and importance of these transportation services, the call center unit will receive additional, targeted training.

ODCP will also have access to our facility portal which will allow them to schedule, modify, or cancel transportation for their members. When scheduling online, ODCP will follow the same process as when scheduling NEMT services with a live representative. However, SETI will also provide a toll-free number so transition agents can contact the special unit directly. We understand that transportation for the Job & Hope program must be scheduled with the representative. In the event a member calls to schedule their own transportation we will educate them on the process and do a warm transfer to the appropriate division.

We will work with program transition agents to capture both a record of residential and recovery locations and eligibility for Jobs & Hope members and ensure coverage statewide for this critical program. To provide the same excellent service we deliver to our other members, we will establish data feeds and procedures that ensure this information is up to date. Our transportation providers follow the same processes and use the same tools for this travel as they do for all our members, ensuring consistent performance and analytics across all programs. We will be able to produce all the necessary reports as listed in [Appendix 3](#) of this RFP specific to ODCP.

- 4.2.1.25. The Vendor should develop and submit a strategic plan for how the vendor will design, develop, and implement a ride sharing solution.

ODCP

SETI has partnerships with taxis and other transportation network companies (TNC), such as Lyft and Uber, in many of the states we operate in. We can ensure a smooth transition for ODCP ride sharing—since we already have this working relationship with these organizations. Typically, we use TNCs for specific services or to augment our current networks where we are contractually allowed to do so. For Jobs & Hope program and other ODCP members we understand that the TNC model may be perfect; they respond very well to short notice trip requests and are able to scale well with volume changes. As trip volume increases, we will lean on our relationships with the TNCs to increase the available resources in different counties, augmenting our provider networks.

NEMT

For NEMT services, SETI will not use TNC providers to transport Medicaid members but we do allow transportation providers to multi-load members with similar travel patterns for greater efficiency. All transportation providers must ensure that riders are not in the vehicle for more than 45 minutes longer than

the average travel time for direct transportation. [A1.IV.C] [A1.I.D] [A4] **Please note: at no time will we sacrifice quality service to the Bureau or its members in the interest of efficiency.**

During the onboarding process we document the seating capacity of every vehicle. To enable ride sharing and multiple-member transportation, the system calculates the mileage of trips and can estimate the distance to member locations and appointment locations.

One of the most exciting web technologies that SETI has developed and deployed to our transportation provider network is NetNotes. It combines web and mobile technologies to present users with a comprehensive fleet management console. The console uses GPS locations of vehicles running the Southeastrans NetNotes app on tablets to enable drivers to see vehicle locations. Combined with messaging, turn by turn directions, traffic alerts, and more, this tool drives on-time performance and vehicle routing efficiency. Transportation providers can select a vehicle, and NetNotes identifies the driver, the passenger, and the details of their trip in real time.

The NetNotes system consists of a website and mobile application. Transportation providers can access the website to view vehicle locations in real time. They can also view historical GPS data and message their drivers using the message tool. Messages can be sent fleet-wide or to individual drivers.

NetNotes Program Key Features

- Ability to track their vehicles 24/7
- Ability to select the closest vehicle for a trip
- Improved member care and on-time performance
- Accountability for their fleet and drivers
- GPS access to all contracted vehicles broker-wide
- One-way broadcast messaging application for driving directions, traffic, and dispatch notes
- Integrated with National Weather Service Alerts
- Communication with their drivers via text message

Providers will also be able to:

- Send messages
- Send map/address links for directions
- Send trip info for specific trip IDs
- See the exact location of the vehicle
- Access the “Who’s on Board” feature, indicating who is in a vehicle (see *Figure 13*)

Who's on Board helps us ensure a member is a passenger and determines if there is room in the vehicle to pick-up another passenger.



Figure 13 - NetNotes Fleet Management "Who's on Board?" Feature

Meeting Requirements: This section meets the requirements outlined in [Appendix 1, Section IV. Miscellaneous Operating Rules.](#)

4.2.1.26 The Vendor should implement all contract requirements by the "go live" date of the contract.

SETI agrees and confirms that we will meet all requirements for the NEMT and ODCP contracts by the "go-live" date. To ensure efficiency and close coordination, we will build these two programs concurrently. See [Exhibit C](#) for a draft implementation plan. We will additionally meet all timelines for deliverables and testing. [\[A2\]](#)

Meeting Requirements: This section meets the requirements outlined in [Appendix 2, Implementation Specifications.](#)

4.2.1.27 The Vendor should provide documentation of their experience within the last five (5) years' operating a statewide Transportation Services program(s).

SETI has managed non-emergency medical transportation through State and Managed Care Organization NEMT contracts for more than 20 years. Our first client was the State of Georgia, and they are still our client today. We provide a valuable service to those that need help breaking barriers to medical care. We partner with our clients to ensure to provide safe, timely transportation to every program we manage. Please see the following pages for our past performance as a full-risk broker.

We manage multiple customer contracts similar in size and scope to the Bureau NEMT program. We currently operate under 12 NEMT contracts with nine clients in seven states and the District of Columbia, serving more than three million covered lives and performing nearly 5.5 million annual trips. Our call centers receive more than 4.9 million calls per year. We have established transportation provider networks in each state totaling almost 900 contracted transportation providers with approximately 5,300 NEMT vehicles and drivers. We have a successful track record in implementing large-scale contracts and a proven history of innovation and reliability. Please see [Figure 14](#) for a map of our state operations.

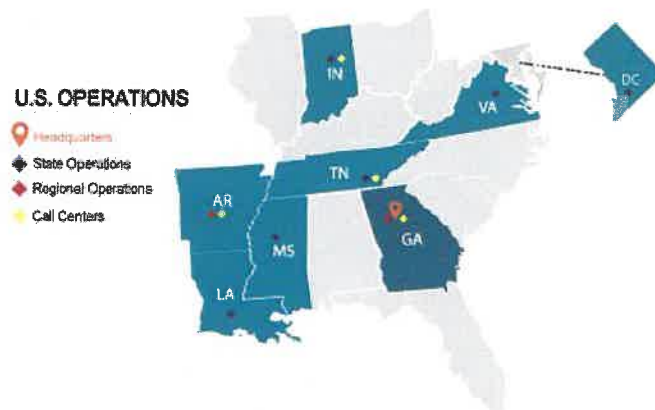


Figure 14 – Southeastrans service area: The color-coded map shows the States we have NEMT operations and the facilities we have in each state to manage the contract.

Longevity with our Clients (5+ years or greater)

We are in seven other states and the District of Columbia. We provide NEMT brokerage services in the following states and service areas.

State	Service Area	Years of Service (as of 2020)
Arkansas	A, B, C, D, and G	6
Georgia	Atlanta and North Regions (36 counties)	20
Tennessee	Statewide	11
District of Columbia	District	8
Louisiana	Statewide	4
Virginia	Statewide	4
Indiana	Statewide	2
Mississippi	Statewide	1

4.2.1.28 The vendor should provide a plan as to how they will provide statewide transportation services in all 55 counties of WV.

The first step in developing a network is identifying needs across all 55 West Virginia counties. SETI develops transportation networks consisting of various vehicle types including common carrier, ambulances, specialized medical vehicles, and public transit in sufficient numbers to exceed trip volume requirements 24/7.

The Vice President of Network Development (Ray Blanco) is responsible for identifying and building a comprehensive network in West Virginia. They work collaboratively with the implementation team and other key personnel to determine service area coverage requirements. Using an algorithm, we can predict the number of trips per month by day. To assure continuous network coverage, our operations team analyzes past trip data to establish utilization patterns based on the following:

- Data provided by the Bureau in the RFP
- Anticipated Medicaid enrollment
- Mobility type and seating capacity
- Number of vehicle types (ambulatory, wheelchair, or stretcher)
- Geographic information by city, county, and zip codes
- Chronological trip history to determine the need for transportation provider resources
- GPS availability within the regions for tracking and recording trips
- Number of medical facilities/offices in an area

We can determine expected trip volume and calculate the number of providers needed by mode. We will continue to build out the network with volunteers and new providers to ensure that West Virginia members in all programs do not miss vital transportation.

Identify Local Resources (NEMT and ODCP)

When building a network in an existing market, we begin by researching the federal NPI organization for existing state and local transportation resources. In addition, we search for local resources by:

- Gathering a list from the exiting broker
- Hosting town hall meetings in the local community, advertised through papers, radio, and websites
- Visiting medical communities to see the transportation resources and speak with the facility to gain a better understanding of their needs
- Reviewing the Bureau's list of approved providers
- Searching church bulletins (volunteer drivers)

The West Virginia Substance Use Response Plan published in January 2020 identifies the ODCP's need to expand transportation services statewide. The Community Engagement and Supports section includes the goal of increasing the availability of transportation for members to access prevention, early intervention, and treatment and recovery services. Based on our experience building NEMT transportation networks, SETI has developed proven methods that remove barriers to transportation for all populations.

Building a network for ODCP begins in the same fashion as building the NEMT transportation network and requires a broker with the experience and history innovation that SETI provides. We will work with the Office to develop a model that addresses the unique needs of ODCP members. At a minimum, transportation providers engaged in driving for ODCP members will receive advanced training on the requirements of delivering these services, including maintaining availability with less than 24 hours' notice. We may recommend leveraging our relationships with Uber and Lyft to begin the expansion of services into all counties in West Virginia.

We will also assist the Office's Recovery Transportation Task Team with the collection and interpretation of best-practice transportation data and validate its key performance indicators for this critical service.

Building a Transportation Provider Network [A1.II.A]

The success of the program rests on the ability to identify and build a network of reliable and safe transportation providers for all medical and non-medical transportation requests. To build a network of a size that meets the needs of West Virginia, we will meet with local transportation companies and current program vendors. Creating the smoothest implementation experience for your members, we will leverage current transportation providers that meet the Bureau's and SETI's contractual requirements who are interested in continuing to provide NEMT services in the state of West Virginia. We will also identify underutilized resources such as non-profit community resources, regional public transit agencies, and volunteer driver networks, and expand the use of these resources where applicable. We will also develop solutions to address transportation needs in underserved areas prior to go-live.

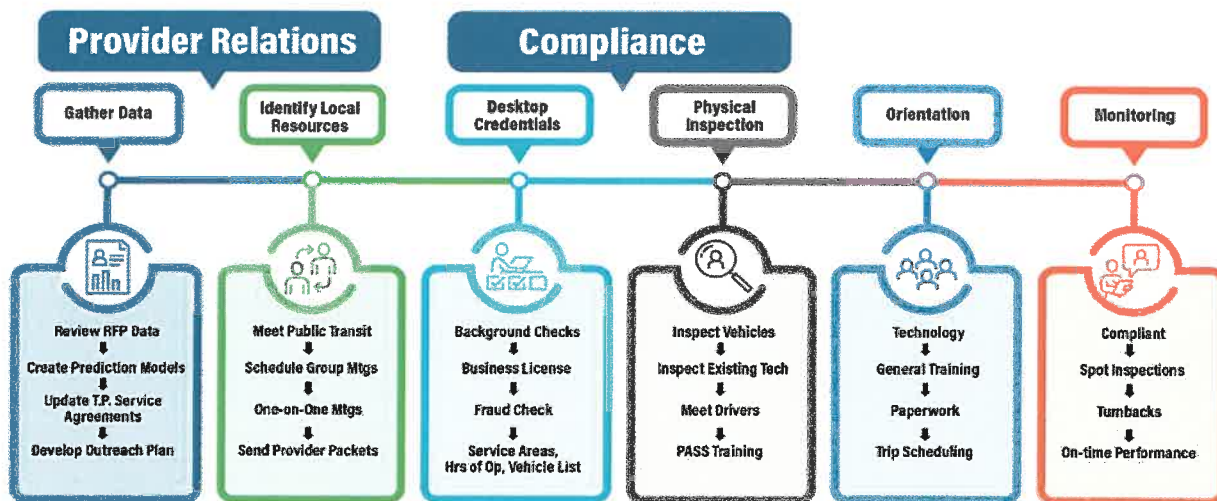


Figure 15: Design and development workflow for the process we use to build transportation provider networks.

To meet the NEMT needs of your members, SETI will develop a network that include the following modes and numbers by the operations start date:

- Mileage Reimbursement [A1.III.B]
- Public Transit (fixed and deviated routes) [A1.III.A]
- Basic Vehicles: 269 [A1.III.C]
- Enhanced Vehicles: 23 [A1.III.D]
- Other Transportation: Includes Trains, Greyhound, Fixed Wing Air [A1.III.E]

As required by the RFP, we have started collecting Letter of Intent from network providers. Please see [Exhibit I](#) for copies of the letters. Ray Blanco will lead the efforts to expand the network in West Virginia to ensure that all members receive timely transportation. We track geographic coverage throughout the life of the contract. During credentialing Transportation providers must identify their service area by county. This data is stored in our Insight system for easy tracking. This county level detail will be provided to the Bureau during implementation and no later than 30 days prior to contract go live. [A1.II.D]

At no time will SETI serve as a NEMT provider in West Virginia. [A1.IV.E] Additionally, our implementation plan ensures that there will be no delegation of service. [A1.II.A]

Transportation Provider Credentialing

Upon notice of award, we will begin the credentialing and training process to assure an adequate network of transportation providers to meet the needs of the Bureau's contract prior to go-live.

Identifying and educating local transportation providers starts during the RFP process and continues throughout the life of the contract. Our proven process has been refined over the last 20 years to ensure that transportation runs efficiently from the first day.

We document our transportation providers electronically, allowing us to digitally manage our provider files. Our compliance team tracks the movement and status of records to easily retrieve and audit them. All hard copy business files are scanned to this shared image storage and organized by contract and provider. We use our **InSight** system's relational database as the source for reporting critical compliance data.

Once we have a solid list of transportation providers and vehicles, we start the credentialing process. During this process, we meet with each provider to establish our expectations and review the provider's paper records to ensure they meet the minimum standards of the Bureau and SETI.

We check that the transportation provider hasn't been convicted of any fraud or barred from working with Medicaid/Medicare programs using a Federal Office of Inspector General (OIG) verification program that automatically checks every name in our **InSight** provider compliance module. This specialized application flags any matches found on the exclusion lists and provides reports for validation purposes. In addition to the first check, we perform automated checks using **InSight** on monthly basis.

Credentialing Process

Our approach to transportation provider credentialing and risk management is ***one of the many differentiators between SETI and our competitors***. We proactively and aggressively monitor driver and vehicle credentials through stringent protocols requiring timely submission of documentation. Our West Virginia compliance manager, supported by compliance officers, will have oversight responsibility to ensure transportation provider compliance with all contractual requirements, applicable laws, regulations, and ordinances.

The business files we maintain for each transportation provider include the following:

- A copy of the executed transportation provider contract between SETI and each provider
- Transportation provider's business licensure and any required permits from the counties or cities in which the provider operates
- Legal documentation defining the responsible corporate organization for reporting any permits/corporate licenses/regulatory documentation as required by the county or city in which the transportation provider operates
- Insurance certificates with liability limits required in the RFP that name SETI and the Bureau as additional insureds
- Vehicle listings (update notice required at change of fleet in/out)
- Driver listings (update notice required at change of driver roster to include new hires and terminations)
- Copies of all driver credentials including licenses, training certificates, criminal background searches, sex offender searches, Medicaid and Federal program exclusion lists, drug screenings, and motor vehicle reports
- Records of the initial vehicles' inspections and all subsequent inspections [A4]
- Data collected from vehicle each vehicle inspection, including odometer readings and description of inspection activities (e.g. verification that vehicle meets RFP and contractual vehicle requirements, inspection of equipment such as brakes, tire tread, turn signals, horn, seat belts, air conditioning/heating)
- Originals of subsequent vehicle inspection reports, including communication regarding related follow-up actions
- Event reports, including complaints against the driver or accident/incident reports

The **InSight** Provider Profile Compliance screen enables data recording, storage, and custom reporting on the criteria needed to effectively manage the ongoing contract compliance of each transportation provider. All SETI providers must be fully credentialed prior to starting service in our network. Our **InSight** system is used to continuously monitor provider credentials to verify all documentation is current.

Any compliance deficiencies must be corrected and appropriately documented in the transportation provider file prior to reinstatement in the network. All provider inspections and other monitoring activities, including driver credentialing checks and vehicle inspections, will be documented in the provider's permanent file. Any deficiencies or instances of non-compliance will be documented along with follow-up actions, associated corrective action plans, assessment of liquidated damages, and final resolutions. [A4]

Driver Requirements [A1.X.A]

Drivers and Attendants employed by the Transportation Providers must meet all RFP and SETI requirements, including background checks, drug/alcohol test and DMV records. See **Exhibit H** for a copy of our draft West Virginia Service Agreement, we have started customizing this agreement to meet all the driver requirements as listed in Appendix 1, Section X.A.

Vehicle Requirements [A1.IX]

Transportation providers operating under contract with SETI are required to use only vehicles that have been inspected and approved by our Compliance Officers. Before a vehicle is permitted to deliver transportation services, it must comply with all applicable federal laws, ADA regulations [A1.IX.A], and meet the West Virginia Department of Motor Vehicles licensing requirements and safety standards. A complete listing of our NEMT vehicle qualification standards, which includes the requirements of the RFP, is outlined in our Transportation Provider Service Agreement. See **Exhibit H** for a copy of our draft West Virginia Service Agreement, we have started customizing this agreement to meet all the vehicle requirements as listed in Appendix 1, Section IX.

Vehicle information is also documented in **InSight** for each transportation provider in our network. Each vehicle is subject to an initial inspection prior to being placed into service and bi-annual inspections thereafter. We also perform interim or "spot" inspections on random vehicles each month. Any provider's vehicle found in violation of any vehicle standard will be removed from service immediately.

Through a highly developed monitoring and reporting process, SETI can verify that licensing and insurance documentation for vehicles, drivers, and attendants for all transportation providers participating in our network meet NEMT and contractual requirements.

Physical Vehicle Inspections (On-Site) [A1.IX.C] [A4]

A member of our compliance team physically inspects every vehicle during implementation and again every 6-months. We always inspect vehicles in our network in person, after each inspection the compliance officer will place a SETI inspection sticker on the vehicle. The SETI inspection sticker will include the VIN and license plate number of the approved vehicle. All vehicle inspections are documented with photographs to verify the vehicle condition at the time of inspection. Our compliance staff digitally stores all photographs taken during vehicle inspections, inspection forms, and accident/incident investigation records. SETI compliance officers conduct unscheduled "spot" inspections in the field on a periodic basis. The spot inspection checks for key safety items and required documentation using an inspection form on our mobile application. The files and associated photos are uploaded as PDF documents to our database and stored by VIN. These inspections are conducted randomly and are often associated with a complaint report indicating a service issue. The inspections only require a few minutes to complete, so drivers are not delayed in rendering service.

Our compliance officers will ensure that all transportation providers meet or exceed NEMT requirements throughout the term of the contract. They will monitor and document provider compliance with Appendix 3

and the RFP and with all State and Federal laws and regulations, including ADA regulations [A1.IX.A], through record review and maintenance, scheduled and unscheduled vehicle inspections, and periodic field observations.

SETI maintains an image repository that is used by the compliance staff to store photographs and inspection forms. All vehicle inspections are documented with photographs to verify the vehicle condition at the time of inspection. The *InSight* provider profile maintains vehicle inspection data as part of the compliance files entered for every vehicle in every fleet of our transportation provider network. Each inspection has an associated type to indicate the disposition of the vehicle's inspection.

Any vehicle that fails inspection due to non-compliance is removed from service until corrective action is taken and the vehicle has been re-inspected. All deficiencies and resulting actions will become part of the vehicle and driver's permanent records.

During implementation we will submit a final credentialing plan that meets the RFP standards. Please see *Exhibit C* for our draft work plan for timing of the credentialing plan. [A2.III.A]

Meeting Requirements: This section meets the requirements outlined in **Appendix 1, Operational Specifications**.

4.2.1.29 The vendor should provide a plan as to how they will provide on-demand ride response services with responses occurring within a maximum of one 24-hour period

We understand that not all trips can be scheduled in advance and our network design will include accommodations for on-demand responses with 24 hours.

ODCP Network Plan: While building the network for the ODCP we will comprehensively explain the needs of the program to our transportation providers. Specifically, we will ensure their understanding that trips often need to occur with less than 24 hours' notice. ODCP will have the ability to schedule trips using our online system. During implementation we can identify in *InSight* which transportation providers, including Lyft and Uber, have agreed to provide services with less than 24 hours' notice. When the ODCP schedules transportation for their members, *InSight* will have the ability to auto-assign a transportation provider. *InSight* will immediately send the transportation assignment to both the transportation provider and our internal staff. Each morning SETI will review the assigned trips for the day. If any trip is unassigned for any reason the staff member finds a transportation provider to accept the assignment.

NEMT Network Plan: Although Medicaid requires advance notice, we recognize that not all trips can be made in advance. We have developed the following process for trips with less than the appropriate notice.

Same Day/Urgent Transportation [A1.I.B]

We define same day/urgent trips as an unscheduled, episodic situation in which there is no immediate threat to life or limb, but the member must be transported on the day of the request because treatment cannot be delayed. Examples of urgent trips that we authorize include:

- A member requires chemotherapy, radiation, or dialysis on short notice.
- Post-surgical or medical follow-up care is scheduled by a medical provider occurring in fewer than two days.
- Physician requests that member must immediately see another physician/specialist.
- A hospital discharges a member.

All urgent transportation will be verified by the member's medical provider. All urgent trips will be authorized or denied at the time the request is made based on the information received. When training our network of transportation providers, we encourage them to keep open availability for short notice same day trips. We do this so we can always accommodate urgent transportation. To improve the member experience we attempt to

schedule a member request for same day service, if the network has any availability, even when that request doesn't meet the standards of "urgent." We explain to the member that we are not always able to accommodate these types of trips and provide continued education on the appropriate days' notice. This practice sets us apart from our competitors.

- 4.2.1.30 The vendor should provide a plan as to how they will provide on-time rides by arriving at the time stated scheduled during booking.

During the onboarding process we document the seating capacity of every vehicle. Transportation providers leverage our NetNotes fleet management system to calculate the mileage of the trip and estimate the number of trips a provider can take each day. This data ensures that our providers can perform services on-time, every time. We require all transportation providers to contact the member the night before their scheduled appointment to confirm their trip and review the pick-up times. We do not allow the transportation provider to change pick up times or locations without prior approval by SETI.

When the transportation provider arrives at the pick-up location, they make their presence known and wait at least 5 minutes after the scheduled pick up time. If the member fails to come to the vehicle the drivers are required to notify their dispatcher before leaving. The transportation provider also marks the member as a "no-show" on their iPad, which is captured in our system.

Members and medical providers are contacted in the event of an anticipated late arrival due to traffic or other issues. All late arrivals by transportation providers are tracked in the *InSight* system. These data are used to determine overall provider performance and identify the need to implement corrective actions.

No more than 5% of the scheduled trips will be late or missed per day. SETI understands that the State may waive the 5% late/missed requirement in situations for non-critical medical services where a delay or failure to appear for a pick-up may arise from unforeseen circumstances in a geographic area such as flooding, excessive snow, other widespread weather conditions, or security threats impeding travel which may or may not result in a state of emergency issued by the Governor. [A1.IV.B] [A4]

Meeting Requirements: This section meets the requirements outlined in **Appendix 1, Section IV. Miscellaneous Operating Rules, Item B. On-Time Arrival.**

- 4.2.1.31 The vendor should describe how they will use multi-passenger trips when possible.

Our provider NetNotes system enables drivers and dispatchers to view scheduled trips to determine if there is room to include another passenger. We assign our transportation providers trips and encourage them to multi-load trips whenever possible and approved and when the circumstances meet HIPAA regulations and time restrictions as required.

Group/Shared Rides [A1.IV.C] [A1.I.D.3] [A4]

As part of our contractual Transportation Provider Service Agreement provided in *Exhibit H*, we allow transportation providers to schedule multi-load trips as long as the passenger is not in the vehicle 45 minutes longer than the average travel time for direct transportation from point of pick-up to destination. This requirement is included in the provider orientation training and driver training classes.

Meeting Requirements: This section meets the requirements outlined in **Appendix 1, Section IV. Miscellaneous Operating Rules, Item B. On-Time Arrival and Item C. Travel Time on Board.**

- 4.2.1.32 Vendor should provide a plan as to how they will maintain an 80 percent on-time rate for all rides authorized using the ride booking platform.

Assuring on-time performance begins during implementation. The network must be adequate so transportation providers can schedule efficiently. We ensure an on-time rate for your members through

thorough network development and comprehensive training of our transportation providers. Drivers are appropriately booked and able to handle the volume required as well as clearly understand their contractual on-time requirements. SETI monitors the on-time performance of all transportation providers to assure compliance with the required 80% on-time rate and includes these requirements in the provider agreement. All our vehicles are tracked via GPS. Our technology provides the time and geo-coded location at the point of every pick-up or drop-off location. SETI uses these data elements to verify appropriate, timely activity from our transportation providers.

We also leverage data from our “Where’s My Ride” call logs and complaints, and we audit our claims to manage on-time performance and transportation provider service levels.

- 4.2.1.33 The vendor should provide an approach and methodology to personnel management that include contingency plans to ensure adequate coverage of program needs and requirements.

We carefully calculate staffing needs based on data provided during the proposal development process and contained within the Bureau’s provided documents. The proposal presented above and the staffing and resource information in the following sections provide a comprehensive plan to establish and maintain a high-quality, high-value NEMT Program for the Bureau. We use proven broker-managed concepts, coupled with our advanced technology and innovative transportation management techniques and business practices, to manage personnel and assure appropriate service levels. As the West Virginia program expands, we can scale our staffing to ensure that we have adequate coverage. We also cross-train employees for efficient continuity and knowledge transfer.

- 4.2.1.34 Vendor should provide a plan as to how they will develop and implement a platform for users'with the following services

4.2.1.34.1 Ride scheduling and dispatch platform for participants by an Authorized User.

4.2.1.34.2 Coordinated transportation network services

4.2.1.34.3 Network intelligence application (analytics and reporting tools).

4.2.1.34.4 In person training and on-boarding of Authorized Users.

Unlike other companies, SETI built our technology *InSight* from scratch. Because our systems are developed in-house, they have been crafted to meet our exact requirements and function for appropriate use cases for NEMT brokerage. We have not purchased “off the shelf” software and tried to customize it for our purposes. We own, maintain, and support the source code for *InSight* and have support available 24/7.

Having intimate knowledge of our systems allows us to incorporate new requirements and standards into the software without the need to work with a third-party software vendor. Our system will be customized to meet ODCP/BBH requirements. The system currently performs eligibility verification, gatekeeping, ride scheduling, trip assignment, dispatching, and all reporting function. The *InSight* platform also captures authorized user information, coordinates our transportation network, and provides intelligent data analytics capabilities.

We regularly include family members and other authorized users in our communications materials and training. We look forward to working with the Bureau on a plan to provide in-person training to authorized users.

- 4.2.1.35 The vendor should provide a plan as to how they will conduct training and education about the application to Authorized Users as designated by the Office of Drug Control Policy.

Training includes targeted curriculum for ODCP-identified Authorized Users. We cover topics such as understanding eligibility; how to request, modify, or cancel transportation; and how to file a complaint. Our outreach staff will work closely with the agency to create any additional educational materials needed for this

population, and we will develop and conduct training for Authorized Users during implementation and through the life of the contract as new Authorized Users are identified.

We currently provide educational materials for members, authorized users, transportation providers, and medical facilities for all our contracted agencies. We look forward to working with the Bureau on a plan to provide in-person training to authorized users.

- 4.2.1.36 Vendor should provide describe how they will comply with monthly reporting, as defined by the Office of Drug Control Policy, that allows for compliance monitoring of service level agreements.

InSight captures all data entered into the system; our Business Analyst will customize the program to run all monthly reporting requirements for ODCP. These reports are reviewed by the Program Manager and Quality team to ensure that we are meeting all service level agreements. SETI understands that timely, complete, and accurate data is key to supporting the STP program management goals. We will provide the ODCP with a wide range of standard, optional, and ad hoc reporting capabilities that meet and exceed these requirements. We will provide monthly reports that allow for compliance monitoring. Please see *Exhibit D* for a sample reporting package.

- 4.2.1.37. The Vendor should describe their plan to partner with ODCP/BBH on the option to roll after-hours calls over to a 24/7 behavioral health line.

Timely care management of ODCP/BBH members is critical to their wellbeing. During the implementation of the program, our team will work closely with ODCP/BBH to ensure our training programs include identification of the types of calls that require warm transfer to the behavioral health line. We are expanding the hours of the call center for West Virginia to ensure all members have access 24 hours a day. CSRs will be fully trained to perform warm transfers for urgent or emergent behavioral health needs.

- 4.2.1.38 The Vendor should describe their plan to partner with ODCP/BBH on options for people to receive transportation to a behavioral health level of care not eligible for NEMT; for example, those leaving one level of SUD treatment service (e.g., residential treatment, crisis service, hospital, etc.) to be transported to another level of care, such as recovery residences; or to the safest and most secure location for interim services while the person waits for another level of residential service or receives outpatient treatment services.

The benefits of working with a smaller broker is our flexibility. We will work closely with ODCP/BBH to develop a program that provides the best transportation solution for your members. SETI understands that the transportation is more than just a ride; getting members to their appointments is critical to their wellbeing and a lack of insurance shouldn't be a barrier to seeking care. *InSight* will track these trips and our specially trained staff will ensure that members can access the care they need.

- 4.2.1.39 The Vendor should describe their plan to partner with ODCP/BBH on optional initiatives to recruit drivers/driving services or other methods to increase acceptance call rate in counties with a history of unsuccessful trips.

It is our policy and practice to work directly with our clients on initiatives to develop our networks in underserved (or previously poorly served) areas. We will work with ODCP/BBH during implementation planning to identify the counties where ODCP/BBH recognizes a history of unsuccessful trips. We will explore options to address the current lack of resources and increase services in those counties. As stated in our response to Question 4.2.1.28, our field staff will invest hands-on time in the region to identify existing under-used transportation resources. We develop relationships with volunteer organizations such as community centers, churches, and the Red Cross; we also survey surrounding counties for transportation providers and

engage them to expand their services. We look forward to partnering with ODCP/BBH on these initiatives and bringing our experience to meet this need.

- 4.2.1.40 The Vendor should describe their plan to partner with ODCP, as part of their Education for Providers, to educate behavioral health providers on the process for "urgent" protocols in which the receiving facility verifies the individual's visit as both urgent and requiring services within a certain number of hours.

SETI will work with ODCP to develop appropriate training and education materials for the requested protocols and to develop a model that addresses the unique needs of ODCP members. Behavioral providers offering services to ODCP members will receive advanced training on the requirements of the protocols. We have dedicated Outreach Coordinators that work directly with the medical and behavioral health community and other agencies. We provide educational materials and face-to-face training for procuring member transportation services. We create handouts that we leave with the agencies and provide important contact numbers. Our care managers have years of experience developing protocols for urgent and time-sensitive situations.

- 4.2.1.41 The Vendor should describe the option for its procedures for follow up with individuals within the same business day of urgent trips, re-routed trips, or refused/declined trips, via notification of a method approved by the individual such as a call from an approved call line, peer worker, receiving facility's outreach worker, or family member or friend.

To ensure timely communication and member satisfaction and engagement, SETI offers a variety of communication methods. During the call intake process we verify the members preferred phone number and method of contact to ensure that we have current information. We encourage members to provide a second number or other outreach method, which is documented in *InSight*.

In addition to the initial call intake for an urgent or same day transportation request by a member or facility, CSRs perform follow-up calls to verify their transportation arrangements. If the member has previously opted-in to text messaging, they will also get a text with their trip assignment.

Late Pick-ups and Arrivals

If a transportation provider calls our dispatch team to report a delay in arrival, the dispatcher will contact the member or their representative to inform them of the late arrival. If there is an indication that the delay will jeopardize the member's on-time arrival to their appointment, an additional call will be placed to the medical provider informing them of the late arrival and to ensure the member can still be seen.

All late arrivals by transportation providers are tracked in the *InSight* system. This data is used to determine overall Provider performance and the need to implement corrective actions to cure a performance deficiency.

- 4.2.1.42 As part of the secure, web-based inquiry system for NEMT providers to access NEMT Services trip authorization information, the Vendor should describe its online/electronic process for urgent, same-day request submissions to be merged with the BMS data file; and to assign a "ODCP/BBH Transport Charity Care" number prior to when the Medicaid ID number is assigned or otherwise who do not have NEMT eligibility on the date of service.

InSight provides timely and secure access to trip authorization information. We leverage *InSight* to manage urgent, same-day request submissions. We are experienced with data integration and can merge data with the BMS file, as requested. To meet the needs ODCP has identified, our systems enable us to assign special codes/IDs to members who do not have NEMT eligibility on the date of service.

4.2.2 Mandatory Project Requirements -

The following mandatory requirements relate to the goals and objectives and must be met by the Vendor as a part of its submitted proposal. Vendor should describe how it will comply with the mandatory requirements and include any areas where its proposed solution exceeds the mandatory requirement. Failure to comply with mandatory requirements will lead to disqualification, but the approach/methodology that the vendor uses to comply, and areas where the mandatory requirements are exceeded, will be included in technical scores where appropriate. The mandatory project requirements are listed below.

- 4.2.2.1 The Vendor must at all times observe and comply with federal and State of West Virginia laws, local laws, ordinances, orders, and regulations existing at the time of, or enacted subsequent to, the execution of a resulting contract which in any manner affect the completion of the work. The Vendor must also comply with Chapter 524 of the West Virginia State Medicaid Manual, Chapter 27 of the West Virginia Bureau for Children and Families Income Maintenance Manual, 42 CFR § 440.170, and follow the Bureau's exclusions.

SETI agrees and will comply. With more than 20 years' experience managing NEMT programs, we are uniquely positioned to understand Federal and state laws relevant to our industry. Our on-staff general counsel Chris Lee oversees all legal and regulatory compliance. SETI will provide the Bureau with a designated West Virginia compliance manager, supported by compliance officers, who ensures transportation provider compliance with all contractual requirements, applicable laws, regulations, and ordinances of:

- Federal, state, and local agencies in the jurisdictions we operate (including taxicab authorities and ambulance authorities)
- Americans with Disabilities Act (ADA) vehicle requirements, 49CFR Part 38, Subparts A and B [\[A1.IX.A\]](#)
- Bureau service agreement and guidelines

Meeting Requirements: This section meets the requirements outlined in [Appendix 1, Section I. NEMT Service Request Processing](#).

- 4.2.2.2 The Vendor must agree to provide increased staffing levels if requirements, timelines, quality or other standards are not being met, based solely on the discretion of and without additional cost to the Bureau. In making this determination, the Bureau will evaluate whether the Vendor is meeting deliverable dates, producing quality materials, consistently maintaining high quality and production rates and meeting contract standards without significant rework or revision. Beginning thirty (30) calendar days prior to the Operations start date and commencing through the end of the Contract, the Vendor will not reduce staffing without BMS approval.

SETI agrees and will comply. Over the past two decades, SETI has developed unmatched experience establishing appropriate staffing numbers based on existing member and transportation data. We are skilled at anticipating changing needs and identifying strategies to augment staff and provider networks to meet requirements. We consistently monitor call center, provider, and operational activities and service level trends to ensure we meet key performance metrics. We will work with the Bureau on any staffing level increases necessary to meet deliverables, contract standards, and provide the highest quality services to its members.

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

Call Center / Business Center

SETI will establish a local business office and multi-lingual call center that is fully compliant with ADA, HIPAA, and all other West Virginia state and federal regulations for management of this contract. The West Virginia business/call center office will be located within fifteen miles of the West Virginia State Medicaid agency in Charleston, West Virginia. We are currently scouting potential office sites in Hillcrest Office Park and Cross Lanes that have the appropriate space and amenities for the West Virginia program. These locations offer additional space for expansion of the Bureau programs and will enable SETI to offer roll-over call center services to our other clients. The 7,000-11,000 square foot suite we are selecting will be equipped with a high-speed fiber internet connection to support the required call center service demand and lines for fax capabilities. In the event of a power failure we will have a battery back-up system that will allow the call center to remain operational for at least 8 hours with no loss of data collection. In the event the power failure last longer than 8 hours, SETI will work with the Bureau for the best solution including rolling over to redundant call center. [A1.XI.H.7]. See **Exhibit B** for Business Continuity plan for redundant capabilities. [A1.XI.H.9]

The local office will house all key staff listed in the RFP; for more information on staffing plans please see **Sections 4.2.2.2** and **4.3.1.3**.



Figure 16: Hillcrest Office Park - Located 3.4 miles from WV State Medicaid Office. This space has the flexibility to support a 24/7 call center and all business office functions.



Figure 17: Cross Lane location: Recently converted into an 80-seat call center. Already configured with all the necessary amenities to support a 24/7 call center. This site is located 13 miles from the Bureau.

Local, In-house Services

Call center services are maintained during normal operating hours of 7:00 a.m. to 6:00 p.m. local time, Monday through Friday, except on legal state holidays. ***All NEMT program calls will be answered in the established West Virginia call center except potentially during disaster recovery situations.*** In an effort to ensure all West Virginia calls are answered in West Virginia we will additionally designate the local office as one of our after-hours calls centers—not only for the Bureau, but for other clients as well. After hour calls are typically reserved for urgent trips and hospital discharges and are answered by a live representative.

CSRs will schedule other members calling after-hours, but the caller will be educated on the scheduling process and the conversation will be documented for future tracking and compliance. In the event that we are unable to operate the call center due to severe weather or other unusual situations, all callers will hear a recorded message that details the current or modified hours of operation and a message encouraging the caller to dial 911 if it is an emergency situation.

SETI will not delegate screening, authorization, or scheduling duties to other entities and will at all times retain responsibility for the proper performance of dispatch activities.

Multiple Queues [A1.XI.G]

We will include separate toll-free numbers to the center enabling us to respond to calls on these circuits:

- A dedicated toll-free number for routine NEMT requests (Monday through Friday, 7:00 a.m. to 6:00 p.m.) [A1.I.D.8.a]
 - A dedicated queue for Urgent (same day/next day) and after hours' hospital discharge calls
 - A dedicated queue for complaints
 - A dedicated queue for medical facilities (standing orders) [A1.I.D.8.b]
- A dedicated toll-free number called "Where's My Ride" that enables members to inquire about the arrival time of their scheduled transportation provider
 - If it is determined the Provider will not arrive in time to deliver the member to their appointment at their scheduled appointment time or arrive in time for return trip pick-up, the CSR calls the medical provider to inform them of the members potential late arrival.
 - Dispatchers access the GPS map to identify the nearest available vehicle that can be mobilized to the pick-up location. Since the system identifies every member aboard each vehicle, we can quickly identify which vehicle has the capacity to perform the trip.
 - All "Where's My Ride" calls are accompanied by an entry in *InSight* and are factored into the transportation provider's subsequent trip volume assignments.
- A dedicated toll-free number for transportation providers

Call Center Communication and Languages Delivered [A1.XI.B.6] [A1.XI.C]

Meeting our clients' contract requirements and the needs of our riders, we employ CSRs who are fluent in languages prevalent in the geographic areas we serve. We understand that English and Spanish languages are prevalent in West Virginia; we will hire call center staff with those languages. For all other languages, we use Language Line Services to translate calls.

Language Line interpreters provide over-the-phone translation services in more than 140 languages. This service is available to the Bureau's members and their representatives at no charge, whenever they are needed. There is no limit on the number of times a member can use the language line service. Utilizing this translation service is simple and does not require multiple calls or call-backs. The connection is made during the initial call and the member or caregiver is connected to an experienced translator who listens to the caller, analyzes the message, and accurately conveys the member's need to our CSR. The CSR's response is translated and relayed to the caller by the Language Line interpreter.



Because of its demonstrated commitment to quality, confidentiality, and customer service for more than 36 years, Language Line Services maintains contracts with 28,000 clients across the world and is responsible for more than 35 million interactions a year.

Hearing and Speech-Impaired Relay Service [A1.XI.B.5]

To accommodate the needs of hearing and speech-impaired members in West Virginia, we use the services of West Virginia Relay. It is a free service that offers telecommunications access to individuals who are hearing or speech impaired, allowing them to communicate with our CSRs through specially trained operators. Our CSRs are trained in the use of Relay Services and how to instruct users to call West Virginia Relay. [A1.XI]

Customer Care [A1.XI.D]

Member confidentiality is instilled in every employee on their first day of work at SETI. As a URAC Core Accredited broker, SETI has developed stringent policies and procedures and training curriculum specific to the HIPAA and PHI. This training is a component of our employee orientation, as well as the rigorous training all CSRs must successfully complete prior to taking even one member's call.

Our CSRs are trained and required to use a customized pre-approved call script for each program we manage. The script guides them through a series of questions to assist in member identification and verification and to determine the appropriateness of the transportation request. The call script is carefully worded; we only ask questions that are required to approve or deny a trip request and a member is never asked to divulge any HIPAA or other confidential information.



In addition to providing call center services for West Virginia, we intend to develop our proposed Charleston facility with enough capacity to serve other clients with additional CSRs and staff. We look forward to discussing this opportunity with the Bureau.

Meeting Requirements: This section meets the requirements outlined in **Appendix 1, Operational Specifications, Section XI. Call Center.**

- 4.2.2.4. The Vendor must agree to provide NEMT services described in the RFP from the operations start date until service delivery is turned over to a successor Vendor at the end of the contract, including any optional additional periods or extensions. Any and all program changes to include, but not limited to, processes, protocols, flowcharts or any other program administration guideline changes/modifications must receive approval from BMS prior to changes/modifications being implemented by vendor. Any and all program changes affecting member benefits must be communicated to members, through a Bureau approved written communication, no less than 30 calendar days prior to implementation of program change.

Turnover Plan [A1.XV.]

In many ways a turnover is the reverse of an implementation and will be treated with the same level of detail. SETI agrees and will comply. SETI understands the importance of a smooth transition at the end of a contract. We will submit a complete turnover plan to the Bureau within 14 days after contract effective date to assure an orderly and controlled turnover of our responsibilities to a successor. We will update the plan when necessary based on new NEMT program information or as requested by the Bureau. Any changes made to the plan will be resubmitted to the Bureau for approval. The contents of our turnover plan for the Bureau will include:

- Our proposed approach to turnover to ensure transportation services will be maintained throughout the transition process without disruption in member services
- Our proposed approach to transition including a work plan with the tasks and timeline for the turnover
- An estimate of the number of full-time equivalents (FTEs) and type of personnel needed to operate all functions of the turnover plan
- A statement of all resources currently required for supplier functions, including:
 - Data processing equipment
 - Reservation/scheduling software
 - System and special software (database and telecommunications)
 - Office space and other equipment

Turnover Notification and Period [A1.XV.B]

SETI understands that if the Bureau desires a turnover of duties we will be given 90 calendar days written notification. And that we must meet all timelines as directed by the Bureau. During the time of turnover SETI will continue to complete all duties as required by the contract up until the 11:59 pm on the last day of the contract. [A1.XV.C]

Transfer of Data

SETI agrees to provide to the Bureau all data and information necessary to transition operations, including data for the following:

- Recruiting and negotiating with transportation providers
- Payment administration
- Reservations and trip assignments
- Quality assurance
- Administrative oversight/reporting

We will also provide any inventory of training manuals, operational procedures manuals, brochures, pamphlets, and all other written materials developed in support of this RFP/contract activity and release and transfer the toll-free telephone number(s) to the Bureau or a successor supplier.

Our key objective for disengagement is to support continued service levels to members, transportation providers, the Bureau, and the operational team. Successful turnovers require considerable collaboration, and we commit our full cooperation to performing our obligations and to working with the Bureau and the incoming supplier to meet transition goals.

Additional Closeout Requirements

SETI agrees to provide the Bureau assistance with remote access during the turnover period through our Client portal. [A1.XV.D] SETI will provide training and information necessary to transition operations, including training the Bureau staff or its designated agent in the required supplier operations (as requested). We will follow specific instructions from the Bureau regarding boxing, labeling, and shipment of all records used under this contract. We will also assist the Bureau with obtaining appropriate software licenses. SETI agrees to all requirements listed in [Appendix 1, Section XV](#).

We have included transition planning in our sample implementation plan in [Exhibit C](#).

Meeting Requirements: This section meets the requirements outlined in [Appendix 1, Section XV. Contract Close-Out and Turnover Procedures](#).

- 4.2.2.5. The Vendor will be responsible for reimbursing NEMT Providers. The Vendor will not be required to reimburse for unauthorized NEMT Services to out-of-network providers. The Vendor will not use NEMT Providers with which the Vendor has not executed a contract. The Vendor must maintain an appropriate reserve equivalent to ten percent (10%) of the annual contract cost bid for NEMT services during the contract period. The vendor will enroll as a West Virginia Medicaid provider and receive payment for services through the State's Medicaid claim system, Medicaid Management Information System (MMIS).

For more than a decade, SETI has streamlined our methodology of receiving trip claims, verifying trips, and processing payments to transportation providers in our network in a timely manner. We routinely process 100% of undisputed clean claims payments within a 15-day payment cycle for services rendered, well in advance of the 30 calendar day requirement. We currently process over five million provider claims annually under our Medicaid NEMT contracts. [A1.II.C] [A4]

Our advanced, in-house NEMT management system, *InSight*, facilitates the transportation provider payment process by performing rapid verification of trip information through a system of checks and balances based on unique trip confirmation numbers. This minimizes or eliminates the potential for fraudulent claims.

While SETI maintains a paper process for claim submission, we issue free iPads with data plans to our transportation providers to ensure they have the tools needed to use the electronic claim processing system.

Rapid Verification and Payment

Our state-of-the-art NEMT management system, *InSight*, facilitates the Provider payment process by performing rapid verification of trip information through a system of checks and balances, based on unique trip confirmation numbers. This minimizes or eliminates the potential for fraudulent claims. For the Bureau's NEMT Program, we establish provider payment methodologies, timelines, work plans, personnel and requirements to successfully achieve full compliance with all tasks and deliverables. Complaints or disputes concerning payments for the provision of services are handled through our grievance resolution system. Claims Administration is a core module within the *InSight* system. SETI does not off load its claims to another software tool.

This integration allows for processing efficiencies and enhances our Program Integrity capabilities.

Adjudicated claims are transmitted to state agencies using HIPAA compliant EDI methods. SETI typically transmits 837 files via an encrypted sFTP process.

SETI's NEMT providers are paid weekly. We do not impose penalties or reduced payments for resubmitted or late invoices received within a reasonable timeframe or within State-mandated timely filing requirements. Our strong relationships with providers in our transportation networks are supported by our fair and timely payment practices.

Our Encounter Data Information team produces encounter data files for all adjudicated claims in accordance with client contract requirements and specifications [A2.IV.C]

NEMT Provider Reimbursement [A1.II.C]

The provider web portal is designed to allow NEMT providers to certify and submit their claims daily. Certified trips are automatically accessed by our claims specialists for payment authorization. Providers log in to the portal's dashboard to easily manage their claim submissions and access reimbursement reports. This supports a quick and accurate payment process.

To safeguard the integrity of the information submitted for payment, the following criteria must be met:

1. Drivers and vehicles associated with a trip assignment must be "active" on the date of service. As with transportation providers, driver and vehicle "active" status indicates compliance with credentialing criteria.
2. Location verification algorithms based on geo-coding verify that actual pick-up and drop-off times and locations are within acceptable ranges to meet payment criteria. The Space-Time Continuum report below

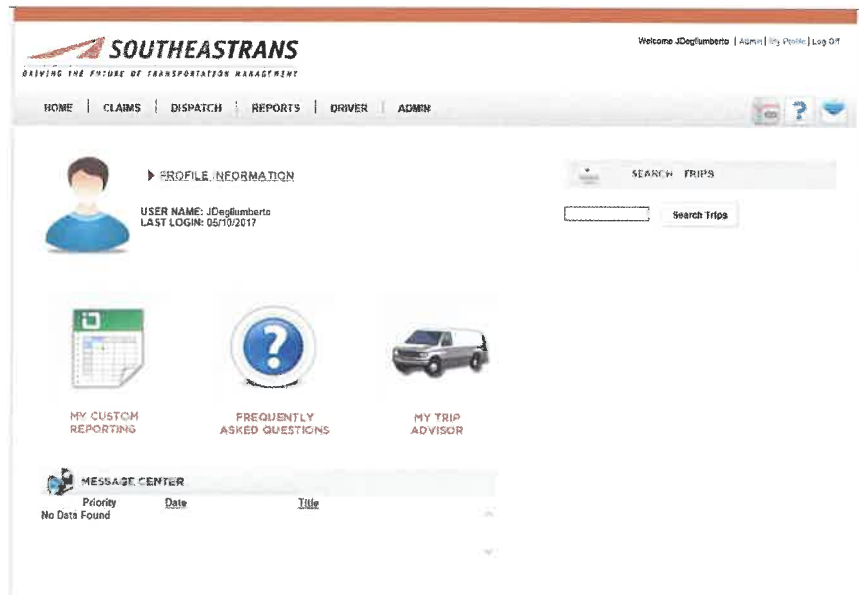


Figure 18: Provider Web Portal: The home screen enables NEMT providers to access custom reports, find answers to frequently asked questions, and to access trip data.

(Figure 19) highlights in red those claims that require further investigation before authorization of payment occurs.











Member Name	Member Signature	Leg ID #	Scheduled Trip Date	Provider	Pickup Variance (true radius)			Drop Off Variance (true radius)			Pickup Time Variance (Hours)		
					< -1.50	-1.50 <= 1.50	> 1.50	< -1.50	-1.50 <= 1.50	> 1.50	Device Based Pickup Time	TS Based Pickup Time	Pickup Time Difference
Callie		4503807	06/06/2012	Ames Transportation Corp			0.02			3.08	6/6/2012 9:27:13 AM	6/6/2012 9:27:30 AM	0:00
James D		4504370	06/06/2012	Ames Transportation Corp			1.58			3.08	6/6/2012 9:38:29 AM	6/6/2012 9:32:30 AM	0:06
Chris Harris		4504158	06/06/2012	Ames Transportation Corp			0.01			12.82	6/6/2012 7:07:13 AM	6/6/2012 7:28:30 AM	0:21
William H		4507300	06/06/2012	Ames Transportation Corp			0.01			3.03	6/6/2012 7:56:10 AM	6/6/2012 8:34:30 AM	0:38
Shane H		4507210	06/06/2012	Ames Transportation Corp			0.01			3.03	6/6/2012 7:57:01 AM	6/6/2012 8:34:30 AM	0:37
William H		4504079	06/06/2012	Ames Transportation Corp			0.01			0.03	6/6/2012 7:28:27 AM	6/6/2012 7:30:30 AM	0:02
James T		4504902	06/06/2012	Ames Transportation Corp			0.02			0.03	6/6/2012 7:45:14 AM	6/6/2012 7:42:30 AM	0:03
John Thomas		4501570	06/06/2012	Ames Transportation Corp			0.08			0.01	6/6/2012 8:12:29 AM	6/6/2012 8:47:30 AM	0:35
William T		4503441	06/06/2012	Ames Transportation Corp			0.01			0.03	6/6/2012 7:12:54 AM	6/6/2012 7:39:30 AM	0:26
John D		4502785	06/06/2012	Ames			0.01			0.00	6/6/2012	6/6/2012	0:00

Figure 19 – Space-Time Continuum Report: The report automatically highlights any pick-up and drop-off times that fall outside approved parameters per contract requirements.

The Driver Detail window opens showing the specific information for the selected trip. If all the information is correct, the transportation provider selects the Certify button to certify and submit the trips for final review and payment processing by our claims specialists.

Quality Measures

As stated throughout our response, SETI developed *InSight* to facilitate the “life-cycle” of a trip, including transportation provider credentialing, member file maintenance, trip scheduling and dispatching, and reconciliation. Each of these components includes quality mechanisms to check the integrity of the entered data. This level of data integrity is critical to appropriate claims processing.

A claim is defined as a prior authorized trip event; the trip must first be authorized by SETI. The *InSight* system determines the mileage to be paid based on geo-coordinated calculations in association with the transportation provider’s negotiated rate and including any applicable deadhead mileage and/or wait time compensation. This process virtually eliminates fraudulent claims.

Once a trip has been completed and signed off on the driver’s tablet, the claim is considered “clean” and sent to our Claims Department for payment. Claims Specialists validate that all required components exist before authorizing payment.

A Claims Denial report rapidly identifies errors and the Claims Specialist proactively contacts the transportation provider if a trend has been identified. This process gives the provider the opportunity to resolve the issue and resubmit a claim.

Validation Checks

One of the most challenging aspects of a human service transportation system is validating that members are picked up and dropped off as scheduled. SETI overcomes this challenge by providing tablets to every transportation provider/driver free of charge. Our *InSight* mobile application, loaded on the tablet, captures real-time, geo-coordinated confirmation of member pick-ups and drop-offs. This eliminates all estimates and assumptions about when and where members are picked up and dropped off for their scheduled appointments.

Claims Auditors detect fraudulent activity in our transportation provider network by reviewing trip data and claim payments for every provider. If they uncover unusual trends or suspicious or questionable practices, our Field Specialist conducts a focused in-field investigation to confirm whether trips are being rendered as billed.

Monthly reports summarizing the claims payment process are provided to our clients including:

- Number of days for claim payment
- Number of days between NEMT services rendered
- Submission of claims to be paid

Claims Denial Notifications

Our transportation providers receive a detailed explanation of all denied claims and are given an opportunity to correct and resubmit them for reconsideration. Claim denials can be viewed on the transportation provider portal before the closing date. In case of submission errors, the denial notification supplies the provider with enough information to correct and resubmit the claim. A provider can resubmit as soon as 24 hours after the closing of the pay period.

Payment Grievance Resolution [A1.XIV.B] [A1.II.C]

Our fair and concise dispute process offers a thorough consideration of all disputes. However, the provider must adhere to our Clean Claims policy for any consideration of their denied claims. Claims for trips that are not verified with the correct and approved location or time are subject to denial of payment. Additionally, claims that have missing or invalid information are subject to denial of payment.

Transportation providers may dispute a denial decision using the following process:

- For review and reconsideration of payment, providers must submit a Claims Review Cover Sheet, Virtual Trip Reimbursement Forms (VTRFs), and required supporting documentation. The resubmittal of denied or disputed claims must be received by SETI within the timeframe indicated in the Transportation Provider Service Agreement.
- If a transportation provider does not agree with the final denial decision, they may file a second-level payment dispute by completing the Payment Dispute Form and submitting it to our Chief Financial Officer (CFO) or his designee within 15 business days of the denial decision.
 - An Acknowledgment of Claims Dispute letter is mailed to the transportation provider within two business days of receipt of the Payment Dispute Form.
 - The CFO or his designee decides within 10 business days of receipt of the Payment Dispute Form and responds by sending either a Decision to Uphold or Decision to Overturn letter to the transportation provider.
- If the transportation provider does not agree with the decision of the CFO, a Final Review Request may be made in writing to our Chief Executive Officer (CEO), by sending a written request to our corporate headquarters. All decisions made by the CEO are final.

For resolved claims, payment is made on the next payment cycle (usually within 15 business days).

Transportation providers can access the information and documentation necessary to lodge a payment dispute (as well as the provider manual, which contains the policies and procedures for claims and grievances) via the provider portal.

We understand that we will not be required to reimburse for unauthorized NEMT Services to out-of-network providers; our rigorous authorization process is captured in *InSight*, which will not allow an unauthorized out-of-network transport to be approved or scheduled.

SETI will not use NEMT Providers with which the Vender has not executed a contract. Our **InSight** system ensures that only authorized and contracted transportation providers, drivers, and vehicles can be used to provide NEMT services. We will never use a provider that does not hold a valid contract with Southeastrans.

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

Meeting Requirements: This section meets the requirements outlined in **Appendix 1, Section II. NEMT Providers.**

- 4.2.2.6. At the conclusion of each state fiscal year (June 30), the vendor will report pre-tax net income, of the West Virginia NEMT Program, to The Bureau. Any amount over 7.5% profit will be returned to the state within 30 days of the completion of the audit, which must be completed within 90 days of the end of the state fiscal year. This serves as cost containment, ensuring the successful continuity of the program. For purposes of computing rebate, the vendor may carryover, from the prior reporting period only, any expenses (losses) in excess of 100% of premium revenue received, not to exceed 5% of total loss amount (e.g. revenue received is \$100; expenses are \$110; vendor may carryover \$0.50 for rebating calculation in following year). Vendor must provide documentation that carryover amount is in compliance with contractual standard via reporting completed by an independent auditor

SETI agrees and will comply with the above requirements. Gary Kinard, our CFO will create and monitor these reports and process any returns as required.

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

We agree and will comply. See Section 4.2.1.2 for a comprehensive description of how we will meet this requirement.

Meeting Requirements: This section meets the requirements outlined in **Appendix 2, Implementation Requirements.**

- 4.2.2.8. Vendor will have monthly administrative meeting with BMS staff to provide program updates to include, but not limited to: program cost, utilization trends, issues, program accomplishments/deficits, and other data as requested by BMS.

Agree and Will Comply. We value our relationships with all of our clients, keeping open communication and meeting our responsibilities. To assure the Bureau of our commitment to West Virginia, our Project Manager, along with appropriate key team members, will meet with BMS staff at least monthly to discuss contract performance and opportunities for improvements and enhancements to our services. We will additionally review the monthly/quarterly/annual reporting package and provide updates on all program operations. Along with the project manager, our vice president of operations and chief executive officer will both attend these meetings annually.

4.3. Qualifications and Experience:

Vendor should provide information and documentation regarding its qualifications and experience in providing services or solving problems similar to those requested in this RFP. Information and documentation should include, but is not limited to, copies of any staff certifications or degrees applicable to this project, proposed staffing plans, descriptions of past projects completed (descriptions should include the location of the project, project manager name and contact information, type of project, and what the project goals and objectives were and how they were met.), references for prior projects, and any other information that vendor deems relevant to the items identified as desirable or mandatory below.

The Vendor should propose a staffing plan that 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

4.3.1. Qualification and Experience Information:

Vendor should describe in its proposal how it meets the desirable qualification and experience requirements listed below:

- 4.3.1.1 Organizational chart(s)¹ showing the number and geographic location of all staff that will perform duties under the Contract, including Vendor and subcontractor staff. Key staff members, off-site (i.e., location other than the Vendor's call center facility) Vendor staff, and subcontractor staff should be clearly identified as such on each organizational chart. The Vendor should provide a chart showing the Vendor's entire organizational structure, including all parent entities. This chart should show the relationship of the Vendor's proposed project organization to its overall organizational structure. The Vendor should provide a revised organizational chart, within 30 calendar days, at any time during the Contract period that a change is made in the organizational structure.

West Virginia Operations Organizational Chart

The chart below shows our proposed organizational structure for the Bureau's NEMT Program that identifies required key staff positions included in our staffing plan. This structure is supported by our executive team that ties the West Virginia program to our corporate structure represented above.

Meeting Requirements: This section meets requirements outlined in [Appendix 2, Implementation Specifications](#).

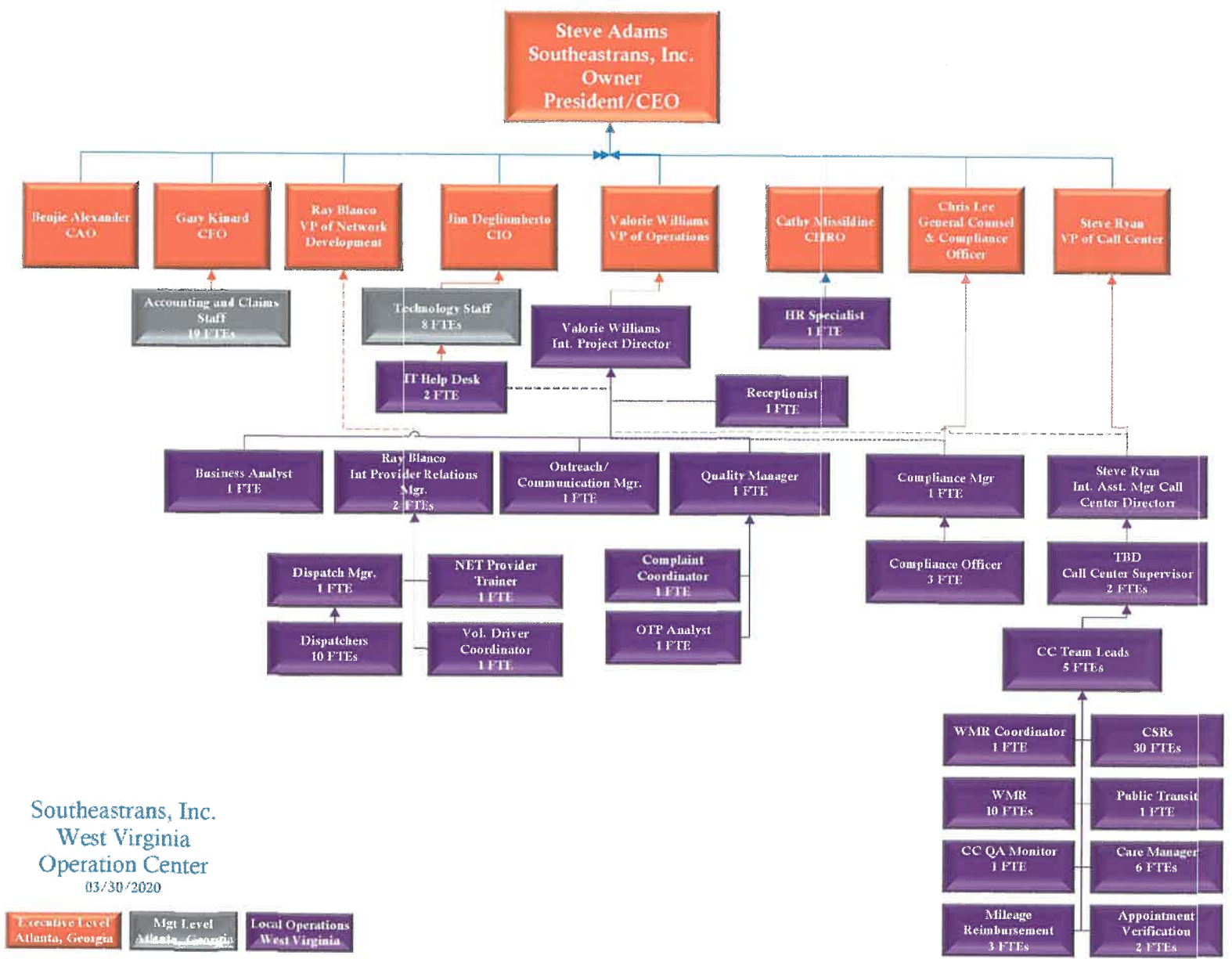


Figure 20 – West Virginia NEMT Operations Organizational Chart. We are proposing a total team of 120 FTEs to operate the West Virginia program. The local West Virginia office will house 95 FTEs.

4.3.1.2. Description of the roles, responsibilities and skills associated with each position on the organization chart.

Please see **Exhibit J** for the roles, responsibilities and skills needed by the project team members to ensure SITI provides superior service to the Bureau and its members.

West Virginia Staffing Table		
Title	West Virginia FTEs	Atlanta FTEs
Project Director/Gen Mgr.*	1	
Call Center Director/Asst Mgr*	1	
Call Center Supervisor**	2	
Call Center Team Leads**	5	
CSR	30	
WFM Coordinator	1	
WMR	10	
CC QA Monitor	1	
Gas Reimbursement Coordinator	3	
PT Coordinator	1	
Special Service Representative/Care Managers**	6	
UR Representative/ Appointment Verification**	2	
Network Development/Provider Relations Mgr*	2	
Dispatch Manager**	1	
Dispatcher/AH	10	
OTP Analyst	1	
Compliance Manager	1	
Compliance Officer	3	
NET Provider Trainer	1	
Compliance Coordinator	3	
Vol Driver Coordinator	1	
QA Manager	1	
QA Specialist/Complaint Coordinators**	2	
Mgr. of Facilities and Outreach/Outreach/Communications Mgr. *	1	
Reporting Manager/ BA**	1	
HR Specialist	1	
Receptionist/Admin	1	
Staff Accountant		1
Claims Account Rep**		2
Claims Lead		1
Claims Specialist II		1
Claims Specialist I		13

West Virginia Staffing Table			
Title	West Virginia FTEs	Atlanta FTEs	
Mail Clerk		1	
IT EDI Data Analyst		1	
IT EDI Data Developer		1	
Telecom/Network Engineer (Sr IT Mgr)		1	
IT Programmer II		1	
IT Help Desk	2		
Mobile IT Specialist		1	
Report Developer		1	
TOTALS	95	25	
Total Personnel Budget			120.0

*Key Personnel

**Required Positions

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

Please see **Exhibit J** for the job descriptions and requirements needed by the call center staff.

Call Center Staffing [A1.XI.F]

Our experience in the NEMT industry and expertise in workforce management analytics provides us with the ability to manage fluctuations in call volume. Our clients receive high levels of performance from our call centers, and the Bureau can expect the same dedication to these standards.

Our West Virginia NEMT Call Center will be staffed with a sufficiency of CSRs to facilitate courteous, responsive, and accurate service for members and their representatives. The initial number of CSRs necessary to support the anticipated call volume is based on a calculation of the average call length multiplied by the number of calls per day per agent, including break and lunch periods. Customarily, we use the call data clients provide in the RFP as a starting point for calculating our proposed staffing levels; in all cases we will meet the staffing metrics required by the Bureau. [A.1.XI.H] To meet ongoing needs, we adjust our staffing with a very precise level of accuracy after program launch.

Our call centers answer more than 4.9 million calls per year. Call demand varies widely by day of the week and week of the year; we use our workforce management (WFM) software to analyze call demand over a period of weeks, months, and years. Using this software, we can accurately predict the level of staff needed by day of week and hour of day, taking into account holidays and seasonal changes (*Figure 21*). We build our schedules for the call centers based on the WFM forecasting data and specifically identified needs optimize our staffing schedules. In addition, we reforecast to update schedules, communicating directly with on-site and off-site staff about changes and service needs.



Figure 21 – SETI Workforce Management Screen.

Call Center Staff Training [A1.XI.D]

As frontline representatives of both SETI and the Bureau, every staff member associated with the provision of services under this contract represents the mission and culture of our company and meets the expectations of our client.

We use a comprehensive staff development and training program to assure that all employees are fully prepared to provide Medicaid NEMT services. All employees performing customer service and other essential call center functions undergo pre-employment testing to ensure that they possess the appropriate data entry, computer, and customer service skills necessary to successfully perform their job functions. The results of this testing and training, as well as performance assessments during the employee's orientation and training period, become part of the trainee's permanent personnel file. On an ongoing basis, employees also receive regular in-service training and education to enhance their ability to provide exceptional customer service.

Our call center training program (*Table 2*) is comprised of two weeks of instructor-led courses that provide SETI's team members with the most up-to-date technical, policy, program, and industry specific information. The call center instructors use a variety of teaching methods including lecture, small group discussions, hands-on activities, role-play, and call observation and evaluation to ensure the highest level of engagement and retention by the new call center staff members. After the completion of formal classroom training, new call center staff engage in a one week "nesting room" period. During this time, the call center staff handle live incoming calls in a controlled environment with instructors on hand to assist in the transition from training to the call center floor.

The Call Center Training Program includes the following modules:

Table 2: Call Center Training Modules

Module	Objectives
Module 1: Creating a High- Performance Call Center	<p>This module trains call center staff on:</p> <ul style="list-style-type: none"> ➤ The objectives of their role in the delivery of NEMT ➤ Their role in maintaining a positive work environment ➤ The importance of compliance with HIPAA/ PHI/Confidentiality regulations
Module 2: Introduction to Non- Emergency Medical Transportation	<p>This module informs the call center staff on:</p> <ul style="list-style-type: none"> ➤ The NEMT brokerage model and client ➤ Member's rights
Module 3: The Anatomy of Customer Service: Navigating a Customer Service Call	<p>This module trains the call center staff how to:</p> <ul style="list-style-type: none"> ➤ Properly greet, transfer, and hold calls ➤ Ensure customer satisfaction by maintaining control of each call ➤ Use effective listening skills ➤ Use Language Line services ➤ Use TTY services ➤ Determine member eligibility ➤ Identify special needs ➤ Review and confirm all trip details
Module 4: Our Technology: InSight	<p>This module trains call center staff how to:</p> <ul style="list-style-type: none"> ➤ Use the <i>InSight</i> Trip Management System ➤ Determine appropriateness of service request ➤ Enter a trip request
Module 5: Issue Resolution	<p>This module trains the call center staff how to:</p> <ul style="list-style-type: none"> ➤ Use key words to diffuse difficult situations ➤ Reassure the caller ➤ End the call positively ➤ Learn when to escalate the call to a superior ➤ Enter a complaint into system
Module 6: Other Tools	<p>This module trains the call center staff to:</p> <ul style="list-style-type: none"> ➤ Use the intranet to locate FAQs and QRGs ➤ Use email to communicate with internal and external partners as necessary
Module 7: Performance Excellence: Understanding the Components of Quality Performance	<p>This module educates the call center staff on:</p> <ul style="list-style-type: none"> ➤ Meeting expectations ➤ Developing an action plan to improve customer service skills ➤ Coach and counseling sessions

Training modules cover topics that include sensitivity when dealing with aged and disabled persons, multicultural contacts, handling hostile callers, public contact, and communicating with hearing or speech-impaired individuals through the West Virginia Relay Center. SETI service personnel, including CSRs, are trained to be knowledgeable in all aspects of transportation service operations.

Customer Care and Monitoring [A1.XI.D]

To ensure that CSRs closely follow program policies and procedures, call center supervisors perform assessments on a random sample of recorded and live calls. These assessments are used for performance reviews and as part of our training program. CSRs also receive a monthly report card showing their performance relative to their peers and receive coaching on opportunities for improvement. SETI monitors approximately 5% of calls each month for compliance with customer care guidelines; we will ensure that we monitor two “live” calls for each CSR monthly.

To further enhance customer service at the West Virginia call center, we install 42” displays in various locations to display real-time call statistics for each telephone queue. This information is also available on our intranet and is accessible by the management staff. SETI Managers can view the performance of call center staff in real-time. Data essential to measuring call center performance, including how many users are logged into the system, how many calls are in queue and for how long, how many calls have been answered, and other performance data is readily available. Our Managers also generate telephone reports from the previous day or month, as well as in real-time to evaluate performance metrics on the fly.

To verify that we provide the highest quality of service possible around the clock, we also monitor after hours urgent care and discharge trip dispatching via live video monitors (*Figure 22*). We record these cameras and retain the recordings for a minimum period of seven days.

These close monitoring efforts result in consistent service levels to our members and other stakeholders and provide opportunities for continuous staff improvement.



Figure 22 – SETI Call Center.

- 4.3.1.4 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.

The Bureau will be served almost exclusively by staff located in West Virginia. To leverage efficiencies in our organization and manage administrative costs, claims payment will be performed by our Atlanta, Georgia office.

We do not subcontract our services with the except of transportation. Since the call center and operations offices will be located in Charleston, WV, we assure quality and timeliness through local leadership.

- 4.3.1.5 Approach to staff retention and ensuring continuity of staff to include employee continued education/training programs, employee performance incentives, and other employee benefits/programs that provide for staff enhancement in education and/or performance. The Vendor is to assume all cost associated with referenced programs

Staff retention and continuity is critical to the ongoing success and performance improvement of your members' NEMT services. To ensure low attrition among our workforce, we provide career-planning for our employees through a clear promotion path with established milestones and advancement targets.

We currently offer all employees the following benefits:

- Paid time off
- Medical insurance, including telemedicine
- Dental insurance
- Vision insurance
- Employer-matched 401k
- Yearly bonuses
- GO365, our health and wellness program

We also offer:

- Supplemental short- and long-term disability
- Basic life and ADD insurance
- Voluntary life insurance
- Group critical illness
- Group accident insurance
- Flexible spending accounts

SETI is in the process of building on this expanded package; we are developing a bonus structure specifically for our West Virginia operations and call center teams to ensure outstanding service. Each department has a set of criteria focused on delivering quality customer service and efficient call center activity. Employees will receive one of three levels of quarterly bonuses based on performance metrics, in addition to an annual bonus.

To further assure business continuity, we have a customer-focused disaster recovery plan with pandemic procedures that ensure the safety and wellbeing of our employees, which we have recently tested. SETI enables non-essential employees to work from home and offers pay differentials for those required to come into the call center.

- 4.3.1.6 Approach and methodology to personnel management to include contingency plans to ensure adequate coverage of program needs and requirements. The Vendor is to assume all cost associated with referenced programs.

The proposal presented above and the staffing and resource information in the following section provide a comprehensive plan to establish and maintain a high-quality, high-value NEMT Program for the Bureau. We use proven broker-managed concepts coupled with our advanced technology and innovative transportation management techniques and business practices. Our plan for management of NEMT services meets all the RFP requirements and includes the following unique features:

- 4.3.1.7. The Vendor should describe their experience within the last five (5) years' operating a full brokerage NEMT Services program(s) for a population similar to that of West Virginia Medicaid, including with the following:

SETI has managed non-emergency medical transportation through State and Managed Care Organization NEMT contracts for more than 20 years. Our first client was the State of Georgia, and they are still our client

today. We provide a valuable service to those that need help breaking barriers to medical care. We partner with our clients to ensure to provide safe, timely transportation to every program we manage.

We manage multiple customer contracts similar in size and scope to the Bureau's NEMT program. We currently operate 12 NEMT contracts with nine clients in seven states and the District of Columbia, serving more than 3 million covered lives, taking nearly 5 million incoming calls, and performing over 5.5 million annual trips. Please see [Exhibit L](#) for more details on our most similar clients to West Virginia.

Longevity with our Clients

See the table below for information on our current experience with NEMT operations. We have served all of these contracts within the last five years—many for much longer.

As of End of Year 2019					
State	Service Area	Average Members	Average Trips	Years of Service	Rural Areas
West Virginia	Statewide	Avg 470,000	Avg. 216,000	NA	X
Arkansas	Regions A, B, C, D, and G	540,000	800,000	6	X
Georgia	Atlanta and North Regions (36 counties)	750,000	1.5 M	20	
Tennessee	Statewide	575,000	700,000	11	X
District of Columbia	District	5,000	89,000	8	
Louisiana	Statewide	197,000	220,000	4	X
Virginia	Statewide	600,000	1.4 M	4	X
Indiana	Statewide	430,000	770,000	2	X
Mississippi	Statewide	80,000	25,000	1	X

We provide each of these clients with our standard services for non-emergency medical and other transportation. In each case, SETI delivers additional value-added services that **only we can provide**. Our standard offerings include:

- Manage call center operations to receive all transportation request (phone, fax, email, web, mobile)
- Provide a field-based mobile technology platform to electronically record member pick-ups/drop-offs
- Build a network of local transportation providers
- Credential and monitor local transportation providers
- Verify member eligibility
- Work closely with the client to verify covered services
- Assign the appropriate mode (based on member needs)
- Schedule and dispatch approved trip request
- Receive and monitor member complaints
- Conduct surveys for member satisfaction [\[A4\]](#)
- Review and adjudicate 100% of all claims
- Timely payments to transportation providers
- Submit timely reports

Our clients appreciate the extra steps SETI takes to offer the following value-added services:

Member Coordination and Activity Reports

- Coordination with health plan case management for high risk members
- Weekly or daily member no-show report to identify high-risk members who missed essential appointments
- Weekly hospital discharge reports to identify members who are frequenting EDs
- Weekly reports with member address and phone number updates

Member Facing Technology

- Member portal for scheduling, canceling, and rating trips
- SMS/Text member transportation appointment reminders
- Member gatekeeper technology for drivers to report member concerns
- Automated IVR post trip surveys as an option for members following trip reservations

Transportation Provider Network Enhancements

- Free mobile technology functionality designed to improve provider operating efficiency (vehicle location monitoring, trip routing, view members on board vehicle)
- Ability to locate the nearest vehicle in the network to an urgent trip or stranded member

Client/Southeastrans Technology Interface

- Linkage of client app/website with SETI member portal for on-line trip reservations
- Member messaging with health notices, reminders, and updates via SETI's mobile technology platform (member views notices when they sign the computer tablet)
- Client Portal for monitoring or scheduling member trips and viewing trip history

Healthcare Provider Enhancements

- Facility portal for monitoring, scheduling, or canceling member trips
- Facility Outreach Manager serves as liaison for any client healthcare provider issues

Program Integrity Functions

- Dedicated department within SETI for FWA monitoring and investigations
- Monthly monitoring of trips with high risk for FWA
- Collaboration with client during investigations

4.3.2 Mandatory Qualification/Experience Requirements –

The following mandatory qualification/experience requirements must be met by the Vendor as a part of its submitted proposal. Vendor should describe how it meets the mandatory requirements and include any areas where it exceeds the mandatory requirements. Failure to comply with mandatory requirements will lead to disqualification, but areas where the mandatory requirements are exceeded will be included in technical scores where appropriate. The mandatory qualifications/experience requirements are listed below.

- 4.3.2.1 Key staff positions, such as Project Manager, Assistant Manager, Provider Relations Manager, Outreach and Communications Manager and Call Center management staff, identified with named individuals and resumes demonstrating a bachelor degree, licenses, skills and at least two (2) years' experience that qualifies them for their role in this project. The bachelor's degree may be substituted with four (4) years of full-time or equivalent part-time paid NEMT experience in addition to the two (2) years already specified. Resumes should be limited to three (3) single-sided pages per individual.

SETI will provide the Bureau with seasoned interim staff with expertise in key roles to join the implementation team, assuring our readiness by the go live date in the contract. With a personal investment by our leadership in the success of each of our implementations, we are able to provide a hands-on investment by the most skilled resources in our organization for the launch of your program. The SETI leadership resources serving as your implementation team far exceed the RFP mandatory requirements and will bring the best NEMT experience to the Bureau and West Virginia.

Valorie Williams – Interim Project Manager

Vice President of Operations | Implementation Director

Valorie is an effective operations executive with over 15 years of solid operations and management experience in the non-emergency medical transportation industry, overseeing regional and statewide operational functions and leading large-scale projects from conception to implementation. Project responsibilities include program management and administration, call center services, network development and management, business analytics, quality assurance/utilization management, and personnel training. She is responsible for the delivery of NEMT services for all contracted customers. Valorie has Master of Science in Management from Troy University and is currently pursuing a Doctor of Education in Organizational Leadership from Argosy University.

Valorie will have primary responsibility for all implementation components related to the establishment of a West Virginia call center/business office and the successful start-up of all NEMT services within the state, including:

- Coordinating all work plan functions
- Coordinating implementation events to ensure completion of all milestones
- Overseeing facilities planning and procurement
- Overseeing staff recruiting, selection, and hiring
- Overseeing staff training and orientation
- Overseeing transportation provider network development
- Overseeing transportation provider credentialing, training and orientation
- Communicating with West Virginia staff
- Overseeing all outreach activity with healthcare providers and medical facilities
- Overseeing all implementation deliverables
- Overseeing operational readiness testing preparation
- Coordinating policy and procedure development
- Coordinating data transfer from previous broker

- Troubleshooting and documenting implementation challenges and concerns
- Reporting progress to executive staff

Ray Blanco- Provider Relations Manager

Vice President of Network Development | Transportation Provider Network

Functions

Ray brings more than 20 years of experience directing program operations, monitoring transportation systems and fleet management while leading Southeastrans' Network Development efforts. Ray created and launched more than 50 programs for the company throughout his tenure, working alongside Business Development, Underwriting, and other team members to identify opportunities to improve service for clients. He develops and maintains relationships with local and national transportation providers, including negotiating and administering contracts and recruiting and training providers to ensure compliance with regulations and safety standards. He collaborates with our partners on strategies for improving driver performance and introduces training initiatives that focus on the unique needs of populations served by NEMT programs. Ray will be responsible for maintaining a sufficient level of transportation resources within of the transportation provider network and assuring they are fully credentialed and complaint.

Ray's implementation responsibilities include:

- Evaluating transportation provider resources and capabilities
- Negotiating transportation provider service areas, hours of operation, and mobility levels
- Assessing the need to recruit additional transportation provider resources
- Coordinating of transportation services between transportation providers
- Recruiting transportation providers
- Overseeing transportation provider training

Ray is also responsible for structuring our national safety program and standards, including enhancing driver training with providers.

Steve Ryan – Interim Assistant Manager

Vice President of Corporate Call Centers

Steve oversees all call centers nationwide, including Workforce Management and our staff of over 700 employees, ensuring metric requirements are consistently met for all state and Managed Care Organization clients. He is responsible for standardizing policy, process, protocols, training, and quality and building a positive culture and fortifying a stable foundation for scalability and expansion. Steve has a successful track record of strategic contact center and operational leadership spanning over 16 years, specializing in building and motivating exceptionally cohesive teams, driving strong performance, accountability, efficiency, and implementing process improvements to secure client satisfaction and increase revenue. Steve will be responsible for ensuring all call centers are consistent and efficient and meet all contractual requirements. He received his BA in Media Communications from the School of Visual Arts, New York and is a Six Sigma Green Belt.

To meet the requirements of the key positions specified in the RFP, SETI is employing the experts in our Human Resources department to identify and fully vet local candidates for permanent placement. With the Bureau's input and oversight, these candidates will be selected during implementation and will exceed the experience and skills required by the RFP and SETI. We will leverage the deep expertise of our interim leaders and our corporate management team to provide training and results-oriented direction to the local West Virginia operations personnel.

We understand that any changes to our proposed personnel will be vetted and approved by the Bureau both upon contract award and in future operations. SETI has attached our draft job descriptions in **Exhibit J** that detail key staff positions for the Bureau and their roles and responsibilities, reporting relationships, qualifications, physical responsibilities, and minimum education for hiring.

4.3.2.2 Resumes of all other named individuals included in the Vendor's proposal, including any temporary staff that may be assigned to the project to provide specific, fixed-length services (e.g., training specialists or implementation staff). Resumes should include licenses, skills and relevant experience as it pertains to this project. Resumes should be limited to three (3) single-sided pages per individual.

West Virginia will benefit from our seasoned executive-level administration. Our executive team possesses a combined **120 years** of experience managing all aspects of call center implementation and operations—from oversight and management to technology deployment, transportation network development, and quality assurance. This team, along with additional support from our other operations, will bring executive expertise to the West Virginia NEMT implementation team. See **Exhibit K** for Resumes of our Executive Team

Corporate Officers

Our executive organizational structure is displayed below.

**STEVE ADAMS**

Founder | Chief Executive Officer

THE EXECUTIVE TEAM

**BENJIE ALEXANDER**Chief Administrative Officer | Contracting | Marketing
Business Development | Sales Support**CATHY MISSILDINE**Chief Human Resources Officer | HR Strategies
Training Requirements**VALORIE WILLIAMS**Vice President Operations | NEMT Services | Program Management
Business Analytics**GARY KINARD**Chief Financial Officer | Corporate Financing
Accounts Payable | Claims Processing**JIM DEGLIUMBERTO**Chief Information Officer | InSight Trip Management System
Mobile Technologies | Software | Technical Support**CHRIS LEE**Corporate Counsel | Contracts | Legal
Compliance Training**STEVE RYAN**Vice President, Corporate Call Centers | Call Center Services
Workforce Management**RAY BLANCO**Vice President, Corporate Provider Relations
Network Development

Our leadership's background provides a solid foundation for the business philosophies and practices that have led to SETI's growth and recognition as a respected NEMT broker. We offer the same breadth of resources as our larger competitors, but with a responsiveness and agility that only a smaller organization can offer.

Please see our leadership team bios in **Exhibit K** for evidence of this foundation. Leadership responsibilities for our West Virginia program are outlined below:

Functional Department Descriptions

Our organization is comprised of eight functional areas including Administration, Finance, Human Resources, Operations, Call Center, Network Development, Legal/Compliance, and Information Technology. Summaries of their high-level functions follow.

Administration: Led by the Chief Administrative Officer, Benjie Alexander, administrative services include contracting, marketing and brand management, and business development/sales support. This group works closely with all other departments, engaging subject matter experts in business development pursuits, marketing strategies, and providing contractual maintenance, real estate procurement and facility needs for all operations.

Finance: The Chief Financial Officer, Gary Kinard, oversees all monetary matters within the organization. His team administers corporate finance including accounts payables and receivables; claims processing and administration; transportation provider payments; and internal audit and program integrity functions.

Human Resources: The Chief Human Resources Officer, Cathy Missildine, is responsible for assessing and realigning the HR structure to align with Southeastrans' current growth plans, hiring HR team members to execute HR strategic plans, and works closely with management on upcoming contracts to ensure staffing and training requirements are met before deadline. Cathy works closely with executive management team to ensure HR services are cost effective and align with Southeastrans' goals and objectives.

Operations: The Vice President of Operations, Valorie Williams, is ultimately responsible for the delivery of NEMT services for all contracted customers. Operational services include program management and administration, call center services, network development and management, business analytics, quality assurance/utilization management, and personnel training.

Call Center: Vice President of Call Center, Steve Ryan, is ultimately responsible for ensuring all call centers are consistent and efficient and meet all contractual requirements. He is responsible for standardizing policy, process, protocols, training, and quality and building a positive culture and fortifying a stable foundation for scalability and expansion.

Network Development: As the Vice President of Network Development, Ray Blanco manages the nationwide network. He develops and maintains relationships with local and national transportation providers, including negotiating and administering contracts and recruiting and training providers to ensure compliance with regulations and safety standards. He collaborates with our partners on strategies for improving driver performance and introduces training initiatives that focus on the unique needs of populations served by NEMT programs. Ray will be responsible for maintaining a sufficient level of transportation resources within of the transportation provider network and assuring they are fully credentialed and complaint.

Legal/Compliance: Our legal team includes and is managed by our Corporate Counsel, Chris Lee, who oversees all contracts and corporate legal concerns. His team also manages the compliance, training, and credentialing functions governing our transportation provider network.

Information Technology: This team, led by the Chief Information Officer Jim Degliumberto, is responsible for the development and maintenance of our **InSight** trip management system; mobile technology to include field deployed tablets, software, and technical support; telephony services and support; hardware and software maintenance and inventory control, and the day-to-day computing needs of the organization.

- 4.3.2.3. The Vendor should provide credible, detailed evidence of their related experience and capabilities in providing NEMT services in a full brokerage program. At least three (3) Vendor references from work performed for government entities within the last five (5) years should be provided. A reference from a Managed Care Organization (MCO) is acceptable when accompanied with a letter from that state's Medicaid agency explaining the relationship and size of the population served.

The references provided below are all similar in size and scope of work to the the brokerage program outlined in the Bureau's RFP. We have provided detailed contract information in **Exhibit L**.

Reference #1	Reference #2	Reference #3
Arkansas Department of Human Services (State Medicaid Agency) Karen Hisel, RN, Manager of NET Arkansas Foundation for Medical Care (NET Contract Manager) 501-212-8664 khisel@afmc.org	FSSA Lindsey Lux Kleman, Chief of Staff & Deputy Director of Strategy Indiana Family and Social Services Administration 402 W. Washington St., Room W374 - MS07 Indianapolis, IN 46204 (317) 232-4354 Lindsey.Lux@fssa.in.gov	AmeriHealth Louisiana Javier Muniz, MPH Director, Non-Emergency Medical Transportation Services Amerihealth Caritas Family of Companies O: 215-937-8084 C: 215-292-8024 E: jmuniz@amerihealthcaritas.com *See Exhibit L for a Letter from the State of Louisiana.
Reference #4* May be unable to provide a reference with pending RFP release.		
Georgia Dept. of Community Health Georgia Department of Community Health James T Peoples, Director of Transportation Georgia Department of Community Health jpeoples@dch.ga.gov 404-657-7180		

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I. PURPOSE

At Southeastrans (SET), we believe the best approach to quality assurance is prevention. This Quality Management Plan (QMP) is designed to provide an overall framework of quality assurance, planning, improvement, and control that supports this philosophy, as well as accountability for implementing quality focused initiatives. Further, it assures that SET and our contracted providers deliver services of the highest quality to Medicaid members throughout our non-emergency medical transportation (NEMT) service regions.



II. PROGRAM SCOPE

Every operational component of the Southeastrans enterprise is designed to include an emphasis on quality, efficiency, risk management, fraud and abuse, and contractual compliance. The scope of our quality management program is broad, spanning all aspects of the business to encompass the following:

- Call Center
- Transportation Provider Network
- Fraud, Waste, and Abuse Monitoring and Prevention
- Training (Staff, Transportation Providers, Members)
- Member Satisfaction
- Complaints, Grievances, and Appeals
- Fair Hearings
- Reporting and Analysis
- Continuous Quality Improvement Initiatives

III. DEFINITIONS, ABBREVIATIONS, AND ACRONYMS

The following definitions and acronyms will be utilized throughout this document.

Client(s) – Any entity with whom Southeastrans is contracted to provide Non-Emergency Medical Transportation services for their eligible population.

Member(s) – the individuals who are eligible for service by Southeastrans' clients.

ACD – Automated Call Distribution
ASA – Average Speed of Answer
CCM – Call Center Manager
CCS – Call Center Supervisor
CCR – Call Center Representative
CRQM - Contact Recording Quality Monitoring
EMT – Executive Management Team
NEMT – Non-Emergency Medical Transportation
OIG – Office of Inspector General
QMP – Quality Management Plan
QIP – Quality Improvement Project
QMC – Quality Management Committee
RFE – Request for Explanation
SET – Southeastrans, Inc.
URAC – Utilization Review Accreditation Commission

IV. PLAN MANAGEMENT AND OVERSIGHT

Southeastrans has a Quality Management Committee (QMC) comprised of department managers and front-line personnel, with a broad array of expertise, who serve as the entity responsible for the oversight of all quality management and improvement activities. Please reference Appendix A: Policy 603.00_Quality Management Committee.

The QMP outlines the quality initiatives, policies, procedures, and quality improvement projects that are managed and evaluated by the QMC. This comprehensive leadership team ensures that appropriate methodologies, standards, procedures, and guidelines are implemented with full management support, and that the organization is made aware of their importance and is trained in their use in each aspect of service delivery.

In accordance with URAC accreditation requirements, the QMC is responsible for the review and approval of the QMP, as well as adherence to its requirements. The QMC reviews and revises the plan annually. However, any quality assurance activity that requires immediate action or implementation is established through updating policies and procedures.

4.1 Quality Management Committee Structure

The Southeastrans QMC consists of the Corporate Director of Administration, who serves as the Committee Chair, the Corporate Compliance Manager, who serves as the Co-Chair, and representatives from each organizational department. Please refer to Appendix B, which includes the QMC organizational chart.

The QMC is responsible for:

- Quarterly meetings
- Review and evaluation of Policies and Procedures
- Review and evaluation of Satisfaction Surveys
- Evaluation of SET quality improvement goals and standards
- Annual evaluation of the QMP
- Offering leadership on quality management projects
- Identifying and approving QIPs
- Evaluating and documenting QIP outcomes
- Reporting all QMC business to SET Executive Leadership

To thoroughly manage the responsibilities of the QMC and the work product necessary to do so, the following QMC Sub-committees are utilized:

- Policies and Procedures
- Satisfaction Surveys
- Quality Management Plan
- Quality Improvement Project Teams

Each subcommittee is responsible for the daily work required to support each initiative of the QMC. This work and its outcomes are reviewed and approved by the greater QMC.

4.2 Policy and Procedure Process

The QMC is responsible for the documentation, maintenance, and archiving of all SET policies and procedures which govern our operational functions. This is achieved through the maintenance of an electronic catalog. Policies and procedures are developed pursuant to operational or contractual need and are approved by the appropriate department leader.

Following is the summary level process for policy and procedure development, approval, implementation, and archival. Please also reference Appendix C: Policy 105.00_Policy and Procedure.



4.3 Key Indicators of Quality

Southeastrans measures key quality indicators as those performance measures that represent an efficient and effective delivery of transportation services to each member served. Generally, these performance measures relate to timeliness of service delivery, member safety, comfort and convenience, professional and courteous interaction between staff, providers, and members, and the accuracy of information related to service provision and provider reimbursement.

Specifically, the QMP oversees the following:

- Identifies the key indicators of quality related to each aspect of service delivery
- Describes how key indicators are monitored
- Describes the steps taken to address quality concerns

- Describes the methods for implementing and evaluating corrective action plans
- Describes the methods for monitoring all contracted providers of transportation
- Describes compliance monitoring and driver training activity and administration
- Describes the monitoring and curative process to safeguard against fraud and abuse
- Describes the methods for ensuring requests for reimbursement meet payment criteria
- Lists all reports related to quality assessment and improvement
- Lists all forms and documents utilized in the QMP.

4.4 Quality Improvement Projects

Quality deficiencies in service, process, or administration may be identified and investigated directly by the QMC or submitted to the Committee by anyone within the organization. Identified deficiencies reviewed by the QMC may result in the development of a Quality Improvement Project (QIP). A QIP is a series of activities designed to achieve measurable improvement in processes or outcomes through interventions, the initiation of or change to policies and procedures, or improvements in proprietary software or mobile technology.

The QIP process includes:

- Identifying the stakeholder(s) impacted by the deficiency
- Establishing a baseline measure for performance
- Determining the appropriate interventions and intervals
- Documenting each activity
- Analyzing the results
- Reporting results to the EMT

As required by URAC, Southeastrans completes at least two QIPs annually; with at least one addressing consumer safety for the members we serve.

4.5 Leadership, Coaching, and Mentoring

The Southeastrans leadership team works as a cohesive unit focused on a common goal – ensuring the highest quality of service is delivered to the members we have the opportunity to serve. Each team member is an investment in the overall success of the organization. Directors and Managers go to great lengths to identify everyone's strengths, then develop internal growth and advancement opportunities that will utilize the team member's skills and talents to their fullest potential.

4.6 Corrective Action

The purpose of corrective action is to ensure that identified deficiencies are rectified, and that the chance of recurrence is minimized. Corrective actions address the root cause of the deficiency and allow for procedural research and review to ensure complete resolution.

As part of an ongoing philosophy of process improvement, policies and procedures may be modified to prevent future deficiencies. Corrective actions may also include policy and procedure revisions, liquidated damage assessment, remedial training activities, and removal of transportation providers from service, or SET staff from employment.

4.7 Education

Training is a crucial factor in the delivery of quality service. Every front-line team member, including Call Center representatives, supervisors, and managers are required to complete Corporate Compliance Training upon hire and annually thereafter. Role specific training is always required for certain positions, such as those within the call centers, along with on-going training to ensure quality levels remain at their highest. Additional training may be developed and implemented as identified service issues arise. SET Learning & Development courses are offered using an e-learning platform accessible via the SET SharePoint site. An extensive library of courses is readily accessible as a resource for all employees.

Member Training via Communication: Training materials are developed per contractual and policy requirements. These materials are delivered in a format that is easily understood by the member population (contractually specified reading level, multiple languages) and include general information, frequently asked questions, and contact information.

Transportation Provider Training: The Southeasterns Provider Training Program is an extensive two-day course that incorporates SET and client requirements with the Community Transportation Association's (CTAA) Passenger Service and Safety (PASS) driver and trainer certification curriculum. The CTAA is a national nonprofit membership organization representing public and private transportation providers and is a recognized leader in the field of transit education, training and information. At a minimum, course work includes:

- Accident/ Incident Procedures
- ADA Requirements
- Basic First Aid and CPR
- Blood Borne Pathogens
- Defensive Driving
- Passenger Assistance, Safety, and Sensitivity
- Wheelchair Safety and Securement
- Cultural Sensitivity
- Effective Communication
- HIPAA and Member Confidentiality
- Mobile Technology (tablet) Usage
- Specific Program Policies and Procedures

Call Center Training: Through a combination of instructor-led and virtual learning through the Learning & Development e-learning platform, all Call Center agents must successfully complete two full weeks of training and meet or exceed the required assessment score before they are authorized to take live calls. Call Center Training topics include:

- Creating a High-Performance Call Center
- Observations and Expectations
- Customer Service Skills and Protocol
- Qualifying the Request for Service
- Cultural Sensitivity / Language Line TTY / TDD Services Managing Complaints /Grievances
- Fraud, Waste, and Abuse
- HIPAA /Member Confidentiality
- Client Specific Program Policies and Procedures

- Understanding the Components of Quality Performance
- Processing calls using the telephony system and InSight

V. PROGRAM ELEMENTS AND METHODOLOGY

5.1 Call Center Management

Call Center team members are the front-line representatives of Southeastrans and our clients. The performance of these team members is crucial to the overall delivery of service and represents Southeastrans' commitment to quality for the consumer.

5.1.1 Workforce Optimization

Workforce optimization enables our Call Center Managers to capture, analyze, and act on data to improve workforce performance, customer interactions, and customer service processes. Contact recording provides the capability to record, store, and playback voice interactions, and is used to record all calls. Quality monitoring synchronizes the onscreen activities of employees to the audio recording and provides employee performance evaluation tools that help improve operational efficiency.

SET uses the Community Workforce Management software to analyze call demand over a period of weeks, months, and years to accurately predict the level of staff needed by day of week and hour of day and consider seasonal changes. The tool is used to analyze our historical information to create forecasts of call volume. The forecast considers recent history and events such as holidays. The forecast data is used to build schedules for the call centers. The tool suggests schedules setting hours worked, break / lunch times, as well as offline activity such as the best times for meetings or training.

SET Workforce Management (WFM) Coordinators further customize this information, based on any specific needs to optimally schedule staff. This tool combined with the Real Time Schedule Adherence assures the most efficient use of personnel while meeting member needs. WFM Coordinators also reforecast during the workday to update needs and communicate those with staff company wide.

5.1.2 Call Monitoring

Through our partnership with AT&T, all calls are recorded using a Contact Recording Quality Monitoring (CRQM) software solution. There are two main components to the system:

- **Call Center Recording:** Provides the recording, playback, and storage of voice interactions
- **Quality Monitoring:** Leverages the use of these audio recordings by capturing and synchronizing the on-screen activity of the agent and providing several Call Center agent performance enhancement tools

Every call made and received at our Call Centers is recorded using our CRQM system. Callers will hear an automated message advising them that their call will be recorded for quality assurance. CRQM is used to ensure quality performance by Southeastrans Call Center operations. Supervisory personnel select a random sample of recordings to perform assessments of each CSR. These assessments are used for performance reviews and as part of the training program to determine the level of understanding CSRs possess about program policies and procedures.

Additionally, call recording is used as an integral part of our quality assurance procedures to confirm or invalidate a complaint or inquiry.

Call Center Key Indicators

Call Center associates are monitored in real-time throughout the month using live observations and are scored according to their performance against the required elements, such as:

- Greeting the caller
- Offered assistance
- Verification of member information (primary address, phone numbers, etc.)
- Verification of eligibility
- Managed the call effectively
- Maintained caring tone; listened carefully
- Updated member file (if necessary)
- Data entry was correct per information provided by caller
- Repeated information back to caller
- Closed call properly (thanked caller, offered additional assistance)

Observations are performed on at least two percent of the total call volume for the month, and the cumulative results are included in the monthly quality assurance reports to clients. Call Center associates receive frequent feedback regarding their results.

SET also uses a program called “Raising the Standard” that exemplifies the passion and motivation of our Call Center staff. This program includes recognition of those agents who have achieved the highest levels of customer service excellence and participate in peer to peer mentoring; it also includes incentives for exceeding our defined standards.

5.1.3 Call Center Service Level Monitoring

Our Automatic Call Distribution (ACD) system provides advanced call routing options to ensure the caller is immediately routed to the next available and most appropriate representative. The ACD system also provides the following standard reports necessary to monitor service levels and contractual obligations:

1. Number of Calls Received
2. Number of Calls Answered, by increment
3. Number of Calls Placed on Hold
4. Average Speed of Answer (ASA), by increment
5. Average Hold Time for Calls Placed on Hold
6. Number of Abandoned Calls, by increment
7. Abandon Calls as a Percent of Total Calls Received
8. Average Hold Time Prior to Abandonment, by increment
9. Average Wait Time, by increment
10. Average Talk Time, by increment
11. Level of Service / Call Type Summary
12. Call Reason Summary
13. Number of Telephone Operators by Time of Day and Day of Week

Reporting is offered on the schedule required by each client, which is customarily monthly and annually. The following table shows the Call Center key indicators and standards of quality that are monitored:

Indicator	Standard
Percent of calls answered in < 3 rings	100%
Average Work Time (talk Time + Hold Time)	Less than 3.5 minutes
Average on Hold Time	Less than 2 minutes
Abandonment rate	Under 5%
Customer Satisfaction	>= 95%

West Virginia Service Levels

Call Center - Speed of Answer

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

Call Center -Average Wait Time

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

Call Center-Average Call Abandonment Rate

The average abandonment rate is no more than five percent (5%).

5.2 Transportation Provider Performance Monitoring

The relationships Southeastrans has built with our network of transportation providers is vital to the overall success of our organization. The transportation delivery system consists of all the components required to transport an eligible member to and from the appropriate destination in an efficient, safe, and comfortable manner. While the contracted provider is responsible for the actual transportation function, Southeastrans is responsible for ensuring that the provider operates within the guidelines and requirements of local, state, and federal laws, and in compliance with the client and provider contract.

Our transportation management concept is not necessarily negotiating the lowest price, but establishing a mutually beneficial relationship that is designed to:

1. Share information, priorities, and responsibilities in the provision of service in accordance with contractual requirements;
2. Provide risk management through compliance oversight and measurement; and most importantly
3. Facilitate the delivery of the highest quality, safe, and efficient transportation services

Transportation Provider Key Indicators

The following table represents the key transportation indicators and standards of quality monitored.

Indicator	Standard
Actual pick-up and drop-off times	Pick up time is within 15 minutes of the scheduled time. The return pick up should be within one hour of notification. 95 % on time pickups.
Vehicle condition and functionality	Proper vehicle maintenance, registration, and compliance with all applicable laws shall be maintained or the vehicle will be removed from service immediately if there is a discrepancy that creates a health or safety hazard for vehicle occupants. 100 % compliance.
Valid vehicle insurance coverage	Providers must have vehicle insurance coverage issued by a company licensed to transact the business of insurance in the State of South Carolina for the applicable line of insurance. 100% compliance.
Driver appearance and conduct	Any driver who receives two substantial complaints in a 90- day period shall be removed from driving or entered into a retraining program. If a driver receives four substantial complaints within a consecutive 12-month period, this will result in the removal under the District contract. 100% compliance.
Accuracy of provider invoices	More than 90% of completed trip reimbursement forms.
Accidents and incidents	Drivers who receive citations and are convicted of two (2) moving violations and/or accidents related to transportation provided under this contract, where the driver was at fault during the full term of the contract, must be removed from service. 100 % compliance

The procedures for monitoring these indicators are classified as prospective or retrospective. Prospective procedures are measurements of performance that are observed as they occur; while retrospective procedures involve the compilation, analysis, and reporting of recorded information or observations.

Southeastrans uses both monitoring techniques to provide a broad spectrum of quality analysis both prospectively and retrospectively. Each quality assurance function is listed below by procedure type:

Prospective Procedures

- Field observations of NEMT services
- Unannounced spot inspections of provider vehicles and drivers
- Unannounced wheelchair securement inspections of provider vehicles

Retrospective Procedures

- Statistical reports analysis
- Complaint investigation and resolution procedures
- Facility satisfaction surveys
- Member satisfaction surveys
- Invoice/Manifest reconciliations
- Facility attendance reports

SET also monitors provider performance based on key indicator reports that are analyzed to ensure service levels meet contractual requirements. Examples of Transportation Provider Performance reports include the Pickup and Delivery Standards and Quarterly Complaint reports described below.

The **Pickup and Delivery Standards Report** contains the following data elements:

- Number of trips provided by type of transportation
- Percentage of pickups and deliveries completed on time
- Percentage of trips meeting the ride time performance measure
- Number of missed appointments

The **Quarterly Complaint Report** contains complaint data elements, as well as trend charts and analysis:

- Number and type of complaints
- Historical trend charts
- Top complaint groups

5.2.1 Ontime Performance

The management team schedules Provider Performance Reports to monitor on-time performance of actual member pickup and delivery. Southeastrans conducts unscheduled as well as scheduled quarterly meetings with providers to discuss contract issues, performance, and other network topics.

The Mobile Tracking System can be monitored on a real-time basis as the data is transmitted to Southeastrans to effectively monitor the on-time performance. This information is utilized to assess each NEMT provider's compliance with the on-time performance standards. This tool provides an irrefutable record of each trip rendered by NEMT network providers.

West Virginia Service Levels

On-Time Arrival

No more than five percent (5%) of the scheduled trips should be late or missed per day.

Travel Time On Board

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

Average Wait Time

The vendor is to ensure that the average waiting time for a pick-up does not exceed fifteen (15) minutes for a scheduled appointment and one (1) hour after notification of a hospital discharge.

Authorization & Scheduling Timeliness - Three Day Turn- Around

The vendor should authorize and schedule routine NEMT Services for ninety-eight percent (98%) of all requests within three

(3) business days after receipt of the request.

Authorization & Scheduling Timeliness - Ten Day Turn- Around

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

5.2.2 Provider Credentialing

Southeastern documents each provider's credentials through a combination of physical and electronic procedures. These include hard copy business files, shared image storage organized by provider, and relational database reporting of critical compliance data.

The business files include:

- A copy of the SET/Provider executed service agreement
- Provider corporate profile information
- Legal documentation defining the responsible corporate organizations for reporting
- Permits, licenses, and all regulatory documentation
- Insurance certificates
- Vehicle list (updated quarterly; update required as fleet changes in/out)
- Driver list (updated quarterly)
- Copies of all driver credentials including licenses, training certificates, criminal background search, sex offender search, drug screen, motor vehicle report
- Records of the initial inspection and all subsequent inspections

5.3 Satisfaction Surveys

Southeastrans contracts with Forward Strategies, Inc. (Vendor), an independent agent specializing in telephone satisfaction surveys, to conduct member surveys regarding their experience with transportation providers and call center agents. Two distinct surveys are employed:

- **Transportation Provider Satisfaction Survey**- assesses the member's satisfaction concerning NEMT Providers who recently transported them
- **Call Center Satisfaction Survey** – assesses the member's interaction with SET agents during the trip reservation process.

The Vendor alternates between the two surveys on a monthly basis, resulting in six surveys of each type annually.

West Virginia Service Levels

Member Outreach, Education and Satisfaction Surveys

Vendor will develop and implement NEMT member outreach and education for current and future Medicaid Recipients and other NEMT program on NEMT services, procedures, and the transition of service administration from county BCF staff to the vendor. Every six (6) months, the vendor is to conduct a member satisfaction survey regarding the NEMT brokerage program to verify availability, appropriateness and timeliness of trips provided and the manner in which the vendor's staff and NEMT provider's staff interacted with Medicaid Recipients.

Methodology

SET and the Vendor employ the following process for both survey types:

- SET generates a random list of members who contacted the call center to schedule service or were transported by NEMT Providers within the contracted regions.
- The list is generated and submitted to the Vendor the day after the member interacted with the Call Center or was transported by the NEMT provider
- The Vendor conducts surveys using live agents to call the members within 48-hours of the Call Center interaction or NEMT transport.
- The Vendor's goal is to complete 100 surveys during the month.

Both surveys are based on a 5-point Liker scale, where 1 is the lowest rating and 5 is the highest rating. The Vendor's goal is to complete 100 surveys during the month, for each survey type. Please reference Appendix D for the survey questions and scoring.

Utilization Review and Quality Assurance personnel also conduct informal surveys during regularly scheduled outreach visits with facilities to ensure that Southeastrans is meeting the transportation needs of patients.

Communicating Results

Survey results are communicated to the Executive Management Committee, the Quality Management Committee, and appropriate department management personnel to be shared at the team level.

Corrective Action Plans

Performance issues identified through the survey process are investigated to determine the most appropriate corrective action to be taken. When such actions are required, their progress and outcomes are monitored by the Quality Management Committee.

5.4 Complaint Resolution

Any group or individual that interacts with Southeastrans or receives services coordinated by Southeastrans is a valued customer. The customer's opinions and perceptions of service and quality are the primary measure of our success. Southeastrans strives for complete customer satisfaction throughout the transportation management and service delivery process.

Complaints from customers, facilities, or the public are indications that a service function has failed to perform as intended and that a quality issue needs to be addressed. All complaints are taken very seriously and given the highest priority for investigation and resolution. Complaints may be received verbally by telephone, in person, or in writing. They may originate from consumers, human service providers, healthcare providers, transportation providers, or from the public. Regardless of the origin or the method by which the complaint is received, all are processed in the same manner.

Southeastrans' Quality Assurance Specialists (QA Specialist) record, track, and manage complaint investigations and coordinate and communicate all complaint resolutions in the InSight system. The QA Specialist manages the complaint process utilizing the following steps:

1. All complaints are entered into the InSight system and coded by type.
2. The QA Specialist reviews each complaint in the Inquiry Log.
3. The QA Specialist completes the Request for Explanation form (RFE).
4. A copy of the Request for Explanation is forwarded to the Southeastrans Manager responsible for the area involved in the complaint.
5. If the complaint involves a subcontracted transportation provider, a copy of the completed RFE is emailed to the provider. Transportation providers have 24 business hours to respond to the RFE.
6. The QA Specialist coordinates the investigation with the appropriate Southeastrans Manager, and/or the transportation provider and develops a recommended resolution.
7. The Southeastrans Manager and/or the transportation provider responding to the complaint submit their findings in writing to the QA Specialist.
8. The QA Specialist reviews all materials, consults with other Southeastrans personnel as necessary, and develops a recommendation for complaint resolution.
9. Each action taken during the complaint investigation is entered into the InSight system (i.e., sent email, sent fax, called provider, called member)
10. A copy of the completed complaint investigation is forwarded to the Project/Operations Director for review and approval.
11. All activities associated with complaint resolution are entered into the InSight system for tracking and reporting purposes.

12. All complaint resolutions must be completed within three business days.

13. A Complaint Summary Report is produced each month.

Southeastrans tracks all complaints by category and transportation provider for reporting and analysis. Providers that receive excessive complaints or fail a complaint related inspection are issued a 10-day written “cure” letter to resolve the issues and required to submit a corrective action plan to address the issue and ensure a minimal chance of repeating the same or similar offense. In cases of repeated or serious complaints against a transportation provider, they may be liquidated, placed on probation, or terminated. Complaint reporting categories include:

Accident/Incident	Contact Center Issue	Healthcare Provider Issue
Problem with driver	Unsafe driver	Provider did not show
Rude staff	Early service	Late service
Trip too long	Improper wheelchair tie down	Vehicle dirty
Vehicle defect	Vehicle heat or A/C problem	Phone system problem

5.5 Fraud Monitoring

Southeastrans takes a multifaceted approach to monitoring for fraud and assuring our program integrity by employing gatekeeping measures to assure that all trips scheduled for delivery by our provider network are valid. We employ also employ an Internal Audit Department and a Compliance Department to manage our fraud monitoring activities.

The Internal Audit Department looks at all aspects of our operations, both internally and externally, from a compliance and fraud, waste, and abuse perspective. The Compliance Department’s primary focus is provider network development, training, and compliance, as documented in the sections above. The work of both units is supported by the InSight transportation management system that includes features designed to identify the types of fraud and abuse that typically occur within NEMT programs.

InSight allows Southeastrans to use a multi-faceted approach for the internal monitoring of NEMT fraud and abuse. Our critical objectives are to:

- Prevent and detect fraudulent and erroneous claims and payments to NEMT providers
- Conduct timely and accurate payment to NEMT providers
- Prevent, detect, review, and report member fraud

The review of historical utilization patterns of our trip assignment, utilization, and claims systems is a critical element of fraud monitoring. Ongoing detection methods are employed such as unannounced spot checks, record reviews, random claim audit reviews, trip verification, member surveys, and examination of utilization trends; to monitor member, NEMT provider, and healthcare facility fraud. We also review and monitor our bus pass programs to confirm members are receiving and using their passes appropriately.

The table below lists several categories of fraud that are monitored by the Internal Audit and Compliance Departments:

Medicaid Member	NEMT Provider	Healthcare Facility
<ul style="list-style-type: none"> • Falsifying eligibility • Kickbacks • Card loaning • Repeated no-shows • Misrepresenting access or need 	<ul style="list-style-type: none"> • Duplicate billing • Falsifying invoices, records, and/or cost reports • Non-medical trips • Utilizing non-compliant vehicles / drivers 	<ul style="list-style-type: none"> • Non-Medicaid certified facility • Misrepresenting member need

5.5.1 Monitoring NEMT Provider Fraud

Provider Payment Reporting: Southeastrans InSight Mobile Tracking Application not only tracks vehicles and members, but also records trip details such as driver and vehicle identification, the odometer reading of the vehicle at the time of pick up and drop off, and most importantly, the signature of the member. Signatures are recorded with a stylus and captured electronically by the tablet device at the drop off location. It would be very difficult, if not impossible, for a driver to falsify the transportation of a member because the technology provides the time and geo-coded location of when and where every recorded pick up or drop off occurs. Our Utilization Review Specialists use these data elements to search for fraudulent activity among NEMT providers.

Excluded NEMT Providers: Southeastrans checks the Office of Inspector General's Exclusion List monthly to ensure NEMT providers, drivers, or attendants have not been excluded from participating in federally funded healthcare programs. We utilize an OIG verification program that automatically checks every name in our InSight Provider Compliance Module against the OIG Exclusion List. This application flags any matches found on the exclusion list from which the Southeastrans Compliance Department can produce reports for validation purposes.

5.5.2 Transportation Validation

Southeastrans conducts post transportation validation audits designed to confirm member attendance at scheduled appointments. The results of these audits are summarized in monthly or quarterly reports showing the total number of member appointments audited for each healthcare provider, the number of confirmed visits, the number of visits not confirmed, the findings on investigations into unconfirmed visits, and any corrective action taken. These audits are an important fraud detection tool to ensure that NEMT providers are not billing for trips that were not rendered as scheduled

West Virginia Service Levels

Pre-Transportation Validation Checks

The vendor is to conduct pre-transportation validation checks prior to authorizing the request (as described in Appendix 1, Section VII) for no fewer than three percent (3%) of the NEMT Service requests received in a month. A busy signal or no answer should not be counted toward the three percent (3%) pre- transportation validation check rate.

Post-Transportation Validation Checks

The vendor is to conduct post-transportation validation checks on no fewer than two percent (2%) of the NEMT Service requests. If a post- transportation validation check cannot be completed because the call to the provider resulted in a busy signal or no answer after three (3) attempts, the vendor should enter into its system information to alert call center staff that any future requests to this specific provider are to be validated before it can be authorized.

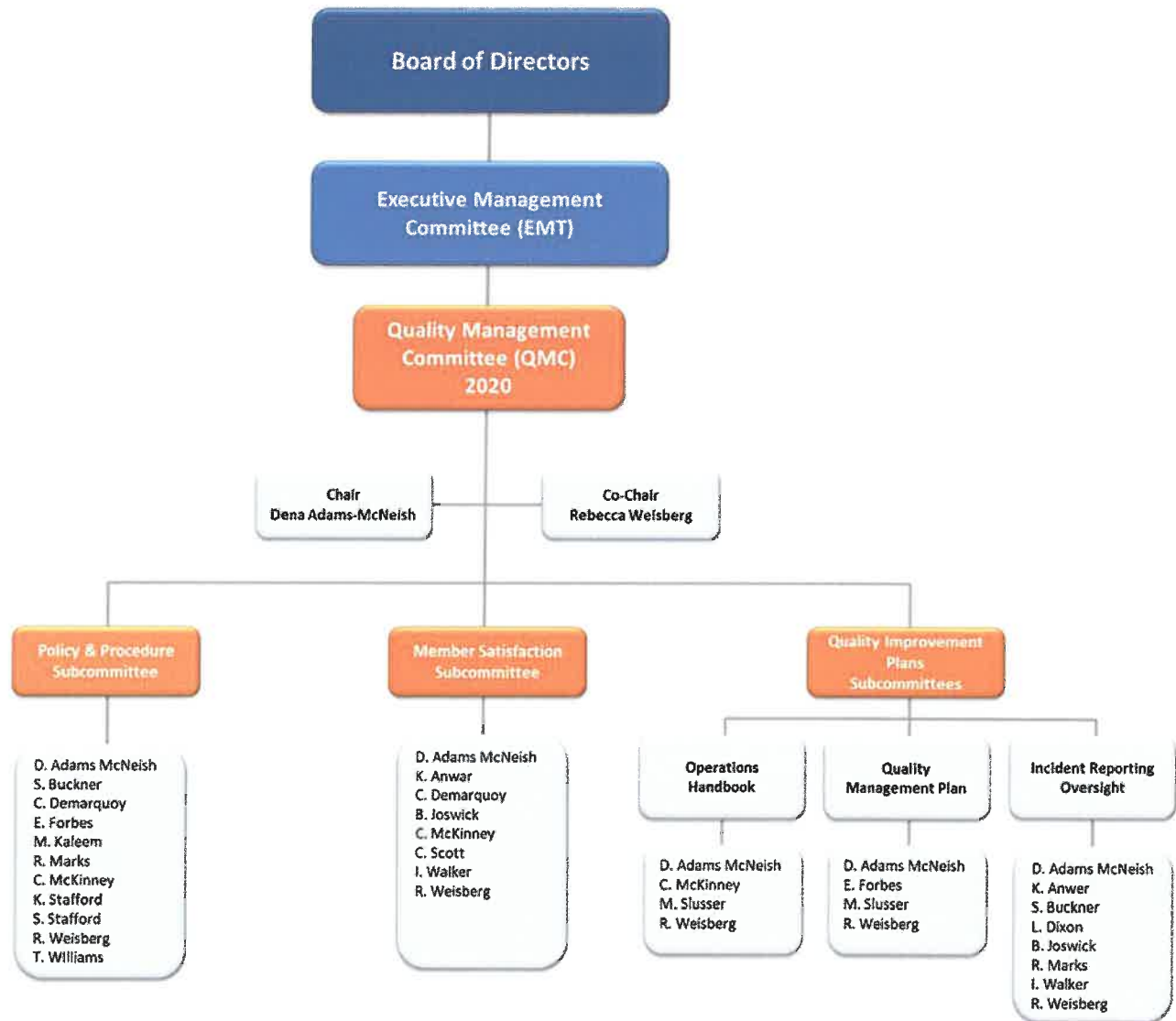
Appendix A: Policy 603_Quality Management Committee

Please reference the policy link below.



603.00_Quality
Management Commit

Appendix B: QMC Organizational Chart



Appendix C: Policy 105.00_Policies and Procedures

Please reference the policy link below.



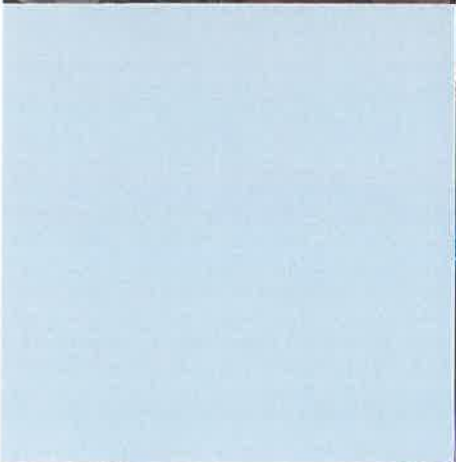
105.00_Policies and
Procedures.docx.pdf

Appendix D: Member Survey Questions

Please reference the following document link.



Member Satisfaction
Survey Questions.pdf



SOUTHEASTTRANS

DRIVING THE FUTURE OF TRANSPORTATION MANAGEMENT

Business Continuity/ Disaster Recovery Plan

Our Mission...

"To provide transportation management solutions that deliver the highest level of quality and satisfaction to our consumers while offering exceptional value, performance, and responsiveness to our contracting agencies."

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Southeastrans Business Continuity and Disaster Recovery Plan

Southeastrans maintains strict data backup and disaster recovery standards to reduce the possibility of data loss due to acts of nature, power loss, fire, or other disasters that may occur. We currently have a Disaster Recovery Plan in place for all our NEMT contracts. The plan is updated on an annual basis and submitted to our clients for review and approval. Interim updates are completed within 10 business days of a change in procedure. Further, any modifications to the plan required by our client are incorporated into the plan within 10 calendar days of notification.

Southeastrans' Business Continuity and Disaster Recovery Plan is designed to prevent interruption of transportation services in the event of a natural, man-made or other unforeseen disaster, or any other catastrophic event that negatively impacts Southeastrans core business functions. More specifically, the purpose of the Business Continuity and Disaster Recovery Plan is to:

1. Ensure the safety of all employees of Southeastrans located inside office buildings occupied by Southeastrans.
2. Minimize disruption of transportation services caused by a disaster at or near the Southeastrans Call Center and Network Operations Center.
3. Reduce the risk of any loss of data essential to the operations of the scheduling and transportation software system.
4. Identify adequate data backup and restoration procedures to ensure continued scheduling and transportation capability in Southeastrans' regions or areas of responsibility.
5. Ensure the continued operation of communication services with the members, transportation providers, and medical facilities in our regions.
6. Provide a contingency plan for acute staff shortages due to communicable disease or illness epidemics or pandemics such as N1H1 Influenza or other external event that impacts Southeastrans ability to receive requests for and render transportation services.

In addition to these processes, Southeastrans also has call center rollover provisions in place to accept member's telephone calls and schedule transportation from any call center (Arkansas, Georgia, Indiana, or Tennessee).

While Southeastrans periodically tests our call center rollover and disaster recovery procedures, we also conduct a full disaster recovery plan review and exercise/drill at least every calendar year, or more often during system upgrades (3 to 4 times per year).

Communication with Stakeholders

In the event of an issue involving the disruption of services, the State Director or a Corporate Executive will notify the client immediately of the contingency plan that be activated to ensure minimal effect on business flow. Additional calls will be scheduled to ensure updates provide sufficient information for all stakeholders.

Emergency Mode Operation Plan

In the event of a disaster or other catastrophic event at Southeastrans, the following personnel immediately engage in recovery processes:

Name	Title	Telephone #	Role
Rob Zachrich	COO	678-510-4503	Declares a disaster and activates the DR plan
Jim Degliumberto	CIO	678-510-4588	Implements the Information Technology components of the DR plan
Benjie Alexander	CAO	678-510-4507	Coordinates the relocation of office and call center space Immediately notifies affected client(s)
Kamran Saeed	Director of Information Technology	678-510-4597	Coordinates the routing of telecommunication services and the establishment of redundant server resources.

Disaster or Catastrophic Procedures

Contingency Plan for Call Centers

In order to minimize the effects of a disaster or other catastrophic event at Southeastrans' Call Center, we have implemented the following measures:

1. Southeastrans' Call Center, administrative offices and NOC are located in a secure building that has 24-hour security, requires electronic key access after business hours and is protected by a locked gate that can only be accessed by a security code.
2. Important records, back-up disks and tapes are secured in locked office spaces inside fireproof safes and/or filing cabinets.
3. Southeastrans' Call Center and administrative offices have smoke and heat detectors, sprinkler systems and portable fire extinguishers. In addition, emergency procedures are posted and employees are instructed how to respond to smoke or fire emergencies.
4. The network database and domain servers are connected to powerful Uninterruptible Power Supplies (UPS) that are automatically activated in the event of a loss of electrical power. This allows the servers to run for a limited period of time while we activate an Emergency Plan of Action to re-route telephone and communications traffic. It also allows the servers to be shut down in a controlled manner which reduces the possibility of data loss.
5. Southeastrans has fault-tolerant computer servers working on our network. These computers are installed with multiple hard drives that are formatted with RAID arrays. In the event that one hard drive fails, a spare hard drive is automatically activated and the data is re-written across this drive as well. All of this is done with no human interaction, which reduces the risk of data loss due to hard drive failure.
6. Southeastrans utilizes a sophisticated IP Based telephony platform and phone system at our Call Centers. The telephone lines are routed through multiple incoming telephone circuits (or PRI's) instead of one or even multiple copper telephone wires. Therefore, we have less of a potential for complete telephone failure due to line outages because we do not rely on traditional, copper telephone lines.
7. In the event of sustained power failure or other catastrophic event in the Georgia Call center, all

calls will be routed to our Tennessee or Arkansas Call Center within one hour to assure uninterrupted processing of transportation service requests. The transfer of calls between Georgia and Tennessee is a seamless operation that allows for complete redundancy of both Call Center operations.

8. The entire patient and dispatch database records are backed up once every hour to a different server on the network using database tools from RedGate to assist in the management of those backups. The tools that RedGate provides allow Southeastrans to automate our backup compression, testing and validation processes. In addition, the database is automatically backed up to a stand-alone terabyte storage drive as well as two separate servers on the network every night. In the event of a major disaster at our Call Center, these databases can be restored at one of our regional offices, which can be converted to a temporary Call Center that allows key business functions to continue while the disaster is assessed and other arrangements are made. In all, we backup the data on our SQL servers using three separate and complete methods to reduce the risk of data loss due to system failure. In addition, a check is performed in our SQL Servers that verifies the backup integrity. This is performed automatically by the database management system.
 - a. In the event a server is completely destroyed, the process of restoring an entire copy of the *InSight* database to a new server would take 48 hours.
9. Backup files from our production servers are stored on the network in a Storage Area Network (SAN) for quick access. These backups are also placed on tape drives on a nightly basis.
10. Communication with the transportation providers is maintained via cellular telephones which are not affected by power loss. This helps to maintain an open channel of communication with the transportation providers and medical facilities in case of telephone outages.

These procedures are frequently reviewed and updated to include new technology that enhances continuity of operations and reduces downtime associated with disasters or catastrophic events.

Contingency Plan for Reductions in Staffing and/or Provider Network Resources

In the event of an adverse external event that impacts Southeastrans' ability to appropriately staff the Call Center or to render transportation services due to interruptions within the NEMT Provider Network, Southeastrans will implement the following appropriate actions to maintain essential transportation services. Examples of adverse external events beyond the control of Southeastrans include, but are not limited to, unusually high employee absenteeism as a result of national, regional, or local outbreak of influenza or other communicable disease or illness, severe weather events such as ice storms that restrict or limit travel on public roads, or widespread fuel shortages.

If Southeastrans experiences unanticipated and acute reductions in call center staff, we will activate one or more of the following options to assure continuity of essential business operations:

1. Route calls to our secondary call centers in Chattanooga, Tennessee and Little Rock Arkansas.
2. Route a portion of the incoming calls to our Georgia regional offices in Gainesville.
3. Utilize existing Southeastrans personnel that do not routine process trip requests, but who are already trained in processing requests for transportation services to supplement call center staff. This would include managers, supervisors, and claims processing staff.

If Southeastrans' network of NEMT Providers is significantly compromised due to extensive employee absenteeism, fuel shortages, or widespread hazardous road conditions, Southeastrans will implement the following triage guidelines to ensure the availability of transportation services for the most essential or urgent need. At a minimum, trips for the following conditions will be provided in the order presented.

1. Dialysis
2. Hospital Discharges
3. Prescriptions (and doctor appointments for prescriptions that cannot be called in to the pharmacy)
4. Wound Care
5. Urgent Care
6. Outpatient Surgery
7. Post-Operative Follow-up
8. Medication Administration (mental health services)

During events that limit traditional NEMT Providers from rendering services in a timely or safe manner, Southeastrans may elect to increase utilization of public service agencies such as emergency medical services to render essential transportation services.


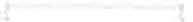

















Contingency Plan for Claims Recovery

In the event that there was an *Insight* outage, we would process paper claims by calculating the claim manually. The rate agreements are stored electronically by way of using Mosaic. Based on the Insight continuity plan, the electronic claim would be recovered from the backup server and placed on a spread sheet for payment.

Technical Recovery of Southeastrans Unique Systems




















In the event of total destruction of Southeastrans servers, we have maintenance agreements in place with outside vendors that house copies of our *InSight* and ShoreTel (call center system) backup servers, allowing us to restore program data no matter the catastrophe.

ID	Task Name	Duration	Start	Finish	Predecessors	Jan S
1	Proposal Management	92 days	Fri 4/10/20	Mon 8/17/20		
2	Proposal Management	32 days	Fri 4/10/20	Mon 5/25/20		
3	<i>RFP Due</i>	1 day	Fri 4/10/20	Fri 4/10/20		
4	BAFO	10 days	Mon 5/4/20	Fri 5/15/20	3FS+15 days	
5	<i>Award Notice- Intent to Award notice Sent</i>	1 day	Mon 5/18/20	Mon 5/18/20	4	
6	<i>Sign Contract- Effective Date</i>	5 days	Tue 5/19/20	Mon 5/25/20	5	
7	Schedule Kick off Metings	60 days	Tue 5/26/20	Mon 8/17/20	6	
8	1st Set of Deliverables	14 days	Tue 5/26/20	Fri 6/12/20	6	
9	WV Turnover Plan [A1.XV] 14	14 days	Tue 5/26/20	Fri 6/12/20	6	
10	NEMT Provider Network/Geographic Coverage Report [A1.II.D]	14 days	Tue 5/26/20	Fri 6/12/20	6SF	
11	Update Implementation Plan [A2.I] 14	14 days	Tue 5/26/20	Fri 6/12/20	6	
12	<i>Submit NEMT providers agreement template to WV</i>	14 days	Tue 5/26/20	Fri 6/12/20	5SF+10 days	
13	Additional Internal Deliverables	21 days	Tue 5/19/20	Tue 6/16/20		
14	<i>Review/Update Statement of Work</i>	10 days	Tue 5/26/20	Mon 6/8/20	6	
15	<i>Submit SOW to WV</i>	1 day	Tue 6/9/20	Tue 6/9/20	14	
16	<i>Final Approval of SOW</i>	5 days	Wed 6/10/20	Tue 6/16/20	15	
17	<i>Identifying Equipment Needs</i>	5 days	Tue 5/19/20	Mon 5/25/20	5	
18	<i>Finalize Staffing Needs</i>	5 days	Tue 5/19/20	Mon 5/25/20	5	
19	IT Infrastructure	40 days	Tue 5/26/20	Mon 7/20/20		
20	Equipment	1 day	Tue 6/9/20	Tue 6/9/20		
21	<i>Order software, hardware, InSight, phone system, tablets, mobile phones</i>	1 day	Tue 6/9/20	Tue 6/9/20	6FS+10 days	
22	Verify system capacity and bandwidth (phones, internet, Insight)	16 days	Tue 6/2/20	Tue 6/23/20		
23	<i>Verify capacity and bandwidty</i>	1 day	Tue 6/2/20	Tue 6/2/20	6FS+5 days	

Project: Implementation Planv1 Date: Sun 4/5/20	Task		Inactive Summary		External Tasks	
	Split		Manual Task		External Milestone	
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	Project Summary		Manual Summary		Manual Progress	
	Inactive Task		Start-only			
	Inactive Milestone		Finish-only			

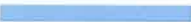


















ID	Task Name	Duration	Start	Finish	Predecessors	Jan S
24	<i>Manage capacity upgrades, if necessary</i>	10 days	Wed 6/3/20	Tue 6/16/20	23	
25	<i>Test upgrades</i>	5 days	Wed 6/17/20	Tue 6/23/20	24	
26	Interface with client	9 days	Tue 6/16/20	Fri 6/26/20		
27	<i>Development of Interface with WV for eligibility exchange</i>	5 days	Tue 6/16/20	Mon 6/22/20	6FS+15 days	
28	<i>Test exchange</i>	3 days	Tue 6/23/20	Thu 6/25/20	27	
29	<i>Receive/Load Eligibility files in InSight</i>	1 day	Fri 6/26/20	Fri 6/26/20	28	
30	Customize InSight	35 days	Tue 5/26/20	Mon 7/13/20		
31	<i>Identify/Program changes needed</i>	10 days	Tue 5/26/20	Mon 6/8/20	6	
32	<i>Test changes</i>	5 days	Tue 6/9/20	Mon 6/15/20	31	
33	<i>Identify additional trainings needed because of changes</i>	5 days	Tue 6/16/20	Mon 6/22/20	32	
34	<i>Release changes</i>	5 days	Tue 6/23/20	Mon 6/29/20	33	
35	<i>Begin training of new changes for staff</i>	10 days	Tue 6/30/20	Mon 7/13/20	34	
36	Phone System	4 days	Tue 6/9/20	Fri 6/12/20		
37	<i>Create/Update call queues</i>	3 days	Tue 6/9/20	Thu 6/11/20	6FS+10 days	
38	<i>Release queues</i>	1 day	Fri 6/12/20	Fri 6/12/20	37	
39	<i>Create/Update call recording</i>	3 days	Tue 6/9/20	Thu 6/11/20	6FS+10 days	
40	<i>Activate the recording</i>	1 day	Fri 6/12/20	Fri 6/12/20	39	
41	<i>Create /Update text messaging options</i>	3 days	Tue 6/9/20	Thu 6/11/20	6FS+10 days	
42	<i>Activate the text messaging option- allowing members to sign up</i>	1 day	Fri 6/12/20	Fri 6/12/20	41	
43	Obtain / load the list of WI healthcare providers and facilities	1 day	Tue 6/23/20	Tue 6/23/20	6FS+20 days	
44	Portals	35 days	Tue 6/2/20	Mon 7/20/20		
45	Member	28 days	Tue 6/2/20	Thu 7/9/20		
46	<i>Customize online scheduling system</i>	10 days	Tue 6/2/20	Mon 6/15/20	6FS+5 days	

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Task		Inactive Summary		External Tasks	
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Inactive Task		Start-only			
Inactive Milestone		Finish-only			













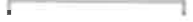






ID	Task Name	Duration	Start	Finish	Predecessors	Jan S
47	<i>Review/approve</i>	10 days	Tue 6/16/20	Mon 6/29/20	46	
48	<i>Finalize changes</i>	3 days	Tue 6/30/20	Thu 7/2/20	47	
49	<i>Launch Member portal - Open for scheduling</i>	5 days	Fri 7/3/20	Thu 7/9/20	48	
50	Facilities	28 days	Tue 6/2/20	Thu 7/9/20		
51	<i>Customize online scheduling system</i>	10 days	Tue 6/2/20	Mon 6/15/20	6FS+5 days	
52	<i>Review/approve</i>	10 days	Tue 6/16/20	Mon 6/29/20	51	
53	<i>Finalize changes</i>	3 days	Tue 6/30/20	Thu 7/2/20	52	
54	<i>Launch Facility portal - Open for scheduling</i>	5 days	Fri 7/3/20	Thu 7/9/20	53	
55	Client	28 days	Tue 6/9/20	Thu 7/16/20		
56	<i>Customize online scheduling system</i>	10 days	Tue 6/9/20	Mon 6/22/20	6FS+10 days	
57	<i>Review/approve</i>	10 days	Tue 6/23/20	Mon 7/6/20	56	
58	<i>Finalize changes</i>	3 days	Tue 7/7/20	Thu 7/9/20	57	
59	<i>Launch Client portal</i>	5 days	Fri 7/10/20	Thu 7/16/20	58	
60	Transportation Provider	35 days	Tue 6/2/20	Mon 7/20/20		
61	<i>Customize online scheduling system</i>	10 days	Tue 6/2/20	Mon 6/15/20	6FS+5 days	
62	<i>Review/approve</i>	10 days	Tue 6/16/20	Mon 6/29/20	61	
63	<i>Finalize changes</i>	5 days	Tue 6/30/20	Mon 7/6/20	62	
64	<i>Launch Transportation Provider website - Claims submission</i>	10 days	Tue 7/7/20	Mon 7/20/20	63	
65	Call Center / Central Business Office	45 days	Mon 5/11/20	Fri 7/10/20		
66	Establish the CC /CBO	10 days	Mon 5/11/20	Fri 5/22/20		
67	<i>Finalize Call Center /CBO space Plan</i>	5 days	Mon 5/11/20	Mon 5/18/20	5SF	
68	<i>Finalize CC/CBO lease agreement</i>	5 days	Mon 5/18/20	Fri 5/22/20	67	
69	Management of Remodel	35 days	Mon 5/18/20	Fri 7/3/20		

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Task		Inactive Summary		External Tasks	
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Inactive Task		Start-only			
Inactive Milestone		Finish-only			




















ID	Task Name	Duration	Start	Finish	Predecessors	Jan S
70	Identify a contractor for remodel	5 days	Mon 5/18/20	Fri 5/22/20	67	
71	Finalize plan for remodel	5 days	Mon 5/25/20	Fri 5/29/20	68	
72	Complete interior modification, painting, carpet, etc..	15 days	Mon 6/1/20	Fri 6/19/20	71	
73	Occupancy Inspection/Permit	2 days	Mon 6/22/20	Tue 6/23/20	72	
74	Order PRI/T1 lines and reserve toll-free numbers	1 day	Mon 6/1/20	Mon 6/1/20	71	
75	Order Furniture, work stantions and office equipment	30 days	Mon 5/25/20	Fri 7/3/20	68	
76	Order Building Signage	30 days	Mon 5/25/20	Fri 7/3/20	68	
77	Order Utilities	10 days	Mon 6/1/20	Fri 6/12/20	71	
78	Make move in ready	29 days	Tue 6/2/20	Fri 7/10/20		
79	Install telecommunications and network servers	3 days	Tue 6/2/20	Thu 6/4/20	74	
80	Installation of call center workstations and office furniture	5 days	Mon 7/6/20	Fri 7/10/20	75	
81	Installation of voice and data cables	5 days	Tue 6/2/20	Mon 6/8/20	74	
82	Installation of PCs and phones	5 days	Tue 6/2/20	Mon 6/8/20	74	
83	Systems configurations and testing of phone lines	5 days	Mon 6/22/20	Fri 6/26/20	77SF+20 days	
84	Office Open for business	1 day	Mon 6/29/20	Mon 6/29/20	83	
85	Human Resources	61 days	Tue 5/26/20	Tue 8/18/20		
86	Staffing plan	10 days	Tue 5/26/20	Mon 6/8/20	6	
87	Finalize staffing plan	5 days	Tue 5/26/20	Mon 6/1/20	6	
88	Place All Job Postings/Ad/Website	5 days	Tue 6/2/20	Mon 6/8/20	87	
89	Review and finalize all job descriptions	10 days	Tue 5/26/20	Mon 6/8/20	6	
90	Phase 1 Employees (Contract Effective Dates)	31 days	Tue 5/26/20	Tue 7/7/20		
91	Interview Phase 1 employees	15 days	Tue 5/26/20	Mon 6/15/20	6	
92	Start Date Phase 1 employees	10 days	Tue 6/16/20	Mon 6/29/20	91	

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Inactive Task		Start-only			
Inactive Milestone		Finish-only			

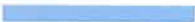


















ID	Task Name	Duration	Start	Finish	Predecessors	Jan S
93	Corporate Training Phase 1 employees	5 days	Tue 6/30/20	Mon 7/6/20	92	
94	Phase 1 employees begin	1 day	Tue 7/7/20	Tue 7/7/20	93	
95	Phase 2 Employees (60 days to Go-Live)	61 days	Tue 5/26/20	Tue 8/18/20		
96	Interview applicants for phase 2 positions	5 days	Tue 6/9/20	Mon 6/15/20	88	
97	State date for phase 2 postions	10 days	Tue 6/16/20	Mon 6/29/20	96	
98	Phase 2 employee Corporate training sessions	15 days	Tue 6/30/20	Mon 7/20/20	97	
99	Call Center Training Begins	15 days	Tue 7/28/20	Mon 8/17/20	98FS+5 days	
100	Call Center begins accepting calls for trip reservations	1 day	Tue 8/18/20	Tue 8/18/20	99	
101	Enter Recurring Trip Information - gathered from facilities	60 days	Tue 5/26/20	Mon 8/17/20	6	
102	NEMT Provider Network	70 days	Tue 5/26/20	Fri 8/28/20		
103	Identify local transporation resources	10 days	Tue 5/26/20	Mon 6/8/20		
104	Create radio ads, mailings educations potential transporation providers of upcoming	10 days	Tue 5/26/20	Mon 6/8/20	6	
105	Reconfirm adquency needs	5 days	Tue 5/26/20	Mon 6/1/20	6	
106	Public Transit	53 days	Tue 5/26/20	Thu 8/6/20		
107	Identify Public Transit Agencies	5 days	Tue 5/26/20	Mon 6/1/20	6	
108	Request routes and fares for passes/tokens information	10 days	Tue 6/2/20	Mon 6/15/20	107	
109	Upload Routes into InSight	5 days	Tue 6/16/20	Mon 6/22/20	108	
110	Order appropriate bus fare (tokens and passes)	5 days	Tue 6/23/20	Mon 6/29/20	109	
111	Receive bus fare, log and secure	3 days	Tue 6/30/20	Thu 7/2/20	110	
112	Distribute small batches to select facilities	10 days	Fri 7/24/20	Thu 8/6/20	111FS+15 days	
113	Transportation Provider Educational Meetings	55 days	Tue 5/26/20	Mon 8/10/20		
114	Locate meeting locations and schedule NEMT provider meetings	15 days	Tue 5/26/20	Mon 6/15/20	6	
115	Create handouts, and prepare credentialing packets	15 days	Tue 5/26/20	Mon 6/15/20	6	

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Inactive Task		Start-only			
Inactive Milestone		Finish-only			

ID	Task Name	Duration	Start	Finish	Predecessors	Jan S
116	Conduct meetings with NEMT providers - pass out credentialing packets	45 days	Tue 6/9/20	Mon 8/10/20	6FS+10 days	
117	Upload credentialing checklist and forms to website	1 day	Tue 6/16/20	Tue 6/16/20	6FS+15 days	
118	Credentialing	70 days	Tue 5/26/20	Fri 8/28/20		
119	Vehicle Inspection Plan [A1.XI.C] -30days	15 days	Tue 6/9/20	Mon 6/29/20	6SF+30 days	
120	NEMT Provider Monitoring Plan [A1.X.E] - 30	15 days	Tue 6/9/20	Mon 6/29/20	6SF+30 days	
121	NEMT Provider Manual [A1.XII.A] 30	15 days	Tue 6/9/20	Mon 6/29/20	6SF+30 days	
122	NEMT Provier Training / Education Plan [A1.XII.B] 40	15 days	Tue 6/9/20	Mon 6/29/20	6SF+30 days	
123	Desktop credential check	45 days	Tue 6/9/20	Mon 8/10/20	116SS	
124	Physical Inspections	20 days	Tue 7/28/20	Sat 8/22/20	123FS-10 days	
125	Orientation	10 days	Tue 8/11/20	Sat 8/22/20	124FS-10 days	
126	Enter WI NET providers, drivers, vehicles in NET Insight	20 days	Tue 8/4/20	Fri 8/28/20	125FS-15 days	
127	Transportation Network Established	30 days	Tue 6/9/20	Mon 7/20/20	123SS	
128	Adverse Weather Plan	14 days	Tue 5/26/20	Fri 6/12/20	6	
129	Stakeholder Communication _ Marketing Material	70 days	Tue 5/26/20	Fri 8/28/20		
130	Website	41 days	Tue 5/26/20	Tue 7/21/20		
131	Create state website layout	20 days	Tue 5/26/20	Mon 6/22/20	6	
132	Develop content and submit to WV	1 day	Tue 6/23/20	Tue 6/23/20	131	
133	Review / Approve	10 days	Wed 6/24/20	Tue 7/7/20	132	
134	Incorporate changes and Go-live	10 days	Wed 7/8/20	Tue 7/21/20	133	
135	Partner/Facility Communication - print material	36 days	Tue 5/26/20	Tue 7/14/20		
136	Create content and layout	20 days	Tue 5/26/20	Mon 6/22/20	6	
137	Submit to WV	1 day	Tue 6/23/20	Tue 6/23/20	136	
138	Review / Approve	10 days	Wed 6/24/20	Tue 7/7/20	137	













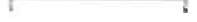






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Project Summary		Manual Summary		Manual Progress	
Inactive Task		Start-only			
Inactive Milestone		Finish-only			

ID	Task Name	Duration	Start	Finish	Predecessors	Jan S
139	<i>Incorporate changes and release internally</i>	5 days	Wed 7/8/20	Tue 7/14/20	138	
140	Member Communication - print material	55 days	Tue 5/26/20	Mon 8/10/20		
141	<i>Service Denial Criteria and Denial Letter</i>	10 days	Tue 5/26/20	Mon 6/8/20	6	
142	Complete draft Member Education and Outreach Plan [A1.XII.C] 30	15 days	Tue 6/23/20	Mon 7/13/20	6FS+20 days	
143	<i>Submitt education and informational materials to WV</i>	10 days	Tue 7/14/20	Mon 7/27/20	142	
144	<i>Finalize educationand informational materials</i>	10 days	Tue 7/28/20	Mon 8/10/20	143	
145	Mail Educational Materials [A1.XII.C]	5 days	Tue 6/2/20	Mon 6/8/20	206FS-60 days	
146	Community / Facility Outreach	70 days	Tue 5/26/20	Fri 8/28/20		
147	<i>Research /Educations of community outreach locations (regional) - In-person and Zoom</i>	20 days	Tue 5/26/20	Mon 6/22/20	6	
148	<i>Send / Post notices of meetings dates times</i>	10 days	Tue 6/23/20	Mon 7/6/20	147	
149	Host educational meetings (Implementation) [A1.XII.B] 15 days	60 days	Tue 5/26/20	Mon 8/17/20	6	
150	<i>Establish semi-annual stakeholder meeting schedules</i>	10 days	Tue 7/21/20	Mon 8/3/20	147FS+20 days	
151	<i>Gather re-curring trips from facilities</i>	70 days	Tue 5/26/20	Fri 8/28/20	149SS	
152	Finance	1 day	Tue 7/7/20	Tue 7/7/20		
153	Set up Accounting System for new Client	1 day	Tue 7/7/20	Tue 7/7/20	6FS+30 days	
154	Order business credit cards	1 day	Tue 7/7/20	Tue 7/7/20	6FS+30 days	
155	Set up Claim Payment Process	1 day	Tue 7/7/20	Tue 7/7/20	6FS+30 days	
156	Additional Task Items	41 days	Tue 5/26/20	Tue 7/21/20		
157	Surveys	41 days	Tue 5/26/20	Tue 7/21/20		
158	<i>Draft/Update all Surveys (members, TP, Facilities)</i>	20 days	Tue 5/26/20	Mon 6/22/20	6	
159	<i>Submit to WV</i>	1 day	Tue 6/23/20	Tue 6/23/20	158	
160	<i>Review/Approve</i>	10 days	Wed 6/24/20	Tue 7/7/20	159	
161	<i>Final Survey</i>	10 days	Wed 7/8/20	Tue 7/21/20	160	










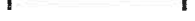









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	Inactive Task		Start-only			
	Inactive Milestone		Finish-only			

ID	Task Name	Duration	Start	Finish	Predecessors	Jan S
162	Update Standard Reporting Package	27 days	Tue 5/26/20	Wed 7/1/20		
163	Draft/Update Reporting Packages [A3] 30	15 days	Tue 5/26/20	Mon 6/15/20	6	
164	<i>Submit to WV</i>	1 day	Tue 6/16/20	Tue 6/16/20	163	
165	<i>Review/Approve</i>	10 days	Wed 6/17/20	Tue 6/30/20	164	
166	<i>Final</i>	1 day	Wed 7/1/20	Wed 7/1/20	165	
167	Systems Quality Assurance Plan	27 days	Tue 5/26/20	Wed 7/1/20		
168	Draft / Update Quality Assurance Plan [A2.II] 30	15 days	Tue 5/26/20	Mon 6/15/20	6	
169	<i>Submit to WV</i>	1 day	Tue 6/16/20	Tue 6/16/20	168	
170	<i>Review/Approve</i>	10 days	Wed 6/17/20	Tue 6/30/20	169	
171	<i>Final</i>	1 day	Wed 7/1/20	Wed 7/1/20	170	
172	Disaster Recovery Plan	27 days	Tue 5/26/20	Wed 7/1/20		
173	Draft/Update Disaster Recovery Plan [A2.V] 30	15 days	Tue 5/26/20	Mon 6/15/20	6	
174	<i>Submit to WV</i>	1 day	Tue 6/16/20	Tue 6/16/20	173	
175	<i>Review/Approve</i>	10 days	Wed 6/17/20	Tue 6/30/20	174	
176	<i>Final</i>	1 day	Wed 7/1/20	Wed 7/1/20	175	
177	Operations Manual / Policies and Procedures	27 days	Tue 5/26/20	Wed 7/1/20		
178	Draft / Update Operations Manual [A1.XIII]	15 days	Tue 5/26/20	Mon 6/15/20	6	
179	Post-Transportation Authorization Request [A1.IV.F]	1 day	Thu 6/4/20	Thu 6/4/20	204FS-30 days	
180	<i>Submit to WV</i>	1 day	Tue 6/16/20	Tue 6/16/20	178	
181	<i>Review/Approve</i>	10 days	Wed 6/17/20	Tue 6/30/20	180	
182	<i>Final</i>	1 day	Wed 7/1/20	Wed 7/1/20	181	
183	Complaint and Appeal Process	31 days	Tue 5/26/20	Tue 7/7/20		
184	Draft/Update Complaint and Procedures Manual [A1.XIV.] 30	15 days	Tue 5/26/20	Mon 6/15/20	6	

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	Inactive Task		Start-only			
	Inactive Milestone		Finish-only			

ID	Task Name	Duration	Start	Finish	Predecessors	Jan S
185	Submit to WV	1 day	Tue 6/16/20	Tue 6/16/20	184	
186	Review/Approve	10 days	Wed 6/17/20	Tue 6/30/20	185	
187	Final	5 days	Wed 7/1/20	Tue 7/7/20	186	
188	FWA Compliance Plan	31 days	Tue 5/26/20	Tue 7/7/20		
189	Draft/Update FWA Compliance Plan	15 days	Tue 5/26/20	Mon 6/15/20	6	
190	Submit to WV	1 day	Tue 6/16/20	Tue 6/16/20	189	
191	Review/Approve	10 days	Wed 6/17/20	Tue 6/30/20	190	
192	Final	5 days	Wed 7/1/20	Tue 7/7/20	191	
193	Readiness Review/Go Live	15 days	Wed 7/15/20	Tue 8/4/20		
194	Inspect local office	1 day	Wed 7/15/20	Wed 7/15/20	205FS-15 days	
195	Validation Plan [A1.VII.]	1 day	Wed 7/15/20	Wed 7/15/20	205FS-15 days	
196	Test phone systems	1 day	Wed 7/15/20	Wed 7/15/20	205FS-15 days	
197	Test InSight Scheduling / Electronic Tracking System	1 day	Wed 7/15/20	Wed 7/15/20	205FS-15 days	
198	Verify Network Adequacy	1 day	Wed 7/15/20	Wed 7/15/20	205FS-15 days	
199	Verify Compliance of Network	1 day	Wed 7/15/20	Wed 7/15/20	205FS-15 days	
200	Verify Staffing Plan	1 day	Wed 7/15/20	Wed 7/15/20	205FS-15 days	
201	Verify Transportation Provider Training	1 day	Wed 7/15/20	Wed 7/15/20	205FS-15 days	
202	Test Eligibility	1 day	Wed 7/15/20	Wed 7/15/20	205FS-15 days	
203	Test payment system	1 day	Wed 7/15/20	Wed 7/15/20	205FS-15 days	
204	Readiness Test	1 day	Wed 7/15/20	Wed 7/15/20	205FS-15 days	
205	Begin Taking Calls	1 day	Tue 8/4/20	Tue 8/4/20	206FS-15 days	
206	Start Transportation - Go live	1 day	Sat 8/22/20	Sat 8/22/20		

Project: Implementation Plan v1
Date: Sun 4/5/20

Task		Inactive Summary		External Tasks	
Split		Manual Task		External Milestone	
Milestone		Duration-only		Deadline	
Summary		Manual Summary Rollup		Progress	
Project Summary		Manual Summary		Manual Progress	
Inactive Task		Start-only			
Inactive Milestone		Finish-only			

Broker Monthly Report Card



Reporting Month: mmmm/yyyy

Service Level Agreement	Standards	Current Month	Previous Month	Corrective Action Plan	Notes
On-time Arrival	Less than 5% Late or Missed				
Travel Time Onboard	Average Travel Time Less Than 45 Minutes				
Average Wait Time	Less Than 15 Mins for Pickup and 1Hour Hospital Discharge				
Scheduling Timeliness	98% of All Requests within 3 Business Days				
Scheduling Timeliness	100% of All Requests within 10 Business Days				
Pre Transportation Validation Checks	3% Pre Validation Checks				
Post Transportation Validation Checks	2% Pre Validation Checks				
Utilization Report Submission	15th of each Month				
FWA Report Submission	15th of each Month				
All Other Deliverables	15th of each Month				
Provider Reimbursement	30 Day Turnaround for all Clean Claims				
Call Center Downtime	Less Than 1%				
Call Center Speed of Answer	Answer all calls within 3 rings				
Call Center Average Wait Time	Average queue time is less than 5 mins				
Call Center Average Abandonment Rate	Less than 5%				

Provider Monthly Report Card



Reporting Month: mmmm/yyyy

Provider Name	Total Trips Assigned (less cancellations)	Late Trips	No-Show	Total Complaints
Provider 1				
Provider 2				
Provider 3				
Provider 4				
Provider 5				
Provider 6				
Provider 7				
Provider 8				
Provider 9				
Provider 10				

Monthly County Level Detail Report



Reporting Month: mmmm/yyyy

County Name	Total Trips	Total Miles	Total Cost	< = 10 Miles	11-25 Miles	26-50 Miles	>51 Miles
County 1							
County 2							
County 3							
County 4							
County 5							
County 6							
County 7							
County 8							
County 9							
County 10							

Monthly Call Center Report



Reporting Month: mmmm/yyyy

Date	Day of Week	Total Calls Received	Total Calls Answered	Total Calls Abandoned	Average Abandonment Time	Average Talk Time	Average Speed Answered	Percentage Of Calls Abandoned	Percentage Of Calls Answered	Highest Abandonment Time	Highest Average Speed Answered
1/1/2020	Weekday 1										
1/2/2020	Weekday 2										
1/3/2020	Weekday 3										
1/4/2020	Weekday 4										
1/5/2020	Weekday 5										
1/6/2020	Weekday 6										
1/7/2020	Weekday 7										
1/8/2020	Weekday 8										
1/9/2020	Weekday 9										
1/10/2020	Weekday 10										
1/11/2020	Weekday 11										
1/12/2020	Weekday 12										
1/13/2020	Weekday 13										
1/14/2020	Weekday 14										
1/15/2020	Weekday 15										
1/16/2020	Weekday 16										
1/17/2020	Weekday 17										
1/18/2020	Weekday 18										
1/19/2020	Weekday 19										
1/20/2020	Weekday 20										
1/21/2020	Weekday 21										
1/22/2020	Weekday 22										
1/23/2020	Weekday 23										
1/24/2020	Weekday 24										
1/25/2020	Weekday 25										
1/26/2020	Weekday 26										
1/27/2020	Weekday 27										
1/28/2020	Weekday 28										
1/29/2020	Weekday 29										
1/30/2020	Weekday 30										
1/31/2020	Weekday 31										

Monthly Staffing Report



Reporting Month: mmmm/yyyy

Day of Week	Time	CSRs Available
Monday	7:00 AM	
	8:00 AM	
	9:00 AM	
	10:00 AM	
	11:00 AM	
	12:00 PM	
	1:00 PM	
	2:00 PM	
	3:00 PM	
	4:00 PM	
	5:00 PM	
	6:00 PM	
	7:00 PM	
	8:00 PM	
Tuesday	9:00 PM	
	10:00 PM	
	11:00 PM	
	12:00 AM	
	1:00 AM	
	2:00 AM	
	3:00 AM	
	4:00 AM	
	5:00 AM	
	6:00 AM	
	7:00 AM	
	8:00 AM	
	9:00 AM	
	10:00 AM	
Wednesday	11:00 AM	
	12:00 PM	
	1:00 PM	
	2:00 PM	
	3:00 PM	
	4:00 PM	
	5:00 PM	
	6:00 PM	
	7:00 PM	
	8:00 PM	
	9:00 PM	
	10:00 PM	
	11:00 PM	
	12:00 AM	
Thursday	1:00 AM	
	2:00 AM	
	3:00 AM	
	4:00 AM	
	5:00 AM	
	6:00 AM	
	7:00 AM	
	8:00 PM	
	9:00 PM	
	10:00 PM	
	11:00 PM	
	12:00 AM	
	1:00 AM	
	2:00 AM	
Friday	3:00 AM	
	4:00 AM	
	5:00 AM	
	6:00 AM	

Monthly Staffing Report



Reporting Month: mmmm/yyyy

Day of Week	Time	CSRs Available
	8:00 AM	
	9:00 AM	
	10:00 AM	
	11:00 AM	
	12:00 PM	
	1:00 PM	
	2:00 PM	
	3:00 PM	
	4:00 PM	
	5:00 PM	
	6:00 PM	

Monthly CSR Monitoring Report



Reporting Month: mmmm/yyyy

Agent Name	Call Monitors	Score	Description Of Any Deficiency	Corrective Action	Supervisor Name
Agent 1	7:00 AM				
Agent 2	8:00 AM				
Agent 3	9:00 AM				
Agent 4	10:00 AM				
Agent 5	11:00 AM				
Agent 6	12:00 PM				
Agent 7	1:00 PM				
Agent 8	2:00 PM				
Agent 9	3:00 PM				
Agent 10	4:00 PM				

Reservation Summary Report



Reporting Month: mmmm/yyyy

	July	August	September	October	November	December	January	February	March	April	May	June	YTD Total
otal Reservation	-	-	-	-	-	-	-	-	-	-	-	-	-
otal Standing Orders													-
otal Demand Trips													-
mbulatory													-
tretcher													-
Vheelchair													-

Unduplicated Riders by level of Service Report



Reporting Month: mmmm/yyyy

	July	August	September	October	November	December	January	February	March	April	May	June	YTD Total
ambulatory													-
stretcher													-
wheelchair													-
Total Unduplicated Recipients													-
Percent of Medicaid Recipients													
Total Number of Eligible Recipients													
Percent of Unduplicated Recipients													

Monthly Complaint Summary Report



Reporting Month: mmmm/yyyy

	July	August	September	October	November	December	January	February	March	April	May	June	YTD Total	Percent of Total Complaints
Issue With Vendor													-	
Nemt Provider Late													-	
Issue With Nemt Provider's Driver													-	
Issue With Nemt Provider's Vehicle													-	
Nemt Provider No-Show													-	
Complaint By Medical Facility													-	
Member Incident/Injury And													-	
Other Nemt Provider Issue													-	
Total Complaints	-	-	-	-	-	-	-	-	-	-	-	-	-	

Monthly Complaint Detail Report



Reporting Month: mmmm/yyyy

Complaint number	Member's Name	Member's Medicaid Id Number	Name Of Complainant	Complaint Receive Date	Complaint Type	Complaint Details	To Whom The Complaint Is Against	Name Of The NEMT Provider	Result Of The Complaint Investigation	Date Of Complaint Resolution
1										
2										
3										
4										
5										

Monthly Denial Summary Report



Reporting Month: mmmm/yyyy

Denial Category	July	August	September	October	November	December	January	February	March	April	May	June	YTD Total
Category 1													-
Category 2													-
Category 3													-
Category 4													-
Category 5													-

Monthly Complaint Detail Report



Reporting Month: mmmm/yyyy

Denial Reason	Member's Medicaid ID	Member's Name	Member's Address	Date Of Denial	Trip Id Number	Reason Of Denial	Staff Who Denied Trip
1							
2							
3							
4							
5							

Monthly Network Report



Reporting Month: mmmm/yyyy

Provider Name	Address	Phone Number	Contact Person	Counties Serve	Level Of Service
Provider 1					
Provider 2					
Provider 3					
Provider 4					
Provider 5					
Provider 6					
Provider 7					
Provider 8					
Provider 9					
Provider 10					

Accident and Incident Report



Reporting Month: mmmm/yyyy

Date Of Accident r Incident	Description Of Accident Or Incident	Member's Medicaid ID	Member's Name	Attendant's Name (If Applicable)	Driver's Name	VIN Or Other Identifying Number	Provider's Name	Trip Id Number	Other Information Or Notes
1/1/2020									
1/15/2020									

Biannual Member Satisfaction Survey Report



Reporting Month: mmmm/yyyy

	Jan-20	Mar-20	May-20	Jul-20	Sep-20	Nov-20
Overall Satisfaction Percent Satisfied						
A Leg Pick-up						
On Time Pick Up Percent Satisfied						
Late Pick Up Percent Satisfied						
B Leg Pick-up						
PU < 1 hr. Percent Satisfied						
PU 1-2 hours Percent Satisfied						
PU More than 2 hours Percent Satisfied						
Driver Satisfaction						
Courteousness						
Drive in Safe Manner						
Providing Assistance						
Overall Behavior						
Vehicle Satisfaction						
Condition						
Comfort						
Ease of Enter / Exit						

Quarterly Suspected Fraud, Waste, Abuse and Misuse Summary Report



Reporting Quarter: QQ/yyyy

Member's Name	Member's Medicaid ID	NEMT Provider's Name	Provider ID	Description
1				
2				
3				
4				
5				

Records of Vehicle Inspection



Reporting Month: mmmm/yyyy

Provider Name	Vehicle Make and Model	VIN	License Plate Number	Inspection Date	Vehicle Passed Inspection (Y-N)
Provider 1					
Provider 2					
Provider 3					
Provider 4					
Provider 5					
Provider 6					
Provider 7					
Provider 8					
Provider 9					
Provider 10					

Monthly NEMT Provider Monitoring Report



Reporting Month: mmmm/yyyy

Provider Name	Monitoring Date	Monitoring Description	Findings	Corrective Action Plan
Provider 1				
Provider 2				
Provider 3				
Provider 4				
Provider 5				
Provider 6				
Provider 7				
Provider 8				
Provider 9				
Provider 10				

Excessive Distance Report



Reporting Month: mmmm/yyyy

Member Name	Medicaid ID	Trips Date	Monitoring Description	Findings	Corrective Action Plan
Member 1					
Member 2					
Member 3					
Member 4					
Member 5					
Member 6					
Member 7					
Member 8					
Member 9					
Member 10					

Monthly Multi-passenger Trip Report



Reporting Month: mmmm/yyyy

Provider Name	Number of Multi-Passenger Trips	Pickup Time	Drop of Time	Total Distance
Provider 1				
Provider 2				
Provider 3				
Provider 4				
Provider 5				
Provider 6				
Provider 7				
Provider 8				
Provider 9				
Provider 10				

Monthly Behavioral Health Transportation Report



Reporting Month: mmmm/yyyy

Number of Trips	Total Miles	Total Cost	Total Cancelled Denied	% Cancelled/Denied	Total Helpline Calls	Complaints	No Show	Total Decline	Lacked Pre-Auth.	Unable to Verify Appointment	Unable to Verify Recipient's Address

Monthly MCO Utilization



Reporting Month: mmmm/yyyy

Number of Trips	Total Cost	Complaints

Fraud, Waste, Abuse, and Misuse Financial Report



Reporting Month: mmmm/yyyy

Member's Name	Member's Medicaid ID	Member's Address	Miles	Facility Address	Amount Paid in Error	Case Identified for Recoupment	Amount Collected Trough Recoupment
1							
2							
3							
4							
5							

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1 Purpose of an Operations Manual

The Operations Manual serves as a tool for our clients, employees, transportation providers and medical facilities of the program requirements, required forms to perform the functions need to manage Non-emergency transportation. An operations manual consists of several manuals and plans that when combined creates the complete Operation Manual.

All information in the Operation Manual is considered confidential and cannot be shared without prior authorization of Southeastrans.

If you have any questions/concerns about the information included in the operations manual or supporting documents, please speak to your General Manager (State Director).

2 What is Non-Emergency Transportation

Non-emergency medical transportation (NEMT) is defined as transportation services provided to members (and an escort/companion, if required) to and from medically related covered services. A covered service is defined as a service billable by MCO or State Agency.

Transportation is made available for members with no other means of transportation (vehicle in the home); to and from any MCO/State Agency reimbursable service, or one that would be a MCO/State Agency billable service (if the provider is used for the purpose of receiving treatment, medical evaluation, obtaining prescription drugs or medical equipment).

The Role of Southeastrans

Southeastrans (Broker) specializes in management of NEMT utilizing proven concepts to assure that Members receive quality transportation services in a prompt and safe manner. These concepts include the operation of a centralized call center with specialized software for scheduling and assigning NEMT trips. Southeastrans also has policies and procedures in place for the detection of fraud and abuse. We are responsible for the development of a transportation provider network through contracts with independent and public transportation providers, as well as quality monitoring and improvement functions. Additional administration roles of Southeastrans include NEMT provider payment functions, compliance and regulatory functions, data analysis, and reporting.

3 Overview of [state] [PROGRAM INT] Program

3.1 [state] Project Overview

- Informing and educating members on the NEMT program and process.
- Verifying member eligibility for Medicaid
- Assessing transportation needs
- Authorizing transportation services
- Scheduling and assigning trips
- Coordinating trip status information with supporting networks, such as MCOs, counties, tribes, and other community service providers
- Operating a call center
- Recruiting, maintaining, and improving a transportation provider network in [state]
- Ensuring compliance with driver and vehicle requirements
- Providing reimbursement for transportation services
- Developing and implementing a quality monitoring plan
- Collecting transportation data
- Providing administrative oversight

- Submitting management reports
- Protecting member confidentiality
- Maintaining adequate staff and facilities
- Interacting directly with the Department, the Department's Fiscal Agent, and any other support agency authorized to work on behalf of the Department to provide the services detailed throughout the RFP

3.2 Approved Scope of Work

[plan specific]

3.3 Service Area/Regions

[plan specific]

3.4 [state] Operational Contact Information

	Central Business Office
General Manager	Phone: Mobile: Email:
Assistance General Manager	Phone: Mobile: Email:
Sr. Mgr. of Transportation Network	Phone: Mobile: Email:
Sr. Mgr. of Call Center Operations	Phone: Mobile: Email:
Call Center Supervisor	Phone: Mobile: Email:
Sr. Mgr. of QA	Phone: Mobile: Email:
Sr. Mgr. of Outreach, Education and Training.	Phone: Mobile: Email:
Sr. Mgr. of Information Systems	Phone: Mobile: Email:
Reporting Mgr.	Phone: Mobile: Email:
Transportation Provider Ombudsman	Phone: Mobile: Email:
Implementation Mgr.	Phone: Mobile: Email:
Mg of Urgent/Critical Transportation	Phone: Mobile: Email:

3.5 [state] Contact Information

	Phone: Mobile: Email:
	Phone: Mobile: Email:
	Phone: Mobile: Email:
	Phone: Mobile: Email:

4 Corporate Oversight

4.1 General Responsibilities

4.2 Corporate Standard Policies

5 Call Center

5.1 General Responsibilities

Southeastrans' Call Center Operations is a critical part of our overall management of the NET Program. The Call Center staff is responsible for receiving, authorizing, and scheduling transportation services for eligible members requesting transportation to covered services. These functions include several important steps to assure that the appropriate level of transportation is provided in a timely manner. These steps include the following call center functions:

1. Receive calls requesting services.
2. Determine eligibility through the completion of a computerized member worksheet at the time of contact for each request and accumulating information on the member and the trip.
3. Determine that the member is requesting transportation to a covered service and determine if the healthcare provider is participating with the client.
4. Determine the most appropriate mode of transportation based on the member's healthcare needs.
5. Determine if the member has special needs that must be accommodated such as escorts, wheelchair, canes or walkers, service animals, etc.
6. Assign the trips to the most appropriate NET provider.

5.2 Call Scripts

[plan specific]

5.3 Hours of Operation

[plan specific]

5.4 Holiday's

The local call center will observe the following holidays: New Year's Day, Martin Luther King Jr. Birthday, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, Christmas Eve, Christmas Day, and New Year's Eve.

Transportation Services will be available on all observed holidays

5.5 Days' Notice

[plan specific]

Routine medical transportation must be received at least [days notice] business days in advance of the Member's Covered Health Care Service (the XX-day notice includes the day of the call but NOT the day of the appointment) ; anything less must meet the definition of Urgent transportation.

5.6 Urgent Request

- A health care situation in which the member does not need to call 911 for immediate help but cannot wait two business days before seeing a health care provider
- A hospital discharge
- A ride to a follow-up appointment if the follow-up appointment is for the same health care issue and is scheduled within XX days of the previous appointment

Urgent transportation will be provided within x hours of initial request.

5.7 Call Recording

Every call received by in our Call Center is recorded using Call Recording and Quality Management (CRQM). This tool promotes a quality performance by our call center personnel. Callers hear an automated message advising them that their call may be recorded for quality assurance purposes. All calls received are recorded, stored, and available for retrieval in CRQM. Additionally, call recording are used to monitor CSR performance. CSRs are required to score an XX%. If a CSR scores below the required XX% then retraining or termination may follow.

5.8 Attendants vs Escorts

Attendant: An adult that accompanies a member to provide necessary mobility, personal or

language assistance to the Member during the time that transportation services are provided. An attendant is provided by the transportation provider and stays with the vehicle. A medical provider must approve prior approve an attendant.

Escort: a friend or family member that must attend the medical appointment with the member due to age, or medical reasons. Escorts will be verified medical necessity with the members health care provider. An escort is provided by the member and always leaves the vehicle to stay with the member.

Service Animals : A service animal that accompanies a prior authorized Member to provide necessary mobility or personal assistance to the client during the time that transportation services are provided; or

5.9 Language Line

5.10 Minors

[plan specific]

5.11 Meals and Lodging / Long Distance Trips

[plan specific]

5.12 CSR Training Manual

Training is a crucial factor in the delivery of quality service. Every front-line team member, including Contact Center representatives, supervisors, and managers are required to complete initial and on-going training to ensure quality levels remain at their highest. Additional training may be developed and implemented as identified service issues arise. SETI Learning & Development courses are offered using an e-learning platform accessible via the SETI SharePoint site. An extensive library of courses is readily accessible as a resource for all employees.

Contact Center Training: Through a combination of instructor-led and virtual learning through the Learning & Development e-learning platform, all Contact Center agents must successfully complete two full weeks of training and meet or exceed the required assessment score before they are authorized to take live calls. Contact Center Training topics include:

- Creating a High-Performance Contact Center
- Understanding the Components of Quality Performance
- Observations and Expectations
- Customer Service Skills and Protocol
- Qualifying the Request for Service
- Processing the calls using the telephony system and *NET InSight*
- Managing Complaints and Grievances
- Cultural Sensitivity / Language Line TTY / TDD Services
- Fraud, Waste, and Abuse
- HIPAA and Member Confidentiality
- Client Specific Program Policies and Procedures

5.13 Policies and Procedures

6 Special Service Unit

Southeastern's Special Services Department is comprised of Special Service Representatives (SSR) who is responsible for managing transportation requests for specific user groups. These SSRs are trained in their respective roles but are also cross trained to handle other duties in case they are needed in another department. The areas of specialization for SSRs include:

- a. Dialysis
- b. Nursing Homes and Skilled Nursing Facilities (SNF's)
- c. Standing Orders
- d. Hospital Discharges
- e. Utilization Review
- f. Trips requiring ancillary services (meals, overnight lodging, etc.)

6.1 Dialysis

SSR's manage all transportation requests for dialysis members including all standing orders for dialysis. They work closely with each dialysis center's social worker to assure that dialysis members are transported to their dialysis appointment in a timely manner. Dialysis centers can contact the SSR directly (without going through the usual call queue) should they have any issues or problems concerning transportation of their dialysis members. Southeastern also has a call menu option specifically for dialysis members which routes the call directly to a Special Services Representative. Any member who wishes to arrange transportation for dialysis or healthcare appointments is directed to the SSR responsible for their specific dialysis facility. SSR's also process requests for non-dialysis appointments for all dialysis members since these appointments must often be coordinated or sequenced with the member's dialysis appointments.

SSR's responsibilities regarding dialysis transportation includes:

1. Verifying eligibility for the dialysis members;
2. Providing clinical staff with the necessary paperwork to schedule transportation;
3. Creating the initial dialysis standing order;
4. Assigning the dialysis trips to the most appropriate NET provider;
5. Scheduling transports for doctor's appointments outside of their normal dialysis treatments;
- and
6. Expediting and monitoring the return transportation for hemodialysis members
7. Additional training about dialysis procedures

The critical nature of dialysis treatments for members with kidney failure or End-Stage Renal Disease requires specialized training and understanding. For this reason, SSR's are provided with the following additional training concerning dialysis treatment:

Dialysis is a medical treatment that cleans wastes and extra fluid from the blood in members whose kidneys no longer are able to perform that function. There are two general types of dialysis; Peritoneal Dialysis and Hemodialysis.

6.2 Peritoneal Dialysis

Peritoneal Dialysis uses the lining inside the abdomen as a natural filter to clean the blood. Peritoneal Dialysis members have surgery to place a small tube into the wall of their abdomen through which a

special fluid is input. This fluid absorbs the waste in their blood and is later drained out of their abdomen through the tube. After the waste is discharged, fresh fluid is then input into the abdomen through the tube. This process is called *exchange*.

Peritoneal Dialysis members usually require at least four exchanges a day and each one takes about twenty minutes. This treatment can be done at home, work, school or even while traveling and doesn't require regular visits to a dialysis center. Doing exchanges on your own during the day is called *Continuous Ambulatory Peritoneal Dialysis* or CAPD.

Peritoneal Dialysis members are seen once a month for a checkup and these appointments are scheduled through our reservations department. These appointments are called demand trips.

6.3 Hemodialysis

Hemodialysis members require the use of a machine to filter the blood and this treatment can only be done in a Dialysis Center staffed with medically trained personnel. During Hemodialysis, blood is drawn out of the body through a permanent tube surgically placed in the member, called a shunt, and is sent to an artificial kidney machine called a *dialyzer*. The dialyzer cleans the blood by filtering wastes and extra fluid from the blood. Once the blood has been cleaned, it is returned back into the body through another shunt.

Hemodialysis is usually performed three times a week and takes around four hours. When the treatment is over, the blood is returned to the body from the dialyzer. If the member has a catheter, caps are put on the ends of the tubes in the chest. If they have a fistula graft, the needle is removed and gauze pads are put over the holes the needles made. Gentle pressure is put on the needle sites for fifteen minutes to stop bleeding. Some dialysis members bleed for a longer period of time and may require more flexibility in their return pick up time. Changes in pre-arranged pick up times will be arranged between the healthcare provider and NET provider.

6.4 Nursing Homes and Skilled Nursing Facilities (SNF's)

[plan specific]

Nursing Homes and Skilled Nursing Facilities (SNF's) are facilities that provide care and healthcare treatment to the elderly and people who are unable to care for themselves. These important healthcare facilities allow these individuals to receive daily medical treatment and proper care. Nursing Home or SNF staff members usually contact Southeastrans on behalf of a the client member who needs transportation services.

Southeastrans' SSR's manage all transportation requests including standing orders for the client eligible members who are residents of Nursing Homes or SNFs. The SSR works closely with each facility's social worker to assure that residents are transported to their appointments in a timely manner. Nursing Homes/SNFs can contact the SSR directly (without going through the usual call queue) should they have any issues or problems concerning transportation of their residents.

The Southeastrans allows the nursing home/SNF staff member requesting transportation services for a member to complete and submit via fax a Nursing Home Transportation Request form prior to scheduling the trip or to access the on-line Trip Request Form via Southeastrans web-site. Once received, the SSR schedules the trip with the appropriate NET provider. The Southeastrans SSR returns Nursing Home Transportation Request form to the nursing home/SNF with a confirmation number and the assigned NET provider.

6.5 Standing Orders

Standing orders are recurring appointments for the same member with the same facility for more than a three-week period.

Whenever a CSR receives a call from a member requesting transportation to a recurring appointment that exceeds a three-week period, the CSR transfers the member to a Special Services Representative (SSR). The SSR schedules the first five appointments but must obtain confirmation from the healthcare provider before scheduling the remaining appointments. Scheduling the first five trips allows time for the SSR time to verify the standing order with the healthcare provider without delaying the member's care.

The SSR will fax or email a Standing Order Form to the healthcare provider to verify and approve the appointment information. The healthcare provider will fax or email the completed Standing Order Form back to the SSR who will then set up the standing order in *InSight*®.

7 Network Management

See Separate Transportation Provider Manual

7.1 General Responsibilities

As a broker of transportation services, Southeastrans contracts with transportation companies and transit agencies to provide authorized transportation services. We have a team of compliance officers and network representatives to work with our local transportation providers. Our compliance department is responsible to ensure that all contracted providers meet program requirements, as stated in the transportation provider guidelines. The network representatives work maintains daily relationships with the transportation providers helping them solve issues with trip assignment and submitting necessary paperwork, including complaint and accident/incident documentation.

7.2 Modes of Transportation Available in [state]

[plan specific]

7.3 Car Seats

Parents or caretakers **must** provide car seats or booster seats for the ride. Car seats are required for children until they are at least age 4 and 40 pounds. Booster seats are required for children up until the child reaches one of the following:

- 8 years old
- 80 pounds
- 4 feet, 9 inches tall

If the parent or caretaker does not have a car seat or booster seat for any children who need them at the time of the ride, the member will not be able to take their ride.

7.4 Transportation Monitoring Plan

See Transportation Provider Monitoring Plan

7.5 Background Checks

Every person that comes into contact with the members must pass the appropriate background checks to ensure the passengers safety.

Required Background Checks	
Checks and Screening Requirements	Frequency
Drug Testing	Upon Hire and 1 random test within 365 days of last drug testing date.
State Computerized Criminal History (CCH) background check through the [state] Department of Public Safety's website	Annually from date of hire
National CCH background check from an organization that is nationally approved and recognized to provide criminal history background checks	Annually from date of hire
State Sex Offender Registry	Annually from date of hire
National Sex Offender Registry	Annually from date of hire
Federal and State database screening requirements: U.S. Department of Health and Human Services- Office of Inspector General's List of Excluded Individuals and Entities (LEIE); Public Accounts' Vendor Debarment List; Social Security Administration's Death Master File; Excluded Parties List System (EPLS) on the System for Award Management (SAM)	Annually from date of hire, with the exception of LEIE and EPLS which must be conducted on a monthly basis.

7.6 Transportation Training Program

Training is important in any NEMT program and Southeastrans has developed the most intensive transportation provider training program in the industry. We have outlined the transportation provider training and frequency.

Required Transportation Provider Trainings	
Scheduling Transportation Services	Within 30 days of hire.
Blood Borne Pathogens	Upon hire and annually thereafter.
Americans with Disabilities Act (ADA) safety and securement training	Upon hire and every 2 years thereafter.
Basic First Aid	Upon hire and every 3 years thereafter.
Cardiopulmonary resuscitation (CPR)	Upon hire and annually thereafter.
Passenger Assistance Techniques/Orientation Program	Upon hire and every 3 years thereafter.
Civil Rights	Within 30 days of hire and

	every 2 years thereafter.
Health Insurance Portability and Accountability Act	Within 30 days of hire and every 2 years thereafter.
Fraud, Waste and Abuse	Within 90 days of hire and annually thereafter.
Defensive Driving	Upon hire and every 2 years thereafter.
Wheelchair Securement and Transfer - mandatory use of restraints and or special seating for all passengers regardless of age	Upon hire and every 2 years thereafter.
Culture Diversity Training	Within 30 days of hire and every 2 years thereafter.
Emergency Procedures for Transportation Providers (e.g., use of fire extinguisher, dispatching law enforcement, handling escalated client behavior, accidents and incidents, etc.)	Upon hire and every 2 years thereafter.
Vehicle Safety: Inspections covering licensing, cleanliness, safety; Maintenance of vehicle and maintenance records; and Trip logs.	Upon hire and every 3 years thereafter.

7.7 [state] Transportation Provider Training Plan. [plan specific]

7.8 Policies and Procedures

8 Claims Management Requirements

8.1 General Responsibilities

Claims Processing is a critical function of Southeastrans – every claim for payment is carefully reviewed for accuracy, compliance and will be paid according to contract requirements. We routinely process 100 percent of undisputed clean claims payments within a 15-day payment cycle for services rendered. We currently process over 5 million provider claims annually under our Medicaid NEMT.

8.2 Policies and Procedures

9 Complaint Handling

9.1 General Responsibilities

9.2 Member Complaints

Customer satisfaction is the ultimate measure of success for Southeastrans, Inc. The customer's opinions and perceptions of service and quality are the primary measure of our success as a business venture. Southeastrans strives for complete customer satisfaction throughout the transportation management and service delivery process.

Complaints from customers, facilities, or the general public are indications that a service function has failed to perform as intended and that a quality issue needs to be addressed. All complaints are taken very seriously and given the highest priority for investigation and resolution. Complaints may be received verbally by telephone or in person, or in writing and will be acknowledge the complaint within 24 hours of receipt.

They may originate from members, human service providers, healthcare providers, transportation providers, or from the public at large. Regardless of the origin or the method by which the complaint is received, all complaints are processed in the same manner.

Southeastrans' Quality Assurance (QA) Specialists record, track, and manage complaint investigations and coordinate and communicate all complaint resolutions in the InSight system.

All complaints will be responded to within xx business days in writing. All complaints will be resolved within xx business days of receiving the complaint. If Southeastrans needs more time to resolve the complaint, a letter will be mailed stating the complaint will be resolved within 14 business days. If the member is not satisfied with the decision, they can follow the continued complaint process described in the response letter.

Southeastrans tracks all complaints by category and by subcontracted provider for reporting and statistical analysis purposes.

In cases of repeated or serious complaints against a subcontracted transportation provider, a provider may be liquidated, placed on probation, or terminated.

9.2.1 Member Appeals

Members also have the right to appeal any decision or action by Southeastrans that adversely affects their transportation needs or a denied payment for meals or overnight stays.

Members can file an appeal with Southeastrans in person, by phone, email or written letter or by requesting a fair hearing directly from [client]. All appeals will be responded to within XX business days, even if the appeal is not resolved.

If the appeal was not resolved within XX business days, a final letter after a decision has been made. The appeal process will not take more than XX days.

If the member is not satisfied with the decision of the broker, the member can follow the continued appeal process described in the letter.

If the member is still not satisfied, a fair hearing with [client] may be requested.

Under no circumstances will Southeastrans deny services to any member based on political affiliation, religion, race, color, gender, physical handicap, age or national origin. If an employee is found to have denied services to a member for any of these reasons, that employee will face severe disciplinary actions, which may include immediate termination.

10 Quality Department

10.1 General Responsibilities

At Southeastrans , we believe the best approach to quality assurance is prevention. This Quality Assurance Plan (QAP) is designed to provide an overall framework of quality assurance, planning, improvement, and control that supports this philosophy, as well as accountability for implementing quality focused initiatives. Further, it assures that SETI and our contracted providers deliver services of the highest quality to Medicaid members throughout our non-emergency medical transportation (NET) service regions.

10.2 Quality Assurance Plan

See the Quality Assurance Plan for more details

10.3 Policies and Procedures

11 Fraud, Waste and Abuse

12 Reporting Requirements

12.1 General Responsibilities

12.2 Reporting tables

[plan specific]

Report Name	Required Data Elements	Responsible Party	Frequency

12.3 Record Retention

Southeastrans will maintain legible copies of all related documents for a minimum of seven (7) years after the termination of the contract period or seven (7) years after the completion of any audits, litigation or dispute involving the Contract, whichever is later.

13 Technology Requirements

13.1 General Responsibilities

Southeastrans maintains an industry leading Non-Emergency Transportation software solution, InSight, that meets the Department and federal reporting standards. Southeastrans build this software in 2011 based its years of NEMT experience. We own, maintain and support the source code for InSight and have support available 24x7. This allows us to incorporate new requirements and standards into the software without the need to work with a third-party software vendor. InSight was developed to meet the high standards or HIPAA/HITECH and passes a HIPAA compliance review annually.

Insert MIS Operations Manual

13.2 Business Continuity Plan

See Business Continuity Plan


13.3 Policies and Procedures

See Technology Policy and Procedure Manual

**DRAFT Transportation
Provider Manual**

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1

CHAPTER ONE

TRANSPORTATION PROVIDER OVERVIEW

Introduction

What is Non-Emergency Medical Transportation?

Non-emergency medical transportation (NET) is defined as transportation services provided to members (and an escort/companion, if required) to and from medically related covered services. A covered service is defined as a service billable by MCO or State Agency. Transportation is made available for members with no other means of transportation (vehicle in the home); to and from any MCO/State Agency reimbursable service, or one that would be a MCO/State Agency billable service (if the provider is used for the purpose of receiving treatment, medical evaluation, obtaining prescription drugs or medical equipment).

The Role of Southeastrans

Southeastrans (broker) specializes in management of NET utilizing proven concepts to assure that Members receive quality transportation services in a prompt and safe manner. These concepts include the operation of a centralized call center with specialized software for scheduling and assigning NET trips. Southeastrans also has policies and procedures in place for the detection of fraud and abuse. We are responsible for the development of a transportation provider network through contracts with independent and public transportation providers, as well as quality monitoring and improvement functions. Additional administration roles of Southeastrans include NET provider payment functions, compliance and regulatory functions, data analysis, and reporting.

Transportation Provider Service Responsibilities

As a Transportation Provider for Southeastrans, it is your responsibility to provide the highest-level of service possible, to ensure that members are transported to and from medical appointments safely and in a timely manner. Providers are required to adhere to all performance, vehicle safety, and driver-credentialing requirements as outlined in the Transportation Provider Agreement.

HIPAA

Southeastrans has processes in place to ensure the privacy of each of our members. Transportation Providers and their drivers are required to maintain the privacy and confidentiality of protected health information (PHI) of our members. Examples of HIPAA violations may include but are not limited to:

- Discussing a member's PHI with others who have no relevant need to know
- Accessing a member's information without the direct need to do so
- Selling or releasing medical info
- Discarding printed materials that may have personal identifiable information
- Providing information to others without the permission of the member

Confidentiality

Transportation Providers and their employees are prohibited from disclosing any information regarding a member's personal or medical care information except to the extent that such disclosure is necessary to facilitate member transportation. Transportation Providers and their employees will be required to adhere to the following guidelines concerning the protection of member information and will be required to sign an Employee Confidentiality Agreement and HIPAA Policy Acknowledgement upon hire:

- Members should not be asked about their medical condition, medical history, or medical diagnosis unless such information is necessary to schedule the appropriate type of transportation.
- Any medical information that is provided to the Provider by an employee of Southeastrans is to be considered confidential information that is not communicated to anyone not involved in the transportation or care of the member.
- All records which identify member names and destinations will remain on the premises of Southeastrans, Inc., and will not be photocopied or otherwise retained for personal use or public distribution and will be locked when not in use.

See also Driver Responsibilities ([Plan Specific Attachment X](#))

Member Responsibilities

It is the responsibility of the member to provide Southeastrans with the necessary information to schedule transportation. When scheduling transportation, the member is required to provide the Customer Service Representative with the following information:

- Full name, phone number, address, date of birth and county of residence
- Medicaid number as it appears on their Medicaid/Plan ID Card
- Emergency contact name and number
- Destination information
 - Address, phone number, name of the medical facility/physician name
 - Mobility Status (Ambulatory, Wheel Chair, Stretcher)
 - Room number, weight, and number of stairs (stretcher only)
- Additional important details (types of assistance, oxygen, over-sized wheel chairs, required escorts/attendants)
- Type of child safety seat required (if applicable)

Member Safety

Transportation Providers must comply with the following passenger safety requirements:

- Passengers shall have their seat belts buckled at all times while they are inside the vehicle. The driver shall assist passengers who are unable to fasten their own seat belts;
- The driver shall not start the vehicle until all passenger seat belts have been buckled;

- The number of persons in the vehicle, including the driver, shall not exceed the vehicle manufacturer's approved seating capacity;
- Upon arrival at the destination, the vehicle shall be parked or stopped so that passengers do not have to cross streets to reach the entrance of their destination;
- Drivers shall not leave passengers unattended; and
- If passenger behavior or other conditions impede the safe operation of the vehicle, the driver shall park the vehicle in a safe location out of traffic and notify their dispatcher to request assistance.

Contacting Southeastrans

To provide timely service to our providers, we have a Provider's (Only) Service Line. This specific phone access is to support you, the provider, in real time with your needs each day. The service line is staffed 24/7 and is intended to provide assistance with situations requiring immediate attention, for example: "Member No Shows", trip information requests, on-site issues, accident and incident reports and "events in transit" with members. Providers may contact the service line by dialing 1-877-xxx-xxxx.

Office Location, Contact Numbers & Hours of Operation

4751 Best Rd
Suite 300
Atlanta, GA 30337
Phone: 678-510-4600
Office Hours: 8:00am-5:00pm EST

Southeastrans ensures that transportation to covered NET services are available twenty-four (24) hours a day, three hundred sixty-five (365) days a year.

Members may call Southeastrans to arrange medical transportation services to Medicaid approved appointments at least xxx (x) days in advance of the appointment date. Members may also schedule up to 30 business days in advance of the appointment.

Transportation Scheduling Procedures

NET Access

Southeastrans provides functions to assure that transportation services are only approved for eligible members. Members should reserve transportation services within the CLIENT guidelines. Requests qualified as urgent care include trips that require an immediate need such as hospital discharges and similar circumstances where the trip could not be scheduled in advance.

To ensure that our members have access to NET services, Southeastrans' Customer Service Representatives (CSRs) in our call centers have a thorough understanding of the transportation service guidelines. Our *InSight*® scheduling software also maintains an active database of eligible members.

Approval Requirements

All NET services must receive approval by Southeastrans before a trip is considered authorized. Members or healthcare providers must contact Southeastrans' Call Center for trip approval prior to the delivery of transportation services. Southeastrans' Call Center operates on a 24-hour basis to provide trip approvals whenever the need occurs.

Southeastrans' standard practice is to inform the member of the transportation arrangements during the phone call requesting the NET service. If that is not possible, Southeastrans will obtain the member's preferred method (e.g., phone call, email, and fax) and time of contact, and will notify the member of the transportation arrangements as soon as the arrangements are in place or within twenty-four (24) hours of receiving the request. This timeframe will be reduced as necessary to ensure the member arrives at the appointment on time. If a member does not have access to a telephone for a follow-up call or does not wish to be contacted by telephone, the Southeastrans representative will provide his or her direct dial number and a suggested time for the member to call back to obtain information for the completed trip arrangements. Information about transportation arrangements will include, but not be limited to, the name and telephone number of the NET provider, the scheduled time and address of pick-up, and the name and address of the healthcare provider to whom the member seeks transport.

Southeastrans issues trip confirmation numbers to NET providers for each approved trip assigned to the NET provider via a trip manifest. Southeastrans will send trip manifests to a NET provider by a facsimile device or secure electronic transmission, at the option of the NET provider. Southeastrans will ensure that provision of the trip manifest is in compliance with HIPAA requirements. All NET providers are required to have a dedicated telephone line(s) available at all times for faxing purposes. If any trip assignments are made after a manifest has been issued, Southeastrans must contact the NET provider by telephone to confirm that they will accept the trip and then fax the trip add-on information to the NET provider. No payments shall be issued for trips without valid trip confirmation numbers issued by Southeastrans.

Southeastrans will also communicate information regarding cancellations to the NET provider in an expeditious manner to avoid unnecessary trips.

Validity of Information

Southeastrans accepts information provided verbally by the member as true when evaluating or reevaluating the need for NET services, unless there is a reasonable cause to doubt the validity of the information provided.

Trips by ambulance may require medical care during the transport. A member may require oxygen or other medical care during the transportation that requires the service of a licensed ambulance provider. NET providers using ambulatory vehicles, wheelchair vans, or stretcher vans are not authorized to provide medical care. If medical care is required during the transport, Southeastrans requires the healthcare provider requesting the trip to complete and submit a Letter of Medical Necessity (LMN) statement. The LMN must indicate what type of medical care is required and should be signed by the healthcare professional ordering the transport.

Levels of Transportation

Southeastrans Customer Service Representatives (CSRs) are trained to ask a series of questions about the nature of the illness or treatment, if the member has their own wheelchair (if applicable), if they are “transferable” (does not require a lift or ramp-equipped vehicle), or if the scheduled treatment will disable their ability to walk, etc.

Level of service is classified as either curb-to-curb, door-to-door, hand-to-hand or Advanced Life Support (ALS)/Basic Life Support (BLS). Each of these levels is defined below:

- **Curb-to-curb:** Transportation provided to passengers who need little if any assistance between the vehicle and the door of the pick-up point or destination. The driver shall provide assistance according to the member’s needs, including assistance as necessary to enter and exit the vehicle, but assistance shall not include the lifting of any member. The driver shall remain at or near the vehicle and not enter any buildings.
- **Door-to-door and Hand-to-hand:** Transportation of a member with special needs that requires assistance to safely move between the passenger’s pick-up point to a healthcare provider staff member, family member or other responsible party at a specified destination. This type of transport is only provided by stretcher, BLS, or ALS.

Urgent trips are defined as an unscheduled episodic situation, in which there is no immediate threat to life or limb, but for which the member must be seen on the day of the request and treatment cannot be delayed.

Urgent trips must meet the same basic requirements as regular appointments except for the xxx (x) day advanced scheduling requirement. An urgent trip can have one (1) or multiple trip legs. Southeastrans reserves the right to request verification directly from the healthcare provider stating that the need for an urgent trip, except in cases of hospital discharges. Southeastrans will make a good faith, commercially reasonable effort to accommodate the Member’s request. Valid requests for urgent care transports shall be honored within xxx (x) hours of the time the request is made.

Urgent trips may include, but are not limited to:

1. Hospital discharge
2. Post-surgical and/or medical follow-up specified by a healthcare provider to occur in fewer than xxx (x) days or xxx (x) hours from the procedure (or less if contract required)

3. Imminent availability of an appointment with a specialist when the next available appointment would require a delay of two weeks or more
4. The results of an administrative or technical delay caused by Southeastrans and requiring that an appointment be rescheduled

The table below describes the pick-up and drop-off standards for Urgent Trips.

Pick up & Drop Off	Description
A - Leg Pick Up	within xx of the call requesting transportation
A - Leg Drop Off	* up to xx minutes prior to the appointment time and no later than the appointment time
B - Leg Pick Up	** within xx minutes of the scheduled pick up time OR within one hour of the call requesting pick up for open return times
B - Leg Drop Off	Members must be dropped off as early as possible and within the normal drive time plus one hour
C - Leg Pick Up	** within xx minutes of the scheduled pick up time OR within one hour of the call requesting pick up for open return times
C - Leg Drop Off	Members must be dropped off as early as possible and within the normal drive time plus one hour

*Members shall not be dropped off prior to the facility opening time

**Members shall be picked up prior to the facility closing time

Escorts/Minor Children

Southeastrans will advise the transportation provider when additional seating is required for escorts and/or minor children. Escorts must be indicated when entering the trip into the *InSight* system and must meet the criteria listed in this policy. A transportation assistant may ride as an escort with a Member as an escort. Additional minor children may ride with an eligible Member if space is available for the trips.

For overnight trips, travel arrangements for escorts shall be made based on medical necessity. Transportation of these extra passengers is expected. Escorts and children shall be scheduled when the Member makes the trip reservation to ensure adequate space on the vehicle.

Escorts for Members under the age of fifteen (18) are required. The child's parent, foster parent, caretaker, legal guardian or the Department of Family and Children Services (DFCS), as appropriate, shall be responsible for providing the escort.

There may be times when an adult may request a minor(s) to accompany him/her to their appointment, not as an escort, but because of one of the following:

1. The adult is a Medicaid member who has the appointment and requests that his/her child travels with them because there is no one available to stay with the child; or
2. The adult serves as the escort to the child (minor) requiring treatment/services and is requesting for an additional child to travel with them because there is no one available to stay with that additional child.

Additional Requirements:

- The transportation provider may not charge the Member or anyone else for transporting persons accompanying the Member.
- The CSR must assess the needs of the escort to make certain that adequate transportation is arranged.
- Determine the mobility needs of an escort (i.e. wheelchair) when scheduling transportation for a member requiring an escort.
- Newborn children, who require transportation and do not yet have an assigned Medicaid number, may travel under the mother's Medicaid number for billing purposes.
- The CSR must document transportation for the Member and the authorized escort under the Member's Medicaid number even if both individuals are Medicaid Members.
- Parents or guardians escorting more than one (1) child shall be counted as an escort once for the family.

Member Complaints & Appeals

Member Complaints

Customer satisfaction is the ultimate measure of success for Southeastrans, Inc. The customer's opinions and perceptions of service and quality are the primary measure of our success as a business venture. Southeastrans strives for complete customer satisfaction throughout the transportation management and service delivery process.

Complaints from customers, facilities, or the general public are indications that a service function has failed to perform as intended and that a quality issue needs to be addressed. All complaints are taken very seriously and given the highest priority for investigation and resolution. Complaints may be received verbally by telephone or in person, or in writing. They may originate from consumers, human service providers, healthcare providers, transportation providers, or from the public at large. Regardless of the origin or the method by which the complaint is received, all complaints are processed in the same manner.

Southeastrans' Quality Assurance (QA) Specialists record, track, and manage complaint investigations and coordinate and communicate all complaint resolutions in the *InSight* system. The QA Specialist manages the complaint process utilizing the following steps:

1. All complaints are entered into the *InSight* system and coded by type.
2. The QA Specialist reviews each complaint in the Inquiry Log.
3. The QA Specialist completes the Request for Explanation form (Figure 1).
4. If the complaint involves a subcontracted transportation provider, a copy of the completed Request for Explanation ([Appendix A](#)) is faxed to the provider. (Transportation providers have 24 hours to respond in writing.)
5. The QA Specialist coordinates the investigation with the appropriate Southeastrans Manager, and/or the transportation provider and develops a recommended resolution.

6. The Southeastrans Manager and/or the transportation provider responding to the complaint submit their findings in writing to the QA Specialist.
7. The QA Specialist reviews all materials, consults with other Southeastrans personnel as necessary and develops a recommendation for complaint resolution.
8. Each “action” taken during the complaint investigation is entered into the *InSight* system (i.e. sent email, sent fax, called provider, called member).
9. All complaint resolutions must be completed within three business days.
10. A Complaint Summary Report is produced each month.

Southeastrans tracks all complaints by category and by subcontracted provider for reporting and statistical analysis purposes. Providers that receive excessive complaints or fail a complaint related inspection are issued a 10 day written “cure” letter to resolve the issues. In cases of repeated or serious complaints against a subcontracted transportation provider, a provider may be liquidated, placed on probation, or terminated.

Member Appeals

Members also have the right to appeal any decision or action by Southeastrans that adversely affects their transportation needs or their access to care. Southeastrans is responsible for notifying members of the right to appeal when a trip is denied, suspended or terminated.

All members will receive a denial notice within xxx (x) business days of the denial. The denial notice will include the specific reason for the denial, suspension or termination and an explanation of the member's appeal rights. A copy of the denial will be maintained electronically in the Member's file in the *InSight* system.

The member will be allowed xxx calendar days to appeal the initial decision. Failure to appeal within xxx calendar days waives the member's right to further appeal. Upon receipt of a timely appeal, the Southeastrans has xxx calendar days to complete the appeals process.

In the event the Southeastrans is unable to resolve the dispute, the member must be given written, final notice informing the member of his/her right for further appeal to the Client Appeals Unit. If the member submits an appeal to the Client Appeals Unit, upon request from the Client, Southeastrans will submit copies of the notices to the Appeals Unit within two (2) business days of the request.

Under no circumstances will Southeastrans deny services to any member based on political affiliation, religion, race, color, gender, physical handicap, age or national origin. If an employee is found to have denied services to a member for any of these reasons, that employee will face severe disciplinary actions, which may include immediate termination.

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CHAPTER TWO

NET PROVIDER RESPONSIBILITIES

Introduction

Southeastrans has high transportation performance standards and requires each NET provider to meet (or exceed) those standards. The required CLIENT standards for drivers and customer service are the foundation for Southeastrans expectations. These specific standards are provided to all Transportation Providers in the NET Provider Agreement, which is reviewed and approved by CLIENT. Southeastrans monitors all Transportation providers to ensure compliance with the required standards.

Transportations Performance Standards

Pickup and Delivery Standards

Routine Trips	
A Leg Pick Up	May pick up a member up to xx minutes before the scheduled pick up time and no later than xx minutes past
A Leg Drop Off	May drop off member up to xx minutes prior to the appointment time and no later than the appointment time
B Leg Pick Up	May pickup a member within xx minutes of the scheduled pick up time OR within one hour of the call requesting pick up for open return times
B Leg Drop Off	Must drop off member at their home destination as early as possible and within the normal drive time plus one hour
C Leg Pick Up	May pick up member within xx minutes of the scheduled pick up time OR within one hour of the call requesting pick up for open return times
C Leg Drop Off	Must drop off member as early as possible and within the normal drive time plus one hour
Urgent Trips	
A Leg Pick Up	May pickup a member within xxx hours of the call requesting transportation
A Leg Drop Off	* May pick up a member up to xx minutes prior to the appointment time and no later than the appointment time
B Leg Pick Up	** May pickup a member within xx minutes of the scheduled pick up time OR within one hour of the call requesting pick up for open return times

B Leg Drop Off	Must drop off member as early as possible and within the normal drive time plus one hour
C Leg Pick Up	** May pick up member within xx minutes of the scheduled pick up time OR within one hour of the call requesting pick up for open return times
C Leg Drop Off	Must drop off member as early as possible and within the normal drive time plus one hour
Facilities	
A Leg Pick Up	Criteria: Planned Discharges (at least x hours' advance notice to the Transportation Coordinator) **Must pick up member within xx minutes of the scheduled pick up time
A Leg Pick Up	Criteria: Discharges from Emergency Departments and Other Unplanned Discharges Must pick up member as soon as possible and no later than xx hours from the time of the call for wheel chair and ambulatory levels of service
*Members shall not be dropped off prior to the facility opening time	
**Members shall be picked up prior to the facility closing time	

In addition to the requirements above, the Transportation Provider:

- Must require the Member to sign the mobile app for each leg of the trip taken. In lieu of a member's signature, the Provider may accept signatures from the member's parent/guardian, caregiver, or medical provider.
- Must wait xx minutes at pick up point if member is not ready or does not answer the door. Call the Provider's Service Line or update the trip as a "No Show" using the *InSight* Mobile app prior to leaving pick up point if member is not ready after xx minutes.
- Will ensure members arrive on time for scheduled appointments.
- When accepting a hospital discharge trip ensure a pick up time is agreed with the Southeastrans dispatcher and ensure member is pick up at this time.
- Contact the Provider's Service Line immediately if there is any reason the above standards cannot be met.

Transportation Provider Monitoring

Southeastrans' regards the relationship with our network of Transportation Providers as vital to the overall success of our organization. The transportation delivery system consists of all the components required to transport an eligible member to and from the appropriate destination facility in an efficient, safe, and comfortable manner. While the contracted provider is responsible for the actual transportation function, Southeastrans is responsible for ensuring that the provider operates within the guidelines and requirements of local, state, and federal laws, and, in compliance with the client and provider contract.

Southeastrans transportation management concept is not necessarily negotiating the lowest price, but establishing a mutually beneficial relationship that is designed to:

- Share information, priorities, and responsibilities in the provision of service in accordance with contractual requirements.
- Provide risk management through compliance oversight and measurement; and most importantly,
- Facilitate the delivery of the highest quality, safe and efficient transportation services.

Transportation Provider Key Indicators

The following table represents the key transportation indicators and standards of quality monitoring that Southeastrans uses to establish acceptable levels of performance for transportation providers. These key indicators are measured at least monthly.

The procedures for monitoring these indicators are classified as prospective or retrospective. Prospective procedures are measurements of performance that are observed as they occur. Retrospective procedures involve the compilation, analysis and reporting of recorded information and/or observations.

Southeastrans utilizes both monitoring techniques to provide a broad spectrum of quality analysis. Each Southeastrans quality management function is listed below by procedure type:

Prospective Procedures

- Field observation of NET services
- Unannounced spot inspections of provider vehicles and drivers
- Retrospective Procedures
- Statistical analysis reports
- Complaint investigation and resolution procedures
- Facility satisfaction surveys
- Member satisfaction surveys
- Invoice/Manifest reconciliations
- Facility attendance reports

Provider Corrective Action

Performance issues identified through monitoring and observations are analyzed to determine the most appropriate corrective action to be taken. These actions may include coach and counsel sessions, re-training, departmental transfer to more appropriately align the representatives' skill-set to job duties, etc. Ending the team members' assignment is used only as a last resort.

Each Call Center employee undergoes customer service training, computer system training and sensitivity counseling as part of their hiring and orientation process. Refresher training is also provided on a periodic basis.

If a complaint is received on any employee, that employee immediately undergoes a Coach and Counseling session. Part of this Coach and Counseling session may contain any necessary re-training if this is deemed appropriate by the person

handling the session. Any documentation associated with the complaint and generated by the Coach and Counseling session will become part of that employee's permanent work record with Southeastrans.

Transportation Performance Monitoring

Performance measures related to complaints are a part of the Provider Scorecard (Figure 1) and are a key indicator used to measure the quality of service delivered by each transportation provider. The scorecard aggregates multiple data elements that provide *InSight* into a transportation provider's workload, on-time performance, driver and vehicle compliance, safety (incidents and accidents), and availability. Southeastrans provides a comprehensive scorecard to each provider monthly based on three major categories with associated components:

1. Operational Performance
 - Ratio of demand to subscription trips
 - Service availability
 - Utilization of mobile technology
2. Quality
 - Percentage of late trips
 - Percentage of provider no-shows
 - Number of complaints
 - Participant satisfaction survey results
3. Compliance
 - Number of accidents
 - Number of incidents
 - Vehicle inspection results
 - Other documented compliance deficiencies
 - Corrective actions

Each performance area is assigned a numeric score of 1 to 5 based on a weighted average of each measured component. The three key performance areas are weighted to provide an overall performance score for each NET Provider. The overall score is rated as "Needs Improvement", "Meets Expectations", or "Exceeds Expectations".

The NET Provider report card has been fully developed and implemented in all Southeastrans provider networks. The Provider Report Card is an effective means of consistently measuring and communicating each provider's performance within the network and a valuable tool in improving service quality and participant satisfaction.

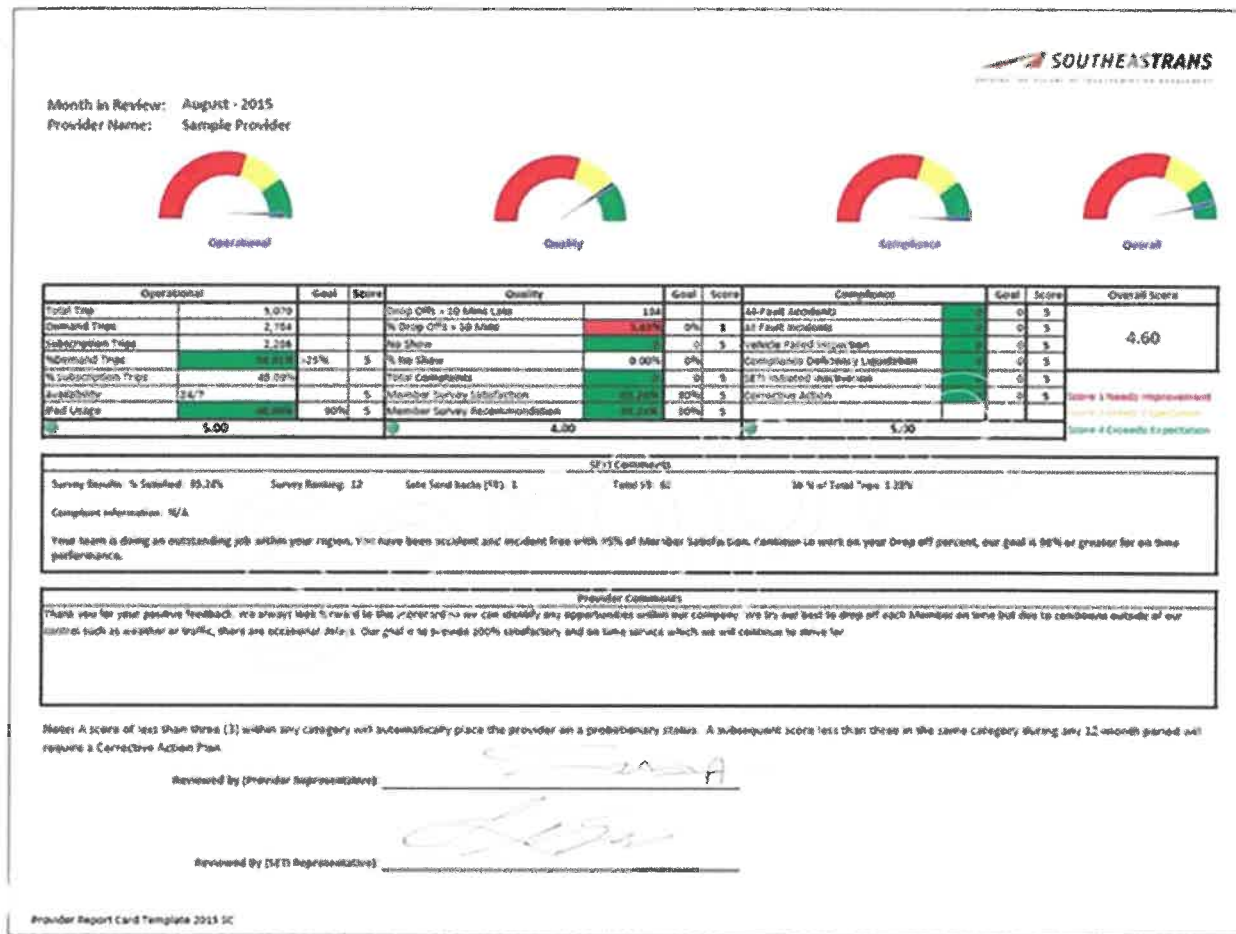


Figure 1 Sample Provider Scorecard

Provider scorecards are reviewed every month within operations and with providers when necessary.

Complaint specific metrics are tracked and analyzed every month. These metrics are reviewed with providers along with their scorecard performance. Appropriate actions are taken as when needed, and corrective action plans are developed when identified deficiencies are not resolved within acceptable timeframes.

On Time Performance

The Mobile Tracking System can be monitored on a real-time basis as the data is transmitted to effectively monitor the on-time performance within the provider network. This information will be compiled and reported to assess each NET provider's compliance with the on-time performance standards. We believe this tool will dramatically improve on-time performance since it provides an irrefutable record of each trip rendered by NET providers in the network.

Southeastrans conducts quarterly meetings with providers to discuss contract issues, performance, and other network issues.

Significant Incidents

An incident is defined as an occurrence, event, breakdown, or public disturbance that interrupts the trip, causing the driver to stop the vehicle, such as a passenger exhibiting potentially dangerous or unruly behavior or complaining of, or

showing signs of an illness or injury. In the event injuries have occurred, Southeastrans requires providers to train their drivers to immediately call 911, and then notify Southeastrans. The Southeastrans Project Director or a member of executive management will notify CLIENT within one (1) hour of becoming aware of an accident/incident with injury or within six (6) hours for incident/accident without injury.

Our detailed Accident and Incident procedure is included in the Transportation Provider Agreement and detailed below. The Incident/Accident Instructions and Form can be found in [Appendix X](#).

- Southeastrans' NET Provider's will ensure that in the event of an incident or accident, their driver notifies their dispatcher or Southeastrans' dispatcher immediately to report the incident or accident and that, if necessary, alternative transportation is arranged.
- If no alternative transportation is available from the NET Provider, the driver must contact Southeastrans to arrange for alternative transportation.
- The NET Provider will ensure that the driver immediately calls 911 to report an accident or incident and to request an ambulance and police if there is any appearance or complaint of injury to passengers or the driver, or if a passenger's behavior presents a danger to themselves or others.

Once all factors are known, the Project Director and Quality Management Committee will convene to determine the necessary corrective action and will submit the Corrective Action Plan to the Southeastrans Client. The CAP will be managed in accordance with QM policies through final determination and recommendation.

A complete and final report of the CAP findings and incident timetable of events including police reports, statements, and final outcome will be provided to the Southeastrans Client in accordance with CLIENT reporting requirements.

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CHAPTER THREE

InSight Mobile

Southeastrans utilizes a proprietary mobile tracking technology solution, the *NET InSight* Mobile Application, to accurately document and immediately report pick-up and drop-off times and geo-coded locations for each leg of a trip. The Mobile Application captures all required trip log information in an electronic format that is immediately transmitted to Southeastrans via computer tablets. This technology provides real-time trip data to verify that members are transported to and from their medical appointments on time.

The system electronically captures the following key data elements during the delivery of transportation services:

- Date of service
- Driver's name
- Driver's signature
- Recipient's full name and signature (or of the Attendant, if appropriate)
- Vehicle Identification Number (VIN) or other identifying number on file with the vendor;
- The NET Provider's Name
- The Request Tracking Number
- Mode of Transportation authorized
- Actual pick up time in military time
- Actual drop off time in military time
- Miles driven per trip

The Daily Provider Trip Log also captures free text notes in case of trip cancellations, incomplete requests, member no-shows, or accidents and incidents. The Southeastrans *NET InSight* Mobile Application consists of four e-forms; Driver and Vehicle Sign-in, Passenger Pick-up Log, Passenger Drop-off Log, and Driver Sign-off.

The *Driver and Vehicle Sign-in* form and the *Driver Sign-off* form are each only used once per day, at the beginning and at the end of the driver's shift.

NET Drivers use the Passenger Pick-up Log and Drop-off Log forms throughout the day to record actual pick-up and drop-off activities in real time. The driver should only enter trip data into the mobile application via the iPad tablet at the time and location of the pick-up and the drop-off. Data cannot be entered before or after the event has occurred. The dates and times of each transaction are automatically recorded by the iPad when the trip information is entered. Entering this information at a time other than the actual pick-up or drop-off will inaccurately record the data. Trips with data inconsistent with manifests provided by Southeastrans may be denied payment.

Once the data is collected using the mobile application and successfully transmitted to Southeastrans, it is removed from the device and cannot be viewed again. Southeastrans requires all trip information collected using the *NET InSight* Mobile Application to be submitted before the driver logs out of the application at the end of a shift. Once the NET Driver logs out of the mobile application, a final close-out screen validates whether all trips have been successfully submitted.

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CHAPTER FOUR

Provider Credentialing

Insurance Requirements

The NET provider shall have, obtain, and maintain in good standing any licenses, certificates and permits that are required including, but not limited to, state and/or local business licenses and ambulance service license, if applicable, prior to and during the performance of work under its agreement with Southeastrans. The NET provider shall agree to provide Southeastrans with certified copies of all licenses, certificates and permits necessary upon request.

1. Without limiting any of the obligations or liabilities of Contractor, Contractor shall procure from a company or companies lawfully authorized to do business in (State) and with a current A.M. Best rating of no less than A: VII, and maintain for the duration of the contract, insurance against claims for injuries to persons or damages to property which may arise from or in connection with the performance of the work and the results of that work by the contractor, his agents, representatives, employees or subcontractors.
2. Coverage shall be at least as broad as:
 - a. Commercial General Liability (CGL): Insurance Services Office (ISO) Form CG 00 01 12 07 covering CGL on an “occurrence” basis, including products-completed operations, personal and advertising injury, with limits no less than (varies by state) per occurrence. If a general aggregate limit applies, the general aggregate limit shall be twice the required occurrence limit. This contract shall be considered an “insured contract” as defined in the policy.
 - b. Auto Liability: ISO Form Number CA 00 01 covering any auto (Code 1), or if Contractor has no owned autos, hired, (Code 8) and non-owned autos (Code 9), with limits no less than (varies by state) per accident for bodily injury and property damage.
 - c. Worker’s Compensation: As required by the State, with Statutory Limits, and Employer’s Liability Insurance with limit of no less than (varies by state) per accident for bodily injury or disease.
3. The (State/Client), its officers, officials, employees and volunteers, must be covered as additional insureds on the CGL policy with respect to liability arising out of work or operations performed by or on behalf of the Contractor including materials, parts or equipment furnished in connection with such work or operations. General liability coverage can be provided in the form of an endorsement to the

Contractor's insurance at least as broad as ISO Form CG 20 10 11 85 or if not available, through the addition of both CG 20 10 and CG 20 37 if a later edition is used.

4. For any claims related to this contract, the Contractor's insurance coverage shall be primary insurance as respects the State/Client, and its officers, officials, employees and volunteers. Any insurance or self-insurance maintained by the State/Client, or its officers, officials, employees and volunteers, shall be excess of the Contractor's insurance and shall not contribute with it.
5. Prior to commencement of the work, the Contractor shall furnish the State with original certificates and amendatory endorsements or copies of the applicable policy language effecting coverage required by this section. All certificates are to be received and approved by the State before work commences. However, failure to obtain the required documents prior to the work beginning shall not waive the Contractor's obligation to provide them. The State reserves the right to require complete, certified copies of all required insurance policies, including endorsements required by this section, at any time.
6. Should any of the above-described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions. In addition, the Contractor shall notify the State immediately upon receiving any information that any of the coverages required by this section are or will be changed, cancelled, or replaced.
7. Contractor hereby grants to the State/Client a waiver of any right to subrogation, which any insurer of said Contractor may acquire against the State/Client by virtue of the payment of any loss under such insurance. Contractor agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation, but this provision applies regardless of whether or not the State/Client has received a waiver of subrogation endorsement from the insurer.
8. Any deductibles or self-insured retentions must be declared to and approved by the State. The State may require the Contractor to purchase coverage with a lower deductible or retention or provide proof of ability to pay losses and related investigations, claim administration, and defense expenses within the retention.
9. The State reserves the right to modify these requirements, including limits, based on the nature of the risk, prior experience, insurer, coverage, or other special circumstances.

Vehicle Requirements

All vehicles utilized by a NET provider in the performance of transportation under its agreement with Southeastrans must meet the requirements listed below. Each vehicle is subject to an initial and annual inspections by Southeastrans, or CLIENT as well as periodic random inspections at its sole discretion. Any vehicle failing to meet any of the listed requirements, at any time, will be removed from service until repairs or replacements are made which allow the vehicle to operate in conformance and has been re-inspected and approved by Southeastrans.

- The NET provider shall ensure that all vehicles meet or exceed applicable federal, state, and local requirements and manufacturer's safety, mechanical, operating, and maintenance standards.
- All vehicles, except for fixed route vehicles and ambulances, shall meet the following requirements:

- The contracted transportation provider shall provide and use a two-way voice communication system (mobile telephone or two-way radio) linking all vehicles used in delivering the services under this contract with the contracted transportation provider's place of business. Pagers are not an acceptable substitute;
- All vehicles shall be equipped with adequate and functioning heating and air-conditioning systems. Functionality shall be defined by temperature readings from the rear of the vehicle, achieving air conditioning to sixty-eight (68) degrees and heating to seventy-two (72) degrees;
- All vehicles shall have functioning, clean and accessible seat belts for each passenger seat position and securement belts for each wheelchair position;
- Each vehicle shall comply with all Highway Transportation and Safety Department regulations for infant and child safety seats, as appropriate when transporting children;
- Each vehicle shall have at least two (2) functional seat belt extensions available;
- Each vehicle shall be equipped with at least one (1) seat belt cutter within easy reach of the driver. Exceptions to this requirement shall be approved in advance by CLIENT;
- All vehicles shall have an accurate speedometer and odometer;
- All vehicles shall be equipped with an interior mirror for monitoring the passenger compartment;
- The exterior of the vehicle shall be clean, free of broken mirrors or windows, excessive grime, major dents or paint damage that detract from the overall appearance of the vehicle;
- The interior of the vehicle shall be clean, free from torn upholstery, floor or ceiling covering; free from damaged or broken seats; and free from protruding sharp edges. The interior shall also be free of dirt, oil, grease and litter;
- Vehicles shall be free of hazardous debris or unsecured items and shall be operated within the manufacturers' safe operating standards at all times;
- To comply with HIPAA requirements, the word "Medicaid" may not be displayed on the vehicle or in the name of the business;
- The vehicle license number, the Transportation Coordinator's toll-free phone number and a local phone number for the Transportation Coordinator shall be prominently displayed on the interior of each vehicle. This information and the complaint procedures shall be clearly visible and available in written format in each vehicle for distribution to Members upon request;
- Smoking and any other use of tobacco products or electronic cigarettes is prohibited in all vehicles at all times;
- Eating is prohibited in all vehicles at all times;
- All vehicles shall have the following signs posted in all vehicle interiors, easily visible to the passengers:
 - "NO SMOKING"
 - "ALL PASSENGERS MUST USE SEAT BELTS"
- Vehicles shall carry an information packet containing vehicle registration, insurance card, a copy of the form used for the latest Transportation Coordinator inspection, and accident procedures and forms;
- Vehicles shall be equipped with a first aid kit;

- Vehicles used for the transportation of Members shall include GPS systems, which at a minimum, are capable of recalling the location of the vehicle for specific periods of time; and
- Insurance coverage for all vehicles shall be in force at all times during the contract period in accordance with state and local regulations and contract requirements.
- The NET provider shall ensure that any vehicle used to cross a state's border complies with any and all applicable federal, state, and local requirements.
- The NET provider shall ensure that all vehicles transporting members with disabilities comply with applicable requirements of the Americans with Disabilities Act (ADA), including the accessibility specifications for transportation vehicles.



CHAPTER FIVE

QUALITY ASSURANCE & COMPLAINT MANAGEMENT

Introduction

The goal of Southeastrans' Quality Assurance Program is to assure that Southeastrans and its network of transportation providers deliver the highest service quality possible to CLIENT members throughout our contracted transportation service regions. This plan addresses the scope of services internal to Southeastrans as well as the contractual obligations of the transportation providers.

Transportation Provider Quality Indicators

The transportation delivery system consists of all components required to transport an eligible member to and from the appropriate destination facility in an efficient, safe, and comfortable manner. While the contracted provider is responsible for the actual transportation function, Southeastrans is responsible for ensuring that the provider operates within the guidelines and requirements of local, state, and federal laws, and in compliance with the NET Provider Agreement.

Transportation provider performance monitoring occurs primarily through Southeastrans' Quality/Compliance staff members conducting in-field observations of transportation providers rendering services. All service providers operating within Southeastrans network of transportation providers are observed periodically on a random, unannounced basis. Southeastrans also reserves the right to place a Quality/Compliance Officer on a transportation provider's vehicle for extended periods of time to more effectively monitor the transportation delivery process. A report of each observation is documented and placed in the NET provider's file. Any deficiencies or problems noted during observations are addressed via provider notices and/or coach and counsel sessions.

Monitoring activities shall include, but are not limited to:

- On-street observations
- Random audits of NET providers
- Accident and incident reporting
- Statistical reporting of trips
- Analysis of complaints
- Driver licensure, driving record, experience and training
- Enrollee safety

- Enrollee assistance
- Completion of driver trip logs
- Driver communication with dispatcher
- Routine scheduled vehicle inspections and maintenance

Table 1 lists the key transportation indicators of quality and their acceptable performance standards.

Area of Responsibility	Quality Indicator	Performance Standard
NET Provider	Appropriate Level of Service	100% compliance
	Initial pick-up timeliness	Within xx min of scheduled pick-up
	Drop-off timeliness	Within xx min of scheduled drop-off
	Return pick-up timeliness	Within xx min of notification
	Multi-load travel time	No more than xx hour longer than direct transport
	Vehicle standards	100% compliance with health & safety requirements
	Driver appearance & conduct	100% compliance with requirements
	Provider no-shows	Less than x%
	Complaint rate	Less than xx%

Table 1 Transportation Key Indicators of Quality

Complaint Resolution Management

Complaints from CLIENT Members, healthcare providers, or the general public are taken very seriously and given the highest priority for investigation and resolution. Complaints may be received verbally by telephone or in person, or in writing. A Member complaint is any complaint received from a CLIENT Member, or from a Healthcare Provider on behalf of a Member, concerning the approval, scheduling or delivery of their NET services. Member complaints are investigated by Southeastrans. Non-member complaints include complaints from Transportation Providers, Medical Providers, or Healthcare Facilities regarding the administration of the NET Program or the transportation of CLIENT Members.

Member Complaints

Members may contact Southeastrans directly to report issues. Depending on the severity, the issue may be handled by the Customer Service Representative, Lead/Supervisor then escalated to the Call Center Manager, Quality Specialist, Project Director, or Chief Operating Officer. Member complaints will be investigated utilizing the complaint process below. Southeastrans will submit any required documentation and reports as specified by CLIENT to assure full and complete resolution to all member complaints.

Non-Member Complaints

Complaints received from NET providers or healthcare providers concerning the administration and delivery of non-emergency transportation services are received, investigated and resolved by Southeastrans. The Southeastrans Quality Assurance (QA) Department is responsible for management of the non-member complaint process. All complaints are recorded and tracked in the *InSight* Inquiry Module. A compliant report summarizing the nature of each complaint, investigative findings, and resolutions is produced on a monthly basis and submitted to CLIENT.

A member of the QA Department records, tracks, and manages all complaint investigations and coordinates resolution development and follow-up. The QA Department manages the complaint process utilizing the following steps:

1. Complaints are forwarded to the Quality Assurance Specialist.
2. The Quality Assurance Specialist completes a Request for Explanation form.
3. A copy of the Request for Explanation form is faxed to the provider. NET Providers have 24 hours to respond to the complaint in writing.
4. The Quality Assurance Specialist coordinates the complaint investigation with the Project Manager to develop a corrective action plan (if necessary).
5. The Southeastrans Manager and/or the NET Provider responding to the complaint will submit their findings in writing to the Quality Assurance Specialist.
6. The QA Specialist reviews all materials, consults with other Southeastrans personnel as necessary and develops a recommendation for complaint resolution.
7. Complaint resolutions are completed within three business days. A copy of the completed complaint investigation is forwarded to the Project Manager or Chief Operating Officer for review and approval.
8. A copy of the completed complaint investigation is forwarded to the QCM for review and
9. A Complaint Summary Report is produced each month.

Complaint Reporting

Southeastrans tracks all complaints by category and by subcontracted Transportation Provider for reporting and statistical analysis purposes. Transportation Providers that receive excessive complaints or fail a complaint related inspection or driver monitoring procedure are issued a xx day written “cure” notice to resolve the issues. In this notice, the Transportation Provider will be required to develop a corrective action plan outlining the steps they will take to improve their performance. The driver or vehicle found out of compliance will be immediately removed from service until the problem is corrected. Southeastrans will conduct a “coach and counsel” meeting with Transportation Providers who have repetitive substandard performance problems. Transportation Providers who do not submit acceptable corrective action plans, who fail to implement their approved corrective action plan, or who continue to have unacceptable levels of performance after “coach and counseling” may be removed from the Transportation Providers network. Southeastrans may also assess liquidated damages against Transportation Providers.

Complaint reporting categories include:

- a. Problem with driver
- b. Unsafe driver

- c. Provider did not show
- d. Rude staff
- e. Early service
- f. Late service
- g. Trip too long
- h. Improper wheelchair tie down
- i. Vehicle dirty
- j. Vehicle defect
- k. Vehicle heat or A/C problem
- l. Phone system problem
- m. Other complaint

Fraud Monitoring

Southeastrans utilizes a multifaceted approach to internal monitoring of fraud. The critical objectives are to:

- a. Prevent and detect fraudulent and erroneous billings and payments to providers and subcontractors.
- b. To conduct timely and accurate payment to providers
- c. Prevent, detect, review and report member fraud

Review of historical utilization patterns of our billing, payment, and trip assignment systems is a critical element to fraud monitoring. The Quality/Compliance staff conducts random spot inspections with service providers at pick up and drop off sites. We audit standing orders to ensure equal distribution of trips and problematic no-show provider payouts. We review and monitor our Public Transit Bus pass program to ensure members receive and use their passes.

Southeastrans Quality/Compliance staff conducts on-going detection methods such as spot checks, record reviews, random claim audit reviews, trip verification, member surveys, and examination of utilization trends to monitor member, healthcare provider or Transportation Provider. Table 2 lists different types of fraud that our compliance staff monitors:

Member	NET Provider	Healthcare Provider
Falsifying eligibility	Duplicate billing	Giving false information
Kickbacks	Falsifying invoices	Misrepresenting member need
Misrepresenting need	Billing round trip on one-way trip	
Card loaning (public transit)	Misrepresenting need	
Misrepresenting access	Non-covered destination	
	Misconduct by agency staff	

	Falsifying cost reports	
	Falsifying records	

Table 2NET Fraud Activities

Transportation Provider Corrective Actions

Southeastrans utilizes a range of solutions to resolve issues identified through the Quality Assurance Department monitoring process. This dedicated department's solutions may include new or revised policies and procedures for employees and NET providers, coach and counseling sessions, revisions to functional divisions and responsibilities, or development of new business practices. Serious or repetitive problems may require retraining of employees and liquidation of NET providers. Chronic problems with providers may result in suspension or termination from the contract.

Southeastrans will ensure that its NET providers are qualified to perform services as specified in Southeastrans' NET provider agreement. This includes, but is not limited to, meeting applicable federal, state or local licensure, certification, or registration requirements.

Southeastrans policies and procedures address the actions to be taken if a NET provider is found non-compliant in its ability to perform their duties as a Southeastrans NET provider. This may include:

- a. Coach and counsel sessions
- b. Liquidated damage assessments
- c. Decrease in trip assignments
- d. Individual NET drivers and/or NET vehicles removed from service for failure to comply with all NET requirements.
- e. Mandatory retraining for any driver not meeting performance requirements
- f. Immediate removal from the NET provider network

Compliance deficiencies must be corrected and appropriately documented in the NET provider profile prior to reinstatement within the network.

Other NET monitoring activities including driver credentialing checks and vehicle inspections will be documented in the NET provider's permanent file along with follow-up actions, associated corrective action plans, assessment of liquidated damages, and final resolutions. All monitoring activities, monitoring determinations, corrective actions, and resulting improvements will be submitted in the monthly NET provider Monitoring Report.

Southeastrans Quality and Compliance staff conducts scheduled and random unannounced vehicle inspections. Each inspection is documented on Southeastrans' Vehicle Inspection Form and all deficiencies or areas of concern are properly noted. Deficient providers are given a period of xx days to "cure" or bring their vehicle(s) up to standard. A re-inspection is then performed to confirm compliance with those recommendations. Repeat offenders receive a "cease and desist" letter stating that if corrections are not made, the provider will be terminated from Southeastrans.

network. All incidents and/or complaints are documented and become a permanent part of their provider record. Transportation providers must meet all requirements of the state's contract.

Quality/Compliance staff also review provider manifests and dispatch cards to monitor on-time performance of actual pick-up and delivery. Southeastrans' *InSight* system produces on-time performance reports for various service periods to measure compliance with pick-up and delivery standards. In addition, quarterly meetings are conducted with providers to discuss contract issues, performance, and other network issues.

Non-Compliant NET Providers

Southeastrans will ensure that its NET providers are qualified to perform their duties as specified in Southeastrans' NET Provider Agreement. This includes, but is not limited to, meeting applicable federal, state or local licensure, certification, or registration requirements. Southeastrans has policies and procedures to address what actions are to be taken if a NET provider is found non-compliant in its ability to perform their duties as a Southeastrans NET provider. This includes up to immediately removing the NET provider from service to perform NET. Individual NET drivers and/or NET vehicles will be removed from service for any failure to comply with all NET requirements. All compliance deficiencies must be corrected and appropriately documented in the NET provider file prior to reinstatement within the network.

All NET provider inspections and other monitoring activities including driver credentialing checks, vehicle inspections will be documented in the NET provider's permanent file. Any deficiencies or instances of non-compliance will be documented along with follow-up actions, associated corrective action plans, assessment of liquidated damages, and final resolutions. All monitoring activities, monitoring findings, corrective actions, and resulting improvements will be submitted in an annual NET Provider Monitoring Report.



CHAPTER SIX CLAIMS PROCESSING

Introduction

Southeastrans has a streamlined process for receiving and verifying claims and for processing payments to NET providers. Southeastrans' goal in processing provider payments is to provide accurate and timely payment to NET providers for services rendered while minimizing or eliminating the potential for billing fraud.

iPortal (Provider Portal)

NEMR Providers are granted access to Southeastrans' iPortal website <https://provider.southeastrans.com/iPortal/>. To access this site, a unique username and password must be used. Here, Providers have access to:

- a. View assigned trips
- b. Decline assigned trips (also referred to as Send-backs)
- c. Submit/resubmit Claims for completed trips
- d. Reporting (Manifest, Payment/Reimbursement, Trip Reimbursement Forms, Driver, and Trip reports)
- e. Southeastrans Help Desk (access support documents; stay updated with announcements, get answers from the community, and share feature suggestions)

Submitting a Clean Claim

NET providers are required to properly document each trip and obtain appropriate signatures using approved forms, e-forms, or other approved methods of claims submission as evidence of services provided utilizing Southeastrans' standards.

NET providers must ensure that all documentation meets the following requirements:

- a. The NET provider, driver, and vehicle information is complete and accurate
- b. The driver and vehicle are authorized by Southeastrans
- c. The form or e-form is signed by the NET driver
- d. Each trip includes a valid Southeastrans pre-authorized trip confirmation number
- e. The eligible NET member's name matches Southeastrans trip confirmation information
- f. The NET provider was the assigned NET provider for the NET member listed

- g. The NET member signed the form or e-form (or if the NET member is unable to sign, a healthcare provider representative's signature is present). If the member and/or the healthcare provider refuse to sign, the driver should record the name of the person refusing to sign and the reason given for refusal to sign
- h. Pick-up and drop-off times and mileages are present
- i. If there is an escort, the escort's name, signature, and relationship to the member is provided
- j. NET provider is requesting reimbursement for the authorized mode of transport, unless a change in the mode of transportation was pre-approved by Southeastrans.
- k. Any required special rate documentation is attached with prior authorization included in the trip notes

NET trips must be properly documented at the time service is rendered using a Southeastrans' approved claim form or electronic claims methodology. NET providers are required to use Southeastrans' Trip Reimbursement forms as the approved manual process or Southeastrans' Trip Reimbursement e-forms via computer tablets utilizing Southeastrans' proprietary mobile technology. NET providers are required to use the method assigned by Southeastrans. Both methods are described below:

InSight Mobile Trip Reimbursement Submissions

Submission of complete and accurate Trip Reimbursement e-Forms is of utmost importance and is a prerequisite to payment for trips as provided above.

- a. Trip Reimbursement e-Forms using the Southeastrans issued mobile computer tablet, must be completed and signed at the time and location of each member pick-up and drop-off.
- b. The Member, Member representative, or health care professional must sign the e-form.
- c. The driver/attendant cannot sign for the Member. When using an electronic form, signatures are captured electronically via the touch-screen.
- d. In the unlikely event the electronic device fails to function properly, the provider must notify Southeastrans and request permission to use paper claim forms until the problem with the device is resolved.

Trip Reimbursement e-Forms must be completed as follows (additional information may be required by the BROKER if deemed necessary pursuant to the direction of CLIENT):

- a. Southeastrans assigned vehicle number (SETI decal number), tag number, and vehicle identification number (VIN) (last 4 digits only)
- b. Date of service (automatically recorded by device)
- c. Driver's name
- d. Driver's signature
- e. Member's name
- f. Member's signature (if able, or receiving facility)
- g. Unique trip confirmation number
- h. Pick-up time (automatically recorded by device)
- i. Actual pick-up odometer reading

- j. Drop-off time (automatically recorded by device)
- k. Actual drop-off odometer reading
- l. Mode of transportation (i.e. Stretcher, Wheelchair or Ambulatory)
- m. Name of Escort and relationship to Member (if applicable) and
- n. Name of Attendant (if applicable)
- o. Trip status (i.e., transported, cancelled or No-Show)

All claims must be certified by an authorized representative of the provider using Southeastrans' claims processing web portal. This process requires the provider to verify the accuracy of claim data, and then submit the claim to Southeastrans for processing. At this point the claim is automatically time stamped as received by Southeastrans.

Denied/Disputed Claims

GPS technology and automated time stamps within the mobile tablet device will be used to verify the actual time and location of the vehicle as the member is picked-up or dropped-off (per manifest). Claims for trips that are not verified as the correct location and/or time of the member pick-up or drop-off will be subject to denial of payment. NET providers may submit a Claims Denial/Dispute form for reconsideration of payment. The resubmittal of denied or disputed claims must be received within ten (10) days of denial date for consideration. All requests for Denied/Disputed Claims consideration must be filed using Southeastrans' approved Claims Denial/Dispute Form containing all required information. Payment for resolved claims will be made on the next payment cycle. Submittal of a Claims Denial/Dispute form does not guarantee payment of claim.

Manual Claims Submission Requirements

All completed claims must be submitted to Southeastrans at the following address:

Southeastrans, Inc.
4751 Best Road, Suite 300
Atlanta, GA 30337

NET providers are required to submit the original completed Trip Reimbursement Forms/e-Forms on a weekly basis to Southeastrans' Central Business Office. Southeastrans publishes a NET Provider Payment Schedule quarterly which lists the date requirements for claims submissions and associated claim payment dates.

Southeastrans' policy is to pay NET providers within thirty (30) days of undisputed (clean) invoice submissions. Southeastrans offers direct deposit payments to NET providers via wire transfer or electronic funds transfer to provide the most secure, convenient and rapid method of payment as possible.

Once all trips are properly verified and documented Southeastrans will generate and distribute payments to NET providers along with an itemized remittance document. Southeastrans will also document any denied payments and return to the NET provider with noted deficiencies or errors for the provider to correct and resubmit within thirty (30) calendar days of notification date.

NET providers are expected to follow Southeastrans' Fraud and Abuse Policies set forth in the NET Providers Agreement. Confirmed fraudulent activity by a NET provider will result in restitution of fraudulent claims and/or termination of service with Southeastrans.

Southeastrans adheres to the prompt payment guidelines as required by CLIENT including:

- Ensuring, at a minimum, full payment for ninety percent (90%) of undisputed invoices for authorized trips to the contracted transportation providers within thirty (30) calendar days of the Transportation Coordinator's receipt of an undisputed invoice
- Ensuring, at a minimum ninety-nine percent (99%) of undisputed invoices for all authorized trips within ninety (90) calendar days of the date of receipt

Claims Dispute Process

If a NET provider wishes to dispute a denied claim, a claim payment amount, or any other factor concerning a claim processed by Southeastrans, the NET provider must submit the dispute in writing to the Southeastrans Reconciliation Manager. The written dispute must include the trip confirmation number(s) and the reason(s) for the dispute. Claim disputes can be faxed, mailed, emailed, or hand delivered to Southeastrans' Reconciliation Department in the Atlanta Office. The Reconciliation Manager will research the claim disputes and provide a written response to the NET provider within 14 days from the date of the dispute. If a NET provider is not satisfied with the response to the dispute, he/she can request a further review by the Director of Operations and/or the Chief Operations Officer.

If any dispute arises between the parties that either party has failed to perform its obligations and responsibilities under the NET Provider Agreement or Provider Administration Manual, then either party may initiate an Independent Review Process.

Provider Reimbursement Quick Reference Guide (QRG)

Follow the instructions below to submit your initial clean claims for payment. You will be given a reimbursement schedule and forms unique to your contract guidelines for claim submission. The illustration below represents the forms and systems used to submit a clean claim.

To submit a clean claim for payment, you will need the following:

- Trip Reimbursement (TRF)
- CMS 1500 Form
- Mobile trip device (iPad)

Note: All clean claims received and certified timely will be paid timely.

Mailing address:
Southeastrans Billing
4751 Best Road, Suite 300
Atlanta, GA 30337

The image shows a 'Trip Reimbursement Form' from Southeastrans. It includes fields for NET Provider, Complete Vehicle Mileage, Last Four of VIN Number, SETI Inspection Decal Number, Date, Driver's Name, Driver's Signature, Monitor or Attendant Name, and Submit forms to: Southeastrans Billing, 4751 Best Road, Suite 300, Atlanta, GA 30337. Below these are sections for Member Name, Pick-Up Time, Drop-Off Time, Transport Code, Member Signature (or Medical Provider), Escort Name, Escort's Relationship, Leg ID, Special Rate Authorization, Pick-Up Mileage, Drop-Off Mileage, Provider Comments, Leg Status, and For Office Use Only. A note at the bottom states: 'All information must be true and accurate under penalty of violation of State or Federal Medicaid laws and regulations.'

Trip Reimbursement Form (TRF)

The image shows a CMS 1500 form, which is a standard medical claim form used by healthcare providers to bill for services.

CMS 1500 Form



Mobile Trip Device (iPad)

Note: You will receive a transition or grace period, to allow time to get use to the Southeastrans process – this period will be communicated to you by the trainer and/or your regional manager.

A Clean Claim (TRF) will have the following information:

- Region (if appropriate)
- Provider's name
- License Plate #
- Vehicle mileage
- VIN (last four digits)
- SETI Decal # (the current decal number)
- Date of Service

Please review your State's Trip Reimbursement Form for specific instructions.

- Printed driver's name
- Driver's Signature
- Monitor/Attendant name
- Printed member's name
- Trip leg ID #
- Pick-Up Time
- Pick-Up Mileage
- Drop-Off Time
- Drop-Off Mileage
- Transport Code
- Member's signature
- Escort's Name and Relationship
- Provider Comments
- Leg Status (C = Cancelled or NS = No Show)

Note: Remember that TRFs must be completed in blue ink and there can be no “white out or correction tape” on the form. If a mistake is made, have the driver strikethrough the mistake one time and initial. Please educate your drivers on the proper completion of this form and ensure that the information submitted is accurate.

InSight Mobile Technology (iPad):



- **Use of the iPad and iPortal is mandatory.** If you are having technical issues with the InSight Mobile Technology please email the problem to iSupport@southeastrans.com and they will respond to you. Please describe the issue in detail in your email and provide a phone number where they can reach you.
- Data must be entered at the time and place of pick up and also at the time and place of drop off. This information cannot be entered afterwards. The iPad and InSight Technology will determine if the member was picked up and dropped off at the correct locations.
- **Failure to enter the data at the place of pick up and drop off will result in trips being denied.**
- Vehicle and driver information must be entered accurately. Fake data cannot be entered.
- All trips must be certified in the iPortal for submission to recon. This should be done on a daily basis, the day after the trips were completed, not a weekly basis. Prompt certification of trips will typically enable us to reimburse you quicker for trips.

Trip Reimbursement Form Instructions

The Trip Reimbursement Form is used to appropriately document and invoice trips rendered by authorized NET Providers. Completed original forms should be bundled by driver and vehicle date and submitted to Southeastrans on a weekly basis for processing provider payments. Payments for trips with illegible or incomplete information may be denied and returned to the NET Provider for correction and resubmission. All information recorded on the trip reimbursement form is required or is essential for accurate payment of trips rendered. All information recorded must be true and accurate under penalty of violation of State or Federal Medicaid laws and regulations.

Provider Information:

Complete the top portion of each form with the following provider, driver, and vehicle information. All information must be printed using block style letters and a blue pen with permanent ink. (see [Appendix M](#) to view an example form)

SOUTHEASTTRANS **DCH Leg Reimbursement Form**

☐ North Region DCH ☐ Atlanta Region DCH

NET Provider: Complete Vehicle Mileage: Last Four of VIN Number: SETI Inspection Decal Number:

Date: Driver's Name: Driver's Signature: Monitor or Attendant Name:

Submit forms to:
Southeastrans Billing
4751 Best Road, Suite 300
Atlanta, GA 30337

Print clearly in block letters with a blue pen. All information must be true and accurate under penalty of violation of State or Federal Medicaid laws and regulations.

Member Name		Pick-Up Time	Drop-Off Time	Transport Code	Member Signature (or Medical Provider)	Escort Name	Escort's Relationship	For Office Use Only
Leg ID	Special Rate Authorization	Pick-Up Mileage	Drop-Off Mileage		Provider Comments:			

1. Check the appropriate region where trips are provided. If a provider is operating multiple regions, separate Trip Reimbursement Forms must be submitted for trips provided in each region.
2. Record the name of your NET service.
3. Record the complete vehicle mileage at the start of the shift (per driver).
4. Record the last four digits of the vehicle VIN.
5. Record the SET inspection sticker number assigned by Southeastrans (located on the back rear window lower right corner).
6. Record the date of service (transport). A separate Trip Reimbursement Form must be completed for each date of service trips is rendered.
7. Record the Driver's full name. If the driver of a vehicle changes during the course of a day, a new Trip Reimbursement Form must be completed for each driver.
8. The NET Driver must sign each form in the space provided.
9. Record the Monitor's or Attendant's full name.

Trip Information

For each scheduled trip leg, complete the following information in the spaces provided. Up to seven trip legs can be recorded on each page. All information must be printed using block style letters and a blue pen with permanent ink.

Member Name		Pick-Up Time	Drop-Off Time	Transport Code	Member Signature (or Medical Provider)	Escort Name	Escort's Relationship	For Office Use Only
Leg ID	Special Rate Authorization	Pick-Up Mileage	Drop-Off Mileage		Provider Comments:	Leg Status		
Name: _____	_____	: : _____	: : _____	A W S	X _____	_____	_____	
Leg ID _____	Special Rate _____	_____	_____		Provider Comments: _____	_____	C NS	
Name: _____	_____	: : _____	: : _____	A W S	X _____	_____	_____	
Leg ID _____	Special Rate _____	_____	_____		Provider Comments: _____	_____	C NS	

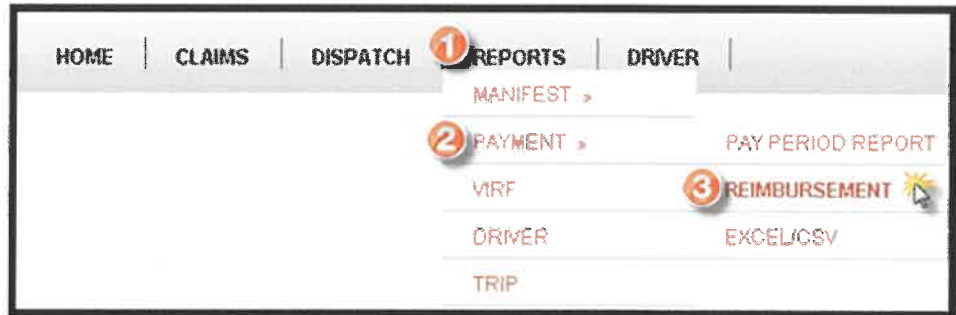
1. Record the full name (per manifest) of the Medicaid Member being transported.
2. Record the leg ID issued by Southeastrans. Shown as "Bk Id:" on the manifest
3. Record the actual time you arrive at the pick-up location.
4. Record the vehicle's odometer reading after arriving at the pick-up location.
5. Record the actual time you arrive at the drop-off location.
6. Record the vehicle's odometer reading when you arrive at the drop-off location.
7. Indicate the mode of transportation required by the Medicaid Member by circling "A" for ambulatory, "W" for wheelchair, "S" for stretcher, or AMB for Ambulance.
8. Obtain the Medicaid Member's signature in the space provided. A signature must be obtained for each leg of the trip at the time the trip is performed. If the member is unable to sign, you must obtain the signature of a representative or the member's medical provider.
9. If an escort is required to accompany the member, record the escort's name and their relationship to the member in the spaces provided.
10. A Provider Comment section is provided for the driver to make any notations concerning the trip such as reason for cancellation, comments regarding no-shows, special circumstances, and etc.
11. If the trip was unable to be completed as scheduled, indicate the status of the trip by circling "C" if the trip was "canceled", or "NS" if the member was a "no-show".

An electronic copy of this form is available in an excel format.

Resubmitting a Denied Claim

Follow the instructions below to find the denial code then resubmit the claim for payment.

1. From the iPortal
Home page (1)
hover over the
“**Reports**” tab, (2)
hover over
“**Payment**” from
drop down menu,
and (3) then
select or click on
“**Reimbursement**”
from the menu
on the right.



The Trip Search
Screen displays.

2. Select your
Region, Provider
name, and Pay
Period date to
view a specific
report.




3. Click “**Run Report**”.

The Pay Period
Reimbursement
Detail Report
displays.

4. Review the Pay Period Reimbursement Detail report for the Denial Code.
 - Review the error code. (click [here](#) for a list of error codes)
 - Additional research may be required based on the type of error code listed.
 - Review the iPortal Knowledgebase for additional instructions.

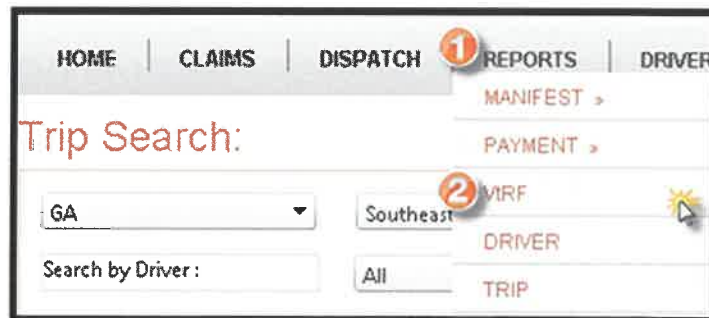
Trips By Southeastrans - Reimbursement Details
Paid Date 12/9/2014



Record Type	Status	Trip Date	Trip / Leg ID	Member	Sub Trips	Demand Trips	Mode	Escorts	Denial Code	Amount
Recon Denied	Southeastrans, Inc Driver: Jane Doe	11/7/2014	2545026 A / 5043827	SEAN, J A0120	1	0	Ambulatory	0	SOV	\$14.25
			2546334 A / 5046420	CHARLES, FARRELL T	1	0	Wheelchair	0	UNS	\$17.50
			T2003							\$17.50
		11/12/2014	2558561 A / 5070611	SEAN, J A0120	1	0	Ambulatory	0	SOV	\$14.25
										\$14.25

5. To resubmit this trip, or any other trip to Recon for review and payment, pull the Trip Reimbursement Form (TRF) and/or print the Virtual Trip Reimbursement Form (VTRF) from the iPortal for the trip. Be sure to review the TRF, make the necessary corrections, and initial the changes before resubmitting.
6. To review VtRFs, (1) hover over the "Reports" tab, (2) click "VtRF"

The Virtual Trip Reimbursement Form displays.



HOME | CLAIMS | DISPATCH | **REPORTS** | DRIVER

MANIFEST >
PAYMENT >
VtRF
DRIVER
TRIP

Trip Search:

GA [dropdown] Southeastrans [dropdown] 11/11/2014 [text]
Search by Driver: [text] All [dropdown]


7. Select the Contract, Driver and Report Date (you may also want to search by Driver and/or select a Certification Status).

Trip Search:

GA [dropdown] Southeastrans [dropdown] 11/11/2014 [text]
Search by Driver: [text] Select a Certification Status [dropdown] Search Trips [button]

1 of 11 > 100% [dropdown] [button] [button] [button] [button]

Trip Reimbursement Form
Trip Data for: 11/11/2014



MEM Contract Provider	License Plate #	Vehicle Manager	Lead VtRF Number	MT Request, Initial V
GA/Southeastrans	ALP-282	348909	7015	20141048
4:15 AM	Public Address		NA	


8. Click "Search"

Note: Select an Export type from the drop down and click “Export” to open the document in the desired format for printing and/or saving. Or, click the Printer icon to print the report.

9. Fill out the claims review Cover Sheet for your State ([found here](#)).

Note: Be sure to include the driver input error and provide an explanation in the **“ISSUE COMMENTS”** section.

10. Submit the VTRF and Cover Sheet by fax or email as indicated on the Claims Review Coversheet.


SOUTHEASTRANS
TRUCKING • LOGISTICS • FREIGHT BROKERAGE

CLAIMS REVIEW COVER SHEET

Date:		State:		Region or Contract:	
Provider Name:					
Email Address:				Phone:	
Mobile Device Issue:					
Date Reported to Southeastrans:					
Southeastrans Rep:					
Denial Date(s):					
Fax To:		RECONCILIATION DEPARTMENT			
or		678-510-1352			
Email:		GAclaims@southeastrans.com			

Issue/Comments:

Signature: _____ Date: _____

This is a confidential document guaranteeing payment. The information is provided exclusively to the Southeastrans processing guidelines. Your signature indicates that the information is true and accurate under penalty of violation of State and Federal Motor Carrier laws and regulations.

Denial Legend

Name	Description	Name	Description
ALD	Altered Document	MEN	Missing Escort Name
CFDE	Correction Fluid on SETI decal #	MEOB	Missing EOB - Explanation of Benefits
CFDS	Correction Fluid on Drivers names/signatures	MER	Missing Escort Relationship
CFF	Correction Fluid Used	MIS	Missing Member Signature
CFM	Correction Fluid on mileage	MIT	Missing or Invalid Time
CFS	Correction Fluid on signatures	MIV	Missing VIN
CFT	Correction Fluid on Times	MMI	Missing or Invalid Mileage
CFV	Correction Fluid on VIN	MMN	Missing monitor name on stretcher trip
DC	Duplicate Claim	MMO	Missing Mobility
HCPC	Missing/Incomplete/Invalid HCPCS	MNA	Member not authorized to receive service from TP
ICS	Invalid initial claim submission	MOR	Missing or Invalid Odometer Reading
IMT	Incorrect Mobility Type	MPI	Missing Provider info
IS	Invalid Signature	RNR	Attachment ref on claim not received
ITI	Incorrect Trip ID/Leg ID	RNT	Attachment ref on claim not timely
MBP	Maximum Benefit Paid by Primary Carrier	SDV	Space Distance Variance
MCF	Missing HCFA 1500 form	SNPM	Service not provided to the member
CN	Missing Trip ID/Leg ID	SSD	TP needs to submit supporting documents
MCV	Missing Correction Validation (no initials)	STV	Space Time Variance
MDC	Missing Diagnosis Code	UAD	Unauthorized Driver
MDF	Missing Disclosure Form	UAV	Unauthorized Vehicle
MDI	Missing or invalid driver info	UNS	Unauthorized No Show
MDNS	Missing Driver Signature	UTF	Untimely Filing

Claims Review Process

Trips may be resubmitted for processing under the following circumstances via fax or email:

Mobile Device Technical Issues

If you experience technical issues that prevent you from submitting trips via the mobile device, contact your Regional Manager and ISupport@Southeastrans.com to report the issue immediately. The driver must use the Trip Reimbursement Forms (TRF) or submit the Virtual TRF until the technical issue is resolved. You must submit the TRF along with the attached coversheet and include a detailed explanation of the issue that occurred.

Denied Trips

Trips may be denied for the following reasons:

- Duplicate claim
- Incorrect mobility type
- Invalid Signature
- Member not authorized to receive service from the provider
- Missing mobility
- Missing leg ID
- Missing Driver's name or signature
- Missing mileage
- Missing monitor name on stretcher trips
- Missing odometer reading, if applicable
- Missing signatures
- Missing time
- Missing VIN
- Missing/incomplete/invalid charge
- Missing/invalid/incomplete HCPCS (TN)
- Service not provided to member
- Unauthorized driver
- Unauthorized vehicle
- Untimely filing
- Space & Time/Invalid Location and Time
- Missing Ownership Disclosure Form (TN)
- Missing Escort Relationship
- Missing Correction Validation (no initials)
- Correction Fluid on Claim/TRF
- Unauthorized No Show

Submitting Claims Review

Once the corrections have been made, please follow the instructions below and submit the claims review within the contract guidelines:

1. Make the corrections on the Claims Review Spreadsheet or Virtual TRF (if trip submitted via mobile device)
2. Make the corrections on the Trip Reimbursement Form (if trip submitted via Trip Reimbursement Form)
3. Fax or email the form to the Reconciliation Department along with the Claims Review Cover Sheet date and sign

FAX TO: RECONCILIATION DEPARTMENT 678-xxx-1352 or

EMAIL: xxxxx@southeastrans.com

Appendices

Appendix A - Request for Explanation Form



Request for Explanation

Complaint's Name		Today's Date	
Member's Name		Inquiry #	
Transportation Provider:			
Southeastrans recently received the following complaint:			
Date of Appointment		Leg ID # :	
Type of Complaint		Leg :	
<p>This is the only request for explanation that will be sent to you regarding the above issue. Please review the complaint and provide a legibly written response in the space provided below.</p> <p>Your response <u>must</u> be faxed back to Southeastrans within 24 hours of receipt. Failure to respond to this Request for Explanation could result in Liquidated Damages being assessed to your company. If you have any questions concerning this request, please feel free to call us. Thank you for your immediate attention to this matter.</p>			
Southeastrans Phone #: 678-510-4513		Southeastrans Fax #: 678-829-0651	
Provider's Response/Explanation:			
Driver's Name:		Faxed to Southeastrans on:	By:

Appendix B - Denial of Service Letter

MEMBER APPEAL NOTICES INITIAL DECISION

(Date Notice Mailed)

Name of Member Medicaid ID #:

Mailing Address

Dear _____:

Your request for non-emergency transportation (NET) for a date of service of has been initially denied. The reason for this initial denial is: (denial reason)

If you disagree with this decision to initially deny you non-emergency transportation, you have the right to request a review (reconsideration) of this denial. If you request a review, you must do so no later than thirty (30) days of the date at the top of this notice.

You may request a review by calling us at _____ or writing us at:

Southeastrans Inc.
4751 Best Rd, Suite 140
Atlanta, GA 30337

If your review is successful, you will receive transportation. If you again are denied transportation after the review is completed, you will receive a final decision and information on how to request a fair hearing. Please remember that in order to request a fair hearing, you must first request a review of the initial denial as described above. If you do not request a review of the initial denial, then you do not have right to a fair hearing.

Sincerely,

(Representative of NET Broker)

Appendix C – Certificate of Liability Insurance

CERTIFICATE OF LIABILITY INSURANCE		OP ID TW TEST-01	DATE (MM/DD/YYYY) 09/30/08												
PRODUCER INSURED Company name (name must match provider exactly) Street Address City, State, Zip		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left;">INSURERS AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A: Name of insurer</td> <td></td> </tr> <tr> <td>INSURER B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> </table>		INSURERS AFFORDING COVERAGE	NAIC #	INSURER A: Name of insurer		INSURER B:		INSURER C:		INSURER D:		INSURER E:	
INSURERS AFFORDING COVERAGE	NAIC #														
INSURER A: Name of insurer															
INSURER B:															
INSURER C:															
INSURER D:															
INSURER E:															
COVERAGES															
THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.															
INSR ADD'L LTR INSR	TYPE OF INSURANCE	POLICY NUMBER	LIMITS												
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	POLICY #	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMPIOP AGG \$ 1,000,000												
	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		POLICY # COMP DEDUCTIBLE COLL DEDUCTIBLE	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$											
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO			AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$											
	EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE \$ RETENTION \$			EACH OCCURRENCE \$ AGGREGATE \$ \$ \$											
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below			POLICY #	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000										
OTHER															
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS Southeastrans Inc, the state of _____ are listed as the additional insured for ongoing operations under the auto and general liability policies. Policies are primary and non-contributory.															
CERTIFICATE HOLDER		CANCELLATION													
Southeastrans 4751 Best Road, Suite 140 Atlanta GA 30337		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE													

ACORD 25 (2009/01)

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Appendix D – Reconciliation Frequently Asked Questions

Reconciliation Frequently Asked Questions

Reconciliation Representative

How can I schedule an appointment with my Recon Specialist?

Call the receptionist t at 404-209-4000 to schedule an appointment. Inform the receptionist of the State that you are calling from and the provider name.

Who is my rep and contact number?

The Recon Specialist positions are subject to change therefore, all requests should be sent to the generic email folder for your state.

Reimbursement

Will I have to wait until the next week to be paid if I miss the Tuesday paperwork delivery deadline?

Contact your Director/Regional Manager to request all processing exceptions.

What are the space and time denials? Define SDV and STV.

The SDV denials are incurred when the driver did not hit done at the point and time of service. STV denials are incurred when the driver mixes up A or B Leg records. This error will cause a large time stamp variance on the Leg. When resubmitting, correct and initial any times or mileages if needed. Provide an explanation to the best of your abilities as to what cause the SDV/STV denial.

Why are my “no- shows” being denied?

If you do not follow the Mobile Device (iPad)/TRF No Show process and arrive at the location within the allotted time, the trip will be denied.

Why wasn't I paid the special rate I agreed upon?

The special rates are negotiated by Dispatch and should be reflected on the updated manifest. If the rate you agreed to is not indicated on your Manifest, please contact the Dispatch Manager immediately at XXX-XXX-XXXX.

Why is my deposit different from my pay period report?

If your reimbursement amount differs from the reimbursement reports, you may have contractual deductions. The descriptions of the deductions are reflected on your check stub or direct deposit advice.

When will my direct deposit show in my account?

Direct deposits should reflect in your account on the reimbursement date, or on the following business day. Contact your financial institution for the time funds will be available. Your Financial Institution may apply additional restrictions.

I certified a trip and now it shows an invalid trip ID, Why?

After 60 days, Leg IDs in the iPortal will shift to an “Unknown” status and reflect as invalid. This is because the iPortal stops talking to our main system after 60 days. It is very important to submit all claims and try to have them completely reconciled before 60 days. Otherwise, you will need to rely on reviewing your reimbursement reports for the status of Leg IDs older than 60 days.

Where can I find denial codes, and what they mean?

Denial codes are located on the Portal in the Knowledge Base. See attached instructions.
(<https://southeastrans.zendesk.com/entries/23479796-Current-Claim-Denial-Codes>)

Reimbursement Documentation

Can I fax in my paperwork instead of delivering them to the office?

All initial claim forms should be mailed into the Atlanta Claims Office. Resubmits can be faxed, emailed or mailed into the office.

Can I get copies of the paperwork I submit?

If you forget to make copies of your paperwork and have already submitted your claims, you may request a copy by sending an email to the Reconciliation email folder. For example:
GAclaims@southeastrans.com.

Can I resubmit documents with correction fluid?

Correction fluid denials typically cannot be resubmitted, but may be submitted for review and final consideration. Make corrections by putting a single line through the error, make the correction and initial.

When can new providers expect their first reimbursement?

When the trips are submitted timely, the 1st reimbursement typically takes 3-4 weeks from your start date or sooner for Mobile Device users.

How do I resubmit my denied trips?

Follow the attached process for Resubmitting a Denied Claim.
(<https://southeastrans.zendesk.com/entries/80940305-Resubmitting-Denied-Claims>)

How long do I have to resubmit a trip?

The timely filing guidelines are located on the reimbursement schedules and in the provider-specific contract.

Appendix E – Driver Documentation Checklist

Southeastrans - Driver Documentation Checklist

Provider:

Provider Contact:

Driver:

Provider Contact Phone Number:

<u>Driver Documentation:</u>	<u>Date</u>	<u>Notes</u>
Copy of current, valid driver's license		
Copy of social security card		
Criminal background report - state and federal		
Motor Vehicle Record (7 year history for new drivers, 3 year history for renewals)		
10-Panel drug screen on all drivers		
Fraud prevention detection check on all drivers		will be run by SETI
Sam check on all Drivers		will be run by SETI
Sex offender web-site check on all Drivers		will be run by SETI
Copies of all training class certificates:		Course Taken and Expiration:
Authorization Letter		
First Aid		
CPR		
Defensive Driving		
Passenger Assistance		
Customer Service		
Stretcher		
Wheelchair		
iPad		

For assistance with background records, please feel free to contact:

Martha Porter

Norred & Associates, Inc.

Office: 404-762-4270, ext 110

E-mail: mporter@norred.com

Appendix F – Provider Employee Update Form



PROVIDER EMPLOYEE UPDATE FORM

ProviderName: _____

Date: _____

Driver Status: New Hire Rehire Termination (Select One)

(Select One) Driver Attendant

Effective Date: _____

Name: _____
(Last) (First) (MI)

(Please note, the name should be as it appears on the driver's license)

****Please include the following items with this form prior to training or utilizing driver****

- ☐ Driver's License
- ☐ Social Security Card
- ☐ Motor Vehicle Report (7 year, less than 30 days old)
- ☐ Criminal Background Report (less than 30 days old)
- ☐ 10 Panel Drug Screen (less than 30 days old)
- ☐ Certificates of Training if completed previously

Comments: _____

****Please fax back to Southeastrans Atlanta Region Office: 678-302-4303****

Appendix G - Incident/Accident Form Instructions



Procedures When You Receive an Accident/Incident Report

Audience: In Regional Office Staff

When an Accident/Incident report is received from a provider or is generated from a complaint, the following information is required. (Note: It is imperative that this information is submitted to the Director/Corporate Compliance Manager within 24 hours of the accident/incident.)


- The Provider must submit a completed Incident/Accident report. Ensure that the writing is legible.
- The Provider must verify that both driver and vehicle are authorized. Collect copies of the vehicle list and last inspection for the vehicle involved. This information should support the date of the report. Collect the driver license, Motor Vehicle Record (MVR), driver list and the most recent class certificates completed by the driver. Ensure that all driver screenings are available.
- Fax or email the following documents to the Director/Corporate Compliance Manager the SAME DAY that the accident/incident occurred:
 - A Completed Incident/Accident Report
 - Vehicle List (The vehicle involved must be listed on the Provider's insurance policy)
 - Most recent inspection for the vehicle involved in the incident/accident
 - Driver's license, MVR, and list
 - Most recent class certificates completed
 - Driver's screenings
 - Providers Certificate of Insurance (ensure dates cover the date of report)
 - Provider Agreement (includes signed pages)
- Keep a copy of the fax confirmation or email on file for your records.
- The Broker will add the incident/accident to the InSight Inquiry module.
- Place all documents in a file folder, and keep in a secured file cabinet but NOT with the Provider's business file.
- For vehicle accidents, a copy of the police report is required. Fax or email a copy to Corporate Compliance.
- In the event that the Driver is found at fault, remedial training must take place within five (5) business days of the accident/incident. A copy of all training must be forwarded to the Corporate Compliance Office and also maintained in the regional file.

If you have any questions, please call the corporate office and ask for the Corporate Compliance Manager.

□

SOUTHEASTRANS, INC • 4751 BEST RD • C SUITE 300 • ATLANTA, GA 30337
Phone: 678-510-4541 • Cell: 770-856-3631 • Fax: 678-669-2545 • Email: kphillips@southeastrans.com

Incident/Accident Form

Southeastrans, Inc. Accident/Incident Report			
Part I	Name of Broker:	Date of Accident/Incident:	
	Transportation Provider:	Time of Accident/Incident:	
	Contact Person:	Date Reported to Broker:	
	Address:		
	Telephone #:	Name of Vehicle Driver:	
	Fax #:	Driver's License #:	
		Vehicle Tag #:	
Part II	Detailed description of Accident/Incident (attach additional pages if necessary):		
	Check all that apply:		
	Injuries: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Minor <input type="checkbox"/> Serious <input type="checkbox"/> Fatal		
	Injured: <input type="checkbox"/> Member(s) <input type="checkbox"/> Driver <input type="checkbox"/> Attendant <input type="checkbox"/> Escort <input type="checkbox"/> Other _____		
	Name #1: _____		Phone #: () _____
	Address: _____		
	Description of Injury/Complaint: _____		
	Treated at: <input type="checkbox"/> Scene <input type="checkbox"/> Medical Facility Name: _____		
	Member transported by EMS? <input type="checkbox"/> Yes <input type="checkbox"/> No Refused Treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	Brief Description of Treatment: _____		
	Name #2: _____		Phone #: () _____
Address: _____			
Description of Injury/Complaint: _____			
Treated at: <input type="checkbox"/> Scene <input type="checkbox"/> Medical Facility Name: _____			
Member transported by EMS? <input type="checkbox"/> Yes <input type="checkbox"/> No Refused Treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Brief Description of Treatment: _____			
Name #3: _____		Phone #: () _____	
Address: _____			
Description of Injury/Complaint: _____			
Treated at: <input type="checkbox"/> Scene <input type="checkbox"/> Medical Facility Name: _____			
Member transported by EMS? <input type="checkbox"/> Yes <input type="checkbox"/> No Refused Treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Brief Description of Treatment: _____			
Part III	Were emergency services called? <input type="checkbox"/> 911 <input type="checkbox"/> Police <input type="checkbox"/> Ambulance <input type="checkbox"/> Tow Truck <input type="checkbox"/> No Services Called		
	If motor vehicle accident, who was charged? _____		
	Attached: <input type="checkbox"/> Police Report Police Report # (if known): _____ Other: _____		
Part IV	Immediate corrective action taken by carrier/broker: _____		
Part IV	Name of Vehicle Driver: _____		Date: _____
	Print/Type Name	Signature	
	Report Submitted By: _____		Date: _____
	Print/Type Name	Signature	

Form 00-0007

Revised 1/9/2015

Appendix M – Trip Reimbursement Form

NET Provider		Complete vehicle Mileage	Last Four of VIN Number	SETH Inspection Decal Number	Submit forms to: Southeastrans Billing 4751 Best Road, Suite 300 Atlanta, GA 30337	
Date	Driver's Name	Driver's Signature	Monitor or Attendant Name			
Print clearly in block letters with a blue pen						
All information must be true and accurate under penalty of violation of state or federal Medicaid laws and regulations.						
Member Name	Pick-Up Time	Drop-Off Time	Transport Code	Member Signature (or Medical Provider)	Escort Name	Escort's Relationship
Leg ID	Special Rate Authorization	Pick-Up Mileage	Drop-Off Mileage	Provider Comments	Leg Status	For Office Use Only
Name:	:	:	A W S	X		
Leg ID	Special Rate			Provider Comments	C NS	
Name:	:	:	A W S	X		
Leg ID	Special Rate			Provider Comments	C NS	
Name:	:	:	A W S	X		
Leg ID	Special Rate			Provider Comments	C NS	
Name:	:	:	A W S	X		
Leg ID	Special Rate			Provider Comments	C NS	
Name:	:	:	A W S	X		
Leg ID	Special Rate			Provider Comments	C NS	
Name:	:	:	A W S	X		
Leg ID	Special Rate			Provider Comments	C NS	

Transport Codes: A-Ambulatory, W-Wheelchair, S-Stretcher
 *I understand that payment and satisfaction of this claim will be from federal and state funds, and that any false claims, statements, documents, or concealment of a material fact, may be prosecuted under applicable federal and/or state laws.

Status Codes: C-Claim, NS-No Show

Revised 05/12

Form 07-0006

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Purpose of the Communication Plan

The purpose of the Communication plan is to document the outreach activities for stakeholders in the areas we serve. This plan will detail all required outreach activities and the methods of those efforts. This Communication Plan will cover Member, Facilities and Community Outreach and Education Efforts. This plan provides guidance all methods of communication and must be reviewed by our internal Marketing Department, the appropriate State Director and the client. No materials can be released without the written approval of the above.

The Goals and Objectives

The goals and objectives of the communication plan is to provide education to key stakeholders about using our services. All communication should be clear and concise and be written at the required grade level.

Responsibilities and Roles

The **Project Director** oversees all communication activities and provides approval prior to the release.

Outreach Coordinators are responsible for meeting with and educating the medical community and community agencies

Network Representatives are responsible for meeting with and providing education to the transportation community.

Definitions

Agencies – Community agencies that offer support to our members

Client – The the entity that contracts with us to manage their transportation programs

Medical Facilities – for the purpose of NET it is the place the Member is being transported to for a covered service. Examples are dialysis facilities, day programs,

Members – the people that we are responsible to transport

Transportation Providers – subcontracted vendors that perform the transportation service.

Communication Methods

- ❖ Print Media (for program stakeholders)
- ❖ Formal Presentations
- ❖ Newsletters
- ❖ Training Webinars
- ❖ Dedicated Web Portals
- ❖ Survey's
- ❖ Lunch Workshops
- ❖ Meeting Summary Reports



Content Development

All content developed must be written clearly, concisely and without difficult or cumbersome language. Member materials will be written at the 6th grade reading level (or as required by the program SOW), measured via word's readability statistics. In addition all text and materials will be provide in the prevalent language as required by the program.

Member Communication

There may be times when we are required to send notices to members in areas that we serve. These communications must meet the language grade-level requirements and be available in alternative formats, as needed. See Attachment A for a sample member materials used in other markets.

Initial Written Communication:

If the program requires an initial notification to be mailed to all members concerning program changes. The notification will include the following items:

- ❖ Explanation of service area (Statewide or Regional)
- ❖ Local office physical and mailing address
- ❖ Toll-free number to schedule transportation
- ❖ Hours of operation
- ❖ Urgent transportation guidelines
- ❖ Member's rights and responsibilities
- ❖ Details on how to request transportation
- ❖ Brief description of how to use the services

The initial communication will be mailed at least 30 days before the "go-live" date as provided by the client. The notification will be mailed according the program requirements.

Material Changes: If at any time there is a material change in the program we will notify all member at least 30 days prior to the change taking affect. These types of material changes will be handled the same as the initial member education notice.

Member Portal (Website):

Each program will have a program specific website for members to access for information about the program, including an online scheduling system. The website will have the same information as the initial member notification.

Facility Communication

Communicating with medical facilities is an important function of our program. We work closely with medical facilities in the communities we serve, they are a critical part of standing order trip and helping to provide education to the members about transportation. We have field staff in the service area that will make regular visits to the medical facilities to keep lines of communication open. See Attachment B for a sample facility materials used in other markets.

Initial Notice -

During implementation we will mail high-use facilities an introductory letter introducing Southeastrans as their new NEMT broker. The letter will include contact information and provide the dates/times and locations of town halls meetings through-out the service area.

Town Hall Style Meetings –

Our Outreach Coordinator will hold "town hall" type meetings during the implementation phase in various locations around the service area. If a facility cannot attend one of these meetings, we will arrange a face-to-face training. The meeting notices will be advertised through direct mailing, radio ads, introductory letter, and Southeastrans Website.

Implementation Training:

During the implementation phase, our Outreach Coordinators and field representatives will work with the medical community to ease any transition fears and provide education to ensure transportation services. The Initial training will include:

- ❖ Brief description of Southeastrans and our role in the NEMT program
- ❖ How to schedule transportation for their members
- ❖ Scheduling transportation via the Facilities Portal
- ❖ Why attendance verification is critical to NET program
- ❖ How to file a complaint

Webinar Training:

Throughout the life of the contract, retraining and additional educational opportunities will be provide through webinars. These webinars will be advertised in the same manner as our implementation trainings. Additional training ideas may include:

- ❖ Modifying/cancelling existing standing orders
- ❖ Webportal training
- ❖ New program rules or system changes

Facility Portal (Website):

Facilities have a web portal to schedule/modify/cancel standing orders for their members. The portal effeciently allows facilities to perform attendance verification for existing standing orders and serves as a respositary for downloadable forms.

Program Website

Each program will have a specific website that provides general program information and appropriate links.

- ❖ Be clear and easy to navigate
- ❖ Reviewed and updated every six months to ensure accuracy of content
- ❖ Must include basic content information, addresses, telephone #'s, member's rights and responsibilities, how to use NET transportation, how to file a complaint, etc.
- ❖ Be maintained separate and distinct from our other program websites
- ❖ Have appropriate program links and downloadable forms for Members, transportation providers and medical facilities
- ❖ Complies with Section 508 of the Rehabilitation Act

Storage and Retrieval of Communications

All communications are will be saved for future reference for historical purposes. Records will include the original materials, the recommended changes and signatures of final approval. The records will also include the method and timing of any distributions of developed materials.

Attachment A: Sample Member Educational Materials

DRAFT

Sample Member Communications

Southeastrans' Mission

To provide transportation management solutions that deliver the highest levels of quality and satisfaction to our consumers, while offering exceptional value, performance, and responsiveness to our contracting agencies.



Helpful Hints

- If Public Transportation is identified as an available means of transport for the member and the members' medical condition precludes the use of Public Transportation, a Public Transportation Restriction Form* must be completed by the members' treating physician to indicate the medical reason the member cannot utilize Public Transit.
- A recurring trip (members' appointments occur two (2) or more days a week, lasting more than 6 weeks), or Standing Order may be requested for a member by completing a Standing Order Form* in its entirety. This form must be signed by both the member/ member representative and a facility representative.
- Standing Orders are recertified every 3 to 6 months depending on the type of treatment the member is receiving.

*Forms are available at www.southeastrans.com

Transportation Provider Standards

- * Drivers should be wearing an ID badge
- * Transportation vehicles should be marked
- * If you arrive at your appointment 15 minutes before or after your scheduled appointment time, that is considered on-time transport.
- * When picking-up, drivers are only authorized to wait 10 minutes.
- * Provider has one hour from your "I am ready to return home" call to pick you up.
- * Drivers must transport safely and follow all traffic laws

If the provider fails to meet any of these standards please contact Southeastrans at the contact numbers below.



The Southeastrans Team

While Southeastrans strives to provide the highest-level of service possible, we realize unforeseen things can sometimes happen.

In situations where you have transportation or provider issues, please contact:

Customer Service
Phone (601) xxx-xxxx or (601) xxx-xxxx

For additional assistance please call:

Quality Assurance
Phone (601) xxx-xxxx



SOUTHEASTTRANS
DRIVING THE FUTURE OF TRANSPORTATION MANAGEMENT

Medicaid Non-Emergency Transportation (NET) Guide

For Mississippi
Medicaid Members

Revised November 2016

Mississippi Medicaid Non-Emergency Transportation Program at a Glance

Non-Emergency Medical Transportation is provided to Mississippi Medicaid Members who require transportation assistance to Medicaid-billable healthcare services and have no other means of transportation. Southeastrans, Inc. provides this service to Mississippi Medicaid Members who live in counties located in all of the designated Medicaid NET Regions.

This is a shared-ride service. Therefore, a Member may be riding with other passengers picked up at or near your pick-up location. Transportation is available to services in member's home community. Travel outside a member's home community is available only when those specialized services are not available within member's home community.

One adult escort may accompany a Member if he/she has the same origin and destination as the rider and requires assistance for some medical reason. Escorts MUST be requested when scheduling the appointment.

Mississippi
Division of Medicaid
Regional Offices



Making Transportation Arrangements

Call Southeastrans to arrange medical transportation services to medical covered services at least three (3) days in advance of the appointment date. You can schedule up to 30 business days in advance.

When Scheduling Transportation...

Please have the following information ready for the Customer Service Representative when you call:

- Member's full name, phone number, address, date of birth and COUNTY of residence
- Member's Medicaid number as it appears on their Mississippi Medicaid Card
- Specify any special needs (oxygen, escort) when you schedule the appointment.
- An emergency contact's name and phone number

Please have the following destination information available...

- The address, phone number and doctor's name of the medical facility you are being transported to
- Member's mobility status (walking, wheelchair, stretcher)
- Member's room number (for stretcher only)

**** Member's will not be allowed to remain on the Transportation Provider's stretcher while receiving treatment. The Transportation Provider must leave the member at their appointment destination and will return upon notification of the request for return transportation.**

- If member is not ready upon driver's arrival, driver will only wait 10 minutes.
- If member is unable to attend their appointment, please cancel by calling Southeastrans BEFORE the pick-up time.
- Riders MUST CALL Provider after their appointment is complete to REQUEST PICK UP. Provider has ONE HOUR from pick up request time to return to the riders' location.
- Drivers are not allowed to leave member on the transportation provider's stretcher once at doctor's office.



Frequently Asked Questions

Q: How does a medical facility make transportation arrangements?

A: Nursing Home or Dialysis facilities should contact their dedicated Southeastrans representative to arrange transportation.

Q: What if the vehicle is more than 15 minutes late?

A: Call the Dispatch Center directly at (601) xxx-xxxx or Toll-Free at (866) xxx-xxxx; choose option 1 and then option 2 to speak with a dispatcher.

Q: What is Urgent Care?

A: Urgent Care transports are trips that must occur without the normal 3-day notice. For example, a hospital discharge or admission could be considered Urgent Care. If your doctor calls and requests that you come to his office immediately because of an illness or other matters that cannot wait, you are eligible for an urgent care transport.



Guía para el transporte médico que no es de emergencia (NEMT) de Medicaid

**Para los miembros de Medicaid con
pago por servicio de Indiana
(Fee-For-Service Medicaid)**

Junio de 2018



El Programa Por Reembolso De Gasolina Para Miembros

**Cuando necesita que llegar allí,
a veces un amigo puede ayudar.**

Tenemos opciones para usted-

El Programa Por Reembolso de Gasolina permite que sus amigos o familiares a transportar nuestros miembros hacia y desde citas. Para sus servicios, el conductor será reembolsado por su gasto de gas.

Se aplican ciertas reglas.

**Cuando necesita a programar una cita,
sigue estos 3 pasos faciles:**

Paso 1:

Llame el servicio de los clientes 3 días antes y solicitud por aprovecha por el reembolso de gasolina. Ellos pueden ayudar con el proceso.

Paso 2:

Tiene que su medico a firmar y confirmó que usted atendió su cita.

Paso 3:

Sendir su formulario de reembolso de gasolina a nuestra departamento del reclamaciones y su conductor va a recibir un cheque por el correo.



Beneficios a Usted...

Conveniencia

**Directamente
a su cita**

Flexibilidad

Reembolso de su Dinero

Es Fácil!

Por más información de nuestro
programa de reembolso
de gasolina, por favor, llámenos a...

X-XXX-XXX-XXXX

 **SOUTHEASTRANS**





Date

Member Name
Address
City, State, Zip

Dear Member:

You requested non-emergency transportation from insert Broker name for the following dates (s): insert date.

We have received a complaint from the assigned transportation provider about your behavior during the above scheduled date (s) of service. The provider stated that you were verbally abusive and/or physically abusive to other passengers and/or driver during this trip.

Please note that transportation provider has a right to refuse service to unruly individuals and eventually refuse to accept the trip request from insert Broker name.

This letter serves as formal notice that if this happens again, steps will be taken to suspend, deny, or terminate non-emergency transportation services.

Sincerely,

insert Broker information

cc: Department of Community Health



Date

Member Name
Address
City, State, Zip

Dear Member:

You requested non-emergency transportation from insert Broker name for the following dates (s): insert date.

We have received a complaint from the assigned transportation provider about your behavior during the above scheduled date (s) of service. The provider stated that you were verbally abusive and/or physically abusive to other passengers and/or driver during this trip.

Please note that transportation provider has a right to refuse service to unruly individuals and eventually refuse to accept the trip request from insert Broker name.

This letter serves as formal notice that if this happens again, steps will be taken to suspend, deny, or terminate non-emergency transportation services.

Sincerely,

insert Broker information

cc: Department of Community Health



Date

Member Name
Address
City, State, Zip

Dear Member

You requested non-emergency transportation from (insert Broker name) for the following date (s): insert date. On each occasion, when the vehicle arrived to transport you, you were (insert one: not at the residence, not at scheduled pick-up locations, or cancelled at the time of pick-up).

If you do not need transportation for the date requested, you must contact (insert Broker name) at (insert phone number) to cancel the trip. Please call the day before the scheduled pick-up time or immediately on the day of travel, but no later than one (1) hour before your scheduled pick-up time to cancel transport. Failure to notify (insert Broker name) of the cancellation may result in denial of non-emergency transportation services in the future.

This letter serves as formal notice that if this happens again, steps will be taken to suspend, deny, or terminate non-emergency transportation services. Always contact (insert Broker name) whenever there is a change in your schedule.

If you have any questions, you may contact (insert Broker phone number).

Sincerely,

(Insert Broker information)

cc: Department of Community Health

Attachment B: Sample Facility Educational Materials

DRAFT



Facilities

Southeastrans' values our partnership with the medical community to ensure Non-Emergency Medical Transportation (NEMT) is provided to Members who require transportation assistance and understands our role as the critical link to covered healthcare services.

Contact Information:

Email us at: inssr@southeastrans.com | Reservations: 1-855-325-7586
Facilities: 1-855-325-7588 | Provider Line: 1-855-325-7611

Destination Information:

- The address, phone number and doctor's name or name of the medical facility the member is attending
- Member's mobility status (ambulatory, wheelchair, stretcher, bariatric stretcher, BLS, or ALS) NOTE: If stretcher, BLS, or ALS is requested a Letter of Medical Necessity may be required.
- Member's room number and weight (for stretcher, BLS, or ALS only)
- An emergency contact's name and phone number

Helpful Information:

- Non-emergency medical transportation is a shared-ride service. Therefore, a Member may be riding with other passengers picked up at or near your pick-up location.
- Transportation is available to services in member's home community. Travel outside a member's home community is available only when those specialized services are not available within member's home community.
- One adult escort or attendant may accompany a Member if he or she has the same origin and destination as the rider and requires assistance for some medical reason. Escorts MUST be requested when scheduling the appointment.

Nursing Homes:

- **Stretcher transports:** the transportation Providers are not required to leave their stretcher beds at the medical appointment. Arrangements must be made with the medical provider prior to the appointment.
- **Door to Door Service:** Transportation for Ambulatory and Wheelchair riders are provided door to door service, which means that the patient is to be ready in the lobby area or entrance of the facility. Transportation Providers are not required to go to the Member's room unless it is for a Stretcher transport.
- **Attendants:** For Patients/Members that are frail, have dementia, or need additional assistance, an escort is required to accommodate the rider to and from the appointment.



DRIVING THE FUTURE OF TRANSPORTATION MANAGEMENT

Facility Portal

Quick Guide

You can experience the benefits of scheduling your patients' transportation with our user-friendly online tool.

The Facility Portal is an easy-to-use scheduling hub with access to resources to help you manage your members' trips.

Overview

1 Register

Your first step is to register for an online account which will provide you with a personal login.

2 Tutorial

When you receive your login information, you'll also have access to our facility portal tutorial to familiarize you with all the features.

3 Features

Our facility portal gives you the ability to:

- Book trips
- Manage standing orders
- Complete attendance reports
- Search for Trips



FACILITY PORTAL

To request an account, go online to:
www.southeastrans.com/facilities

Southeastrans' Mission

To provide transportation management solutions that deliver the highest levels of quality and satisfaction to our consumers, while offering exceptional value, performance, and responsiveness to our contracting agencies.



Helpful Hints for Members

- * If a member is able to use Public Transportation to their medical appointment, please let us know when scheduling their transportation. Southeastrans will provide them with a ticket or pass for the trip.
- * If you have not heard from your provider within 30 minutes of notification for the return, please call us.
- * Members should be prepared to share their ride with others and make multiple stops during their transport.
- * Be patient. Traffic and weather can delay a member's provider.
- * Riders are only able to carry one bag onto the vehicle; bag must fit in rider's lap...no exceptions.

Know Your Rights & Responsibilities

Transportation Provider Standards



- * Drivers should be wearing an ID badge
- * Transportation vehicles should be marked with their company name.
- * Transport is considered on time if the member arrives within 15 minutes of their appointment time.
- * When picking up, drivers are only authorized to wait 10 minutes.
- * Provider has one hour from a member's "I am ready to return home" call to pick them up.
- * Drivers must transport safely and follow all traffic laws

If the provider fails to meet any of these standards, please contact Southeastrans.



The Southeastrans Team

While Southeastrans strives to provide the highest level of service possible, we realize unforeseen things can sometimes happen. Contact us should you have any questions.

Email us at: inssr@southeastrans.com

Reservations: 1-855-325-7586
Facilities: 1-855-325-7588
Provider Line: 1-855-325-7611

www.southans.com



Medicaid Fee for Service Non-Emergency Medical Transportation (NEMT) Guide

**For Indiana
Medical Facilities**

Revised April 2018

Indiana Medicaid Non-Emergency Transportation Program at a Glance

Non-Emergency Medical Transportation is provided to Indiana Medicaid members who require transportation assistance to Medicaid-billable healthcare services and have no other means of transportation.

This is a shared-ride service. Therefore, a member may be riding with other passengers picked up at or near their pick-up location.

If a member requires assistance for some medical reason, one adult escort or attendant may accompany them. Escorts **MUST** be requested when scheduling the appointment.



Making Transportation Arrangements for Members

How to Access and Use Our Services

Call Southeastrans to arrange medical transportation to covered medical services.

- Member's full name, phone number, address, date of birth and COUNTY of residence
- Member's Medicaid number as it appears on their Indiana Medicaid Card

DESTINATION INFORMATION:

- The address, phone number and doctor's name or the medical facility where the member is being transported
- Member's mobility status (walking, wheelchair, BLS/ALS ambulance)
- Member's room number (for BLS/ALS only)
- An emergency contact's name and phone number

Facility Portal

As an option, you will be able to schedule member trips using our facility portal. This online tool will be available soon.

Standing Orders

A standing order is defined as a transport to and from multiple recurring medical appointments for covered services, for the same member, with the same healthcare provider, for the same treatment or condition (must be at least 2 trips per week).

Urgent Care

All Urgent Care Requests may be verified directly with the destination medical care provider before the trip is approved and scheduled with a transportation provider, except in the case of a hospital discharge.

Hospital Discharges

Hospital discharges are also referred to as Urgent Care Requests. Notification by hospital staff only that a member/patient is ready to be discharged.

- If member is not ready upon driver's arrival, driver will only wait 10 minutes.
- If member is unable to go to their appointment the trip must be cancelled by calling Southeastrans BEFORE the pick up time.
- Riders **MUST CALL** Southeastrans after their appointment is complete to **REQUEST RETURN PICK UP**. Provider has **ONE HOUR** from time of notification to return to member's location.

Frequently Asked Questions

• **Q: How does a medical facility make transportation arrangements?**

A: Healthcare facilities should contact Southeastrans or use the facility portal to arrange transportation. Members with standing orders should contact their special services representatives.

• **Q: What if the vehicle is more than 15 minutes late?**

A: Call the Where's My Ride line to speak directly with a representative.

• **Q: What is Urgent Care?**

A: Urgent Care, for the purpose of this contract, is defined as an unscheduled episodic situation, in which there is no immediate threat to life or limb, but the member must be seen on the day of the request and treatment cannot be delayed until the next day. Southeastrans may verify with the direct provider of service that the need for urgent care exists.

Hospital discharges are considered as urgent care and may also apply to appointments established by medical care providers allowing insufficient time for routine scheduling. Valid requests for urgent care transports shall be honored within three (3) hours of the time the request is made.

WEST VIRGINIA

Non-Emergency Medical Transportation Provider Agreement

Southeastrans, Inc.

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SIGNATURE PAGE

In consideration of the promises, covenants, and warranties stated, the Parties agree as set forth in this Agreement. The Authorized Representative of each party acknowledges, warrants, and represents that the Authorized Representative has the authority and authorization to act on behalf of its Party. The Authorized Representative further acknowledges he/she received and reviewed this Agreement in its entirety.

The Authorized Representative for each Party executes this Agreement with the intent to bind the Parties in accordance with this Agreement.

Date of Agreement (“**Effective Date**”):

PROVIDER SIGNATURE AND INFORMATION:

Provider’s Legal Name (“ Provider ”) – Matching the applicable tax form (i.e. W-9, Line 1):	
Authorized Representative’s Signature:	Authorized Representative’s Name – Printed:
Authorized Representative’s Title:	Authorized Representative’s Signature Date:
Telephone Number:	Fax Number – Official Correspondence:
Mailing Address – Official Correspondence:	Payment Address – If different than Mailing Address:
IRS 1099 Address—If different than Mailing Address:	Tax ID Number – As listed on corresponding tax form:
NPI – Corresponds to the above Tax ID Number (if applicable):	Email Address—Official Correspondence

BROKER SIGNATURE AND INFORMATION:

Southeasterns, Inc. (“ Broker ”)	
Authorized Representative’s Signature:	Authorized Representative’s Name – Printed:
Authorized Representative’s Title:	Authorized Representative’s Countersignature Date:
Mailing Address – Official Correspondence:	Email Address – Official Correspondence:

AGREEMENT

This non-exclusive, Non-Emergency Medical Transportation (“NEMT”) Provider Agreement (the “**Agreement**”) is entered into by and between Broker and Provider (each a “**Party**”, collectively, the “**Parties**”), as of the Effective Date set forth on the Signature Page of this Agreement.

- A. Broker serves as a NEMT broker in the State of West Virginia pursuant to contracts (the “**Prime Contract(s)**”) with the Department of Health and Human Resources (“**DHHR**”) and/or Managed Care Organizations (“**MCOs**”) (collectively, the “**Prime Contractors**”). Broker desires to enter into an agreement with Provider to deliver on-street NEMT services, as provided under the Prime Contract(s).
- B. Provider delivers on-street NEMT, and desires to enter into an agreement with Broker to provide such services to eligible persons in the State of West Virginia (“**Members**”) in accordance with the terms of this Agreement.

Now, therefore, in consideration of the promises, covenants, and warranties stated herein, Broker and Provider agree as follows:

1. DEFINITIONS

- 1.1 “Attendant” means an employee or agent of Provider who is properly credentialed to assist in the delivery of the Transportation Services, as set forth in Schedule B.
- 1.2 “Member” means an individual enrolled in or eligible for a benefit product offered by Prime Contractor(s), and who is eligible to receive Transportation Service.
- 1.3 “Broker” means Southeastrans, Inc.
- 1.4 “Covered Services” means those Transportation Services that are authorized as outlined in the Prime Contract(s).
- 1.5 “State” means the State of West Virginia.
- 1.6 “Driver” means an employee or agent of Provider who is properly credentialed to deliver the Transportation Services, as set forth in Schedule B.
- 1.7 “Government Programs” means various government sponsored health products/programs in which Broker and Prime Contractor(s) participate.
- 1.8 “Government Program Requirements” means the requirements of governmental authorities for a Government Program, which includes but is not limited to the requirements set forth in the Government Contracts.
- 1.9 “Law” means all federal, State, and local statutes and regulations applicable to the subject matter of this Agreement or the Parties’ performance of duties and obligations hereunder.
- 1.10 “Transportation Services” means those non-emergency medical transportation services which shall be arranged by Broker and which shall be performed by Provider as generally set forth in this Agreement, and more particularly set forth in Schedule B, Scope of Work, attached hereto and made a part hereof.
- 1.11 “Prime Contractor(s)” shall include those entities set forth in Schedule B, §1.1.
- 1.12 “Provider” means the transportation service provider set forth on the Signature Page of this Agreement, and which has agreed to be bound by the terms and conditions of this Agreement.
- 1.13 “Vehicle” means a motorized vehicle which satisfies all inspection and credentialing standards set forth in Schedule B, and which has been authorized to deliver Transportation Services under this Agreement.

2. BROKER DUTIES AND RESPONSIBILITIES

2.1 Process Transportation Requests

Broker will receive transportation requests from Members or their agents, verify Member eligibility, generate reservations, submit reservation requests to Provider (collectively referred to as a “**Manifest**”), verify billing information, and perform such other administrative functions as Broker deems necessary for the provision of Transportation Services to Members as set forth in the Prime Contract(s). Notwithstanding anything herein to the contrary, Broker shall be under no obligation to submit to Provider a specific number of transportation requests. Any trip request submitted to Provider may be withdrawn by Broker, in its sole discretion, in the event Broker deems it necessary for the performance of its obligations under the Prime Contract(s).

2.2 Payment Administration

Broker shall pay Provider for the Transportation Services at the rates and on the terms set forth in Schedule A, Payment Administration (the “**Compensation**”), attached hereto and made a part hereof. Provider shall not invoice or require payment from Members or Prime Contractor(s) for the Transportation Services.

2.3 Orientation

Broker shall provide one or more orientation sessions to Provider, which may be offered at Broker's regional office, at Provider's primary place of business, or elsewhere in Broker's sole discretion. Provider shall ensure that Provider and Provider's agents and employees understand and appreciate all requirements and procedures for the provision of Transportation Services as set forth in this Agreement.

3. PROVIDER DUTIES AND RESPONSIBILITIES

3.1 Transportation Services

Provider will provide the Transportation Services as set forth in Schedule B.

3.2 Certifications and Licensing

Provider shall maintain in effect and shall submit to Broker evidence of all required permits, licenses, accreditations, certifications, and governmental and board authorizations and approvals, as set forth in Schedule B, §2.

3.3 Transportation and Performance Components

Provider shall comply with all Transportation and Performance Components set forth in Schedule B, §3 at all times during the delivery of the Transportation Services.

3.4 Administrative Components

Provider shall comply with all Administrative Components set forth in Schedule B, §4.

3.5 Quality Assurance

Provider shall comply with all Quality Assurance requirements set forth in Schedule B, §5.

4. TERM AND TERMINATION

4.1 Term

This Agreement shall begin on the Effective Date and shall continue in effect for one (1) year (the "**Initial Term**"). Thereafter, the Agreement shall automatically renew for successive one (1) year terms (the "**Renewal Terms**") unless and until terminated by either Party in accordance with the provisions of this Agreement.

4.2 Termination Without Cause

This Agreement may be terminated without cause by either Party upon thirty (30) days' prior written notice to the other Party.

4.3 Termination With Cause

This Agreement may be terminated by either Party in the event of a material breach of this Agreement by the other Party by giving ten (10) days' prior written notice specifying the breach and advising the other Party that it has ten (10) days to cure the breach. If the breaching Party does not cure the breach within the ten (10) day period, the Party providing the notice of termination shall have the right to immediately terminate this Agreement.

4.4 Immediate Termination

Notwithstanding any other provision herein, this Agreement may be immediately terminated upon written notice to the other Party in the event any of the below occurs:

- (a) Broker determines, in its sole discretion, that continuation of this Agreement may negatively impact Member safety or care.
- (b) Provider engages in fraud or deception, or knowingly permits fraud or deception by another in connection with Provider's obligations under this Agreement.
- (c) Provider fails to maintain oversight standards for claims or credentialing as outlined in this Agreement.
- (d) Provider becomes uninsurable or otherwise fails to maintain the required levels of insurance as outlined in this Agreement.
- (e) Either Party loses its statutory or regulatory authority to conduct the businesses that are the subject of this Agreement.
- (f) Termination or lapse of the Prime Contract(s).
- (g) Provider violates any applicable and material law, or in the event of any indictment, charge, arrest or conviction of a felony, or any criminal charge related to the business of Provider.

- (h) Provider ceases to operate or applies for consent to acquiesce in the appointment of a receiver, trustee, or liquidator for a substantial part of its assets; files a voluntary petition in bankruptcy; admits in writing its inability to pay its debts; files a petition or an answer seeking reorganization or arrangement with creditors; or takes advantage of any insolvency law.
- (i) State or federal regulators do not approve this Agreement.

4.5 Debarment or Exclusion

Provider shall immediately notify Broker of any threatened, proposed, or actual exclusion from any federally funded health care program, including Medicare and Medicaid. In the event Provider is excluded from participation in any federally funded health care program during the Term of this Agreement, or if at any time after the Effective Date of this Agreement it is determined that the Provider is in breach of this Section, this Agreement shall, as of the date of such exclusion or breach, automatically terminate.

4.6 Transportation Services During Notice or Cure Period

To effectuate an orderly transition during any notice or cure period, in Broker's sole discretion, Provider may be ineligible to receive new trips and Broker may reassign any existing trips and Standing Orders

4.7 Effect of Termination

The expiration, cancellation or termination of this Agreement under any circumstances will not terminate the obligations of either Party under this Agreement arising prior to the effective date of the termination of this Agreement; and the expiration, cancellation or termination of this Agreement will in no way be construed as a restriction, limitation or waiver of either Party's rights to pursue any additional remedy at law or in equity. In the event of termination of this Agreement, Provider shall remain liable to ensure the provision of Transportation Services through the date of termination. Following any termination, Provider will cooperate with Broker to transition responsibilities to another provider.

5. INDEMNIFICATION

Provider shall defend, keep harmless, and fully indemnify Broker, Prime Contractor(s) and the State (collectively the "Indemnitees"), as well as Indemnitees' officers, directors, shareholders, employees, agents, and representatives, from any and all liabilities, losses, damages, claims and expenses of any kind, including costs and attorneys' fees, which arise from or are alleged to have arisen from the duties and obligations of Provider and its officers, directors, shareholders, employees, agents, contractors and representatives under this Agreement. This Section shall survive termination of this Agreement.

6. INSURANCE

Provider shall obtain, pay for, and maintain in full force and effect during the Term insurance as follows:

- 6.1 Commercial Automobile Liability:** Not less than \$1,000,000 each occurrence combined single limit of liability for bodily injury, death, and property damage, including any owned, non-owned and hired automobile, as applicable.
- 6.2 Commercial General Liability (CGL):** Not less than \$1,000,000 combined single limit for bodily injury, death, and property damage, including personal injury, contractual liability, independent contractors, broad-form property damage, and sexual abuse and molestation.
- 6.3 Workers' Compensation:** Workers' Compensation and employer's liability insurance with limits that conform to the amount required by applicable Law, including occupational disease coverage.
- 6.4 Additional Insurance Requirements:**
 - (a) **Additional Insured Status:** Broker and Prime Contractors shall be "Additional Insureds" and "Certificate Holders" on a primary and non-contributing basis on Provider's commercial general liability and automobile liability policies, and such status shall be evidenced via endorsement.
 - (b) **Certificate of Insurance:** Certificates of Insurance evidencing all coverages described in this Section shall be furnished to Broker prior to the Effective Date. The Certificates shall list Broker and Prime Contractors as additional insureds and/or certificate holders. Each certificate shall describe the Provider's business as "non-emergency medical transportation services." Upon request, Provider shall supply to Broker certified copies of all required insurance policies, including endorsements required by these specifications. Provider shall submit additional certificates of insurance from its agent or carrier immediately upon the renewal or any change to its insurance coverage.
 - (c) **Primary Coverage:** For any claims related to this Agreement, Provider's insurance coverage shall provide primary limits over any other liability policy provided by Broker and Prime Contractors. Any insurance or self-insurance maintained by Broker shall be excess of Provider's insurance and shall not contribute with it.
 - (d) **Notice of Cancellation or Lapse:** Provider shall give Broker thirty (30) days' prior written notice of cancellation non-renewal, or material change in coverage, scope, or amount of any policy. Additionally, each insurance policy required under this Section shall provide that coverage shall not be cancelled, except with thirty (30) days' prior notice to Broker, as evidenced by return receipt of registered letter.

- (e) **Waiver of Subrogation:** Provider hereby grants to Broker a waiver of any right to subrogation which any insurer of said Provider may acquire against Broker by virtue of the payment of any loss under such insurance. Provider agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation; however, this provision applies regardless of whether or not Broker has received a waiver of subrogation endorsement from the insurer.
- (f) **Self-Insured Retentions:** Self-insurance retentions must be declared to and approved by Broker. Broker may require Provider to purchase coverage with a lower retention or provide proof of the ability to pay losses and related investigations, claim administration, and defense expenses within the retention.
- (g) **No Claims-Made Policies:** The policies required under this Section shall not provide claims-made coverage.
- (h) **Notice of Claims:** Notice of any claim against the Broker shall be deemed to have occurred only when Broker has received written notice thereof and has acknowledged actual knowledge of the claim.
- (i) **Severability of Insured:** The policy shall not be subject to invalidations as to any insured due to any act or omission of another insured or any of its officers, employees, agents, or other representatives.

7. LIQUIDATED DAMAGES

Provider shall pay liquidated damages as set forth in Schedule C, Liquidated Damages, attached hereto and made a part hereof.

8. CONFIDENTIALITY AND USE OF RECORDS

- 8.1 **Member Information:** Provider shall maintain the confidentiality of Members' transportation records and related information in accordance with Law and Government Program Requirements. Provider shall obtain a specific written authorization from Members prior to releasing Members' transportation records to a third party. Provider shall not disclose or use Members' names, addresses, social security numbers, identities, other personal information, treatment modalities, or medical records without obtaining appropriate authorization. This provision shall not affect or limit Provider's obligation to make available transportation records and related information to Broker, Prime Contractor, or any authorized State or federal agency. This Section shall survive termination of this Agreement.
- 8.2 **HIPPA:** The Parties recognize that information that may be exchanged between them may constitute Protected Health Information ("PHI"), as that term is defined by Subtitle F of Title II of the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations (45 Code of Federal Regulations Part 160-164)(the "HIPAA Rules"), and/or Nonpublic Personal Information as defined by applicable state statutes and/or regulations implementing Title V of the Gramm-Leach-Bliley Act (15 U.S.C. § 6801 et seq.)(**"GLB Regulations"**). The Parties shall execute and shall comply with the provisions of Schedule D, Business Associate Agreement, attached hereto and made a part hereof.
- 8.3 **Confidential and Proprietary Information:** The Parties shall maintain and shall cooperate to maintain the confidentiality of each other's information. Each Party agrees that the terms set forth in this Agreement are strictly confidential and neither Party will disclose such terms to any person or entity for purposes other than the administration of the Agreement without receiving prior written consent of the other Party, except as required by State or federal Law or Government Program Requirements. The Parties shall not disclose or use any confidential information for their own benefit during or after the Term of this Agreement. Upon termination of this Agreement, each Party agrees to return all confidential information in its possession upon the request and in the manner specified by the other Party. This Section shall survive the termination of this Agreement.
- 8.4 **Records Retention:** Provider shall maintain all service and billing record ("**Records**") for each Member to whom Provider provides services. Each Member's Record will contain all information required by Law, generally accepted and prevailing professional practice, applicable Government Program Requirements, and Broker's policies and procedures. Provider shall retain all such Records for as long as required by Law and Government Program Requirements. This section shall survive termination of this Agreement.
- 8.5 **Rule, Regulations, or Statute:** Nothing in this Section shall preclude either Party from disclosing information required to be disclosed pursuant to Law or Government Program Requirements; provided, however, that information referred to in this Section shall be disclosed only in the manner and to the extent permitted by such rule, regulation or statute.
- 8.6 **Member Access to Health Information:** Provider shall give Broker, Prime Contractor(s) and Members access to or copies of Members' health information at no cost to Broker, Prime Contractor(s) or Members including, but not limited to, transportation records and billing records, in accordance with the requirements of State and federal Law, applicable Government Program Requirements, and Prime Contractor's policies and procedures. This Section shall survive termination of this Agreement.
- 8.7 **Financial Records:** Provider shall prepare and maintain, including without limitation, financial records relating to this Agreement, and other books and records customary in Provider's industry and/or required by Law, in a form maintained in accordance with the general standards applicable to such book or record-keeping and in compliance with confidentiality and privacy Laws. All such records shall be maintained for a period of ten (10) years from the date of final payment under this Agreement, or until such time as may be required by applicable Law. This Section shall survive the termination of this Agreement.

8.8 **Maintenance of Records**; Provider shall maintain and furnish such records and documents pertaining to the Transportation Services as may be required by applicable Law, regulations, and Prime Contractor rules and regulations, including those set forth in Schedule B. All such records shall be maintained for a period of ten (10) years from the date of final payment under this Agreement, or until such time as may be required by applicable Law. Provider shall cooperate with Broker and Prime Contractor(s) to facilitate the information and record exchanges necessary for quality management, utilization management, or other programs required for Broker's or Prime Contractor(s)' operations. This Section shall survive the termination of this Agreement.

8.9 **Delivery of Records**; Provider shall provide Broker, its designee and duly authorized third parties, including, but not limited to, applicable governmental regulatory agencies, accrediting agencies and Prime Contractor(s), with reasonable access during regular business hours to records related to Transportation Services rendered to Members under this Agreement. Such access shall be provided within the timeframes specified by the governmental regulatory authority or other agency requesting such access or, if such access is requested only by Broker or Prime Contractor(s), upon two (2) days' notice. This Section shall survive the termination of this Agreement.

9. **RELATIONSHIP OF THE PARTIES**

Nothing contained in this Agreement is intended to create, nor shall it be construed to create, any relationship between the Parties other than that of independent parties contracting with each other solely for the purpose of effectuating the provisions of this Agreement. This Agreement is not intended to create a relationship of agency, representation, joint venture, or employment between the Parties. Nothing herein contained shall prevent any of the Parties from entering into similar arrangements with other Parties. Each of the Parties shall maintain separate and independent management and shall be responsible for its own operations.

10. **THIRD-PARTY RIGHTS**

Nothing contained in this Agreement is intended to create, nor shall be construed to create, any right in any third-party, including but not limited to Members. The Parties acknowledge and agree that there are no third-party beneficiaries to this Agreement.

11. **ARBITRATION; WAIVER OF CLASS ACTION; AND CONSOLIDATION OF CLAIMS**

Subject to any exceptions as set forth herein, any dispute, controversy, or claim arising out of or relating to this Agreement (including without limitation the suspension, termination, material breach, and/or validity hereof) (a "**Dispute**") shall be submitted to mandatory final and binding arbitration ("**Arbitration**") before the American Arbitration Association in accordance with its commercial arbitration rules, before a tribunal of three (3) arbitrators (the "**Tribunal**"). Notwithstanding the foregoing, (i) class arbitration (including the presiding over any form of a representative or class proceeding); and (ii) the consolidation of claims made by more than one plaintiff, are both expressly prohibited (individually and collectively referred to as the "**Class Action Prohibition**"). The parties hereby agree to arbitrate any Dispute solely on an individual basis.

12. **MISCELLANEOUS**

12.1 **Compliance with Law**

Provider agrees to comply with all applicable State and federal Law, rules and regulations, policies, consent decrees, and court orders, including Constitutional provisions regarding due process and equal protection of the law.

Provider agrees to recognize and abide by all State and federal Law, regulations and guidelines applicable to Broker, Prime Contractor(s) and Provider. This Agreement incorporates by reference all applicable federal law and regulations and State laws, Agency rules and regulations, consent decrees or court orders, and revisions of such laws, regulations, consent decrees or court orders shall automatically be incorporated into this Agreement, as they become effective.

Provider agrees to abide by the Medicaid laws, regulations and Government Program Requirements that apply to Broker and Prime Contractor(s). Provider understands that payment of a claim by Broker is conditioned upon the claim and the underlying transaction complying with all such Law and regulations, (including, but not limited to, Federal anti-kickback statute, the Stark law, and federal requirements on disclosure, debarment and exclusion screening), and is conditioned upon Provider's compliance with all applicable conditions of participation in Medicaid. Provider understands and agrees that each claim Provider submits to Broker constitutes a certification that Provider has complied with all applicable Medicaid laws and regulations (including, but not limited to, the Federal anti-kickback statute, the Stark law and federal requirements on disclosure, debarment and exclusion screening), in connection with such claims and the Transportation Services.

12.2 **Assignment and Subcontractors Prohibited**

Provider may not assign, transfer, subcontract, or delegate, in whole or in part, any rights, duties, or obligations under this Agreement without the prior written consent of Broker. Subject to the foregoing, this Agreement is binding upon, and inures to the benefit of Provider and Broker and their respective successors in interest and assigns. Neither the acquisition of Broker nor a change of its legal name shall be deemed an assignment. Notwithstanding the foregoing, this Agreement may be assigned to Prime Contractor(s) and/or Prime Contractors' agents or assigns in the event of a default by Broker, and all terms, conditions, and rates set forth in this Agreement shall remain in force and effect unless otherwise terminated by Prime Contractor(s).

12.3 Amendment

Broker may, without Provider's consent, immediately amend this Agreement to maintain consistency and/or compliance with any State or federal Law, policy, directive, or Medicaid requirement. Broker may otherwise amend any portion of this Agreement, including all Schedules, upon thirty (30) days prior written notice to Provider. If Provider does not deliver to Broker a written notice of rejection of the amendment within that thirty (30) day period, the amendment shall be deemed accepted by and shall be binding upon Provider.

12.4 Notices

Any notice, request, or other communication to be given in writing under this Agreement will be deemed to have been given by either Party to the other Party upon the date of receipt, if hand delivered, or four (4) business days after deposit in the U.S. mail, if mailed to the other Party by registered or certified mail, properly addressed, postage prepaid, return receipt requested, or one (1) business day after deposit with a national overnight courier or next business day delivery, or upon the date of electronic confirmation of receipt of a facsimile or email transmission, when followed by the original copy mailed to the applicable address as follows:

	IF TO BROKER:	IF TO PROVIDER:
Name:	Southeastrans, Inc.	
Address 1:	4751 Best Road	
Address 2:	Suite 300	
City/State/Zip:	Atlanta, GA 30337	
Email Address:		
Fax Number:		

12.5 Waiver

Waiver of a term, condition or a breach of any provision of this Agreement shall not be deemed a waiver of any other term, condition or breach of the same or different provision. No act, delay or omission done, suffered, or permitted by a Party shall be deemed to exhaust or impair any right, remedy or power of that Party hereunder.

12.6 Severability

Neither the invalidity nor unenforceability of any term or provision in this Agreement shall affect the validity, enforceability or approval of any other term or provision of this Agreement.

12.7 Applicable Law

This Agreement shall be governed and construed according to the laws of the State.

12.8 Headings

The headings of the various sections of the Agreement are inserted merely for the purpose of convenience and do not, expressly or by implication, limit or define or extend the specific terms of the section so designated.

12.9 Entire Agreement

This Agreement, including all schedules, exhibits and attachments hereto, contains the entire agreement between the Parties relating to the rights granted and the obligations assumed by the Parties and supersede any prior agreements, promises, negotiations or representations relating to the subject matter of this Agreement not expressly set forth in this Agreement. This Agreement shall be binding on and inure to the benefit of the Parties hereto and their respective successors and permitted assigns.

12.10 Notice of Adverse Action

Provider shall give Broker immediate written notice of any action or suit filed and prompt notice of any claim made against Provider, Broker, or Prime Contractor(s) which may result in litigation related in any way to this Agreement.

13. **FEDERAL PROVISIONS**

13.1 Non-Discrimination

Provider shall comply with all State and federal Law and regulations including Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972 (regarding education programs and activities), the Age Discrimination Act of 1975, the Rehabilitation Act of 1973, the Americans with Disabilities Act (ADA) of 1990, and all amendments to those acts and all regulations promulgated thereunder. Provider shall also comply with the integration mandate in 28 C.F.R. § 35.130(d), Title II of the Americans with Disabilities Act and its implementing regulations published in the Code of Federal Regulations.

13.2 Contract Workhours and Safety Standards Act

- (a) **Overtime Requirements:** No Provider or subcontractor contracting for any part of the Prime Contract(s) or this Agreement which may require or involve the employment of laborers or mechanics shall require or permit any such laborer or mechanic, including watchmen and guards, in any workweek in which he or she is employed on such work to work in excess of forty hours in such workweek unless such laborer or mechanic receives compensation at a rate not less than one and one-half times the basic rate of pay for all hours worked in excess of forty hours in such workweek.
- (b) **Violation; Liability for Unpaid Wages; Liquidated Damages:** In the event of any violation of the clause set forth in paragraph (a) of this clause, Provider and any subcontractor responsible therefor shall be liable for the unpaid wages. In addition, such Provider and subcontractor shall be liable to the United States (in the case of work done under contract for the State or a territory, to such State or to such territory), for liquidated damages. Such liquidated damages shall be computed with respect to each individual laborer or mechanic, including watchmen and guards, employed in violation of the clause set forth in paragraph (a) of this clause, in the sum of \$10 for each calendar day on which such individual was required or permitted to work in excess of the standard workweek of forty hours without payment of the overtime wages required by the clause set forth in paragraph (a) of this clause.
- (c) **Withholding for Unpaid Wages and Liquidated Damages:** Broker or Prime Contractor(s) may, upon its own action or upon written request of an authorized representative of the Department of Labor, withhold or cause to be withheld from any monies payable on account of work performed by Provider under this Agreement or any other Federal contract with the same Provider or any other Federally-assisted contract subject to the Contract Work Hours and Safety Standards Act which is held by the same Provider, such sums as may be determined to be necessary to satisfy any liabilities of such Provider for unpaid wages and liquidated damages as provided in the provision set forth in Paragraph (b) of the clause.
- (d) **Payrolls and Basic Records:**
 - (i) Provider shall maintain payrolls and basic payroll records during the Term of the Agreement and shall preserve them for a period of ten (10) years from the completion of the Contract for all laborers, mechanics, apprentices, or trainees working on the Agreement. Such records shall contain the information specified in 29 CFR 516.2(a).
 - (ii) The records to be maintained under Paragraph (d) of this clause shall be available by Provider for inspection, copying, or transcription by authorized representatives of Broker or the Department of Labor. Provider shall permit such representatives to interview employees during working hours on the job.
- (e) **Subcontracts:** Provider shall insert paragraphs (a) through (d) of this clause in all subcontracts and shall require their inclusion in all subcontracts of any tier.

13.3 Lobbying

Provider certifies by signing the Agreement, to the best of its knowledge and belief, that federal funds have not been used for lobbying in accordance with 45 C.F.R. Part 93 and 31 U.S.C. 1352. The Parties shall disclose any lobbying activities using non-federal funds in accordance with 45 C.F.R. Part 93.

13.4 Debarment or Suspension

Provider certifies that neither it nor its principals, employees, or subcontractors is debarred, suspended, ineligible or otherwise excluded from Federal Procurement or Non-Procurement Programs.

13.5 Byrd Anti-Lobbying Amendment

Provider certifies that neither it nor its principals, employees, or subcontractors have used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any federal agency, a member of Congress or an employee of a member of Congress in connection with obtaining any federal contract, grant or other award covered by 31 USC 1352.

13.6 Copeland "Anti-kickback" Act

Provider certifies that it and its principals, employees, and subcontractors are in compliance with the Copeland "Anti-kickback" Act, 18 USC 874, as supplemented by Department of Labor regulations, 29 CFR 3.

13.7 Fraud, Waste & Abuse Reporting

Provider shall report to Broker all cases of suspected fraud and/or abuse, as defined in Title 42, of the Code of Federal Regulations, Section 455.2, where there is reason to believe that an incident of fraud and/or abuse has occurred, by Members, by Provider, or by Provider's subcontractors, agents, or employees within ten (10) business days of the date when Provider first becomes aware of, or is on notice of, such activity. Provider shall establish policies and procedures for identifying, investigating, and taking appropriate corrective action against fraud and/or abuse in the provision of health care services under the Medicaid program. Upon the request of Health Plan and/or the State, Provider shall consult with the appropriate State agency prior to and during the course of any such investigations.

SCHEDULE A: PAYMENT ADMINISTRATION

Broker and Provider hereby agree to the following terms for invoicing and payment of claims and for the re-submittal of denied claims.

1. TIMELINESS

As a condition of payment, Provider shall submit all claims via complete and accurate Trip Reimbursement Forms or e-Forms (collectively "TRFs") within 180 days of the date of service. Time is of the essence with respect to providing prompt and accurate invoices. TRFs submitted in excess of 180 days from the date of service are ineligible for payment and will not be accepted by Broker. Notwithstanding the foregoing, no payment will be made for Transportation Services performed by non-compliant Drivers, Attendants, or Vehicles.

2. SUBMISSION PROCESS AND REQUIRED INFORMATION

2.1 Electronic Submission

Unless Broker consents in writing to an alternate form of submission, TRFs shall be submitted by Provider electronically through use of a Broker-issued mobile device or web-based application (the "Device"). Provider shall utilize the Device to complete and submit all TRFs at the time/location of each Member pick-up and drop-off. Subject to Section 2.2 below, Provider may be assessed a 10% administrative fee upon submission of any paper trip reimbursement form, in Broker's sole discretion.

Prior to issuance of a Device by Broker, Provider shall execute Schedule F, Electronic Equipment Agreement, attached hereto and made a part hereof.

2.2 Device Malfunction

In the event Provider is unable to complete and submit TRFs electronically at the time of transport due to Device failure, inability to capture the information electronically, or otherwise, Provider shall immediately notify Broker's Provider Relations Manager or other authorized representative and shall request authorization to submit a paper TRF. All paper TRFs must be pre-approved by Broker and shall be submitted to Broker at the following address: Southeastrans, Inc., Attn: Claims Department, 4751 Best Road, Suite 300, Atlanta, GA 30337. Subject to the timely submission requirements set forth in this Schedule, paper TRFs, along with any other required documentation, must be received by Broker at least ten (10) calendar days before a scheduled pay date to be considered for payment within the current pay cycle. Claims received fewer than ten (10) calendar days before the scheduled pay date will be considered for payment in the next pay cycle.

2.3 Signatures

TRFs shall be signed by each Member at the time Transportation Services are rendered by Provider. Signatures shall only be made by the Member or Member's representative. If the Member is unable to sign, a healthcare professional acting as an agent for the receiving facility must sign on the Member's behalf. Neither Driver nor Attendant may sign for a Member. When using a Device, Provider shall capture signatures electronically via touch-screen. Provider shall have back-up paper TRFs available in the event of a Device failure. Broker will submit a blank master copy of the TRF to Provider.

2.4 Required Information: As a condition of payment, all TRFs shall include the following information:

Date of Service	Drop-Off Location
Driver Name	Scheduled drop-off time
Driver Signature	Actual Drop-Off Time
Member Name	Odometer Reading at Point of Drop-Off
Member Signature	Mode of Transportation (i.e., Stretcher, Wheelchair or Ambulatory)
Member's Appointment Time (if applicable)	Name of Escort and Relationship to Member (if applicable)
Pick-Up Location	Name of Attendant (if applicable)
Scheduled Pick-Up Time	Trip Status (i.e., transported as scheduled, cancelled at door, or no-show)
Actual Pick-Up Time	Broker-Assigned Vehicle Number (SETI decal number) or VIN (last 5 digits only)
Odometer Reading at Point of Pick-Up	Any other information required by Broker or Prime Contractor(s)
Unique Trip Confirmation Number (Leg ID #)	

3. PAYMENTS

Broker will make full payment for undisputed, authorized trips to Provider provided that Provider submits complete, accurate, and timely TRFs (“**clean claims**”). Payments shall be calculated based on the rates set forth in Schedule A, Exhibit 1 (“**Rate Sheet**”), subject to the terms of this Agreement. Payment for denied or disputed trips will be withheld by Broker and may be resubmitted by Provider as set forth below. This payment provision shall be further interpreted in accordance with the following:

3.1 Authorized Trips

“**Authorized trips**” are defined as trips that are pre-authorized by Broker, submitted to and accepted by Provider, and performed by Provider as set forth in the Manifest. TRFs associated with unauthorized trips (i.e., incorrect pick-up/drop off locations and/or levels of service) are subject to denial.

3.2 Payment Delays

In the event a payment date falls on a weekend or holiday, payments will be made on the next working business day. Provider’s receipt of funds may vary depending on mail delivery schedules and bank processing times. In the event a Prime Contractor is unable or unwilling to pay Broker amounts validly due under the Prime Contract, Broker may delay payments to Provider until such time as the Prime Contractor pays the outstanding amounts.

3.3 Mileage

Mileage associated with all trips is pre-authorized. To determine the payment amount, Broker calculates mileage using proprietary and/or third-party mapping software. Distances are measured as the shortest distance from the point of pick-up to the point of drop-off, rounded to the nearest 100th mile. Provider agrees that Broker’s determination of mileage shall be final. If Provider believes there to be a material error, Provider may bring it to Broker’s attention before running the trip. Broker will review the trip or trips in question and may reference other software to verify the distance. Any correction remains the sole decision of Broker. If Provider is not satisfied with Broker’s decision regarding mileage after raising a dispute, Provider may refuse the trip. Performance of a trip constitutes acceptance of the mileage provided by Broker. Broker reserves the right to correct erroneous mileage calculations prior to or after claim payment and will notify Provider of any such adjustments.

3.4 Modifications

Broker, in its sole discretion, reserves the right to modify any rates and terms set forth in this Schedule A, including any exhibits associated therewith, upon notice to Provider, as set forth in this Agreement.

DENIED OR DISPUTED CLAIMS

Provider may appeal any denied or disputed claims by submitting a Claims Review Form to Broker. Claims Review Forms must be received within thirty (30) days of the date of denial for reconsideration. All appeals shall be filed using Broker’s approved Claims Review Form, which shall contain all required information. Payment for resolved claims will be made during the next payment cycle following final adjudication of the claim. The submission of a Claims Review Form does not guarantee payment of the claim.

5. WAIVER AND RELEASE OF MEMBER

Provider hereby agrees and acknowledges that in no event, including nonpayment by Broker under the terms of the Agreement, shall Provider bill, charge, collect a deposit from, seek compensation, remuneration or reimbursement from, or have any recourse against any Member or persons other than Broker for amounts that are the legal obligation of Broker or of Prime Contractor(s). This Section shall survive termination of this Agreement and supersedes any agreement to the contrary now existing or hereafter entered between Provider and Members or persons acting on their behalf. Provider understands that this waiver does not negate any right to request further appeal under 42 CFR § 422.600.

6. ADJUSTMENTS AND DEDUCTIONS

Provider hereby grants to Broker the right to deduct from any payment due to Provider, any amount Provider owes Broker under the Agreement, including but not limited to, overpayments, fraudulent billing, late paperwork, data usage overage fees, administrative fees, inappropriate invoices, or Provider’s expense paid by Broker, and further grants Broker the right to deduct liquidated damages assessed by Broker as set forth in Schedule C, Liquidated Damages.

7. MISCALCULATIONS

In the event an error in the calculation of payment(s) results in an underpayment to Provider, provided the error is confirmed by Broker, Broker will issue a reimbursement check, or issue an adjustment, during the next open pay period.

8. PRE-AUTHORIZATION OF CERTAIN TRIPS

Pre-authorized transportation rates (“**Special Rates**”) for certain long-distance trips, after-hours trips, trips originating or ending outside of Provider’s contracted service area, or other infrequent trip circumstances shall be negotiated by an authorized representative of Broker and shall be approved in writing as a condition to payment.

9. MEMBER NO-SHOWS

For purposes of this Agreement, a “**Member No-Show**” occurs where Member fails to cancel an approved trip and the Provider has arrived to pick up Member on-time, as set forth in Schedule B. In the event of a Member No-Show, Broker will issue payment for only the “A leg” of a trip.

10. PROVIDER NO-SHOWS

Broker shall not issue payment for a Provider No-Show. For purposes of this Agreement, a “**Provider No-Show**” occurs where: (1) Provider is not at the pre-arranged pick-up location within the pick-up timeframe as shown either on the Manifest or agreed to in advance by the Member and Broker; or (2) Driver leaves the pick-up location prior to the scheduled pick-up time and before the Member has boarded the vehicle.

11. FINAL PAYMENT

Provider shall accept payments by Broker as full and final payment for Transportation Services rendered by Provider. Provider shall not solicit or accept any surety or guarantee of payment from Prime Contractor(s) or Members.

EXHIBIT 1 TO SCHEDULE A: RATE SHEET

INSERT PROVIDER RATE SHEET HERE

SCHEDULE B: SCOPE OF WORK

SERVICE ITEM		SERVICE REQUIREMENT
1. PRIME CONTRACTOR(S)		
1.1	Prime Contractor(s)	The following entities shall be considered "Prime Contractor(s)" for purposes of this Agreement: State of West Virginia; West Virginia Department of Health and Human Resources ("DHHR"), Bureau for Medical Services.
2. CERTIFICATIONS AND LICENSING		
2.1	Business Licensure	Provider shall: (a) be authorized to transact business in the State and remain in good standing; and (b) maintain all city, county, and other business licensure required to perform the Transportation Services, and as required by the State and the Prime Contract(s).
2.2	TIN/EIN	Provider shall obtain a Taxpayer Identification Number (TIN) or Employer Identification Number (EIN), as applicable, and shall submit a current Form W-9 to Broker.
2.3	NPI	Provider shall acquire and maintain a unique National Provider Identifier (NPI) through the CMS National Plan and Provider Enumeration System (NPPES) and shall submit evidence of the NPI to Broker prior to providing Transportation Services.
2.4	PSC Registration	If applicable, Provider shall be registered as a Motor Carrier through the Public Service Commission (PSC) of West Virginia.
2.5	UCR	If applicable, Provider shall maintain a Unified Carrier Registration (UCR).
2.6	Change in Ownership	In the event Provider's ownership changes in any capacity during the Term of this Agreement, Provider shall provide Broker written notice identifying the full legal name(s) of all current owners. This provision applies without limitation to changes in percentage of ownership as well as new owners.
2.7	Name Change	In the event Provider changes its company name, Provider shall complete and submit to Broker a new NEMT provider application. Provider shall not commence or continue operations until the application has been received and approved by Broker.
2.8	Compliance with Law	Provider warrants that it has and shall maintain throughout the term of this Agreement all licenses and certificates required by any federal, State, county or local governments, including but not limited to all licenses, registrations, or certificates required to provide transportation for hire. Provider will furnish Broker with such documentation immediately upon request.
3. TRANSPORTATION AND PERFORMANCE COMPONENTS		
3.1	Mode of Transportation	<p>A mode (or level) of transportation (e.g., ambulatory, wheelchair, or stretcher) is determined for each Member based upon: (a) information provided to Broker by the Member; (b) information provided to Broker by the Member's representative/designee; and/or (c) information supplied by Member through a Standing Order Request Form (for scheduled re-occurring trips). Each Member's mode of transportation shall be disseminated to the Provider by way of Manifests and/or Urgent Care request forms.</p> <p>Provider shall supply each Member with the most appropriate mode of transportation. In the event a Member is assigned to an inappropriate mode of transportation (i.e., ambulatory patient assigned to a wheelchair trip, etc.), Provider shall promptly notify Broker and shall assist Broker in determining the most appropriate level of transportation.</p>
3.2	General Vehicle Requirements	Vehicles utilized by Provider to deliver the Transportation Services under this Agreement must meet the requirements set forth in this Section. Any Vehicle failing to meet any requirement set forth in this Section or in the Prime Contract(s) may be precluded from providing Transportation Services.
	3.2.1	No Third-Party Vehicles
	3.2.2	Inspections
	(a)	Initial
	(b)	Bi-Annual
	(c)	Periodic
	3.2.3	Vehicle Types
	(a)	Wheelchair Vehicle

		(b) Stretcher Vehicle	“ Stretcher Vehicle ” means any Vehicle capable of securely transporting a Member while confined to a stretcher, litter, or gurney (collectively “ Stretcher ”). Stretcher Vehicle service is an alternative mode of NEMT. It shall be provided to non-ambulatory Members who require the assistance of two (2) or more persons while being transported in a reclining position to and from the Vehicle and the healthcare provider, but who do not otherwise require the medical services of an ambulance.
		(c) Minibus	“ Minibus ” means a multi-passenger van, which otherwise meets the vehicle, safety, licensing, and insurance requirements set forth in this Agreement.
	3.2.4	Communication Systems	Vehicles shall be equipped with a two-way communications system linking each Vehicle with the Provider’s primary place of business. Cell phones are acceptable, but pagers may not be utilized. A Vehicle with an inoperative two-way communication system shall be placed out of service until the system is repaired or replaced. Driver(s) shall at all times comply with applicable Laws regarding the use of mobile phones within a vehicle.
	3.2.5	HVAC	Vehicles shall have functioning heating and air conditioning systems and shall maintain comfortable temperatures when performing the Transportation Services.
	3.2.6	Seatbelts	Vehicles shall have functioning seat belts and restraints as required by applicable Law. Seat belts shall be clean, accessible, and must be stored off the floor when not in use.
	3.2.7	Seatbelt Extensions	Vehicles shall be equipped with at least two (2) seatbelt extensions or extra-long seatbelts.
	3.2.8	Child Safety Seats	Vehicles shall properly utilize appropriate child safety seats when transporting children in accordance with State laws and regulations. Child safety seats shall be properly installed and shall meet applicable State and federal motor vehicle safety standards. Provider shall supply a child safety seat in the event a Member does not provide such seat. Provider shall not transport any child unless the child is properly secured in accordance with State and federal Law.
	3.2.9	Dashboard Display	Vehicles shall be equipped with a properly functioning speedometer, odometer, and clock.
	3.2.10	Lighting	Vehicles shall be equipped with properly functioning interior and exterior lighting, including lighting within the passenger compartment, headlights, taillights, brake lights, hazard lights, turn signals, and license plate lighting. Headlights shall be utilized when performing the Transportation Services.
	3.2.11	Interior Covering	Vehicle interiors shall be equipped with sidewall padding and ceiling covering.
	3.2.12	Windshield and Wipers	Vehicles shall have properly functioning windshield wipers. The windshield of each Vehicle shall be clear and uncracked.
	3.2.13	Windows	Vehicle windows shall not be cracked, damaged, or tinted. Each window must be operational and must conform to the manufacturer’s specifications at all times.
	3.2.14	Exterior Mirrors	Vehicles shall have two exterior rearview mirrors, one on each side of the Vehicle. All mirrors shall be free from cracks and shall be securely mounted.
	3.2.15	Interior Mirror	Vehicles shall be equipped with an interior mirror to monitor the passenger compartment. All mirrors shall be free from cracks and shall be securely mounted.
	3.2.16	Exterior Appearance	The exterior of each Vehicle shall be clean and free of broken mirrors or windows, excessive grime, rust, major dents, or paint damage that detracts from the overall appearance of the Vehicle.
	3.2.17	Interior Appearance	The interior of each Vehicle shall be clean and free of torn upholstery, torn or damaged floor or ceiling covering, damaged or broken seats, protruding sharp edges, dirt or litter, oil, grease, hazardous debris, and unsecured items.
	3.2.18	Passenger Comfort	Vehicles shall ride smoothly and shall not create excessive noise or be prone to excessive vibration during operation.
	3.2.19	Contact Information	The following information shall be prominently displayed within the passenger compartment of each Vehicle: (a) Provider’s name; (b) Vehicle number; and (c) Broker’s phone number. This information must also be available in written form for distribution to Members upon request.
	3.2.20	Interior Signage	Vehicles shall have easily visible, interior signage that states: <ul style="list-style-type: none"> • All passengers must use seatbelts • No smoking, eating, or drinking • No firearms or weapons
	3.2.21	Exterior Signage	Provider’s name and other identifying information must be displayed on the exterior of each Vehicle in accordance with Government Program Requirements.
	3.2.22	Smoking	Smoking shall be prohibited in all Vehicles at all times.
	3.2.23	Flooring	Vehicle floors must be covered with commercial anti-skid, ribbed rubber flooring or carpeting. Flooring in vehicles equipped to transport wheelchairs shall not interfere with wheelchair movement between the lift and the wheelchair securement positions.
	3.2.24	Fire Extinguisher	Vehicles shall be equipped with one or more functional fire extinguishers at least 2.5 lbs. in size, with a combined capacity totaling at least 5.0 lbs. Extinguishers should be ABC, Halon, or equal type, and must display a current inspection tag or sticker.

			Extinguishers must be safely and securely stored within reach of the Driver and should be visible to passengers.
	3.2.25	First Aid/Spill Kit	Vehicles shall be equipped with an OSHA-compliant first aid kit and a fluid “spill kit” that includes: liquid spill absorbent, latex or other impermeable gloves, hazardous waste disposal bags, scrub brush, disinfectant, and deodorizer.
	3.2.26	Safety Equipment	Vehicles shall be equipped with at least three (3) reflective triangles mounted on stands. Flares are prohibited and shall not be stored within the Vehicles.
	3.2.27	Navigation	Vehicles shall be equipped with a functioning GPS device or map of the travel area with sufficient detail to locate Members and medical destinations. Maps must be approved by DHHR.
	3.2.28	Information Packet	Vehicles shall carry a vehicle information packet containing: (a) the Vehicle registration; (b) insurance card; and (c) accident procedures and forms. The packet must be securely stored within the driver compartment or on the driver’s side visor.
	3.2.29	Step Stool	Vehicles with a floor threshold of greater than twelve (12) inches shall be equipped with a retractable step, fixed sideboard (running board), or a step stool meeting DHHR requirements. Step stools must have four legs with anti-skid tips, be made of sturdy material, and have non-skid tread. Milk crates and similar substitutes may not be used as a step stool. Step stools must be secured away from aisles and doorways while the Vehicle is in motion. Stretcher Vehicles are exempt from this Section.
	3.2.30	Tires	Vehicle tires must be properly sized and rated in accordance with the manufacturer’s recommendation and may not have thread wears less than 3/32 of an inch. Tires must not show evidence of excessive wear, exposed wire, bubbles, or appreciable sidewall damage.
	3.2.31	Manufacturer Standards	Vehicles and all Vehicle components shall comply with or exceed all State, federal, and manufacturer’s safety and mechanical operating and maintenance standards for the particular vehicle and model. The number of persons in each Vehicle, including the Driver, shall not exceed the Vehicle manufacturer’s approved seating capacity.
	3.2.32	Regulatory Compliance	Vehicles shall comply with all applicable State and federal laws and regulations, including but not limited to, applicable ADA regulations.
3.3	Wheelchair Vehicle Requirements		Wheelchair Vehicles shall satisfy all General Vehicle Requirements, as well as all Wheelchair Vehicle Requirements set forth in this Section.
	3.3.1	Height Clearance	Wheelchair Vehicles must maintain a floor-to-ceiling height clearance in the passenger compartment of at least fifty-six (56) inches.
	3.3.2	Lift Interlock System	Wheelchair Vehicles must have an engine-wheelchair lift interlock system that requires a Wheelchair Vehicle’s transmission to be in park and the emergency brake engaged to prevent vehicle movement when the lift or ramp is deployed.
	3.3.3	Wheelchair Accessibility	Wheelchair Vehicles shall be equipped with a level-change or boarding device (e.g., lift or ramp) as set forth in this Section, and shall have sufficient clearances to permit a wheelchair or other mobility aid user to reach a securement location.
	(a)	Ramps	Wheelchair Vehicles equipped with ramps shall meet the specifications set forth in 49 C.F.R. § 38.23(c), and such ramps shall be utilized as set forth in that Section.
	(b)	Vehicle Lifts	Wheelchair Vehicles equipped with lift devices shall meet the specifications set forth in 49 C.F.R. § 38.23(b), and such lift devices shall be utilized as set forth in that Section.
	3.3.4	Securement Systems	Wheelchair Vehicles shall be equipped with securement systems for each wheelchair position. Securement Systems shall meet the specifications set forth in 49 C.F.R. § 38.23(d) and shall be utilized as set forth in that Section.
	3.3.5	Doors, Steps and Thresholds	Wheelchair Vehicles shall meet the specifications for doors, steps and thresholds set forth in 49 C.F.R. § 38.25.
	3.3.6	Scooters	Wheelchair Vehicles must be able to accommodate scooter-style wheelchairs (“Scooter(s)”); however, Provider shall request that any passenger utilizing a Scooter dismount from the Scooter, transfer to a passenger seat, and be properly secured prior to transport. Notwithstanding the foregoing, Provider shall comply with 49 CFR § 37.165(d).
	3.3.7	Regulatory Compliance	Wheelchair Vehicles shall comply with all applicable State and federal laws and regulations, including but not limited to, applicable ADA regulations.
3.4	Stretcher Vehicle Requirements		Stretcher Vehicles shall satisfy all General Vehicle Requirements, as well as all Stretcher Vehicle Requirements set forth in this Section.
	3.4.1	Stretcher	Stretcher Vehicles must have at least one (1) Stretcher capable of supporting 400 pounds or more.
	3.4.2	Operation	Each Stretcher must have the capability to be lowered and raised from a height of 18” to a height necessary to load the Stretcher into the Stretcher Vehicle without requiring the Stretcher to be manually lifted from the ground.
	3.4.3	Safety Restraints	Each Stretcher shall be equipped with no less than five (5) adjustable safety restraint belts or securement straps (collectively “Restraints”) for each Stretcher. Restraints shall be positioned such that one crosses the legs, one crosses the waist, one crosses the chest, and two shoulder harness Restraints interconnect with the chest Restraint. All Restraints used during the delivery of Transportation Services shall be approved by the

			manufacturer for use on the Stretcher model for which they are utilized. Restraints must be fastened and properly utilized at all times while a Member is on a Stretcher. Provider shall maintain all Restraints in good working order and in a clean condition. Defective, visibly worn, or excessively-soiled Restraints shall be replaced immediately.
	3.4.4	Stretcher Securement	Stretcher Vehicles must have the necessary equipment to “lock” each Stretcher securely in place while in the Stretcher Vehicle.
	3.4.5	Inspection	Provider shall conduct annual safety inspections on all Stretchers, and any routine maintenance shall be performed by an authorized service technician. Provider must maintain all Stretcher safety inspection and maintenance records on file and must provide copies to Broker and/or Prime Contractor upon request.
	3.4.6	Attendants	Stretcher service requires a 2-person team consisting of a Driver and Attendant, who shall deliver a “bed-to-bed” level of service. An Attendant shall be present and seated in the passenger compartment alongside any Member transported on a Stretcher. Members on stretchers shall not be left unattended at any time.
	3.4.7	Regulatory Compliance	Stretcher Vehicles shall comply with all applicable State and federal laws and regulations, including but not limited to, applicable ADA regulations.
3.5	Driver and Attendant Qualifications		Provider represents and warrants that Drivers and Attendants used to perform the Transportation Services under this Agreement shall, at a minimum, meet the applicable qualifications listed in this Section. Each Driver’s and Attendant’s records and qualifications are subject to initial, annual, and interim inspections by Broker, in Broker’s sole discretion. Any Driver or Attendant failing, at any time, to meet all applicable qualifications, or any other requirements imposed by State or local law, shall be prohibited from providing service under this Agreement. It shall be Provider’s responsibility to ensure that all Drivers and Attendants meet the minimum requirements set forth in this Section. Provider shall notify Broker immediately should any Driver or Attendant fail to satisfy any such requirement at any time during the Term of this Agreement.
	3.5.1	Homeland Security	Drivers/Attendants who are not U.S. citizens must provide a work visa approved by the U.S. Department of Homeland Security.
	3.5.2	Age	Drivers must be at least twenty-one (21) years of age. Attendants must be at least eighteen (18) years of age.
	3.5.3	Licensing and Driving Record	
		(a) Drivers’ License	Drivers must have a current, valid driver’s license issued by the State or by a bordering state of residence. Drivers must be licensed to operate the Vehicle to which they are assigned by Provider.
		(b) Photo I.D.	Attendants must have a current, valid photo identification issued by the State, another state, or by the federal government.
		(c) Motor Vehicle Report (MVR)	Prior to providing Transportation Services, Provider must obtain and submit to Broker a current seven (7) year driving history (Motor Vehicle Report or “MVR”) for each Driver, obtained from a vendor approved by the Prime Contractor(s) and Broker. Thereafter, Provider must obtain and supply to Broker a current three (3) year MVR for each Driver on an annual basis.
		(d) Citations	Drivers who receive citations for and are adjudicated guilty of any combination of two (2) moving violations or accidents related to the delivery of Transportation Services under this Agreement within a twelve (12) month period shall be prohibited from serving as a Driver.
		(e) Suspended License	Drivers whose drivers’ license has been suspended or revoked within the past five (5) years, commercial or otherwise, shall be prohibited from driving under this Agreement. This excludes suspensions related to the non-payment of child support, once the courts release the individual and such release is verified and the individual remains in good standing for a minimum of ninety (90) days after the release. If at any point thereafter the individual is again in arrears in the payment of child support, the individual is ineligible to serve as a Driver.
	3.5.4	Background/Criminal History	Prior to providing Transportation Services, and annually thereafter, Provider shall obtain and submit to Broker a national/state criminal background check from a reporting agency approved by the State on all Drivers and Attendants. Drivers and Attendants must have no prior convictions for a sexual crime or crime of violence. Any person convicted of a felony during the past five (5) years may serve as a Driver or Attendant only after satisfactory review and approval by Broker and the State.
	3.5.5	FMC Regulations	Drivers must meet State and federal motor carrier safety regulations and guidelines, if applicable.
	3.5.6	Drugs and Alcohol	
		(a) Drug Screening	Provider shall conduct a 10-panel drug screen on all Drivers and Attendants upon hire. Thereafter, Provider shall conduct drug screens annually; upon reasonable suspicion of prohibited use or abuse; and upon request by Broker and Prime Contractor(s).

		(b)	Reasonable Suspicion	If Provider suspects a Driver to be driving under the influence of alcohol, narcotics or drugs/medications, Provider shall immediately remove the Driver from providing Transportation Services under this Agreement.
		(c)	DUI	Provider shall not utilize drivers who have been convicted of driving under the influence of alcohol, narcotics or drugs/medications within the past five (5) year period.
		(d)	Regulatory Compliance	Provider shall enforce all applicable laws regarding drug and alcohol testing on all Drivers and Attendants and shall conduct separate and independent drug testing as may be required by the USDOT, if applicable.
	3.5.7	Driver and Attendant Training Requirements		Drivers and Attendants must successfully complete the training set forth in this Section prior to delivering Transportation Services. Provider may establish and implement its own Driver and Attendant training program in lieu of the training set forth in this Section; however, such training must be approved in writing in advance by Broker and Prime Contractor.
		(a)	Drivers	<p>Drivers must successfully complete the following training components prior to providing Transportation Services under this Agreement:</p> <ul style="list-style-type: none"> • NEMT orientation program, • Passenger assistance, safety, and sensitivity training; • Defensive driver training; • Spill kit use and biohazard removal; • First aid training; • Wheelchair securement and wheelchair lift operation (wheelchair Providers); and • Stretcher use, operation, and securement (stretcher Providers) <p>Drivers must obtain and present certificates indicating the dates of certification. Each Driver shall periodically receive continuing education and new certificates in all training set forth in the Prime Contract. Broker reserves the right to require Drivers to receive additional or remedial training, in Broker's sole discretion.</p> <p>Drivers who have not previously completed the above training and who do not hold current certificates evidencing required training shall not deliver Transportation Services. Evidence of such training must be presented to Broker prior to delivering Transportation Services.</p>
		(b)	Attendants	<p>Attendants must successfully complete the following training components prior to providing Transportation Services under this Agreement:</p> <ul style="list-style-type: none"> • NEMT orientation program, • Passenger assistance, safety, and sensitivity training • Defensive driver training; • Spill kit use and biohazard removal; • First aid training; • Wheelchair securement and wheelchair lift operation (wheelchair Providers); and • Stretcher use, operation, and securement (stretcher Providers) <p>Attendants must obtain and present certificates indicating the dates of certification. Each Attendant shall periodically receive continuing education and new certificates in all training set forth in the Prime Contract. Broker reserves the right to require Attendants to receive additional or remedial training, in Broker's sole discretion.</p> <p>Attendants who have not previously completed the above training and who do not hold current certificates evidencing required training shall not deliver Transportation Services. Evidence of such training must be presented to Broker prior to delivering Transportation Services.</p>
3.6	Driver and Attendant Conduct			Drivers and Attendants shall adhere to the following standards of conduct during the delivery of Transportation Services:
	3.6.1	Sexual Misconduct and Touching		Drivers and Attendants shall not make sexually explicit comments, solicit sexual favors, or engage in sexual activity while in the course of their job duties. Drivers and Attendants shall not touch any passenger except as appropriate and necessary to assist the passenger into or out of a facility or Vehicle, to secure a passenger, or as necessary to render first aid or assistance for which the Driver or Attendant has been trained.
	3.6.2	Impairment		Drivers and Attendants shall not use or be under the influence of alcohol, narcotics, illegal drugs, or any drugs that impair their ability to perform while on duty.
	3.6.3	Abuse		Drivers and Attendants shall not physically, mentally, or verbally abuse Members or other passengers.
	3.6.4	Smoking		Drivers and Attendants shall not smoke while in the Vehicle, while assisting a Member, or in the presence of any Member. Members shall not be allowed to smoke in Vehicles.

	3.6.5	Soliciting Controlled Substances	Drivers and Attendants shall not solicit or accept controlled substances, alcohol or medications from Members.
	3.6.6	Soliciting Money	Drivers and Attendants shall not solicit or accept money from Participants.
	3.6.7	Protected Groups	Drivers and Attendants shall not engage in any behavior or practices that could subject Provider, Broker, or Prime Contractor(s) to charges against protected groups.
	3.6.8	Impermissible Items	Drivers and Attendants shall not allow firearms, alcoholic beverages in opened containers, unauthorized controlled substances, or highly combustible materials to be transported in Vehicles.
	3.6.9	Food and Drinks	Drivers and Attendants shall not smoke, eat or consume any beverage while in a Vehicle, while assisting any Member from entering or exiting the Vehicle, or while in the presence of any Member.
	3.6.10	Headphones and Mobile Phones	With the exception of hands-free devices for mobile telephones, Drivers and Attendants shall not wear headphones while on duty. Mobile telephones and two-way radios may only be used in connection with the Delivery of the Transportation Services under this Agreement, and Driver shall at all times comply with applicable Laws regarding the use of mobile phones and hands-free devices while driving. Personal phone calls are not permitted during the delivery of Transportation Services.
	3.6.11	Texting	Drivers shall not write, send or read text-based communication, to include email messages, while operating a Vehicle.
3.7	Driver and Attendant Service Standards		Drivers and Attendants shall adhere to the following service standards during the delivery of Transportation Services:
	3.7.1	Identification	Drivers and Attendants shall wear and have visible an identification badge ("I.D. Badge") that is easily readable and includes the name of the Driver/Attendant and the Provider. Drivers and Attendants must identify themselves and announce their presence at the entrance of the building at the specified pick-up location if a curbside pick-up location is not apparent. Drivers and Attendants must present the I.D. Badge when entering a facility, during pick-ups, and whenever requested by the Prime Contractors.
	3.7.2	General Assistance	Drivers and Attendants shall provide an appropriate level of assistance to a Member when requested or when necessitated by the Member's physical condition.
	3.7.3	Entering and Exiting Vehicles	Drivers and Attendants must assist all passengers in the process of entering and exiting Vehicles. Drivers or Attendants shall: (a) exit Vehicles to open and close Vehicle doors and to otherwise assist passengers during the entry and exit process; and (b) provide assistance, as necessary, to and from the access areas of passengers' destinations, except when doing so would endanger the safety of other passengers remaining in a Vehicle. Drivers shall confirm that all delivered passengers are safely inside each passenger's destination prior to departure.
	3.7.4	Passenger Securement	Drivers and Attendants must assist all passengers in the process of being seated, including fastening seat belts, securing wheelchairs and stretchers, and securing children/infants in properly-installed child safety seats. Drivers shall confirm, prior to moving the Vehicle, that all passengers and passenger mobility devices, if any, are properly belted and secured. Drivers and Attendants with one confirmed incident involving the failure to properly secure a wheelchair and/or passenger within a wheelchair shall be prohibited from providing Transportation Services until such time as Provider submits documentation to Broker confirming the Driver or Attendant has been retrained in the use of such securement devices.
	3.7.5	Verbal and Physical Assistance	Drivers and Attendants must provide physical support or assistance and oral directions to passengers. Such assistance shall also apply to wheelchairs and mobility-limited persons as they enter or exit the Vehicle using a wheelchair lift or ramp. Such assistance shall also include stowing mobility aids such as canes, walkers and folding wheelchairs.
	3.7.6	Presence	Drivers and Attendants shall not leave Members unattended at any time.
	3.7.7	Accessibility	Drivers shall park Vehicles such that passengers are not required to cross streets to reach the entrance to the destination, where possible.
	3.7.8	Professionalism	Drivers and Attendants shall be courteous, patient and helpful to all passengers, and shall be neat and clean in appearance.
	3.7.9	Securement of Personal Items	Drivers and Attendants shall secure all packages, mobility devices, and other personal items prior to moving the Vehicle. Drivers and Attendants are not responsible for passengers' personal items.
	3.7.10	Temperature	Drivers and Attendants shall regulate climate inside Vehicles during operation to a temperature suitable for passenger comfort.
	3.7.11	Unsafe Conditions	In the event any Member's or other passenger's behavior or any other condition impedes the safe operation of the Vehicle, the Driver shall park the Vehicle in a safe location out of traffic, notify the Provider, and request assistance.
	3.7.12	Walk-Through Inspections	Drivers and Attendants providing Transportation Services to minor children shall conduct walk-through inspections of each Vehicle (a) prior to departing each destination; (b) prior to departing the Vehicle for any length of time; and (c) following the final leg of Driver's or Attendant's shift. Drivers and Attendants must physically move from the front to the rear of each Vehicle's passenger compartment and shall

			visually inspect each seating location, including under all seats. The purpose of the walk-through inspection is to check for sleeping or hiding children and to identify any items which may have been dropped or left on the Vehicle. In the event a child safety alarm-style system is utilized, it shall only be silenced after a complete and thorough visual inspection of the Vehicle.
3.8	Pick-Up and Delivery Standards		Provider shall provide Transportation Services that meet or exceed the following minimum standards:
	3.8.1	Manifests	Provider will deliver the Transportation Services as set forth in the Manifest. Provider shall to pick up and drop off Members at the times and at the locations authorized in the Manifests. Provider shall promptly report to Broker any deviation from a Manifest.
	3.8.2	Confirmation	Provider shall confirm the scheduled pick-up time and location with each Member or the Member's representative at least 24-hours prior to a scheduled appointment.
	3.8.3	On-Time and Late Pick-Ups	On-time arrival for scheduled pick-ups shall be standard practice. "On-time" means arrival at the pick-up location within fifteen (15) minutes of the scheduled pick-up time. While early arrival is permissible, Members shall not be required to board Vehicles early unless the Member and/or Member's caregiver consent. Arrival of more than fifteen (15) minutes after the scheduled pick-up time is considered "late".
	3.8.4	On-Time Arrival	Provider shall transport Members to and from appointments on time. Any deviation from the stated time of pick-up exceeding fifteen (15) minutes is not timely service. For the return pick-up from an appointment, the Vehicle shall arrive within one (1) hour from time of notification.
	3.8.5	Dialysis Arrival	Notwithstanding the above On-Time Arrival standards, Provider shall deliver Members to scheduled dialysis appointments no later than the scheduled appointment time.
	3.8.6	Member No-Shows	Drivers shall make their presence known to Members upon arrival at the pick-up address and must wait at least ten (10) minutes after the scheduled pick-up time before the Member may be considered a "no-show". If the Member is not present within ten (10) minutes after the scheduled pick-up, Driver shall notify Broker and Provider's dispatcher before leaving the pick-up location and shall document the attempted pick-up as set forth in this Agreement.
	3.8.7	Will-Call	For "will call" return pick-up reservations from a medical appointment, Provider shall arrive within one (1) hour after notification the Member is ready, or by the close of the business day for the medical service provider, whichever is earlier.
	3.8.8	Hospital Discharges	For same day hospital discharge reservations, Provider shall pick up Members within three (3) hours after accepting the trip reservation from Broker.
	3.8.9	Delays	If a delay of fifteen (15) minutes or more occurs in the course of picking up scheduled riders, Provider must contact any waiting Member or Member's caregiver at the pick-up locations to inform them of the delay and of the expected arrival time of the Vehicle. Provider must advise scheduled riders of alternate pick-up arrangements when appropriate.
	3.8.10	Notification of Delay	Provider shall contact both Broker and the Member's medical service provider in the event of a delay that will result in the Member arriving late for a scheduled medical appointment.
	3.8.11	Multi-Load Delays	In multiple load situations, no Member shall remain in the Vehicle more than forty-five (45) minutes longer than the average travel time for direct transport from point of pick-up to the Member's destination.
	3.8.12	Force Majeure	Provider shall promptly notify Broker in the event Provider is unable to complete assigned trips due to weather or any other cause beyond the reasonable control of Provider.
	3.8.13	Standing Orders	
		(a) Definition	"Standing Order Trip" means a re-occurring trip that is pre-scheduled by a Member's medical provider through submission of a Standing Order Request Form to Broker, which assigns the re-occurring trips to a single Provider to transport on a regular basis without a Manifest.
		(b) Duration and Obligation	Non-dialysis Standing Order Trips can cover a period of up to six (6) months, while dialysis Standing Order Trips can cover a period of up to twelve (12) months. Once a Standing Order Trip is accepted by Provider, the Provider is responsible for all such scheduled trips, including deviations required by extenuating circumstances (including without limitation weather, power failures and equipment or vehicle changes).
		(c) Termination	Providers wishing to stop transporting an assigned Standing Order Trip must describe in writing the reasons for reassignment of the Standing Order Trip and give Broker at least ten (10) days to re-assign the Standing Order Trip to a new Provider. Provider shall continue transporting the Standing Order Trip until such time as a new Provider is assigned by Broker.
	3.8.14	Back-Up Service	Provider shall supply a replacement or back-up Vehicle in the event Provider's primary Vehicle is excessively late for a previously-assigned trip, or in the event Provider's

			primary Vehicle is otherwise unavailable to perform the Transportation Services. A Vehicle is excessively late if it is over twenty (20) minutes late for a scheduled pick-up. Provider shall have a replacement or back-up Vehicle in place at a previously-assigned pick-up address within (30) minutes of notification that a Vehicle is excessively late or is otherwise unavailable.	
	3.8.15	Duty to Monitor		Provider shall monitor trips to confirm Members are delivered back from appointments in a timely manner.
	3.8.16	Level of Service		Members shall be picked up and delivered in a manner that suits their level of transportation according to the following assistance standards:
		(a)	From Personal Residence	<ul style="list-style-type: none">• Ambulatory: Curb-to-Curb• Wheelchair: Door-to-Door• Stretcher: Bed-to-Bed
		(b)	From Nursing Home	<ul style="list-style-type: none">• Ambulatory: Common Area• Wheelchair: Common Area• Stretcher: Room of Member
		(c)	With Attendant	<ul style="list-style-type: none">• Ambulatory: Assist Attendant Curb-to-Curb• Wheelchair: Assist Attendant Door-to-Door• Stretcher: Bed-to-Bed
		(d)	Hand-to-Hand	“Hand-to-hand” service involves the transport of Members from the hands of a person at the point of pick-up into the hands of a facility staff member, family member, or other responsible party at the destination. Some Members should be transported hand-to-hand regardless of mobility status, including, but not limited to, those with dementia, behavioral health issues, developmental disabilities, and minors. Provider may additionally offer hand-to-hand service to any Member if deemed appropriate by Provider, in Provider’s sole discretion. Notwithstanding the foregoing, Provider shall not leave any Member unattended in a Vehicle for any period of time while performing a hand-to-hand transport.
3.9	Urgent Care Trips			“Urgent Care Trip” means transportation associated with an unscheduled episodic situation, in which there is no immediate threat to life or limb, but for which the Member must be seen on the day of the request and treatment cannot be delayed until the next day. Hospital discharges and new appointments with medical providers scheduled with insufficient time for routine scheduling are also considered Urgent Care. Urgent Care Trips shall be considered a form of the Transportation Services, and Provider shall perform Urgent Care Trips as set forth in this Agreement.
3.10	Transportation of Minors			Members under the age of eighteen (18) years shall be accompanied by an Escort at all times during the delivery of Transportation Services. It is the responsibility of the Member’s parent, foster parent, caretaker, legal guardian, or the Department of Human Services’ Division of Family and Children Services (“DFCS”) to provide the Escort.
4. ADMINISTRATIVE COMPONENTS				
4.1	Manifests			Provider shall receive trip Manifests through Broker’s web portal, via telephone, or via e-fax (for back-up only). Trip manifests sent via e-fax will be sent encrypted to the number supplied by Provider. Provider shall confirm receipt of Manifests, including any requests for Urgent Care Trips, in a form acceptable to Broker.
4.2	Compensation Prerequisites			Provider shall perform the Transportation Services as set forth in this Agreement and shall submit required trip documentation set forth in <u>Schedule A</u> as a condition to becoming eligible to receive compensation for trips. <u>Provider warrants and agrees that all information submitted for trip reimbursement shall be true and accurate under penalty of violation of State and federal Medicaid laws and regulations. Provider further agrees to comply with <u>Schedule E</u>, Fraud and Abuse Policy, attached hereto and made a part hereof.</u>
4.3	Escorts			
	4.3.1	Definition		“Escort” means an authorized individual whose presence is required to assist a Member during transport and while at the place of treatment, as applicable, in accordance with the Manifest and the terms of this Agreement.
	4.3.2	Escort Approval		The Manifest will indicate whether an Escort is approved to accompany a Member or group of Members. Provider will allow, without charge to the Escort or Member, one (1) Escort to accompany a Member or group of Members who are residents of a nursing facility, blind, deaf, mentally disabled, a Member under twenty-one (21) years of age, or as otherwise determined by Broker or Prime Contractor, when the Members are transported to receive Medicaid Covered Services. Provider shall make appropriate space accommodations for approved Escorts.
	4.3.3	Guidelines		An Escort must accompany the assigned Member throughout the entire transport and appointment. The Escort must be picked up at the same time and location as the Member, and must leave the Vehicle at the same time and location as the Member. After the completion of the medical appointment, the Escort must be picked up and dropped off at the same location as the Member.
	4.3.4	Age Requirement		All Escorts must be at least eighteen (18) years of age.

	4.3.5	Children	On a space-available basis, Provider shall allow additional children to accompany an Escort or caregiver at no additional charge.
	4.3.6	No Charge	Escorts may not be charged any cost for the Transportation Services when accompanying a Member requiring assistance. Neither the Broker nor the Provider is responsible for arranging for or compensating an Escort for services rendered, with the exception of the cost of public transportation, which must be authorized in advance by Broker.
4.4	Re-Dispatching Scheduled Trips		Provider shall inform Broker of Provider's inability or unwillingness to complete any dispatched and/or accepted trip not less than two (2) days (48-hours) prior to the scheduled pick-up time to allow Broker to make alternative arrangements. In the event Provider does not provide two (2) days' notice and Broker must make, as a result, costlier alternate transportation arrangements, Provider shall be responsible for any incremental charges incurred by Broker. These charges may be deducted (set-off) from any amounts owed to Provider, at Broker's sole discretion.
4.5	Technology Requirements		
	4.5.1	Telephone/Fax	Provider shall establish and maintain a telephone line, email address, and fax line for the purpose of communications to and from Broker. The fax line shall be equipped with secure e-fax capabilities. Provider shall ensure that all telephone numbers distributed to Members are owned by Provider.
	4.5.2	Minimum Requirements	Provider shall have, at a minimum, the following technological abilities and components: (a) operational computer with functional internet; (b) ability to receive electronic Manifests; (c) ability to send and receive email remotely while not in the office; and (d) ability to access Broker's web portal.
	4.5.3	HIPAA Compliance	Provider shall ensure that its computer and fax systems implement security measures to enable the secure receipt and transmittal of confidential information in a manner that ensures the confidentiality, integrity and availability of information, and complies with HIPAA. Provider shall comply with the provisions of <u>Schedule D</u> , attached hereto and made a part hereof.
4.6	Maintenance of Records		Provider must establish, maintain, and provide upon request or as required under this Agreement, the following records and related information:
	4.6.1	Vehicle Records	<p>Vehicle records, including the following documentation for each Vehicle:</p> <ul style="list-style-type: none"> • Manufacturer and model; • Model year; • Current Vehicle registration; • Vehicle identification number (VIN); • Odometer reading at the time the Vehicle enters service under this Agreement; • Type of Vehicle (e.g., Minibus, Wheelchair Vehicle, Stretcher Vehicle, etc.); • Capacity (number of passengers); • License tag number; • Insurance certifications; • Evidence of UCR or GMIC registration, if applicable; • Special equipment (lifts etc.), and • Inspection Records, including date, odometer reading and description of all inspection activity (e.g., verification that Vehicle meets Vehicle requirements, inspection of equipment such as brakes, tire tread, turn signals, horn, seat belts, air-conditioning/heating, etc.). <p>All Vehicle records must be maintained from the initial inspection through all subsequent inspections.</p>
	4.6.2	Driver and Attendant Records	<p>Driver and Attendant records, including the following documents for each, as applicable:</p> <ul style="list-style-type: none"> • Name, date of birth and social security number; • Copy of a valid driver's license issued by the State; • Criminal background check from a reporting agency approved by Broker and Prime Contractor, updated annually; • For Drivers, a seven (7) year MVR from the West Virginia State Police. Thereafter, Provider must obtain a three (3) year MVA for each Driver, updated annually. • 10-panel drug screen conducted and documented in a manner acceptable to Broker and Prime Contractor(s); updated annually, upon reasonable suspicion of prohibited use or abuse, and upon request by Broker and Prime Contractor(s). • Documents evidencing the satisfactory completion of all required training courses set forth in Section 3.5 of this Schedule; and • Documentation of any Complaints received concerning the Driver or Attendant, as well as any accidents, Incidents, or moving violations involving the Driver.
5. QUALITY ASSURANCE			

5.1	Quality Assurance Program		Provider shall participate in Broker's quality assurance program, which may include but not be limited to: unannounced field monitoring; spot inspections; training components; and Member satisfaction and quality surveys. Provider shall develop, adopt, and submit a quality assurance program and/or corrective action plans upon request by Broker or Prime Contractor(s). Provider shall assist in the development of any such corrective action plans and, upon request, shall assist in the collection of data to monitor the plans.
5.2	Complaints		"Complaint" means any expression of dissatisfaction with Transportation Services and/or the behavior of person(s) associated with the delivery Transportation Services. Complaints may include but are not limited to: dissatisfaction with the appearance, cleanliness, or function of an NEMT Vehicle; the dispatching of an inappropriate mode of transportation; an unpleasant interaction with a Driver or other Member(s) during transport; or general dissatisfaction with the performance of Broker or Provider.
	5.2.1	Notification	Provider shall give Broker written notice of any Member Complaint(s) concerning the delivery of Transportation Services within 24-hours of the Complaint.
	5.2.2	Multiple Complaints	Any Vehicle receiving two (2) or more complaints from passengers concerning cleanliness, heating, air conditioning deficiencies, or other deficiencies within a five (5) day period must be inspected by Provider and appropriate corrective action must be taken. Such actions must be documented and become a part of the Vehicle's permanent record.
5.3	Incidents		"Incident" means any act, allegation, or occurrence which occurs during the delivery of the Transportation Services and which affects or potentially affects an individual's health, safety, or well-being. Incidents may include but are not limited to: injuries; fatalities; motor vehicle accidents; medical emergencies; falls; theft; property damage; harassment (sexual or otherwise); lewd conduct, drug/alcohol use; verbal/physical abuse; acts of moral turpitude; altercations; or other inappropriate behavior. Upon the occurrence of an Incident, Provider shall:
	5.3.1	Call 911	In the event of a motor vehicle accident, immediately call 911 and request that law enforcement be dispatched to the scene. In the event of any other Incident resulting in injury to any individual (including motor vehicle accidents), immediately call 911 and request that an ambulance be dispatched to the scene.
	5.3.2	Notification	Notify Broker without delay of any Incident resulting in injury or fatality to any individual. Notify Broker without delay, but no later than the same calendar day, of all other Incidents.
	5.3.3	Produce Investigative Documents	Obtain and supply Broker with all police reports and any other investigative reports associated with any Incident. Provider shall submit such reports to Broker within one business day of the reports being complete and available to Provider.
	5.3.4	Moving Violations	Notify Broker without delay after any Driver is issued a moving violation during the delivery of Transportation Services. Provider shall produce to Broker copies of all citations associated with any such moving violation within three (3) days of issuance of the violation.
	5.3.5	Incident Report	Complete and submit to Broker a detailed and accurate Incident Report on an Incident Report Form approved by Broker and Prime Contractor(s). Provider shall submit Incident Reports to Broker without delay, but in no event later than the same calendar day the Incident occurs.
	5.3.6	Request for Explanation	Upon request by Broker, complete and submit to Broker a detailed and accurate response to any Request for Explanation ("RFE") concerning any Incident, Complaint, or other allegation. Provider shall submit all RFE responses within 24 hours of Broker's request.
5.4	Performance Review and Monitoring		
	5.4.1	Records	Upon request, Provider shall provide Broker and Prime Contractor(s) with access to all records related to the Transportation Services, any Member, and/or Provider's business. All such records shall be made available for on-site or off-site review, and access shall be granted upon two (2) days' notice to Provider.
	5.4.2	Ride-Along	Upon request, Provider shall allow representatives of Broker and/or Prime Contractor(s) to ride-along during the delivery of Transportation Services.
	5.4.3	Monitoring	Provider acknowledges that Broker and Prime Contractor(s) may conduct unannounced field monitoring, spot inspections, and audits concerning the Transportation Services at any time during the Term of this Agreement.
	5.4.4	Financial Records	Provider shall provide Broker and/or Prime Contractor(s) with copies of Provider's most recent audited and un-audited financial records and balance sheets upon two (2) days' written notice.
	5.4.5	Reporting	Provider shall strictly comply with all other reporting requirements set forth in the Prime Contract(s) and this Agreement.
5.5	Cooperation with Prime Contractor(s)		Provider shall comply with all future procedural changes, corrective actions, and internal/external reviews implemented or requested by Prime Contractor(s).

SCHEDULE C: LIQUIDATED DAMAGES

The Parties agree Broker will incur damages in the event Provider fails to perform the Transportation Services in conformance with this Agreement. The Parties agree that quantifying damages arising from Provider's breach of certain provisions in this Agreement is inherently difficult insofar as such breach will impact Broker's reputation and require Broker to provide other non-monetary concessions to Prime Contractor(s) and others. The Parties further stipulate that the liquidated damages set forth below are not penalties but are reasonable measures of damages based upon the Parties' experience in the NEMT industry. Therefore, Provider shall remit to Broker the sums set forth below as liquidated damages and waives any defense as to the validity of such liquidated damages on the grounds they are void as penalties or are not reasonably related to actual damages.

Provider agrees that any liquidated damages assessed by Broker shall be deducted from amounts due to Provider. In the event Provider is not due any sums, Provider agrees that Broker may deduct liquidated damages from future amounts owed to Provider. Provider further agrees that any liquidated damages assessed against Broker by Prime Contractor(s) which are attributable to Provider shall be assessed against Provider as its own liquidated damages.

1. QUALITY ASSURANCE		
1.1	Complaints	\$100 per day for each calendar day Provider does not respond to complaints as set forth in Schedule B, Scope of Work.
1.2	Incidents	\$100 per day for each calendar day Provider does not report an incident as set forth in Schedule B, Scope of Work.
1.3	Request for Explanation (RFE) Response	\$100 per day for each calendar day Provider does not properly respond to an RFE as set forth in Schedule B, Scope of Work.
1.4	Performance Review and Monitoring	\$100 per day for each calendar day Provider fails to allow Broker or Prime Contractor(s) to access the records or conduct reviews as set forth in Schedule B, Scope of Work.
1.5	Quality Assurance and/or Corrective Action Plan	\$50 per day for each day after ten (10) calendar days Provider fails to submit its Quality Assurance Plan or Corrective Action Plan to Broker as set forth in Schedule B, Scope of Work.
B. ADMINISTRATIVE		
2.1	Discrimination and Harassment	\$100 per day for each calendar day that Provider fails to institute appropriate training and policies and procedures concerning discrimination and harassment, or to prevent any type of discrimination or harassment in violation of Section 13.1, Non-Discrimination.
2.2	HIPAA	\$100 for each day Provider fails to achieve or maintain compliance with the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and with Schedule D, Business Associate Agreement. The amounts set forth in this Section shall be in addition to Provider's obligation to indemnify Broker and Prime Contractor(s) for penalties or fines incurred by Broker or Prime Contractor(s) as a result of Provider's non-compliance with HIPAA, including but not limited to those fines contemplated by 42 U.S.C. § 1320d <i>et seq.</i>
2.3	Homeland Security	\$100 per day for each calendar day Provider hires or utilizes any individual to perform Transportation Services who is required to have a work visa approved by the U.S. Department of Homeland Security and such individual has not met such requirement.
2.4	Record Retention	\$100 per day for each calendar day Provider fails to make records available to Broker or Prime Contractor within two (2) business days upon request or fails maintain all records pertaining to performance of the Agreement for ten (10) years from final payment or longer as required by the Agreement or Law.
2.5	Reports	\$50 per working day or any part thereof for each day each report or other documentation is late or unacceptable (e.g., missing required data).
2.6	Telecommunications	\$50 for each instance in which the Provider fails to adhere to the technology requirements set forth in Schedule B, Scope of Work.
2.7	Federal/State Sanctions	In the event Broker and/or Prime Contractor(s) receives a fine, penalty, sanction, or liquidated damage by a federal or State agency having jurisdiction over this Agreement, and such fine, penalty, sanction, or liquidated damage was caused by the (in)action of Provider, Provider shall be responsible to Broker and/or Prime Contractor(s) for such amount.
3. VEHICLES		
3.1	Inspections	\$100 per Vehicle for any Vehicle that is allowed into service that has not been fully inspected as set forth in Schedule B, Scope of Work.
3.2	Non-Compliance	
	3.2.1 Inspection Criteria	\$100 per day per Vehicle for each calendar day the Vehicle does not meet the inspection criteria set forth in Schedule B, Scope of Work.
	3.2.2 Health/Safety Issue	\$100 per day for any part of a calendar day per Vehicle that a Vehicle is not compliant with maintaining repairs, inspections, all routine maintenance, and any discrepancy that would result in a health and safety hazard for Vehicle occupants for any Vehicle that is in service from the date of discovery.

	3.2.3	Discomfort/Inconvenience	\$100 per day for any part of a calendar day per Vehicle from the date of discovery that a non-compliant Vehicle is in service with a discrepancy that creates passenger discomfort or inconvenience.
	3.2.4	ADA	\$100 per day for any part of a calendar day per Vehicle from the date of discovery that a Vehicle is in service which in any way is not in compliance with the ADA or any other applicable State or federal laws.
	3.2.5	Vehicle Requirements	\$100 per day for any part of a calendar day per Vehicle that a Vehicle is non-compliant with the General Vehicle Requirements set forth in <u>Schedule B, Scope of Work</u> .
3.7	Removal from Service		\$100 per day per Vehicle for each calendar day Provider fails to remove from service a Vehicle that does not meet the criteria as set forth in the <u>Schedule B, Scope of Work</u> .
3.8	Wheelchair Vehicles		\$100 per calendar day per Wheelchair Vehicle for each calendar day the Wheelchair Vehicle fails to meet the requirements of the ADA or the conditions set forth in <u>Schedule B, Scope of Work</u> .
4. DRIVERS/ATTENDANTS/PERSONNEL			
4.1	Qualifications/Licensure		\$100 per personnel per day for each calendar day that Provider's Driver(s) or Attendant(s) fail to meet the qualifications and licensure criteria set forth in <u>Schedule B, Scope of Work</u> .
4.2	Training		\$100 per personnel per day for each calendar day that Provider's Driver(s) or Attendant(s) fail to meet the training criteria set forth in <u>Schedule B, Scope of Work</u> .
5. TRANSPORTATION			
5.1	Back-Up Service		\$50 for every occurrence where back-up service is not available within the required timeframe, as set forth in <u>Schedule B, Scope of Work</u> .
5.2	Dialysis		\$100 for each instance the Provider is late for arrival to a scheduled dialysis appointment, as set forth in <u>Schedule B, Scope of Work</u> .
5.3	Levels of Transportation		\$100 per trip-leg when a Vehicle is utilized that is inadequate to meet the mobility status of the Member being transported.
5.4	Pick-Up and Delivery Standards		
	5.4.1	Excess Vehicle Time	\$25 for each occurrence a Member remains in any Vehicle for more than forty-five (45) minutes longer than the average travel time for direct transport from the point of pick-up to the Member's point-of-destination.
	5.4.2	Late Pick-Up (A-Leg)	\$25 for each occurrence a Provider fails to pick up a Member within fifteen (15) minutes of scheduled time for pick-up.
	5.4.3	Late Pick-Up (B-Leg)	\$25 for each occurrence a Provider fails to pick up a Member within thirty (30) minutes of a scheduled pick-up from a Covered Service.
	5.4.4	Late Pick-Up (Will-Call)	\$25 for each occurrence a Provider fails to return to pick-up a Member within one (1) hour of notification.
	5.4.5	No-Show	\$100 for each occurrence a Provider is a No-Show.
	5.4.6	Pick-Up/Delivery Standards	\$25 for each occurrence a Provider or Provider's Driver fails to comply with any Provider Performance or Pick-Up and Delivery Standards set forth in <u>Schedule B, Scope of Work</u> .
	5.4.7	Monthly Average	\$200 for any month during which two percent (2%) of scheduled arrivals at the point of destination are late. An additional \$200 may be assessed for each additional percentage point that exceeds two percent (2%).
5.5	Urgent Care		\$25 per hour for each hour of late response for Urgent Care after the three (3) hour timeframe.
5.6	Child Safety: Vehicle Sweep		\$1,000 for each occurrence a Driver or Attendant fails to physically move from the front to the rear of the passenger compartment to visually inspect all seats prior to exiting a Vehicle that has transported any child.
5.7	Child Safety: Disabling a Device		\$1,000 for each occurrence a Driver or Attendant overrides or disables a child safety buzzer or similar device.
5.8	Child Safety: Unattended Child		\$5,000 for each occurrence a child is left unattended in a Vehicle for any period of time.
5.9	Passenger Securement: Generally		\$100 for each occurrence any passenger within the Vehicle is not properly secured during transport.
5.10	Passenger Securement: Removal		\$100 per personnel per day for each calendar day Provider fails to remove from service any Driver or Attendant who fails to properly secure a passenger while delivering the Transportation Services, as set forth in <u>Schedule B, Scope of Work</u> .
6. DOCUMENTATION			
6.1	Signatures		\$100 for each occurrence that a Driver or Attendant fails to obtain the proper signature to verify Transportation Services as required in <u>Schedule A, Payment Administration</u> .
6.2	Falsification of Records		\$500 per occurrence that a Driver, Attendant, or other employee or agent of Provider falsifies a signature, record, claim or any other document required under this Agreement.

SCHEDULE D: BUSINESS ASSOCIATE AGREEMENT

THIS HIPAA BUSINESS ASSOCIATE AGREEMENT (the “Agreement”) is entered into by and between **BROKER**, (“Covered Entity”), and **PROVIDER** (“Business Associate”) (each a “Party”, collectively, the “Parties”), and shall be effective (the “Effective Date”) upon the date this Agreement is signed by both Parties. This Agreement is entered into in connection with the Privacy Rule enacted pursuant the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations (“HIPAA”), including 45 C.F.R. Parts 160 and 164 Subpart A and Subpart E (“Privacy Rule”) and the Security Standards set forth at 45 C.F.R. Part 160 and 45 C.F.R. Part 164, Subpart A and Subpart C (the “Security Rule”), as amended by Subtitle D of the Health Information Technology for Economic and Clinical Health Act (the “HITECH Act”), as Title XIII of Division A and Title IV of Division B of the American Recovery and Reinvestment Act of 2009 (*Pub. L. 111-5*).

1. Scope. As of the Effective Date, this Agreement applies to all present and future agreements and relationships, whether written, oral or implied, by and between Covered Entity and Business Associate, pursuant to which Business Associate receives from or receives or creates on behalf of, Covered Entity, Protected Health Information (as such term is defined below) in any form or medium whatsoever (each agreement and relationship, an “Applicable Agreement” and collectively, the “Applicable Agreements”). As of the Effective Date, this Agreement, in addition to standing on its own, automatically extends to and amends all Applicable Agreements in effect on the Effective Date. This Agreement in addition to standing on its own, automatically shall be incorporated into all Applicable Agreements entered into by and between Covered Entity and Business Associate after the Effective Date or Dates.

2. Use and Disclosure of Protected Health Information. In no event may Business Associate use or disclose individually-identifiable health information received from, or received or created on behalf of Covered Entity, as such information is defined in the Security Rule at 45 CFR § 160.103 (“Protected Health Information”), except as permitted or required by (a) this Agreement (b) an Applicable Agreement, for the purpose set forth therein, or to the extent authorized thereby, or (c) applicable law. Business Associate shall not use or disclose Protected Health Information in any manner that would, if done by Covered Entity, constitute a violation of the Privacy Rule, except that Business Associate may use the Protected Health Information, as provided in 45 CFR §§ 164.504(e)(2)(i) and (4), for the proper management and administration of Business Associate, to carry out the legal responsibilities of Business Associate, or to provide data aggregation services relating to the healthcare operations of Covered Entity. For purposes of this Agreement, the term “data aggregation” shall have the meaning contained in the Privacy Rule, 45 CFR § 164.501. Business Associate represents that, to the extent Business Associate requests that Covered Entity disclose Protected Health Information to Business Associate, such a request is only for the minimum necessary Protected Health Information required for the accomplishment of Business Associate’s legitimate purposes. Business Associate shall not engage in any sale of Protected Health Information and shall not use or disclose genetic information for underwriting purposes in violation of HIPAA. To the extent that Business Associate will carry out directly one or more of Covered Entity’s obligations under the Privacy Rule, Business Associate will comply with the requirements of the Privacy Rule that apply to the Covered Entity in the performance of such obligations.

3. Safeguards Against Misuse of Information. Business Associate agrees to use appropriate safeguards to prevent use or disclosure of Protected Health Information other than as provided by this Agreement. Business Associate shall promptly report to Covered Entity any use or disclosure of Protected Health Information other than as provided for in the Applicable Agreements or this Agreement.

4. Mitigation. Business Associate agrees to mitigate, to the extent practical, any harmful effect that is known to Business Associate of a use or disclosure of Protected Health Information by Business Associate in violation of the terms of this Agreement.

5. Administrative, Physical and Technical Safeguards. Business Associate will implement administrative, physical, and technical safeguards (including written policies and procedures) that reasonably and appropriately protect the confidentiality, integrity, and availability of electronic PHI that it creates, receives, maintains, or transmits on behalf of Covered Entity as required by the Security Rule.

6. Reporting to Covered Entity.

(a) Business Associate shall promptly report to Covered Entity any use or disclosure of Protected Health Information of which it becomes aware that is other than as provided for in an Applicable Agreement or this Agreement.

(b) Business Associate shall promptly report to Covered Entity any Security Incident of which it becomes aware.

(c) Business Associate shall promptly notify Covered Entity of a Breach of Unsecured Protected Health Information. Business Associate’s notification to Covered Entity hereunder shall: (i) be made to Covered Entity as soon as reasonably practical after discovery of the Breach, but no later than thirty (30) days after discovery; and (ii) include the following: date of the Breach, the date of discovery of the Breach, the nature and extent of the Unsecured Protected Health Information that were involved (including the types of any identifiers in the information), the identity of the individuals whose Unsecured Protected Health Information has been, or is reasonably believed to have been, the subject of a Breach; the unauthorized person who used the Unsecured Protected Health Information or to whom the disclosure was made; whether the Unsecured Protected Health Information was actually acquired or viewed; the extent to which the risk to the Unsecured Protected Health Information has been mitigated (such as provided by an existing confidentiality agreement with the recipient); and any other information

necessary to complete a risk assessment to determine the probability that Unsecured Protected Health Information has been compromised.

(d) Covered Entity will be responsible to provide notification to individuals whose Unsecured Protected Health Information has been disclosed, as well as the Secretary and the media, as required by Section 13402 of the HITECH Act. Business Associate agrees to pay actual costs for notification and of any associated mitigation incurred by Covered Entity, such as credit monitoring, if Covered Entity determines that the Breach warrants such measures. Business Associate agrees to establish procedures to investigate the Breach, mitigate losses, and protect against any future Breaches, and to provide a description of these procedures and the specific findings of the investigation to Covered Entity in the time and manner reasonably requested by Covered Entity.

7. Agreement by Third Parties. Business Associate shall ensure, to the extent required by law, that any of its agents, including, but not limited to, subcontractors, that create, receive, maintain or transmit Protected Health Information on behalf of Business Associate, agrees to the same restrictions and conditions that apply to Business Associate with respect to such Protected Health Information.

8. Access to and Copying of Information. In accordance with the Privacy Rule, 45 CFR § 164.524, Business Associate shall, upon an individual's or Covered Entity's request, provide access to such individual to inspect and obtain a copy of the individual's Protected Health Information. Business Associate shall perform its obligations under this Section in a timely manner to allow Covered Entity sufficient time to meet any obligations it may have under the Privacy Standards. However, in no event shall Business Associate perform its obligations under this Section later than 15 calendar days following the receipt of the request for access if the requested Protected Health Information is maintained or accessible to Business Associate on-site, or later than 30 calendar days following the receipt of the request for access if the requested Protected Health Information is not maintained or accessible to Business Associate on-site. If the request relates to electronic Protected Health Information and the individual requests an electronic copy, Business Associate shall provide in electronic form if readily producible or, if not, in a readable electronic form and format as directed by the Covered Entity.

9. Availability of Protected Health Information for Amendment. In accordance with the Privacy Rule, 45 CFR § 164.524, Business Associate, upon an individual's or Covered Entity's request shall make an individual's Protected Health Information available for amendment, and shall incorporate any agreed amendments to Protected Health Information. Business Associate shall perform its obligations under this Section in a timely manner, but in no event later than 30 calendar days following the receipt of the request for the amendment, to allow Covered Entity sufficient time to meet any obligations it may have under the Privacy Standards.

10. Accounting of Disclosures. In accordance with the Privacy Rule, 45 CFR § 164.528, upon an individual's or Covered Entity's request, Business Associate shall make available the information required to provide an accounting to an individual of disclosures of Protected Health Information about that individual. Business Associate shall perform its obligations under this Section in a timely manner, but in no event later than 30 calendar days following the receipt of the request for the accounting from the individual, to allow Covered Entity sufficient time to meet any obligations it may have under the Privacy Standards.

11. Availability of Books and Records. Business Associate shall make its internal practices, books and records relating to the use and disclosure of Protected Health Information available to the Secretary of the Department of Health and Human Services ("HHS") or any other officer or employee of HHS to whom the applicable authority has been delegated ("Secretary"), as designated by Covered Entity or HHS, for purposes of determining Covered Entity's compliance with Privacy and Security Rules standards and/or Business Associate's contractual compliance.

12. Notice of Privacy Practices. Covered Entity shall distribute and update its Notice Privacy Practices as required by the Privacy Rule and shall advise Business Associate of Covered Entity personnel who may have access to Protected Health Information.

13. Termination. Cure or Report Upon Breach of Provisions Applicable to Protected Health Information. In the event that Business Associate breaches any material provision contained in this Agreement, Covered Entity shall give Business Associate at least 30-days' written notice to cure the breach. Business Associate will be responsible for the expenses associated with curing any breach of Business Associate's obligations under this Agreement. In the event that Business Associate fails to cure the breach within 30-days from the date Business Associate receives such written notice Covered Entity may, in Covered Entity's sole discretion, terminate this Agreement and/or any and all of the Applicable Agreements which relate to the breach. In the event that the termination of any or all of the Applicable Agreements, as the case may be, and/or this Agreement is, in Covered Entity's sole discretion, not feasible, Covered Entity may report the breach and problem to HHS.

14. Return or Destruction of Protected Health Information Upon Termination. Upon termination of any of this Agreement and/or all of the Applicable Agreements, Business Associate shall either forward to Covered Entity or destroy, as directed by Covered Entity, all Protected Health Information that Business Associate maintains in any form. Business Associate shall not retain any copies of such Protected Health Information. However, in the event that Covered Entity and Business Associate agree that it is not feasible for Business Associate to return or destroy such Protected Health Information without retaining copies, Business Associate may retain either the originals or copies of the Protected Health Information, and the terms and provisions of this Agreement shall survive termination of this Agreement and any or all of the Applicable Agreements with regard to such Protected Health Information, and such Protected Health Information shall be used or disclosed solely for such purpose or purposes which prevented the return or destruction of such Protected

Health Information. The determination as to whether Business Associate shall retain the originals or copies of the Protected Health Information shall be made by Covered Entity in its sole discretion.

15. Indemnification. Each party agrees to indemnify, defend and hold harmless each other party and each other party's respective officers, directors, employees and other agents, against any liability, loss, cost expense (including reasonable attorneys' fees and expenses), claim, damage suit, action or proceeding that may result from any third party claim if and to the extent proximately caused by any breach of this HIPAA Business Associate Agreement by the other, as determined by a court of competent jurisdiction, and provided that the party seeking indemnification furnishes to the other prompt written notice and requisite authority, information and assistance to defend.

16. Effect. The terms of this Agreement shall supersede any other conflicting or inconsistent terms in any and all Applicable Agreements to which this Agreement applies, including all exhibits or other attachments thereto and all documents incorporated therein by reference. Except as modified by this Agreement, all other terms of the Applicable Agreements shall remain in force and effect.

17. Amendment. The parties agree to amend this Agreement, to the extent necessary to allow either party to comply with the Privacy Rule, the Standards for Electronic Transactions (45 CFR Parts 160 and 162), and the Security Standards (45 CFR Part 142) (collectively, the "Standards") promulgated or to be promulgated by the HHS, or other regulations or statutes. The parties agree that they will fully comply with all such Standards and that they will amend this Agreement and any or all Applicable Agreements as necessary to incorporate any material required by the Standards.

18. No Third-Party Beneficiaries. Nothing expressed or implied in this Agreement is intended to confer, nor shall anything confer, upon any persons other than Covered Entity and Business Associate, and their respective successors and assigns, any rights, remedies, obligations or liabilities whatsoever.

19. Interpretation. Any ambiguity in this Agreement shall be resolved to permit Covered Entity to comply with the Privacy and Security Rules.

IN WITNESS WHEREOF, the parties hereto have duly executed this Agreement, effective as of the date and year indicated below.

SOUTHEASTTRANS, INC.

PROVIDER

By: _____

By: _____

Title: _____

Title: _____

Print Name: _____

Print Name: _____

Date: _____

Date: _____

SCHEDULE E: FRAUD AND ABUSE POLICY

Federal law requires entities which receive certain payments from a state Medicaid program must establish written policies for the entities' employees, contractors and agents, and must also furnish detailed information regarding: (1) the federal and state False Claims Acts; (2) the administrative remedies and protections available under those acts; and the entities' procedures for detecting fraud, waste and abuse.

Broker hereby provides detailed information concerning federal and state False Claims Acts, as well as information concerning Broker's policies and procedures to detect and prevent fraud, waste and abuse. Broker requires that you adhere to these policies and disseminate the information in this Schedule to all employees and contractors. The information within this Schedule forms part of this Agreement and is distributed to Providers as required by the Deficit Reduction Act of 2005.

Federal False Claims Act

The federal False Claims Act applies to the submission of claims by healthcare providers for payment by Medicare, Medicaid and other federal and state healthcare programs. The False Claims Act is the federal government's primary civil remedy for improper or fraudulent claims. It applies to all federal programs, from military procurement contracts to welfare benefits to healthcare benefits.

The False Claims Act prohibits, among other things:

- Knowingly presenting or causing to be presented to the federal government a false or fraudulent claim for payment or approval;
- Knowingly making or using, or causing to be made or used, a false record or statement in order to have a false or fraudulent claim paid or approved by the government;
- Conspiring to defraud the government by getting a false or fraudulent claim allowed or paid; and
- Knowingly making or using, or causing to be made or used, a false record or statement to conceal, avoid, or decrease an obligation to pay or transmit money or property to the government.

"Knowingly" means that a person, with respect to information: 1) has actual knowledge of the information; 2) acts in deliberate ignorance of the truth or falsity of the information; or 3) acts in reckless disregard of the truth or falsity of the information.

Enforcement

The United States Attorney General may bring civil and criminal actions for violations of the False Claims Act. In a civil action the government must establish its case by presenting a preponderance of the evidence, while in a criminal action it must meet the higher burden of proof that applies in criminal cases. The False Claims Act allows private individuals to bring "*qui tam*" actions for violations of the False Claims Act.

Reporting Suspected Fraud, Waste or Abuse

An employee or contractor who has knowledge or information of any activity that may violate any of the laws discussed above or of any fraud, waste or abuse should notify his or her supervisor or other management official, who should in turn report the matter to Broker. Providers must have a system in place for reporting potential violations, which includes a way of reporting information anonymously.

No Retaliation

Federal and state laws prohibit any retaliation or retribution against any person who reports suspected violations of these laws whether to their employer, to Broker, to law enforcement officials or by filing a lawsuit on behalf of the government. Anyone who believes that he or she has been the subject to any such retaliation or retribution should also report this to their supervisor or other appropriate person, as provided by their employer's policy covering such matters.

Program Fraud Civil Remedies Act of 1986

The Program Fraud Civil Remedies Act of 1986 ("PFCRA") authorizes federal agencies such as the Department of Health and Human Services to investigate and assess penalties for the submission of false claims to the agency. The conduct prohibited by the PFCRA is similar to that prohibited by the False Claims Act. For example, a person may be liable under the PFCRA for making, presenting, or submitting, or causing to be made, presented, or submitted, a claim that the person knows or has reason to know:

- Is false, fictitious, or fraudulent;
- Includes or is supported by any written statement that:
 - Omits a material fact;

- Is false, fictitious, or fraudulent as a result of such omission; and
- Include such material fact; or
- Is for payment for the provision of property or services which the person has not provided as claimed.

If a government agency suspects that a false claim has been submitted, it can appoint an investigating official to review the matter. The investigating official may issue a subpoena to further investigate the claim or may refer the matter to the Department of Justice for proceedings under the False Claims Act. If, based on the investigating official's report, an agency concludes that further action is warranted, it may issue a complaint regarding the false claim. A hearing following the detailed due process procedures set forth in the regulations implementing the PFCRA would be held.

Fraud, Waste and Abuse / Company Detection

Broker has numerous policies and procedures for detecting fraud, waste and abuse. Some of the most important procedures are described as follows:

- Use of a gate-keeping protocol during the reservation process to verify the Member is eligible for transportation and that the trip is to a Medicaid provider;
- Verification process for claims submitted by Providers to determine whether the trip was performed by an eligible Driver in a certified Vehicle; whether the price is correct; and whether that the Member signed for the trip;
- Standing orders are regularly recertified with the health care facilities;
- Member attendance records at health care facilities are compared to Provider claims;
- Compliance officers inspect Vehicles and monitor trips for compliance;
- Every trip must be preauthorized, have a trip-leg identification number, and be performed in compliance with contracted requirements in order to be paid; and
- Drivers must undergo criminal background checks and are checked against the OIG exclusion database. No excluded person may drive under Broker's contract.

Broker takes allegations of fraud, waste or abuse seriously and appropriately investigates such allegations. Providers are required to report suspected cases of fraud, waste, abuse or other impropriety. Providers must cooperate in any investigations initiated by Broker or any government agency, as required by law.

SCHEDULE F: ELECTRONIC EQUIPMENT AGREEMENT

THIS ELECTRONIC EQUIPMENT AGREEMENT (the “Agreement”) is entered into by and between **BROKER** and **PROVIDER** (each a “Party”, collectively, the “Parties”), and shall be effective (the “Effective Date”) upon the date this Agreement is signed by both Parties.

Whereas, Provider is an independent contractor for Broker providing non-emergency transportation services pursuant to a Transportation Agreement between the parties which is now or hereafter in effect;

Whereas, Broker and Provider desire for Provider to utilize certain electronic equipment in the provision of services pursuant to the Transportation Agreement to increase efficiency and accuracy in trip reimbursement submission to enable timely and accurate payment for services rendered by Provider;

Whereas, Broker will purchase and own certain electronic devices known as tablet computers or mobile devices and a case (hereinafter referred to as “Device” or “Devices”) containing proprietary and confidential software owned or licensed by Broker to be loaned to Provider at no charge for its sole use in providing services under the Transportation Agreement; and

Whereas, Provider and Broker desire to establish terms and conditions for the bailment and use of the Devices and the license of software, require Provider to carry insurance on the Devices and require payment to Broker in the event any Device is lost, damaged or stolen.

NOW THEREFORE, Provider and Broker, for full and adequate consideration, the receipt of which is hereby acknowledged, the parties agree as follows:

1. **Devices.** Broker will purchase and own Devices, which it will loan to Provider at no charge for Provider’s sole use in delivering services to Broker. Broker will provide Provider with the Devices set forth in Exhibit “A”. In the event additional or replacement Devices are provided at a later date, Exhibit “A” shall be updated and supplemented.

2. **Provider Responsibilities.** Provider is responsible for the following:

2.1 **Restrictions on Use.** Provider shall use the Devices solely for the business purpose of delivering services to Broker under the Transportation Agreement, including viewing maps, viewing and entering trip information and submitting trip data to Broker. The Devices shall be used by Provider in a safe manner and shall not be used during operation of any vehicle in a manner to cause unsafe driving. The Devices shall not be used for any personal, illegal or immoral purposes, including but not limited to the transmission of abusive or threatening material, spam, pornography or other communications prohibited by state or federal laws.

2.2. **Passwords/Access.** Provider shall allow only authorized and trained personnel to access and utilize the Devices. Devices shall be password protected to prevent unauthorized Device access. The software installed on the Device shall also be password protected. Both passwords shall have a combination of numbers and letters and be chosen so as to reasonably prevent unauthorized access to Devices. Provider shall establish procedures to safeguard data, including the passwords to access Devices. (For example, the password should not be the company name, written on the Device or visible in the vehicle).

2.3. **Protection of Devices.** Provider shall maintain Devices in good condition, reasonable wear and tear from ordinary use excepted. Provider shall exercise ordinary care and diligence, in good faith to protect the Devices. Provider shall establish and implement practices and procedures to ensure the safety and security of the Devices, including precautions to prevent the theft of devices and the occurrence and/or spread of viruses. (For example, Provider may implement a requirement that drivers remove Devices from all vehicles at the end of the workday and place all Devices in a locked cabinet inside a secured building.)

2.4. **Risk of Loss.** Provider shall bear the risk of loss of the Devices until the Devices are returned to Broker at the earlier of termination of this Agreement or the Transportation Agreement as provided in Section 7.

2.5. **Repair or Replacement of Devices.** If a Device is damaged, lost or stolen prior to termination, Provider shall notify Broker immediately and pay to repair or replace the Device as soon as practicable, in no more than fourteen (14) days.

2.5.1 Provider shall bear the expense of repair or replacement of damaged, lost or stolen Devices as set forth in Exhibit “A”, and Provider shall make payment by setoff from the payments due to Provider from Broker under the Transportation Agreement.

2.5.2. Replacement devices shall be deemed Devices and the property of Broker. Once Provider has paid in full for the replacement Device in good working condition, the damaged Device will no longer be the property of Broker and shall be deemed the property of Provider, provided the license to Software as provided in Section 3 shall terminate, and the Software shall be uninstalled. Provider shall cooperate in good faith with Broker to install Software on replacement or repaired Devices and uninstall Software on replaced devices.

2.6. Notification of Lost or Stolen Devices. If a Device is lost or stolen (or suspected lost or stolen), Provider shall notify Broker immediately in order to implement data-loss protection measures that may enable recovery of the Device or erase proprietary or confidential information from said Device prior to unauthorized use or access by a third party.

The Provider shall contact Broker's Regional Manager immediately and then proceed to notify Broker's Information Technology department in the event of loss or theft (or suspected incident) of any Device. This contact information is Jim Degliumberto at (678)510-4600 or isupport@southeastrans.com.

2.7. Insurance. Provider must provide adequate insurance for the Devices to provide for repair or replacement of the Devices in the event of damage, loss or theft of the Devices, including but not limited to those caused by negligence, acts of God or criminal acts. In the absence of such insurance, Provider must pay to repair or replace Devices in the event of damage, loss or theft as provided in Section 2(e).

2.8. Updates. Provider will cooperate in good faith to install any updates to the Devices as recommended by Broker.

2.9. Data and Data Overage. Each Device listed in Exhibit "A" (or otherwise issued to Provider) shall be allocated up to 2gb of data per month, which shall be used solely for the business purpose of delivering services under the Transportation Agreement. Provider shall bear all costs associated with data use beyond 2gb for any single Device, and Provider shall make payment to Broker by setoff from funds owed to Provider by Broker. Provider shall remain liable for any data usage costs which exceed the funds owed to Provider.

3. Broker Responsibilities. The Devices will be loaded with software enabling password-access and software that is owned by or licensed to Broker ("Software"), and the Devices containing the Software shall be loaned to Provider pursuant to the following terms and conditions:

3.1. AS IS. The Devices, the Software and content are provided on an "AS IS" and "AS AVAILABLE" basis. There is no guaranty off error-free or uninterrupted functioning. Broker and its licensors expressly disclaim all warranties with respect to the Software, documentation and content provided under this Agreement, whether express, implied, statutory or otherwise, including fitness for a particular purpose and merchantability.

3.2. Training. Broker will provide initial training to Provider employees regarding proper use and maintenance of Devices. New employees shall be trained by Broker during regularly scheduled driver training classes.

3.3. Limited License. Subject to the terms and conditions of this Agreement, Broker grants to Provider a limited, non-transferable, non-sub licensable, non-exclusive license within the State to use the Software. Provider shall not have the right to make or retain any third party to perform any modifications to the Software or its content or to delete or remove all or part of the Software or its content (including security profiles). The license granted herein authorizes use of the Software only by authorized users, trained current employees of Provider, for the internal business purposes of Provider on the Devices. Provider shall not transfer, lease, loan, resell, distribute or otherwise make available or grant any rights in the Software in any form to another person or transportation broker.

3.4. No Modification or Reverse Engineering. Provider shall not and shall not allow any third party to: (i) reverse engineer, reverse assemble, decompile, or otherwise attempt to derive the source code (or underlying structure of algorithms) from the Software or decode or decrypt any data files created by or associated with the Software, or (ii) alter, adapt or modify the Software or otherwise create any derivative works from the Software (except the limited license granted to modify the content for the purpose of inputting trip information).

3.5. Copy of Software. Broker shall furnish Provider with one (1) copy of Software per Device. Provider shall not copy the Software or documentation without the prior written consent of Broker. Provider shall not remove, modify or obscure any copyright or other proprietary rights notices. In the event a Device requires replacement, Provider shall cooperate in good faith with Broker to install Software on new devices, reinstall Software as necessary on existing Devices or uninstall Software on devices which were damaged and replaced with new Devices.

3.6. Acknowledgement of Broker' Ownership Rights. Provider acknowledges that the license granted above does not constitute a transfer or sale of any ownership rights in and to the Software, documentation or content (or modifications thereto). All right, title and interest, including all intellectual property rights, in and to the Software, documentation and content (or modifications) shall be, and will remain exclusive property of Broker or any third party from whom Broker has licensed software or technology. Provider further acknowledges that the Software, documentation content and information therein is proprietary to Broker and its licensors and comprises: (i) original works of authorship, including compiled information containing its selection, arrangement and coordination, and expression of such information, (ii) confidential and trade secret information, and (iii) information that has been created, developed and maintained by Broker or its licensors at great expense of time and money such that misappropriation or unauthorized use by others for commercial gain would unfairly and irreparably harm Broker or its licensors.

4. Title. Broker holds title for all Devices, and Provider acquires no title in the Devices except as provided above in Section 2(e). Broker warrants the right of possession of the Devices to Provider.

5. **Confidential Information.** Provider acknowledges that the Software, documentation and content contain Broker' and/or its licensor's proprietary information and Confidential Information (as defined below). Each party shall treat as confidential all Confidential Information of the other party, will not use such Confidential Information except as expressly set forth herein or as authorized under the Transportation Agreement, and will not disclose such Confidential Information to any third party except as may be necessary and required to perform the obligations of such party under this Agreement or the Transportation Agreement, and subject to confidentiality obligations at least as protective as those set forth herein. "Confidential Information" shall mean any information relating to, or disclosed in the course of, this Agreement, which is designated as 'confidential' or 'proprietary' or some similar designation or information which is or should be reasonably understood to be confidential or proprietary to the disclosing party. Confidential Information includes but is not limited to the Software, the documentation, the content, terms of this Agreement, business strategies, specifications, and technical data. Confidential Information shall not include information (a) already known to either party at the time of receipt thereof from the other; (b) that was readily available to the general public at the time of receipt thereof from the other; (c) that subsequently becomes known to the general public through no fault or omission on the part of the party receiving such information; (d) that is subsequently disclosed by a third party which has a bona fide and legal right to make such disclosure; or (e) that is required to be disclosed by a court of competent jurisdiction or other governmental authority or pursuant to applicable law, provided that the receiving party shall give prompt notice to the disclosing party prior to any such disclosure and reasonably assist the disclosing party in seeking a protective order.

6. **Term.** The "Term" of this Agreement shall be concurrent with the Transportation Agreements between Broker and Provider in place and any renewals thereof. This Agreement shall be considered terminated and superseded if a subsequent agreement between the parties specifically states it supersedes this Agreement.

7. **Termination.**

7.1. **Termination Rights.** Broker shall have the right to terminate this Agreement and any Software license granted hereunder upon ten (10) days written notice and in the event Provider commits a material breach of any of its obligations concerning the scope of use or the protection of the Software and/or documentation, intellectual property of Broker or confidential information. Either party may terminate this Agreement upon written notice if the other party materially breaches any of its obligations under any provisions of this Agreement. This Agreement will terminate automatically upon the termination of the Transportation Agreement, but shall be deemed to be extended if the parties simultaneously enter into another agreement for non-emergency transportation services.

7.2. **Return of Devices.** Within three (3) business days of termination, Provider shall return all Devices to Broker in specie, or in its actual form, reasonable wear and tear from ordinary use excepted. Provider shall bear the risk of loss until receipt of Devices by Broker.

8. **Notices.** Except as provided in Section 2(f), notices shall be delivered as provided in the Transportation Agreement.

Non-Liability. Provider shall indemnify and hold harmless Broker from any claims, damages, losses or injuries, including death or bodily injury, caused by use of the Devices or breach of this Agreement by Provider, except and to the extent that said claims, damages, losses or injuries were caused by the willful and wanton misconduct of Broker. Broker does not warrant the accuracy or completeness of Confidential Information, codes or other data contained in the Software or any third-party database included in the Software. Provider is responsible for utilizing due care in providing transportation services.

10. **Non-Waiver.** No waiver of any of the provisions of this Agreement shall be deemed, or shall constitute a waiver of any other provisions, whether or not similar, nor shall any waiver constitute a continuing waiver. No waiver shall be binding unless contained in a writing executed by the party making the waiver.

11. **Severability.** If it is found in a final judgment by a court of competent jurisdiction (not subject to further appeal) that any term or provision hereof is invalid or unenforceable: (i) the remaining terms and provisions hereof shall be unimpaired and shall remain in full force and effect and (ii) the invalid or unenforceable provision or term shall be replaced by a term or provision that is valid and enforceable and that comes closest to expressing the intention of such invalid or unenforceable term or provision.

12. **Jurisdiction; Service of Process.** Any action or proceeding seeking to enforce any provision of, or based on any right arising out of, this Agreement may be brought against either of the parties in the courts of the State of West Virginia, County of Kanawha, or, if it has or can acquire jurisdiction, in the United States District Court for the Southern District of West Virginia (Charleston Division), and each of the parties consent to the jurisdiction of such courts (and of the appropriate appellate courts) in any such action or proceeding and waives any objection to venue laid therein. Process in any action or proceeding referred to in the preceding sentence may be served on any party anywhere in the world.

13. **Governing Law.** This Agreement shall be governed by and enforced under the laws of the State of West Virginia.

14. **Survival of Obligations.** The restrictions and obligations of this Agreement in Sections 3(a), 3(d), 3(f), 5, 7(b), 9, 10, 11, 12, 13 and 15 shall survive any expiration, termination, or cancellation of the relationship between Broker and Provider, as well as the termination of the Transportation Agreement and shall continue to bind Provider, its successors and assigns, for a period of time including the term of the Transportation Agreement and for such length of time as the confidential information remains commercially valuable to Broker (as demonstrated by its continuing reasonable efforts to protect such information). In no instances shall the period of time be less than five years after termination of the Transportation Agreement.

15. **Remedies.** If it appears that Provider has disclosed or has threatened to disclose Confidential Information in violation of this Agreement, Broker shall be entitled to an injunction to restrain Provider from disclosing, in whole or in part, the Confidential

Information. Broker shall not be prohibited by this provision from pursuing other remedies, including a claim or losses or damages. Provider agrees that if it is held by a court of competent jurisdiction to be in a violation, breach or nonperformance of any term in this Agreement, then it will pay all costs of such action or suit, including reasonable attorneys' fees.

IN WITNESS WHEREOF, the parties hereto have duly executed this Agreement, effective as of the date and year indicated below.

BROKER

Southeastrans, Inc.

By: _____

Title: _____

Print Name: _____

Date: _____

PROVIDER

By: _____

Title: _____

Print Name: _____

Date: _____

EXHIBIT 1 TO SCHEDULE F: DEVICE LIST

Item	Quantity	Replacement Cost	Repairs
------	----------	------------------	---------

Tablet computers _____ \$489 per device At cost
or mobile devices(includes charger) (charger alone at \$_____)

Carrying Cases _____ \$ _____ per case n/a

[illegible]

Devices are loaned to Provider "AS IS." Replacement costs and repair costs for damaged, lost or stolen Devices shall be paid by Provider via setoff from the payments due to Provider from Broker under the Provider Agreement.

All Devices shall be returned to Broker in good working condition, reasonable wear and tear excepted, within 3 business days of termination.

PROVIDER

By: _____

Title: _____

Print Name: _____

Date: _____

Letter of Intent to Provide Medicaid Non-Emergency Transportation Services

To Whom It May Concern:

As the owner or authorized representative of the company or organization named below, I have agreed to submit this **NON BINDING** Letter of Commitment to participate in Southeastrans' Non-Emergency Transportation (NET) Provider Network in the State of West Virginia. This Letter of Commitment indicates my willingness to:

- Participate in Southeastrans' NET Provider Network in West Virginia
- Provide transportation services in the service area(s) specified in this document
- Negotiate with Southeastrans to establish rates and service areas
- Enter into a NET Provider Agreement with Southeastrans, Inc.

I also understand that this letter is a non-binding agreement between my company or organization and Southeastrans and does not create an obligation on either party to specific contracting terms and/or conditions.

MOUNT OLYMPUS ENT DBA POSEIDEN TRANSPORTATION

Name of Company or Organization

61 COURT ST

GALLIPOLIS

OH 45631

Address

City

State Zip Code

1-888-713-2889

740-978-8731

LC@POSEIDENTRANSPORTATION.COM

Office Telephone

Fax Number

Email Address

Christian Cremeans Jr

OPS OH WV KY

03/16/2020

Printed Name

Signature

Title

Date

Please list which cities or counties you currently serve or are willing to serve:

Areas Currently Served	Areas Willing to Serve
STATE WIDE AS NEEDED	STATE WIDE AS NEEDED

Please provide the number of vehicles that would operate in Southeastrans NET Provider Network should Southeastrans be selected as the West Virginia Medicaid NET Broker.

Ambulatory: **X** Wheelchair: _____ Bariatric Wheelchair: _____

Email completed forms to: **LOI@southeastrans.com**

Mail original forms to: **Southeastrans, Inc.**

Attn. Ray Blanco

4751 Best Rd, Suite 300

Atlanta, GA 30337

Letter of Intent to Provide Medicaid Non-Emergency Transportation Services

To Whom It May Concern:

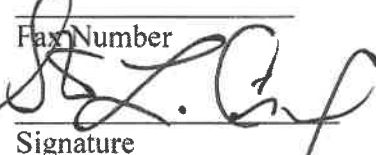
As the owner or authorized representative of the company or organization named below, I have agreed to submit this **NON BINDING** Letter of Commitment to participate in Southeastrans' Non-Emergency Transportation (NET) Provider Network in the State of West Virginia. This Letter of Commitment indicates my willingness to:

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Medical Transport Services LLC

Name of Company or Organization

<u>2534 15th Ave</u>	<u>Parkersburg</u>	<u>WV</u>	<u>26101</u>
Address	City	State	Zip Code
<u>304-834-1211</u>	<u>681-845-6354</u>	<u>mtstransport7@gmail.com</u>	
Office Telephone	Fax Number	Email Address	
<u>Steven L Conley</u>		<u>Owner</u>	<u>03/20/2020</u>
Printed Name	Signature	Title	Date

Please list which cities or counties you currently serve or are willing to serve:

Areas Currently Served	Areas Willing to Serve
2 - 3 Hour radius of Parkersburg	2 - 3 Hour radius of Parkersburg

Please provide the number of vehicles that would operate in Southeastrans NET Provider Network should Southeastrans be selected as the West Virginia Medicaid NET Broker.

Ambulatory: 4 Wheelchair: 0 Bariatric Wheelchair: 0

Email completed forms to: LOI@southeastrans.com

Mail original forms to: Southeastrans, Inc. 4751 Best Rd, Suite 300, Atlanta, GA 30337

Letter of Intent to Provide Medicaid Non-Emergency Transportation Services

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STAT EMS LLC

Name of Company or Organization

PO BOX 1210

Address

PINEVILLE

City

WV 24874

State Zip Code

304-732-9116

Office Telephone

304-732-9394

Fax Number

JASON.SMYTH@STATWV.COM

Email Address

JASON SMYTH

Printed Name

DIRECTOR OF OPERATIONS

03-13-2020

Signature

Title

Date

Please list which cities or counties you currently serve or are willing to serve:

Areas Currently Served	Areas Willing to Serve
WYOMING, MCDOWELL, MINGO,	WYOMING, MCDOWELL, MINGO,
LOGAN AND RALEIGH COUNTIES	LOGAN AND RALEIGH COUNTIES

Please provide the number of vehicles that would operate in Southeastrans NET Provider Network should Southeastrans be selected as the West Virginia Medicaid NET Broker.

Ambulatory: 5 Wheelchair: 6 Bariatric Wheelchair: 2

Email completed forms to: LOI@southeastrans.com

Mail original forms to: Southeastrans, Inc. 4751 Best Rd, Suite 300, Atlanta, GA 30337

Letter of Intent to Provide Medicaid Non-Emergency Transportation Services

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MARION County SENIOR CITIZENS, INC
Name of Company or Organization

105 MAPLEWOOD DRIVE FAIRMONT WV 26554
Address City State Zip Code

304-366-8779 304-366-3186 DEBBIE@MARIONSENIORS.ORG OR
Office Telephone Fax Number Email Address TRANSPORTATION@MARIONSENIORS.ORG
RICHARD BERRY [Signature] COORDINATOR 3-10-2020
Printed Name Signature Title Date

Please list which cities or counties you currently serve or are willing to serve:

Areas Currently Served	Areas Willing to Serve
<u>BASE- MARION County -</u>	
<u>TO- TAYLOR HARRISON, PRESTON</u>	
<u>MUNSGALLIA</u>	

Please provide the number of vehicles that would operate in Southeastrans NET Provider Network should Southeastrans be selected as the West Virginia Medicaid NET Broker.

Ambulatory: 5 Wheelchair: 5 Bariatric Wheelchair: 0

Email completed forms to: LOI@southeastrans.com

Mail original forms to: Southeastrans, Inc. 4751 Best Rd, Suite 300, Atlanta, GA 30337

Letter of Intent to Provide Medicaid Non-Emergency Transportation Services

To Whom It May Concern:

As the owner or authorized representative of the company or organization named below, I have agreed to submit this **NON BINDING** Letter of Commitment to participate in Southeastrans' Non-Emergency Transportation (NET) Provider Network in the State of West Virginia. This Letter of Commitment indicates my willingness to:

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Global Transportation LLC Metro Ride

Name of Company or Organization

<u>5371 Big Tyler Rd unit 716</u>	<u>Cross Lanes</u>	<u>WV</u>	<u>25313</u>
<small>Address</small>	<small>City</small>	<small>State</small>	<small>Zip Code</small>
<u>3048908813</u>	<u>6812171110</u>	<u>ramadana05@gmail.com</u>	
<small>Office Telephone</small>	<small>Fax Number</small>	<small>Email Address</small>	
<u>Abdi Ramadan</u>	<u><i>Ramadan</i></u>	<u>Owner</u>	<small>03/0/2020</small>
<small>Printed Name</small>	<small>Signature</small>	<small>Title</small>	<small>Date</small>

Please list which cities or counties you currently serve or are willing to serve:

Areas Currently Served	Areas Willing to Serve
KANAWHA COUNTY	
PUTNAM COUNTY	
CABELL COUNTY	
CLAY COUNTY	

Please provide the number of vehicles that would operate in Southeastrans NET Provider Network should Southeastrans be selected as the West Virginia Medicaid NET Broker.

Ambulatory: 8 Wheelchair: 0 Bariatric Wheelchair: 0

Email completed forms to: LOI@southeastrans.com

Mail original forms to: Southeastrans, Inc. 4751 Best Rd, Suite 300, Atlanta, GA 30337

To Whom It May Concern:

The West Virginia Department of Administration, Purchasing Division issued a solicitation for a full-risk capitation broker to directly coordinate a statewide Non-Emergency Transportation (NEMT) Program for the Department of Health and Human Resources.

We at Southeastrans (www.southeastrans.com) are planning on bidding this opportunity and are looking forward to working with the local NEMT and medical providers in serving the populations of these very important and necessary programs.

As part of the process, we are requesting that you complete the attached Letter of Intent. These letters are completely non-binding and represent no commitment on either side. It does provide an insight on the local network and allows us to better begin preparing and planning towards a successful launch if we are awarded the opportunity and will allow us to verify the contact and other information of the existing providers.

Once completed the form can be returned via email:

Email completed forms to: LOI@southeastrans.com

Mail original forms to: Southeastrans, Inc.

**Attn: Ray Blanco
4751 Best Rd, Suite 300,
Atlanta, GA 30337**

We are requesting that you, please return the form no later than Friday 3/13/2020.

If you have any questions or would like more information please feel free to email me at rblanco@southeastrans.com, contact me at 678.551.0927 or go to www.southeastrans.com.

We look forward to working with each of you soon.

Best regards,

Ray Blanco
Vice President, Corporate Provider Relations
(O) 470-639-4283 (Cell) 678-551-0927
rblanco@southeastrans.com
www.southeastrans.com

Letter of Intent to Provide Medicaid Non-Emergency Transportation Services

To Whom It May Concern:

As the owner or authorized representative of the company or organization named below, I have agreed to submit this **NON BINDING** Letter of Commitment to participate in Southeastrans' Non-Emergency Transportation (NET) Provider Network in the State of West Virginia. This Letter of Commitment indicates my willingness to:

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I also understand that this letter is a non-binding agreement between my company or organization and Southeastrans and does not create an obligation on either party to specific contracting terms and/or conditions.

Central WV Community Action, Inc.
Name of Company or Organization

106 Frederick St
Address

Clarksburg
City

WV 26301
State Zip Code

304-622-8495
Office Telephone

304-622-4976
Fax Number

Transportation@cwvcaa.org
Email Address

Shannon Cunningham
Printed Name Sneed

[Signature]
Signature

Executive Director 3-4-2020
Title Date

Please list which cities or counties you currently serve or are willing to serve:

Areas Currently Served	Areas Willing to Serve
<u>Harrison County residents</u>	<u>rides originating to/from Harrison Co.</u>
	<u>to/from contiguous counties and Monongalia Co.</u>

Please provide the number of vehicles that would operate in Southeastrans NET Provider Network should Southeastrans be selected as the West Virginia Medicaid NET Broker.

Ambulatory: _____ Wheelchair: 5 Bariatric Wheelchair: possibly 1-2 of the 5

Email completed forms to: LOI@southeastrans.com

Mail original forms to: Southeastrans, Inc. 4751 Best Rd, Suite 300, Atlanta, GA 30337

Letter of Intent to Provide Medicaid Non-Emergency Transportation Services

To Whom It May Concern:

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Open Doors for the Developmentally Challenged, Inc.

Name of Company or Organization

1108 Washington St., E.

Lewisburg

WV 24901

Address

City

State Zip Code

304-645-2130

304-647-9943

ahinkle@opendoorswv.com

Office Telephone

Fax Number

Email Address

Amber Hinkle

Amber Hinkle for Opendoors, Inc.

Executive Dir. 3.3.2020

Printed Name

Signature

Title

Date

Please list which cities or counties you currently serve or are willing to serve:

Areas Currently Served	Areas Willing to Serve
Greenbrier, Nicholas counties and region	same

Please provide the number of vehicles that would operate in Southeastrans NET Provider Network should Southeastrans be selected as the West Virginia Medicaid NET Broker.

Ambulatory: 6 Wheelchair: 2 Bariatric Wheelchair: _____

Email completed forms to: LOI@southeastrans.com

Mail original forms to: Southeastrans, Inc. 4751 Best Rd, Suite 300, Atlanta, GA 30337

Letter of Intent to Provide Medicaid Non-Emergency Transportation Services

To Whom It May Concern:

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Mullens Manor

Name of Company or Organization

P.O. Box 1964
Address

Pineville
City

WV 24874
State Zip Code

304-923-4022
Office Telephone

304-732-9731
Fax Number

slouejoy@mullensmanor.com
Email Address

Samuel Lovejoy
Printed Name

[Signature]
Signature

Asst. Admin 3/3/20
Title Date

Please list which cities or counties you currently serve or are willing to serve:

Areas Currently Served	Areas Willing to Serve
<u>Wyoming</u>	

Please provide the number of vehicles that would operate in Southeastrans NET Provider Network should Southeastrans be selected as the West Virginia Medicaid NET Broker.

Ambulatory: 10 Wheelchair: _____ Bariatric Wheelchair: _____

Email completed forms to: LOI@southeastrans.com

Mail original forms to: Southeastrans, Inc. 4751 Best Rd, Suite 300, Atlanta, GA 30337

Letter of Intent to Provide Medicaid Non-Emergency Transportation Services

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The Committee For Hancock County Senior Citizens Inc.

Name of Company or Organization

647 Gas Valley Rd

Address

New Cumberland

City

WV

State

26047

Zip Code

304-564-3801

Office Telephone

304-387-2693

Fax Number

jfields@hancocksrsvs.org

Email Address

Jerry Fields

Printed Name

Jerry Fields

Signature

Associate Director

Title

3-3-2020

Date

Please list which cities or counties you currently serve or are willing to serve:

Areas Currently Served	Areas Willing to Serve
Hancock County	

Please provide the number of vehicles that would operate in Southeastrans NET Provider Network should Southeastrans be selected as the West Virginia Medicaid NET Broker.

Ambulatory: 1 Wheelchair: 3 Bariatric Wheelchair: _____

Email completed forms to: LOI@southeastrans.com

Mail original forms to: Southeastrans, Inc. 4751 Best Rd, Suite 300, Atlanta, GA 30337

Letter of Intent to Provide Medicaid Non-Emergency Transportation Services

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Metro Tri state

Name of Company or Organization

132 CO 410	South Point	OH	45680
Address	City	State	Zip Code
7404514995	7404514996	metro@zoominternet.net	
Office Telephone	Fax Number	Email Address	
Jamie Marlowe		Pres	03/02/2020
Printed Name	Signature	Title	Date

Please list which cities or counties you currently serve or are willing to serve:

Areas Currently Served	Areas Willing to Serve
Cabell and Wayne County	Statewide

Please provide the number of vehicles that would operate in Southeastrans NET Provider Network should Southeastrans be selected as the West Virginia Medicaid NET Broker.

Ambulatory: 20 Wheelchair: 6 Bariatric Wheelchair: 0

Email completed forms to: LOI@southeastrans.com

Mail original forms to: Southeastrans, Inc. 4751 Best Rd, Suite 300, Atlanta, GA 30337

Letter of Intent to Provide Medicaid Non-Emergency Transportation Services

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PACE Enterprises

Name of Company or Organization

889 Mylan Park Lane

Morgantown

WV 26501

Address

City

State Zip Code

303-983-7223

304-983-2441

bpirner@paceenterprises.org

Office Telephone

Fax Number

Email Address

Bob Pirner

Director of Development March 2, 2020

Printed Name

Signature

Title

Date

Please list which cities or counties you currently serve or are willing to serve:

Areas Currently Served	Areas Willing to Serve
Monongalia County	Same
Please note we only transport our	
program participants. We do not	
transport others.	

Please provide the number of vehicles that would operate in Southeastrans NET Provider Network should Southeastrans be selected as the West Virginia Medicaid NET Broker.

Ambulatory: 2 Wheelchair: 1 Bariatric Wheelchair: _____

Email completed forms to: LOI@southeastrans.com

Mail original forms to: Southeastrans, Inc. 4751 Best Rd, Suite 300, Atlanta, GA 30337

Letter of Intent to Provide Medicaid Non-Emergency Transportation Services

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Logan Mingo Area Mental Health
Name of Company or Organization

174 Lmam H Center Road
Address

Logan
City

WV 25601
State Zip Code

304-792-7130
Office Telephone

Fax Number

Rcook@LmamH.ORG
Email Address

Robert Cook
Printed Name

[Signature]
Signature

Transportation
Program Manager 2/28/20
Title Date

Please list which cities or counties you currently serve or are willing to serve:

Areas Currently Served	Areas Willing to Serve
<u>Logan County</u>	<u>Wayne County</u>
<u>Mingo County</u>	<u>Boone County</u>
	<u>Lincoln County</u>
	<u>Cabell County</u>
	<u>Greenbrier County</u>

Please provide the number of vehicles that would operate in Southeastrans NET Provider Network should Southeastrans be selected as the West Virginia Medicaid NET Broker.

Ambulatory: 8 Wheelchair: 2 Bariatric Wheelchair: 2

Email completed forms to: LOI@southeastrans.com

Mail original forms to: Southeastrans, Inc. 4751 Best Rd, Suite 300, Atlanta, GA 30337

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EZ Transport LLC
Name of Company or Organization

447 Call Rd Suite 110 Charleston WV 25312
Address City State Zip Code

304.984.6380 304.984.0770 js02trans@gmail.com
Office Telephone Fax Number Email Address

James Stafford James Stafford CO-OWNER 2/28/2020
Printed Name Signature Title Date

Please list which cities or counties you currently serve or are willing to serve:

Areas Currently Served	Areas Willing to Serve
Kanawha, Logan, Raleigh, Fayette, Harrison, Marion, Mingo, Randolph	Same as Current

Please provide the number of vehicles that would operate in Southeastrans NET Provider Network should Southeastrans be selected as the West Virginia Medicaid NET Broker.

Ambulatory: 25 Wheelchair: 1 Bariatric Wheelchair: _____

Email completed forms to: LOI@southeastrans.com

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Blessed Transportation LLC
 Name of Company or Organization

2006 Allison Rd Chester W.V 26034
 Address City State Zip Code

304 387 4175 304 387 4243 blessedtransportationllc@yahoo.com
 Office Telephone Fax Number Email Address

Harold Davis Harold J Davis Owner 2-28-2020
 Printed Name Signature Title Date

Please list which cities or counties you currently serve or are willing to serve:

Areas Currently Served	Areas Willing to Serve
<u>Hancock</u>	
<u>Northard Brook</u>	

Please provide the number of vehicles that would operate in Southeastrans NET Provider Network should Southeastrans be selected as the West Virginia Medicaid NET Broker.

Ambulatory: 3 Wheelchair: 4 Bariatric Wheelchair: _____

Email completed forms to: LOI@southeastrans.com

Mail original forms to: **Southeastrans, Inc. 4751 Best Rd, Suite 300, Atlanta, GA 30337**

Job Description

Project Director/State Director

SUMMARY: Responsible for the operational management of all business activities related to NET contracted services, including oversight of all internal functions, call center operations, provider network management and development, compliance, reconciliation, quality control, risk management, information technology, training, and business office oversight.

ESSENTIAL FUNCTIONS

- Plan, develop, and implement strategy for operational management of regional office in accordance with corporate objectives dictated by President and Chief Operations Officer.
- Establish and maintain appropriate systems for monitoring, measuring, and reporting operational performance.
- Recruit, select, manage and develop staff.
- Manage and control departmental expenditures within approved budgets.
- Establish and implement operational policies and procedures to ensure compliance with corporate objectives and contractual requirements.
- Maintain awareness and knowledge of contemporary transportation management theories and concepts.
- Conduct management level meetings to ensure effective organizational communication and performance.
- Direct and/or delegate all business function management tasks and ensure appropriate and timely outcomes.
- Coordinate communication with principle stakeholders including state agencies and/or contractors, corporate advisory board, and NET providers.
- Work with internal business partners to proactively develop continuous quality improvement initiatives surrounding enhancing customer service and client satisfaction.
- Assist in providing strategic and tactical planning for the call center operations to ensure quality interactions with clients and enhance overall operational effectiveness.
- Establish and maintain provider networks, and negotiate provider agreements and rates.
- Perform other duties as assigned.

QUALIFICATIONS REQUIRED

- Proven track record as an effective team leader.
- Effective communicator with proven leadership skills and abilities.
- Thorough understanding of NET service delivery and contract management.
- Ability to analyze, organize, prioritize, implement, and control complex business activities and transactions.

- Experience directing staff in the day-to-day operations of office.
- Experience managing and evaluating workflow and reporting processes.
- Previous experience in operation management.
- Previous experience in human services transportation is preferred.

MINIMUM REQUIRED EDUCATION/TRAINING

- Bachelor's degree in business administration from accredited college or university or equivalent experience with noted progressive responsibilities.
- 3+ years' experience in executive and/or operational management.
- NET experience preferred.

Job Description

Assistant Manager (Call Center Director)

Company Overview:

Southeastrans, Inc. is driving the future of transportation management for non-emergency medical transportation by offering a range of transportation solutions that yield the highest levels of service quality and consumer satisfaction in the industry. We combine high-tech solutions, innovative business practices as well as an unyielding commitment to quality and consumer service to create a new standard in human transportation services. Our mission is to provide transportation management solutions that deliver the highest levels of quality and satisfaction to our consumers and partners, while offering exceptional value performance, and responsiveness to our contracting agencies.

SUMMARY

To manage the Call Center to facilitate the maximization of resources (human and automated) to achieve customer satisfaction, productivity, contract compliance and financial goals. Plan and develop strategies and procedures to improve the operating quality and efficiency of the department.

ESSENTIAL FUNCTIONS

- Oversees daily activities of Customer Service, Routing, Dispatch and Special Services departments to maximize scheduling and real-time utilization of resources; analyzes and recommends employee staffing, training and leadership for the department that has over 50 employees.
- Meets and exceeds contractual and company required metrics – Average Speed of Answer, Abandoned Rate, Grade of Service, etc.
- Administers staffing scheduling in coordination with call center Supervisors.
- Communicates job expectations; monitoring, appraising, and reviewing adherence to established policies and procedures.
- Executes contingency plans as needed; escalates and directs activities during systems failures, outages, disasters, etc.; identifies potential problems, troubleshoots, and escalates issues to local and network management; participates in post-incident analysis of system/program malfunctions providing input for future process improvements.
- Uses knowledge of Workforce Management tools and techniques to ensure staff performance targets for calls; accuracy, efficiency, and quality are met on a daily, weekly, and monthly basis. Reviews ongoing performance results to targets. Takes immediate corrective measures and escalates as needed.
- Verify daily monitoring of random calls is performed to meet contractual and organizations' standards requirements, improve quality, minimize errors, and track operational performance.

- Identify additional training needs, plan training sessions, and track performance improvement.
- Maintains a favorable working relationship with all other company employees to foster and promote a cooperative and harmonious working climate which will be conducive to maximum employee morale, productivity, and efficiency/effectiveness.
- Keeps leadership promptly and fully informed of all problems or unusual matters of significance and takes prompt corrective action where necessary or suggests alternative courses of action which may be taken.
- Communicates areas of accountability and performance expected of personnel assigned
- Develop in-depth knowledge of all call center functions with a particular focus on the Dispatch process. Understand the challenges of meeting our members' needs, special rates, provider demands, IT issues.
- Manage the financial expectations of the call center – cost of labor, overtime, spending of revenue. Know the regulatory requirements of contracts and maintain acceptable metrics. Understand what drives the metrics and how to achieve the goals.
- Prepares call center performance reports by collecting, analyzing, and summarizing data and trends.

QUALIFICATIONS REQUIRED

- Must have 5 or more years of Call Center leadership.
- Excellent customer service skills, excellent verbal and written communication
- Ability to multitask in a fast paced environment with strong analytical and statistical acumen.
- Strong leadership and organizational skills, including time management and documentation, workforce management tools and call center technology.
- Strong computer skills. Proficiency and speed working in all Microsoft Office products
- Understand what causes turnover and the cost of turnover.
- Understand how everything comes together – from our contracts to Insight to software to people. The successful call center manager balances all of these demands.
- Able to set targets and offer incentives to create a positive work environment, maintain drive and energy. Demand a high level of customer service – members, providers, facilities, payers, and staff. Customer service has to be seen as a number one priority.
- Have a structured recruitment, orientation, retention program – hire and keep the right people

MINIMUM REQUIRED EDUCATION

- College degree
- High school diploma or equivalent required

Physical Demand:

The work is mostly sedentary with periods of light physical activity, and is performed in offices to surroundings. Typical positions require workers to walk or stand for long periods; lift and carry up to 20 pounds; climb stairs, bend, reach, hold, grasp, and turn objects; and operate computer or typewriter keyboards. The work requires the ability to speak normally and use normal or aided vision and hearing. Subject to work beyond the normal scheduled hours of work to attend evening meetings and work sessions.

Work Environment:

The noise level in the work environment is usually moderate.

JOB DESCRIPTION



TITLE: CALL CENTER SUPERVISOR

REPORTS TO: CALL CENTER MANAGER

FLSA STATUS: Exempt

HIPAA: Compliance Level 1

SUMMARY: Supervise staff in accordance with company policies and procedures. Work directly with Management to achieve all Call Center performance and contractual compliance objectives.

ESSENTIAL FUNCTIONS

- Ensures adherence to Call Center Policies and Procedures.
- Ensure calls are handled efficiently, accurately, and in a timely manner.
- Assists staff in resolving complaints or escalated calls.
- Coach and mentor staff to achieve optimum performance levels.
- Monitor personnel performance and participate in employee performance reviews.
- Responsible for staff scheduling to include: employee training/re-training, employee vacations, employee breaks, overtime assignments, back-up for absent employees, and shift rotations.
- Work with Call Center Manager to analyze call center volume. Make recommendations to staffing levels in order to meet Grade of Service goals.
- Communicate and coordinate with other Supervisors to ensure Call Center performs as a cohesive unit and meets performance goals.
- Complete human resource paperwork.
- Other duties as assigned.

QUALIFICATIONS REQUIRED

- Previous supervisory experience preferred; at least two or more years of Customer Service experience in a Call Center environment.
- Ability to work well with people. Strong leadership skills
- Exceptional organization and time management skills.
- Positive attitude, good judgment, and strong work ethic.
- Demonstrate excellent interpersonal communication skills.
- Strong computer skills. Proficiency and speed working in all Microsoft Office products.
- Strong organizational skills, including time management and documentation.
- Knowledge of telephone call center systems.

MINIMUM REQUIRED EDUCATION/TRAINING

- High school diploma or equivalent

JOB DESCRIPTION



TITLE: CALL CENTER TEAM LEAD

REPORTS TO: CALL CENTER SUPERVISOR

FLSA STATUS: Non Exempt

HIPAA: Compliance Level 2

SUMMARY: Assist the Supervisor in the operation in accordance with policies and procedures. Ensure smooth operation during shift.

ESSENTIAL FUNCTIONS

- Serves as a lead staff member to observe Customer Service Representatives in accordance with policies and procedures.
- Participates in training and coaching of CSR's in conjunction with Training Specialist and Call Center Management.
- Monitors service levels and communicates issues to Supervisor.
- Handles escalated calls; takes appropriate action to calm upset customers and resolve customer complaints.
- Observes the work environment to ensure compliance with established policies and procedures.
- Provides feedback to Call Center Management regarding employees' performance.
- Acts as the primary point of contact for CSR's in the absence of a Supervisor.
- Assists with other duties as assigned.

QUALIFICATIONS REQUIRED

- 2 years' customer service experience in an inbound call center; healthcare environment a plus
- 1 year in a lead call center role with the ability to demonstrate how to lead a team
- Entry level proficiency in Microsoft Word and Excel
- Excellent written and verbal communication skills, professional appearance, positive attitude
- Excellent time management skills
- Must be able to demonstrate multi-tasking skills in a high stress environment while working with multiple managers
- Must have a high level of interpersonal skills to handle sensitive and confidential situations

MINIMUM REQUIRED EDUCATION/TRAINING

JOB DESCRIPTION



TITLE: **CUSTOMER SERVICE REPRESENTATIVE**

REPORTS TO: **CALL CENTER SUPERVISOR**

FLSA STATUS: Non-Exempt

HIPAA: Compliance Level 1

SUMMARY: This position is responsible for ensuring that all consumers receive accurate, courteous, and professional customer service related to requests for non-emergency medical transportation services

ESSENTIAL FUNCTIONS:

- Assists callers efficiently and in a polite, courteous and professional manner at all times.
- Conducts appropriate screening and eligibility functions.
- Obtains correct information to schedule appropriate modes of transportation.
- Maintains current knowledge of local operating transportation policies.
- Accurately and effectively uses trip scheduling and dispatch software.
- Maintains client, company and employee confidentiality.
- Communicates with facilities and/or providers as necessary to assure efficient transportation services.
- Coordination of urgent care and/or discharges with Trip Validation Specialist
- Keeps Supervisor informed concerning scheduling and/or service delivery problems
- Completes all required records and reports
- Effective use of telecommunications systems

QUALIFICATIONS REQUIRED

- Excellent communication skills
- Basic computer and typing skills
- Type 40 wpm
- Customer service experience
- Able to work in a busy environment
- Able to work independently or with a team

MINIMUM REQUIRED EDUCATION/TRAINING

- High School graduate or equivalent

JOB DESCRIPTION



- High school diploma or equivalent

TITLE: **CUSTOMER SERVICE REPRESENTATIVE**

REPORTS TO: **CALL CENTER SUPERVISOR**

FLSA STATUS: Non-Exempt

HIPAA: Compliance Level 1

SUMMARY: This position is responsible for ensuring that all consumers receive accurate, courteous, and professional customer service related to requests for non-emergency medical transportation services

ESSENTIAL FUNCTIONS:

- Assists callers efficiently and in a polite, courteous and professional manner at all times.
- Conducts appropriate screening and eligibility functions.
- Obtains correct information to schedule appropriate modes of transportation.
- Maintains current knowledge of local operating transportation policies.
- Accurately and effectively uses trip scheduling and dispatch software.
- Maintains client, company and employee confidentiality.
- Communicates with facilities and/or providers as necessary to assure efficient transportation services.
- Coordination of urgent care and/or discharges with Trip Validation Specialist
- Keeps Supervisor informed concerning scheduling and/or service delivery problems
- Completes all required records and reports
- Effective use of telecommunications systems

QUALIFICATIONS REQUIRED

- Excellent communication skills
- Basic computer and typing skills
- Type 40 wpm
- Customer service experience
- Able to work in a busy environment
- Able to work independently or with a team

MINIMUM REQUIRED EDUCATION/TRAINING

- High School graduate or equivalent

Job Description

WFM Coordinator

SUMMARY: To monitor real time work force staff to ensure and report on attendance and schedule adherence supports business needs. To assist in managing local scheduling and real-time operations which facilitate the maximization of resources (human and automated) to achieve customer satisfaction, productivity, and economic goals. Plan and develop systems and procedures to improve the operating quality and efficiency of the department.

ESSENTIAL FUNCTIONS:

1. Oversees daily real-time call queue skilling, attendance and schedule adherence monitoring using available tools, and maximize productivity and efficiency through communication and skilling to acquire business service levels consistently.
2. Support daily activities of Call Center Scheduling and Call Center Operations to maximize scheduling and real-time utilization of resources; analyzes and recommends part-time, flexible and full-time employee mix for the site.
3. Involved in the approval process for all agent Paid Time Off, Voluntary Time Off, and Overtime. Ensures that approvals or denials align with the needs of the business at all times.
4. Interfaces with Operations management to ensure smooth -coordination of scheduling and maximization of schedule adherence; provides input on local conditions, identifies needs and receives direction on real-time staffing increases or decreases.
5. Ensures communication of real-time staffing changes to Call Center Manager, Supervisors, and Team Leaders as needed to manage schedule adherence notifying and escalating within the site and within the Network as warranted.
6. Supports contingency plans as needed; escalates and directs activities during systems problems, disasters, etc.; identifies potential problems, troubleshoots, escalates issues to local and network management, and participates in post-mortem analysis of problems providing input for future process improvements.
7. Approves schedules developed by Call Center Leadership and works with local management to communicate and fill schedules and handle exceptions.
8. Reviews ongoing performance results to targets. Takes corrective measures with authorization, escalate as needed.

9. Participates in daily, weekly, monthly and annual planning process as appropriate.
10. Performs all duties and responsibilities in a timely and effective manner in accordance with established company policies to achieve the overall objectives of this position.
11. Maintains a favorable working relationship with all other company employees to foster and promote a cooperative and harmonious working climate which will be conducive to maximum employee morale, productivity, and efficiency/effectiveness.
12. Projects a favorable image of the company to promote its aims and objectives and foster and enhance public recognition and acceptance of all of its areas of endeavor.
13. Keeps immediate superior promptly and fully informed of all problems or unusual matters of significance and takes prompt corrective action where necessary or suggests alternative courses of action which may be taken.
14. Compiles and sends daily/weekly/monthly call center reporting requests as required to support staffing and performance metric needs.
15. Performs other duties and responsibilities as required or requested.

QUALIFICATIONS REQUIRED:

- Approximately 2 - 5 years previous operations work force experience including forecasting, scheduling and real-time operations management
- Advanced experience using eWorkForce Management software
- Advanced knowledge with reporting tools including MS Excel
- Analytical skills and statistical background
- Experience in a production or call center environment

MINIMUM REQUIRED EDUCATION:

- One year certificate from college or technical school; or two to five years related experience and/or training; or equivalent combination of education and experience.

TITLE: **WHERE'S MY RIDE (WMR) REPRESENTATIVE**

REPORTS TO: **CALL CENTER SUPERVISOR**

FLSA STATUS: Non-Exempt

HIPAA: Compliance Level 1

SUMMARY: Respond to member "where's my ride" inquiries, obtain ETA (estimated time of arrival) updates from transportation providers; identify alternate provider resources as applicable to ensure completion of transportation reservation. Project a professional company image through telephone interaction.

ESSENTIAL FUNCTIONS

- Answer phones and respond to member requests.
- Provide members with updates regarding their assigned transportation provider's ETA.
- Serve as intermediary between member, provider, and medical facility to ensure timely and successful completion of transportation reservation.
- Identify and resolve member issues using advanced knowledge of NET *InSight*®.
- Escalate transportation issues to appropriate supervisory staff as necessary.
- Other duties as assigned.

QUALIFICATIONS REQUIRED

- Prior customer service experience required.
- Computer literate with the ability to type 30 wpm.
- Work requires willingness to work a flexible schedule.

MINIMUM REQUIRED EDUCATION/TRAINING

- High school diploma or equivalent.

TITLE: CALL CENTER QA MONITOR

REPORTS TO: CALL CENTER MANAGER

FLSA STATUS: Non-Exempt

HIPAA: Compliance Level 1

SUMMARY: Provides Quality call monitoring for agents and completes observation quotas, verifies accuracy of call center script usage, process and procedures, figures, calculations, and postings pertaining to business transactions recorded by other workers by performing the following duties.

ESSENTIAL FUNCTIONS

- Responsible for listening, evaluating, accurate scoring, and reporting of call center agent script use, policy and procedure and business standard requirements to ensure customer and client satisfaction.
- Complete daily/weekly/monthly scoring quota requirements supporting contractual obligations including calls of varying lengths to determine opportunities with both long, medium, and short call durations.
- Develop and implement effective quality monitoring processes, which are linked to continuous improvements and training.
- Evaluate communication methods between the Agents and customers utilizing call monitoring tools and scorecards.
- Monitor calls, evaluating the quality of the service being provided to customers and clients.
- Utilize the quality monitoring software; record Agents' calls and screen capture their desktop for review.
- Take pro-active lead in identifying opportunities for continuous improvement.
- Make recommendations for training, process development, and service improvement.
- Review Agent performance with the Agent and/or Team Lead.
- Identify, save, and report exceptional calls for use in coaching and development. Seek calls or portions of calls which perfectly demonstrate desired call handling behaviors for varying and requested/assigned situations to support business needs, and save and share with training and leadership.
- Work with Training Coordinator, Supervisors and Manager to determine training needs.
- Perform regular and recurring assignments in accordance with established procedures and with minimal supervision.
- Attend periodic quality calibrations to ensure consistency in evaluations for consistent scoring.
- Must have flexibility for backfilling for peers or assisting with call volume peaks when coverage is needed. This includes holidays, weekends, and night shift if required. Management approval and coordination is required.

JOB DESCRIPTION



- Assist with Agent Training and Development in areas other than customer service.
- Other duties as assigned.

QUALIFICATIONS REQUIRED

- Proven ability of acquiring call center standards by achieving 95% or above average Quality score consistently: recent 3-6 months minimum.
- Must be self-driven, self-learner.
- Ability to work with or without supervision.
- Must be detailed oriented.
- Have excellent communication skills (both verbal and written).
- Must be able to take direction.
- Have a genuine desire and spirit to assist others.
- Must be able to motivate.
- Knowledge of reporting software including observation tools and MS Excel
- Ability to read and comprehend simple instructions, short correspondence, and memos. Ability to write simple correspondence. Ability to effectively present information in one-on-one and small group situations to customers, clients, and other employees of the organization.

MINIMUM REQUIRED EDUCATION/TRAINING

- One year certificate from college or technical school; or three to six months related experience and/or training; or equivalent combination of education and experience.
- Working knowledge of Microsoft Office
- Bilingual skills a plus

JOB DESCRIPTION



TITLE: **GAS REIMBURSEMENT COORDINATOR**

REPORTS TO: **CALL CENTER MANAGER**

FLSA STATUS: Non-Exempt

HIPAA: Compliance Level 1

SUMMARY: The Gas Reimbursement Coordinator (GR Coordinator) is responsible for managing the functions of Gas Reimbursement transportation for members. This position will oversee the systems in place to maximize GR for the operation, including setting up of transportation, resolving issues related to GR, marketing the programs and training of dispatch and routers on the programs.

ESSENTIAL FUNCTIONS

- Responsible for setting up transportation for members utilizing Gas Reimbursement (GR) for the operation.
- Promoting GR Dispatch and Call Center Staff to maximize the programs.
- Monitor, measure, and report on the usage of GR and provide to management.
- Answer phones and respond to customer requests.
- Provide information regarding GR when requested by members.
- Provide members with product and service information.
- Generate forms for tracking GR distribution to facilities.
- Recommend process improvements.
- Perform other duties and responsibilities as required or requested.

QUALIFICATIONS REQUIRED

- Excellent communication skills both written and oral.
- Excellent organization skills.
- Above average computer skills using Microsoft Access, Excel and Word
- Ability to stand or sit for long periods of time.
- Ability to be flexible with their schedule (could require weekends, evenings and holidays).
- Ability to work independently or with a team.
- Professional appearance, positive attitude.

MINIMUM REQUIRED EDUCATION/TRAINING

- High School Diploma.
- Clean Driving record.

TITLE: Public Transportation Coordinator

REPORTS TO: Director of Finance

FLSA STATUS:

HIPPA: Compliance Level

SUMMARY

Coordinate the distribution and tracking of public transit passes for Southeastrans. Maintains records of passes in inventory and on order. Report all public transportation fare and expenditures. Monitors reorder points and initiates action to replenish stock. Reconciles discrepancies in inventories and notifies supervisor of irregularities.

ESSENTIAL FUNCTIONS

- Compiles and maintains records of quantity, type, and value of public transit passes: Counts merchandise/passes in stock and posts totals to inventory records, manually or using computer.
- Submits purchase order request for the required passes.
- Compares inventories to office records or computes figures from records to obtain current inventory.
- Verifies clerical computations against physical count of stock and adjusts errors in computation or count, or investigates and reports reasons for discrepancies.
- Compiles information on receipt or disbursement of passes and computes inventory balance, price, and cost.
- Prepares reports, such as inventory balance, price lists, and shortages.
- Prepares and reports a list of depleted items.
- Receives, unpacks, and delivers passes; re-stocks passes as necessary; labels passes.
- Processes and documents returns.
- Obtains Public Transportation trip information via InSight® on a daily basis to determine appropriate distribution method (US Mail or hand delivery).
- Groups and packages fare media/passes for hand delivery.
- Delivers public transportation passes.
- Sends Public Transportation Restriction Forms (PTRF) as indicated by policy.
- Completes Attendance Verification Forms (AVF) for physician appointments and pharmacy trips.
- Maintains Certified Mail receipts, facility attestations of receipt, and documentation of hand delivery.
- Ensures public transportation forms include the required information for processing.
- Monitors public transportation trip processing errors and communicate issues to management for timely correction.
- Takes appropriate actions to bring resolution to customer complaints concerning Public Transportation.
- Contacts members to confirm address and encourages continued use of the Public Transportation program.
- Processes required daily/weekly/monthly reports.
- Travels to area public transit systems sites to obtain passes
- Assists with other duties as assigned.

QUALIFICATIONS REQUIRED

- Must adhere to HIPAA standards
- Excellent verbal and written communication skills
- Knowledge of supplies, equipment, and/or services, ordering, and inventory control.
- Ability to reconcile stock counts to report data.
- Database management skills.
- Ability to analyze and solve problems.
- Ability to prepare routine administrative paperwork.
- Ability to receive, stock, and/or deliver goods.
- Clerical, word processing, and/or office skills.
- Must be able to lift up to 50 lbs.
- Above average problem solving skills preferred
- One to two years of customer service experience
- Demonstrated ability to organize, coordinate, prioritize, and facilitate many on-going tasks simultaneously
- Must be able to prepare comprehensive reports and analyze data
- Capable of identifying service delivery issues and developing solutions
- Ability to bend, stoop, push, pull and step in/out of vehicles
- Ability to stand or sit for long periods of time
- Ability to see and operate in various conditions including day, night, and adverse weather conditions
- Must be flexible to work weekends, evenings and holidays when necessary
- Ability to work independently or with a team
- Meet contractual requirements for NET drivers
- Meet DOT requirement for criminal background check and drug screening
 - Five-year driving record meets Southeastrans' insurance requirements
 - Minimum 25 years of age required

MINIMUM REQUIRED EDUCATION/TRAINING

- High school graduate or equivalent required
- At least one year of experience that is directly related to the duties and responsibilities specified.
- Must be able to travel locally as required

JOB DESCRIPTION



TITLE: CARE MANAGERS (SPECIAL SERVICES REPRESENTATIVE)

REPORTS TO: CALL CENTER SUPERVISOR

FLSA STATUS: Non-Exempt

HIPAA: Compliance Level 1

SUMMARY: This position is responsible for ensuring that members who require re-occurring transportation receive courteous and professional customer service.

ESSENTIAL FUNCTIONS

- Assist members efficiently and in a timely manner by projecting a polite, courteous and professional attitude at all times.
- Assist members with all transportation concerns.
- Maintain accurately entered data.
- Adhere to HIPAA guidelines regarding member confidentiality.
- Maintain an acceptable attendance and tardiness record.
- Schedule standing orders and demand trips using *NET InSight®* transportation management system.
- Schedule subscription trips to providers according to Provider Assignment roster
- Maintain professionalism when dealing with medical facilities.
- Provide clinical staff, member providers, and members with necessary paperwork to maintain clear communication.
- Insurance verification for both dialysis and nursing home patients.
- Retrieve messages from the call center for daily appointments.
- Train new employees.
- Assist dispatchers in writing up send backs.
- Check member files for accuracy in the system.
- Process monthly recertification and attendance verification reports.

QUALIFICATIONS REQUIRED

- Excellent communication skills.
- Basic computer and typing skills.
- Customer service experience.
- Able to work in a busy environment.
- Able to work independently or with a team.

MINIMUM REQUIRED EDUCATION/TRAINING

- High School graduate or equivalent.

Appointment Verification (UR Representative)

SUMMARY: Provides clinical subject matter expertise in the coordination of requested services and in assisting the operation in determining the appropriate member qualifications for transportation. Performs verification of member appointments both pre and post trip.

ESSENTIAL FUNCTIONS

CLINICAL

- Performs accurate review of assessments and diagnoses to determine appropriateness of requested services.
- Performs pre and post transportation verification
- Identifies and monitors service-related issues.
- Identifies risk, implements safety plans, and coordinates with counterparts at care center to ensure continuity; program compliance.
- Serves as a field/outreach/in-service representative to medical facilities requesting services.

COMPLIANCE

- Serves as clinical representative in organizations URAC accreditation initiative.
- Oversees weekly utilization audits performed by Utilization Review staff using internal software and other instruments to monitor program compliance.
- Ensures special services policies and procedures meet contractual requirements.

EDUCATION

- Coordinates with Regional Managers to develop, implement, and facilitate outreach activity with medical facilities.
- Performs resource development and enhancement.
- Provides internal and external in-services with regards to the delivery of non-emergency medical transportation (NEMT) services.

COMMUNITY RELATIONS

- Networks with community groups.
- Facilitates presentations to educate consumers and medical facilities.
- Provides timely, appropriate, and positive resolution of customer service issues.

ADMINISTRATIVE

- Keeps Executive Management abreast of all risk and customer service issues as they are identified.
- Other duties as assigned.

QUALIFICATIONS REQUIRED

- Familiar with Medicare, Medicaid, community resource, dialysis, and nursing home placement process.
- Knowledgeable of the principles, practice, and methods of social work, compliance, budget, and administration.
- High ethical and professional standards.
- A strategic visionary with sound social work skills, analytical thinking, good judgment, and strong operational focus.
- Ability to work effectively within an interdisciplinary team.
- A well organized and self-directed individual.
- An articulate individual who can relate to people at all levels of an organization.
 - Entry level proficiency in Microsoft Word and Excel.
 - Excellent written and verbal communication skills.
 - Excellent time management skills.
 - Must be able to demonstrate multi-tasking skills in a high stress environment while working with multiple managers.
 - Must have a high level of interpersonal skills to handle sensitive and confidential situations.
 - Must take direction well.
 - Must be flexible.
- Professional appearance.
- Positive attitude.

JOB DESCRIPTION

TITLE: Sr. Manager Provider Relations

REPORTS TO: Vice President of Operations

FLSA STATUS: Exempt

EEOC JOB CODE: Official and Manager

HIPPA: Compliance Level 3

SUMMARY

Manages all Non-Emergency Medical Transportation (NEMT) Provider credentialing and training functions, Southeastrans shooter vans, and Southeastrans fleet maintenance functions.

ESSENTIAL FUNCTIONS

- Provides training for NEMT providers according to contract requirements
- Establishes and maintains a positive working relationship with NEMT providers
- Develops and implements required NEMT Driver training programs
- Conducts NEMT Provider Orientation training
- Coordinates NEMT provider application, credentialing, and implementation
- Manages Southeastrans shooter van activities
- Manages Southeastrans fleet maintenance activities
- Assists with NEMT Provider compliance activities
- Other duties as assigned

QUALIFICATIONS REQUIRED

- 3 years of supervisory/management experience, as well vendor/contract management experience.
- Must have excellent written and verbal communication skills
- Must have strong analytical skills and pay attention to details with the ability to juggle multiple competing priorities in a demanding environment, with excellent time management skills
- Self motivated/self-starter, can take initiative, can work independently without supervision and can step in to support other department initiatives; Can work well under pressure
- Demonstrates commitment and accountability and is self-confident in executing responsibilities; excellent corporate work ethics
- Must be able to provide positive reinforcement to the team and encourage the team in a positive manner in all aspects.
- Must have a high level of interpersonal skills to handle sensitive and confidential situations
- Entry level proficiency in Microsoft Word and Excel
- Must take direction well
- Must be flexible

- Professional appearance
- Positive attitude
- Must have clean driving record

MINIMUM REQUIRED EDUCATION

- Bachelor's degree (B. A.) from four-year College or University; or one to two years related experience and/or training; or equivalent combination of education and experience.

JOB DESCRIPTION



TITLE: **DISPATCH MANAGER**

FLSA STATUS: Non-Exempt

HIPAA: Compliance Level 1

SUMMARY:

Monitors the team of dispatchers, ensuring cost containment and holding transportation providers accountable to their rates. Works closely with the VP of Network Development and the Call Center Director. Leads the team in the dispatch operation in accordance with policies and procedures. Ensure smooth dispatch operation during shift.

ESSENTIAL FUNCTIONS:

- Monitor the operation in accordance with policies and procedures.
- Train and coach team members in conjunction with supervisor.
- Responsible for shift schedule to include, work station assignments/rotations with supervisor.
- Coordinate production startups, shutdowns, and changeovers with supervisor.
- Responsible to meet shift goals.
- Responsible for quality control. Make adjustments as necessary during shift to maintain compliance within specifications.
- Operate within standard operating procedures (SOPs).
- Communicate with Supervisor.
- Ensure a clean and safe work environment.
- Complete shift paperwork.
- Assist in assigned department as necessary.
- Other duties as assigned.
- **MUST BE ABLE TO WORK A ROTATING 24/7 WORK SCHEDULE, NIGHTS, WEEKENDS AND HOLIDAYS AS NEEDED AND/ OR AS REQUIRED.**

The Dispatch Team Lead role requires consistent demonstration of:

- Being an SME in dispatch handling support
- Serving as the first point for dispatch escalation resolution
- Dispatch queue and work management/engagement.
- Ability to multi-task successfully with competing high-level priorities
- Assisting in developing dispatch agents
- Meeting deadlines on assigned projects and deliverables
- Dispatch/Call monitoring and providing QA feedback
- Regular communication of team performance, and needed business updates
- Adherence to the MBWA concept (Managing-By-Walking-Around), being visible and available for dispatch.
- Assisting with Dispatch center training

JOB DESCRIPTION



- Leading by example regarding positive demeanor, dress, attendance, business ethics, adapting to change, etc.
- Engagement to the business ... always working to find ways to improve the business and assist team members
- An ability to recognize the need to 'flex' to support the business when needed

QUALIFICATIONS REQUIRED:

- Strong reading, writing, and arithmetic skills required.
- Computer literate with the ability to learn customer service software applications. Duties require professional verbal and written communication skills and the ability to type 30 wpm.
- **Work requires willingness to work a flexible schedule including days, nights, holidays and weekends.**

MINIMUM REQUIRED EDUCATION:

- Bachelor's Degree in Business from an accredited College or University and/or commensurate experience in area of quality or compliance strongly preferred
- High school diploma or equivalent.

ON-TIME PERFORMANCE ANALYST

SUMMARY:

Under the direction of the Regional Manager review, communicate and report previous day late trips with providers that have exhibited higher late percentages.

ESSENTIAL FUNCTIONS:

- Collect and analyze the daily data regarding the on time performance of non-emergency transportation providers.
- Use of space and time reports, pickup and delivery standards reports and specific trip information to compile reports on trips that did not meet the on time performance standards as set by the provider contract.
- Communicate daily with providers in order to gather reason responses for all late trips.
- Communicate with Call Center personnel regarding discrepancies identified within InSight system that may affect reporting.
- Track on time performance and maintain accurate records of performance levels for each provider reviewed. Enter responses sent by providers in InSight daily.
- Ability to analyze results and make recommendations for changes to business processes to management.

QUALIFICATIONS REQUIRED:

- Excellent research and problem-solving skills
- Excellent time management skills; ability to complete tasks on time and within budget
- Superior written and oral communicative skills
- Proficient in Microsoft Word, Outlook and Excel
- Self directed
- Ability to recognize positive or negative trends and communicate these changes
- Duties require professional verbal and written communication skills and the ability to type 40 wpm
- Willingness and ability to work overtime when needed
- Ability to multi-task

MINIMUM REQUIRED EDUCATION:

High school diploma or equivalent

Job Description

Compliance Manager

SUMMARY:

Assuring that all NEMT Providers are appropriately trained and operating within compliance of all vehicle, driver and contractual requirements. In addition to, overseeing any and all accidents and incidents that may have occurred while they were operating under their SETI agreement. Also responsible for supervising the Quick Response Vehicles and Staff

ESSENTIAL FUNCTIONS:

- Generates and maintains executed contractual agreements for provider network
- Verifies and maintains current and valid documentation to assure that NEMT Providers are compliant with all contract requirements.
- Ensures that all current and valid data is inputted into Southeastrans' data base in a timely and efficient manner
- Communicates information to key staff and departments
- Establishes and maintains regular contact with all contracted NEMT providers to ensure compliance with all contract requirements.
 - Conduct annual, bi-annual, and spot inspections on authorized NEMT vehicles to ensure compliance to the executed provider agreement
 - Investigation of various activities for fraud and abuse as well as quality assurance
- Ensures that information is documented and submitted in a timely manner. Photos must be downloaded to SET server within one business day.
- Management and scheduling of Compliance and Quick Response Vehicle (QRV) staff
- Ensures all providers, NET Drivers, and Compliance Team are performing to the guidelines of Southeastrans, Inc. standards
- Responsible for managing safety and security programs
- Accountable for the preparation and submission of reports to satisfy internal and regulatory requirements
- Assists with reconciliation issues, as needed.
- All other duties as assigned

QUALIFICATIONS REQUIRED:

- Excellent written and verbal communication skills
- Excellent problem solving skills
- Minimum of five-year customer service experience
- Minimum of 3 years Risk and Compliance experience
- Five years in NET, EMS and/or Public Transit, or Fleet Management experience preferred
- Minimum of two years in a supervisor/management position
- Ability to lift over 50 lbs

- Ability to bend, stoop, push, pull and step in/out of vehicles
- Ability to stand or sit for long periods of time
- Ability to see and operate in all conditions (day, night, adverse weather conditions)
- Ability to be flexible with their schedule (could require weekends, evenings and holidays)
- Ability to work independently or with a team
- Professional appearance
- Positive attitude
- Meet contractual requirements for NET drivers
- Able to Certify to Instruct:
 - Defensive Driving
 - Passenger Assistance
 - First Aid
 - C.P.R.

MINIMUM REQUIRED EDUCATION:

Bachelor's Degree in Business from an accredited College or University and/or commensurate experience in area of quality or compliance strongly preferred.

TITLE: **COMPLIANCE OFFICER / TRAINER**

REPORTS TO: **PROGRAM MANAGER**

FLSA STATUS: Non-Exempt

HIPAA: Compliance Level 1

SUMMARY: Manages all Non-Emergency Medical Transportation (NEMT) Provider training functions according to contractual guidelines and SETI established curriculum. Assures that all NEMT Providers are appropriately trained and operating within compliance of all vehicle, driver, and contractual requirements. In addition, has oversight of compliance and credentialing process to ensure all contracted providers meet Client contractual guidelines; abide by Federal, State, and Local applicable transportation laws. Insures all accidents and incidents are reported and investigated according to SETI policies and procedures.

ESSENTIAL FUNCTIONS

- Oversight of all compliance and training functions for Regional Office.
- Assist Corporate Compliance Department and Program Manager with timely investigation and response to accident/incident investigations in accordance with Southeastrans policies and procedures.
- Verify and maintain current and valid documentation to ensure that NEMT Providers are compliant with all contract requirements
- Ensure that all data is valid and current when enter into NET InSight; perform random audit twice annually.
- Establish and maintain regular contact with all contracted NEMT providers to ensure compliance with all contract requirements.
- Ensure Compliance Specialists are performing according to SETI standards.
- Monitor NEMT Provider Training curriculum to ensure all training programs are developed and include all required elements according to contractual agreements.
- Develop training schedule; conduct NEMT Provider Training at least twice monthly.
- Review all new provider documentation to determine readiness to join the network; make necessary recommendations to Contract Manager to bring provider into full compliance.
- Participate in NEMT field observation activities
- Other duties as assigned

QUALIFICATIONS REQUIRED

- Minimum of 5 years' customer service experience
- Minimum of 3 years' Risk and/or Compliance experience
- Experienced in NET, EMS and/or Public Transit preferred

JOB DESCRIPTION



- 1-year training experience
- Excellent communication skills, professional appearance, positive attitude toward work

Current or will be able to be certified to instruct:

- Defensive Driving
- Passenger Assistance
- First Aid
- C.P.R.
- PASS Instructor
- Red Cross Basic First Aid and CPR Instructor

MINIMUM REQUIRED EDUCATION/TRAINING

- High School graduate or equivalent
- Bachelor's Degree in Business from and accredited College or University and/or commensurate experience in area of quality or compliance preferred.

JOB DESCRIPTION



TITLE: NET PROVIDER TRAINER

REPORTS TO: PROJECT MANAGER

FLSA STATUS: Non-Exempt

HIPAA: Compliance Level 2

SUMMARY: Responsible for all non-emergency medical transportation (NET) provider training functions according to contractual guidelines and SETI's established curriculum. Coordinates with PM to develop provider network; first point of contact for Provider Relations.

ESSENTIAL FUNCTIONS:

- Develop Provider Network as required.
- Provide training for NET providers according to contract requirements.
- Establish and maintain positive working relationships with NET providers.
- Develop and implement required NET Driver Training programs.
- Conducts NET Provider Orientation training.
- Assist with NET Provider compliance activities.
- Other duties as assigned.

QUALIFICATIONS REQUIRED

- One year of training experience in a classroom environment.
- One year of customer service experience at the managerial level.
- Superior communications skills.
- Ability to work independently or with a team.
- Professional appearance.
- Positive attitude.
- Clean driving record.
- Defensive Driving Instructor certification.
- PASS or PAT instructor certification.
- Red Cross Basic First Aid and CPR Instructor certifications.

MINIMUM REQUIRED EDUCATION/TRAINING

- College degree preferred.
- High school diploma or equivalent required.

TITLE: **COMPLIANCE COORDINATOR**

REPORTS TO: **COMPLIANCE MANAGER**

FLSA STATUS: Non-Exempt

HIPAA: Compliance Level 1

SUMMARY:

Responsibilities include interacting with providers to obtain compliance information, coordination of inspections, working with compliance officers to coordinate their daily activities. Other duties include filing, mailing, faxing, emailing, responding to inquiries and complaints.

ESSENTIAL FUNCTIONS:

- Maintain regular contact with transportation providers to ensure compliance with all contract requirements.
- Verifies provider documents and ensures that they meet contractual requirements as well as scan and maintain documents in InSight and compliance files.
- Update InSight and Eclipse compliance database with new provider information, vehicle information and driver information.
- Documenting and electronic filing activities such as vehicle inspection forms, spot inspection forms, observation forms and digital photography.
- All documentation received must be entered in InSight in a timely manner.
- Accurate and detailed record keeping of all information received
- Perform other duties and responsibilities as required or requested.

QUALIFICATIONS REQUIRED:

- 5 years' customer service experience, compliance coordinator experiences a plus
- High level proficiency or above in Microsoft Word is a must.
- Must have excellent written and verbal communication skills
- Excellent time management skills
- Must be able to demonstrate multi-tasking skills in a high stress environment while working with multiple managers
- Must have a high level of interpersonal skills to handle sensitive and confidential situations
- Ability to work independently or with a team
- Professional appearance
- Positive attitude
- Ability to be flexible with work schedule; could require evenings or weekends to meet contractual obligations.

JOB DESCRIPTION



MINIMUM REQUIRED EDUCATION:

- High School Diploma

JOB DESCRIPTION



TITLE: VOLUNTEER DRIVER COORDINATOR

REPORTS TO: CALL CENTER SUPERVISOR

FLSA STATUS: Non-Exempt

HIPAA: Compliance Level 1

SUMMARY: The Volunteer Driver Coordinator (VD Coordinator) is responsible for managing the functions of Volunteer Driver (VD) transportation for members. This position will oversee the systems in place to maximize VD utilization for the operation, including setting up of transportation, resolving issues related to VD trips, marketing the program, recruiting VD's and training of dispatch and routers on the program.

ESSENTIAL FUNCTIONS:

- Responsible for setting up transportation for members utilizing VD program.
- Routing VD transportation.
- Promoting VD to Dispatch and Call Center Staff to maximize the program.
- Monitor, measure, and report on the usage of VD and provide to management.
- Answer phones and respond to customer requests related to the VD program.
- Provide information for provider, along with projected service times.
- Provide customers with product and service information regarding VD.
- Follow-up on customer inquiries not immediately resolved.
- Recognize, document, and alert the supervisor of trends in calls.
- Recommend process improvements to VD programs.
- Maintain regular contact with Volunteer Drivers to ensure compliance with all contract requirements.
- Perform other duties and responsibilities as required or requested.

QUALIFICATIONS REQUIRED:

- Excellent communication skills both written and oral.
- Excellent organization skills.
- Above average computer skills using Microsoft Access, Excel and Word.
- Ability to stand or sit for long periods of time.
- Ability to be flexible with their schedule (could require weekends, evenings and holidays).
- Ability to work independently or with a team.
- Professional appearance and positive attitude.

MINIMUM REQUIRED EDUCATION/TRAINING

- High School Diploma.
- Clean Driving record.

TITLE: **QUALITY ASSURANCE MANAGER**

REPORTS TO: **PROJECT MANAGER**

FLSA STATUS: Non-Exempt

HIPAA: Compliance Level 1

SUMMARY: Plans, coordinates, and directs quality assurance program designed to ensure quality production of products consistent with established standards by performing the following duties personally or through subordinate supervisors.

ESSENTIAL FUNCTIONS

- Formulates and maintains quality assurance objectives complementary to corporate policies and goals. Interprets quality assurance philosophy to key personnel in organization.
- Performs quality engineering reviews of design documentation for compliance with stated requirements, including vendor quality manuals and company quality records.
- Applies statistical process control (SPC) methods for analyzing data to evaluate the current process and process changes.
- Reviews all data obtained during all quality assurance activities to ensure consistency with company policies and procedures. Develops new approaches to solve problems identified during quality assurance activities.
- Keeps Management team abreast of significant issues or developments identified during quality assurance activities and actions being taken to improve the situation. Prepares and presents technical and program information to the management team. Directs technical and administrative workers engaged in quality assurance activities.
- Maintains a working knowledge of government and industry quality assurance codes and standards.
- Plays an active role on quality management teams within the organization.
- Designs and implements quality assurance training programs to key personnel in conjunction with managers.
- Investigates and adjust customer complaints regarding quality.

QUALIFICATIONS REQUIRED

- Knowledge of office processes, procedures, and technology. Experience in supervising project and team activities. Ability to read and interpret accounting and financial reports.
- Work requires willingness to work a flexible schedule.

JOB DESCRIPTION



MINIMUM REQUIRED EDUCATION/TRAINING

- Bachelor's Degree in Business Administration and three to five years' of office experience which include supervisory responsibility.

TITLE: **QUALITY ASSURANCE SPECIALIST**

REPORTS TO: **QA MANAGER**

FLSA STATUS: Non-Exempt

HIPAA: Compliance Level 1

SUMMARY: This position is responsible for receiving, investigating, compiling, and reporting service complaints and in assisting the Manager of Complaints and Grievances in all aspects of internal quality control, provider quality assessment and improvement, and complaint/grievance management and resolution.

ESSENTIAL FUNCTIONS

- Assure enforcement of quality improvement policies and procedures.
- Maintain a positive working relationship with providers.
- Investigate and resolve all complaints and/or grievances.
- Assure appropriate and timely follow up and reporting for all complaints or grievances.
- Ensure all providers are performing according to SETI's standards.
- Conduct periodic surveys to assess consumer satisfaction and service quality.
- Prepare monthly and/or quarterly quality assessment reports for state agency.
- Recommend policies and procedures as required to improve service quality.
- Participate in provider orientations.
- Assist new providers in meeting contractual quality assurance standards.
- First point of contact when QA Manager is unavailable.
- Active participant on Quality Management Committee, as required.
- Other duties as assigned.

QUALIFICATIONS REQUIRED

- Excellent communication skills.
- Problem solving skills, excellent time management skills.
- 2-years' customer service experience.
- Ability to work independently or with a team.
- Positive attitude.

MINIMUM REQUIRED EDUCATION/TRAINING

- High School graduate or equivalent.

Job Description

Outreach/Communication Mgr. (Facilities Outreach Manager)

SUMMARY: Outreach manager develops and maintains successful working relationships with the healthcare facilities and clinics that have patients/members with regularly scheduled NEMT trips.

ESSENTIAL FUNCTIONS:

- The Outreach manager will visit these facilities and clinics and provide on-site training about NEMT and review and respond to any issues as it relates to member transportation.
- Will be an advocate for NEMT services in the community and foster positive relationships with healthcare clients and professionals.
- Will interact with healthcare professionals regarding patient/member transportation services.
- Will effectively communicate with healthcare facilities regarding non emergency medical transportation.
- Will educate members and healthcare professionals on NEMT.
- Has the ability to communicate effectively with clients and healthcare providers; ability to make public presentations.

QUALIFICATIONS REQUIRED:

- Effective communicator with proven leadership skills and abilities.
- Clinical, case management and/or discharge experience a plus.
- High level of technical competence to include proficiency with Microsoft Office Suite.
- Excellent problem solving skills: must be able to develop and implement action plans to address issues.
- Ability to travel throughout assigned region / territory.
- Approximately 20% of work time is conducted in an office setting and approximately 80% will require travel.
- Physical and Mental Requirements:
 - Strong problem resolution skills.
 - Must have a proactive approach to relationship building.
 - Must be solutions oriented; creative innovative thinker.
 - Must be able to work independently and as a team member.
- Ability to analyze, organize, prioritize, implement, and control business activities.

MINIMUM REQUIRED EDUCATION:

- MSW preferred; Bachelor's Degree in Business from an accredited college or university preferred or commensurate experience in similar capacity.

JOB DESCRIPTION



TITLE: **REPORTING MANAGER/BUSINESS SYSTEM ANALYST**

REPORTS TO: **DIRECTOR BUSINESS ANALYTICS**

FLSA STATUS: Exempt

HIPAA: Compliance Level 1

SUMMARY: The Business Systems Analyst will assist in the administration and maintenance of software applications. This position reviews, analyzes, and evaluates business systems and user needs. Documents requirements, defines scope and objectives, and formulates systems to parallel overall business strategies. As a system subject matter expert this position will also support training of the business systems.

Has knowledge of commonly-used concepts, practices, and procedures within a particular field. Relies on instructions and pre-established guidelines to perform the functions of the job. Works under immediate supervision. Primary job functions typically require exercising independent judgment. Familiar with a variety of the field's concepts, practices, and procedures. Relies on experience and judgment to plan and accomplish goals. Ensures that company owned information technology resources are used in accordance with corporate standards.

ESSENTIAL FUNCTIONS

- Interacts with employees to resolve system issues.
- Administers and supports all areas of the trip management software and its ancillary systems.
- Establishes and maintains user accounts for the trip management software.
- Responsible for employee/provider training and or training support as it relates to technology and the systems used with the company.
- 24x7 support, flexibility for night and weekend work as well as travel to satellite offices.
- Establishes, administers and manages the company's wireless telecommunication accounts.
- Assists with the inventory management of software and hardware.
- Responsible for creation and maintenance of system reports using standard SQL programming and report tools
- Promotes responsible usage and care of corporate equipment.

QUALIFICATIONS REQUIRED

- Effective communicator with proven leadership skills and abilities
- Ability to analyze, organize, prioritize, implement, and control business activities and transactions.

JOB DESCRIPTION



- In-depth knowledge and experience of Windows Server 2003/2008, Active Directory.
- Experience with SQL Server, SQL and SQL Server Management Studio.
- Experience writing reports using Crystal Reports and SSRS
- Strong knowledge and understanding of networking technologies.
- Highly proficient with Microsoft Windows operating systems (Windows XP, Windows 7).

MINIMUM REQUIRED EDUCATION/TRAINING

- Bachelor's degree and at least 5 years of experience in the field or in a related area.

Job Description

HR Specialist

Essential Functions:

Keeps employee records up to date by processing employee status changes in a timely fashion.

Completes onboarding and termination paperwork for all employees.

Conducts monthly exit interviews and gathers information; identifies trends.

Processes personnel action forms and ensures proper approvals; disseminates approved forms.

Prepares new-hire paperwork and conducts orientation.

Keeps employee files maintained and orderly.

Files any necessary documentation in employee files.

Work with onsite management to create programs to increase retention and engagement of staff.

Supervisory Responsibilities:

There are no direct reports for this position

EDUCATION AND WORK EXPERIENCE:

An associates degree or relevant course work in the human resources field and three (3) to five (5) years' Human Resources experience

Preferred Experience and Certification

Associates degree in relevant field

Proficient in Microsoft Office Suite

Microsoft Excel -ability to create spreadsheets using formulas and graphing functions. Manipulation of data using sorting, subtotaling, appending, etc.

Microsoft PowerPoint -design presentations for management and employees

Microsoft Word - ability to create documents, labels and mail merges

Proficient in a Human Resource Information System (HRIS) i.e. Paylocity, Optimum Solutions, Paychex, PeopleSoft, ADP, etc.

Receptionist/Admin

SUMMARY:

Performs complex and **confidential** secretarial related functions to ensure assigned department operations flow smoothly. Types correspondence, memos and reports, and participates in one or more administrative functions such as budgeting or developing complex spreadsheet tracking reports. Provides guidance, direction and information to employees and supervisors on specific situations that may arise.

ESSENTIAL FUNCTIONS:

- Performs complex and confidential administrative functions including developing and typing taped dictation or written correspondence. Responds to routine external correspondence. Types memos, purchase requisitions, payment requests and other department forms and documents.
- Prepares various confidential departmental reports, utilizing various advanced software programs operating systems. Collects information, compiles into standard or non-standard format, prints, proofs and distributes to appropriate company personnel.
- Prepares and maintains the department's activity and event lists and distributes as required. May make travel arrangements as requested.
- Supports the department by coordinating the completion of typing, editing, proofing and filing as requested.
- Answers telephones, handles calls, routes to appropriate individual or takes messages. Ensure customers, vendors and employees are handled in a professional and courteous manner.
- Administers distribution of the department's mail.
- Coordinates the administration of literature and sales programs.
- Establishes and maintains confidential, historical and association files.
- Arranges meetings and takes meeting minutes as appropriate.
- Performs other related duties as required.

MINIMUM REQUIRED EDUCATION:

- Associate degree (A. A.) or equivalent from two-year college or technical school; six months to one year related experience; or equivalent combination of education and experience.

Job Description

Staff Accountant

ESSENTIAL FUNCTIONS

- Keep adequate and proper ledgers and subsidiary journals that will clearly reflect the expenses of operation in conformance with accounting policies
- Ensure compliance with accounting policies and procedures across all departments
- Perform a variety of month and end year process, accounts payable/receivable, cash receipts, general ledger, payroll and utilities, treasury, budgeting, cash forecasting, revenue and expenditure variance analysis, capital assets reconciliations, check runs, fixed asset activity, etc
- Maintains accurate Balance Sheet account reconciliations (including credit cards and bank reconciliations) supported by detailed backup
- Prepares financial reports and accounting functions ensuring accurate and timely financial statements
- Prepare monthly client CDJ reports
- Maintains fixed asset records
- Establish and maintain proper accounting methods, policies and principles
- Recommends financial actions by analyzing accounting options
- Maintain fiscal files and records to document transactions
- Monitor and analyze accounting data and produce financial reports or statements
- Assist external auditors with annual year-end
- Guides accounting clerical staff by coordinating activities and answering questions
- Recommends financial actions by analyzing accounting options
- Reconciles financial discrepancies by collecting and analyzing account information
- Secures financial information by completing data base backups
- Work with CPA preparing I tax returns and franchise tax reports.
- Answers accounting procedure questions by researching and interpreting accounting policy and regulations
- Offer/initiate recommendations for improved efficiencies or stronger internal controls
- Special projects as assigned
- Any other duties assigned

QUALIFICATIONS REQUIRED

- Minimum of 5-6 years experience in field or related area highly desirable
- Displays written and verbal communication skills with administration and vendors.
- Able to work collaboratively, diplomatically, and with integrity in problem identification and problem solving activities.
- Displays knowledge of ethical principles and compliance issues in an accounting setting.
- Basic knowledge of bookkeeping, data entry, and allocations.

- Solid accounting knowledge including GAAP.
- Strong analytical skills needed for assessing current processes and initiating/executing effective recommendations for minimizing costs and creating efficiencies.
- Possesses good organizational skill, ability to focus on assigned tasks.
- Ability to work extended hours when workload necessitates.
- Ability to take direction and communicate effectively with employees at all level of the organization.
- Professional appearance.
- Positive attitude.
- Must be able to travel occasionally

MINIMUM REQUIRED EDUCATION/TRAINING

- Bachelors degree in accounting or finance, required
- 5+ years of accounting experience.
- Solid knowledge of Microsoft Excel and other Microsoft Office applications required
- Proficiency with MAS 500 software, preferred

Job Description

Claims Account Rep

Summary

Provides excellent customer service to non-emergency Medicaid and MCO transportation providers. Answers calls regarding existing claims status, including handling tasks associated with those claims. Monitors timely receipt of information to contractors/providers. Ensures complete and sound claim settlements and investigations when necessary. Examines records and ensures that transportation providers are paid according to the contractual terms. Maintains the accuracy and confidentiality of data, records, and files. Provides customers/providers with exceptional quality and efficient customer service.

ESSENTIAL FUNCTIONS

- Answers calls regarding existing claims status
- Provides first call resolution; working with appropriate internal/external resources, completing the necessary follow-up, and ensuring closure of the inquiry
- Answers incoming requests in a friendly manner, responds to routine questions; inputs and/or logs information received into the computer equipment; directs requests to the appropriate department or agency for further action.
- Resolves claims problems by clarifying issues, researching and exploring answers and alternative solutions, implementing solutions, and escalating unresolved problems.
- Listens and communicates clearly, professionally and empathetically
- Works from established procedures, scripts and job aids to handle multiple applications while assisting customers on the phone
- Escalates problems or inquiries as needed
- Maintains quality, accuracy and professionalism in a fast-paced environment
- Ability to multi-task and adapt to changing environment
- Processes claims
- Able to handle complex claims
- Must have good understanding of contracts, claims processing, and policies
- Excellent knowledge of the organization
- Claims related project work
- Other duties as assigned

QUALIFICATIONS REQUIRED

- Minimum of 2 years leadership experience
- Minimum of 3 years of recent (within the last 5 years) claims processing experience
- Healthcare, Medicaid and MCO, claims experience a plus
- Professional telephone etiquette including excellent verbal communication skills and use of proper grammar
- Ability to process information and react quickly and appropriately

- High level of professionalism
- Strong work ethic and self-starter, able to effectively manage multiple priorities and adapt to change within a fast-paced business environment
- Excellent listening skills and the ability to ask probing questions, understand concerns, and overcome objections
- Prior customer service experience
- Must adhere to HIPAA standards
- Ability to use standard office equipment including copiers, fax machines, phones, and computer hardware and software
- Displays written and verbal communication skills with executive management and staff, and is able to follow written and oral instructions.
- Ability to process, formulate and modify policies; train and direct staff.
- Possesses good organizational skills, ability to focus on assigned tasks
- Able to work collaboratively, diplomatically, and with integrity in identifying and resolving problems.
- Displays knowledge of ethical principles and compliance issues in an accounting setting.
- Ability to foster positive working relationships across all departments
- Able to handle highly confidential and sensitive information
- Highly organized, displays strong attention to detail and accuracy
- Ability to multi-task giving attention to deadlines
- Capacity to diffuse difficult situations
- Intermediate level proficiency in Microsoft Word and Excel
- Ability to work extended hours when workload necessitates
- Professional appearance
- Positive attitude

EDUCATION

- High school diploma required
- Associates degree preferred

JOB DESCRIPTION

TITLE: Claims Team Lead

REPORTS TO: Reconciliation Supervisor

FLSA STATUS: Non-Exempt **PAY GRADE:** 2

EEOC JOB CODE: Office and Clerical

SUMMARY: Responsible for the reconciliation of provider's reimbursement request forms. In addition, he/she will be responsible for maintaining all departmental filing.

ESSENTIAL FUNCTIONS:

- Correlate the reimbursement request forms and resubmissions by provider per day in chronological order.
- Approvals and denial for reimbursement and resubmissions.
- Data entry.
- Responsible for generating and distributing copies of denied reimbursement request to providers.
- Filing all reimbursement forms.
- Assisting with special rates from the call center.
- Relays instructions, messages and other information as requested from the management team.
- Maintains a current working knowledge of all company policies, procedures, rules, regulations and memorandums.
- Responsible and accountable for updating management on changes and/or extraordinary circumstances affecting the company and/or transportation provider.
- Other duties as assigned by management team.

QUALIFICATIONS REQUIRED:

- Excellent communications skills oral and written.
- Able to work in a busy environment.
- Able to function effectively in stressful situations.
- Knowledge of reconciliation and customer service policies and procedures.
- Knowledge of Medicaid Non-Emergency Transports preferred.
- Able to handle multiple tasks simultaneously.
- Computer experience.
- Following training, able to adequately implement concepts of Route Logic.
- Able to lift and/or move items up to 25 pounds.
- Must be able to key 8000+ keystrokes.

MINIMUM REQUIRED EDUCATION:

- High School diploma.

Job Description

Claims Specialist II

SUMMARY:

Responsible for the reconciliation of provider's reimbursement request forms. In addition, this person will be responsible for maintaining all departmental filing. Communicating with the provider regarding the proper process of filing claims, communicating with the provider regarding denial of claims

You must have 1-2 years of claims experience.

You must have 2-3 years of customer service experience.

You must have you worked in a team based production environment.

ESSENTIAL FUNCTIONS:

- Correlate the reimbursement request forms and resubmissions by provider per day in chronological order.
- Approval and denial claims for reimbursement and resubmissions.
- Responsible for generating and distributing copies of denied reimbursement request to providers.
- Filing all reimbursement forms.
- Assisting with special rates from the call center.
- Relays instructions, messages and other information as requested from the management team.
- Maintains a current working knowledge of all company policies, procedures, rules, regulations and memorandums.
- Responsible and accountable for updating management on changes and/or extraordinary circumstances affecting the company and/or transportation provider.
- Other duties as assigned by management team.

QUALIFICATIONS REQUIRED:

- Excellent communications skills oral and written.
- Able to work in a busy environment.
- Able to function effectively in stressful situations.
- Knowledge of reconciliation and customer service policies and procedures.
- Knowledge of Medicaid Non-Emergency Transports preferred.
- Able to handle multiple tasks simultaneously.

- Computer experience.
- Following training, able to adequately implement concepts of Route Logic.
- Able to lift and/or move items up to 25 pounds.
- Data entry: Must be able to key 8000+ keystrokes.

MINIMUM REQUIRED EDUCATION:

High School diploma.

Physical Demand:

The work is mostly sedentary with periods of light physical activity, and is performed in offices to surroundings. Typical positions require workers to walk or stand for long periods; lift and carry up to 20 pounds; climb stairs, bend, reach, hold, grasp, and turn objects; and operate computer or typewriter keyboards. The work requires the ability to speak normally and use normal or aided vision and hearing. Subject to work beyond the normal scheduled hours of work to attend evening meetings and work sessions.

Work Environment:

The noise level in the work environment is usually moderate.

Job Description

Claims Specialist I

Company Overview:

Southeastrans, Inc. is driving the future of transportation management for non-emergency medical transportation by offering a range of transportation solutions that yield the highest levels of service quality and consumer satisfaction in the industry. We combine high-tech solutions, innovative business practices as well as an unyielding commitment to quality and consumer service to create a new standard in human transportation services. Our mission is to provide transportation management solutions that deliver the highest levels of quality and satisfaction to our consumers and partners, while offering exceptional value, performance, and responsiveness to our contracting agencies.

SUMMARY:

Responsible for the reconciliation of provider's reimbursement request forms. In addition, this person will be responsible for maintaining all departmental filing. Communicating with the provider regarding the proper process of filing claims, communicating with the provider regarding denial of claims

You must have 1-2 years of claims experience.

You must have 2-3 years of customer service experience.

You must have you worked in a team based production environment.

ESSENTIAL FUNCTIONS:

- Correlate the reimbursement request forms and resubmissions by provider per day in chronological order.
- Approval and denial claims for reimbursement and resubmissions.
- Responsible for generating and distributing copies of denied reimbursement request to providers.
- Filing all reimbursement forms.
- Assisting with special rates from the call center.
- Relays instructions, messages and other information as requested from the management team.
- Maintains a current working knowledge of all company policies, procedures, rules, regulations and memorandums.
- Responsible and accountable for updating management on changes and/or extraordinary circumstances affecting the company and/or transportation provider.

- Other duties as assigned by management team.

QUALIFICATIONS REQUIRED:

- Excellent communications skills oral and written.
- Able to work in a busy environment.
- Able to function effectively in stressful situations.
- Knowledge of reconciliation and customer service policies and procedures.
- Knowledge of Medicaid Non-Emergency Transports preferred.
- Able to handle multiple tasks simultaneously.
- Computer experience.
- Following training, able to adequately implement concepts of Route Logic.
- Able to lift and/or move items up to 25 pounds.
- Data entry: Must be able to key 8000+ keystrokes.

MINIMUM REQUIRED EDUCATION:

High School diploma.

Physical Demand:

The work is mostly sedentary with periods of light physical activity, and is performed in offices to surroundings. Typical positions require workers to walk or stand for long periods; lift and carry up to 20 pounds; climb stairs, bend, reach, hold, grasp, and turn objects; and operate computer or typewriter keyboards. The work requires the ability to speak normally and use normal or aided vision and hearing. Subject to work beyond the normal scheduled hours of work to attend evening meetings and work sessions.

Work Environment:

The noise level in the work environment is usually moderate.



STEVE R. ADAMS

PRESIDENT AND CEO

PROFILE



Over 30 successful years of direct involvement in the human service transportation industry.

In 1999, Steve co-founded Southeastrans, Inc., a medical transportation company specializing in broker management of Medicaid non-emergency transportation (NET) services and is now sole owner.

The company has been extremely successful in its efforts to improve the quality and reliability of transportation services.

As a result, Southeastrans is now recognized as a leader in the human service transportation industry.

Steve Adams is a self-made entrepreneur who has been directly involved in the human service transportation industry for over 30 years. Steve is the sole owner of Southeastrans, Inc. He possesses the knowledge and insight to take the company from one contract of 10M in 2000 to its current 195M standing.



JOB EXPERIENCES

Southeastrans, Inc., Atlanta, GA, 1999 – Present

Founder, President and Chief Executive Officer (CEO)

As CEO, Steve is responsible for the organization's strategic planning and executive-level management functions. He manages executive staff and is the decision maker of contract negotiations, operational strategies and sets the goals for the company.

Steve is involved with all Southeastrans operations and makes the final decision of all business growth opportunities. Being an astute businessman, Steve has built a financially stable company with extremely low debt ratio.

West Georgia Ambulance, Inc., Carrollton, GA 1999 - Present

President and Chief Executive Officer (CEO)

In 1976, Steve purchased a local ambulance company and formed West Georgia Ambulance Service, Inc., a private ambulance service company, which provides emergency 911 and non-emergency transportation services to the citizens of Carroll County, Georgia. He sold the company in 1996, then re-acquired ownership in 1999. Under Steve's direction, West Georgia Ambulance expanded over the next 20 years to become one of the largest privately-owned ambulance service companies in the Southeast.

Adams Transport, Inc., Carrollton, GA, 1989 – Present

President and Chief Executive Officer (CEO)

In 1989, Steve founded Adams Transport, Inc, a transportation company providing non-emergency medical transportation and other contracted transportation services. Adams Transport provided transportation services in the West Georgia area under contract with the Georgia Department of Human Resources. The service also provided shuttle transportation services for several high-profile events including the Annual BellSouth Golf Classic in Atlanta, Bruno's BellSouth Golf Classic in Nashville, and the World Football League.

Additional Employment History Center

1996-1999 Regional COO/Director of Governmental Affairs – American Medical Response of Georgia

1977-1996 President and CEO – West Georgia Ambulance, Inc.

1974-1977 Manager of Operations – Metro Ambulance Service, Inc.



EDUCATION

Georgia Emergency Medical Technician Certification Carroll Vocational Technical Institute, Carrollton, Georgia



BENJIE ALEXANDER

CHIEF ADMINISTRATIVE OFFICER (CAO)

Benjie Alexander directed business development efforts for Southeastrans resulting in 800% growth in annual revenues. Subsequently, Southeastrans was selected as one of the Top 100 fastest growing companies in 2008 (ranked #47) by *Entrepreneur Magazine* (April 2008).

PROFILE

Over 25 successful years of experience in executive management of healthcare organizations, focusing on growth, financial oversight, and contract negotiations.

Benjie has been instrumental for Southeastrans' expansion into seven States and the District of Columbia through competitive procurements with State Medicaid Agencies and managed-care organizations.



JOB EXPERIENCES

Southeastrans, Inc., Atlanta, GA, 2002 – Present

Chief Administrative Officer (CAO) 2009 – Present

As CAO, Benjie provides oversight of strategic business development and coordination of client contract negotiations. His responsibilities include business development for non-emergency medical transportation services for State Medicaid agencies and managed care organizations. He oversees the proposal development of all responses for clarity and competitive advantages.

Benjie also manages Southeastrans' facilities including site selection, leases, and space planning during contract implementations.

Vice President of Business Development, 2002 – 2009

Benjie began his career at Southeastrans as VP of Business Development. In this position, Benjie was involved in business development initiatives and managing contract implementation for the delivery of non-emergency transportation broker services. He led contract procurement efforts resulting in the company's first expansion beyond the State of Georgia.

Grady Health Systems, Atlanta, GA 1991 – 2002

Business Manager

During Benjie's years of service at Grady, he was responsible for the financial oversight of a \$13M EMS operating budget and management of accounts receivables. Benjie also coordinated the restructure of Grady EMS billing operations, resulting in a 300% improvement in revenue over a six-year period.

He performed financial analysis and exercised budgetary control to reduce EMS operating expenses by 14% on an adjusted workload basis from 1995-1998.

Additional Employment History Center

1976-1984 Vice President – West Georgia Ambulance Service, Inc.



EDUCATION

BA, Business Administration

Georgia State University – BA in Business Administration 1991
DeKalb Community College
Georgia Paramedic Certification
Carroll Vocational/Technical Institute
Georgia Emergency Medical Technician Certification

Georgia State University

To all persons to whom this writing may come, Greeting:

We it known that the President and Faculty of this University in recognition
of the successful completion of the course of study prescribed by the

College of Business Administration

and by virtue of the authority granted by the Regents of the University System
have conferred upon

Benjie R. Alexander

the degree of

Bachelor of Business Administration

In Testimony Whereof, we have herewith affixed the seal of the University
and the signatures of the officers thereof. Given at Atlanta on this
twenty-fifth day of August, 1991

H. Dean Roper
Chancellor of the University System

Joseph E. Smith
Registrar



Thomas R. Day
Vice President

Thomas B. Clark
Acting Dean



RAMON BLANCO

VICE PRESIDENT CORPORATE PROVIDER RELATIONS NETWORK DEVELOPMENT

Ray Blanco has more than 20 years of experience directing program operations, monitoring transportation systems and fleet management, and guiding compliance efforts for State and Federal contracts.

PROFILE

Over 35 years of experience directing program operations, monitoring transportation systems, fleet management, and guiding compliance efforts for State and Federal contracts in the Non-Emergency Medical Transportation industry.



JOB EXPERIENCES

Southeastrans, Inc., Atlanta, GA, 2020 – Present

Vice President VP Corporate Provider Relations/Network Development

As VP of Corporate Provider Relations/Network Development, Ray is responsible for evaluating the organization's networks and contracts. He will lead his team and maintain positive relationships with all local national transportation providers.

Logisticare Solutions, LLC., Atlanta, GA 2003 - 2020

Senior Director of Provider Relations & Network Development

Develop and maintain relationships with local and national transportation providers, including negotiating and administering contracts. Recruit and train providers to ensure compliance with regulations, safety standards, and contracts. Collaborate with partners on strategies for improving driver performance and introducing training initiatives that emphasize unique needs of populations served by NEMT programs. Track provider satisfaction to ensure retention.

DYNCORP, Chicao, IL & Pulaski, VA 2001 – 2003

Program & Implementation Manager

Led implementation, build out, and operations for statewide non-emergency transportation in Illinois. Collaborated with team on securing approval and monitoring adherence to legal parameters. Served as the process improvement project to address deficiencies in implementation process and improve overall operational responsibilities in Virginia.

Additional Employment History Center

2000-2001	Ray Blanco Consulting, Atlanta, GA
1997-2000	LogistiCare Solutions, LLC, Atlanta GA.



EDUCATION

Emergency Medical Technician Certification Miami Dade Community College



JAMES DEGLIUMBERTO

CHIEF INFORMATION OFFICER (CIO)

PROFILE



Over 15 successful years of experience developing and managing information technology systems.

Working with the executive team, Jim is responsible for all aspects of the company's information technology and communication systems.

Under Jim's leadership, he has designed, developed and implemented an enterprise class mobile application platform for the NET Broker Model.

He has transformed Southeastrans' field-based workforce from paper and clipboards, to tablets, smart phones, and implemented on-demand geo-coding programs and developed web portals for all NET program stakeholders.

Jim Degliumberto designs and directs the information technology strategy for Southeastrans. He manages the IT Department that supports more than three million Medicaid Members for 12 NEMT contracts in seven states and Washington D.C.



JOB EXPERIENCES

Southeastrans, Inc., Atlanta, GA, 2009 – Present

Chief Information Officer (CIO)

James (Jim) came to Southeastrans with the vision to design, develop and implement an enterprise class mobile application platform for the NEMT Broker Model. He is responsible for maintaining and enhancing the system, NET InSight, used in all Southeastrans operations. He also serves as the security officer and is responsible for managing a full SDLC, HIPAA-compliant software development projects as well as all system infrastructure leveraging both internal and external resources. This includes the technology and telephony systems that manage more than five million annual non-emergency medical transportation trips and handle over four million voice calls.

AT&T, Atlanta, GA, 2006-2009

Information Technology Manager

As the IT Manager, Jim directly supervised a team of managers and staff responsible for daily operations of the Network Services Call Center team that supported more than 5,000 employees in 22 states.

He successfully led a project team that integrated two enterprise reporting systems into one reporting portal using Microsoft SQL Server and SharePoint technologies.

Jim oversaw large and medium-sized development projects, systems analysis and design. He developed and managed the development of several .NET and ColdFusion systems used to support the Mass Market Customer Care agents.

Additional Employment History Center

1999-2006 IT Manager Network Services - BellSouth



EDUCATION

Georgia State University	Master of Business Administration (MBA), 2000
Rutgers University	B.S. Environmental Studies, 1998
Southern Polytechnic State University	CISSP Certification Program

Georgia State University

To all persons to whom this writing may come, Greeting:

Be it known that the President and Faculty of this University in recognition of the successful completion of the course of study prescribed by the Faculty and by virtue of the authority granted by the Regents of the University System have conferred upon

James H. Degliumberto

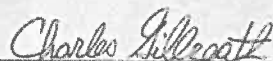
the degree of

Master of Business Administration


In Testimony Whereof, we have hereunto affixed the seal of the University and the signatures of the officers thereof. Given at Atlanta on this twenty-second day of December, 2000.



Chancellor of the University System



Acting Registrar



President



Dean, J. Mark Coleman College of Business

RUTGERS · THE · STATE · UNIVERSITY

BY VIRTUE OF THE AUTHORITY VESTED IN IT BY THE LAWS
OF THE STATE OF NEW JERSEY AND UPON RECOMMENDATION
OF THE FACULTY OF

COOK COLLEGE

THE BOARD OF GOVERNORS OF RUTGERS UNIVERSITY CONFERS UPON

JAMES F. DEGLIUMBERTO

IN RECOGNITION OF THE COMPLETION OF THE REQUISITE COURSE
OF STUDY THE DEGREE OF

BACHELOR OF SCIENCE

WITH ALL THE RIGHTS PRIVILEGES AND IMMUNITIES THEREUNTO APPERTAINING
GIVEN UNDER THE SEAL OF THE UNIVERSITY ON THIS 21ST DAY OF MAY NINETEEN
HUNDRED AND NINETY-EIGHT.

Bruce C. Carlton
DEAN



Frederic L. Lawrence
PRESIDENT



GARY KINARD

CHIEF FINANCIAL OFFICER (CFO)

PROFILE

Over 20 successful years of experience in finance management for healthcare organizations.

Gary has been a presenter at the University Health system Consortium National Conference for years and published two case studies for the University Health system Consortium COO's newsletter and one case study for HFMA's national newsletter. Topics included budgeting and cost reduction solutions.

Gary Kinard oversees all monetary matters within the organization. His team administers corporate finance including accounts payables and receivables; claims processing and administration; transportation provider payments; and internal audit and program integrity functions.

JOB EXPERIENCES

Southeastrans, Inc., Atlanta, GA, 2008 – Present

Chief Financial Officer

As CFO, Gary restructured Southeastrans' Finance Department to streamline processes, create efficiencies, and implement internal controls that positioned the company for growth. He is responsible for the fiscal policy of the company and strategic planning; as well as oversight of the claims payment, accounting, and audit departments.

Gary has designed and developed cost accounting tools and processes and coaches' managers on how to use the tools to identify cost saving opportunities. He was instrumental in the design, development and implementation of Southeastrans' internal audit program and created a prompt payment tool for timely processing of claims. Gary also provided direction for the development of Southeastrans mobile tracking technology of trip claims, used to identify fraud, waste and abuse.

Grady Health System, Atlanta GA, 1992 – 2008

Management Engineer

As Management Engineer in the Decision Support Department, Gary applied his budgeting skills to build an annual operating budget of \$1.3 billion in revenues and \$6.7 million in operating expenses. The budget was dispersed among 400 cost centers, 5,400 employees, 40 clinics, the state's largest nursing home, the emergency ambulance service for the city of Atlanta, and Georgia's only poison control center.

During Gary's 16 years at Grady, he began as an EMT in 1992, was promoted to Internal Auditor in 1994, promoted to Sr. Financial Analyst in 1996, and then Management Engineer in 1998. He served as a member of the Top Quality Resource Team that successfully completed over 200 cost saving and revenue enhancement initiatives for a financial impact of \$44.2 million.

Additional Employment History Center

1991-1995 Disaster Medical Assistants Team/Co-Coordinator – U.S. Department of Public Health and Human Services
1985-1991 EMT/Supervisor – West Georgia Ambulance Service

EDUCATION

State University of West Georgia – Bachelor of Business Administration
Emergency Medical Technician



CHRISTOPHER LEE

GENERAL COUNSEL and CHIEF COMPLIANCE OFFICER

Christopher (Chris) Lee brings talent, experience, and a detail-oriented approach to his dual roles as Southeastrans' General Counsel and Chief Compliance Officer.

PROFILE

Over 13 successful years of experience in the legal field as both a litigator and general counsel.

Chris has extensive drafting experience, including Discovery Materials, Answers, Motions to Dismiss, Motions for Summary Judgment, Cross-claims, Consolidated Pre-Trial Orders and Briefs.

His experience involved preparing clients for depositions and trial, preparing reports, litigation plans, budgets, pre-mediation and pre-trial reports, and fostering/maintaining relationships with insurance company representatives and other clients.

JOB EXPERIENCE

Southeastrans, Inc., Atlanta, GA, 2016 – Present *General Counsel and Chief Compliance Officer*

As General Counsel, Chris is responsible for overseeing Southeastrans' legal affairs, including litigation, risk management, contracting, and various corporate matters.

As Chief Compliance Officer, Chris oversees both corporate and regulatory aspects of the Company. He is responsible for leading the internal processes to promote Southeastrans' compliance with the laws, regulations, company policies, and contracts. In doing so, he oversees a Regulatory Compliance Department with 60+ employees, as well as Southeastrans' Corporate Compliance Department.

Chris is also the Chairman of Southeastrans' Investment Committee and advises the Board of Directors on a variety of legal issues.

Tisinger Vance, P.C., Carrollton, GA 2006 – 2016 *Of Counsel*

Prior to joining Southeastrans, Chris represented individuals, corporations and medical facilities, including general litigation, employment matters, and transactional law. His litigation experience included having sole responsibility for a caseload fluctuating between 50-75 cases, primarily in the areas of premises liability, medical malpractice and automobile liability.

Chris is experienced in all levels of litigation, including conducting jury trials, bench trials, hearings, motions practice, discovery, taking and defending depositions, and mediations. He has conducted jury trials at both the federal and state court level.

EDUCATION

Emory University School of Law – Juris Doctor, 2006

Emory University – BA in Economics, 2003

Court Admissions – United States District Court, Northern District of Georgia;
State and Superior Courts, State of Georgia;
Court of Appeals, State of Georgia

Emory University

To all persons to whom these presents shall come, Greeting

Be it known that

Christopher David Lee

having satisfied all the requirements for the degree of

Doctor of Arts

is accordingly admitted by the faculty to that degree with all the honors, rights, and privileges thereunto appertaining here and elsewhere.

In testimony whereof the seal of the University and the signatures of the President and the Dean of the School are hereunto affixed, under authority granted by the Trustees of the University at Atlanta, Georgia,

*this twelfth day of May, A. D. 2003, in the one hundred
sixty-seventh year since the founding of the institution.*

William A. Hall
Interim Dean



William M. Chao
President



STATE BAR OF GEORGIA

Christopher David Lee

[REDACTED]

Membership Number

2006

Year Admitted



CATHIE MISSILDINE

CHIEF HUMAN RESOURCES OFFICER (CHRO)

Cathie Missildine is a highly educated and Adjunct Professor who brings her exceptional skills to Southeastrans' HR Department of over 500 employees under 12 NEMT contracts in seven states and Washington D.C. She assesses and realigns HR structure to align with SETI's growth plans.

PROFILE

Over 20 successful years of experience in consulting positions with progressively increasing responsibilities.

Provided internal and external consulting services as a strategic partner, with specific competencies in HR Assessment, Talent Management, Teaching and Facilitation, HR Strategy, Survey Creation, Data Reporting, HR Metrics, Performance Management, Change Management.



JOB EXPERIENCES

Southeastrans, Inc. Atlanta, GA XX – Present

Chief Human Resources Officer

Cathy Missildine has extensive experience in many areas of strategic Human Resources Management. Cathy has worked closely with executives in the areas of performance, productivity, organizational metrics, training, employee and customer engagement, workforce planning, organizational change and strategic implementation.

Intellectual Capital Consulting, Inc.

Co-Founder, Consultant

Consulting firm specializing in "profitability through human capital."

Conduct HR Audits/Assessment in order to recommend best practices regarding HR structure, alignment and compliance.

Design and redesign talent management processes to ensure attraction, retention, and performance of talent.

Analyze quantitative and statistical data and offer improvement findings

Additional Employment History Center

2009-Present	Adjunct Professor, Emory University
2003-Present	Adjunct Professor, Kennesaw State University
2001-2003	Adjunct Professor, DePaul University, Chicago, Illinois
1999-2000	Adjunct Professor, Keller Graduate School of Management
1995-1997	AVP & Regional HR Director – AON Risk Services



EDUCATION

Kennesaw State University – Master's in Human Resource Management and Development

Kennesaw State University – Bachelor's in Marketing

Kennesaw State University



University System of Georgia

hereby confers upon

Catherine Missildine-Martin

the degree of

Master of Business Administration

together with all the rights, privileges and honors appertaining thereto in consideration of the satisfactory completion of the program of study prescribed by the Faculty of the University.

In Witness Whereof, the seal of the University and the signatures of its officers are hereunto affixed

Given at Kennesaw, Georgia, this 15th day of June, 1996.

A handwritten signature in dark ink, appearing to read "W. C. Henrich".

Chancellor, University System of Georgia

A handwritten signature in dark ink, appearing to read "William C. Henrich".

Registrar

A handwritten signature in dark ink, appearing to read "Betty L. Siegel".

President of the University

A handwritten signature in dark ink, appearing to read "Eric A. Rugg".

Vice President for Academic Affairs

Troy State University



This Certifies That
The Board of Trustees of The Troy State University System
upon Recommendation of the Faculty Has Conferred on

Valorie JonDelle Williams

the Degree of

Master of Science in Management

with all Rights, Privileges and Honors thereunto appertaining.

In Witness Whereof the seal of the University and the signatures of its duly
authorized officers are hereto affixed. Granted this
month of December, in the year of our Lord
two thousand four.

Governor of Alabama and President of the Board

Chancellor of the University System

Georgia State University

To all persons to whom this writing may come, Greeting:
Be it known that the President and Faculty of this University in recognition
of the successful completion of the course of study prescribed by the
College of Arts and Sciences
and by virtue of the authority granted by the Regents of the University System
have conferred upon

Valorie JonBelle Williams

the degree of
Bachelor of Arts


In Testimony Whereof, we have hereunto affixed the seal of the University
and the signatures of the officers thereof. Given at Atlanta on this
twenty-sixth day of March, 1995




Charles E. Johnson
Chancellor of the University System


Lynda P. Burman
Regent





Carl V. Patton
President


David T. Dilks
Dean

Georgia State University

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Valorie JonDelle Williams

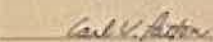
the degree of
Bachelor of Arts

In Testimony Whereof, we have herewith affixed the seal of the University
and the signatures of the officers thereof. Given at Atlanta on this
twenty-sixth day of March, 1995




Charles F. Starnes
Chancellor of the University System





Carl V. Patton
President



Mark T. Shulst
Dean



STEVE RYAN

VICE PRESIDENT CORPORATE CALL CENTER

Steve Ryan has more than 16 years of experience specializing in building and motivating cohesive teams, driving strong performance, accountability, efficiency and implementing process improvements.

PROFILE



Over 16 years at various organizations in the call center industry. As an enterprise leader of diagnostic call centers for worker's compensation cost-containment providers, he developed and executed effective strategies to optimize key performance indicators which included restructuring teams and workflows, introducing new management tracking mechanisms, and executing workforce capacity planning across several lines of business to maximize operational efficiency.



JOB EXPERIENCES

Southeastrans, Inc., Atlanta, GA, 2019 – Present

Vice President Corporate Call Center

Overseeing all Call Centers nationwide including Workforce Management and staff of over 700 employees for this leading non-emergency medical transportation (NEMT) broker. Ensuring metric requirements are consistently met for all State and Managed Care Organization clients. Standardizing policy, process, protocols, training, and quality. Implementing enhanced leadership performance management tools, technology and structure. Building a positive culture and fortifying a stable foundation for scalability and expansion.

WIPRO, LTD., Atlanta, GA 2017 - 2019

Director, Operations

In charge of call center operations and managing B2B client relationships at this \$20B+ global business process outsourcing (BPO) leader. Oversight of programs with Best Buy, the world's largest consumer electronics retailer. Responsible for all contact center phone metrics, SLAs, NPS, QA, RTA forecasting and scheduling teams, and staff of up to 400+ FTEs.

ONE CALL, Alpharetta, GA 2005 – 2017

Program & Implementation Manager

Enterprise leader of diagnostics inbound and outbound call centers for a national provider of worker's compensation specialized cost containment services. Responsible for P&L, SLA's and creating WFM tools. Influenced management team to drive higher performance by leveraging best practices for harnessing optimal behaviors and developed a culture of accountability. Executed capacity planning across enterprise operations for 1,600 FTE's, optimized performance metrics and forecasting affecting numerous product lines which resulted in solidifying ideal staffing amid reorganization.

Additional Employment History Center

2003-2005 Tunstall Americas New York, NY



EDUCATION

Media Communications, BA School of Visual Arts
Network Engineering, CompTIA A+ Certification, Computer Career Center
Six Sigma, Greenbelt



VALORIE J. WILLIAMS

VICE PRESIDENT OPERATIONS

PROFILE



Over 15 years of solid operations and management experience in the non-emergency medical transportation industry overseeing regional and statewide operational functions and leading large-scale projects from conception to implementation while making sound strategic decisions and increasing revenue streams while managing multiple sites simultaneously.

Valorie Williams has more than 15 years of solid operations and management experience in the non-emergency medical transportation industry overseeing operational functions and leading implementation while making sound strategic decisions and increasing revenue streams while managing multiple sites simultaneously.



JOB EXPERIENCES

Southeastrans, Inc., Atlanta, GA, 2019 – Present

Vice President Operations

Valorie provides executive level oversight and coordination of business operations related to Medicaid NET broker services. She is responsible to ensure contract compliance, and maintain relationships with contracted State Medicaid Agencies, Managed Care Organizations, and other contracted entities.

Medical Transportation Management., Houston, TX 2009 - 2017

Regional Vice President of Operations

Full P&L responsibility for South – Central region of US ranked first in company profitability. Responsible for 1.8M member lives and supervised more than 200 management and front-line staff. Key player in strategic planning, business development, operations, brand building, PR and community relations, customer service / retention, administration, and human resources. Delivered strong revenues and development results in fragile, high utilization markets. Combined financial and business planning with tactical execution to optimize long-term gains in performance, revenues, and profitability.

LogistiCare Solutions, Inc., Atlanta, GA 2003 – 2008

Program Director

Challenged in company restructure and brand-building initiative to deliver smooth-running, profitable operations in high-utilization market. By 2004, introduced new levels of service, negotiated cost reductions, collaborated in succession planning and team building, and led company revenue profitability increases. Transformed a struggling operation by slashing hourly costs, improving on-time performance, and increased productivity metrics from 43% to 98% within 2 years.



EDUCATION

Doctor of Education in Organizational Leadership • Argosy University

Master of Science in Management • Troy University | Troy, AL

Bachelor of Arts, Major in English • Georgia State University | Atlanta, GA

Troy State University



This Certifies That
The Board of Trustees of The Troy State University System
upon Recommendation of the Faculty Has Conferred on

Halorie JonBelle Williams

the Degree of

Master of Science in Management

with all Rights, Privileges and Honors thereunto appertaining.

In Witness Whereof the seal of the University and the signatures of its duly
authorized officers are hereto affixed. Granted this
month of December, in the year of our Lord
two thousand four.

Governor of Alabama and President of the Board

Chancellor of the University System

Georgia State University

To all persons to whom this writing may come, Greeting:

Be it known that the President and Faculty of this University in recognition
of the successful completion of the course of study prescribed by the

College of Arts and Sciences

and by virtue of the authority granted by the Regents of the University System
have conferred upon

Valorie JonBelle Williams

the degree of

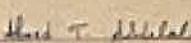
Bachelor of Arts

In Testimony Whereof, we have hereunto affixed the seal of the University
and the signatures of the officers thereof. Given at Atlanta on this
twenty-sixth day of March, 1995



Charles V. Patton
President





David T. Adkins
Vice President



State of Louisiana
Louisiana Department of Health
Bureau of Health Services Financing

April 1, 2020

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

Re: RFP for Non-emergency Medical Transportation & STP

To Whom It May Concern:

This letter is to verify that Southeastrans, Inc. is currently serving as a Medicaid Non-emergency Medical Transportation (NEMT) broker in the State of Louisiana. Southeastrans has been under contract with the Louisiana Department of Health as the NEMT broker for the Medicaid fee-for-service population since December 2015. The company also manages NEMT services for AmeriHealth Caritas Louisiana, a Louisiana Medicaid managed-care organization. In total, Southeastrans manages Medicaid NEMT services for approximately 200,000 Louisiana Medicaid Members.

Please contact me at 225-342-0327 or by email at Michael.Boutte@la.gov if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Michael L. Boutte".

Michael Boutte
Medicaid Deputy Director

Client Experience

Past Performance Industry:	Non-Emergency Medical Transportation Broker
Client Name:	Optima Health Plan
Respondent Role:	Prime Contractor
Description of Responsibilities:	<p>Services include the following:</p> <ul style="list-style-type: none"> ✓ Verify eligibility ✓ Verify covered service ✓ Manage call center to schedule transportation request ✓ Appropriate mode assignment ✓ Scheduling and dispatching of trips to local Performing Providers ✓ Review and adjudicate 100% of all claims ✓ Timely payments to Performing Providers ✓ Submit accurate program reports ✓ Credential and monitor all local Performing Providers
Details of your Past Performance:	<p>Members: 200,000 Calls: 300,000 Total Trips: 450,000</p>

Past Performance Industry:	Non-Emergency Medical Transportation Broker			
Client Name:	Arkansas Department of Human Services/Division of Medical Services (Medicaid)			
Respondent Role:	Prime Contractor			
Description of Responsibilities:	<p>Services include the following:</p> <ul style="list-style-type: none"> ✓ Verify eligibility ✓ Verify covered service ✓ Manage call center to schedule transportation request ✓ Appropriate mode assignment ✓ Scheduling and dispatching of trips to local Performing Providers ✓ Review and adjudicate 100% of all claims ✓ Timely payments to Performing Providers ✓ Submit accurate program reports ✓ Credential and monitor all local Performing Providers 			
Details of your Past Performance:	Region	Member	Total Calls (2018)	Total Trips
	A, B, C, D, & G	608,963	200,00	750,866
	4	129,982	NA	276,076
	7	12,191	NA	85,565
	12	158,914	NA	397,148

Client Experience

Past Performance Industry:	Non-Emergency Medical Transportation Broker
Client Name:	Molina Healthcare of Mississippi, Inc.
Respondent Role:	Prime Contractor
Description of Responsibilities:	<p>Services include the following:</p> <ul style="list-style-type: none"> ✓ Verify eligibility ✓ Verify covered service ✓ Manage call center to schedule transportation request ✓ Appropriate mode assignment ✓ Scheduling and dispatching of trips to local Performing Providers ✓ Review and adjudicate 100% of all claims ✓ Timely payments to Performing Providers ✓ Submit accurate program reports ✓ Credential and monitor all local Performing Providers
Details of your Past Performance:	<p>Members: 25,000</p> <p>Total Calls: 1,000</p> <p>Total Trips: 15,000</p>

Past Performance Industry:	Non-Emergency Medical Transportation Broker
Client Name:	Georgia Department of Community Health (Medicaid) NEMT Contract
Respondent Role:	Prime Contractor
Description of Responsibilities:	<p>Services include the following:</p> <ul style="list-style-type: none"> ✓ Verify eligibility ✓ Verify covered service ✓ Manage call center to schedule transportation request ✓ Appropriate mode assignment ✓ Scheduling and dispatching of trips to local Performing Providers ✓ Review and adjudicate 100% of all claims ✓ Timely payments to Performing Providers ✓ Submit accurate program reports ✓ Credential and monitor all local Performing Providers
Details of your Past Performance:	<p>Total Members: 800,000</p> <p>Call Volume: 1.3 M</p> <p>Total Trips: 2 M</p>

Client Experience

Past Performance Industry:	Non-Emergency Medical Transportation Broker
Client Name:	BlueCare Tennessee Medicaid NEMT Contract
Respondent Role:	Prime Contractor
Description of Responsibilities:	<p>Services include the following:</p> <ul style="list-style-type: none"> ✓ Verify eligibility ✓ Verify covered service ✓ Manage call center to schedule transportation request ✓ Appropriate mode assignment ✓ Scheduling and dispatching of trips to local Performing Providers ✓ Review and adjudicate 100% of all claims ✓ Timely payments to Performing Providers ✓ Submit accurate program reports ✓ Credential and monitor all local Performing Providers
Details of your Past Performance:	<p>Region: East, West, Middle, TennCare Select, DSNP</p> <p>Members: 556,572</p> <p>Total Calls: 790,000</p> <p>Total Trips: 700,800</p>

Past Performance Industry:	Non-Emergency Medical Transportation Broker
Client Name:	Health Services for Children with Special Needs NEMT Contract
Respondent Role:	Prime Contractor
Description of Responsibilities:	<p>Services include the following:</p> <ul style="list-style-type: none"> ✓ Verify eligibility ✓ Verify covered service ✓ Manage call center to schedule transportation request ✓ Appropriate mode assignment ✓ Scheduling and dispatching of trips to local Performing Providers ✓ Review and adjudicate 100% of all claims ✓ Timely payments to Performing Providers ✓ Submit accurate program reports ✓ Credential and monitor all local Performing Providers
Details of your Past Performance:	<p>Members: 5,500</p> <p>Calls Rec'd: 75,000</p> <p>NEMT Trips: 79,000</p>

Client Experience

Past Performance Industry:	Non-Emergency Medical Transportation Broker
Client Name:	AmeriHealth Louisiana Contract
Respondent Role:	Prime Contractor
Description of Responsibilities:	<p>Services include the following:</p> <ul style="list-style-type: none"> ✓ Verify eligibility ✓ Verify covered service ✓ Manage call center to schedule transportation request ✓ Appropriate mode assignment ✓ Scheduling and dispatching of trips to local Performing Providers ✓ Review and adjudicate 100% of all claims ✓ Timely payments to Performing Providers ✓ Submit accurate program reports ✓ Credential and monitor all local Performing Providers
Details of your Past Performance:	<p>Members: 207,000</p> <p>Total Calls: 250,000</p> <p>Total Trips: 222,012</p>

Past Performance Industry:	Non-Emergency Medical Transportation Broker
Client Name:	Anthem Health Keepers Plus
Respondent Role:	Prime Contractor
Description of Responsibilities:	<p>Services include the following:</p> <ul style="list-style-type: none"> ✓ Verify eligibility ✓ Verify covered service ✓ Manage call center to schedule transportation request ✓ Appropriate mode assignment ✓ Scheduling and dispatching of trips to local Performing Providers ✓ Review and adjudicate 100% of all claims ✓ Timely payments to Performing Providers ✓ Submit accurate program reports ✓ Credential and monitor all local Performing Providers
Details of your Past Performance:	<p>Member: 270,000</p> <p>Calls: 300,000</p> <p>Total Trips: 430,000</p>

Client Experience

Past Performance Industry:	Non-Emergency Medical Transportation Broker
Client Name:	Indiana Family and Social Service Administration
Respondent Role:	Prime Contractor
Description of Responsibilities:	<p>Services include the following:</p> <ul style="list-style-type: none">✓ Verify eligibility✓ Verify covered service✓ Manage call center to schedule transportation request✓ Appropriate mode assignment✓ Scheduling and dispatching of trips to local Performing Providers✓ Review and adjudicate 100% of all claims✓ Timely payments to Performing Providers✓ Submit accurate program reports✓ Credential and monitor all local Performing Providers
Details of your Past Performance:	<p>Members: 250,000 Total Calls: 460,000 Total Trips: 640,000</p>

Client Experience

Past Performance Industry:	Non-Emergency Medical Transportation Broker
Client Name:	Molina Healthcare of Mississippi, Inc.
Respondent Role:	Prime Contractor
Description of Responsibilities:	<p>Services include the following:</p> <ul style="list-style-type: none"> ✓ Verify eligibility ✓ Verify covered service ✓ Manage call center to schedule transportation request ✓ Appropriate mode assignment ✓ Scheduling and dispatching of trips to local Performing Providers ✓ Review and adjudicate 100% of all claims ✓ Timely payments to Performing Providers ✓ Submit accurate program reports ✓ Credential and monitor all local Performing Providers
Details of your Past Performance:	<p>Members: 25,000</p> <p>Total Calls: 1,000</p> <p>Total Trips: 15,000</p>

Past Performance Industry:	Non-Emergency Medical Transportation Broker
Client Name:	MDwise, Inc.
Respondent Role:	Prime Contractor
Description of Responsibilities:	<p>Services include the following:</p> <ul style="list-style-type: none"> ✓ Verify eligibility ✓ Verify covered service ✓ Manage call center to schedule transportation request ✓ Appropriate mode assignment ✓ Scheduling and dispatching of trips to local Performing Providers ✓ Review and adjudicate 100% of all claims ✓ Timely payments to Performing Providers ✓ Submit accurate program reports ✓ Credential and monitor all local Performing Providers
Details of your Past Performance:	<p>Members: 275,000</p> <p>Total Calls: 800 (1 month)</p> <p>Total Trip: 110,000</p>

Streamline Verify is a web-based application with a user-friendly interface, the industry's most advanced and creative algorithms, and a proven capacity for accommodating specialized customer needs as they arise. Today it stands as the most proficient and reliable exclusion screening software in the industry and the solution of choice for hundreds of Health Plans, Hospitals, Laboratories and other health-care related organizations. Streamline Verify specializes exclusively in exclusion screening. Thus, we currently spend 100 percent of our resources in support of the Streamline Verify software, continually enhancing its service and capabilities.

Introduced to the market in 2011, Streamline Verify is currently licensed to over 1,000 customers encompassing more than 6,500 users across 44 States, whose typical screening runs range in size from 50 to 1.7 million records across a host of databases. Streamline Verify's scalability and robustness – the software screens 6,000 records every 60 seconds – produces speedy results for all clients regardless of size.

Streamline Verify is not only able to meet the business and technical requirements outlined, but also to do so with the operational and contractual flexibility and accountability that will give our clients the peace of mind that their exclusion screening is being conducted in the most secure, effective and efficient manner possible.

Our strategic focus at Streamline Verify has been on maintaining our proprietary software's leading-edge functionality so that we can ensure the complete satisfaction of our growing number of customers. More importantly, we are focused on instilling a customer service ethic throughout our organization that extends to personal relationships with clients. Beginning with an implementation and training process that is as simple and convenient as it is effective, we are fully cognizant that we need to continue to delight, not just satisfy, our customers. To that end, our customer service and marketing staffs are in continual communication – through our personal contacts, updates and reports with both clients and prospective clients – in order to keep abreast of customers' changing needs and expectations.

Accurate Data

As for keeping our application current with the various exclusion lists, we automatically look for updates in the data from primary sources 24 times throughout the day and update Streamline Verify immediately. For example, we go to GSA/SAM **hourly** to look for updates to the exclusion data and then add the updates into our databases to allow our clients to query the data with Streamline Verify.

Cutting-edge report section. Streamline can drill down into the details of batch screenings to produce specific reports of individuals that show the complete screening history of that record and when it was confirmed as a non-match. High level summary reports are available for upper management.

References

Here are references from healthcare organizations that have been long standing clients of Streamline Verify:

- Robert Abramson: North Shore-LIJ Hospital System (718)226-5029 / rabramson1@nshs.edu
- Michelle Luo: Emblem Health (646)447-5063 / mluo@emblemhealth.com
- Sonya Castro-Quirino / Texas Tech University Health Sciences Center - Lubbock, TX / 806-743-3950 / Sonya.castro@ttuhsc.edu
- Lesley F. Eichelberger / Meritus Health- Hagerstown, MD - 301-790-8414 / Lesley.Eichelberger@meritushealth.com
- Michelle Luo / Emblem Health - New York, NY - 646-447-5063 / mluo@emblemhealth.com

STREAMLINE VERIFY AGREEMENT

This STREAMLINE VERIFY AGREEMENT (this "Agreement"), dated as of November 9, 2017, by and between Streamline Verify LLC, a New Jersey limited liability company ("Streamline," "we" or "us"), and Southeastrans Inc. ("Client"). In consideration of the agreements and premises hereof, and for other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto hereby agree as follows:

A. STREAMLINE VERIFY LICENSE.

1. Subject to Client's compliance with this Agreement, Streamline hereby grants to Client and Client hereby accepts a limited, non-exclusive, non-transferable and non-sublicenseable license (the "License") to use and access, and allow Client's Personnel (as defined below) to use and access, the Streamline Verify software and web portal (collectively, "Streamline Verify") to check the Social Security Administration (SSA) Death Master File (DMF) (collectively referred to herein as the "Databases"). Client's rights under this Agreement are limited as explicitly set forth in this Agreement and Streamline retains ownership and all other rights to Streamline Verify.
2. Client acknowledges that in order for Streamline Verify to obtain the most accurate results from a search Client will have to enter information which shall include at a minimum: for individuals, the individuals full legal name, date of birth, and social security number..
3. Client may designate employees to access Streamline Verify on Client's behalf ("Personnel"). Client agrees to restrict access to Streamline Verify to only Personnel who were registered with Streamline by Client and who have been provided a personal user name and password for access to Streamline Verify.
4. Streamline shall provide Personnel such initial training as is reasonably necessary. Client is solely responsible for training Client's other Personnel and assuring such Personnel's compliance with this Agreement, maintaining the privacy of their passwords and complying with all legal obligations associated with accessing and using Streamline Verify. Notwithstanding anything herein to the contrary, Streamline reserves the right to amend this Agreement, or revise the terms of use of Streamline Verify and/or restrict access to Streamline Verify in order to ensure compliance with this Agreement and all applicable laws.

B. INTELLECTUAL PROPERTY.

1. Streamline retains all rights, interests, title and ownership with respect to Streamline Verify and any and all associated software, programs, trade secrets, know-how, developments, specifications, processes, concepts, technology, drawings, tools, ideas and techniques ("Streamline Property") and Client acknowledges and agrees that Client has no rights or ownership of Streamline Property whatsoever except for such rights as are explicitly set forth herein. Client may not modify, reverse engineer, decompile, disassemble, re-engineer or otherwise create or permit or assist others to create or access Streamline Verify, or to create any derivative works from Streamline Verify or to combine Streamline Verify with any other software or services except as provided or approved in advance and in writing by Streamline.
2. The license provided hereunder by Streamline to Client may only be used by, and only for the purposes of the Client. Client may not use Streamline Verify or any other services provided by Streamline hereunder except in accordance herewith and only for healthcare facilities that are owned, controlled or managed by Client. Client agrees not to circumvent, directly or indirectly, in any way the terms and restrictions of this Paragraph B.2.

C. FEES.

1. Client shall pay Streamline an annual fee in advance of the commencement of each contract year of the term ("Annual Fee"). The Annual Fee for the first annual period of the term is \$6500.00. Concurrently with the execution hereof, Client shall pay to Streamline the Annual Fee for the first year in full. The Annual Fee for each additional year of the term shall be paid in full prior to the commencement of each such additional year. The Annual Fee for the first annual period of the term includes searches by Client on Streamline Verify of up to 5,000 Records per year. In the event Client exceeds 5,000 Records searched during any annual term of the Agreement, Client shall pay an additional \$475.00 per annum for up to an additional 500 Records. As used herein, "Record" means an individual listing of a vendor, contractor or employee of Client.
2. Such Annual Fee covers access to and use of Streamline Verify, hereunder may be increased by Streamline to reflect extraordinary factors requiring the Streamline to devote unusual amounts of time and effort to properly perform Streamline's responsibilities hereunder; provided however, that Streamline shall be required to provide at least thirty (30) days' advance written notice of such extraordinary factors, and if Client does not agree and the increased fee is not agreed upon, Client may terminate this Agreement immediately, without penalty. Streamline will invoice Client for Additional Fees as and when incurred and Payment shall be due from Client within thirty (30) days of receipt of the invoice by Client. In the event of any termination of this Agreement, Client shall continue to remain obligated to pay to Streamline all fees for Services provided hereunder prior to the effective date of such termination and shall pay all such fees in accordance herewith.
3. The Annual Fee and Additional Fees is subject to change by us upon annual renewal of the term hereof and with at least thirty (30) days advance written notification of increase. In the event that Client fails to pay the Annual Fee and any applicable Additional Fees for any additional annual term in advance or if Client's payment is declined, reversed, returned or otherwise dishonored for any reason, Client's account will be suspended until payment is made. The Annual Fee and Additional Fees do not include any tax of any kind and Client will be responsible to pay for all taxes associated with or required to be collected in connection with such fees.

4. Client agrees to pay Streamline a dishonored payment fee of \$35 if Client's payment by check, ACH or credit card is returned, declined or later reversed for any reason. If you have provided us with a credit card number, Client hereby gives Streamline permission to charge that credit card for all fees that Client incurs hereunder, Client confirms that Client is authorized to make purchases with that credit card, and Client agrees to abide by the credit card issuer's agreement.

D. TERM AND TERMINATION.

1. This Agreement becomes effective as of the date set forth above in the preamble to this Agreement. The initial term of this Agreement is one (1) year and will automatically renew for additional, successive, one (1) year terms unless (a) either party hereto provides notice to the other party hereto ~~at least sixty (60) days~~ prior to the end of the then current one (1) year term of its intention not to renew the term hereof, or (b) otherwise terminated as set forth below. Streamline will send Client an email to the email address that Client has provided to Streamline on Client's application thirty (30) days prior to the beginning of each additional one (1) year term informing Client of the Annual Fee and Additional Fees for such additional year. Client agrees that Streamline will not refund any portion of any fees once paid unless this Agreement is terminated by Client pursuant to Paragraph D.2 (a) hereof, in which case Streamline will refund a prorated portion of the fees received.

2. This Agreement may be terminated (a) by Client, upon delivery of notice via email to billing@streamlineverify.com to Streamline, if Streamline breaches any material provision of this Agreement and fails to cure such breach within thirty (30) days after receipt of notice to the email address above specifying the breach; (b) by Client, at Client's option, to be exercised by Client by delivery of notice via email to billing@streamlineverify.com to Streamline; or (c) by Streamline, immediately upon sending notice via email to the email address that Client provided to Streamline in its Client application for Streamline Verify if Client breaches any provision of this Agreement. Sections B1, C, E, F and G shall survive any termination or expiration of this Agreement. Upon the expiration or termination of this Agreement for any reason, Client and Personnel will no longer have any access to Streamline Verify, including, previously accessed or generated information.

E. SECURITY AND RESTRICTIONS.

1. Streamline shall, in accordance with industry standard security measures, maintain in confidence all personal information provided by Client about Client's employees, vendors and other third-parties, and all related information obtained or maintained by Streamline, and shall not use nor disclose to any third party such confidential information except for the purposes set forth in this Agreement or as Streamline may be required to comply with legal requirements or with requests of governmental agencies.

2. Client may not, and may not permit Personnel to, use Streamline Verify in any unlawful way or for any unlawful activities or other purposes not expressly permitted pursuant to this Agreement. Streamline will vigorously enforce all available legal remedies if any such improper use occurs.

3. Client shall keep all email contact information correct and current at all times.

4. Streamline employs various methods to help safeguard, prevent unauthorized access to, and maintain data security of, Streamline Verify. Notwithstanding the foregoing, Streamline cannot and does not guarantee security. To the extent the law does not allow Streamline to disclaim any duty with respect to security, Client agrees that intentional misconduct will be the standard used to measure Streamline's compliance with that duty.

5. Client shall not access, or authorize or enable Personnel to access, Streamline Verify in a manner other than as explicitly permitted hereunder, and shall not access or seek to access data other than Client's data. Any attempt to interfere with Streamline's software, systems or operations or bypass Streamline's security is strictly prohibited and a breach of this Agreement. Client represents and warrants to Streamline that Client and Personnel have the right and authority (legally and otherwise) to access all information that Client and Personnel access through Streamline Verify.

6. Streamline makes no representations, shall have no liability for, and neither warrants, vouches for, nor authenticates, the reliability of information contained within the Databases nor does Streamline guarantee the accuracy, adequacy, quality, validity, completeness, or suitability of the information obtained from the Databases for any purpose. Client agrees that, except for the specific duties of Streamline as set forth herein, Client shall have the sole responsibility to evaluate the information and to comply with all local, state and federal laws pertaining to the investigation and protection of such information, as well as the protection of all rights of any person or persons accused of any wrongdoing.

7. Client must confirm with information obtained from various government provided listings the information reported on each potential match before drawing any conclusions. The information reported may not be complete. It is also possible that information may exist, but has not been reported by the agencies accessed by Streamline. Streamline does not add any information to the report, nor attempt to merge files from the same or different sources. Also Client acknowledges that Streamline neither verifies credentials nor obtains information from court records. Client must make the final determination of whether the information provided by Streamline is identifiable with the individual or entity searched by Client.

8. Client shall comply with this Agreement and other terms and conditions and policies posted on Streamline's Website and/or on the Streamline Verify portal. Streamline reserves the right to change the terms of use or other policies at any time, provided that such changes will only be prospective.

F. LIMITATIONS OF LIABILITY.

1. STREAMLINE VERIFY AND ALL COMPONENTS THEREOF AND ALL OTHER SERVICES PROVIDED BY STREAMLINE HEREUNDER ARE PROVIDED "AS IS," WITHOUT WARRANTIES OF ANY KIND. STREAMLINE DISCLAIMS ALL WARRANTIES, EXPRESS AND IMPLIED, INCLUDING WITHOUT LIMITATION ANY AND ALL WARRANTIES OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR

PURPOSE. STREAMLINE DOES NOT WARRANT THAT THE DATA PROVIDED BY STREAMLINE OR OBTAINED BY CLIENT FROM STREAMLINE OR STREAMLINE VERIFY WILL MEET CLIENT'S REQUIREMENTS OR THAT THE OPERATION OF STREAMLINE VERIFY WILL BE UNINTERRUPTED OR WITHOUT ERROR. CLIENT ACKNOWLEDGES THAT IT IS SOLELY RESPONSIBLE FOR THE ACCURACY OF THE DATA PROVIDED TO STREAMLINE. CLIENT ALSO ACKNOWLEDGES THAT ANY DATA PROVIDED BY ANY THIRD PARTY SOURCES MAY BE ERRONEOUS, INCOMPLETE, UNTIMELY, AND ONE OR MORE OF THE DATABASES MAY NOT BE AVAILABLE WHICH MAY ADVERSELY IMPACT THE ACCURACY OF THE SERVICES AND INFORMATION PROVIDED HEREUNDER. CLIENT ACKNOWLEDGES THAT ADDITIONAL INFORMATION REGARDING INDIVIDUALS AND ENTITIES MAY BE REQUIRED TO MATCH RECORDS WITH CERTAIN DATABASES AND THAT RESULTS FROM SUCH DATABASES MAY BE INCOMPLETE AND/OR UNRELIABLE.

2. STREAMLINE SHALL NOT BE LIABLE FOR ANY SPECIAL, INDIRECT, INCIDENTAL OR CONSEQUENTIAL DAMAGES (INCLUDING LOSS OF USE, DATA, BUSINESS OR PROFITS) ARISING OUT OF OR IN CONNECTION WITH THIS AGREEMENT, THE SERVICES PROVIDED HEREUNDER OR THE USE OF STREAMLINE VERIFY, WHETHER SUCH LIABILITY ARISES FROM ANY CLAIM BASED UPON CONTRACT, WARRANTY, TORT (INCLUDING NEGLIGENCE), STRICT LIABILITY OR OTHERWISE, WHETHER OR NOT CLIENT HAS BEEN ADVISED OF THE POSSIBILITY OF SUCH LOSS OR DAMAGE, AND WHETHER OR NOT THE SERVICES HEREUNDER ARE FOUND TO HAVE FAILED OF THEIR ESSENTIAL PURPOSE. STREAMLINE'S TOTAL LIABILITY FROM ALL CAUSES OF ACTION AND ALL THEORIES OF LIABILITY WILL IN NO EVENT EXCEED AN AGGREGATE MAXIMUM OF THE LESSER OF (I) \$1,000,000.00 AND (II) THE MAXIMUM COVERAGE PROVIDED UNDER STREAMLINE'S INSURANCE POLICIES COVERING SUCH MATTERS.

3. Streamline Verify may provide links to various websites that it does not control. When Client clicks on one of these links, Client will be transferred out of Streamline Verify and connected to the website of the organization or company that Client selected. Streamline shall not be responsible for the nature, quality or accuracy of the content or opinions expressed on such websites, and such websites are not investigated, monitored or checked for quality, accuracy or completeness by Streamline. Inclusion of any linked website by Streamline Verify does not imply or express an approval or endorsement of the linked website by Streamline, or of any of the content, opinions, products or services provided on these websites. Each of these linked sites maintains its own independent privacy and data collection policies and procedures. Although Streamline expects such third-parties and Streamline's partners and affiliates to respect the privacy of Client, Streamline cannot and shall not be responsible for the actions of third parties. If Client visits a website that is linked to from Streamline Verify, Streamline encourages Client to consult that website's privacy policy before providing any personal information and whenever interacting with any website.

4. Client understands and acknowledges that access to Streamline Verify services and access will be provided over various facilities and communications lines, and information will be transmitted over local exchange and internet backbone carrier lines and through routers, switches, and other devices owned, maintained, and serviced by third-party carriers, utilities, and internet service providers, all of which are beyond Streamline's control. Streamline assumes no liability for or relating to the integrity, privacy, security, confidentiality, or use of any information while it is transmitted in such manner, or any delay, failure, interruption, interception, loss, transmission, or corruption of any data or other information attributable to transmission in such manner. Transmission of information is solely at Client's own risk and is subject to all applicable local, state, national, and international laws.

G. MISCELLANEOUS PROVISIONS.

1. The waiver by either party of a breach of any provision of this Agreement shall not operate or be interpreted as a waiver of any other or subsequent breach.

2. Headings used in this Agreement are for reference purposes only and shall in no way define, limit, construe or describe the scope or extent of such section or in any way affect this Agreement.

3. DISPUTE RESOLUTION AND BINDING ARBITRATION. CLIENT AND STREAMLINE HEREBY AGREE TO GIVE UP ANY RIGHTS TO LITIGATE CLAIMS RELATED TO THIS AGREEMENT IN A COURT OR BEFORE A JURY OR TO PARTICIPATE IN A CLASS ACTION OR REPRESENTATIVE ACTION WITH RESPECT TO A CLAIM. ANY CLAIM, DISPUTE, OR CONTROVERSY (WHETHER IN CONTRACT, TORT, OR OTHERWISE, WHETHER PREEXISTING, PRESENT OR FUTURE, AND INCLUDING STATUTORY, CONSUMER PROTECTION, COMMON LAW, INTENTIONAL TORT, INJUNCTIVE AND EQUITABLE CLAIMS) BETWEEN CLIENT AND STREAMLINE, ITS AGENTS, EMPLOYEES, PRINCIPALS, SUCCESSORS, ASSIGNS, AFFILIATES (COLLECTIVELY FOR PURPOSES OF THIS PARAGRAPH, "STREAMLINE") ARISING FROM OR RELATING TO THIS AGREEMENT, ITS INTERPRETATION, OR THE BREACH, TERMINATION OR VALIDITY THEREOF, THE RELATIONSHIPS WHICH RESULT FROM THIS AGREEMENT (INCLUDING, TO THE FULL EXTENT PERMITTED BY APPLICABLE LAW, RELATIONSHIPS WITH THIRD PARTIES WHO ARE NOT SIGNATORIES TO THIS AGREEMENT), STREAMLINE'S ADVERTISING, OR ANY RELATED PURCHASE SHALL BE RESOLVED EXCLUSIVELY AND FINALLY BY BINDING ARBITRATION IN THE STATE OF NEW JERSEY ADMINISTERED BY THE AMERICAN ARBITRATION ASSOCIATION (AAA) OR JAMS. CLIENT AGREES TO ARBITRATION ON AN INDIVIDUAL BASIS. IN ANY DISPUTE, NEITHER CLIENT NOR STREAMLINE SHALL BE ENTITLED TO JOIN OR CONSOLIDATE CLAIMS BY OR AGAINST OTHER CUSTOMERS, OR ARBITRATE ANY CLAIM AS A CLASS REPRESENTATIVE, CLASS MEMBER OR IN A PRIVATE ATTORNEY GENERAL CAPACITY.



4. This Agreement will be governed and construed in accordance with the laws of the State of New Jersey, without giving effect to principles of conflict of laws.

5. The parties to this Agreement are independent contractors, and no agency, partnership, joint venture or employee-employer relationship is intended or created by this Agreement. Neither party will have the power to bind the other or incur obligations on the other's behalf without the other's prior written consent.
6. Streamline may send notices to Client by sending notice to Personnel via email or regular mail. Streamline may also provide notice of changes to the terms or other matters by displaying notices, or links to notices, on Streamline Verify or Streamline's Website.
7. Neither party hereto may (by operation of law or otherwise) transfer, assign or sublicense this Agreement nor any rights or obligations hereunder without the other party's prior written consent; provided that the foregoing will not be deemed to restrict Streamline from assigning this Agreement without Client's consent: (a) to any affiliate of Streamline; or (b) to any entity which acquires all or substantially all of Streamline's assets, to any successor in a merger or acquisition involving Streamline or to any entity or successor that acquire all or substantially all of Streamline's Streamline Verify business.
8. During the term of this Agreement and for a period of two (2) years after the termination of this Agreement for any reason whatsoever (the "Restricted Period"), Client shall not, directly or indirectly, either on its own account or for any person, firm, partnership, company, or other entity, (i) solicit, interfere with, or endeavor to cause any employee, consultant or contractor of Streamline to leave his employment or other engagement with Streamline; or (ii) induce or attempt to induce any such employee, consultant or contractor to breach his/her agreement with Streamline.
9. This Agreement sets forth the entire understanding and agreement of the parties and supersedes any and all oral or written agreements or understandings between the parties as to the subject matter of this Agreement. Except as otherwise explicitly set forth herein, this Agreement may be changed only by a writing signed by both parties. Neither party is relying upon any warranties, representations, assurances or inducements not expressly set forth herein.
10. Except for payment obligations, neither party will be responsible for any failure or delay in its performance under this Agreement due to causes beyond its reasonable control, including but not limited to labor disputes, strikes, lockouts, civil disorder, disruptions of telecommunications services, shortages of or inability to obtain labor, energy, raw materials or supplies, war, riot, acts of God, governmental action, or unavailability of the Databases.
11. Streamline shall not be liable for any lost or delayed e-mail messages or attachments, or damages caused by computer viruses or other harmful components.
12. Streamline represents that neither it nor any of its employees has been excluded or debarred from participation in any federal or state health care program; neither it nor any of its employees currently appears on the Office of Inspector General's List of Excluded Individuals/Entities.

[Signature Page Follows]

IN WITNESS WHEREOF, the parties hereto have duly executed this Agreement as of the date set forth below.

Date: 11/9/17

STREAMLINE VERIFY LLC	SOUTHEASTRANS INC.
By: 	By: 
Name: Jeffrey Josefovich	Name: Bryan Joswick
Title: Chief Operating Officer	Title: Corporate Compliance Manager

Subscriber Contact Info:			
Company Name:		Accounts Payable Contact Info	
Address:		Send Invoices To:	Staff Accountant
Contact Name/Title:		Address:	4751 Best Road Suit 300 Atlanta, GA 30337
Email:		Email:	accounting@southeastrans.com
Phone:		Phone:	678-510-4528
Streamline Contact Info:			
Account Rep:	Steven Grossman	Street:	7 Randolph Rd, Howell, NJ 07731
Email:	Steven.g@streamlineverify.com	Email:	Billing@streamlineverify.com
Phone:	(732)961-8528	Phone:	732-961-8523

[Signature Page to Streamline Verify Terms and Conditions]

ADDENDUM FOR ACCESS TO DEATH MASTER FILE DATA

This Addendum ("Addendum"), dated as of November 9, 2017, by and between Streamline Verify, a New Jersey limited liability company ("Streamline," "we" or "us"), and Southeastrans Inc. ("Client") (collectively, the "Parties") governs queries against and other access to Death Master File ("DMF") data using the Streamline Verify application. This Addendum amends and supplements the Agreement between Streamline and Client, and applies with respect to the DMF access data described herein only. Unless notice is provided by Streamline otherwise, the term of this Addendum shall run in parallel to the Agreement. In the event there is any inconsistency between the Agreement and this Addendum, this Addendum shall govern. Pursuant to paragraph A.4 of the Agreement, under which Streamline reserved the right to revise and/or restrict the Agreement in order to ensure compliance with all applicable laws, the Parties hereto hereby agree as follows:

A. DEFINITIONS.

Capitalized terms that appear in this Addendum that are not defined herein have the same meaning as in the Agreement. For purposes of this Addendum, these terms are defined as follows:

1. **DMF:** The federal Death Master File maintained by NTIS.
2. **NTIS:** National Technical Information Service, U.S. Department of Commerce.
3. **Open Access DMF:** The DMF product made available by NTIS which does not include DMF data with respect to any deceased individual at any time during the three-calendar-year period beginning on the date of the individual's death.
4. **Limited Access DMF:** Limited Access DMF includes DMF data with respect to any deceased individual at any time during the three-calendar-year period beginning on the date of the individual's death. Limited Access DMF is made available by Streamline Verify as an NTIS Certified Person. This Addendum governs Client's access to Limited Access DMF through Streamline Verify, whether full or partial Limited Access DMF records or indicators of deceased status, and via any format, including in particular through the Client's license to use Streamline Verify (as defined in the Agreement). Limited Access DMF does not include an individual element of information (name, social security number, date of birth, or date of death) in the possession of the Client obtained through a source independent of Streamline Verify. If the Client obtains, or a third party subsequently provides to the Client, death information (i.e., the name, social security account number, date of birth, or date of death) independently, such information in the possession of the Client is not Limited Access DMF covered by this Addendum. Fact of Death (defined below) is not Limited Access DMF.
5. **Fact of Death:** Fact of Death means the fact, taken alone, that a person is no longer living. Fact of Death is not equivalent to date of death, and Fact of Death is not itself Limited Access DMF.

B. CERTIFICATION

By marking the box directly below, Client agrees that it will not access or seek to access Limited Access DMF through Streamline Verify. **Neither Fact of Death nor Open Access DMF are Limited Access DMF.** Clients who mark the box directly below are not subject to the certifications and requirements of parts (1)-(3) of this Paragraph B:

- ☐ Client agrees and certifies that it will not access Limited Access DMF through Streamline Verify.

If Client intends to access or does access Limited Access DMF through Streamline Verify, then as a condition for any such access, Client hereby certifies and agrees that it has the indicated permissible purpose(s) under part (1) of this Paragraph B ("Certification"), that it meets the requirements of parts (2) and (3) of this Paragraph B:

1. Client has a legitimate fraud prevention interest, or has a legitimate business purpose pursuant to a law, governmental rule, regulation, or fiduciary duty, and will use Limited Access DMF only for such purpose(s), and specifies the basis for so certifying as (Client: choose any applicable purposes that apply to your use):
 - ☐ Legitimate Fraud Prevention Interest: Client has a legitimate fraud prevention interest to detect and prevent fraud and/or to confirm identities across its commercial business and/or government activities.

and/or

- ☒ Legitimate Business Purpose Pursuant to a Law, Governmental Rule, Regulation, or Fiduciary Duty: Client has one or more of the purposes permitted under 42 USC 1306c including fraud prevention and identity verification purposes. Client's specific purpose(s) for obtaining Limited Access DMF data under this Addendum is:

- ☐ Fraud Prevention and identity verification purposes;
- ☐ For uses permitted or required by law;
- ☐ For uses permitted or required by governmental rules;
- ☒ For uses permitted or required by regulation;
- ☐ For uses necessary to fulfill or avoid violating fiduciary duties.

and

2. Client has systems, facilities, and procedures in place to safeguard Limited Access DMF, and experience in maintaining the confidentiality, security, and appropriate use of such information, pursuant to requirements similar to the requirements of section 6103(p)(4) of the Internal Revenue Code of 1986, as amended; and
3. Client agrees to satisfy the requirements of such section 6103(p)(4) as if such section applied to Client.

C. DISCLOSURE OF Limited Access DMF

1. Client agrees that it will not disclose Limited Access DMF it obtains pursuant to this Agreement or Addendum to any third party (including affiliates of or other persons or business entities related to the Client), for any purpose.



D. INDEMNIFICATION

1. Client agrees to defend, indemnify, and hold harmless Streamline and each of its affiliates and representatives from losses resulting from any claims brought by a third party resulting from Client's alleged breach of Paragraph B or Paragraph C of this Addendum. This includes, without limitation, indemnification for (i) any fines or regulatory penalties assessed against Streamline arising from Client's alleged breach of Paragraphs B or C of this Addendum; and (ii) consequential, indirect, incidental, or other damages arising from other regulatory or enforcement action taken against Streamline arising from Client's alleged breach of Paragraphs B or C of this Addendum (e.g., damages arising from revocation of Streamline's certification to access Limited Access DMF from NTIS as a result of such breach).

AUTHORIZATION AND ACCEPTANCE OF TERMS

I HEREBY CERTIFY that I am authorized to execute this Addendum on behalf of the Client and that I have direct knowledge of the facts stated above. IN WITNESS WHEREOF, the Parties hereto have duly executed this Addendum as of the date set forth below.

Date: 4/9/17

<p>STREAMLINE VERIFY LLC</p> <p>By: </p> <p>Name: Jeffrey Josefovich</p> <p>Title: Chief Operating Officer</p>	<p>SOUTHEASTTRANS INC.</p> <p>By: </p> <p>Name: Bryan Josnick</p> <p>Title: Corporate Compliance Manager</p>
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