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Medical Transportation Management, Inc.

Business Continuity and Risk Management Plan

Approved:
1/25/2011

MTM
Medical Transportation Management, Inc.

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Purpose:

To provide a business continuity and risk management plan, ensuring that in the case of any service disruption, minimal impact is placed on MTM's clients. Service continuation is ensured through alternative plans of action, including but not limited to the re-routing of calls, the use of manual documentation and faxing, the use of backup emergency equipment, and the replacement of primary systems and/or servers with standby replicas. Resources included are emergency contact information, forms, and step-by-step plans of actions.

Required Review:

This plan should be reviewed annually, at a minimum, by the following MTM executives to ensure information contained herein is accurate:

☐	CEO, Alaina Maciá
☐	Executive VP and General Counsel, Don Tiemeyer
☐	CFO, Gary Richardson
☐	VP Client Services, Kim Matreci
☐	Director of Operations, Natasha Boekholt
☐	VP Business Solutions Group, Alison Whitelaw

Location:

This document will be maintained on MTM's shared drive under the file **"Business Continuity and Risk Management Plan,"** as well as on MTM's Intranet. At least one (1) physical copy must be available at each facility, with, at minimum, each director, department manager, and the above listed individuals also possessing a physical copy. Any revisions will be sent to the above listed executives, directors, and managers. At all times the current version will be available on the shared drive and Intranet.

Training and Testing:

During employee orientation, all new hires and staff that are internally transferred will be trained in the business continuity processes applicable to their job function. Thereafter, on a semi-annual basis, each department will test and validate the effectiveness of the policy and training by randomly selecting staff and requiring that they perform their job function under simulated failure conditions for each one of the Business Interruption scenarios presented in this document. Feedback from this exercise will be used to effect process improvement. Each executive is responsible for disseminating document updates throughout their department and for ensuring that staff are fully trained in the newly revised policy within two (2) business days of issue.

IT staff will test and validate the applicable business continuity processes when performing routine maintenance that results in the temporary loss of equipment or services. This includes validating that backup equipment operates as designed when the primary equipment is removed from service. Maintenance is performed in off-peak hours, avoiding impact to customer service and on the schedule recommended by the supplier.

Plans of Actions in the Event of Business Interruptions:

1. **The NET Management System goes down at all sites, power is on and phones are still up.**
    a. The Business Solutions Group (BSG) immediately investigates reason for the outage and reports when the NET Management System will be restored to functionality to Operations and the Executive Team.
        i. MTM operational departments revert to manual operation.
        ii. If the prognosis is that the system is going to be down over four (4) hours, BSG initiates procedures to bring up the NET Management System on the mirrored backup server at a geo-distinct location. Trips that have been taken are manually entered into the NET Management System.
        iii. Once the issue is resolved, BSG initiates procedures to resume operations on the primary server. When the NET Management System is operational on the primary server, the system will have the data that was entered on the backup server. Data mirroring is re-enabled through high availability and disaster recovery software, ensuring that data between the primary and backup server is in sync.
    b. Customer Service Representatives (CSRs) take trip requests/changes/ cancellations over the phone and document on appropriate Transportation Request Form (see Attachment 2).
        i. Urgent trips are scheduled immediately. CSRs reference the Transportation Provider Listing provided by Network at time of NET Management System outage (to ensure the list is most current). The list should be by state and county and list the providers' contact numbers, types of vehicles and rate schedule. After contacting an available provider and confirming their ability to take the trip, the transportation request form is faxed to the provider.
        ii. If the trip is non-urgent (two (2) to three (3) days out), the trip request is documented and faxed to the provider after the NET Management System is back on line. If the system is to be down more than 24 hours, the trip will be faxed to the available provider per the Transportation Provider Listing. As providers become full, Network should e-mail the CSRs with the name of the full provider, so that faxes cease. The CSC Director should designate an appropriate number of CSRs to fax the non-urgent trips to the appropriate providers.
        iii. Sent faxes should be filed and sorted by date in a locked drawer until the NET Management System is back up and running. When the system is up and running, the trip forms should be entered into the system. After the trips have been entered into the system, the forms should be scanned and filed on MTM's server for use in the event of any disputes or issues.

c. Quality Service Coordinators (QSCs) take complaints/incident over the phone and document them on the Complaint/Incident Forms, (see Attachments 3 and 4) or in the complaints database, which is not a part of the NET Management System.
    i. Complaints/incidents should be documented and resolved as best as is possible without the information in the NET Management System.
    ii. The forms should be filed by date in a locked drawer until the NET Management System is back up and running. When the system is up and running, the information on the forms should be entered into the system. After the information has been entered into the system, the forms should be scanned and filed on MTM's server for use in the event of any disputes or issues.
    iii. After the NET Management System is up and running, a complaint code will be entered for complaints received while the system was down.
d. Network Reps take trip changes/issues over the phone and document them on the Transportation Request Form (see Attachment 2)
    i. Changes for trips that are to take place within 24 hours are called into the provider.
    ii. Changes for trips that are to take place after 24 hours are faxed to the provider.
    iii. Forms should be filed by date in a locked drawer until the NET Management System is back up and running.
    iv. After the NET Management System is up and running, all changes documented on Trip Changes/Issues Form will be entered in the NET Management System.
    v. After the information has been entered into the system, the forms should be scanned and filed on MTM's server for use in the event of any disputes or issues.
e. Care Managers (CMs) take trip requests/changes/cancellations over the phone and document on the Transportation Request Form (see Attachment 2).
    i. Urgent trips are scheduled immediately. CMs reference the Transportation Provider Listing provided by Network at time of NET Management System outage (ensuring the list is most current). The list should be by state and county and list the providers' contact numbers, types of vehicles, and rate schedule. After contacting an available provider and confirming ability to take trip, a transportation request form is faxed to the provider.
    ii. If the trip is non-urgent (two (2) to three (3) days out), the trip request is documented and faxed to the provider after the NET Management System is back on line. If the System is to be down more than 24 hours, the trip will be faxed to the available provider per the Transportation Provider

Listing. As providers become full, Network should e-mail the Care Management Department with the name of the full provider, so that faxes cease. The CM Manager should designate an appropriate number of CMs to fax the non-urgent trips to the appropriate providers.

iii. Sent faxes should be filed by date in a locked drawer until the NET Management System is back up and running. When the system is up and running, the trip forms should be entered into the system. After the trips have been entered into the system, the forms should be scanned and filed on MTM's server for any disputes or issues that may arise.

f. All other departments complete non-NET Management System work to the extent possible and deploy available staff to the CSC to assist in filing, faxing, and taking calls.

2. **Phone server goes down, not due to power outage, MTM has complete redundancy on-site.**
    a. MTM has two (2) Cisco call system type servers: CallManager (which allows us to have phones on the desk) and IPCC (which allows us to take CSC calls and route them to agents).
    b. We have a hot-spare in place for CallManager. This will ensure calls are NOT dropped, and we can place calls as normal.
    c. If the IPCC server goes down, we have a hot-standby ready. The hot-standby would take over allowing us to repair the failed one.

3. **Power outage in corporate headquarters, longer than a few hours.**
    NOTE: MTM currently has battery backup and a liquid petroleum fueled generator for complete and continuous backup in the event of a power outage.
    a. Phone server must be brought back up immediately so that remote Call Centers are not affected.
    b. CSRs take trip requests/changes/cancellations over the phone and document them on the appropriate Transportation Request Form (see Attachment 2).
        i. Urgent trips are scheduled immediately. CSRs reference the Transportation Provider Listing provided by Network at time of the power outage. CSRs contact an available provider and confirm ability to take trip. CSRs document the provider awarded the trip on the form.

    NOTE: On the first working day of each month, Network will print the Transportation Provider Listing so that in the case of a power outage, the list can be copied at an off-site location and distributed to staff. At a minimum, 15 copies will be printed for each Call Center location, if needed. The list should be by state and county and list the providers' contact numbers, types of vehicles, and rate schedule.

        ii. If the trip is non-urgent (two (2) to three (3) days out), the trip request is documented and faxed to the provider after the power is back on. If the power is to be down more than 24 hours, the trip will be faxed to the available provider from a remote location (i.e., Kinko's) per the Transportation Provider Listing. As providers becomes full, Network will notify Team Leads and any off-site employee faxing trips with the name of the full provider and date, so that trips cease to be awarded the full provider. The CSC Director should designate an appropriate number of CSRs to fax the non-urgent trips to the appropriate providers.
        iii. Sent faxes should be filed by date in a locked drawer until the NET Management System is back up and running. When the power is up and running, the trip forms should be entered into the system. After the trips have been entered into the system, the forms should be scanned and filed on MTM's server to be used in the event of any disputes or issues.

c. QSCs take complaints/incident over the phone and document them on the Complain/Incident Forms (see Attachment 3 and 4).
    i. Complaints/incidents should be documented and resolved to the extent possible without the information in the NET Management System.
    ii. Relevant information will need to be collected on the form; the forms should be filed by date in a locked drawer until the power is back up and running. When the power is up and running, the information on the forms should be entered into the system. After the information has been entered into the system, the forms should be scanned and filed on MTM's server for use in the event of any disputes or issues.
    iii. A complaint code will be entered in the NET Management System for any trips that had a complaint called in while the NET Management System was down.
d. Network Reps take trip changes/issues over the phone and document them on the Transportation Request Form (see Attachment 2).
    i. Changes for trips that are to take place within 24 hours are called into the provider.
    ii. Changes for trips that are to take place after 24 hours are faxed to the provider.
    iii. Forms should be filed by date in a locked drawer until the NET Management System is back up and running.
    iv. After the power is up, all trip changes received while the power was down will be entered in the NET Management System.
    v. After the information has been entered into the system, the forms should be scanned and filed on MTM's server for use in the event of any disputes or issues.
e. Care Managers (CMs) take trip requests/changes/cancellations over the phone and document on Transportation Request Form (see Attachment 2).
    i. Urgent trips are scheduled immediately. CMs reference the Transportation Provider Listing provided by Network at time of the power outage. CM contacts an available provider and confirms ability to take trip. CM documents the provider awarded the trip on the form.

NOTE: On the first working day of each month, Network will print the Transportation Provider Listing so that in the case of a power outage, the list can be copied at an off-site location and distributed to CSRs and CMs. At a minimum, 15 copies will be printed for each Call Center location, if needed. The list should be by state and county and list the providers' contact numbers, types of vehicles, and rate schedule.

    ii. If the trip is non-urgent (two (2) to three (3) days out), the trip request is documented and faxed to the provider after the power is back on. If the power is to be down more than 24 hours, the trip will be faxed to the

available provider from a remote location (i.e., Kinko's) per the Transportation Provider Listing. As providers become full, Network will notify Team Leads and any off-site employee faxing trips with the name of the full provider and date, so that trips cease to be awarded the full provider. The CM Manager should designate an appropriate number of CMs to fax the non-urgent trips to the appropriate providers.

iii. Sent faxes should be filed by date in a locked drawer until the NET Management System is back up and running. When the power is up and running, the trip forms should be entered into the system. After the trips have been entered into the system, the forms should be scanned and filed on MTM's server for use in the event of any disputes or issues.

f. All other departments complete non-NET Management System work to the extent possible and deploy available staff to CSC to assist in filing, faxing and taking calls.

4. Telephone lines down at corporate headquarters.

a. Call carrier (Sprint) via cell phones.
b. Notify health plans of system failures. Provide health plans with appropriate cell phone numbers for emergencies.
c. MTM will handle all urgent trips via cell phones.
d. Place global message on 800 lines.
e. MTM is evaluating the installation of a backup IPCC server in a remote CSC. This system will route calls to the other CSCs in the event of a telephone line outage at corporate headquarters.

5. Power outage at remote Call Center location.

a. MTM Lake St. Louis Command Center will re-skill remote CSCs to distribute calls from downed Call Center's queues.
b. Procedures are distributed to CSRs on new queues and how to handle the calls.
c. MTM is evaluating the purchase of a small generator for each remote Call Center location.

6. Telephone lines down at remote Call Center location.

a. MTM Lake St. Louis Command Center will re-skill remote CSCs to distribute calls from downed call center's queues.
b. Procedures are distributed to CSRs on new queues on how to handle the calls.
c. MTM is evaluating the purchase of a small generator for each remote call center location.

7. Natural disaster makes corporate headquarters unavailable.

a. Phone server must be brought back up with the generator to bring remote sites on line.
b. Remote call centers take backup calls.
c. MTM is evaluating the installation of a backup IPCC server in a remote CSC. This system would route calls among the other CSCs in the event that natural disaster makes corporate headquarters unavailable.
d. Procedures are distributed to CSRs on new queues and how to handle the calls.
e. In the event corporate headquarters cannot be made operational within 48 hours, the Laurie, MO site will be used to provide backup capacity for weekday, weekend, and overnight support. CSRs who are able to temporarily re-locate from the LSL CSC will be provided with transportation to Laurie, MO. Room and board will also be provided at company expense for the duration of the recovery event.
f. Hot Line and Calling Tree: The VP CSC Operations or Director CSC Operations will contact each CSC manager and instruct them to call the Century Tel conference bridge number (866-855-4782) in the event corporate headquarters loses operational capacity. The recovery planning call will be followed by the initiation of the calling tree to inform CSRs of response plans and determine their ability to support alternate site operations plans or work from home scenarios. Team Leads and Supervisors will contact each of their team members to identify those who are able to temporarily relocate to the Laurie, MO location. They will then provide the Director of Call Center Operations with an employee list.
    i. Team Leads and Supervisors will identify any team members with home broadband service who can be provisioned with equipment to work from their home locations to take plan member calls.
g. Claims processing capability is dependent on MAS, which is a third party accounting package housed in the Lake St. Louis facility. This application will be mirrored on backup servers at one or more remote MTM locations and will remain accessible to Accounting personnel from any laptop or PC that has a broadband Internet access connection. The Director of Finance will identify an alternate office location that can support the ability to process claims and pay transportation providers.
    i. A vendor, such as Kinko's or Office Depot, will be identified and arrangements made to equip a temporary office operation capable of supporting all claims processing requirements. Vendor selection for temporary office operations will be made by the Director of Finance no later than December of 2010.
h. All MTM contracts, Plan Protocols, training materials, and other critical business documents are housed in folders on the corporate Intranet. These documents will be backed up nightly on mirrored servers housed at one or more remote MTM

locations. The documents will be available to all authorized MTM personal who will access them through a broadband connection using MTM's Virtual Private Network (VPN).

i. Implementation of the mirrored server network at remote MTM locations will take place no later than December of 2010.

8. **Natural disaster makes remote Call Center location unavailable.**
   a. MTM Lake St. Louis Command Center will re-skill remote CSCs to distribute calls from downed Call Center queues.
   b. Procedures on new queues and how to handle the calls are distributed to CSRs.

9. **Inclement weather or health epidemic at corporate headquarters results in reduced staffing.**
   a. MTM Lake St. Louis Command Center, or a backup remote CSC, will re-skill remote CSCs to re-distribute calls from corporate site.
   b. Procedures on unfamiliar plans and how to handle the calls are distributed to CSRs.

10. **Inclement weather or health epidemic at remote call center location results in reduced staffing.**
    a. MTM Lake St. Louis Command Center will re-skill remote CSCs to distribute calls from call center sites with reduced staffing.
    b. Procedures on unfamiliar plans and how to handle the calls are distributed to CSRs.

Attachment 1 - IBM iSeries System

Historically, the IBM iSeries system has 99.9% availability. Data is “mirrored” to a backup server in another location. If a failure occurs on the primary system, it will be repaired quickly, if possible. If the system cannot be repaired quickly, the NET Management System will be brought up on the secondary iSeries system. The operating system on the iSeries has system and hardware diagnostics running at all times. If a failure is about to occur, or has occurred, a message is automatically generated and sent to the IBM support center as well as MTM’s IT staff and is addressed immediately.

The following has been implemented to recover from any outside influence that is beyond our control.

Backup

All of the MTM data is backed up to tape on a nightly basis. All user data on the iSeries is backed up to tape weekly. The entire system is backed up to tape on a monthly basis. These tapes are then stored offsite. These tapes are used to restore one or more objects that have been damaged due to an error in a program or some other action.

As a last resort (both the primary and backup systems had a simultaneous unrecoverable failure), the monthly tape and the most recent nightly tape would be used to restore the entire system.

High Availability (HA)

MTM currently uses a High Availability & Disaster Recovery software application that mirrors every transaction taking place on the production system. The software duplicates the transaction on another iSeries backup system that we have in a secure, monitored, hardened building, which has generator backup to ensure maximum uptime. These transactions are typically available on the backup box within milliseconds. During heavy traffic periods, a transaction may take a few minutes to be available on the backup/HA iSeries. The HA application has built-in auditing capabilities that are run nightly to ensure that both iSeries are in sync.

Disaster Recovery

The two iSeries systems are in geo-distinct locations and are constantly monitored to ensure all transactions are mirrored. Every precaution has been taken to ensure MTM's data will be available at all times. A failover would be initiated to allow access to MTM data within approximately one hour.

MTM has standing agreements with the hardware/software providers to provide next-day delivery of the affected servers and/or software.

Transportation Request Form

(To be used when the AS400 is temporarily down)

Account/Health Plan Name: (Specify) _____ **Date of Request:** _____

Appt Date: _____**Appt Time:** _____ AM/PM (Circle) **Return Time:** _____

Person Making Request: _____ **Relationship to Patient:** _____
(Specify if SELF)

Contact Number: (_____) _____ **Medical Number:** _____

Patient Name: _____ **Date of Birth:** _____

Reason for Call: (Circle)
ARRANGE VERIFY COMPLAINT CHANGE UPDATE CANCEL MILEAGE OTHER
(If **UPDATE, CANCEL**, or **OTHER-**specify vendor & appt date, if known) _____

Trip: _____ **Urgent** _____ **Non-Urgent (Routine)**
If urgent, was medical provider's office contacted to verify urgency? _____ **Yes** _____ **No**

Trip Type: (Circle) **ROUND/ONE WAY TO/ONE WAY FROM/PHARMACY**
(If multi-leg trip, specify) _____

Pick up address: _____
(If different from **HOME**, specify)

City _____ State _____ **Zip** _____

Medical Provider Name: _____ **Provider Phone #:** (_____) _____

Destination address: _____

City _____ State _____ **Zip** _____

Type of Appointment/Doctor: (primary care, cardiologist, discharge, etc.) _____

Only Complete Fields That Apply
Stretcher/Ambulance: _____ **W/C Lift or Transfer:** (Specify) _____

W/C Type: (Specify) _____ **Crutches/Walker/Cane:** (Specify) _____

Pregnant: (Specify Estimated Due Date) _____ **# of Additional Passenger(s):** _____
(If more than 1 passenger, specify and continue on back)
Passenger Age: _____ **Passenger Name**: _____ **Relationship:** _____

Passenger Appt(s): _____ **Passenger Medical #(s):** (If yes for appt) _____

Special Needs/Remarks: _____

Transportation Provider Preference: (If known, specify if applicable for HP)_____
not guaranteed
Who accepted trip: _____**Additional Details on Back:** _____
(Transportation Providers called, if escalated to Network, etc)

COMPLETED BY: _____ **DATE:** _____

MTM COMPLAINTS/COMPLIMENTS FORM

Your Name: _____ **Date:** _____ **Time:** _____
Member/Recipient Name: _____
Caller's Name: _____ **Phone #:** _____
Member/Medicaid ID # (if applicable): _____
Scheduled Trip Date: _____ **Appointment Time:** _____
Transportation Provider: _____
Health Plan/Commercial Client Name: _____
MTM Trip # (Authorization #): _____

COMPLAINT / COMPLIMENT

(list specific details using dates, times and names)

_____
_____
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_____

MTM COMMENTS / RESOLUTION

_____
_____
_____
_____
_____
_____
_____

Signed _____ **Date** _____

MEDICAL TRANSPORTATION MANAGEMENT
ACCIDENT/INCIDENT REPORT FORM

DATE OF ACCIDENT/INCIDENT: _____

MEMBER/RECIPIENT INFORMATION

Name of Primary Person(s) Involved in Incident: _____
Member/Medicaid ID # (if applicable):_____
Trip Number: _____
Health Plan: _____
Age: _____ Phone #:_____
Residential Address: _____

LOCATION

Address of Incident **(if different from above):** _____
Transportation Provider Name: _____ Phone: _____
Driver Name: _____

OTHER MEMBERS/RECIPIENTS INVOLVED: Name: _____ Date of Birth: _____
Name: _____ Date of Birth: _____
Name: _____ Date of Birth: _____

STAFF INVOLVED: Name: _____ Title: _____
Name: _____ Title: _____

Name of Person Reporting the incident: _____ Title: _____
Phone: _____ Fax: _____

Section 1 Accident/Incident Categorization

SERIOUS REPORTABLE (report to be submitted within 24 hours)

1. Death
2. Allegation of Abuse
3. Neglect
4. Serious Physical Injury
5. Theft of Personal Property or Funds of Customers
6. Serious Medication Error
7. Improper Use of Restraints
8. Emergency Inpatient Hospitalization
9. Suicide Attempt or Threat
10. Missing Person
11. Incident Requiring Law Enforcement or Emergency Personnel
12. Aspiration

Alleged Abuse/Neglect Categories

a. Physical
b. Sexual
c. Verbal
d. Psychological
e. Self abuse
f. Mistreatment
g. Exploitation
h. Individual/Individual

For abuse and neglect allegations, staff must be removed from <u>all</u> customer contact immediately. Please indicate below that this action has been taken.

Name of Supervisor certifying that action has been taken (print):_____
Title: _____
Signature: _____

REPORTABLE (report written and maintained in-house for internal investigation and trending/tracking report)

1. Property Damage
2. Medication Error
3. Suicide Threat (BSP)
4. Hospitalization
5. Physical Injury
6. Vehicle Accident
7. Theft by an Individual of an Individual's Funds/Property
8. Ingestion of Harmful Substance
9. Overuse of Chemical Restraints
10. Burns
11. Blood Borne Pathogens Exposure

PRIMARY LOCATION

1. Residential Facility **Circle** (ICF) (CRF)
2. Day Treatment Program
3. Community Outing
4. Transportation Vehicle
5. Natural Home
6. Hospital
7. Nursing Home
8. **Other**

MEDICAL TRANSPORTATION MANAGEMENT
ACCIDENT/INCIDENT REPORT FORM

DATE OF ACCIDENT/INCIDENT: _____

Section 2 **DESCRIPTION OF ACCIDENT/INCIDENT** ***(Check or complete, as appropriate)***

Date of the Accident/Incident: _____ Time: _____AM ☐ PM ☐ Informed ☐ Witnessed ☐ Discovered ☐

Reporter Code: ☐ 1. Employee ☐ 2. Facility ☐ 3. Family ☐ 4. Visitor ☐ 5. Other (Name) _____

Witness Name: _____ Witness Telephone Number: _____

Witness Name: _____ Witness Telephone Number: _____

Description of the Incident (Please provide all information in a clear and concise manner - use additional pages as necessary)

_____
_____
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Immediate Actions Taken
(Include what actions were taken and by whom, i.e., medical treatment provided and physician providing treatment)
☐ **Investigation Initiated** **By Whom_____** **Investigator _____**

_____
_____
_____
_____
_____

Signature of Reporter:_____Date:_____Time:_____ AM ☐ PM ☐

Corrective Action Plan:_____

VERBAL NOTIFICATION: (Check All That Apply)	PERSON NOTIFIED	DATE	TIME
☐ Case Manager	_____	_____	_____
☐ MTM	_____	_____	_____
☐ Family/Guardian (unless otherwise documented)	_____	_____	_____
☐ Nurse/Physician	_____	_____	_____
☐ Adult/or Child Protective Services	_____	_____	_____
☐ Legal Representative/Attorney	_____	_____	_____
☐ Police Department/ MPD Report Number: _____	_____	_____	_____

Driver Signature:_____
Management/Owner Signature: _____
MTM Signature (if applicable): _____

Disaster Recovery Contact Information - Lake St. Louis Call Center

Name	Title	Cell Phone
Director, Call Center Operations	Stephanie Boschenreither	636-297-7542
Workforce Manager	Jessica Meier	618-660-5916
Workforce Analyst	Ana Underwood Jonathan Webb	636-293-4267 636-233-8468
Supervisor	Doug Richardson	636-627-1548
Team Leads	Cherie Frey Stephanie Danger Nick Webb	636-497-5620 636-248-3329 314-910-3981
Trainer	Stacy Whittington	636-399-7804
Director of Systems	Steve Stone	636-295-2014