DRAFT Nevada Operations Manual

MTM
Medical Transportation Management, Inc.

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Nevada Operations Manual (DRAFT)

Purpose:
To provide a written tool to inform Nevada, MTM staff, transportation providers, and facilities of Nevada non-emergency transportation (NET) operations, expectations, and the formal policies and procedures that govern each activity associated with the delivery of Nevada NET services.

Use and Format

1. MHI shall maintain a copy of this *Operations Manual*.
2. This manual will be used to train new staff and existing staff, transportation providers, and facilities.
3. Transportation providers will receive a *Transportation Provider Handbook* with policies and procedures specific to their operations.
4. Facilities will receive a *Facility Manual* outlining the rules and regulations of the transportation program.
5. All Customer Service Center (CSC) staff will receive a *Customer Service Center Training Manual* specific to CSC training and operations.
6. Each manual is housed in a loose-leaf binder to accommodate easy insertion of revisions and updates to policies or procedures.
7. Each page of the manual includes the policy origin date, and each new page will include a current date of revision to ensure that the most recent policy is referenced.
8. Although updates may be made at any time necessary, the entire manual will be reviewed annual basis. This annual review is the responsibility of the Account Manager.
9. MHI can address and questions regarding the policies and procedures in this *Operations Manual* with the dedicated Account Manager.
10. MHI will be given the opportunity to review and approve the *Operations Manual* and any subsequent revisions within five (5) business days of identifying changes.
11. Subsequent updates will be distributed to staff, transportation providers, and facilities within five (5) days of acceptance by MHI.

Signatures of Approval

_____

MHI Representative Title Date

_____

MTM Representative Title Date

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1.0 Medical Transportation Management, Inc. (MTM) Company Information

Background:
Established in 1995, MTM is the only nationwide transportation management company focused on the delivery of NET through a health care-minded approach. MTM's experience with successful and reliable NET service delivery is superior and recognized as such throughout the industry. The company's practices and model for delivering NET services has been noted twice as a best practice in the industry by the Community Transportation Association of America (CTAA). Due to its position as a leader and quality provider in the NET industry, MTM has been awarded some 41 contracts throughout the nation.

Company Contact Information

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2.0 Nevada Contract Information

Purpose of Contract
In accordance with Federal regulations (42 CFR 431.53), MHI operates NET services, which offers transportation services for recipients who need to access necessary health care. MHI NET covers transportation to and from health care services when those services are covered under Medicaid and Medicare, for recipients who have no other means of transportation. These transportation services include wheelchair vans, taxis and sedans, stretcher cars, bus passes and tickets, and other forms of transportation otherwise covered.

Under this contract, the broker's responsibilities will include, but not be limited to the following:

- Establishing and maintaining a network of transportation providers through subcontracts
- Recruiting, training, and certifying transportation providers;
- Paying network transportation providers for NET services provided to eligible recipients
- Assuring transportation providers meet and maintain the requirements identified by MHI and required by MTM
- Operating a call center for intake and processing of transportation requests for eligible recipients including:
    - Verifying Medicaid/Medicare eligibility
    - Assessing recipients' transportation needs and determining the most appropriate and cost effective transportation mode to meet the identified needs
    - Authorizing transportation
    - Dispatching transportation providers
    - Maintaining records and systems of accountability

MTM Contract Responsibilities
MTM is responsible for providing the following contractual services:

1. **Recruiting and Negotiating Contracts with Transportation Providers:** Establish a network of independent transportation providers to deliver transportation and negotiate individual service delivery rates with each qualified transportation entity to include individuals providing wheelchair vans, taxis, stretcher cars, bus passes and tickets, and other forms of transportation otherwise covered under the state plan. Any negotiated rate must be fully disclosed in the Service Agreement between the transportation provider and MTM.
2. **Payment Administration**: Provide payment to each transportation provider based on authorized services rendered.
3. **Gate Keeping, Certification and Verification of Need, and Cost-Effectiveness:** Verification of recipient eligibility; assess recipient need for NET services; determine the most appropriate and most cost-effective transportation method to meet the recipient's need and level of care during the transport, including any special transport requirements for the medically fragile or physically/intellectually challenged recipients; and provide education for recipients on the use of NET services.
4. **Reservations, Scheduling, and Trip Assignments:** Receive recipient requests for transportation and assign the trip to the most appropriate transportation provider.
5. **Quality Assurance:** Provide assurance that transportation providers meet health and safety standards for vehicle maintenance, operation, and inspection; driver qualifications and training; recipient problem and complaint resolution; and the delivery of courteous, safe, and timely transportation services.
6. **Administrative Oversight and Reporting**: Manage overall day-to-day operations necessary for the delivery of NET services and the maintenance of appropriate records and systems of accountability to report to MHI and respond to the terms of the contract.
7. **Record Keeping**: Maintain detailed records evidencing the administrative costs and expenses incurred pursuant to the contract, the provision of services under the contract, and complaints, for the purpose of audit and evaluation by MHI and other personnel.
8. **Broker/Transportation Provider Records**: Establish, maintain, and provide upon request the records and related information in its files for each provider with which we enter into a service agreement:
9. **Orientation for Transportation Providers**: Provide an orientation program for all transportation providers with which we enter into a service agreement.

Covered, Non-Covered List

SUMMARY OF TRANSPORTATION SERVICES AND BENEFITS
COVERED AND NOT COVERED LIST

Note: The following table lists transportation services for covered and non-covered medical benefits. When selecting which services to cover, consider if NET is required for each service and note if there are any limits such as age, number of trips, etc.

Service	Code	Covered	Excluded	Special Instructions
Abortion	50			
Adult Day Care-medical/behavorial	80			
Alcohol Abuse Evaluation to Enter Treatment	01			
Alcoholics Anonymous Meetings	82			
Alcohol Rehabilitation	81			
Cardiac Rehab	35			
Chemotherapy/Radiation	34			
Chiropractor	83			
Community Psych Rehab	84			
Counselor, Psychologist, Social Worker	29			
Court Ordered Exams or appointments	52			
Day Treatment Program-medical/behavioral	64			
Dental Services	03			
Diabetic Supplies and Education	33			
Dialysis	04			
Drug Abuse Evaluation to Enter Treatment	05			
Drug Rehabilitation	53			
Durable Medical Equipment	06			
Hearing Aids	08			
Hospital – Inpatient Services/Admission	09			
Hospital - Discharge	10			
Hospital - Outpatient Services	12			
Hospital-to-Hospital Transfer	11			
Hospital Visitation	36			
Immunizations	13			
Laboratory Services	14			
Lamaze Classes	56			
Lead Screening/Testing	37			
Mammogram	38			
Non-Medical Trip	57			
Nursing Home-to-Nursing Home Transfer	39			
OB/GYN Services	40			
Occupational Therapy	15			
Ophthalmologist	58			
Optical Services	17			
Orthotics	18			
Pain Management	20			
Pharmacy	21			
Physical Exam	46			
Physical Therapy	22			
Podiatry	24			
Prenatal Services	25			

Service	Code	Covered	Excluded	Special Instructions
Primary Care Physician	23			
Prosthetic	27			
Psychiatrist	28			
Radiology Services (X-rays, MRI)	42			
Specialist	68			
Speech Therapy	94			
SSI Determination Medical Appointment	96			
Transplant Services	43			
Urgent Care Facility-TO:	61			
Urgent Care Facility-FROM:	60			
Vision/Hearing Screenings	47			
Vocational Rehabilitation	98			
Weight Control Programs	66			
WIC Appointments	99			
Other Education/Outreach Programs	70			
Other Emergency Room-TO	71			
Other Emergency Room-FROM	72			

3.0 Recipient Rights and Responsibilities

Recipients have the right to:

- Transportation for a covered non-emergency service.
- Request transportation with appropriate advance notice.
    - If advance notice is not provided, MTM will make best efforts to provide service.
- The appropriate and most cost-effective mode of transportation based on the recipient's needs.
- Courteous trip reservation process with respect to privacy, confidentiality, and cultural diversity.
- Be given the name and telephone number of the scheduled transportation provider.
- Instructions on how to use NET services offered by MTM and our subcontracted transportation providers.
- Education on the complaint, grievance, and appeals process.
- Free oral interpretation services for limited-English proficiency (LEP).
- Written information in prevalent languages.
- Information in alternate formats for individuals with special needs (i.e. visually or hearing impaired).
- On time pick-up and drop-off transportation services.
- Safe, reliable transportation services in clean, undamaged, and equipped vehicles with trained, professional, and courteous drivers.

Recipient responsibilities:

- When recipients call to schedule transportation to medical appointments, they must provide:
    - Medicaid/Medicare ID #
    - Pick up address
    - Telephone number
    - Date of birth
    - Date, time, place, and type of appointment(s)
    - Doctor's name
    - Facility name, address, and telephone number to verify appointments.
- Recipients must schedule transportation services for routine medical appointments with advance notice.
- Urgent trips, follow up appointments, and discharges can be set up without advance notice.
- Recipients who live within ¾ mile of a public transit route must use public transit if physically and intellectually able to do so.
- Recipients will be assigned to transportation that is most appropriate to their needs in the following order:
    - Public Transit
    - Mileage Reimbursement
    - Ambulatory (sedan/van/minibus/etc.) includes wheelchair transfer
    - Wheelchair lift equipped vehicle
    - Stretcher
- Recipient may use transportation services for approved Medicaid/Medicare services only.
- Recipients should attempt to use the closest appropriate medical facility unless a health care provider has referred the recipient outside of the immediate community.

- Return trips are only provided from the point of drop-off from which the recipient obtained authorized health care.
- The transportation provider must pick up the recipient within one (1) hour from the time the recipient calls for the return ride or “Will Call” trip.
- Recipients must await pick up in an area where that is a pre-arranged “look-out” position. This is not necessarily outside, but an area that allows easy and speedy access to the pick-up vehicle. The vehicle will not be required to wait more than five (5) minutes, but can beep the horn.
- For verification purposes, recipients must sign a “driver’s log” for each trip taken. In lieu of recipient signature, MTM will accept the signature of one of the following:
    - Parent or guardian
    - Medical provider
    - Caregiver

4.0 HIPAA- Confidentiality

The U.S. Department of Health and Human Services (HHS) enacted regulations under the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (the Act [the Act and the Regulations sometimes referred to collectively as HIPAA]). These Regulations require health care providers, health plans and health care clearinghouses (individually-Covered Entity, and collectively- Covered Entities) to maintain the privacy/confidentiality of Protected Health Information (PHI) which they receive or obtain from their patients or covered persons or which they review or create for their patients or covered persons.

These same regulations require Covered Entities to obtain written assurance from the businesses to whom they disclose PHI (Business Associates) that such Business Associates will maintain the privacy/confidentiality of any PHI provided to them by the Covered Entities and otherwise comply with the requirements of HIPAA applicable to Business Associates. In addition, these Regulations require Business Associates to obtain from those businesses to whom they disclose PHI written assurance that they will maintain the privacy/confidentiality of any PHI provided to them by the Business Associate and otherwise comply with the requirements of HIPAA.

MTM manages contracts with State, County, health plans, and other health care providers as defined by HIPAA, to provide non-emergency, non-emergent ambulance medical transportation services, central intake and dispatch services and utilization review reports and services for these clients and the individuals/patients covered by such client (Covered Persons). In connection with our provision of such services, we receive or obtain from our clients or the Covered Persons or review or create for the Covered Persons or the clients, PHI regarding the Covered Persons (Covered Person PHI). As a result, we are a Business Associate of each client with whom we contract.

MTM requires its subcontracted transportation providers and other subcontracted entities to comply with the requirements of HIPAA applicable to Business Associates.

MTM requires its employees, agents, and independent contractors (Workforce) to adhere to the restrictions and conditions regarding Covered Person PHI.

MTM will not disclose Covered Person's PHI to any recipient of our Workforce, unless the individual is advised of his/her obligations under HIPAA and the consequences of a violation of these obligations, including disciplinary action against any recipient of our workforce that uses or discloses Covered Person PHI in violation of this Section.

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5.0 MTM's CLAS Standards

To ensure that all people entering in contact with MTM receive equitable and effective treatment in a cultural and linguistically appropriate manner, MTM adopted the national standards issued by the U.S. Department of Health and Human Services (HHS) Office of Minority Health (OMH) in 2001.

These standards are designated to address the needs of racial, ethnic, and linguistic populations that experience unequal access to health care services.

There are three types of standards of varying stringency:

- CLAS mandate: those standards that are current Federal requirements for all recipients of Federal funds (Standards 4 - 7). These standards are based on Title VI of the Civil Right Act of 1964.
- CLAS guidelines: activities recommended by OMH for adoption as mandated by Federal, State, and national accrediting agencies (standards 1 – 3, 8 – 13)
- CLAS recommendations suggested by the OMH for voluntary adoption (14)

In an effort to provide the most adequate and fair treatment to recipients, clients, and staff, MTM has adopted 10 of the 14 standards and adapted them to its line of business. The adopted standards are:

1) MTM should ensure that recipients receive from all staff effective, understandable, and respectful care that is provided in a manner compatible with their cultural health beliefs and practices and preferred languages.
2) MTM should implement strategies to recruit, retain, and promote all levels of the organization a diverse staff and leadership that are representative of the demographic characteristics of the service area.
3) MTM should ensure that staff at all levels and across all disciplines receives ongoing education and training in culturally and linguistically appropriate service delivery.
4) MTM must offer and provide language assistance services, including bilingual staff and interpreter services through the AT&T language line, at no cost to each recipient with limited-English proficiency (LEP) at all points of contact, in a timely manner during all hours of operation.
5) MTM must provide to recipients in their preferred language both verbal offers and written notices informing them of their right to receive language assistance services.
6) MTM must assure the competence of language assistance provided to LEP recipients by interpreters and bilingual staff. Family and friends should not be used to provide interpretation services (except on request by the recipient).
7) MTM should develop, implement, and promote a written strategic plan that outlines clear goals, policies, operational plans, and management accountability/oversight mechanisms to provide culturally and linguistically appropriate services.
8) MTM should conduct initial and ongoing organizational self-assessments of CLAS-related activities and are encouraged to integrate Cultural and Linguistic Competence-related measures into their internal audits, performance improvement programs, recipient satisfaction assessments, and outcomes-based evaluations.
9) MTM should maintain a current demographic and cultural profile of the community as well as a needs assessment to accurately plan for and implement services that respond to the cultural and linguistic characteristics of the service area.
10) MTM should ensure that conflict and grievance resolution processes are culturally and linguistically sensitive and capable of identifying, preventing, and resolving cross-cultural conflicts or complaints by recipients.

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6.0 Network Management

Overview of Network Management

The Network Management Department is responsible for recruiting and negotiating contracts with transportation providers, monitoring provider performance to ensure compliance to MHI and MTM Guidelines, Policies, and Procedures, on-site vehicle inspections, on-site observations, and transportation provider relations. Network Management staff also ensure that all transportation providers adhere to federal, state, and local government, laws, rules, and regulations.

MTM has developed a network of qualified, licensed transportation providers across the contracted area to ensure comprehensive services. This network includes taxicabs, vans, paralift vehicles, County organizations, and public transit services.

Network Management Responsibilities

Network Management staff will monitor transportation provider performance to ensure the provider complies with the MTM Service Agreement requirements. In doing so, Network Management staff responsibilities will include, but not be limited to, performing the following day-to-day operational responsibilities:

- Create and maintain a database of all contracted transportation providers.
- Monitor the network to maintain sufficient capacity to meet all needs of recipients.
- Monitor insurance requirements and background information to ensure drivers and vehicles remain current at all times.
- Monitor transportation provider no-shows or missed pick ups.
- Respond to provider questions.
- Resolve day-to-day problems and concerns of transportation providers.
- Follow up on provider complaints; etc.
- Provide orientation and ongoing education to transportation providers to ensure quality and timely service is provided.

Network Management staff conducts routine monitoring annually at the transportation provider's location. In addition, special on-site reviews may be required to address a complaint or to educate the transportation provider. Each opportunity to visit the transportation provider will enable the Network Management staff to re-orient or educate the transportation provider. Education is also provided through network letters and via phone conversations with Network Management Representatives.

On-site visits for routine monitoring may involve:

- Unannounced on-site reviews.
- Ride-along at random intervals to ensure compliance with program guidelines and regulations.
- Regular and unannounced review of vehicle inspection records, maintenance records, and equipment status.
- Review of the availability and condition of proper emergency equipment (fire extinguisher, first aid kit, flares/reflector triangles, blood borne pathogen kit).
- Review of trip records to ensure that appropriate vehicles were assigned for scheduled trips, passenger signatures for each leg of the trip and pick-up and drop-off time is recorded.
- Investigation of complaints.
- Unannounced on-street observations to ensure that recipients receive appropriate transportation with a focus on customer service.
- Investigation of accident(s) and/or incident(s).
- Review of completed driver's logs and the accurate reporting of trips scheduled, provided, and cancelled.

Service Requirements
Transportation providers are required to agree to and adhere to all service requirements. The following service requirements are listed in the Service Agreement. Network Management staff monitor transportation providers regularly for compliance to these service requirements.

Transportation providers are required to:

- Provide transportation to covered services for eligible recipients in provider's approved service area, as identified in Schedule A of the Service Agreement.
- Provide a sufficient staff of appropriately trained and licensed drivers.
- Provide transportation to covered services in vehicles that meet the requirements of applicable Federal, State and local laws, insurance, regulations and licensure standards.
- Give MTM trip requests equal priority with provider's day-to-day services.
- Comply with the MTM Non-Emergency Transportation Provider Guidelines as referenced in Attachment I, of the Transportation Service Agreement.
- Report all incidents and/or accidents that occur while transporting a recipient.

Service Agreements with Transportation Providers
In establishing a strong provider base, the Network Management staff works collaboratively with the transportation provider during the contracting phase. The provider relationship starts with the establishment of a clear and concise Service Agreement.

The transportation provider Service Agreement is clear and concise and outlines contractual parameters including but not limited to:

- Contract requirements
- Performance requirements
- Penalties for not meeting performance requirements, including sanctions, and a termination clause for not meeting contract conditions
- Credentialing and re-credentialing
- Payment administration
- Levels of transportation
- Companion services
- Telephone and vehicle communication systems
- Scheduling
- Pick-up and delivery standards
- Urgent care
- Driver qualifications
- Driver conduct
- Vehicle requirements
- Back-up service
- Quality assurance
- Non-compliance with standards
- Training for drivers and attendants
- Confidentiality of information
- Indemnification language to protect the MHI
- Evidence of adequate insurance
- Submission of documentation as required by MHI

Transportation provider requirements may be reviewed and modified periodically with notification to the provider prior to implementing changes.

Vehicle/Driver Requirements
Transportation providers are required to maintain all vehicles in a condition that is adequate to meet the requirements of the MHI and MTM's guidelines. Vehicles and drivers transporting MTM passengers must also comply with all federal, state, local, and manufacturer's safety and mechanical operating and maintenance standards, as well as, the Americans with Disabilities Act (ADA) regulations.

To ensure recipient safety and comfort, MTM will make routine and random inspections of all vehicles. Transportation providers will receive a copy of the Network Management staff's vehicle inspection. Appropriate MHI and MTM staff may ride with recipient in provider vehicles on a random basis to monitor the recipient experience.

Vehicles that do not meet MHI and MTM requirements will be immediately removed from service until the vehicle is in compliance with requirements. MTM, in collaboration with the transportation provider, will develop a corrective action plan (CAP) to address the vehicular deficiency. The provider will be given a specified period of time to correct the problem. The CAP will be monitored over the designated period of time to ensure the transportation provider corrects the vehicle deficiency.

Insurance Requirements
All transportation providers vehicles used in providing service shall meet or exceed the State's or local government's minimum insurance requirements for the various modes of transportation provided. All transportation providers' vehicles must be covered for the minimum insurance required by MTM. In addition, transportation providers must maintain sufficient liability insurance as established by MTM. All transportation providers, at their expense, are required to have insurance coverage and must maintain on file current certificates of insurance that meet the stated minimums.

Policies and Procedures
106 Semi-Annual Provider Surveys (All)
110 Maintaining a Paper File (All)
117 Network Adequacy (All)
147 MTM Standard Transportation Provider Guidelines (All)
163 Vehicle Pass or Fail (All)
176 Monthly Provider, Driver, Vehicle Reports (All)
MTM Transportation Provider Agreement
Vehicle Pass Fail Criteria

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7.0 Customer Service

Overview

MTM's professional and courteous Customer Service Center (CSC) provides prompt and efficient eligibility verifications in accordance with MHI policies and procedures. This includes taking requests for transportation services from recipients or their representatives, medical providers, and facilities.

During the intake process, the Customer Service Representative (CSR) gathers pertinent recipient information including the recipient's Medicaid/Medicare ID #, pick up address, destination address, appointment date and time and special needs and enters this information in the MTM NET Management System. The CSR will escalate special needs trips to the Care Management department.

Customer Service Center Responsibilities

The CSR's main functions include:

- Answer the call promptly and professionally
- Educate recipients on NET
- Gather and enter required recipient information into in MTM's NET Management System
- Verify eligibility and program code of each recipient
- Analyze the recipient's transportation requirements and assign the recipient to the appropriate mode of transportation that adequately meets the recipient's needs assigning the least costly mode
- Escalate trip requests to the Care Management department that are for higher modes of service than believed necessary
- Schedule and dispatch trip to the appropriate transportation provider based on service area and cost
- Respect the caller's right to privacy, confidentiality, and sensitivity to cultural diversity
- Explain recipient responsibilities to the caller for scheduling transportation and coordinating pick-up and delivery
- If a request is denied, explain to the recipient the reason for the denial and coding the system accordingly so a denial letter will be sent to the recipient within seventy two (72) hours of the denial
- If a complaint call is received, follow the procedures for documenting and resolving recipient complaints
- Escalate difficult calls or requests to the appropriate department
- Follow MTM and client protocols, policies, and procedures

Customer Service Requirements

Hours of Operations

Nevada recipients will receive 24/7/365 service through our corporate CSC located in Lake St. Louis, Missouri.

CSC Phone Line

A toll-free telephone number has been installed so recipients and medical providers can schedule transportation and will not be charged for calls. ***The toll-free number is 1-888-XXX-XXXX.***

A separate queue has been installed for recipients and medical providers to use to inquire about a ride. ***The toll-free number is 1-888-XXX-XXXX.***

Advance Notification
MTM shall require all eligible recipients requesting NET services to call in advance of the scheduled appointment.

Recipients calling without advance notice for a non-urgent appointment will be educated on the importance of adhering to the advance notice requirement and the appropriate mode of transportation will be scheduled, as available.

Customer Service Quality Standards

- Average speed-to-answer within thirty (30) seconds.
- Abandonment rate must be 5% or less.
- Average daily hold time is two (2) minutes or less.

Medical Verification
100% of all trips will be verified prior to transportation being scheduled.

Customer Satisfaction survey
At least 5% of all trips will be randomly selected for a follow up customer satisfaction survey. The survey will include evaluation of the service provided, including satisfaction with the call intake process, driver and vehicle assessment, and timeliness of the service received. MTM surveys recipients via a telephone survey on a weekly basis. Findings of the Customer Satisfaction Survey are reported monthly.

Customer Service Audits and Evaluations:
In order to ensure professional call intake activities of the Customer Service Center, we perform continuous call monitoring of recorded and/or live calls for each CSR on a monthly basis The purpose of the monitoring is to constantly improve the level of customer service provided to the recipients, and provide an opportunity to coach and mentor CSRs on identified challenges regarding quality control and training purposes.

CSR Training
MTM's CSC staff, including all CSRs, receives thorough training on Medicaid/Medicare, Title XIX, and MTM's policies and requirements to ensure appropriate and timely service. The CSR will give first-time callers an orientation on the program operation, recipient responsibilities, and the importance of adhering to guidelines.

Policies and Procedures
201 Call Intake for Trip Scheduling – Eligible
209 Trip Scheduling for Personal Mileage
Urgent Request Guidelines
Urgent Request Process

8.0 Care Management

Overview

MTM was founded on the principles of increasing health care access by providing quality transportation services to the medically needy. Out of this knowledge came the formation of its Care Management Department, which provides one point of contact for medical facilities, social workers, and case managers for transportation coordination for all recipients under its care. This type of direct contact ensures "special" transportation services are booked in a timely and appropriate manner, creating client satisfaction. Due to the frequent interaction, Care Managers establish solid relationships with social workers and hospital staff.

MTM's Care Managers work to appropriately address "special" transportation needs by:

- Working with health care personnel such as physicians, nurses, case managers, and social workers to coordinate and verify recurring trips for dialysis, mental health and children's programs, therefore ***increasing compliance***.
- Ensure stretcher trip criteria mirrors Medicaid/Medicare guidelines, 100% of all stretchers are handled in the Care Management Department, therefore ***reducing appeal situations.***
- Overseeing the on-site bus pass distribution program, therefore ***reducing fraud.***
- Overseeing the special need transportation (recurring, dialysis, psych/social and substance abuse programs), ***reducing abuse*** of the program.
- Determining appropriate level of need with nursing oversight, to ensure the most appropriate transportation is assigned, therefore ***controlling cost*** of the program.
- Coordinating recurring transportation requests by programming our system to download trip information for up to 90 days at a time alleviating repeat transportation requests by facilities.

Care Management Outreach

MTM works directly with the community to provide outreach and education to facilities and advocacy groups on NET programs and MTM's program management. Often, proper education is the key to increased satisfaction and reduced complaints. MTM will meet with these stakeholders before start-up of operations and then regularly, as needed or requested to ensure service satisfaction among these groups. Throughout the life of a contract, MTM will continue to work on behalf of the facilities and special needs groups to address issues and complaints. For a full description and documentation of the outreach program, please refer to the *Nevada Facility Manual* and handouts.

Care Managers also provide education and training on MTM's services to facility staff, case managers, and social workers. The Care Management department disseminates educational material to key stakeholders. In-service training is available for any facility staff or social service department that requests staff education on Medicaid/Medicare services, rights, and responsibilities.

The Care Management Department has a dedicated toll-free and local telephone numbers for the medical community to access the department directly. These dedicated lines improve the communication efficiencies with the medical provider and the Care Management Department.

The toll free numbers for the Care Management Department are:

- Toll free- (888) 561-8747 Ext. 5012
- Dedicated Fax- (877) 406-0658

Level-of-Need (LON) Certification Process

1) After the CSR has determined eligibility for a transportation request, the NET Management System will determine the distance of the trip. If the trip is less than ¾ mile, the CSR will inquire if the recipient is able to walk the short distance to the appointment.
    a) If the recipient indicates inability to walk due to medical reasons, the CSR will advise the recipient that the health care provider will be required to submit medical or level-of-need (LON) verification.
    b) The CSR will obtain the health care provider's name and telephone number, then place the trip in an escalation status and a specially trained Care Manager will retrieve the trip request.
    c) The Care Manager will require the health care provider to submit an LON form indicating the medical reason the recipient cannot walk to the appointment. The Care Manager will fax the form directly from their workstation computer and approve a two (2) week temporary certification at the requested transportation service level.
    d) The medical provider will complete the form and will return it to the Care Manager.
    e) If the provider indicates the recipient can walk, the Care Manager will not approve the trip and inform the recipient of the appeals process.
    f) If the provider indicates the recipient cannot walk due to a qualifying medical condition, the Care Manager will move to the next step:

2) Fixed Route is the first mode of choice in areas with sufficient access. The NET Management System enables the CSR to immediately determine if the recipient's drop-off and pick-up location is located within ¾ mile of a bus stop.
    a) If the recipient indicates an inability to utilize public transportation due to medical reasons, the CSR will advise the recipient that the health care provider will be required to submit medical or LON verification.
    b) The CSR will place the trip in an escalation status and a Care Manager will retrieve the trip request. The Care Manager will require the health care provider to submit an LON form indicating the medical reason the recipient cannot use public transportation to the appointment. The Care Manager will fax the form directly from their workstation computer.
    c) The provider will complete the form and will return it to a Care Manager.
    d) If the provider indicates the recipient can utilize the public transit system, the Care Manager will authorize public transit.
    e) If the provider indicates the recipient cannot utilize the public transit system due to a qualifying medical condition, the Care Manager will move to the next step:

3) Once the Care Manager receives the LON form indicating the need for higher mode of transportation due to a qualifying medical reason, i.e. physically or mentally disabled to the degree that walking or accessing fixed route public transportation could result in degraded health condition or personal risk to the recipient, the Care Manager will authorize the transportation with the most appropriate form of transportation based on the physical and cognitive abilities of the recipient as follows:
    a) Recipient is ambulatory and has mild cognitive disabilities – MTM will authorize sedan/ cab transportation.
    b) Recipient is ambulatory and has severe cognitive disabilities – MTM will authorize sedan/ cab door-to-door service
    c) Recipient is in a wheelchair, does not require assistance, can transfer into a vehicle and has no cognitive disabilities – MTM will authorize sedan/ cab transportation

d) Recipient is in a wheelchair, can transfer into a vehicle and has severe cognitive disabilities – MTM will authorize door-to-door sedan/cab transportation
e) Recipient is ambulatory and has no cognitive disabilities, but cannot transfer into a vehicle – MTM will authorize wheelchair van transportation
f) Recipient is in a wheelchair, needs assistance from his or her residence and is not able to transfer – MTM will authorize wheelchair van transportation
g) Recipient has a disabling physical condition requiring physical assistance preventing utilization of sedan/cab or public transportation – sedan/cab with attendant, wheelchair van or stretcher van will be authorized depending on recipient's level of assistance need.
h) Recipient is bed bound in a prone position - we will authorize stretcher van services.

MTM Care Management will oversee prior authorization for any requested overnight stays, in state trips over 50 miles, meals/ lodging, and services related to rehabilitation therapy such as occupational, physical, and speech therapy. MTM will verify the medical necessity of these transportation requests. These requests must be approved in advance. Services may be requested thirty (30) days prior to the trip through to the day of the trip. The recipient may qualify for a six (6) month PA.

Policies and Procedures

1351 Annual Facility Satisfaction Survey
2010 Customer Satisfaction Survey
Customer Satisfaction Survey Cover Letter
1033 Ancillary Services Policy
1033 MWI MHI Medicaid/Medicare Out of State Workflow
1033 MW2 MHI Medicaid/Medicare Long Distance Workflow
Approved Distance Authorization
1371 Processing of LON Policy
LON Ambulance Stretcher
LON Standard
LON Tracking Workflow
- Mileage Reimbursement Trip Log Sheet Workflow
- Trip Log
- Trip Log-Spanish

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9.0 Quality Management

Overview
The Quality Management Department includes several components to monitor and improve MTM service delivery. MTM strives to provide individualized focus for every relevant area of Quality Improvement and Management. Quality Service Coordinators manage reported complaint issues and risk, while Compliance Auditors focus on the management of fraud and abuse, and the completion of an intricate monthly transportation provider audit process. A Verification Specialist conducts an ongoing monthly Medical Verification Audit designed to confirm appointment attendance for specified percentage of randomly selected trips and the Quality Auditor focuses on auditing Customer Service calls, answered by MTM representatives. MTM follows the National Committee of Quality Assurance (NCQA) Guidelines for the monitoring of all facets of our program.

Quality Management Program
MTM's Quality Management Program provides an organized schedule of monitoring, evaluating, trending and reporting of quality indicators and performance standards. Quality improvement activities focus on customer satisfaction, workflow improvement, and continuous monitoring of transportation provider services, as well as other service standards. Quality indicators are continuously monitored for compliance to performance standards. Trends that fall outside of MTM's expected performance threshold are evaluated and when necessary corrective action plans are implemented, new initiatives are developed, new policies and procedures are implemented, etc. to improve the outcome of the service(s). Accessibility, safety of transportation services and customer satisfaction are the expected outcomes of all of MTM's quality initiatives.

Supporting the Program is MTM's Quality Management Committee (QMC). The QMC is the team of Executive and Senior Managers tasked with the responsibility of evaluating service trends, developing corrective action plans, recommending policy changes, creating policies and procedures, recommending sanctions, etc. The QMC creates an annual Work Plan and calendar. The Work Plan lists the quality indicators that will be tracked, trended and evaluated throughout the year. The calendar provides the new year's organized schedule for monitoring, evaluating, and reporting the outcomes of the quality indicators. **For a full description and documentation of the Quality Management Program, please refer to the attachment binder**.

Policies and Procedures
401 Complaints Mgmt
408 Reporting and Handling of Accidents
410 Management of Grievances and Appeals
410 Complaint Grievances Flowchart
413 Management of No Shows Workflow
429 Denial Letters
442 Fraud Alert Investigation Policy
443 Fraud Abuse Prevention Policy
467 QM Attendance Verification Policy
Recipient No-Show Warning Letter
MHI Quality Report Sample
MTM Signature Guidelines
Sample Monthly Client Summary

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10.0 Client Services

Overview

The Client Services department functions as the internal liaison working in collaboration with all operational departments to ensure MTM is fully compliant with MHI contractual requirements and policies. The Client Services staff ensures the delivery of the highest standard of quality and service. Client Services will staff a dedicated Account Management Team to carry out the day-to-day functions of the MTM contract ensuring compliance and satisfaction of the MHI, recipients, and other key stakeholders. The Account Management Team will be the primary day to day contact for MHI.

Client Service Responsibilities

Communications with MHI

The Account Management Team is the primary contact for all stakeholders. MTM will meet with MHI representatives at MHI offices at least monthly and upon request to discuss NET for the regions and to answer pertinent inquiries regarding the program, its implementation and its operation. MTM will review all management reports, identify patterns and trends, and create an open forum for suggestions for improvement and program enhancements. The Team is responsible for the day-to-day operations. If MTM wishes to change any process, the Team will first get approval from MHI.

Facilities

MTM will establish an Advisory Committee comprised of key stakeholders. The Committee will meet quarterly and invite representatives from adult day health care, dialysis centers, hospitals, or other medical services provider(s), transportation provider(s) and the recipient community. MTM will also invite MHI to have representation on the Advisory Committee and to work collaboratively to determine any issues/complaints that may require a modification to MTM's processes and procedures.

Minutes of the meetings will be compiled and a comprehensive summary will be reported to MHI and the recipients of the Committee. The summary will include a description of quality of services to recipients of each representative group, particularly noting patterns or trends. Minutes from the Advisory Committee will be reported to MTM's Quality Management Committee. Opportunities to improve services will be explored as a result of the Advisory Committee feedback.

Recipient

The Account Management Team is responsible to oversee the development and distribution of any recipient notices. The Recipient Information Packet and other recipient materials will be made available in formats which will allow recipients, medical providers, and facilities to access this information. This includes multiple languages, on audiocassette, and in large print for the visually impaired.

Submission of Reporting

The Account Management Team is responsible for reviewing all reports for accuracy and compliance before submitting to MHI.

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11.0 Reporting Requirements

MTM assembles pertinent trip, administrative, statistical, and financial data and provides these reports weekly, monthly, quarterly and/or annually. These reports are distributed on a consistent, timely basis, and contain valuable tracking and trending data. MHI will be able to retrieve all reports via SFTP by 8:30 a.m. EST on the 10th day of the month following the month/quarter of services.

Transportation Summary Report: MTM will provide a report summarizing the daily computerized trip log and will include a summary of denials, authorizations (including no-shows), and pending requests for transportation services by type of transportation provided. Report must include the number of recipients utilizing the services.

Report Format: Excel
Report Due: Monthly

Call Center Report: MTM will submit a report summarizing the Automatic Call Distribution (ACD) system requirements.

1. The number of incoming calls
2. The number of calls that are abandoned during the wait in queue for interaction with Call Center staff
3. The number of calls that reach Call Center staff
4. The average hold time
5. The average and maximum time spent in queue between the initial automated voice pick up and interaction with Call Center staff
6. The identity of the Call Center staff recipient taking the call
7. The average and maximum talk time
8. The unduplicated number of calls placed on hold at any point after the initial call response
9. The average and maximum time of calls that are placed on hold
10. The number of calls that are abandoned while on hold
11. The daily percentage of abandoned calls

Report Format: Excel
Report Due: Monthly

Complaint resolution and tracking report: MTM will submit a complaint resolution and tracking report that includes:

- the number of complaints received,
- how complaints were received (by phone, written communication)
- dates received, date of resolution,
- a description of the resolution,
- number and status of complaints awaiting resolution.

The report shall include all current complaints whether they are resolved or not.

Report Format: Excel
Report Due: Monthly

Denials: MTM will submit a report that identifies all decisions to deny a service authorization or authorize a service in an amount, duration, or scope that is less than requested. Additionally, we will submit copies of any Notices of Decisions issued**.**

Report Format: Excel
Report Due: Monthly

Accident Report: MTM will submit a quarterly accident report that identifies all accidents involving (Commercial or Agency) providers and any recipient. This report should include, but is not limited to any moving vehicle violation related to an accident, regardless if another vehicle or person(s) is involved. Additionally, MTM will submit copies of actual accident reports.

Report Format: Excel
Report Due: Quarterly

Live Call Monitoring Report: Live call monitoring will be conducted on CSRs on a monthly basis and reported to MHI quarterly. The report shall include the number of calls monitored, dates calls were monitored, issues identified during monitoring, and list of training (with dates) resulting from identified issues**.**

Report Format: Excel
Report Due: Quarterly

Customer Satisfaction Summary Report: MTM will submit a summary of customer satisfaction information findings and shall include how the information will be used to improve services. Survey sample shall be 5% of daily trips.

Report Format: Excel
Report Due: Quarterly

12.0 Payment Administrations/Billing

Overview
MTM's designed its Claims Adjudication Process efficiency and confidentiality. Efficiency is obtained through a batch processing mode that provides a detailed report for each transportation provider on a weekly basis. The detail report is made available to each transportation provider following the week of service and includes a list of all services that were provided by the transportation provider, as well as PUDO (pickup and drop-off times). Transportation providers must review, update, and return the report by Thursday of the following week along with signatures from recipients transported. MTM reviews all signatures for 100% verification of transportation. This report serves as the claim that services were rendered and is used as supporting documentation for any reviews of errors and irregularities.

Once returned, MTM adjudicates the reports within a month and sends a confirmation of receipt to the transportation provider that indicates the status of the adjudication (i.e.: completed without exception or with discrepancies).

MTM ensures appropriate staffing to complete the claims adjudication processes in a timely manner. MTM also makes every effort to assist transportation providers who get behind in their paperwork to ensure that they can be paid as quickly as possible, once the provider gets the paperwork completed and submitted.

Payment is contingent on cooperation with, and completion of, the Claims Adjudication Process, which includes the submission of a reconciled invoice as claim for payment of services rendered as well as the submission of all weekly reports.

Confidentiality of recipient personal health information (PHI) as well as confidentiality of any payment or financing arrangements with transportation providers is protected by MTM. All staff involved in the Claims Adjudication Process and in the accounting department receives annual training on HIPAA requirements and general business ethics with regards to confidentiality, proper record keeping, and professional decorum.

Proper authorization of services performed and validation of these services is inherent in MTM's internal controls. All services must be scheduled on the MTM NET Management System to receive payment. The ability to schedule services is restricted to properly trained and authorized employees. The staff in Claims Adjudication and the accounting department do not have the ability to schedule services and can only make payments against services that have been properly scheduled and assigned an MTM internal authorization number.

Validation of services rendered by transportation providers is obtained through the Claims Adjudication Process and is tested by a quarterly audit of the transportation providers supporting documentation. The Quality Management Department conducts a quarterly transportation provider audit on a random, computer generated 3% from the database of all scheduled trips (excluding bus). Transportation providers are required to submit the trip tickets with recipient signatures as verification for the service rendered. Additional verification with providers may be completed if deemed appropriate and/or necessary. Incidences of poor record keeping are referred to MTM's Network Management department for additional training. Transportation providers with high error rates or questionable documentation are referred to the Vice President of Operations for an additional, in-depth compliance review.

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13.0 Information Technology

Disaster Recovery Plan

MTM's business continuity and risk management plan ensures that, in the case of any service disruption, minimal impact is placed on MTM's clients, by ensuring service continuation through alternative plans of action. This includes, but is not limited to the re-routing of calls, the use of manual documentation and faxing, the use of back-up emergency equipment, and the replacement of systems and/or servers. The necessary resources include emergency contact information, forms, and step-by-step plans of actions.

This plan is reviewed quarterly, at a minimum, by MTM Executives, Directors, and Managers, to ensure information contained herein is accurate.

Policies and Procedures

2nd Reviews
Canceled Trip Discrepancies
Back Billing Process
Internal 2nd Review Process
Late Reconciliation Reports
Late Signature Documentation
Logging Reconciliation
Missing Reconciliation Report
New Transportation Provider Education
Reconciliation of Weekly Reconciliation Reports
Reconciling Weekly Reports
Sending Invoices
Sending ND Reports
Sending Reconciliation Reports
Weekly Reconciliation Downloads

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14.0 Glossary of Terms

Action: The denial or limited authorization of a requested service, including the type or level of service; the reduction, suspension, or termination of a previously authorized service; the denial in whole or in part, of payment for a service; or the failure of the health plan to act within established time requirements for service accessibility.

A.D.A. Paratransit (ADA): Transportation services defined by The Americans with Disabilities Act which mandate that public transportation agencies provide door-to-door services for disabled recipients within a specific radius of the fixed bus routes.

Additional Recipient: An eligible recipient beyond the first recipient transported by a Medicaid/Medicare transportation provider during the same trip to health care appointments.

Additional Stop: An additional stop (a pick-up point or drop-off point) other than the initial pick-up and drop-off points. Additional stops occur when multiple recipients are transported during a single trip or MTM approves an additional trip i.e. pharmacy stop after a health care appointment.

Alternative Method of Transportation: If the most appropriate type of transportation for a recipient is not available, a different form may be used, i.e. mileage reimbursement in place of a transportation provider.

Ambulance: A vehicle for transporting the sick and injured that is equipped and staffed to provide medical care during transit; classified as Advanced Life Support (ALS) or Basic Life Support (BLS). It is operated as an ambulance under the authority and in compliance with Idaho regulations. Ambulance transport is not included in this contract.

Ambulatory: A person who can walk without the assistance of another person. The person may be using a device such as cane or walker. Ambulatory also includes a person who uses a wheelchair and is able to transfer from the chair to a vehicle.

Ancillary Services: Additional services provided such as parking, meals and lodging, also known as Prior Authorization services.

Appeal: Any written or oral communication by a recipient or his or her representative to MTM expressing dissatisfaction with the provision of transportation or any other transportation related service provided for under this contract.

Appropriate Method of Transportation: The least expensive type of transportation that best meets the physical, medical or behavioral circumstances of a recipient requiring transportation to a health care service.

Assistance: The acts required to physically help from within or into a building or from within or into the medical provider's site. Without this assistance it would be unsafe or impossible for the recipient to reach the vehicle or the medical provider's site. An employee of the transportation provider, the driver, or an additional person provides this assistance, which is beyond a door-to-door service.

Available Transportation: A public transportation system, an enrolled Medicaid/Medicare provider, organization, agency, or individual offering appropriate transportation services to a recipient who requires transportation.

Beneficiary: A person eligible for services under a medical assistance program. Known as "recipient" for Nevada.

Broker: An entity that recruits and contracts with transportation providers performs payment administration, gate keeping, verification of need, reservations, trip assignments, quality assurance, and improvement of services, administrative oversight, and reporting.

Cancelled Call: Notification to the transportation broker or transportation provider, prior to the time the vehicle is in route to the pick-up point, *not* to provide services to a recipient.

Curb-to-curb: The recipient is picked up and dropped off at the curb or outside of the building of their destination pick up or drop off.

Door-to-door: The transportation service provider accompanies the recipient from the door of the pick-up point to the door of the destination.

Door-through-door: The transportation service provider accompanies the recipient from inside their place of residence into the office of the service provider because of a specified physical or mental impairment.

Driver Trip Log: A form to record required information for each trip.

Emergency: A situation or medical condition (including labor and delivery) manifesting itself by acute symptoms of sufficient severity (including severe pain) such that the absence of immediate medical attention could result in seriously jeopardizing the patient's health, impair bodily functions, or cause dysfunction of any bodily organ or part. Emergency transportation is not included in this contract.

Escort: Someone who must accompany a recipient to and from a medical appointment, e.g. family recipient, aide.

Follow-up Treatment: Repeat visits for health care services. Example: At a visit today, the doctor may arrange for the recipient to return tomorrow for further tests.

Grievance: An expression of dissatisfaction about any matter other than an action, as ``action'' is defined in this section. (Possible subjects for complaints include, but are not limited to, aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the recipient's rights.)

HCFA: (Health Care Financing Administration) now named CMS (The Center for Medicare and Medicaid Services). The organizational unit of the Department of Health and Human Services responsible for administering Title XIX of the Social Security Act (Medicaid).

Individual Transportation Provider: Is a non-Medicaid/Medicare individual or Medicaid/Medicare recipient who enrolls to transport another Medicaid/Medicare recipient.

Level-of-need (LON) Assessments: Medical Assessments completed by the recipient's physician that are necessary to determine what mode of transportation is appropriate and is the most cost effective for those recipients that are determined to have a special need; will be determined by MTM's Care Managers.

Local Service Area: Transportation is available for services received within Nevada's service area provided that the recipient is traveling to the closest available provider for his or her medical condition.

MCO: Managed Care Organization; sometimes called as an HMO.

Medical Provider: Any business entity or representative thereof, or individual who is providing one or more medical services to a recipient.

Minor: A person less than eighteen (18) years of age.

MTM Client: Any business entity for which MTM has agreed to provide transportation services.

Multi-passenger vehicle: A sedan or van type vehicle capable of carrying multiple passengers that is used to transport ambulatory patients, who may require assistance.

Non-Emergency Transportation (NET): - In accordance with federal regulation (42 CFR 431.53), a program that offers non-emergency transportation services for Medicaid/Medicare recipients who have no other means of transportation, but need to secure necessary health care services with the nearest health care provider.

NET Services: Transportation services provided to MHI recipients by MTM so that recipients may have access to the nearest covered health care services when they have no other personal transportation available.

NET Trip: A one-way non-emergency transportation service from the recipient's home to a place where a covered health care service will be provided to that recipient, a return trip home, or a trip from one covered medical service to another.

Network Providers: Transportation providers under contract with MTM.

Non-Ambulatory: Someone who cannot walk without assistance and may be in a wheelchair or needs personal assistance.

Non-Emergency Ambulance Trip: A pre-arranged ambulance trip that is not responding to an emergency injury or illness. These services may be needed because a recipient may require medical care during transit, which an ambulance is equipped and staffed to provide. Ambulance service is not included in this contract.

Non-Emergency Transportation Services: Transportation services for routine appointments to health care or behavior care facilities, clinics, physician's offices, outpatient facilities, hospitals and other medically necessary services.

Non-emergent Services: A type of service classification that includes, but is not limited to, descriptors that identify bed-confined recipients, unable to ambulate or requires assistance to safely move between modes of transportation or facilities and the recipient's pick-up point or destination due to a current, documented medical condition.

No-show: When a recipient fails to use an approved transportation service that is not cancelled. When a transportation provider has not cancelled a scheduled trip but fails to complete the scheduled trip.

Paratransit Service: Transportation services that operate within a specific area and meets ADA Paratransit requirements fixed route services (bus lines), Usually curb to curb service.

Private Transportation: Transportation in a vehicle owned by a recipient or by a friend, relative, acquaintance, or other individual, provided the vehicle is not licensed for commercial carriage. "Individual" does not mean communities, companies, corporations, societies, or associations.

Quality Improvement/Assurance Program: The monitoring and evaluation program (s) established by MTM, based on MTM's policies, federal and state laws and the National Committee for Quality Assurance standards to ensure ongoing delivery of quality services and maintain compliance to a Coverage Agreement.

Round Trip: The dispatching of a vehicle to the recipient's pick-up point, transporting the recipient to a medical provider, and transporting the recipient back to the pick-up point.

Shared Ride/Multi-load: A form of transportation where the provider transports several recipients who have similar or closely coordinated delivery destinations at the same time.

Special Populations: Includes dialysis, disabled or impaired individuals, the medically fragile participants of Adult Day Health Care and certain other persons and must take into particular account the physical or medical condition of the rider following certain treatment or activity.

Substantial complaint: A request for review of the following actions: The denial or limited authorization of a requested transport. The reduction, suspension, or termination of a previously authorized transport. The denial, in whole or in part, of payment for a transport. The failure to provide transportation services in a timely manner. The failure of MTM to act within the timeframes provided in the contract.

Transportation Provider: Any business entity or representative thereof that is under contract with MTM to provide medical transportation services for MTM Clients.

Transportation Provider Profile: A set of data describing each transportation provider's unique service abilities such as hours of operation, types of vehicles and related transportation services, and pricing structure.

Transportation Provider Service Agreement: The signed written contractual agreement between MTM and the provider of transportation services.

Wheelchair (Paralift): A vehicle used exclusively for the transportation of non-ambulatory patients. Paralift transports individuals who require transport while sitting in a wheel chair.

Wheelchair Vans: A vehicle that has been designed with a drop floor, extended roof, and ramp or lift to transport disabled recipients who are in wheelchairs.