MEDICAL TRANSPORTATION MANAGEMENT, INC.
Site Visit Worksheet

REASON FOR VISIT

Initial Credentialing ☐

Annual / Re-credentialing ☐

Vendor Relations ☐

Special Visit / Follow Up ☐

No Show ☐

Cancellation By Vendor Less Than 24 Hours From Appointment Time ☐

Pre-Visit Checklist

_____ 1) Schedule appointment with Vendor.

_____ 2) Obtain Driver and Vehicle Listings

_____ 3) Review data from previous visit(s) for follow up.

_____ 4) Review Vendor Report Card information

Post-Visit Checklist

_____ 1) Driver List has been updated and signed by Vendor.

_____ 2) Copies of background checks have been obtained as needed.

_____ 3) Vehicle List has been updated and signed by Vendor.

_____ 4) Report Card has been reviewed with Vendor.

AS400 Code _____

Vendor Name: _____ Date of Visit: _____

Address: _____ Number of Drivers: _____

City: _____ State: _____ Zip: _____ Number of Vehicles: _____

MTM Representative: _____

Vendor Representative and title in meeting: _____

INSURANCE POLICY REVIEW

	Compliant? Yes	No	N/A	Vendor Guideline Ref.	Comments
Is MTM named as a "Certificate Holder"?				7.1	
Is MTM named as "Additional Insured"?				7.1	
Does auto liability coverage meet State and MTM required minimums?				7.2	
Are subcontracted and owner/operator drivers covered per MTM guidelines?				7.6	
Auto liability coverage is for which of the following?					
Any Auto					
All Owned Autos					
Scheduled Autos					
Hired autos					
Non-Owned Autos					
Does the vendor have appropriate Workmen's Comp. insurance?					
*Does the Vendor meet **ALL** insurance requirements?*	YES	NO	N/A		
Does the Vendor have a current and valid business license?				1.12	
Does the vendor have the appropriate limousine certificate of authority?					
Does the Vendor have a fully executed contract?					
Does the vendor have a copy of the current MTM Vendor handbook?					

VENDOR PERSONNEL DOCUMENTATION

Training Documentation

	Compliant? Yes	No	N/A	Vendor Guideline Ref.	Comments
Have drivers received Defensive Driver training?				4.3, 4.8	
Have drivers received Basic First Aid training?				4.3, 4.8	
Have drivers received Emergency Procedures training?				4.3, 4.8	
Have drivers received Passenger Assistance Techniques (PAT) training?				4.3, 4.8	
Have drivers received Wheelchair Securement training?				4.4, 4.8	
Does the Vendor meet all MTM driver training requirements?	YES	NO	N/A		

Driver Eligibility Documentation

	Yes	No	N/A	Ref.	Comments
Does the vendor have a copy of Current Drivers Licenses?				2.1, 2.2, 5.2	
Has vendor performed periodic Driver Evaluations?				5.2, 5.20	
Has Vendor obtained State Criminal Background Checks?				5.2, 5.10	
Has Vendor obtained Child Abuse or Neglect Background Checks?				5.2, 5.11	
Has Vendor obtained Elder Abuse Background Checks?				5.2, 5.12	
Has Vendor obtained drivers' records checks? (Within the past year)				5.2,5.8, 5.9	
Has the driver signed the company Drug Free Workplace policies?				5.2, 5.5	
Is all Driver Eligibility Documentation complete?	YES	NO	N/A		
Are drivers identifiable? (Badges, uniforms, etc.)				1.11	
Are all drivers at least 21 years of age?				2.3	

	Compliant? Yes	No	N/A	Vendor Guideline Ref.	Comments
WRITTEN POLICIES					
Has vendor implemented a Driver's Training policy?				4.1, 4.2, 4.3, 4.4	
Has vendor implemented an annual In-Service Driver Training policy?				4.7	
Has vendor implemented a Driver Orientation policy and procedure?				5.3	
Has vendor implemented a Driver Performance and Evaluation policy?				5.21	
Has vendor implemented a Accident Investigation procedure?				8.19, 8.20	
Has Vendor established all required written policies?	YES	NO	N/A		
TRIP RECORDS					
Does Vendor understand that records must be maintained for 5 years?				8.2	
Is vendor maintaining records for five (5) years? (Including but not limited to Driver's logs, Trip Sheets, and Billing Reports)				8.2	
Does Vendor contact Passengers prior to trip? (Within a 24 hour window)				9.11	
Has Vendor obtained passenger signatures for all trips?				10.13	
Does Vendor use a trip log or voucher for all trips?				10.12	
Do Vendor's trip logs reconcile to MTM records? (Previous three months verification is recommended)					
Does Vendor follow all trip guidelines?	YES	NO	N/A		

	Compliant? Yes	No	N/A	Vendor Guideline Ref.	Comments
VEHICLES					
Current Odometer Reading				Capacity?	
Are seatbelt accessible and in working order?				6.2, 6.3	
Are vehicles clearly marked with Vendor's company name?				6.5	
Do vehicles meet appearance and mechanical requirements?					
Are heating and air conditioning operational? ____				6.6	
Is the vehicle free of safety hazards? ____				6.19	
Are the vehicle interior and exterior clean? ____				6.20	
Does the vehicle have right and left rearview mirrors? ____				6.21, 6.22	
Does the vehicle appear to be mechanically safe and road-worthy? ____				6.18	
"No Smoking" & Vendor's name and phone number signs____				3.8, 6.4	
Are the interior and exterior in an acceptable condition? ____					
Are daily Pre-Trip Inspections performed and documented?				6.25	
Is regular maintenance performed and documented?				6.26	
Is the vehicle equipped with the required safety equipment?					
First Aid Kit & Fire extinguisher (10 B,C) ____				6.7	
Triangle/Flare kits or Glowsticks ____				6.7	
Blood borne pathogen spill kits ____				6.7	
Vehicle Registration & Motor Vehicle Inspection Sticker____				6.7, 1.16	
Accident Procedure and Accident/Incident forms ____				6.7	
Current Insurance Card____				6.7	
Do the Vendor's vehicles meet MTM requirements?	YES	NO	N/A		

	Compliant? Yes	No	N/A	Vendor Guideline Ref.	Comments
MINORITY/WOMAN OWNED BUSINESS INFORMATION					
Is Vendor a minority owned business?				If answer is YES, documentation is to be provided.	
Is Vendor a woman owned business?				If answer is YES, documentation is to be provided.	

Vendor understands all Vendor Guidelines as outlined in the MTM Medical Transportation Services Agreement , Attachment I and agrees to adhere to those guidelines.

HIPAA info reviewed? _____ (Y/N)

Billing issues reviewed? _____ (Y/N)

Name _____

Title _____

Signature: _____

Time In: _____

Time Out: _____

MTM Representative: _____

Comments: _____

_____

_____