MTM
Medical Transportation Management, Inc.

November 30, 2011

Ronda Miller
State of Nevada, Purchasing Division
515 E. Musser Street, Suite 300
Carson City, NV 89701

Dear Ms. Miller:

Demonstrating its commitment to delivering quality non-emergency transportation (NET) services to Nevada Medicaid recipients, the Department of Health and Human Service, Division of Health Care Financing and Policy (DHCFP) seeks a transportation broker who shares its mission and goals. With our proven ability to contain NET costs and increase efficiencies, Medical Transportation Management, Inc. (MTM) is in the best position to operate this program. We understand that DHCFP is looking to increase quality and ensure its program is ready to evolve alongside the ever changing NET industry. Our extensive experience operating statewide NET programs like Nevada's and developing creative solutions for NET management allows us to fully understand, uphold, and deliver DHCFP's commitment to recipients.

MTM's response to DHCFP's Request for Proposal (RFP) 1948 for Non-Emergency Transportation Brokerage Services was developed in complete compliance with the RFP's requirements. Our submission consists of the following documents printed on recycled paper:

- One original marked Master and seven identical copies of Part IA, Technical Proposal
- One original marked Master and seven identical copies of Part II, Cost Proposal
- One original marked Master and seven identical copies of Part III, Confidential Financial
- One CD marked Master containing duplicates of Parts IA and II
- One CD marked Public Records CD containing non-confidential information from Parts IA and II

Because MTM has not included any confidential technical information within our proposal, we have not submitted Part IB, Confidential Technical. Therefore, our master and public records CDs are identical.

16 Hawk Ridge Drive · Lake St. Louis, MO 63367 · (636) 561-5MTM · Fax (636) 561-2962

MTM
Medical Transportation Management, Inc.

Within our proposal, MTM has demonstrated our proven ability to successfully manage NET programs for state and county governments and managed care plans across the nation. These clients continually benefit from reduced program costs and increased quality and efficiency through our industry-leading, innovative processes. MTM looks forward to building a relationship and evolving the Nevada NET program with DHCFP, along with its recipients, medical facilities, transportation providers, and other stakeholders.

For your reference, I am the individual designated and officially authorized to negotiate and contractually bind MTM to this contract. Please contact me at any time during the review process with questions or comments regarding our submission. I look forward to discussing a partnership between DHCFP and MTM in the near future.

Sincerely,

Alaina Maciá

Alaina Maciá
President and CEO

16 Hawk Ridge Drive · Lake St. Louis, MO 63367 · (636) 561-5MTM · Fax (636) 561-2962

9.2.2.1 Title Page

RFP 1948

Part IA – Technical Proposal for:

Non-Emergency Transportation Brokerage Services

Prepared for

State of Nevada

Department of Health and Human Services

Division of Health Care Financing and Policy (DHCFP)

Submitted by:

Medical Transportation Management, Inc. (MTM)

16 Hawk Ridge Drive

Lake St. Louis, MO 63367

Proposal Opening Date: November 30, 2011

Proposal Opening Time: 2:00 PM

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9.2.2.2 Table of Contents

9.2.2.2 TABLE OF CONTENTS 2

9.2.2.3 VENDOR INFORMATION SHEET 4

9.2.2.4 STATE DOCUMENTS 6

A. AMENDMENT SIGNATURE PAGES 6
B ATTACHMENT A – CONFIDENTIALITY AND CERTIFICATION OF INDEMNIFICATION 10
C. ATTACHMENT C1 – VENDOR CERTIFICATIONS 12
D. ATTACHMENT C2 – CERTIFICATION REGARDING LOBBYING 14
E. CERTIFICATION OF INSURANCE 16
F. COPIES OF ANY LICENSING AGREEMENTS 20
G. COPIES OF APPLICABLE CERTIFICATIONS AND/OR LICENSES 22
ATTACHMENT L CERTIFICATION OF COMPLIANCE WITH RFP 1948 26

9.2.2.5 ATTACHMENT B1 28

9.2.2.6 SECTION 3 – SCOPE OF WORK 30

3.1 QUALIFICATIONS 30
3.2 DUTIES AND RESPONSIBILITIES 32
3.3 VERIFY RECIPIENT ELIGIBILITY 43
3.4 ASSESS/AUTHORIZE TRANSPORTATION SERVICES 46
3.4 SCHEDULE, ASSIGN AND DISPATCH TRIPS 65
3.6 NETWORK 117
3.7 FISCAL REQUIREMENTS 158
3.7 REPORTING 169
3.9 GRIEVANCES, APPEALS, AND FAIR HEARINGS 178
3.10 INFORMATION SYSTEMS AND TECHNICAL REQUIREMENTS 187

9.2.2.7 SECTION 4 – COMPANY BACKGROUND AND REFERENCES 218

4.1 VENDOR INFORMATION 218
4.2 SUBCONTRACTOR INFORMATION 226
4.3 BUSINESS REFERENCES 231
4.4 VENDOR STAFF RESUMES 241

9.2.2.8 ATTACHMENT H – PROPOSED STAFF RESUMES 242

9.2.2.9 OTHER INFORMATIONAL MATERIAL (ATTACHMENTS) 256

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VENDOR INFORMATION SHEET FOR RFP 1948

Vendor Must:

A) Provide all requested information in the space provided next to each numbered question. The information provided in Sections V1 through V6 will be used for development of the contract;
B) Type or print responses; and
C) Include this Vendor Information Sheet in Tab III, State Documents of the Technical Proposal.

V1	Firm Name	Medical Transportation Management, In.c

V2	Street Address	16 Hawk Ridge Drive

V3	City, State, ZIP	Lake St. Louis, MO 63367

V4	Telephone Number		
	Area Code: 636	Number: 561-5686	Extension:

V5	Facsimile Number		
	Area Code: 636	Number: 561-2962	Extension:

V6	Toll Free Number		
	Area Code: 888	Number: 561-8747	Extension:

V7	***Contact Person for Questions / Contract Negotiations, including address if different than above***
	Name: Alaina Macia
	Title: President and CEO
	Address: 16 Hawk Ridge Drive, Lake St. Louis, MO 63367
	Email Address: amacia@mtm-inc.net

V8	Telephone Number for Contact Person		
	Area Code: 636	Number: 695-5503	Extension:

V9	Facsimile Number for Contact Person		
	Area Code: 636	Number: 561-2962	Extension:

V10	***Name of Individual Authorized to Bind the Organization***	
	Name: Alaina Macia	Title: President and CEO

V11	Signature ***(Individual must be legally authorized to bind the vendor per NRS 333.337)***	
	Signature: Alaina Macia	Date: 11/21/2011

88. What size passenger cars/vans are preferred?
There is no preference.

89. How many hours of serves is needed?
This is a 24/7, 365 days a year service. Rides, especially urgent rides or specialty care transport may occur at night or on holidays.

90. Public Information from RFP 1909 ~ Non-Emergency Transportation Brokerage Services.

1909 Portfolio

ALL ELSE REMAINS THE SAME FOR RFP 1948.

Vendor shall sign and return this amendment with proposal submitted.

NAME OF VENDOR	Medical Transportation Management, Inc.
AUTHORIZED SIGNATURE	Alanna Maciá
TITLE	President & CEO **DATE** 11/21/2011

RFP 1948 Amendment 1

This document must be submitted in the "State Documents" section/tab of vendors' technical proposal

Supporting documentation would be "Letters of Intent to Contract" with providers and sample provider contracts. The State reserves the right to approve provider contracts.

Clarification question and answer:

57. This answer presents the requirement that Letters of Intent be included for enough transportation providers to service the resulting contract. Considering that the RFP was released on October 25th and due about one month later, insufficient time is available to set up a Provider Network for bidders who do not already have Provider Networks in Nevada. This presents a distinct disadvantage to bidders who are fully qualified and capable of setting up a Provider Network, but not in one month's time. Could this requirement be modified to only require an explanation of how the bidder would establish a provider network along with a list of transportation providers the bidder has contacted?
RFP Section 3.6.1.9 (referred to in question 57) further reads that "The vendor must submit such documentation at the time it enters into a contract with the State and at anytime thereafter when there has been a significant change". The documents are intended to give the state assurance that the winning bidder can indeed contract with enough providers before the final signing. The winning vendor has from the date of the Letter of Intent to Award to submit the documents. The winning vendor will receive a list of current providers.

Additional Question and Comment:

Would you be able to let me know whether the government is likely to reduce or eliminate the coverage for such non emergency transportation in the coming years?
Non-emergency transportation is currently a federal requirement for states with a Medicaid program.

ALL ELSE REMAINS THE SAME FOR RFP 1948.

Vendor shall sign and return this amendment with proposal submitted.

NAME OF VENDOR	Medical Transportation Management, Inc.
AUTHORIZED SIGNATURE	Alana Macia
TITLE	President & CEO **DATE** 11/21/2011

RFP 1948 Amendment 2

This document must be submitted in the "State Documents" section/tab of vendors' technical proposal

ATTACHMENT A – CONFIDENTIALITY AND CERTIFICATION OF INDEMNIFICATION

Submitted proposals, which are marked "confidential" in their entirety, or those in which a significant portion of the submitted proposal is marked "confidential" **will not** be accepted by the State of Nevada. Pursuant to NRS 333.333, only specific parts of the proposal may be labeled a "trade secret" as defined in NRS 600A.030(5). All proposals are confidential until the contract is awarded; at which time, both successful and unsuccessful vendors' technical and cost proposals become public information.

In accordance with the Submittal Instructions of this RFP, vendors are requested to submit confidential information in separate binders marked "**Part I B Confidential Technical**" and "**Part III Confidential Financial**".

The State will not be responsible for any information contained within the proposal. Should vendors not comply with the labeling and packing requirements, proposals will be released as submitted. In the event a governing board acts as the final authority, there may be public discussion regarding the submitted proposals that will be in an open meeting format, the proposals will remain confidential.

By signing below, I understand it is my responsibility as the vendor to act in protection of the labeled information and agree to defend and indemnify the State of Nevada for honoring such designation. I duly realize failure to so act will constitute a complete waiver and all submitted information will become public information; additionally, failure to label any information that is released by the State shall constitute a complete waiver of any and all claims for damages caused by the release of the information.

This proposal contains Confidential Information, Trade Secrets and/or Proprietary information as defined in ***Section 2 "ACRONYMS/DEFINITIONS."***

Please initial the appropriate response in the boxes below and provide the justification for confidential status.

Part I B – Confidential Technical Information			
YES		NO	agm
Justification for Confidential Status			

A Public Records CD has been included for the Technical and Cost Proposal			
YES	agm	NO	

Part III – Confidential Financial Information			
YES	agm	NO	
Justification for Confidential Status			

Medical Transportation Management, Inc.
Company Name

Alaina Macia
Signature

Alaina Macia
Print Name

11/21/2011
Date

This document must be submitted in Tab IV of vendor's technical proposal

ATTACHMENT C1 – VENDOR CERTIFICATIONS

Vendor agrees and will comply with the following:

(1) Any and all prices that may be charged under the terms of the contract do not and will not violate any existing federal, State or municipal laws or regulations concerning discrimination and/or price fixing. The vendor agrees to indemnify, exonerate and hold the State harmless from liability for any such violation now and throughout the term of the contract.

(2) All proposed capabilities can be demonstrated by the vendor.

(3) The price(s) and amount of this proposal have been arrived at independently and without consultation, communication, agreement or disclosure with or to any other contractor, vendor or potential vendor.

(4) All proposal terms, including prices, will remain in effect for a minimum of 180 days after the proposal due date. In the case of the awarded vendor, all proposal terms, including prices, will remain in effect throughout the contract negotiation process.

(5) No attempt has been made at any time to induce any firm or person to refrain from proposing or to submit a proposal higher than this proposal, or to submit any intentionally high or noncompetitive proposal. All proposals must be made in good faith and without collusion.

(6) All conditions and provisions of this RFP are deemed to be accepted by the vendor and incorporated by reference in the proposal, except such conditions and provisions that the vendor expressly excludes in the proposal. Any exclusion must be in writing and included in the proposal at the time of submission.

(7) Each vendor must disclose any existing or potential conflict of interest relative to the performance of the contractual services resulting from this RFP. Any such relationship that might be perceived or represented as a conflict should be disclosed. By submitting a proposal in response to this RFP, vendors affirm that they have not given, nor intend to give at any time hereafter, any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant or any employee or representative of same, in connection with this procurement. Any attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest will automatically result in the disqualification of a vendor's proposal. An award will not be made where a conflict of interest exists. The State will determine whether a conflict of interest exists and whether it may reflect negatively on the State's selection of a vendor. The State reserves the right to disqualify any vendor on the grounds of actual or apparent conflict of interest.

(8) All employees assigned to the project are authorized to work in this country.

(9) The company has a written equal opportunity policy that does not discriminate in employment practices with regard to race, color, national origin, physical condition, creed, religion, age, sex, marital status, sexual orientation, developmental disability or handicap.

(10) The company has a written policy regarding compliance for maintaining a drug-free workplace.

(11) Vendor understands and acknowledges that the representations within their proposal are material and important, and will be relied on by the State in evaluation of the proposal. Any vendor misrepresentations shall be treated as fraudulent concealment from the State of the true facts relating to the proposal.

(12) Vendor must certify that any and all subcontractors comply with Sections 7, 8, 9, and 10, above.

(13) The proposal must be signed by the individual(s) legally authorized to bind the vendor per NRS 333.337.

Medical Transportation Management, Inc.

Vendor Company Name

Alaina Macia

Vendor Signature

Alaina Macia

Print Name

11/21/2011

Date

This document must be submitted in Tab IV of vendor's technical proposal

ATTACHMENT C2 – CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

By: Alana Nacia' 11/21/2011

Signature of Official Authorized to Sign Application — Date

For: Medical Transportation Management, Inc.

Vendor Name

Non-Emergency Transportation Brokerage Services

Project Title

This document must be submitted in Tab IV of vendor's technical proposal

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 01/05/2011

PRODUCER
Integrated Transportation Resources, Inc.
16 Hawk Ridge Drive
Suite 125
Lake St. Louis MO 63367
(636) 561-0048

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: Catlin Specialty Insurance Co.	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

INSURED
Medical Transportation Management, Inc.
16 Hawk Ridge Drive
Lake Saint Louis MO 63367-

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
		GENERAL LIABILITY				EACH OCCURRENCE	$
		COMMERCIAL GENERAL LIABILITY				DAMAGE TO RENTED PREMISES (Ea occurrence)	$
		CLAIMS MADE / OCCUR				MED EXP (Any one person)	$
						PERSONAL & ADV INJURY	$
						GENERAL AGGREGATE	$
		GEN'L AGGREGATE LIMIT APPLIES PER: POLICY / PRO-JECT / LOC				PRODUCTS - COMP/OP AGG	$
A		AUTOMOBILE LIABILITY	XAC-93870-0112	01/05/2011	01/05/2012	COMBINED SINGLE LIMIT (Ea accident)	$2,000,000*
		ANY AUTO				BODILY INJURY (Per person)	$
		ALL OWNED AUTOS					
		SCHEDULED AUTOS				BODILY INJURY (Per accident)	$
		X HIRED AUTOS					
		X NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	$
		X Insured $100,000 SIR					
		GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT	$
		ANY AUTO				OTHER THAN AUTO ONLY: EA ACC	$
						AGG	$
		EXCESS / UMBRELLA LIABILITY				EACH OCCURRENCE	$
		OCCUR / CLAIMS MADE				AGGREGATE	$
							$
		DEDUCTIBLE					$
		RETENTION $					$
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS / OTH-ER	
		ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below				E.L. EACH ACCIDENT	$
						E.L. DISEASE - EA EMPLOYEE	$
						E.L. DISEASE - POLICY LIMIT	$
		OTHER					

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

*TOTAL COMBINED SINGLE LIMIT IS $2,000,000 (EACH ACCIDENT) WHICH INCLUDES THE INSURED'S SELF INSURED RETENTION OF $100,000.

CERTIFICATE HOLDER IS NAMED AS AN ADDITIONAL INSURED.

AI WRRFSQ

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

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 Fax: ( ) -

The ACORD name and logo are registered marks of ACORD

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/15/2011

PRODUCER (636) 532-0100

INSURANCE STORE, INC.
1415 ELBRIDGE PAYNE RD., #230
CHESTERFIELD MO 63017-

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

MEDICAL TRANSPORTATION MANAGEMENT,INC.; MEDICAL TRANSPORATION MANAGEMENT KC
16 HAWK RIDGE DR.
LAKE ST. LOUIS MO 63367-

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: CNA INSURANCE	
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A		GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [X] PRO-JECT [ ] LOC	2083071772	03/10/2011	03/10/2012	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 1,000,000 $ 1,000,000 $ 5,000 $ 1,000,000 $ 2,000,000 $ 2,000,000
		AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON-OWNED AUTOS		/ /	/ /	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ $ $ $
		GARAGE LIABILITY [ ] ANY AUTO		/ /	/ /	AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EA ACC AGG	$ $ $
A		EXCESS/UMBRELLA LIABILITY [X] OCCUR [ ] CLAIMS MADE [ ] DEDUCTIBLE [ ] RETENTION $	2083071805	03/10/2011	03/10/2012	EACH OCCURRENCE AGGREGATE	$ 10,000,000 $ 10,000,000
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	2083071786	03/10/2011	03/10/2012	[X] WC STATU-TORY LIMITS [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	$ 1,000,000 $ 1,000,000 $ 1,000,000
		OTHER		/ /	/ /		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER

( ) - ( ) -

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

© ACORD CORPORATION 1988

F. COPIES OF ANY LICENSING AGREEMENTS

Per Amendment 2, Clarification question #13, this information does not pertain to this RFP.

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G. COPIES OF APPLICABLE CERTIFICATIONS AND/OR LICENSES

Medical Transportation Management, Inc.'s Nevada Business License number is E0463752007-9. Please find our State of Missouri Business License immediately following this page.

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No. 00413190

STATE OF MISSOURI

Rebecca McDowell Cook
Secretary of State

CORPORATION DIVISION

CERTIFICATE OF INCORPORATION

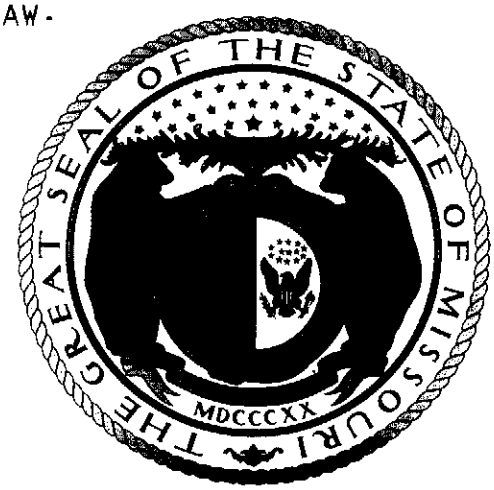
WHEREAS, DUPLICATE ORIGINALS OF ARTICLES OF INCORPORATION OF

MEDICAL TRANSPORTATION MANAGEMENT, INC.

HAVE BEEN RECEIVED AND FILED IN THE OFFICE OF THE SECRETARY OF STATE, WHICH ARTICLES, IN ALL RESPECTS, COMPLY WITH THE REQUIREMENTS OF GENERAL AND BUSINESS CORPORATION LAW;

NOW, THEREFORE, I, REBECCA McDOWELL COOK, SECRETARY OF STATE OF THE STATE OF MISSOURI, BY VIRTUE OF THE AUTHORITY VESTED IN ME BY LAW, DO HEREBY CERTIFY AND DECLARE THIS ENTITY A BODY CORPORATE, DULY ORGANIZED THIS DATE AND THAT IT IS ENTITLED TO ALL RIGHTS AND PRIVILEGES GRANTED CORPORATIONS ORGANIZED UNDER THE GENERAL AND BUSINESS CORPORATION LAW.

IN TESTIMONY WHEREOF, I HAVE SET MY HAND AND IMPRINTED THE GREAT SEAL OF THE STATE OF MISSOURI, ON THIS, THE 27TH DAY OF JUNE, 1995.



Rebecca McDowell Cook
Secretary of State

$58.00

ATTACHMENT L – CERTIFICATION OF COMPLIANCE WITH RFP 1948

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. The Vendor's response complies with Chapter 1900 of the State of Nevada's Medicaid Services Manual. Any portions of the response that request changes to current State Policy are clearly marked. The State of Nevada's Medicaid Services Manual may be found on line at https://dhcfp.nv.gov/index.htm under Medicaid Manuals.

2. The Vendor's response is in compliance with all federal laws and regulations applicable to non-emergency transportation including but not limited to 42CFR431.53 and 42 CFR 430.390 for assurance of transportation; 42CFR434.6 for general requirements for all contracts and subcontracts; 42CFR440.170 for any other medical care or remedial care recognized under State law and specified by the Secretary; and 42CFR478 for reconsiderations and appeals.

3. The Vendor's submitted organizational chart is a true and factual representation of relationships with parent and related companies or corporate entities.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into.

By: Maria Macia' 11/21/2011

Signature of Official Authorized to Sign Application — Date

For: Medical Transportation Management, Inc.

Vendor Name

RFP 1948 for Non-Emergency Transportation Brokerage Services

Project Title

This document must be submitted in Tab IV of vendor's technical proposal

ATTACHMENT B1 – TECHNICAL PROPOSAL CERTIFICATION OF COMPLIANCE WITH TERMS AND CONDITIONS OF RFP

I have read, understand and agree to comply with the terms and conditions specified in this Request for Proposal.

YES X I agree to comply with the terms and conditions specified in this RFP.

NO _____ I do not agree to comply with the terms and conditions specified in this RFP.

In order for any exceptions and/or assumptions to be considered they **MUST** be documented in detail in the tables below. The State will not accept additional exceptions and/or assumptions if submitted after the proposal submission deadline. Vendors must be specific. Nonspecific exceptions or assumptions may not be considered. If the exception or assumption requires a change in the terms or wording of the contract, the scope of work, or any incorporated documents, vendors must provide the specific language that is being proposed in the tables below.

Medical Transportation Management, Inc.
Company Name

Alaina Macia
Signature

Alaina Macia
Print Name

11/21/2011
Date

Vendors MUST use the following format. Attach additional sheets if necessary.

EXCEPTION SUMMARY FORM

RFP SECTION NUMBER	RFP PAGE NUMBER	EXCEPTION (Complete detail regarding exceptions must be identified)
Attachment F Insurance Schedule for RFP 1948 (Attachment BB)	80	Attachment BB states, "..the coverage is written on a "following form" basis.." If MTM is the successful Contract awardee, MTM will purchase separate liability insurance for physical/sexual abuse and molestation. It will not be written on a "following form" basis since it will be written by an insurance company different from the insurance company that writes MTM's general liability.

ASSUMPTION SUMMARY FORM

RFP SECTION NUMBER	RFP PAGE NUMBER	ASSUMPTION (Complete detail regarding assumptions must be identified)

This document must be submitted in Tab V of vendor's technical proposal

9.2.2.6 Section 3 – Scope of Work

3.1 QUALIFICATIONS

The process by which proposals will be considered for contracting under this RFP consists of two (2) stages. The first stage is a determination of whether or not the vendor qualifies under the set of General Minimum Qualifications. If a vendor is determined to not meet any one of these General Minimum Qualifications, the proposal in its entirety will not be considered for contracting.
If the vendor meets all of the General Minimum Qualifications, the proposal will be evaluated to see if it meets the Technical Minimum Qualifications. Target population/service proposals that do not meet the minimum Technical Qualifications will not be considered for an award. Each proposal will be reviewed independently in the Technical Minimum Qualification section.
General Minimum Qualifications

If the applicant fails to address and/or meet any of the following General Minimum Qualifications, they will not be considered for a contract. Refer to Attachment L of this RFP.

MTM meets all of the General Minimum Qualifications set forth by DHCFP, as addressed in the following questions and as certified in Tab V—Attachment B1.

3.1.1 Vendor's response must comply with Chapter 1900 of the State of Nevada's Medicaid Services Manual.

As confirmed in our Certification of Compliance, MTM's proposal was developed in complete compliance with all standards set forth by DHCFP. In creating our proposal, we ensured our response was compliant with Chapter 1900 of the State of Nevada's Medicaid Services Manual. In addition, we have not identified any requested changes to current state policies.

3.1.2 Vendor's response must be in compliance with all federal laws and regulations applicable to non-emergency transportation.

With more than 16 years of experience in the non-emergency transportation (NET) industry, MTM has developed hundreds of proposals for similar services, allowing us to become extremely familiar with federal laws and regulations that affect NET. This experience is extremely beneficial in creating statewide NET proposals such as this one. DHCFP is ensured that we kept in mind all applicable regulations, including 42CFR431.53, 42CFR430.390, 42CFR434.6, 42CFR440.170, and 42CFR478, while developing our response for the Nevada NET program.

3.1.3 Vendor must submit an organizational chart and show relationships with parent and related companies or corporate entities. Vendor's corporate structure must meet approval from the Centers for Medicare and Medicaid services.

MTM is a privately held, family-owned company. We have never, nor do we have any plans to in the future, been owned or operated by a parent company. Further, we do not hold any relationships with other entities that would constitute a conflict of interest for this contract. In the following Figure 1, MTM has provided a corporate organization chart outlining executive team. DHCFP is ensured that this is a true, factional representation of our corporate organization that meets the approval of the Centers for Medicare and Medicaid Services (CMS).

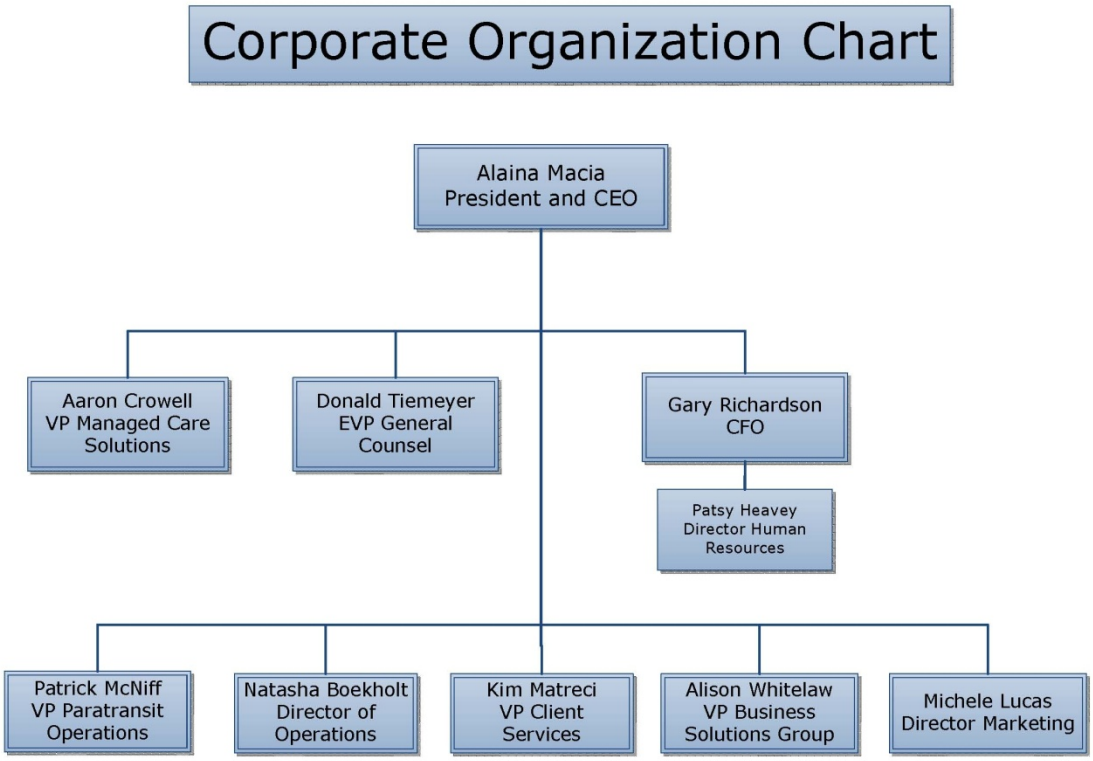


Figure 1: Corporate Organization Chart. MTM's corporate executive team provides valuable oversight of each of our contracts.

B. Technical Minimum Qualifications

It is mandatory that each component listed below in the Scope of Work be addressed. Failure to address each component will result in disqualification of the proposal.

As requested, MTM has responded to and addressed each component outlined in the following Scope of Work.

3.2 DUTIES AND RESPONSIBILITIES

The successful vendor(s) shall authorize, manage and make payment for all non-emergency transportation (NET) for eligible recipients to include but not limited to, taxicabs, wheelchair vans, public transportation, and travel related expenses. It is expected that the actual transportation services under this RFP will be provided through a network of subcontracted transportation providers, however, the State will consider other creative methods of providing NET. **Vendors are encouraged to submit creative ideas for providing service and cutting costs.**

The successful vendor will be responsible for payment of transportation services furnished through subcontracts with transportation providers. The Contractor's payments to transportation providers shall be consistent with efficiency, economy and quality of care and sufficient to enlist enough providers to ensure access.

Transportation plays an important role in assuring Medicaid eligible recipients' access to medical care. This service is of particular importance to disabled recipients needing critical services such as dialysis, rehabilitation, physical therapy or chemotherapy.

The awarded vendor shall ensure that all of these functions are performed properly and efficiently with an emphasis on customer service.
Successful vendor to inform and educate recipients regarding covered services and how to access them, as well as rights and Medicaid State Fair Hearings.
The successful vendor shall perform the following tasks:

3.2.1 The vendor must have written information about its services and access to services available upon request to recipients and potential recipients. This written information must also be available in English and the prevalent non-English language(s), which the State has determined to be Spanish. The vendor must make free, oral interpretation services available to each recipient and potential recipient. This applies to all non-English languages, not just those that the State identifies as prevalent.

One of the most important aspects of a NET program is the dissemination of pertinent program details to recipients through our Education, Training, and Outreach (ETO) Program. As described

in depth in Sections 3.2.4 and 3.2.7, MTM has extensive resources to facilitate the distribution of initial educational materials, as well as annual updates to the materials. As necessary, these documents will be available upon request to current and potential recipients.

While the educational materials we develop are primarily created in English, we are also committed to effectively communicating with non-English speaking recipients. Throughout the life of this contract, we will translate all written materials into prevalent foreign languages, including Spanish and any others identified as prominent. Our on-staff graphic designer is fluent in Spanish, and often aids MTM in developing bilingual educational materials. We have successfully developed educational materials in languages other than English in several of our service areas with broad ethnic populations, such as our Minneapolis/St. Paul operations. In this area, we developed effective written materials in Spanish, Hmong, Filipino, and a variety of other languages to meet the needs of local recipients. We also developed a brochure in Spanish for our statewide Kansas contract, as shown in the graphic at the right.

Likewise, we also employ bilingual Customer Service Representatives (CSRs) that can provide free, oral interpretive services to recipients. Several of these employees speak Spanish, and a handful of others speak Hmong, Filipino, Russian, Swahili, and more. For those languages we can't accommodate with our employees, we utilize the services of the Language Link. This interpretive service has the ability to translate more than 140 languages, allowing us to communicate effectively with all recipients. In addition to interpretive services, we have tools for communicating with hearing, speech, and visually impaired recipients, as described in Section 3.2.3.

3.2.2 The vendor is required to notify all recipients and potential recipients that oral interpretation is available for any language and written information is available in prevalent languages. The vendor must notify all recipients and potential recipients how to access this information.

While we have the tools and resources necessary to provide oral and written interpretation for recipients, this ability is ineffective unless recipients know the service is available. In an effort to ensure recipients understand that interpretive services are available upon request, we will gather the names of recipients who speak foreign languages from the current contractor. For example, for those recipients who are known to speak Spanish, we can immediately send translated written materials to them. These materials will also include information about how to request oral interpretation if necessary. In addition, for recipients who speak other foreign languages, we can mail a brief letter to them with information about how to request oral interpretation for their language needs. By having this plan in place, we can ensure all recipients have the knowledge they need to request NET services.

3.2.3 The vendor's written material must use an easily understood format. The vendor must also develop appropriate alternative methods for communicating with visually and hearing-impaired recipients, and accommodating physically disabled recipients in accordance with the requirements of the Americans with Disabilities Act of 1990. All recipients and potential recipients must be informed that this information is available in alternative formats and how to access those formats.

Our experienced Marketing department will help the Nevada Program Manager Nathan Mueller ensure that all written materials are appropriately developed in an easy-to-understand format and language. While many clients require that documents are written to meet a specific reading level, we will work with DHCFP to determine the desired level of reading. In most cases, we develop written materials within the fifth to eighth grade reading level using the Flesch-Kincaid scale, depending on contractual requirements.

For hearing and speech impaired recipients, we process calls using TTY (teletype) and TDD (Telecommunication Device for the Deaf) services. In addition to serving the hearing and speech impaired, we can develop educational materials in Braille and large print to meet the needs of visually impaired and elderly recipients. Further, we require our transportation providers to maintain vehicles and operations in compliance with the Americans with Disabilities Act (ADA), ensuring physically disabled recipients are transported safely at all times.

Recipients will be made aware of available TTY, TDD, Braille, large print, and ADA services through our initial educational mailing. By using and enforcing these services, we can effectively ensure DHCFP that all populations, regardless of specific needs, will be able to schedule and access NET with MTM.

3.2.4 The vendor is required to make available informational materials to newly enrolled recipients and to all recipients once per year. Vendor may furnish the material to the Medicaid District Offices, the Division of Welfare and Support Services offices, and the managed care organizations. The vendor is not expected to mail the material to recipients. The initial mailing referenced in Section 3.2.7 is only done one time. This should be mailed far enough in advance of the initial start of business that all Medicaid recipients will have received it with sufficient advance notice to plan for their transportation needs with the successful proposer. After the initial mailing specified in Section 3.2.7, the Vendor need only to make materials available as specified in this section. In both cases, the State does not expect or desire that the Vendor will encourage individuals to use NET services in place of other available transportation such as their own car or family or friends driving them. The initial mailing shall be at the Vendors expense. At a minimum the information enumerated below must be included in this material:

3.2.4.1 Explanation of non-emergency transportation services and how to obtain these services, including out-of-plan or emergency transportation services, and how to access them, the address and telephone number of the vendor's office or facility and the days that the office or facility is open and services are available;

3.2.4.2 Any restrictions on the recipient's freedom of choice among network providers;

3.2.4.3 Recipient rights and protections as specified in 42 CFR 438.100;

3.2.4.4 The amount, duration and scope of services available under the contract in sufficient detail to ensure that recipients understand the services to which they are entitled;

3.2.4.5 Procedures for obtaining services, including authorization requirements;

3.2.4.6 The extent to which, and how, recipients may obtain services from out-of-network providers;

3.2.4.7 The extent to which, and how, after hours and emergency coverage are provided including: what constitutes a need for emergency transportation services; the fact that prior authorization is not required for emergency services; the process and procedures for obtaining emergency services, including the 911-telephone system or its local equivalent; the fact that, subject to regulatory limitations, the recipient has a right to use any hospital or other setting for emergency care;

3.2.4.8 Explanation of procedures for urgent medical situations, non-emergency transportation services and how to utilize services in other circumstances, including the recipient services telephone number; clearly define urgent care, emergency care, and emergency transportation, and clarify the appropriate use of each;

3.2.4.9 Procedures for accessing emergency and non-emergency services when the recipient is in and out of the vendor service area;

3.2.4.10 Information on grievance and fair hearing procedures and information as specified in 42 CFR 438.10 (h);

3.2.4.11 Information on procedures for recommending changes in policies and services;

3.2.4.12 To the extent available, quality and performance indicators, including recipient satisfaction;

3.2.4.13 The vendor is also required to provide, to the recipient upon request, information on the structure and operation of the vendor;

3.2.4.14 Notification of the recipient's responsibility to report any third-party payment service to the vendor and the importance of doing so.

Imperative to the success of any NET program is an effective ETO Program dedicated to educating recipients and other community stakeholders on NET availability and regulations. Understanding this, MTM will develop a comprehensive ETO Program for the operation of this contract to ensure recipients are aware of NET services and how to properly utilize them.

Perhaps the most important aspect of our ETO Program is the creation and distribution of educational materials. In addition to the initial recipient mailing that will be completed during program implementation, we will make educational materials available to all recipients on an annual basis. Described further in Section 3.2.7, initial educational materials will be mailed directly to recipients, while the annual updated materials will be distributed to local Medicaid offices, the Division of Welfare and Support Services offices, and managed care organizations.

Using the initial educational materials developed during implementation, our experienced Marketing department will ensure all annual written materials are appropriately developed to meet requirements 3.2.4.1 through 3.2.4.14 above. Additionally, they will ensure educational materials do not encourage recipients to utilize NET in place of available personal transportation. After development, our Marketing department will print the materials and work with the Program Manager to facilitate distribution to the entities mentioned above. To demonstrate our ability to create educational materials, we have supplied sample brochures and other documents in Attachment N.

3.2.5 The vendor must give each recipient written notice of any significant change, as defined by the State, in any of the enumerations noted above. Significant changes that apply to recipients include, but are not limited to, changes to operating hours, changes to telephone numbers and office locations, changes to the Vendor's services, benefits or geographic service area, enrollment of a new population in the network, and additions and changes to the provider network. The vendor shall issue updates to the information provided to recipients and potential recipients on a monthly basis when there are material changes that will effect access to services; this includes additions and changes to the provider network. The vendor shall maintain documentation verifying these updates.

To ensure all recipients remain up-to-date on program changes, MTM will amend initial educational materials on an annual basis, as described in the previous Section 3.2.4. However, as major program changes may happen throughout the year, we will inform recipients of any significant change as instructed by DHCFP. For example, if the toll-free telephone number, the overall NET benefit, or any other aspect that would affect recipients' access to service were to change, we will immediately issue an update. Such updates will be released on a monthly basis, and we will maintain documentation verifying the update.

In addition to issuing a formal written notification of change on a monthly basis, recipients can receive up-to-the-minute information on changes via our Nevada-dedicated website. NET recipients and stakeholders will have access to their own user-friendly website that will enable them to learn about their program. Our Nevada NET website will include such information as:

- ***Services available***
- ***How to access NET services***
- ***Key contact information***
- ***Eligibility information***
- ***Glossary and program standards***
- ***Links to educational materials distributed to stakeholders***
- ***Frequently Asked Questions (FAQs)***

The layout of the proposed website designed for Nevada NET stakeholders is shown in Figure 2.

Figure 2: Nevada NET Website Screenshot. The screenshot above shows a draft version of the Nevada-specific homepage.

3.2.6 The vendor will be required to annually make available written materials approved by the Division to inform and educate the target population about the transportation delivery system. The vendor is encouraged to develop supplemental written materials as well. Any materials, including marketing materials, developed by the vendor for distribution to recipients, potential recipients, or providers require prior review and approval by Division in order that the vendor may assure the Division that all materials, including marketing materials, are accurate and do not mislead, confuse, or defraud recipients of the Division medical assistance programs.

As described in the previous Section 3.2.4 and the following Section 3.2.7, MTM will develop initial and annual written materials for recipients. Intended to educate community stakeholders about NET service availability, these documents will include brochures, pamphlets, instructional materials, letters, and other items. Prior to distributing any information to the stakeholder community, we will obtain DHCFP's approval on each material to ensure accuracy.

3.2.7 Prior to project implementation, the vendor must notify all current recipients and providers of the changes in the transportation delivery system and the vendor's toll-free number for requesting non-emergency transportation services. The initial mailing is only done one time. This should be mailed far enough in advance of the start of business that all Medicaid recipients will have received it with sufficient advance notice to plan for their transportation needs with the successful proposer. After the initial mailing, the Vendor need only to make materials available as specified in Section 3.2.4. In both cases, the State does not expect or desire that the Vendor will encourage individuals to use NET services in place of other available transportation such as their own car or family or friends driving them. The initial mailing shall be at the Vendors expense.

It is the intention of the State that the vendor has informational material to distribute to the Medicaid District Offices, the Division of Welfare and Supportive Services offices, and the managed care organizations. The State does not want the Vendor to engage in mass marketing mailings. Information on changes may be included in informational materials and posted on the State's website and the Vendor website. All marketing and informational materials must be approved by the State.

The beginning of a contract with a new broker requires communicating proactively and effectively with eligible recipients, transportation providers, medical facilities, advocacy groups, and the community at large in a cost efficient manner through an effective ETO Program. During the implementation period and throughout the life of this contract, Program Manager Nathan Mueller will conduct various outreach efforts to educate and inform stakeholders on the shift in NET service operation. The methods involved in our ETO Program include U.S. mailings, internet postings, contacting stakeholders via phone, hosting web-based seminars, and conducting face-to-face meetings, depending on the audience.

We initially designed our ETO Program to address the issue of effective communication with NET stakeholders in new markets. MTM has always been a company that works from the ground up, building relationships with stakeholders and local resources to design a program that makes sense for the service area. When we enter a region, we first learn about the community and the current efforts being made to meet the needs of NET recipients and other stakeholders. MTM is dedicated to providing focused ETO activities to stakeholders in Nevada during implementation and throughout the life of this contract. Together, we can be an example of how a NET program should be properly run and the outcomes that can be achieved.

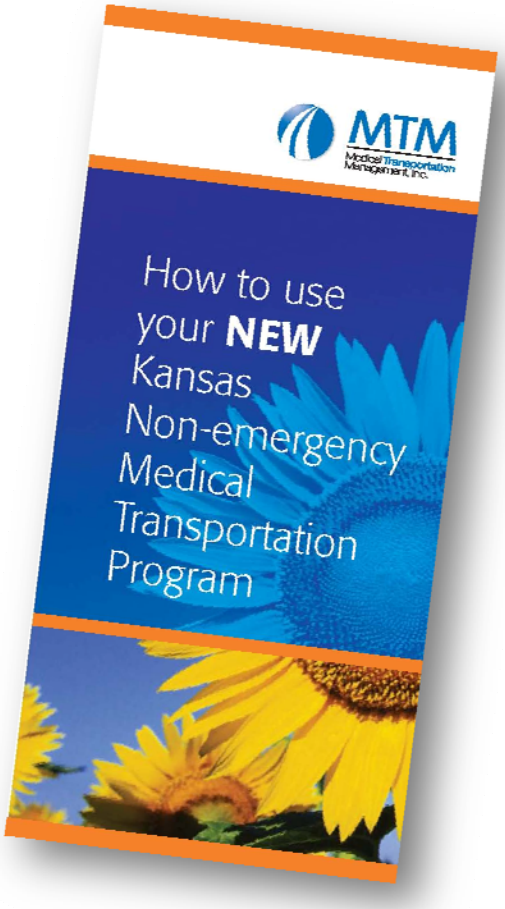
Developing Written Materials

Upon contract award, MTM will develop brochures, informational packets, instructional materials, and other written materials for dissemination to Nevada recipients. Prior to distribution, we will submit all written material to DHCFP for approval. Once approved, we will print and distribute the materials to all users of NET prior to the commencement of services to give recipients sufficient time to plan for their transportation needs. Other than mailing materials directly to recipients at MTM's cost, we also distribute them to medical facilities, managed care organizations, local Medicaid offices, the Division of Welfare and Supportive Services offices, advocacy groups, and other venues. We will also make these materials available on our website, as described in Section 3.2.5. While we will never encourage the use of NET services in place of personal transportation, the written materials that MTM develops will include information on:

- ***The amount, duration, and scope of NET services and how to appropriately use and obtain them***
- ***Contact information, including call center hours and toll-free telephone number***
- ***Recipient rights and protections, including any freedom of choice***
- ***What information is required to arrange transportation***
- ***Explanation of after-hours, emergency, and urgent transportation requirements***
- ***Procedures for accessing out-of-service-area transportation***
- ***Timeliness standards for recipients and drivers***

- ***Information on complaints, grievances, appeals, and fair hearings procedures***
- ***How to request changes to policies and procedures***
- ***Quality and performance indicators***
- ***General information about MTM's structure and background***
- ***Standards for recipient and driver courtesy and responsiveness***
- ***Emergency weather policies***

In the graphic on the right, MTM has provided an example of an initial educational brochure we developed for recipients in our statewide Kansas program. Additionally, in Figure 3 we have shown the inside of this brochure, which includes detailed information on program specifics. We will develop similar materials for Nevada NET recipients, tailoring the brochure and other documents to meet the needs and requirements of this program.



Medical Transportation Management, Inc. (MTM) is now providing Medicaid Non-emergency Medical Transportation Program services in Kansas. Beginning September 17, 2008, you will now call MTM at 1 (866) xxx-xxxx to schedule your non-emergency transportation for all trips on or after October 1, 2008.

What's new with the program?

- You must now call 48 hours (2 business days) before your scheduled appointment.
- You must call a new number 866-xxx-xxxx to book your trip.
- MTM will assign a mode of transportation based on your specific needs and abilities.
- You will be asked the medical reason for your appointment.
- MTM will select your transportation provider.
- MTM will call the transportation provider to schedule your trip.
- You may be required to take public transportation.

Who can receive rides to medical appointments?

You must live within Kansas borders, receive Medicaid and have no other way of going to your medical appointment. To find out if you qualify, call MTM at 1 (866) xxx-xxxx.

How do I get a ride?

Call MTM at 1 (866) xxx-xxxx 48 hours before your appointment. Business days are Monday through Friday. Calls will be answered from 8 a.m. – 5 p.m. All calls after these hours are reserved for urgent transportation. If you call during this time to schedule transportation you may be asked to call back during normal business hours.

A friendly customer service representative will ask for the following information:

- Your full name, current address and telephone number
- Your Medicaid ID number
- The address and telephone number of your medical appointment
- The medical reason for your transportation request
- The type of appointment (doctor, dentist, therapy, etc.)

Please have this information ready when you call.

What if I call with less than 48 hours notice?

If you call with less than 48 hours' notice, you may be denied transportation and will be asked to reschedule your appointment. However, if your appointment is URGENT, we will try to find a ride for you.

The following are examples of Non Urgent and Urgent Appointments:

Non Urgent – Need 48 hours Advance Notice	Urgent Appointment
Well Child Visit	Hospital Discharge
Routine Medical Visit	Follow-up care to surgery

MTM will verify with your medical provider before approving your Urgent transportation request. Please have the name and telephone number of your doctor available when you call.

What modes of transportation will MTM offer me?

MTM may:

- Send you a bus or rail pass
- Offer you a van or taxi ride if you have special needs
- Offer wheelchair or stretcher transportation if you physically require these modes
- Offer door to door assistance if medically necessary

www.mtm-inc.net

Figure 3: Sample Educational Brochure. The inside of this brochure developed for our statewide Kansas program provides recipients with details about their NET benefit.

After the materials have been developed, Nathan will work with our Marketing department to facilitate distribution. Nathan will also execute other portions of our ETO Program, including distributing manuals to medical facility staff, conducting training, and meeting with advocacy groups. In addition, our Network Management staff will work with transportation providers to establish lines of communication and disseminate information, manuals, and brochures about the program. By installing our ETO Program during implementation, we can ensure effective communication throughout the stakeholder community.

3.3 VERIFY RECIPIENT ELIGIBILITY

3.3.1 The vendor shall be responsible for receiving and processing all requests for non-emergency transportation services for all eligible Title XIX Medicaid program recipients residing in the State. The vendor shall arrange transportation into and out of the State when appropriate for eligible recipients residing in the State. The vendor is also responsible for arranging transportation for recipients who are being treated outside of the State.

Ensuring that transportation services are provided only to eligible recipients is vital to controlling overall costs and increasing the efficiency of the Nevada NET program. Since controlling costs and increasing efficiency are goals that we pursue in each of our contracts, DHCFP is ensured that we will uphold eligibility standards at all times. Our call intake process requires eligibility screening to be completed for each NET service request, and our NET Management System allows us to ensure that the recipient is truly eligible for Title XIX Medicaid services. In addition, our NET management system allows us to verify that the trip is to a covered medical service and provider. Further, our call intake process gives us the opportunity to check whether the recipient has alternative transportation resources available. If the recipient is deemed eligible under the guidelines outlined in the following paragraphs, we will then arrange transportation into and out of the state as appropriate.

Verifying Recipient Eligibility

Unlike some brokers who use generic transportation management software, MTM has developed and refined our proprietary NET Management System to meet NET program management needs, especially in the area of screening for eligibility. This sophisticated system allows us to receive and download eligibility files directly from DHCFP's Electronic Verification of Eligibility System (EVS), which we will use to determine recipient eligibility. With this system, we have the ability to comply with the eligibility requirements for Nevada NET specified in the Medicaid Services Manual Chapter 1900.

When we receive a call for NET service requests, the CSR will enter the recipient's name or Medicaid ID number to verify eligibility. Our NET Management System will automatically check the recipient's information against the eligibility file received from EVS to verify that the recipient is covered by Medicaid. As our system automatically prohibits the scheduling of ineligible recipients, this process ensures transportation services are provided only to recipients whose eligibility has been established and verified by MTM and DHCFP.

Verifying Transportation is to a Covered Medical Service and Provider

After the CSR confirms recipient eligibility, s/he will ensure the transportation requested is to an approved, Medicaid-compensable medical service with an enrolled medical provider. During the implementation period, we will pre-load our NET Management System with specific codes for individual medical services. Further, we will provide CSRs with detailed training on covered Medicaid services, instructing CSRs that they must deny transportation to non-covered services. For each trip, the CSR will enter the trip reason code; for example, services such as Physical Therapy, Pharmacy, Dialysis, etc., will each have a designated code, as shown in Figure 4.

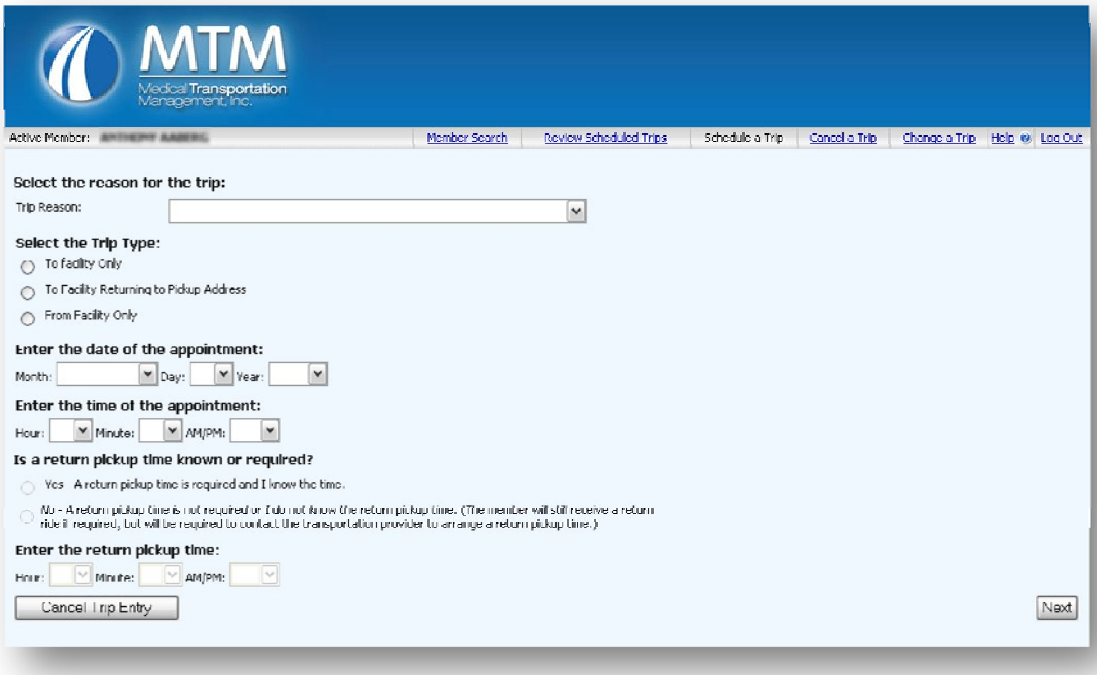


Figure 4: Trip Scheduling Screenshot. This sample screenshot shows that each trip must have a Trip Reason code entered for it. If our system is configured to allow a service, it will appear as an option in the drop down box. If it is not programmed to allow a service, the option will not appear.

Our system will automatically alert the CSR if they enter a trip reason code that is for a non-covered service, helping to guarantee that MTM will only approve trips to covered medical services. To ensure we only schedule trips to enrolled providers, we will maintain data for each covered medical provider within our system.

Checking for Alternate Available Transportation

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

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

If the recipient indicates that s/he has access to an automobile but cannot afford gas to get to his/her appointment, and it is determined that less expensive public transit is not an option through our Level of Need (LON) process described in Section 3.4.3, the CSR will provide information to the recipient regarding our personal mileage reimbursement program. Additionally, at this time the CSR will verify that the recipient does not have coverage from a third-party source such as Medicare or other health plan that would cover some or all of his/her transportation costs. Because we understand Medicaid is the payor of last resort, we pursue these resources to ensure the lowest possible cost for DHCFP. Please refer to Section 3.7.2 for more information on how we hold third party resources liable for NET expenses as appropriate.

If the CSR identifies a recipient as having alternative transportation resources available, our system will automatically flag this information. When the recipient calls to request transportation in the future, this information will pop up on the intake screen, and verification of the availability of alternative resources will be made.

3.3.2 DHCFP will provide a HIPAA compliant eligibility file suitable for loading into the vendors system. The file will be refreshed twice a month. For each recipient requesting non-emergency transportation services, the vendor shall verify the recipient's Medicaid eligibility through the provided eligibility file or through the EVS (Electronic Verification of Eligibility) system. Once eligibility for non-emergency transportation services has been verified the vendor may determine which form of transportation service is appropriate. Eligibility status in EVS is not the sole determinant of eligibility for non-emergency transportation services; vendor is responsible to consult the Medicaid Services Manual Chapter 1900 to determine what subpopulations are excluded.

In most of the NET contracts we hold, our clients provide us with HIPAA-compliant eligibility files downloaded through their EVS. As outlined in the previous Section 3.3.1, our NET Management System allows for easy download and entry of eligibility data through EVS files, which will be updated twice each month. These files, along with Medicaid Services Manual Chapter 1900, will be utilized to determine recipient eligibility for NET services. After recipient eligibility has been determined, our CSRs then assess the recipient's most appropriate, least costly mode of transportation through our LON process. This comprehensive assessment is described in Section 3.4.3.

3.4 ASSESS/AUTHORIZE TRANSPORTATION SERVICES

3.4.1 The vendor and its network providers must have in place, and follow, written policies and procedures for processing requests for initial and continuing authorizations of service. The vendor must have in effect mechanisms to ensure consistent application of review criteria for authorization decisions and consult with the requesting provider when appropriate. Any decision to deny a service authorization request (SAR) or to authorize a service in amount, duration, or scope that is less than requested must be made by a health care professional who has appropriate clinical expertise in treating the recipient's condition or disease.

In each of our NET programs, MTM abides by a thorough, established LON process that allows us to accurately determine the most appropriate, least costly mode of transportation for each recipient. Governed by written policies and procedures, the LON process is triggered whenever a recipient requests a level of service exceeding public transit. Trained and qualified Care Management Coordinators then work with the recipient's primary care physician to determine the most appropriate mode of transportation for the recipient.

Described in detail in Section 3.4.3, our LON process is a consistent application that is backed up by periodic audits and overseen by experienced managers to ensure accuracy. In addition, our value-add, in-person functional assessment process, outlined in the same section, is an even more effective mechanism for determining level of need. MTM is confident that these procedures will help reduce per-trip costs, increase public transit utilization, and decrease overall NET costs in Nevada, just as they have for dozens of similar programs across the country.

3.4.2 The vendor must ensure that any compensation to individuals or entities that are contracted by the vendor to conduct utilization management activities under this contract is not structured so as to provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any recipient.

For each contract we operate, our LON process is conducted by Care Management Coordinators employed by MTM. These individuals are trained to assess recipients, in collaboration with his/her medical practitioner, based solely on their true cognitive and physical abilities. They are paid a per-hour rate and are never incentivized to deny, limit, or discontinue medically necessary transportation services.

3.4.3 Vendor shall make an assessment of the recipient's level of need for transportation, which shall be in accordance with Division transportation policies and procedures as set forth in the Medicaid Services Manual (MSM) Chapter 1900 entitled "Transportation Services" and through any Division policy updates, revisions and State Plan Amendments.

As part of our proven process, MTM's system automatically assigns the lowest cost, most appropriate mode of transportation based on the recipient's medical and cognitive abilities. In areas with viable public transit resources, all modes above public transit require our LON assessment screening process, or an enhanced functional assessment as deemed appropriate. These processes allow us to evaluate recipient capabilities to ensure that every recipient is placed on the least costly, most appropriate mode of transportation available to meet their medical needs, and are in full compliance with DHCFP policies and procedures.

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

To help CSRs assign the most appropriate mode quickly, our system will automatically track all transportation requests and keep a history of each. The system will track the information gathered during each call and refer the CSR to this when receiving future requests from the recipient. Any documents supporting transportation decisions are scanned using document imaging software and are maintained on file.

When an eligible recipient or their representative calls to schedule NET services, the CSR will determine if the recipient had been previously authorized for a specific mode. If the recipient has been authorized and has a current certification on file, the CSR will arrange the trip. For new callers, the CSR will inquire if s/he has any special needs that would affect transportation services, such as the use of a mobility device, cane, or walker. The CSR will be authorized to schedule the trip, as long as the recipient is able to use public transportation, as this will always be the mode of first consideration. If the recipient requests a higher mode or has special needs requests (i.e., escort services, door-to-door service, etc.), the CSR will temporarily authorize the requested mode. This will allow Care Management time to receive and review the LON information from the recipient's health care provider.

Our LON process for reviewing and documenting the medical necessity of requested modes of transportation or levels of service was designed in collaboration with clinical staff and our business analysts to ensure the most thorough method possible. Under this process, all recipients requesting a higher mode of transportation than public transit will be required to undergo an assessment. Next, we will assign ambulatory mobility vehicle transport as appropriate, followed by wheelchair transportation. We will also authorize stretcher and non-emergency ambulance when the recipient's needs dictate these modes.

MTM works closely with the medical community to ensure their understanding of our LON procedures and the importance of their swift response in order to provide complete resolution in a timely manner. Oftentimes, our LON assessment will lead to the need for functional assessment to determine whether a higher mode is truly appropriate; this topic is discussed later in this section.

Our foremost concern is recipient safety at all times. We collaborate directly with the medical community through our LON process to provide the most appropriate mode of transportation meeting each recipient's capabilities. To further detail this process, our LON assessment will take the following considerations when assigning the least costly, most appropriate mode of transportation:

1. ***<u>Public Transit</u>: As some areas such as the Las Vegas and Reno communities have significant access to public transit services through entities such as Las Vegas Monorail, the Regional Transportation Commission of Southern Nevada (RTCSNV), and the Regional Transportation Commission of Washoe (RTC Washoe), this will always be the first mode of choice where available. Our NET Management System enables the CSR to determine immediately if the recipient's pick-up and drop-off locations are within ¼ mile from a fixed route stop. We will only assign public transit to recipients if they live within ¼ mile of public transit stop. If the recipient indicates an inability to use public transportation due to medical reasons, the CSR will advise the recipient that their healthcare provider must submit medical verification. The CSR will obtain the healthcare provider's name, telephone number, and fax number. The CSR will then send a LON form to the healthcare provider directly from the NET Management System. Using the form, the healthcare provider will indicate if the recipient has a valid medical reason for not being able to utilize public transit. If the provider indicates the recipient can walk to the fixed route stop and successfully navigate the fixed route system, a Care Management Coordinator will contact the recipient to inform them that they are approved to use public transit. If the recipient still refuses to use public transit, the trip is cancelled and they are informed of their appeal rights. If the healthcare provider decides the recipient is eligible for a higher mode of transportation, the recipient will be assigned to that mode.***

Also, as approved by DHCFP, during contract implementation we will notify all recipients living along a public transit route that public transit will be their mode of choice unless they complete the LON process. Within this informational letter we will include an LON form that they will use to initiate the LON process. By automatically assigning this mode, we are able to increase public transit trips from day one and reduce behavioral issues that stem from changing a recipient's mode after they are used to utilizing sedan services.

2. ***Mileage Reimbursement: If a recipient is ambulatory and has access to a personal vehicle, we will approve mileage reimbursement as an appropriate mode. The Reimbursement department will handle these trips and predetermine the mileage prior to authorizing reimbursement. Our system automatically provides the direct mileage for a trip when reimbursement staff enter the origination and destination addresses by accessing the integrated GIS mapping. The recipient must then complete and return a trip log, if s/he was not issued a pre-loaded debit card to pay for gas.***

3. ***ADA Paratransit Services: If a recipient is certified for ADA services, MTM will arrange their transportation directly with the ADA provider and arrange for the appropriate reimbursement, either via token/pass or direct reimbursement to the ADA provider. If a recipient lives in the area of an ADA paratransit transportation provider and appears to meet the ADA certification requirements but is not certified for ADA paratransit services, MTM will assist the recipient in becoming ADA certified.***

4. ***Special Needs Requiring Higher Modes: If the healthcare provider submits a LON form that indicates the need for a higher mode of transportation due to a qualifying medical reason, such as the recipient is physically or mentally disabled to the degree that accessing public transit could result in a health or personal risk, the Care Management Coordinator will authorize the most appropriate form of transportation based on the physical and cognitive abilities of the recipient. This mode will most commonly consist of demand response transportation services, such as a mobility vehicle or sedan. MTM will also seek volunteer services to conduct these modes of transportation, as described in Section 3.6.4. MTM applies the following LON rules in making such determinations:***

a. *A recipient who is ambulatory or can transfer out of their mobility device without assistance and has no cognitive disabilities receives shared van/sedan/taxi transportation with curb-to-curb service*
b. *A recipient who is ambulatory or can transfer out of their mobility device with assistance and has severe cognitive disabilities receives shared van/sedan transportation with door-to-door service*
c. *A recipient who is in a mobility device, does not require assistance, but cannot transfer into a vehicle and has no cognitive disabilities is assigned curb-to-curb wheelchair transportation*
d. *A recipient who is in a mobility device, is not able to transfer, and has cognitive limitations receives door-to-door wheelchair transportation*
e. *A recipient who is bed-bound due to a medical condition receives stretcher van services*
f. *A recipient who is bed-bound and needs medical assistance such as intravenous line administration during transport, or in situations where stretcher transport is not available, receives non-emergency ambulance services*

Maximizing Public Transit Use

Maximizing the utilization of public transit options is the most economical use of Nevada's Medicaid funds and promotes greater independence for recipients. We are in full support of promoting public transit opportunities with services like Las Vegas Monorail, RTCSNV, and RTC Washoe, and have several ways of doing so. For example, we program our system with all available public transit routes using electronic downloads with GIS latitude and longitude information from the authorities. This information also includes hours of operation for each route, and allows our dedicated public transit specialists to develop planned routes for the recipient, as shown in Figure 5.

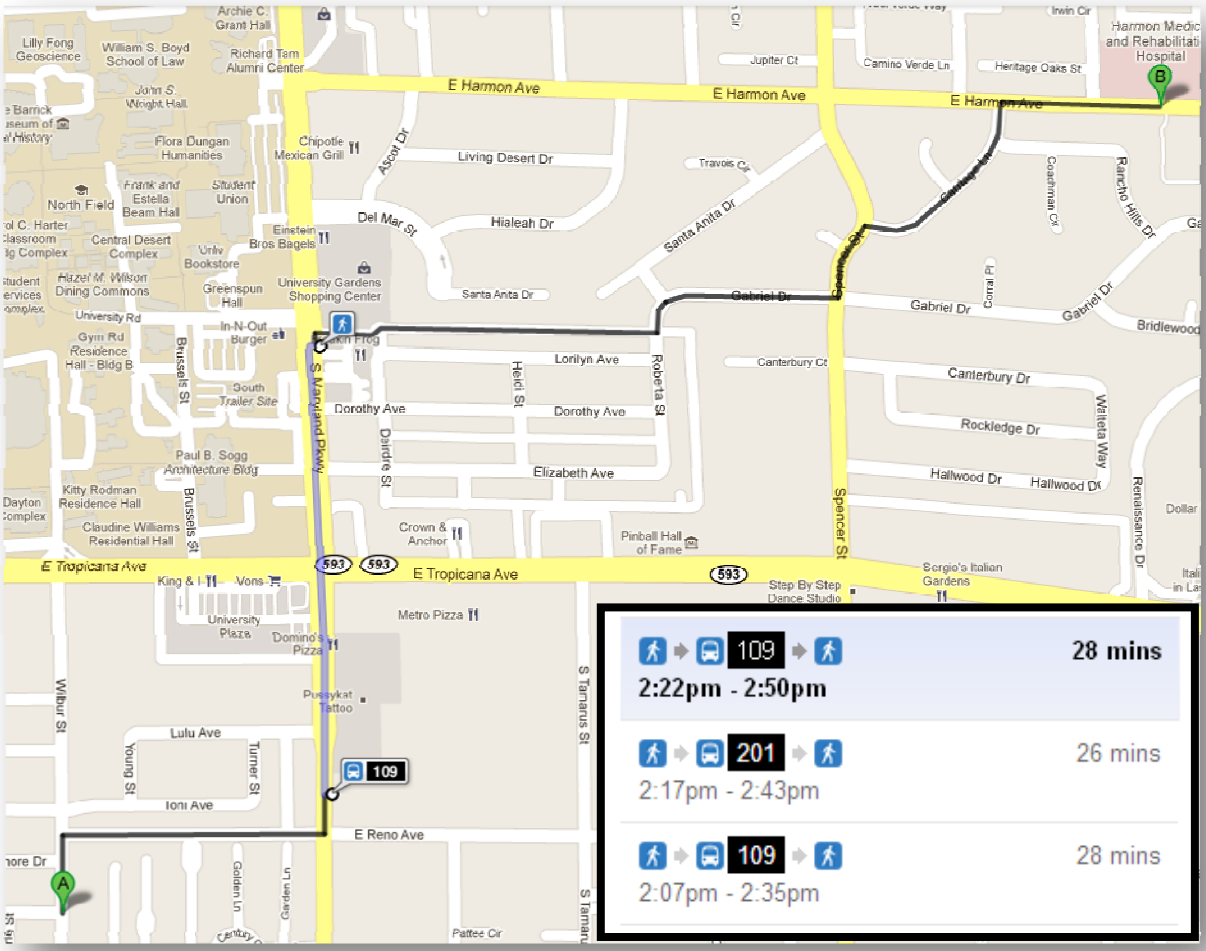
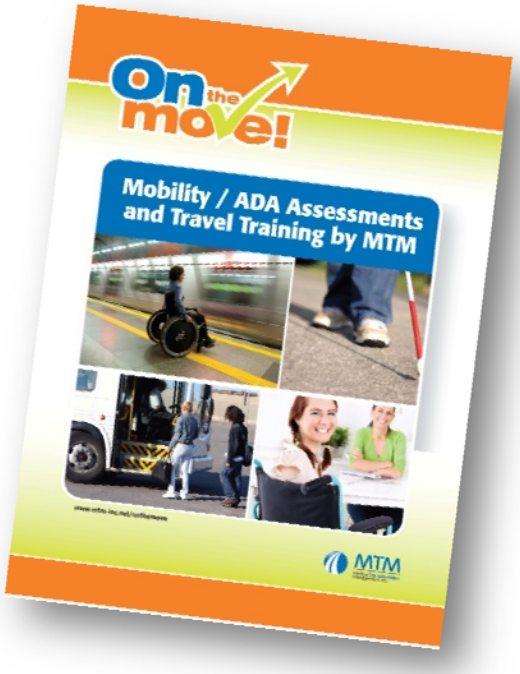


Figure 5: Sample Public Transit Route. Our system is programmed with public transit routes, allowing us to identify when a recipient is able to utilize local systems. As shown here, using the RTCSNV system, we can plan a route from a recipient's home to a local Las Vegas medical facility.

Another way MTM expands public transit utilization is through functional assessments and travel training activities. Our experience has shown that functional assessments, along with companion travel training services, can significantly increase the number of recipients approved for public transit when compared to medical necessity evaluations. In addition, this process can help effectively determine eligibility for paratransit services. Through this innovative strategy, we are able to maximize federal transportation funding, contain or reduce costs, promote independence, and expand access.

We have implemented functional assessment and travel training activities through our On the Move program in similar markets, and will do so in this program upon approval from DHCFP. On the Move gives our clients a one-stop solution for assessments and resultant travel training; for details on this program, refer to the informational brochure included as Attachment N.

MTM promotes validity and reliability in our functional assessments through properly trained staff and quality assurance measures, ensuring only truly able recipients are assigned to public transit services. Throughout our book of business, we currently conduct more than 12,500 assessments on an annual basis. In some cases, we develop the screening and assessment processes for our clients; in other cases, we conduct prescribed processes on behalf of our clients. MTM is willing to work with DHCFP to determine which option would be a better fit in Nevada.



In addition to performing the aforementioned LON assessments in all of our contracts, we also hold contracts solely dedicated to performing functional eligibility assessments, as demonstrated in Figure 6. For example, we are currently contracted in Portland, Oregon and Raleigh, North Carolina to conduct functional assessments for public transit agencies to determine if individuals require ADA accessible transportation or can safely navigate the public transit system. If the individuals are found to be able to use public transportation, we transition them to this mode, with or without travel training. With these contracts, MTM has more relevant functional assessment experience than any other major NET broker in the industry.

Functional Assessment Contracts	Individuals Served Annually	Assessments Performed Annually	Is Travel Training an Element?
TriMet Oregon	10,000	3,400*	No**
District of Columbia	40,000	4,500	Yes
Martin County, Florida	14,155	900	Yes
Raleigh, North Carolina	14,000	960*	No

Figure 6: Contracts with Functional Assessments. With MTM's functional assessment experience, DHCFP is assured of our ability to accurately assess the abilities of recipients.
**Projected*
*** Under this contract, we do not conduct travel training services; however, we do coordinate with travel trainers within the facility following eligibility assessment*

In addition to performing functional assessments under the contracts shown above, we are also beginning to offer this service to our managed care and state government contracts. Our clients continue to be extremely satisfied with our functional assessment results; this is perhaps best demonstrated by our success with On the Move in the District of Columbia. In 2010, we incorporated functional assessments as part of our NET management services in the area. To date, we have determined that 23% of recipients assessed had the functional ability to access public transit services either immediately or after professional travel training services. With the move of these recipients to public transit from costlier modes, we have saved the program nearly 25% in overall costs, and look forward to increased cost savings. This extensive experience has well prepared us for conducting similar services in Nevada, and has also helped us form a proper, efficient functional assessment process.

Functional Assessment Process

Nevada recipients will receive the highest quality, most reliable functional assessments from the functional assessor that MTM plans to have on staff locally. When we receive an application from a recipient for the assessment of his/her functional abilities, an assessor will conduct pre-evaluation steps, such as determining whether or not the recipient meets MTM and DHCFP requirements for assessment. During the physical functional evaluation, our assessor will assess the recipient's functional ability to access fixed route stops and transit centers in accordance with MTM, DHCFP, local transit entity, and ADA criteria. The assessment will be conducted outside in the real environment or at an accessible location during weather occurrences, where the assessor can appropriately evaluate the recipient's demonstrated ability to:

- ***Board, ride, and disembark the vehicle***
- ***Walk on a variety of surfaces***
- ***Utilize stairs and ramps***
- ***Walk appropriate distances***
- ***Stand for varying periods of time***

During the cognitive functional evaluation, our assessors will use the Functional Assessment of Cognitive Transit Skills (FACTS) test. FACTS is a valid, reliable assessment that looks at the cognitive skills a recipient will need to access public transit. Additionally, if necessary, a professional verification will be used to gain more knowledge about a recipient's functional abilities.

Following completion of the evaluation process, our staff will assess the findings to make a full conclusion as to the recipient's ability to use public transit services. If the assessor determines that a recipient is not able to use fixed route services, they will document which circumstances create a barrier for the recipient. The assessment will not be a medical diagnosis; rather, it will be a determination of his/her ability to use public transit. The assessment will follow all ADA guidelines. As necessary, the recipient will be referred to travel training services for instruction on how to safely and independently access the system.

Travel Training Process

In addition to functional assessments, we are offering DHCFP on-staff travel trainers through our On the Move program. During the functional assessment process, we sometimes identify recipients who need travel training services in order to fully utilize public transportation safety and independently. For the recipients we identify with this capability, our local travel trainers will provide individualized instruction on navigating the public transit system.

Under our On the Move program, our travel training services encompass a wide variety of training topics. With MTM, Nevada recipients will receive travel training on the topics and skills shown in Figure 7, helping the recipient increase their overall ability to access public transportation.

Skills in which Recipients will Develop Proficiency	
Trip planning online and by phone	*Boarding, riding, and disembarking vehicles*
Reading bus maps and schedules	*Identifying landmarks*
Identifying vehicles and stops/stations	*Making transfers*
Learning the path of travel to and from destinations	*Learning emergency precautions*
Crossing streets	*Learning safety awareness*

Figure 7: Travel Training Topics. With MTM's On the Move program, travel trainees receive appropriate training covering several important topics.

With these skills learned through On the Move, recipients will gain the ability to travel to their medical appointments independently and confidently. In addition, DHCFP will save additional valuable funds by having more recipients assigned to public transit services. Travel training will always be done using real public transit resources, services, and situations, providing the optimum travel training experience. For informational materials discussing our travel training program, please see Attachment N.

3.4.4 Pertinent requirements in the transportation needs assessment include:

3.4.4.1 The recipient's program eligibility for non-emergency transportation has been verified on the date of service;

3.4.4.2 The transportation is to and/or from a Nevada Medicaid covered services that are determined medically necessary;

3.4.4.3 The recipient has no other form of transportation available;

3.4.4.4 The least costly, but appropriate, mode of transportation is used; and

3.4.4.5 That the recipient is using the closest provider.

Through our eligibility screening process, described in Section 3.3.1, and our LON assessment, described in Section 3.4.3, we verify that each of these DHCFP requirements are met. For example, the eligibility screening process ensures that the recipient is truly eligible for Nevada NET on the day of the request and the day of service; the trip is for a necessary Medicaid-covered medical service with a covered medical provider; the medical provider is the closest, most appropriate provider; and the recipient has no other form of free transportation available. Then, if the recipient is verified as meeting each of these criteria, the LON assessment determines the least costly, most appropriate mode of transportation. By instituting these connected processes into the Nevada NET program, we can help DHCFP ensure that transportation services are reserved for those recipients who are truly eligible and traveling on the most appropriate mode.

3.4.5 The vendor shall authorize or deny non-emergency transportation services for Medicaid recipients based on the above screening criteria. The vendor shall issue a Notice of decision with appeals rights included for any denial, reduction, or termination of a service. The vendor shall issue a Notice of decision with appeals rights included for any denial or a reduction in the requested level of service. The vendor may need to contact the recipient's primary care physician to assess and confirm the medical necessity of transportation services.

To ensure that recipients are appropriately notified when MTM denies, terminates, or reduces a specific mode of transportation or transportation service in general, we will comply with DHCFP's policies and procedures related to trip denials. In many cases, this determination will follow eligibility screening, LON assessment, and medical provider consult utilizing the requirements specified in Section 3.4.4. Using an automated Notice of Decision letter, we will notify recipients of service denial, termination, or reduction in the following situations:

- ***The recipient is ineligible for NET services or is not a Medicaid enrollee***
- ***The medical service is not medically necessary or provider is not covered by Medicaid***

- ***The recipient has access to a personal vehicle or other form of free transportation***
- ***The recipient refuses to use the closest medical provider***
- ***The recipient refuses to use the least costly, most appropriate mode of transportation after undergoing an LON or functional assessment***

Throughout our operations, MTM automates the generation of Notice of Decision letters. When our system denies a recipient transportation services, it automatically fills in the necessary information, as shown in Figure 8. Following a denial, the CSR will inform the recipient of the decision, indicating to the system that a Notice of Decision letter should be generated. The letter will then be sent to the recipient the next business day.

Information Included on Notice of Decision Letters
Clear statement of the decision
Reason for actions being taken
Information about appeal/State Fair hearing rights and processes
Effective date of denial, termination, or reduction
The right to request services while the appeal/hearing is pending and how to do so

Figure 8: Notice of Decision Letter Information. MTM will use an automatically generated Notice of Decision letter for service denial, termination, or reduction.

3.4.6 Paratransit transportation may be provided based on assessed medical need. All adult day care riders, adult day Health Care riders, Renal Dialysis riders and behavioral health riders must be assessed by paratransit for eligibility. Recipients with regularly recurring rides to any provider must be assessed by paratransit for eligibility. Recipients who do not cooperate in obtaining a paratransit assessment shall only be issued bus passes. When paratransit transportation is indicated, such transportation services shall be "curb to curb" or "door-to-door", whichever service is necessary for the recipient. Paratransit providers are responsible for assisting riders into and out of the vehicle, but are not responsible for lifting wheelchair or gurney patients up or down stairs.

Although we encourage and enforce the use of non-paratransit modes including public transit, mileage reimbursement, and volunteer services, MTM recognizes the importance of providing paratransit services to recipients who are unable to appropriately utilize other modes. Where paratransit services are available, MTM coordinates certification with the ADA paratransit

provider to determine if a recipient qualifies for this level of transportation. While we do not perform ADA assessments ourselves, our staff can aid recipients in applying for paratransit services as necessary. Prior to initiating the certification process, we will check local public transit systems for wheelchair accessible fixed routes, as this will always be the most cost-effective mode available.

MTM will complete this process for all requests, including those from adult day care, adult day healthcare, renal dialysis, behavioral health, and recurring trip recipients. If a recipient does not comply with this process, s/he will be issued a bus pass. If a recipient needs assistance obtaining certification, an MTM assessor will meet with him/her to help complete the application. While the application is being processed by the paratransit provider, we will authorize a temporary certification of 30 days. If the recipient is certified for paratransit following this timeframe, we will provide reimbursement or advance funds to the recipient to allow them to pay the paratransit provider for services. If the recipient is denied paratransit or issued conditional eligibility, we will support this decision with our own determination of his/her level of need through our assessment process.

3.4.7 Recipients are responsible for providing car seats, wheelchairs, other devices or equipment, and any extra physical assistance, not required of providers, that they or their escorts need to make the trip. The Division will provide the vendor with instructions and ongoing training on Medicaid policy regarding specific Medicaid programs and covered services.

To ensure safe, appropriate transport for every recipient, we will require each recipient to provide their own car seats, wheelchairs, other mobility devices, and escorts necessary for their trip. During the trip scheduling process, the CSR will ask the recipient whether s/he has any special needs dictating the use of these devices or services. If the answer is yes, the CSR will inform the recipient that s/he is responsible for bringing their own car seat, wheelchair, escort, etc. Appropriate notations will then be entered into the trip manifest, ensuring the transportation provider understands that the recipient is not to be transported if s/he does not bring the appropriate devices with them. Further, this will tell the transportation provider that an appropriate vehicle must be utilized to accommodate the mobility device.

In some contracts, we do require transportation providers to furnish child safety seats for recipients. If desired by DHCFP, we can introduce this in Nevada, ensuring children will have the appropriate restraints available at all times. Regardless, each transportation provider will be well educated on accommodating and securing mobility devices and safety seats in accordance with Medicaid policy.

3.4.8 The vendor shall determine and authorize the most appropriate economical mode of transportation for each eligible recipient requesting transportation services. The vendor is encouraged to develop and propose innovative strategies to reduce trip costs such as providing gas vouchers for recipients and making greater use of public transportation.

As described throughout this entire Section 3.4, MTM has a thorough process for ensuring each recipient is provided with the most appropriate, least costly mode of transportation possible. We are constantly developing and introducing innovative solutions for reducing trip costs, which we are excited to implement into the Nevada NET program. Some of our current strategies for doing so include:

- ***Conducting a standardized LON assessment for each recipient requesting any mode of service above public transit***
- ***Performing functional assessments for recipients in areas with extensive public transit resources***
- ***Offering travel training to recipients who may be able to utilize public transit successfully following instruction***
- ***Utilizing mileage reimbursement for recipients with access to a personal vehicle who do not have the means necessary to pay for gas; this can include a reloadable debit card or check reimbursement***
- ***Introducing uDrive services to responsible recipients, in which they will be leased a rental vehicle for a specified amount of time***
- ***Awarding trips to transportation providers that allow for the greatest degree of multi-loading and routing***
- ***Negotiating favorable rates with transportation providers***

3.4.9 After determining that "no cost" transportation is not available to the recipient, the vendor shall utilize the services of the public transportation, if available and appropriate. The vendor shall have procedures for timely distribution of public transportation tokens and passes to the recipient to make the authorized medical appointment and adequate monitoring procedures in place in order to validate that the tokens/passes were used for authorized medical transportation. The vendor shall obtain prior approval for these procedures from Division.

Because we understand the importance of using public transportation services as the most cost effective mode of transportation, we will utilize local public transit systems to their fullest in the Nevada NET program. However, since public transit is most prominent in metropolitan communities such as Las Vegas and Reno, these services are not always a viable solution in rural locations. We constantly work to maximize public transit utilization in areas where such services are available in seven primary ways:

- ***Conducting thorough LON assessments to determine the recipient's ability to access public transit as described in Section 3.4.3***
- ***Performing functional assessments to further determine recipients' physical and cognitive abilities as described in Section 3.4.3***
- ***Offering travel training services to recipients who could benefit from instruction as described in Section 3.4.3***
- ***Ensuring our staff have tools available to arrange public transportation, including pre-loading routes into our NET Management System and having bus passes and tokens readily available***
- ***Educating recipients on the benefits of public transit***
- ***Ensuring recipients receive bus passes and tokens in a timely manner to access public transit for their medical appointments***
- ***Reducing fraud and abuse of public transit tokens/passes***

Pre-Loading Routes in our System

One of the many benefits stemming from our proprietary NET Management System is our ability to pre-load public transit routes for easy identification and assignment. With the routes pre-loaded in our system, our CSRs will be automatically notified when a recipient lives within ¼ mile of a transit stop. If public transportation is an approved method for the recipient, the CSR is able to quickly assign the recipient to these services for the trip and send out a bus pass.

In addition, by having these routes within our system, we are able to identify potential areas where feeder routes to public transit stops can be instituted. By having feeder routes to these stops, we have the ability to assign even more recipients to public transit, such as those who live more than ¼ mile away from a stop.

Educating Recipients on the Benefits of Public Transportation

MTM will use our education and outreach processes to promote the benefits of using public transit to recipients, as well as educate medical providers on these benefits so they will support the use of public transit for their recipients. It has been our experience that recipients who meet the criteria for public transit and have multiple monthly appointments appreciate the freedom public transit provides them. For MTM, it is the most cost-effective measure to issue a bus pass to these recipients. In addition to standard brochures and similar documents, we have the ability to develop informative, low-cost audio/visual training materials as shown in Figure 9.

Figure 9: Sample Video Screenshot. MTM can develop informative videos to educate recipients on the benefits of public transit.

Distributing Bus Passes in a Timely Manner

MTM has processes in place to ensure DHCFP that bus passes/tokens are distributed to recipients in a timely manner. To do so, we employ staff that are accountable for ensuring the passes reach recipients in time for the appointment. Processes may include mailing the passes to recipients, or working with local medical facilities to distribute the passes directly to the recipients. Further, our local facilities in Las Vegas and Reno will be located on public transit routes, allowing recipients to pick up passes directly from our office.

Decreasing Fraud and Abuse of Passes and Tokens

By utilizing an effective accounting and verification system, MTM ensures that public transit tokens and passes are used appropriately for Medicaid services. In some programs, there is extensive fraud and abuse of the public transit system, including recipients selling their passes and claiming they were never received and not using the passes for scheduled medical services. However, by developing appropriate policies, procedures, and verification tools, we are able to effectively decrease fraud and abuse, and increase proper utilization.

For example, during the first few months of a program, we rely on historical utilization data until we have our own data to work with. We will only supply recipients with passes in the amount verified from the previous month's service. In addition, we will validate that tokens and passes were used for authorized medical transportation through our post-attendance verification process. We will also require day programs to keep monthly logs of attendance, and will check these at the end of the month to ensure appropriate attendance.

Another way we decrease fraud and abuse is by requiring recipients who repeatedly claim they did not receive their pass in the mail to pick up passes and tokens at our office. In addition, if we find a recipient is abusing the program, we will only provide them with a one day pass for each trip, and will only replenish it after attendance has been appropriately verified. By having appropriate measures in place, MTM will create easy access to public transit services in Nevada while having effective controls to reduce fraud, waste, and abuse.

3.4.10 If the vendor does not utilize the lowest cost transportation provider, the vendor shall document reasons for not utilizing such in the transportation database described in Section 3.6.1. If the vendor authorizes transportation to a provider under this exception, the vendor shall document in the transportation database the reasons the nearest provider is not being utilized. An example would be a paratransit eligible dialysis patient getting a taxi ride immediately following dialysis, while being required to use paratransit for all other NET. Other examples of exceptions are a recipient who uses bus passes for transport but is expected to be unable to walk that far after a scheduled procedure or a recipient unable to get appointment with closest provider who is no longer accepting new Medicaid recipients.

While MTM strives to assign the lowest cost, most appropriate transportation provider for each trip, there are certain circumstances where this is not feasible. For example, as noted by DHCFP, some recipients may be qualified to use public transit on the first leg of a trip but are unable to utilize this mode following their appointment or procedure. During the call intake process, the CSR will make note of such circumstances in our NET Management System. In order to approve these situations, the CSR must choose a legitimate reason code proving that the costlier mode was necessary. We will program our system with these reason codes, as approved by DHCFP, ensuring the only situations that will be allowed to use a costlier mode of transportation are those pre-approved by MTM and DHCFP. These verifications will be documented and stored in our NET management System throughout the life of this contract, and we will give DHCFP access to this information as requested.

3.4.11 Medicaid funds may not be used to pay for transportation services that are otherwise available without charge to both Medicaid and non-Medicaid recipients. In addition, Medicaid is generally the payor of last resort except for certain Federal programs such as Title V Maternal and Child Health Block Grant funded services or special education related health services funded under the Individuals with Disabilities Education Act (IDEA).

MTM understands that Medicaid is the payor of last resort, and we uphold this requirement in each contract we operate. Our eligibility screening process allows us to verify that recipients do not have access to alternative, free transportation services, thereby ensuring Medicaid does not pay for such trips.

3.4 SCHEDULE, ASSIGN AND DISPATCH TRIPS

3.5.1 The vendor shall utilize a method to schedule transportation services once the services are authorized and shall ensure that trip assignment activities are performed efficiently. The scheduling method shall be capable of accommodating advanced reservations, subscription service, and requests for urgent service.

When receiving calls requesting NET service from recipients, our CSRs follow our proven NET program process. Shown in Figure 10 and detailed in Section 3.5.5, this process outlines procedures that encompass every aspect of NET management, including:

- ***Receiving requests***
- ***Assessing eligibility***
- ***Determining the most appropriate mode of transportation***
- ***Scheduling transportation***
- ***Assigning the trip to the most appropriate transportation provider***

This process is standard for advance reservations with at least five days notice; however, we do have processes for scheduling urgent trips, as described in Section 3.5.2, and recurring trips, as outlined in Section 3.5.5.

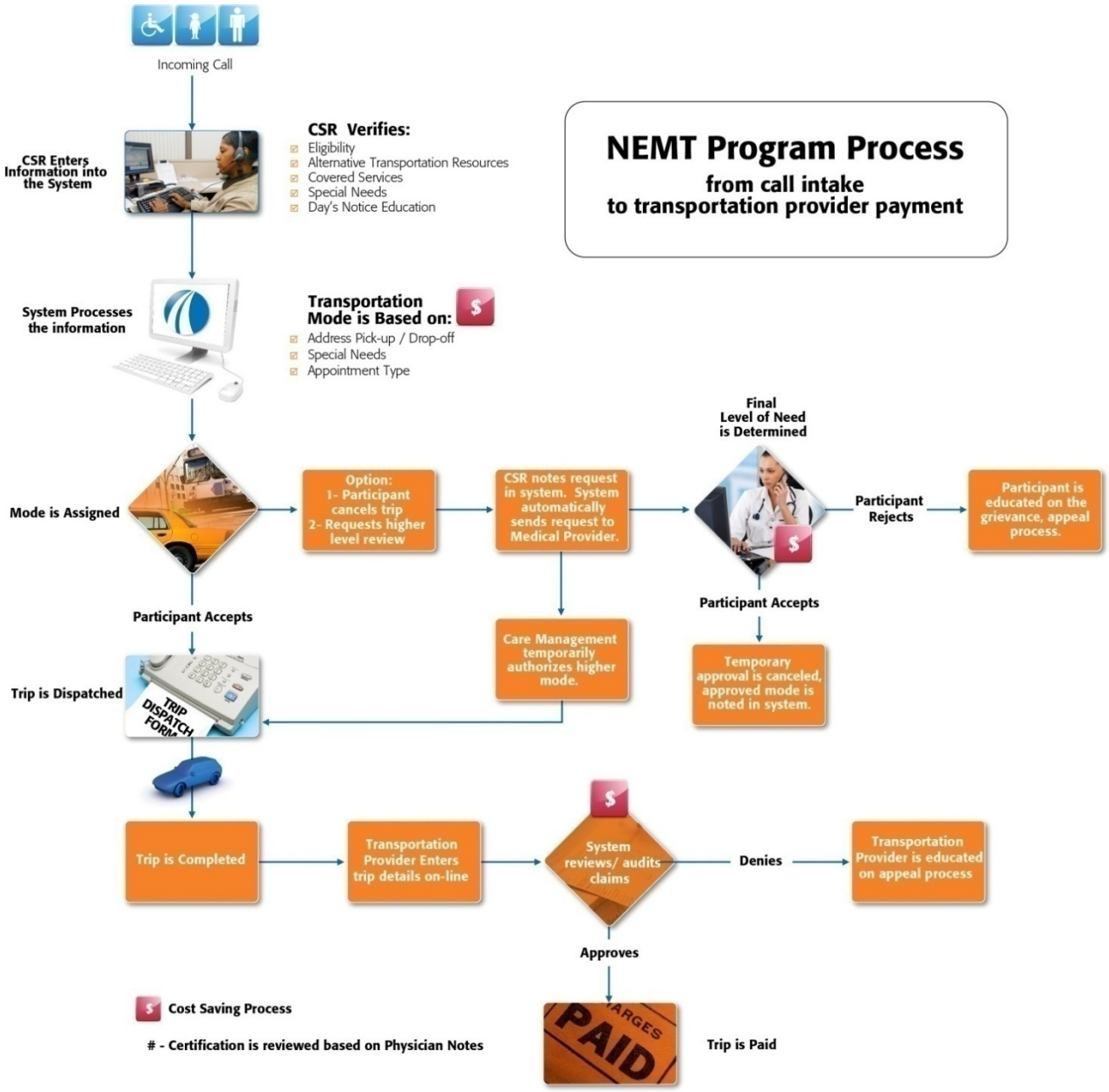


Figure 10: MTM's Proven Call Intake Process. Our CSRs follow this process across our book of business for friendly, efficient customer service.

3.5.2 Although recipients are urged to make requests for non-emergency transportation services no less than five (5) business days before the service is needed, scheduling problems will occur from time to time when providing urgent services. The vendor shall have a system in place to accommodate sudden, non-emergent facility admits or discharges. The vendor shall develop procedures to deal with last minute requests from recipients, scheduling changes, "no-shows", and late-running vehicles. A transportation provider must wait at least ten (10) minutes after the scheduled pick-up time before "no-showing" the recipient at the pick-up location. The vendor or contracted transportation providers shall not charge recipients for transportation services or for no shows.

While we encourage recipients to schedule NET requests at least five business days in advance, we understand that in some cases urgent situations arise that do not allow recipients to provide this notice. To accommodate urgent requests, defined as those requests with less than five days notice, we have a detailed process in place. Typically, urgent trip requests are to the recipient's primary care physician or an urgent care center rather than a hospital emergency room, and may include hospital discharges.

When we receive a call from a recipient requesting urgent transportation services, we will accommodate the trip. We rely on a strong network of transportation providers, as well as back-up resources. When a recipient requests an urgent trip, the CSR refers to urgency guidelines to ensure proper handling of the request. The CSR will verify the urgency of the appointment with the medical provider by phone or fax immediately. We will accept a medical provider's verbal or written authorization. If the trip request is not verified as urgent, the CSR will educate the recipient of MTM's urgent policy. MTM ensures that the gathering of urgency verification will not delay service delivery.

If the CSR verifies the appointment as urgent, s/he will document the urgent verification and the approval in the NET Management System and proceed with scheduling the transportation. The CSR will arrange the appropriate transportation within three hours of the notification. Immediately upon authorizing the trip, the CSR will verbally notify the recipient of his/her transportation arrangements.

Making Changes to Transportation Arrangements

In most cases, the recipient will learn the details of his/her transportation arrangements during the NET request call. If the trip is pending authorization, MTM will inform the recipient of the approval decision within two business days of the request. This might occur in the case of a hard-to-place trip, or for recipients requiring special transportation services and pick-up times. We can also quickly accommodate any changes the recipient may need to make, including the appointment being moved to another day, due to our comprehensive network of transportation providers.

Handling No Shows

In any NET program, no shows are an unavoidable issue. Therefore, it is important for the broker to have acceptable procedures in place to handle such situations. As required by DHCFP, transportation providers will wait for recipients for at least 10 minutes after the scheduled pick-up time before issuing a no show notification to MTM. DHCFP is ensured that we will never charge recipients for NET services, including in the instance of a no show. For more information on our no show policies and our processes for preventing no shows from occurring, refer to Section 3.5.7.

Accommodating Late Vehicles

In addition to having procedures in place for handling urgent requests, trip changes, and no shows, we have processes for accommodating vehicles and drivers that are late for pick-up. For details on these procedures, please refer to Section 3.5.4.

3.5.3 The vendor must allow one escort, who must be at least 18 years of age or any age if the escort is the parent of the minor child needing transport, to accompany a recipient or group of recipients when escort services are determined medically necessary or for those recipients who are minor children or adjudicated mentally incompetent. A person under the age of 18 must be accompanied by one escort unless that person is married, legally emancipated, or obtaining family planning services. Transportation services may not be authorized for minor children unless a parent or legally responsible adult or other willing adult caregiver accompanies the child. Two escorts are allowed for infants (children under one year of age). Multiple escorts may be allowed in certain situations with the approval of DHCFP. In addition, escort services are available to recipients who require approved Personal Care Aid (PCA) services (pursuant to MSM Chapter 1400) en route to, or at, a destination to obtain Nevada Medicaid covered, medically necessary services when a legally

responsible adult or other willing and capable caregiver is unable to accompany them. An escort may be a parent or legal guardian, caretaker, relative, friend or PCA who accompanies the recipient. No charge shall be made for the escort. On a case by case basis, an additional escort may be allowed to accompany a recipient with approval of DHCFP.

In addition to using our LON process to determine the recipient's most appropriate mode of transportation, we use this process to verify his/her need for an escort. We will carefully assess and document any needs that the recipient may have that would require him/her to travel with an escort. These needs may include:

- ***An escort is medically necessary***
- ***The recipient is a minor, as all recipients under 18 must have an escort unless they are married, emancipated, or obtaining family planning services***
- ***The recipient is mentally incompetent***
- ***The recipient requires Personal Care Aid (PCA) services***

If we determine that an escort is necessary, we will allow one escort over the age of 18. However, if the recipient is an infant or as otherwise approved by DHCFP, we will authorize two escorts. The CSR will alert the transportation provider at the time of scheduling of the need to accommodate an additional passenger(s). As parents, legal guardians, caretakers, relatives, friends, and PCAs serve as a necessary companion for recipients, we will never charge the escort for transportation services.

3.5.4 Trips shall be scheduled and dispatched to ensure that the average waiting time for pickup or delivery does not exceed fifteen (15) minutes, and at least 90% of all pick-ups must be within fifteen (15) minutes of the scheduled pick-up time, measured on a monthly basis. The vendor shall ensure that recipients arrive at pre-arranged times for appointments and are picked up at pre-arranged times. This section applies to the Vendor. The other time frames apply to recipients. The Vendor is held to a higher on time standard, but the recipient should be prepared for providers to be late.

The timely provision of transportation services is critical to ensuring recipients receive their necessary medical treatments. MTM holds our transportation providers to the highest standards, especially when it comes to providing on-time transportation to the fragile Medicaid population. If a transportation provider does not comply with these standards, we may assess liquidated damages and require the provider to complete a corrective action plan. If a

transportation provider continually provides poor services, MTM may ultimately remove the provider from our network. With the monitoring activities detailed in this section, MTM can ensure DHCFP that at least 90% of recipients per month will be picked up within 15 minutes of the scheduled pick-up time.

Setting High Expectations for Drivers

The first step in ensuring timely pick-ups and drop-offs of recipients is educating the transportation provider on the importance of timeliness. Upon initial entrance into our network and throughout their time with MTM, we educate providers and their drivers on the importance of meeting our standards. These standards must be met for requests received with advance notice and with urgent notice.

Per MTM's signed Transportation Provider Guidelines (provided in Attachment I), transportation providers have set timeliness standards that they must meet. These requirements match those set forth by DHCFP. One of these main requirements is that drivers must pick up recipients within a 30-minute window, accounting for 15 minutes before and after the scheduled pick-up time. This is essential to ensure the recipient arrives on time to his/her appointment, and also takes into account any potential traffic issues that may impede a trip's progress. Any pick-up between 15 and 30 minutes after the scheduled pick-up time will be considered late.

CSRs and transportation providers are also educated that recipients must be provided a pick-up time. The CSR will educate the recipient at the time of trip scheduling that they must be ready and waiting for the vehicle at least 15 minutes prior to and after the scheduled pick-up time. MTM also educates both the recipient and provider that if a driver arrives prior to the 30 minute pick-up window, or any time before the scheduled pick-up time, the driver must wait until the recipient is fully ready. Likewise, both parties will know that if the driver arrives within the scheduled pick-up window, the driver is not required to wait for the recipient. If this occurs, the driver must report the recipient as a no-show to MTM immediately so it can be verified and documented within our system.

Timely Transportation for Will-Call Trips

We require transportation providers to establish an internal process to complete will-call trips in a manner that will not impose unreasonable wait times for recipients. This process includes

developing a business card with instructions advising the recipient where to call in order to arrange a return ride to the agreed point of origin. For return will-call trips, where a recipient is unable to establish a return ride pick-up time when requesting transportation, MTM allows transportation providers a one-hour response time after the recipient has called to request the ride. However, this pick-up routinely occurs within a much shorter time frame.

Ensuring Timeliness During Multi-Loaded and Routed Trips

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

Monitoring Provider Performance

MTM's transportation provider monitoring program allows for thorough oversight of transportation providers. MTM holds transportation providers to a strict on-time performance rate of a minimum of 90%, meeting DHCFP's requirement. We enforce these standards through a monitoring program that includes a thorough claims process.

100% Trip Verification

MTM's claims process is a firm way to monitor on-time performance. This process includes verifying and checking for accurate recipient signatures on 100% of trips prior to payment. In addition, all providers must submit to MTM via their independent web portal four times for each trip leg:

- ***Scheduled pick-up time***
- ***Actual time the vehicle arrived at the pick-up location***
- ***Time the vehicle left the pick-up location***
- ***Time the vehicle arrived at the destination***

With our MobiliNET technology that is currently in development, our Network Management team will be able to automatically keep track of late arrivals, as this system is geocoded and transmits timestamps when a recipient's information is entered. By requiring these four times and conducting signature verification, MTM ensures our transportation providers abide by on-time performance standards.

Documenting Late Pick-Ups

MTM encourages both recipients and medical providers to notify us of any timeliness issues so we can document the occurrences in our NET Management System. For each documented late pick-up, MTM will document the occurrence in our system. For all verified late pick-ups, we assess liquidated damages to further encourage on-time performance. In addition, for providers who are repeatedly experiencing timeliness issues, local Area Liaison Brittany Niedringhaus will assess the provider's performance on-site to address consistent problems. Providers who continually experience on-time issues will be removed from our network of transportation providers.

Preventing Timeliness Issues

Beyond setting high expectations and monitoring performance, MTM takes further measures to ensure services are provided in a timely manner. Our NET Management System automatically prohibits CSRs from assigning trips to transportation providers who are over their daily capacity, preventing service delays. Also, when we receive urgent transportation requests, rather than simply sending the trip to a provider over our system, the CSR will call the transportation provider to ensure they have availability to take the trip.

"Where's My Ride?" Line Offers Support to Recipients

For any recipient seeking information on their ride and the estimated arrival time, MTM offers a toll-free "Where's My Ride?" line that is open 24 hours a day. The CSR answering the call will contact the transportation provider to request their estimated arrival time, or dispatch the ride to another provider if the predicted arrival time is unacceptable.

3.5.5 Basic Steps

The basic steps the vendor is expected to follow in arranging transportation, authorizing the services and reimbursing providers for services are as follows:

3.5.5.1 The vendor receives the telephone call from the recipient requesting non-emergency transportation services. The vendor obtains and tracks the trip information including the date, time, name and address of the medical appointment.

Upon calling MTM's call center, Nevada recipients will receive quality customer service from our trained, professional CSRs. The CSR will answer the call with a friendly, customized greeting such as:

> ***"Good morning/afternoon/evening. Thank you for calling Nevada NET services. This is [CSR name]. How may I help you?"***

The CSR will then ask for the recipient's name and Medicaid ID number. If the recipient is on the preloaded eligibility list, the fields of the call intake screen of our proprietary NET Management System will auto-populate with the recipient's personal information, such as:

- ***Recipient name***
- ***ID number***
- ***Date of birth***
- ***Address***
- ***Program eligibility dates***

Upon field auto-population, the CSR will verify information such as complete address and telephone number and update the system as necessary. We designed the NET Management System to capture and retain recipient and trip information for access on subsequent calls. For example, our system accommodates recurring trips, one-time trips, advance reservations, hospital and emergency room discharges, and urgent trips, ensuring efficient request processing.

Also during this step, the CSR will ask for the recipient's appointment information, including date, time, pick-up and drop-off addresses, and medical provider name. After this information has been entered into our system, the CSR will screen for eligibility, described in the next steps.

3.5.5.2 The vendor reviews the trip request and verifies the recipient's Medicaid eligibility for the requested date of service.

Immediately after the CSR enters the recipient's information into our NET Management System, the system will determine if the recipient is currently eligible for Medicaid and if they will still be eligible on the date of service. This process is described further in Section 3.3.1.

3.5.5.3 The vendor assesses the recipient's eligibility for transportation services in accordance with current Medicaid transportation policy including that the recipient has no other transportation available and that the trip is to a Medicaid covered service. Any special needs are noted, as they may affect the type of transportation needed.

After determining Medicaid eligibility, the CSR will determine the recipient's eligibility for NET services, including verifying that the recipient has no other means of transportation and that the request is to a covered service with a covered medical provider. As described previously in Section 3.3.1, our system is rules-based and supports the verification of Medicaid covered services and providers. MTM uploads into our system information regarding covered services and enrolled Medicaid providers to make these determinations. If a CSR attempts to enter a trip reason code that is not within Nevada NET protocols, the system will alert the CSR and prevent the scheduling of the transport.

Determining Special Needs

While scheduling NET services, the CSR will ask the recipient if s/he has any special needs such as a mobility device, walker, etc., as this will affect the type of transportation and assistance needed. The CSR will enter the information into the system, which will alert the transportation provider on the trip manifest. This will inform the transportation provider in advance of any special needs and allow the provider to schedule his/her drivers and vehicles accordingly. The information we gather allows only transportation providers who can accommodate the special needs to display in the CSR's drop down window of appropriate transportation providers.

3.5.5.4 Upon completion of the screening of an eligible recipient, the vendor authorizes the transportation service and assigns the trip to the most appropriate and least costly subcontracted transportation provider available, consistent with the transportation needs of the recipient. If the vendor denies the service or reduces the transportation to a level that is less than requested, a Notice of Decision (NOD) is completed in compliance with Chapter 3100 of the Medicaid Services Manual. Notification of a denial includes a description of how to file an appeal and the reason for the denial must be documented and logged.

As part of our proven process, MTM's system automatically assigns the lowest cost, most appropriate mode of transportation based on the recipient's medical and cognitive abilities. All modes above public transit will require our LON assessment screening process, or an in-person functional assessment. For details on these processes, refer to Section 3.4.3. If through these assessments we discover that the recipient is able to utilize transportation at a level that is less than the mode requested, we will issue an appropriate Notice of Decision letter; our process for doing so is described in detail in Section 3.4.5.

After the CSR sets up the trip and determines the appropriate mode of transportation, our NET Management System automatically identifies the most appropriate and lowest cost transportation providers for the trip. We coordinate trips in the most cost-effective manner, and look to route and multi-load trips as often as possible. Those trips that are not easily multi-loaded or routed are assigned to transportation providers that can provide individual point-to-point transportation. We will enter a trip reason code and notes as to the justification of a mode assignment.

The NET Management System collects the trip information and, overnight, compiles a trip manifest for the day's trips by transportation provider. We will distribute the manifests electronically to transportations providers, who are able to download their trip assignments daily via our secure web portal. If the transportation provider cannot accommodate a trip, s/he simply annotates this and MTM will reassign the trip to another qualified transportation provider.

3.5.5.5 The vendor may verify the transportation need by confirming the appointment with the medical provider.

As described in Section 3.4.3, our LON assessment process involves MTM Care Management employees working closely with the recipient's primary care physician to determine the most appropriate mode of transportation. Using an LON form, the medical provider will respond to a variety of questions that will aid us in assigning the lowest cost, most appropriate mode for the recipient. Additionally, we do occasionally confirm medical appointments with medical providers. For instance, if a recipient has been flagged for fraud and abuse in the past, we will confirm all medical appointments with the provider prior to scheduling future NET trips. Also, if a trip is urgent, we confirm the urgency of the appointment with the medical provider.

3.5.5.6 The vendor contacts the recipient to inform him/her of the transportation arrangements, if this information is not given during the call from the recipient.

In most cases, the recipient will learn the details of his/her transportation arrangements during the NET request call. If the trip is pending authorization, MTM will inform the recipient of the approval decision within two business days of the request. This might occur in the case of a hard-to-place trip, or for recipients requiring special transportation services and pick-up times.

NET programs require clear and detailed communication on each trip to ensure that all parties—transportation providers and recipients—know where to be and when. At the conclusion of the trip request phone call, the CSR will re-state all trip details, including the name of the transportation provider, pick-up time, number to call if the return trip is a "will call," and pick-up and destination addresses.

3.5.5.7 The vendor or transportation provider re-confirms the pick-up with the recipient twenty-four (24) hours ahead of the scheduled medical appointment to reduce the possibility of a no-show.

As directed by DHCFP, MTM will require transportation providers to confirm each trip with recipients 24 hours prior to the scheduled pick-up time. Within the downloadable trip manifest, we will include contact information for each recipient. Using this information, the transportation provider will call the recipient to confirm the appointment, and inform them that they will need

to call MTM with any changes. By completing these confirmation calls, MTM and our network of transportation providers can effectively lower the no show rate throughout the Nevada NET program.

3.5.5.8 The vendor picks up the recipient **no later than fifteen (15) minutes past the scheduled time.**

In any NET program, on-time performance is crucial to service delivery due to the nature of the transports. Since our inception, we have refined our processes for ensuring on-time performance. As outlined in detail in Section 3.5.4, MTM has various strategies for ensuring transportation providers pick up recipients in a timely manner. We understand that at least 90% of recipients must be picked up within 15 minutes of their scheduled pick-up time each month, and we will work with our network of Nevada transportation providers to ensure this goal is met.

If we were not able to deliver on-time performance for recipients, we would not be able to attain a high rate of customer satisfaction with the recipients we serve. Across our book of business, our satisfaction rate has consistently remained at 95% this year. To ensure this rate remains high, we expect punctuality from our transportation providers and monitor on-time performance in a number of ways. With our on-time performance monitoring techniques, we expect providers to meet a 90% on-time performance threshold at minimum, meeting the goal set forth by DHCFP. Our providers continually meet or exceed this threshold with our monitoring methods described previously. For example, in our Minneapolis/St. Paul, Minnesota operations, our local network holds an average 95% on-time performance rate.

3.5.5.9 After the trip occurs, the vendor makes payment to the transportation provider promptly upon receipt of a properly completed and verified trip invoice. The vendor may verify that the recipient received the authorized transportation service to a covered medical service.

These procedures are applicable when subcontracted transportation providers are used. The procedures may vary when public transportation, mileage reimbursement or other appropriate transportation services are used.

To ensure our network of transportation providers is reimbursed accurately and in a timely manner, MTM has a thorough claims process. We understand that efficient reimbursement to providers increases satisfaction and overall performance, which has led to the development of

our Claims department. Through this department, we reconcile 100% of trips submitted for payment within the timelines set forth by our clients. We will guarantee completion of the claims process within 45 days. One tool that allows us to meet such timelines is our Transportation Provider Web Portal, with which providers can upload claims online for quick processing. Further, we ensure transportation providers are only paid for services actually rendered with our adjudication process, which includes verification of pick-up and drop-off times, as well as recipient signatures. For more information on our claims process, please refer to Section 3.7.1.

3.5.6 Timeframes

3.5.6.1 The vendor must provide standard authorization decisions as expeditiously as the recipient's health requires and within the State's established timelines that may not exceed fourteen (14) calendar days following receipt of the request for service, with a possible extension of up to fourteen (14) additional calendar days if the recipient requests the extension; or, the vendor justifies (to the DHCFP upon request) a need for additional information and how the extension is in the recipient's interests.

As mentioned in Section 3.5.5.6, in nearly every case, MTM's CSRs are able to authorize transportation requests during the initial phone call with the recipient. However, due to issues with eligibility checks and potential hindrances in the LON assessment, this process is sometimes delayed. We will authorize and schedule transportation as quickly as possible, and alter this process to meet the recipient's health needs as necessary. Our goal is to ensure each recipient's transport is authorized in less than 14 days, and we rarely, if ever, exceed this timeline; however, if more time is needed, we will receive permission from DHCFP. We do have processes in place to accommodate delays, as described in the following Section 3.5.6.2.

3.5.6.2 If the vendor determines, or a provider indicates, the standard service authorization timeframe could seriously jeopardize the recipient's health or ability to attain, maintain, or regain maximum function, the vendor must make an expedited authorization decision and provide notice as expeditiously as the recipient's health condition requires and no later than 3 working days after receipt of the service authorization request. The vendor may extend the 3 working days time period by up to 14 calendar days if the recipient requests the extension or if the vendor justifies the need to the State for additional information and how the extension is in the recipient's best interests.

In some cases, delays in the eligibility verification and LON assessment processes are unavoidable. For example, sometimes Care Management is unable to obtain the recipient's medical provider input for the LON process in the time prior to the scheduled appointment. If this situation occurs, we are able to issue a temporary authorization, or a one-time override as needed, on the level of service requested by the recipient. This temporary authorization or override will allow the recipient to obtain medical care in a timeframe that will never jeopardize his/her health. During these scenarios, we will comply with all timeframes set forth by DHCFP, including making an expedited decision within three business days.

3.5.7 Frequent No Shows

3.5.7.1 The vendor shall educate and manage recipients who are chronically late, or "no-shows", or abusive. No-shows and allegations of abusive behavior of recipients shall be documented in the transportation database.

By choosing MTM as their broker, DHCFP will partner with a NET manager that has established polices for no shows, lateness, and other abusive behavior. MTM developed Policy #6450, WF Client Behavioral Issue Sanctions and Policy #413, Management of No Shows to address recipients who consistently fail to use arranged NET services without notifying MTM of the cancellation, as well as recipients who demonstrate abusive behavior or misconduct towards transportation providers or MTM staff. Please see Attachment M for copies of these policies.

Whenever a transportation provider reports a no show, late arrival, or other abusive behavior, an MTM representative will document the circumstance in our NET Management System. As

necessary, the representative will then begin the disciplinary process. Our no show and abusive behavior policies include disciplinary actions such as:

- ***Counseling or verbal warning***
- ***Written warning, including door hangars left by the driver on the recipient's door during a no show***
- ***Reduction of services to mileage reimbursement only***
- ***Temporary suspension of services***
- ***Permanent termination of services***

No-shows in particular can create additional financial burden on NET services and limit the resources available to those recipients who appropriately adhere to program rules and policies. By educating recipients that their consistent no show behavior could result in a reduction or suspension in services, we often successfully limit no shows. When a recipient demonstrates no show behavior, we send out a series of three educational letters informing him/her of the seriousness of their actions. If this behavior continues for three no shows in one month, we will impose a 30 day suspension of NET services. In addition, if the behavior continues, we may reduce the recipient's NET services to mileage reimbursement only.

3.5.7.2 Recipients who are repeated no-shows or fail to cancel in a timely manner for rides provided by its commercial vendors may be subject to suspensions of services. Recipients who receive a suspension will have the right of a fair hearing.

As described in the previous Section 3.5.7.1, MTM has established policies for no shows and other abusive behaviors. These policies include appropriate disciplinary actions ranging from counseling to reduction, suspension, and termination of service. If, due to their repeated actions, the recipient is suspended or terminated from the Nevada NET benefit, MTM will send him/her a Notice of Decision letter. This letter will inform the recipient as to why we made the decision, as well as his/her appeal rights.

3.5.8 Develop and implement a monitoring plan

3.5.8.1 The vendor is responsible for all services provided by subcontracted transportation providers. The vendor shall ensure adequate oversight of subcontracted transportation providers and ensure that providers comply with all applicable State and Federal laws, regulations and permit requirements.

Because we fully understand the importance transportation providers have on the delivery of high quality NET services, we have thorough processes and procedures for monitoring their performance. As further described in Section 3.6.1.1, MTM has identified and recruited eight transportation providers into our proposed Nevada NET network. These providers represent 222 vehicles, and fully comprehend MTM's commitment to quality transportation.

Our Network Management department has several methods for overseeing the performance of transportation providers and ensuring they comply with State and Federal laws, regulations, and requirements. Our ongoing methods for supervising and ensuring provider compliance with our established Transportation Provider Service Agreement and Guidelines include:

- ***Initial and annual driver and vehicle credentialing using our innovative web portal system***
- ***Initial, annual, and random on-site visits to each provider's business operations***
- ***On-street observations and field monitoring***
- ***Initial and ongoing driver training activities***
- ***A pilot program utilizing mobile notepad technology for transportation providers and MTM's Network Management staff***
- ***Periodic audits***
- ***Monthly performance monitoring***
- ***Monthly Report Card documenting performance***
- ***Established relationships with dedicated Network Management Representatives and Area Liaisons***

These processes are discussed in detail in Sections 3.6.1.4.

3.5.8.2 The vendor shall monitor the transportation providers to ensure compliance with the terms of their subcontracts and ensure compliance with all transportation provider-related requirements of this RFP including driver requirements, vehicle requirements, complaint resolution and delivery of courteous, safe, timely and efficient transportation services.

Upon entrance into our approved network of transportation providers, our Network Management Representatives review our comprehensive Transportation Provider Service Agreement and Guidelines with each provider. This document, provided in Attachment I, describes all aspects of the subcontractor relationship with MTM, including driver and vehicle requirements, expectations for safety and timeliness, the claims process, and more. Our Service Agreement and the contractual arrangements involved with in are further described in Section 3.6.1.16.

As mentioned in the previous Section 3.5.8.1 and further described in Section 3.6.1.4, we have several monitoring methods to ensure each transportation provider complies with the terms of their subcontracts. We are committed to ensuring quality transportation services for each recipient, and will utilize these techniques to ensure such.

3.5.8.3 The vendor shall have written procedures in place for taking appropriate corrective action whenever inappropriate or substandard services are furnished or services that should have been furnished were not. In addition, the vendor shall have written procedures for taking appropriate action if a subcontracted transportation provider is out of compliance with Federal, State, or local laws or regulations.

As part of our transportation provider monitoring process, we also have written procedures for corrective action when a provider is found to be out of compliance with MTM and DHCFP standards or Federal/State laws and regulations. For example, if a transportation provider does not meet the DHCFP-established 90% on-time performance goal or if insurance requirements are not maintained, we will institute our hierarchy of corrective action procedures. Depending on the severity of the issue and the number of times similar issues have occurred, this hierarchy includes:

- ***Education***
- ***Corrective action plan***
- ***Assessment of liquidated damages***
- ***Suspension or termination from our network***

If a provider is required to undergo any of these corrective actions, local Area Liaison Brittany Niedringhaus will work with the provider, following up periodically to ensure the requested actions were taken. With our commitment to instituting quality NET services in Nevada, MTM will introduce our mechanisms for monitoring transportation providers and enforcing the service quality MTM is best known for.

3.5.8.4 In addition to the strict quality assurance standards that the subcontracted providers shall meet, the vendor shall have contract liability insurance coverage in the amount specified in this RFP. The vendor shall promptly report in writing accidents to Division that have occurred in conjunction with a scheduled trip if a recipient was present in the vehicle. The Division reserves the right to make quality assurance reviews on services under this contract. These reviews may be conducted in an anonymous manner and without advance notice.

MTM requires our subcontracted transportation providers to maintain appropriate automobile liability insurance, which will meet the coverage amounts set forth by DHCFP. In addition, MTM maintains automobile liability insurance and general liability coverage in compliance with our clients' specifications at all times. Outside of having appropriate insurance coverage, we go the extra step to reduce risk by credentialing 100% of drivers and vehicles on an annual basis, as described in Section 3.6.1.4. This process is guaranteed through our web-based credentialing database described in the aforementioned section.

Reporting Accidents and Incidents

To ensure DHCFP remains up-to-date on all accidents, our Quality Management Compliance Auditor will immediately issue an Incident Management Report for each occurrence. The report will contain detailed information about the accident, including the name of individual involved, address, date/time of accident, location, description of accident, and any other required information. DHCFP can rest assured that MTM knows how to respond to and report accidents involving Nevada NET recipients, drivers, and others. Providers are held accountable to our reporting timelines through education and the assessment of liquidated damages.

Quality Assurance Reviews

While records and reports regarding our Quality Management Program are open to DHCFP for review, we welcome independent reviews from the Division. We realize that such reviews can be conducted anonymously at any time, and fully believe DHCFP will be pleased with what it finds during these evaluations.

3.5.9 Coordinate with DHCFP and community service providers

Vendor shall collaborate with DHCFP and community service providers to evaluate opportunities to improve program performance and utilization. The vendor will produce a quarterly report to DHCFP on these efforts, including outcomes.

In each contract we hold, we are committed to building quality relationships with the client, transportation providers, medical providers, community service providers and agencies, and other stakeholders to ensure we meet expectations and provide superior service. Through our ETO Program, MTM will establish local Advisory Committees and Subcommittees that will be specific to Nevada NET stakeholders, including recipients, healthcare providers, transportation providers, and the community at large. Advisory Committees provide invaluable input and feedback on NET, its services, transportation provider adequacy, and actions required to improve and enhance the program. MTM has had great success with these committees in our State Medicaid contracts, with stakeholders excited to volunteer their time and input for improving NET services. MTM encourages DHCFP to attend the quarterly meetings of each Advisory Committee, which are outlined in Figure 11. These Advisory Committees will become active prior to the "go-live" date and continue throughout the life of the contract.

Advisory Committees		
Committee	***Members***	***Role of Committee***
Provider Advisory Committee	***Transportation providers***	***Advise MTM on issues that affect transportation providers*** ***Review transportation provider polices and policy changes which affect them*** ***Discuss program concerns***

Advisory Committees		
Regional Advisory Committee	*Recipients, healthcare providers, human services agency representatives, transportation providers, advocacy organization representatives, the Department*	*Assist MTM in addressing concerns from each group of individual stakeholders* *Identify areas of potential services issues and gaps* *Guide changes and improvements to implementation activities and Readiness Review*

Figure 11: Advisory Committees. MTM will implement two Advisory Committees for stakeholders to deliver valuable input on Nevada NET.

The Regional Advisory Committee will be key in identifying recipient concerns and issues regarding NET service delivery. We will work with DHCFP and key medical facilities to identify recipients who could potentially be interested in becoming part of this committee. In addition, within the educational materials we send to recipients during implementation, we will solicit interested individuals.

In addition to the overall, broad committee covering all recipient populations in Nevada, we will implement Advisory Committees covering individual populations. These committees will include those for special needs populations such as children, Intellectually and Developmentally Delayed recipients, and others. These individual subcommittees will help us to ensure we meet and hear the needs of all recipients. To further bring out these needs, we will invite transportation providers who are dedicated to these individual populations. Because transportation providers who are dedicated to certain populations, for example, children, are so engrained in that community, they are completely in tune with and aware of specific needs.

Outside of the formal Advisory Committee and its subcommittees, we welcome input from recipients, DHCFP, and other stakeholders at any time. We have various outlets for obtaining this input, such as the complaint process and the dedicated Quality Service Coordinator (QSC). Also, with our convenient online complaint and comment process, stakeholders will have the ability to provide us with their input quickly and easily. When we receive input from either Advisory Committees or other outlets, the Nevada Program Manager and our Quality Management Committee (QMC) will review the suggestion and determine whether or not it can

be incorporated into the program. From here, we will produce a quarterly report on our community coordination efforts and outcomes. Regardless of the result, MTM ensures that each piece of input from stakeholders will be carefully considered and examined.

Care Management Establishes Relationships with Medical Facilities

To effectively serve case workers, care managers, social workers, and medical facility representatives booking trips for their recipients, MTM developed the industry's first Care Management department. In Nevada, we will have one dedicated Care Management Coordinator who will serve as the main point of contact for social workers and medical facilities.

Nevada's Care Management Coordinators will also be responsible for coordinating transportation for recurring appointments to facilities such as dialysis clinics, mental health/behavioral health programs, and methadone clinics. These individuals establish solid relationships with the social workers and care managers for these facilities, and improve coordination and customer satisfaction for the program. Care Management Coordinators will also review trip data for long-distance and high-cost trips for appropriateness. The frequency of trips in the recipient's trip history, as well as trips with an elevated mode of transportation, will also be evaluated.

MTM's Care Management approach to transportation and utilization management is a very successful business model. Our unique approach combines a comprehensive needs analysis of recipients, with an in-depth understanding of contractual requirements. The results have been remarkable. In every area where we compete head-to-head with other brokers, medical providers praise our management of NET services. The Care Management staff has consistently transformed the most frustrated care managers and medical facilities into pleased allies. MTM looks forward to bringing the Care Management approach to Nevada, increasing medical facility satisfaction.

3.5.10 Provide administration oversight

3.5.10.1 The vendor shall be responsible for the management of overall day-to-day operations necessary for the delivery of non-emergency transportation services and the maintenance of appropriate records and systems of accountability to report to the Division and comply with this RFP. The vendor shall develop an operations procedures manual detailing all procedures to be used in scheduling and delivery of transportation services. Three copies of this manual shall be submitted to Division for review and approval at least twenty (20) business days prior to the start of operations. The Division shall review and provide revisions or approval within five (5) business days of receipt of the manual. The vendor shall incorporate modifications required by Division within ten (10) business days of notification. A vendor will not be allowed to begin operations without an approved operations procedures manual.

The operations procedures manual shall be given to all vendor staff and shall be incorporated into all training programs for new employees. The manual shall be provided to all transportation providers with whom the vendor has subcontracted. The manual shall be reviewed in a mandatory orientation program to be provided by the vendor to all contracted transportation providers. The operations procedures manual shall be reviewed and updated annually and whenever changes in operation are made. Updates of the manual must be approved by Division before distribution.

Written policies and procedures govern all aspects of MTM's NET operations, including the management of day-to-day activities, NET provision, records maintenance, and accountability systems. MTM has included a sample Operations Manual comprised of sample policies and procedures for this program. Tested and effective written policies and procedures help ensure that we are well prepared to begin services on day one. See Attachment C for a sample copy of the manual.

Within our Operations Manual, policies set boundaries, procedures define "what and who," and instructions explain "how." Having written policies and procedures that undergo annual and periodic review and/or revision provides DHCFP the knowledge that the Nevada NET program will receive proper management and continual improvement. This manual includes all procedures needed for the operation and service delivery of this contract.

Following contract award, we will customize the Operations Manual to meet all Nevada NET requirements. After customization, we will prove three copies of the manual to DHCFP for approval 20 days prior to the start of operations. When input from DHCFP is received, we will make all modifications within 10 business days. Following this initial review, we will update the Operations Manual on an annual basis, submitting it to DHCFP for review prior to utilizing it.

Training Employees and Transportation Providers with the Operations Manual

To ensure all employees and subcontracted transportation providers understand MTM's policies and procedures, we provide them with a copy of the manual and incorporate it into our training program. During training sessions, the Operations Manual is the main training material used, as it covers all aspects of working with MTM, the responsibilities each party must take on, how to contact MTM, and more. Other training topics include the various policies and procedures that govern the program, including policies on inclement weather and emergencies, as well as HIPAA standards and recipient confidentiality.

3.5.10.2 If a payment methodology other than risk based capitation is proposed, the vendor shall bill using billing formats and procedures established by the Division and its Fiscal Agent. Billed charges must be easily identifiable with recipient name, Medicaid Number, date of service, type of transportation, departure and arrival times, destination and other information as deemed necessary by the Division and its Fiscal Agent.

Because MTM has bid this contract as a risk-based capitation, DHCFP is ensured that we will meet all billing formats, procedures, and requirements.

3.5.10.3 The vendor must have written policies and procedures and a description of its policies and procedures for the selection and retention of providers following the State's policy for insurance, licensure, and certifications. The vendor must be able to provide documentation that its providers have proper insurance, licensure, and certifications.

With the effort we put forth in recruiting, credentialing, and training a quality transportation network, we have policies and procedures for ensuring the retention of our contracted providers. One of the methods we utilize to ensure retention is having our Network Management Representatives and Area Liaisons establish relationships with each provider, resulting in

effective communication. Further, we develop fair rates, leaving providers pleased with the reimbursement they receive for their service. Upon contract award, we will submit to DHCFP comprehensive policies and procedures dictating our recruiting and retention processes.

One of the most important aspects of forming a transportation network is ensuring each provider meets MTM and client standards. DHCFP is ensured that each provider within our Nevada network will have appropriately insured, licensed, and certified drivers and vehicles. Because providers submit this information to MTM via our online Transportation Provider Web Portal, DHCFP will have convenient access to this information utilizing their own web portal. The Client Web Portal will allow DHCFP to, among other tasks, review credentialing documentation proving that each provider meets or exceeds all requirements. For more information on our driver and vehicle credentialing process, refer to Section 3.6.1.7.

3.5.11 Protect recipient confidentiality

3.5.11.1 The vendor shall maintain the confidentiality of Medicaid program information. The vendor shall ensure that access to recipient health care information will be limited to the vendor and shall take measures to prudently safeguard and protect unauthorized disclosure of the Medicaid recipient information in its possession. The vendor shall establish internal policies to ensure compliance with Federal and State laws and regulations regarding confidentiality including, but not limited to, 45 CFR Parts 160 and 164. In no event may the vendor provide, grant, allow, or otherwise give, access to Medicaid recipient program information to anyone without the written permission of the Division. The vendor shall assume all liabilities under both State and Federal law in the event that the information is disclosed in any manner. Upon the vendor's receiving any requests for Medicaid information from any individual, entity, corporation, partnership or otherwise, the vendor shall notify the Division within twenty-four (24) hours. The vendor shall ensure that there will be no disclosure of the data except through the Division. The Division shall treat such requests in accordance with all applicable federal regulations and Division policies. In cases where the information requested by outside sources is releasable under the Freedom of Information Act (FOIA), as determined by the Division, the vendor shall provide support for copying and invoicing such documents at the vendor's expense.

To ensure information pertaining to the Nevada Medicaid NET program and recipient information remains confidential at all times, we have sufficient safeguards to prudently protect it from disclosure. We never disclose confidential information to outside sources without receiving permission, and assume all liability for disclosure should it occur inadvertently.

We have several processes in place to ensure confidentiality, described in the following Section 3.5.11.2, and appropriate handling of disclosure. These processes include:

- ***Having comprehensive confidentiality policies***
- ***Instituting thorough training for all MTM staff and subcontracted drivers***
- ***Destroying confidential information immediately***
- ***Notifying DHCFP within 24 hours of any request for confidential information***
- ***Refusing disclosure without DHCFP's permission***
- ***Supporting FOIA requests as necessary***

3.5.11.2 The vendor shall comply with all federal and State laws and regulations with regards to handling, processing, and using protected health information. This includes, but is not limited to, the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009. These regulations are evolving and are therefore of a dynamic nature. The vendor must keep abreast of the regulations and be able to reach full compliance within the specified timeframes. Since HIPAA is federal law and its enacting regulations apply to all health care information, the vendor must comply with the HIPAA regulations at no additional cost to the Division.

As a responsible NET broker, MTM understands the importance of fully complying with the requirements of HIPAA, HITECH, and other regulations governing the handling and processing of Personal Health Information (PHI). MTM keeps all recipient information confidential, and data and its elements are duly protected from unauthorized disclosure. We take measures to prudently safeguard and protect unauthorized disclosure of NET recipient information, and have established internal policies to ensure compliance with all confidentiality regulations. Further, our Executive Vice President and Legal Counsel Don Tiemeyer is well-versed in confidentiality specifications, keeping us abreast of changes to HIPAA regulations.

Policies Govern HIPAA Compliance

MTM's Quality Management department is responsible for monitoring and reporting any unauthorized disclosures of recipient PHI or other personal information to the Quality Management department and DHCFP. The Quality Management department has developed policies and processes, which are in adherence with HIPAA guidelines, to ensure the confidentiality of recipient information. See Attachment M for this confidentiality policy. In addition, Quality Management staff conduct random audits for HIPAA compliance at all MTM operations. Any non-compliance issues are addressed and rectified at that time.

Our procedures also govern the transmission of recipient information. At any time in which we have to transmit recipient information from a secured site to an offsite location, we will do so using secure channels within our database. This way, we ensure that individuals outside of the MTM community do not come across any confidential recipient information.

Staff and Subcontractor Training

To ensure our staff members and our subcontractors are HIPAA-compliant, we provide comprehensive initial and periodic training on HIPAA regulations and requirements. All staff members and drivers sign confidentiality agreements on an annual basis, which obligate them to provide safeguards restricting the use or disclosure of information not directly connected with the administration of this contract. In addition, we keep staff and subcontractors abreast of current HIPAA requirements through annual educational sessions.

We are aware that in the course of a trip, recipients may disclose and discuss their medical situations with their driver. Drivers are instructed they must not share this information with anyone other than medical professionals or other individuals involved in a "need to know" circumstance, such as a medical emergency.

Destroying Confidential Information

All Nevada NET recipients' confidential information will be adequately protected with our process of destroying any material that contains PHI. At each of our business sites, we contract with a paper shredding company. We have various locked shredding bins spread throughout each of our facilities, ensuring staff members can easily and efficiently destroy personal information. We instruct our staff to promptly destroy all materials containing confidential

information when they are no longer needed. In addition, we ask employees to pick up printed materials with PHI immediately. Our practice is to destroy all printed information containing PHI if the employee does not promptly pick it up from the printer. We have found that by doing so, we are able to effectively protect each recipient's right to confidentiality.

3.5.12 Maintain adequate staff and facilities

3.5.12.1 The vendor shall maintain sufficient levels of staff including supervisory and support staff with appropriate training, work experience, and expertise to perform all contract requirements on an ongoing basis. Telephone and administrative personnel shall be familiar with covered services under Medicaid and other recipient eligibility prerequisites for covered transportation services.

To fully meet the needs of DHCFP, its recipients, and this contract in its entirety, MTM will provide a significant local Nevada presence backed up by our solid foundation of corporate support. Our proposed key staff members for the operation of this contract are highly skilled individuals who will be responsible for the implementation and management of this program. As shown in Figure 12, MTM's proposed organizational structure for this contract includes 28 personnel in our Las Vegas facility, as well as six personnel at our corporate headquarters. Each of these staff members will receive appropriate training and will have adequate experience, expertise, and Medicaid familiarity to support this contract and their individual functions.

Title	*Name*	*Location*	*Full Time Employees*
Program Manager	*Nathan Mueller*	*Las Vegas*	*1*
Call Center Manager	*Stephanie Boschenreither*	*Las Vegas*	*1*
Education, Training, and Outreach Coordinator	*Melissa Workman*	*Las Vegas*	*1*
Transportation Provider Area Liaison	*Brittany Niedringhaus*	*Las Vegas*	*1*
Network Representative	*Danielle Porras*	*Las Vegas*	*1*

Title	Name	Location	Full Time Employees
Customer Service Trainer	Stacy Whittington	Las Vegas	1
Customer Service Team Lead	1 TBH	Las Vegas	1
Customer Service Representative	17 TBH	Las Vegas	17
Help Desk Representative	Lauren Pedano	Missouri	1
Care Management Coordinator	Marsha Kiel	Las Vegas	1
Quality Service Coordinator	Kelly Suttles	Missouri	1
Business Analyst	Justin Adkins	Missouri	1
PC Technician	1 TBH	Las Vegas	1
Data Management Specialist	Lindsay Daley 2 TBH	Missouri	3
Functional Assessor	Chris Hunter	Las Vegas (will travel as needed)	1
Travel Trainer	Robyn Bernady	Las Vegas (will travel as needed)	1

Figure 12: Staffing Plan. This chart represents the dedicated MTM employees who will serve the Nevada NET contract, if DHCFP chooses the Las Vegas call center option. Should DHCFP prefer the Missouri call center option with a Las Vegas business office, staffing projections may change.

The following tables describe all positions listed in MTM's above staffing plan, as well as the job duties and experience of key personnel. In Attachment K, we provided full job descriptions for each key position.

Note: In the following tables, solid blue headings with white text represent local Las Vegas staff; white headings with blue text represent corporate Missouri staff.

Name: Nathan Mueller	Title: Program Manager	Location: Las Vegas	Reports to: VP, Client Services
Role: In Nevada, Nathan will have complete oversight of day-to-day operations of the NET contract and will ensure the timely submittal of all required reports. He will serve as the link between stakeholders, including DHCFP, local transportation providers, medical facilities, recipients, and internal MTM departments. Nathan will meet with DHCFP monthly, or as requested, to update staff on all aspects of the program and for in-service opportunities, program evaluations, and strategic planning. He will have complete authority over the program and will ensure the requirements of the program are continuously met. Satisfaction of the program by the stakeholders will be of the utmost concern. In addition to initial training and support, he will participate in quarterly meetings and training at the corporate offices with each department. This ongoing training will ensure that DHCFP and this contract receive the highest quality service. For more details regarding the duties this position entails, see the Program Manager job description in Attachment K.			
Years with MTM: Nine			
NET Experience: With nine years of experience in the medical transportation industry at MTM, Nathan has participated in numerous transportation program implementations, including several large managed care plans. His implementation of our mode assessment process provides cost savings and ensures recipients receive the appropriate mode of transportation. Nathan has a Bachelor's degree in Communication with a minor in Business Administration. For more information on Nathan's qualifications, please see his resume in Tab VIII—Attachment H, Proposed Staff Resume(s).			

Name: Stephanie Boschenreither	Title: Call Center Manager	Location: Las Vegas	Reports to: Program Manager
Role: As the Customer Service Center Manager, Stephanie is responsible for the customer service center's daily operations and supervision of Team Leads, support staff, and Customer Service Representatives. Her primary function is to ensure compliance with all established protocols and procedures, and ensure recipient satisfaction. She is knowledgeable of all areas of this contract and MTM's requirements. She will also analyze daily, weekly, and monthly statistics reports and make necessary changes in staffing and workflow processes. For more details regarding the duties this position entails, see the Call Center Manager job description in Attachment K.			
Years with MTM: Two (2)			
NET Experience: Stephanie has managed our corporate call center since 2009, ensuring full customer service quality and compliance. Prior to joining MTM, she performed similar functions for another customer service center.			

Name: Melissa Workman	Title: Education, Training, and Outreach (ETO) Coordinator	Location: Las Vegas	Reports to: VP, Operations
Role: Melissa works with medical facilities across the nation, educating them on NET and MTM processes. She has conducted on-site training sessions for medical facilities, day programs, and nursing homes. In Nevada, she will work diligently with all stakeholders in the medical community. Upon award, Melissa will begin meeting with large medical facilities, working with them to identify recipients with recurring schedules. She will play a critical role in working with the community to ensure overall satisfaction with this program. For more details regarding the duties this position entails, see the ETO Coordinator job description in Attachment K.			
Years with MTM: Seven			
NET Experience: Since beginning her time with MTM as a CSR, Melissa has held various positions in our Care Management department. In this time, she has served dozens of clients across the country, becoming well-versed in MTM and Medicaid NET operations. Melissa has aided in the implementation of new policies, procedures, and programs, and performed outreach activities with various nursing homes, medical facilities, hospitals, and transportation providers.			

Name: Brittany Niedringhaus	Title: Area Liaison	Location: Las Vegas	Reports to: VP, Paratransit Operations
Role: Brittany will work directly with local transportation providers to ensure they understand and meet the requirements of DHCFP and MTM. She will assist in the credentialing and training of transportation providers and perform on-site inspections of all vehicles prior to transporting any Nevada recipients and at least annually thereafter. She may also perform random, unannounced on-site visits with transportation providers to ensure compliance. During all visits, Brittany will inspect the transportation providers' records of their drivers and vehicles to ensure that all standards are met. For more details regarding the duties this position entails, see the Area Liaison job description in Attachment K.			
Years with MTM: One			
NET Experience: Brittany joined MTM in 2010 as a Network Representative. In this role, she established relationships with transportation providers in various areas, but primarily in Missouri for our statewide NET program. In 2011, she was promoted to an Area Liaison, a role in which she currently works with providers in Texas and Missouri to complete vehicle inspections and driver credentialing.			

Name: Danielle Porras	Title: Network Representative	Location: Las Vegas	Reports to: VP, Paratransit Operations
Role: Danielle will be the point of contact for Nevada transportation providers. She will be available to answer day-to-day questions from transportation providers regarding contractual issues, driver background checks, vehicle information, MTM policies and guidelines, and any other question about the NET program. Danielle will develop strong relationships with transportation providers, and these relationships will ensure MTM maintains high transportation provider satisfaction. She will also monitor the adequacy of the network and assist in the recruitment of new transportation providers as necessary. For more details regarding the duties this position entails, see the Network Representative job description in Attachment K.			
Years with MTM: Seven			
NET Experience: Danielle has been with MTM's Network Management department in various roles for the past seven years, ensuring our networks of transportation providers remain in compliance with our standards and those set forth by our clients. She works with transportation providers in Florida, Michigan, New York, Ohio, and Texas to ensure each driver and vehicle provides safe transportation to recipients.			

Name: Stacy Whittington	Title: Customer Service Trainer	Location: Las Vegas	Reports to: Call Center Manager
Role: As the Customer Service Trainer, Stacy will have primary responsibility for training all MTM new hires within the call center using established MTM protocols and procedures. Stacy will also re-educate CSRs as needed, and train all staff members on new program features. Further, Stacy will monitor CSR performance throughout the life of this contract to ensure quality service is provided at all times. For more details regarding the duties this position entails, see the Customer Service Trainer job description in Attachment K.			
Years with MTM: One			
NET Experience: Stacy has been with MTM as the Customer Service Center Trainer since early last year. In this role, she conducts new hire training, protocol training, and continual call center education, ensuring she is extremely familiar with MTM and industry expectations. Prior to joining MTM, Stacy worked for Verizon for 15 years, supervising and training a group of 45 customer service representatives.			

Name: 1 TBH	Title: Customer Service Center Team Lead	Location: Las Vegas	Reports to: Customer Service Center Supervisor
Role: The Customer Service Center Team Lead is responsible for the supervision of CSRs. The Team Lead's primary function is to ensure compliance with all client and MTM protocols and procedures through CSR oversight and answering questions. Team Leads motivate and educate their team to ensure customer satisfaction and continual improvement. This position serves as the role model for CSR staff in all areas of job performance including professionalism, reliability, and work quality.			
NET Experience: For more details regarding the duties this position entails, as well as the qualifications successful applicants must have, please see the Customer Service Center Team Lead job description in Attachment K.			

Name: 17 TBH	Title: Customer Service Representative (CSR)	Location: Las Vegas	Reports to: Customer Service Center Team Lead
Role: The CSR handles incoming calls regarding the scheduling of transportation and responds to general inquiries. The CSR is the front line representative for MTM. Therefore, we heavily train CSRs on the importance and provision of quality customer service. We seek professional-minded individuals with excellent customer service, communication, and problem-solving skills. We also seek applicants with language capabilities to meet the needs of clients who have limited English proficiency.			
NET Experience: For more details regarding the duties this position entails, as well as the qualifications successful applicants must have, please see the CSR job description in Attachment K.			

Name: Lauren Pedano	Title: Help Desk Representative	Location: Missouri	Reports to: Program Manager
Role: Lauren will use MTM's Help Desk software to take incoming calls, emails, etc., make sure the inquiry reaches the correct person, and track its resolution. This decreases the access points to MTM for general inquiries and ensures that the right people are contacted quickly to the best possible resolution. It also enables MTM to provide better tracking and reporting of the various inquiries we receive. For more details regarding the duties this position entails, see the Help Desk Representative job description in Attachment K.			
Years with MTM: Three			
NET Experience: Lauren has been with MTM since 2008, starting in our customer service center and later moving into our Business Solutions Group as a leader in our Help Desk resource. She is very knowledgeable of MTM's AS400 system, and is extremely proficient in troubleshooting issues and problems faced by our employees.			

Name: Marsha Kiel	Title: Care Management Coordinator	Location: Las Vegas	Reports to: VP, Operations
Role: As the Care Management Coordinator, Marsha will be responsible for recurring and special needs trips, as well as mode certification. She will work one-on-one with social workers and medical facility staff to book critical trips for recipients, and coordinate trips such as dialysis, chemotherapy, high-risk obstetrical care, behavioral health services, transplants, hospital discharges, and other specialized trips. She will also review and analyze recurring trip data and high cost transportation to identify cost efficiencies. Marsha will also be responsible for coordinating MTM's LON process with physicians to ensure the lowest cost, appropriate mode of transportation. For more details regarding the duties this position entails, see the Care Management Coordinator job description in Attachment K.			
Years with MTM: Five			
NET Experience: Marsha has served as the Care Management Coordinator for facilities under our Missouri and District of Columbia operations. She has certification in Medical Billing and Coding.			

Name: Kelly Suttles	Title: Quality Service Coordinator (QSC)	Location: Missouri	Reports to: Manager, Quality Management
Role: As the QSC, Kelly will have the responsibility of documenting, researching, and responding to complaints and grievances. She will be responsible for educating the required parties—transportation providers, employees, medical providers—about the complaint/grievance resolution to avoid future incidents. She will also assure that the complainant is satisfied with MTM's proposed resolution. Through tracking of complaints/grievances, Kelly will identify patterns of service and compliance issues. As appropriate, she will issue corrective action plans to transportation providers to improve services. For more details regarding the duties this position entails, see the QSC job description in Attachment K.			
Years with MTM: One			
NET Experience: Since 2009, Kelly has worked as a QSC for MTM, giving her a vast knowledge of MTM's plans and their guidelines. She currently manages the complaints and grievances processes for several clients, including Kansas, and works closely with several other large plans.			

Name: Justin Adkins	Title: Business Analyst	Location: Missouri	Reports to: Program Manager
Role: As the Business Analyst, Justin will collaborate with cross-functional teams and subject matter experts to achieve efficient processes. Justin will be responsible for analysis, architecture, and specification of effective, efficient, and innovative business technology solutions and services, as well as project management during development and production. He will also ensure successful adoption of business technology solutions and services. In addition to these roles, Justin will conduct thorough data analysis to identify potential routing and scheduling opportunities. For more details regarding the duties this position entails, see the Business Analyst job description in Attachment K.			
Years with MTM: Six			
NET Experience: Justin has been with MTM since 2005 and working in similar functions for 23 years. Justin understands the claims and reporting requirements of NET programs like this one, and has implemented auditing processes that save as much as 15% in total billing.			

Name: 1 TBH	Title: PC Technician	Location: Las Vegas	Reports to: Program Manager
Role: The PC Technician is primarily responsible for maintaining, analyzing, troubleshooting, and repairing computer systems, hardware, and peripherals. This individual also maintains, upgrades, and replaces hardware and software systems, and maintains the growing technology infrastructure of our various locations. In Nevada, this individual will only be responsible for computer systems at the local Las Vegas office.			
NET Experience: For more details regarding the duties this position entails, as well as the qualifications successful applicants must have, please see the PC Technician job description in Attachment K.			

Name: Lindsay Daley 2 TBH	Title: Data Management Specialist	Location: Missouri	Reports to: Program Manager
Role: As the Data Management Specialist, Lindsay will ensure the accurate manual transcription of pertinent data into the NET Management System, including pick-up/drop-off times, signature verification, vehicle identification numbers, and drivers license numbers. She will also remain alert to compliance issues, potential fraud and abuse, and process improvements. For more details regarding the duties this position entails, see the Data Management Specialist job description in Attachment K.			
Years with MTM: Three			
NET Experience: Lindsay has served in our Business Solutions Group since 2008, and possesses an understanding of all requirements this position entails.			

Name: Chris Hunter	Title: Functional Assessor	Location: Las Vegas	Reports to: VP, Paratransit Operations
Role: As the Functional Assessor, Chris' main goal and responsibility will be to determine whether a recipient can appropriately access public transit services independently, either before or after travel training support. Using the FACTS assessment, Chris will either recommend that the recipient a) is unable to independently access public transportation, b) able to access public transportation following travel training activities, or 3) able to access public transportation immediately without travel training activities. For more details regarding the duties this position entails, see the Functional Assessor job description in Attachment K.			
Years with MTM: One			
NET Experience: As the Program Director for MTM's TriMet operations in Portland, Oregon, Chris ensures that the program runs smoothly and provides a seamless transition between contracted services. He has a robust background in travel training and assessment services. Since 2002, he has been involved with the Easter Seals and is currently a National Trainer for the Introduction to Travel Training course. With this experience, Chris is able to provide an expert level of knowledge in travel training and assessments to MTM.			

Name: Robyn Bernady	Title: Travel Trainer	Location: Las Vegas	Reports to: VP, Client Services
Role: If, after a functional assessment, a recipient is determined to need travel training in order to appropriately access public transit services, Robyn will provide individualized on-site training to educate the recipient on how to use accessible public transportation. Robyn will teach the recipient to travel independently and safely on public transit systems. For more details regarding the duties this position entails, see the Travel Trainer job description in Attachment K.			
Years with MTM: One			
NET Experience: As the Project Director for our On the Move travel training program under the District of Columbia Public Schools, Robyn ensures success and independence for the student travel trainees. Her Master of Social Work degree has helped tailor her expertise in working with special needs populations. For the past eight years, Robyn has worked in a variety of settings, but each has involved assisting people with disabilities. Robyn has received trainings from the Easter Seals and the National Transit Institute, and her role with Easter Seals Project ACTION allowed Robyn to train disability advocates and public transit providers on how to work with disabled individuals.			

MTM's Executives Help Ensure Program Success

With MTM, DHCFP and the Nevada NET program in general will receive a level of executive management support that is unmatched by any other NET broker in the industry. Our executives are dedicated to the success of each contract we hold, from implementation throughout the life of the program. These individuals continue to lend valuable time to our local operations teams with complete dedication and commitment to each project. The following tables detail the names, roles, and a brief biography for each member of our executive team. For further details regarding each executive's education and experience, see the resumes provided in Tab VIII—Attachment H, Proposed Staff Resume(s).

Name: Alaina Maciá	Title: President and CEO	Location: Missouri	Reports to: Board of Directors
Role: Alaina is responsible for overseeing all operations within MTM. She is the executive liaison for all contractual and operational matters and ensures all contract deliverables are met within the required timeframes. She is the individual designated within MTM who is officially authorized to negotiate for and contractually bind the company in pursuit of this contract. She provides executive management of operations, technology, finance, accounting, legal, and marketing activities, delegating responsibilities downward through the executive team, department directors, and managers. She will be intimately involved in ensuring this contract's success, including hands-on management during implementation.			
Years with MTM: Seven			
NET Experience: During Alaina's time with MTM, she has overseen the implementation of numerous large government contracts, including Missouri, Kansas, Minnesota, New York, South Carolina, and Washington D.C. For these clients, she has pushed MTM to continually improve and generate significant savings, generally between 10-25% over previous costs.			
Career Summary: Alaina has been involved in project management and financial strategy for over eight years for large corporations in healthcare-related fields. These include MTM, Maritz, and Mallinckrodt Institute of Radiology within the Washington University Medical School, working jointly with BJC Healthcare. Her strategy has changed the directions of these companies and created more profitable, lower cost business models.			

Name: Gary Richardson	Title: CFO	Location: Missouri	Reports to: President and CEO
Role: Gary helps MTM develop and manage key financial goals applied throughout the organization, and oversees MTM's Finance, Accounting, and Human Resources functions. Gary works to ensure that MTM is a financially strong and viable company able to fully support this program.			
Years with MTM: Two and a half			
NET Experience: Since joining in 2008, Gary has quickly implemented significant improvements in Financial Management and Human Resources efficiency. These aspects of MTM allow us to offer a more competitive price because our overhead is low and profit requirements are less than a publicly traded company. Gary also has experience in NET programs working with MV Transportation prior to joining MTM.			
Career Summary: Gary has 22 years of financial management experience, 15 of which were with large transportation contracting companies, and seven with the national accounting firm Deloitte & Touche. He is a Certified Public Accountant and a member of the American Institute of Certified Public Accountants. Gary has extensive experience in building financial infrastructure, including people and systems, for rapidly growing companies. He began his transportation career with Laidlaw Transit Services where he served for five years as a controller. Gary started with oversight of $20 million in business, which grew to $200 million plus by the time of his departure from Laidlaw. He then started with MV Transportation in 1999 as the Vice President of Finance, and was soon named CFO. He was crucial to MV's revenue growth from a $27 million to a $550 million company.			

Name:	Title:	Location:	Reports to:
Alison Whitelaw	VP, Business Solutions	Missouri	President and CEO

Role: As our Vice President of Business Solutions, Alison provides oversight of the telephony system, the IT infrastructure, and the NET Management System, ensuring that operational needs are fulfilled by secure and robust technology. She also provides IT governance, ensuring that industry-best practices are used to manage risk, disaster recovery, and maintain regulatory compliance.

Years with MTM: Six

NET Experience: For the past six years, Alison has led the MTM technology team to provide the secure and robust technology infrastructure and applications necessary to support NET operational needs in a HIPAA-compliant environment. Alison has developed modular technology seamlessly blending each client's unique NET requirements with industry-leading technology to create a best-in-class system. Alison was part of the team that implemented the state-of-the-art VoIP telephony system and is currently actively involved in integrating routing and scheduling technology to further enhance MTM's systems capability. Alison's understanding of NET needs was a key factor in development of the industry-leading online credentialing system.

Career Summary: Alison is a Project Management Professional (PMP) certified project manager with 30 years experience developing and managing software applications and technology infrastructure in secure environments. She provides expertise in product development, service environments, web-based technology, graphical user interfaces, batch based data processing, and embedded software developed in client/server and PC based environments.

Name:	Title:	Location:	Reports to:
Kim Matreci	VP, Client Services	Missouri	President and CEO

Role: Kim's primary responsibility as our Vice President of Client Services is to provide executive oversight of our contracts. She will work closely with the Program Manager to guarantee MTM's compliance with the contract, and to review, analyze, and trend Nevada NET's data to identify areas for improvement. Her rapport within the industry will help MTM stay abreast of trends and current program needs.

Years with MTM: Nine

NET Experience: With more than 20 years of experience in healthcare-related fields and management positions, Kim is a valuable member of our team. She has established solid relationships with our program holders and participating program facilities throughout the country providing solutions to transportation needs and working collaboratively to enhance the benefit. Kim currently oversees all of MTM's large government programs, including the statewide Kansas contract, a regional Minnesota contract, and the contract with Washington D.C. and the surrounding areas.

Career Summary: Kim brings more than 15 years of healthcare experience to MTM. She has a Bachelor's degree in Business Administration and is a former Registered Nurse.

Name: Natasha Boekholt	Title: VP, Operations	Location: Missouri	Reports to: President and CEO
Role: Natasha oversees all functions within our operational departments. She ensures performance metrics are accurately tracked to appropriately implement corrective action plans, and oversees compliance with all program requirements and HIPAA auditing. She is actively included in guaranteeing appropriate transportation management through care management techniques, as well as the continued satisfaction of the medical facilities we serve. Additionally, she oversees ETO activities at the corporate level so our training programs have a consistent approach, helping to provide continuous quality improvements. She will be actively involved in the implementation of this program and will ensure that appropriate staff are hired and trained.			
Years with MTM: Eight			
NET Experience: Natasha has worked with MTM's NET clients since 2003 and has over 12 years of experience in the transportation management industry. She is keenly aware of CMS and transportation rules and regulations, and helps to implement our various statewide programs.			
Career Summary: Natasha a broad background to MTM, including the management of her own small business, with more than 12 years of similar experience.			

Name: Donald C. Tiemeyer	Title: Executive VP and General Counsel	Location: Missouri	Reports to: President and CEO
Role: Don serves as head of MTM's Risk Management Committee, a subcommittee of our Quality Management Committee. He responds to all potential risk incidents for investigation and appropriate action. Should MTM be involved in any incident or accident that involves litigation, Don supervises and coordinates the representation of MTM to ensure MTM's liability exposure is minimized. He is also a member of the MTM Credentialing Committee, which reviews qualifications of transportation provider and their drivers, including criminal background history, elderly abuse, sexual abuse registries, and motor vehicle driving records. He advises MTM's Board of Directors and Executive team on legal matters, develops and reviews all contracts (including contracts with clients, vendors and transportation providers), and represents MTM in all legal matters.			
Years with MTM: 16			
NET Experience: Don has served as corporate counsel to MTM from its inception in 1995, and has served as MTM's General Counsel since joining MTM in 2003. He has overseen the execution of numerous contracts, been involved in risk management, and defended the interests of MTM and our clients.			
Career Summary: Don brings over 36 years of legal experience to MTM, 23 years of which he served as a Principal engaged in the private practice of law.			

Name: Patrick McNiff	Title: VP, Paratransit Operations	Location: Missouri	Reports to: President and CEO
Role: Patrick adds a vital component to our leadership team based on his extensive paratransit experience. Patrick is instrumental in developing partnerships with local public transit systems to build capacity of the transportation provider network to respond to the needs of Medicaid recipients. He consistently enables MTM to better coordinate with paratransit and fixed route providers, and works to coordinate high quality networks of transportation providers.			
Years with MTM: Two			
NET Experience: With MTM, Patrick has assisted providers in our network to increase efficiency in their operations, as well as identify ways for MTM to further coordinate with public transit options. Patrick plays an integral role in a number of MTM operations, including our Hamilton County, Ohio contract, which accounts for 20,000 trips per month. In past roles, he was responsible for managing all of Laidlaw Transit's NET operations through their Safe-Ride division. This division had operations throughout seven states in 14 locations, including statewide operations in Arizona and New Mexico.			
Career Summary: Patrick has served in leadership positions in the paratransit industry for over 20 years with Laidlaw Transit Services and First Transit, successfully managing 33 contracts at 17 operating locations with revenues of over $70 million. His broad experience includes managing contracts for Medicaid transportation, fixed-route and fixed-route deviation, general public dial-a-rides, ADA paratransit, commuter express, airport rental car shuttles, paratransit feeder routes, and college campus circulators.			

3.5.12.2 The vendor shall designate and maintain a Business Manager for this contract who has day-to-day authority to manage the total project. The Business Manager shall be on-site in the business office location approved by the Division during regular working hours. The Business Manager shall also be available to the Division by telephone during regular business hours.

As mentioned in the previous Section 3.5.12.1, MTM has designated Nathan Mueller as our Nevada NET Program Manager. In this role, Nathan will have the day-to-day authority to manage the overall operations of this program. He will be available at our Las Vegas facility during the hours of 8 a.m. to 5 p.m., and will be free to discuss the NET program with DHCFP at any time.

3.5.12.3 The Division shall be notified within seven business days of key staffing changes. All change in key staff shall be preapproved by the State. The vendor shall establish a non-residential business office within the State for which the vendor has contract responsibility. The vendor shall maintain office hours from 8:00 AM to 5:00 PM (local time) Monday-Friday except State holidays. The purpose of the business office is for the vendor to have a physical presence within the State for conducting business with Medicaid recipients and transportation providers. Call center staffing may be located at this business office but shall be located within the State unless an out-of-state location is agreed to by the Division.

In preparing our proposal for this contract, MTM has identified two potential locations from which we will operate the Nevada NET program: a main office in Las Vegas and a smaller satellite office in Reno from which we will distribute bus passes and conduct functional assessments. Both of these locations will be equipped and staffed to begin serving DHCFP and its recipients during implementation.

MTM is proposing two options for our Las Vegas office to DHCFP. With the first option, MTM will run all program operations from this location, including call center functions. As part of this option, we will take calls immediately following the implementation timeframe from our corporate call center, then transfer calls to the local facility 120 days after the contract is signed, allowing adequate time for set up. With the second option, MTM will only run high level functions from the local office; for example, only Program Manager Nathan Mueller and a few other key staff members will be housed here, and the calls will be handled in our Lake St. Louis, Missouri customer service center. Either way, Nathan will facilitate the overall operations of this program during the hours of 8 a.m. to 5 p.m., Monday through Friday. Our facility will have plentiful square footage for office space, operations areas, and break rooms for local staff, and is centrally located on public transit routes to allow easy access for recipients. The following Figure 13 demonstrates the location of our potential Las Vegas facility at 1601 East Flamingo Road, which can be divided to fit either pricing option.

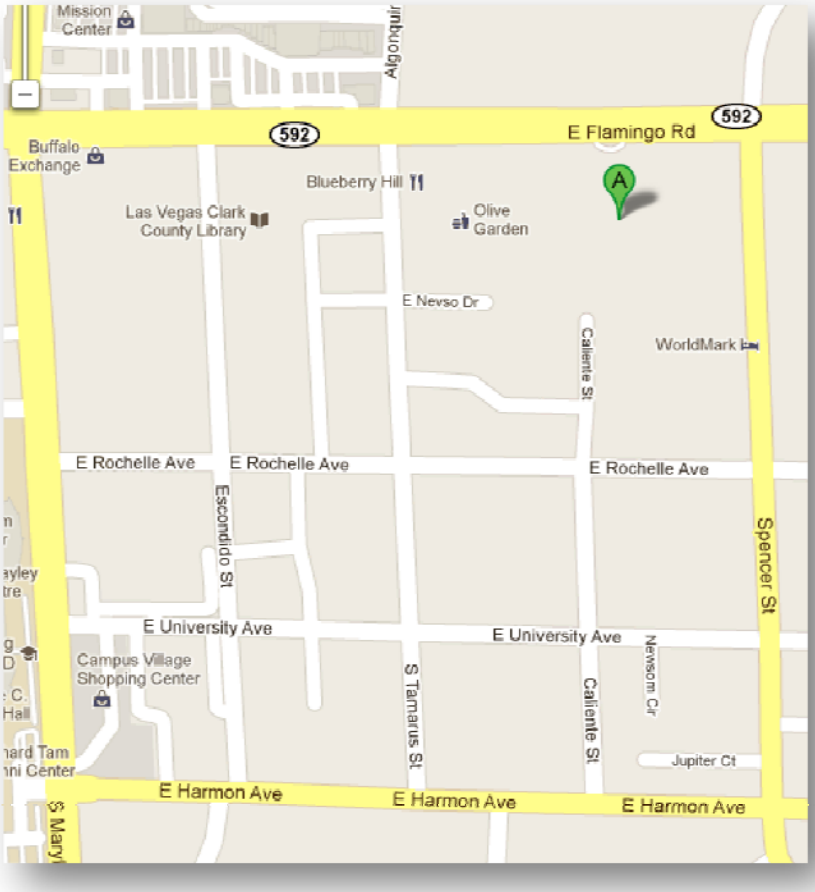


Figure 13: Las Vegas Facility Location. During contract negotiations, DHCFP will choose to operate either a business office or call center from our local Las Vegas facility.

In addition to the Las Vegas facility shown above, our satellite office in Reno is also conveniently located on a main route of the local public transit system, which will give customers the ability to easily pick up bus passes and complete functional assessments. Our local Functional Assessors and Travel Trainers will travel to this location one to two times a week, or as necessary, to distribute bus passes, conduct functional assessments, and complete travel training activities. This location at 850 Mill Street is demonstrated on the map shown in Figure 14.

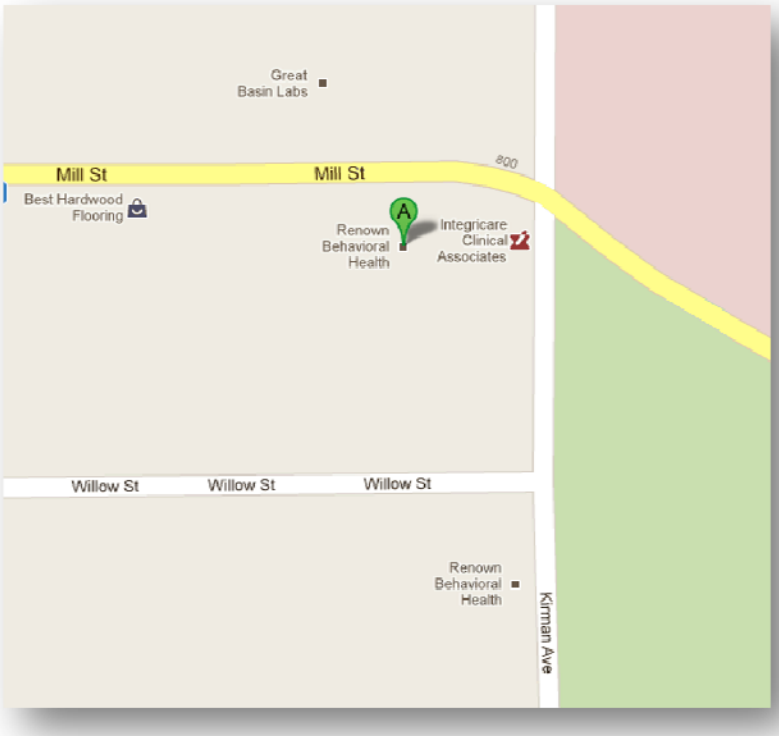


Figure 14: Reno Facility Location. In addition to our main Las Vegas facility, MTM will open a satellite office in Reno to accommodate local recipients.

Changes to Staffing

As requested by DHCFP, the Division will have full approval of all MTM staff, including new staff members as needed throughout the life of this contract. If a key staff member leaves MTM at any time, we will notify DHCFP within seven business days.

3.5.12.4 Vendor shall provide an answering device for use during the periods any of the offices is closed to leave messages. The vendor shall have the capacity to send and receive facsimiles and e-mail at the central business office at all times. The vendor shall provide an administrative telephone number that will enable Division staff to reach the Business Manager and key staff directly, without going through the scheduling staff. The vendor shall have the capacity to reproduce documents as requested.

MTM ensures DHCFP and other key stakeholders will have the ability to contact us at any time through several methods. Our local office will be fully equipped with communication devices, include telephones and telephone lines, fax machines, copiers, and computers with staff email access. DHCFP will be given a direct phone number to reach Program Manager Nathan Mueller

and other key staff as requested. In addition, for all stakeholders calling our office during after-hours scenarios, we will maintain an answering machine. Upon returning to the office the next business day, the appropriate staff member will respond to all messages immediately.

3.5.12.5 All records pertaining to the contract shall be stored at the designated central business office approved by the Division and shall be readily available for review at the request of the Division or its authorized representatives. Records shall be stored in an orderly and secure manner. Record retention may be kept electronically, but must also be available in hard copy if needed. These records shall be maintained during the course of the contract and for a period of five years thereafter unless an audit is in progress, in which case the records must be maintained for five (5) years after the conclusion of the audit. The vendor's Disaster Recovery Plan is to be explained in the proposal.

Through our NET Management System, MTM keeps accurate and complete records of all aspects pertaining to our contracts. When any information is entered into the system the data is immediately transmitted to our system database, where it is stored permanently. All data is backed-up nightly and sent to our back-up system to ensure that data is available at all times. In addition, our policy of record retention includes the collection, retention, and storage of all MTM contracts, subcontractor agreements, provider records, claims forms, complaints, and computer database storage for a period of six years or more following the end of the contract. We will keep hard copies of all data at our local Las Vegas office. At the end of this contract, all data will become property of DHCFP.

Ensuring Preparedness in Crises

MTM realizes that issues such as severe weather, power outage, and natural disaster can have devastating effects on transportation operations. To handle such occurrences, MTM has a comprehensive Disaster Recovery Plan that addresses multiple aspects, including employee training, carrying out key business functions, testing the plan, and communicating with employees and stakeholders. One major item that DHCFP and its recipients will not have to worry about is receiving call center services in the case of an emergency. Our various call centers are linked, allowing automatic rerouting of calls to any of our other four customer service centers across the nation to ensure Nevada NET recipients will always receive call intake and scheduling services from a friendly CSR. For more details, please see our Disaster Recovery Plan, included in Attachment F.

3.5.13 Implementation Work Plan

Vendor shall develop a thorough implementation work plan and implementation staffing plan sufficient to ensure service start-up within sixty (60) days of contract award. Vendor must pass a thorough readiness review by Division or its designated agent 30 calendar days prior to service start date.

With MTM's detailed and proven Implementation Plan, DHCFP will receive a successful transition to our services from the current contractor with minimal issues and no service disruption. MTM understands the importance of working with the incumbent to achieve a successful, smooth transition, and will work closely with the current contractor to do so. In fact, we have worked with DHCFP's incumbent a number of times to transition programs to our service. We are highly accomplished at performing implementations, with more than 16 years of experience implementing programs of similar size and scope. Because we have implemented large Medicaid transportation programs like this one in as little as 21 days, DHCFP can rest assured that we will be able to do the same in Nevada in the 60 day timeframe. Further, this experience will enable to be ready for the on-site readiness review 30 days prior to the first day of NET service.

MTM's proposed Implementation Plan for this contract, provided in Attachment A, lists the details, activities, milestones, responsible parties, and timetables necessary to implement this program and is based on our understanding of:

- ***The project scope of work and key stakeholder expectations***
- ***Accurate planning of timelines and milestones***
- ***Clear definition and understanding of deliverables and required resources***
- ***Identification of and plans to address potential challenges***
- ***How to overcome unforeseen challenges that inevitably arise***

Adherence to similar implementation work plans has enabled MTM to start up countless NET programs efficiently and without service disruptions. We designed our plan to accomplish a logical sequence and efficient use of resources in a timely manner. The Program Manager and our Quality Management department will monitor adherence to our Implementation Plan and this contract by using a compliance matrix. With MTM's extensive knowledge of the NET industry, DHCFP and its stakeholders will experience a smooth transition to our services.

MTM's Implementation Plan

For the implementation to be successful, the plan needs to be supported by an appropriately staffed and fully qualified team. We have both of these in our current management staff and our executive level staff. In Section 3.5.12.1 we have provided the names, resumes, and job descriptions of the staff that we are proposing to manage this contract. Many of these staff have been with MTM for an extended period of time and have plentiful experience in the NET industry.

In addition to a plan and team, effective implementation requires that the processes and systems required to provide the services be in place. As detailed throughout this response, MTM has all the necessary components to effectively implement this program and will utilize them to provide a smooth transition that guarantees contract compliance, stakeholder inclusion, and client satisfaction.

A Thorough Understanding of the Scope of Work

Prior to implementation launch, MTM will be thoroughly familiar with Nevada NET requirements. During the initial RFP response process, we reviewed the program requirements and compared these against the MTM standard operating model and our ability to provide the requested services. This review process ensures that the entire MTM team understands, well in advance of any contract award and implementation, the scope of work and what is required—financially, technologically, and operationally—to successfully implement and manage the program. We have successfully achieved similar goals for our Minnesota, District of Columbia, and Kansas contracts. We have realistically staffed this program for optimum success and developed a pricing model that will provide significant value to DHCFP.

An Effective, Comprehensive Implementation Kick-off

Once the contract has been awarded, our Implementation Team conducts an internal kick-off meeting and launches the implementation process. MTM's Implementation Team will be led by the Program Manager Nathan Mueller and oversight will be provided by our CEO Alaina Maciá. Alaina has extensive implementation experience gained through implementation of similar programs in the District of Columbia, Kansas, South Carolina, Minnesota, and Missouri. Alaina will oversee the entire implementation period, as well as the 90 days post "go-live" date, to ensure that the program is operating to the satisfaction of DHCFP. Alaina has the ultimate

authority to make programmatic changes to ensure the success of the program. MTM will provide a demonstrable level of commitment, beyond that which any other provider can offer to DHCFP.

The implementation team is comprised of our entire Executive Team, an Implementation Coordinator, and Key Management staff. The team reviews the RFP, our response, and the implementation plan, which includes the key deliverables, associated due dates, and the contract compliance matrix. The plan is then discussed in detail, responsibilities are clearly defined, and a list of needs/questions of each department is generated.

The Implementation Coordinator Danita Capps tracks the completion percent of each task by the assigned individual against the implementation plan. Danita also tracks all outstanding issues and questions and updates the plan on a daily basis, after which it is reviewed by the Program Manager. The plan is reviewed during weekly implementation meetings.

Any potential challenges and issues are discussed, and teams are assigned to address these in independent meetings. Each team is assigned a leader who is responsible for developing a solution and an associated plan, which is reported to the Implementation Coordinator. The Coordinator then incorporates these plans into the overall implementation plan.

Simultaneously, we hold a kick-off meeting with DHCFP to discuss the implementation plan in detail. Key deliverables and any issues DHCFP would like MTM alerted to during the implementation process are discussed, such as network adequacy issues, current systemic issues, etc. Administrative issues are addressed as well, including obtaining a list of department contacts and scheduling of weekly meetings to provide DHCFP with key implementation updates and issues.

After these initial meetings, the Program Manager guides the Implementation Team through the key implementation activities. These activities are carried out simultaneously and include:

- *Recruiting, credentialing, contracting, and training of the transportation network*
- *Customization of policies, procedures, and automated systems*
- *Training of customer service center staff and other management staff*
- *Education, training, and outreach of stakeholder groups*
- *Trip entry, assignment, and verification prior to go-live date*

Recruiting, Hiring, and Training of Operations Staff

Many of the positions and job descriptions defined during the RFP response process have been identified with existing staff. Many of these staff members have been with MTM for at least a year and are familiar with NET requirements.

Upon award, we commence training. Training will be conducted in the corporate office, local office, or in the field, depending on the particular position. Training for all positions includes a review of all program details and information, such as:

- ***HIPAA and related human resources policies***
- ***MTM program management overview***
- ***Nevada NET Operations Manual and Protocols***

MTM knows that the employee's performance improves when s/he receives appropriate education and training and understands set expectations. Better job performance results in greater job satisfaction and improves retention, and in turn greatly contributes to higher stakeholder satisfaction with MTM's overall performance. All employees identified in our staffing plan are excited about the opportunity to serve Nevada NET recipients.

CSRs will be trained and ready to take calls at a minimum of 15 calendar days prior to the transportation commencement date. At that time, recipients will notice an immediate difference in their experience with the NET program. We pride ourselves on working with recipients and ensuring they are satisfied with the services we provide them. Our CSRs understand that we demand professional, courteous customer service is provided to all of our callers.

MTM recognizes that the transition to "going live" for services during the first few weeks of the program will create increased call volume due to general inquiries and issues. For this reason, we will support the Nevada NET call center team by also training CSRs in our corporate office in Lake St. Louis, Missouri, to handle any additional call volume to ensure that all calls are answered promptly.

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

Prior to the start of the contract, Nevada will have a comprehensive transportation network in place that is able to provide adequate service coverage to meet the needs of eligible recipients. Our current network is comprised of high quality, credentialed, and satisfied transportation providers.

MTM knows that transportation providers are the backbone of a successful NET program as they are the ones that transport recipients. MTM seeks the best transportation providers in a given area and upholds strict credentialing criteria for those who join our transportation network. We have already begun the process of recruiting a network. MTM solicits transportation providers through a number of methods, including client and medical provider recommendations, town hall meetings, phone calls, direct-mail activities, and stakeholder meetings. Once a list of potential transportation providers is generated, we begin our credentialing and rate negotiation process, which is described in detail in Section 3.6.1.7.

Customizing Policies, Procedures, and Automated Systems

The foundation of MTM's implementation plan is to design a customized program built upon our standardized policies, procedures, and automated system. These tools have been developed based on our successful implementation and management of multiple state government programs. For all these programs, the clients were fully satisfied with the implementation.

While the other activities occur, MTM's Implementation Team and Business Solutions Group convene to determine if the policies, procedures, and automated systems are in place to meet all the contract requirements. We use the client's protocols to customize our Quality Management Program, provided in Attachment E. The Quality Management Program will ensure contract compliance through performance monitoring; complaint, grievance, accident and incident management; fraud, waste, and abuse detection and mitigation; HIPAA compliance; and compliance audits. Where required, this team develops new processes and procedures, and modifies MTM's system accordingly.

MTM can ensure DHCFP a rapid and smooth implementation because we have the policies, procedures, and systems in place for managing statewide NET programs. This eliminates the potential transition issues, complaints, and additional work on behalf of DHCFP that a broker without this would encounter.

Performing Education, Training, and Outreach Activities

While all other implementation activities are taking place, the ETO Coordinator Melissa Workman will begin to implement our ETO Program, described in through Section 3.2. This includes educating recipients, medical providers, and key stakeholder groups.

Having well-educated stakeholders improves satisfaction with the program and minimizes transition issues and complaints. MTM educates recipients by sending educational brochures to them through the mail. The brochure is printed in an easy-to-use format, and is also made available in alternative languages. To educate medical providers, MTM mails an introductory letter and invites them to contact us for an in-service meeting. This ensures contact with all Medicaid-covered medical providers. We supplement this by contacting all dialysis centers, day programs, and hospitals and scheduling a date for an in-service training session.

During the in-service session, MTM will use a copy of the Facility Training Manual, provided in Attachment D, to educate the medical provider on our policies and procedures, trip request process, and working through the Care Management department. In these meetings we also bring the trip roster for their facility for review and to ensure all recipients they serve on a recurring basis are accounted for. We also direct them to our website, customized for Nevada NET, which contains the most current education and resource materials. If medical providers are unable to attend our in-service training sessions, we can accommodate them through a WebEx virtual conference.

Additionally, ETO extends past the "go-live" date and will be conducted routinely throughout the life of the contract to ensure satisfaction with the program. Having a thorough ETO Program is critical to the successful operations of the program. MTM is experienced in ETO techniques that help recipients better navigate the system, especially those in which different recipients have varying levels of coverage.

Entering and Verifying Trips

The final, critical steps in the implementation process are entering all trips into our system, dispatching the trips to providers, and ensuring the providers can handle the volume of trips assigned. We will collect recurring trips directly from the transportation providers and confirm them with the medical providers. We will also begin to take live trip requests from recipients for their non-recurring medical appointments at least 15 calendar days prior to the go-live date.

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

Also as part of this process, we will distribute bus passes to recipients based on historical data. Because many Las Vegas and Reno trips currently take place on public transit systems, it is important to ensure that recipients have their bus passes available on the first day of MTM's service. Distributing the passes early will allow us to accommodate these trips effectively.

Implementation Plan Summary

In summary, MTM has the key ingredients to ensure the smooth, timely, and effective implementation of Nevada NET, including a robust plan; an experienced team; policies, procedures, and automated systems in place; a plan for credentialing and contracting a network of transportation providers; and the necessary experience implementing and managing programs similar in size and scope. For a complete listing of all activities and details regarding responsibilities, ownership, and time frames for delivery, see the Implementation Plan provided in Attachment A.

3.5.14 Medicaid Policy Manual

Vendors may obtain a copy of the Medicaid Services Manual Chapter 1900: Transportation Services and Chapter 100: Medicaid Program by logging onto the Division's internet website at, www.dhcfp.state.nv.us.

MTM has obtained and reviewed the Nevada Medicaid Services Manual Chapter 1900 and Chapter 100. We agree to and will comply with all specifications set forth by this policy manual.

3.6 NETWORK

3.6.1 Recruit and maintain an adequate transportation provider network

The vendor must maintain a network of appropriate providers that is supported by written agreements and is sufficient to provide adequate access to all non-emergency transportation services covered under the contract.

In establishing and maintaining the network, the vendor must:

3.6.1.1 Consider the following:

- The expected utilization of services, taking into consideration the characteristics and health care needs of specific Medicaid populations represented in the contract;
- The number and types of non-emergency transportation providers required to furnish the contracted services; and
- The geographic location of providers and recipients and whether the non-emergency transportation provider can provide physical access for recipients with disabilities.

Building a comprehensive network of transportation providers requires a variety of factors to be taken into consideration. In recruiting Nevada transportation providers and developing an appropriate network that will meet the needs of every recipient, MTM will take the following factors into consideration:

- ***The expected utilization of services***
- ***Special needs of specific populations***
- ***The modes necessary to meet the transportation demand***
- ***The number and types of providers required***
- ***The geographic location of providers and recipients, including plans for meeting rural transportation needs***

To meet the needs of all recipients, MTM will recruit a network that fulfills all modes of transportation, including public transit, sedans and taxis, wheelchair vans, stretcher vans, and non-emergency ambulances and air vehicles. Because we are committed to having an adequate network in place on day one of this contract, we have already begun recruiting transportation providers to serve NET recipients. In fact, during the initial phase of recruitment, we have already developed a solid base from which we will expand during implementation to efficiently support the program.

Based on the expected volume of this contract, as well as our experience operating similar NET program, we determined the approximate number of transportation providers and vehicles required for this contract. Our Network Management team has already begun to identify a sufficient network, inclusive of eight transportation providers and 222 vehicles that will allow us to meet the needs of Nevada NET recipients. During the initial recruitment phase, our team contacted more than 120 NET providers, cab companies, and demand response providers in Nevada. After contract award, our Network Management staff will be dedicated to recruiting even more providers to guarantee capacity and ensure a smooth transition.

The following Figure 15 outlines each subcontracted transportation provider MTM intends to utilize in Nevada at this point. Each of these providers has submitted a Letter of Intent (LOI) to contract with MTM upon award, as provided in Attachment B, and will undergo our four-phase contracting process, described in Section 3.6.1.7.

Transportation Provider	Ambulatory Vehicles	Wheelchair/Stretcher Vehicles	Total Vehicles
Ameritrans Medical Transportation, Inc.	7	2	9
Medical Transport Company	9	9	18
Pahrump Valley Taxi, Inc.	3	1	4
Reno Sparks Cab Co.	85	5	90
Reno Tahoe Limousine	13	0	13
SchouVan, Inc.	1	10	11
Tahoe Blue Taxi	2	1	3
Whittlesea Checker Taxi, Inc.	70	4	74
TOTAL	190	32	222

Figure 15: Transportation Demand Analysis. Our Network Management team has developed preliminary estimates regarding the number of vehicles and transportation providers available to operate the Nevada NET program efficiently and appropriately.

3.6.1.2 Meet and require its providers to meet State standards for timely access to care and services, taking into account the urgency of the need for services;

As described previously in our response, MTM is committed to ensuring timely transportation service for all recipients within DHCFP's standards. Please refer to Section 3.5.4 to review our strategies for doing so.

3.6.1.3 Establish mechanisms to ensure compliance by providers;

Understanding the importance of ensuring compliance to MTM standards; DHCFP expectations; and Federal, state, and Medicaid regulations, MTM has developed several mechanisms. These strategies have been and are discussed throughout our response; please refer to the following Section 3.6.1.4 for detailed explanations.

3.6.1.4 Monitor providers regularly to determine compliance;

To ensure our network of Nevada transportation providers continuously provides quality, compliant services throughout the life of this contract, MTM will implement several established monitoring activities. Because we understand that we are ultimately responsible for transportation provider service, adequate and comprehensive oversight is essential. This oversight will help us ensure that each provider complies with our Service Agreement, the RFP, State and Federal laws and regulations, and performance and quality objectives. We will seek DHCFP's approval on all monitoring activities.

Annual Scheduled and Random On-Site Visits

In addition to the initial credentialing site visit, Area Liaison Brittany Niedringhaus will perform regularly scheduled and unscheduled on-site visits to ensure the provider remains compliant to all contract requirements, including MTM's Transportation Provider Service Agreement and applicable State, Federal, and municipal laws and regulations. Brittany will meet with the transportation provider at his/her site annually to inspect vehicles, audit files, educate the provider, and review any areas of deficiency. If she identifies an area of deficiency, Brittany will request that the transportation provider resolve the deficiency within a stated timeframe. Brittany will schedule another visit at the end of the designated timeframe to ensure the

deficiency has been rectified satisfactorily. MTM has various courses of action, including the ability to assess liquidated damages if the provider fails to comply, up to termination from the network.

It is MTM's policy that the Area Liaison conducts vehicle inspections of all provider vehicles that will service the contract prior to its execution, annually, and periodically throughout the year. MTM's procedures call for complete vehicle inspections for all subcontracted transportation providers to verify that vehicles meet DHCFP requirements, including those set forth by Section 3.6.2.2 of the RFP, and MTM's Transportation Provider Guidelines, and to ensure that recipient safety and comfort features are in good working order (i.e., brakes, tire tread, signals, horn, seat belts, and air conditioning/heating, etc.). See Attachment J for a sample copy of the inspection sheet Brittany will complete on a mobile notepad utilizing our MobiliNET program during these on-site visits. If Brittany determines that any vehicle is substandard, she may request that the vehicle be repaired, that the vehicle be removed from service until repaired, or that the vehicle permanently be removed from service depending on the severity of the issue. Records of these inspections will be maintained throughout the life of this contract and at least six years thereafter. DHCFP will have full access to these records upon request.

Field Monitoring

MTM's locally based Area Liaison Brittany Niedringhaus will also conduct on-street observations of the drivers to ensure MTM requirements are being adhered to, including the maintenance of vehicles, driver adherence to traffic laws, proper mobility device securement, neat appearance, display of proper identification, customer service to the recipient, use of seatbelts, etc. Brittany will conduct the on-street observations, fill out the required MTM forms utilizing mobile notepads, and present the outcomes to the transportation provider with corrective actions if necessary. If she witnesses any egregious behavior, Brittany will take immediate necessary actions which could include vehicle removal, driver suspension, or termination.

Annual Re-Credentialing

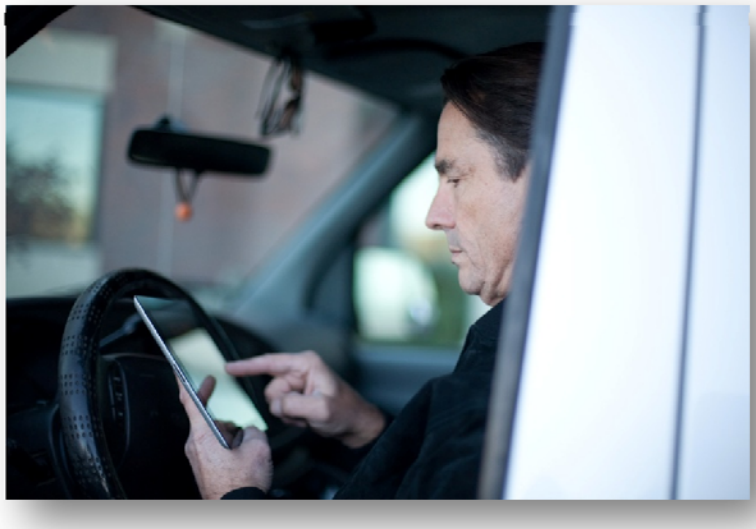
As previously mentioned, prior to being accepted into our network, each transportation provider, their drivers, and their vehicles must pass our initial credentialing process. However, our oversight of credentials does not stop here. MTM ensures that each transportation provider maintains up-to-date credentialing information through our annual re-credentialing process.

During the initial credentialing process, providers upload the information required by MTM and DHCFP to MTM's database via our online Transportation Provider Web Portal. Our database will keep track of when each credential will expire, and send the transportation provider an alert informing them when an expiration date is approaching. An alert will also be sent to the Nevada Network Representative Danielle Porras with a reminder that the provider's credential will soon expire.

If the transportation provider does not upload the proper information showing that the credential is up-to-date, Danielle will contact the provider with another reminder to update the information. If the re-credential deadline passes without being properly updated despite reminders from the portal and Danielle, the transportation provider, its driver, or its vehicle will be removed as an approved entity from our network. This re-credentialing process ensures that Nevada NET recipients will not receive transportation from unqualified drivers.

Mobile Notepad Technology

As a company dedicated to constantly creating innovative transportation management solutions, MTM recently launched our MobiliNET pilot program that allows drivers to utilize GPS-supported mobile notepad technology to maintain trip logs. Designed as an interactive arm of our NET Management System, MobiliNET electronically captures and transmits NET data from handheld devices such as tablet computers and smart phones, virtually eliminating the paper documentation process. The pilot version of MTM's MobiliNET application is extremely interactive and user-friendly.



As described in Sections 3.6.1.17 and 3.10.1.2, we require drivers to maintain detailed trip logs for every trip they take. MobiliNET will allow them to efficiently and accurately document a variety of trip elements such as odometer readings, driver name, and vehicle ID number. Further,

with an automatic timestamp that geocodes the location of each pick-up and drop-off, the application drastically decreases the possibility for fraud and abuse.

Although this technology is still in the development stages, MTM firmly believes MobiliNET will enhance the trip tracking process, reduce paper documentation, increase security, expedite compliance, and greatly reduce opportunities for fraud and abuse of the benefit. With the extensive efficiencies and cost-savings opportunities this technology will provide both MTM and DHCFP, MTM is excited to introduce this innovation in Nevada.

Incentive Program

Another strategy MTM uses to ensure satisfactory transportation provider performance is through an incentive program. This program is governed by a quality ranking system that provides positive incentives for providing reliable transportation services and meeting key objectives. Information gathered during this monitoring includes no-show rate, on-time performance, complaint rate, etc. By meeting more objectives, transportation providers are given a higher quality ranking that places them further up in our shopper during the scheduling process. Therefore, the better service providers give to the local recipients, the more trips they will receive. We have found this to be a dependable way of ensuring transportation providers offer high quality service.

We also keep transportation providers in the know about their performance level by generating report cards that come to the provider via their independent web portal. These report cards allow transportation providers to benchmark their performance against the average for the Nevada transportation provider network. Data points reported include on-time performance, no-shows, complaints, and trip turn-backs. Transportation providers are true entrepreneurs and genuinely want to be the best; this type of feedback creates competition amongst providers to be the best in their service area.

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

Figure 16: Transportation Provider Report Card. MTM issues monthly report cards to transportation providers that allow them to monitor their performance for the previous month. The goal for transportation providers is to not exceed the allotted goal provided on the far right.

3.6.1.5 Take corrective action if there is a failure to comply by network providers; and,

To ensure transportation providers realize the importance of complying with all service standards and the consequences that can stem from failing to do so, MTM has established a hierarchy of corrective action for non-compliance. Refer to Section 3.5.8.3 for details.

3.6.1.6 Participate in state and federal efforts to promote the delivery of services in a culturally competent manner to all recipients, including those with limited English proficiency and diverse cultural and ethnic backgrounds.

Throughout each of our contracts, MTM takes relevant steps to ensure NET service access for recipients with limited English proficiency and diverse cultural and ethnic backgrounds. First and foremost, we provide our CSRs with the training necessary to handle culturally diverse populations with sensitivity and active listening. In addition, we abide by Culturally and Linguistically Appropriate Services (CLAS) standards; hire bilingual CSRs; and utilize the Language Link for all languages not spoken by our bilingual CSRs. We also require transportation providers to bestow the same attention to cultural competency. If possible when assigning transportation services to a recipient, our CSRs make every effort to give the trip to a

transportation provider that speaks the same language. This allows us to ensure each recipient is comfortable while receiving service from MTM and our network.

For more information on our ability to promote and provide culturally competent NET services, refer to Sections 3.2.1, 3.2.2, and 3.10.2.1.

3.6.1.7 Recruit and maintain an adequate network of transportation providers. The vendor shall use this network of providers to deliver NET transportation services to Medicaid recipients in the State. The vendor shall have sufficient capacity available through subcontract agreements with transportation providers and other arrangements (i.e., such as public bus and train service, free services or reduced cost services, volunteers or gas reimbursement) to meet all of the non-emergency transportation needs of the Medicaid recipients in the State. Access to transportation services shall be at least comparable to transportation resources available in the general public. Capacity shall include private vehicles, non-emergency ambulance and air, wheelchair vans, public transportation including bus services, and taxicabs.

A true testament to the quality services MTM brings to each of our contracts in our ability to recruit and maintain adequate networks of transportation providers to deliver NET services. Since our inception, MTM has recruited, credentialed, and maintained large transportation provider networks of all sizes. We currently have more than 500 transportation providers under contract across the country, providing seven million trips per year. For this specific contract, we have already received LOIs from eight transportation providers who look forward to working with MTM in Nevada. Our Network Management staff have already met with and discussed our service expectations with many of these providers.

In Section 3.6.1.1, MTM has listed each transportation provider we intend to contract with at this time, as well as the number of vehicles each will utilize. Through these agreements, we will cover each required mode of transportation, including sedans and taxis, wheelchair vans, stretcher vans, and non-emergency ambulances and air vehicles. By having such a broad variety and adequate capacity, we can ensure each recipient will be provided transportation services that are comparable to or exceed those resources available to the general public.

In addition to subcontracted providers, we will partner with public transit agencies, ADA paratransit providers, and volunteer networks for the most cost effective program possible. Through our current LOIs, continuing recruitment efforts, and additional partnerships, we are confident that we will build a solid network in Nevada, similar to what we have done for each contract we have launched. Each of these providers will undergo our extensive contracting process, described in the following paragraphs.

Recruiting, Credentialing, Training, and Contracting Transportation Providers

To ensure we contract with responsible, safe transportation providers, MTM utilizes a comprehensive four-phase contracting process that encompasses recruiting, credentialing, training, and contracting. Through this processes, we will have the ability to contract sufficient transportation providers for Nevada NET.

Figure 17: Proven Contracting Process. MTM's proven four-phase contracting process of local transportation providers ensures safe, reliable transportation for Nevada recipients.

Phase 1: Recruiting Process

As demonstrated in Section 3.6.1.1, MTM has already identified a number of transportation providers who intend to contract with us should we be awarded this program. Other than those providers, the first transportation providers we will seek in Nevada are those who provide NET services under the current contractor. We have found that using capable providers from an existing network facilitates a smooth transition. If the provider knows the history of the program, the geographic area, and the existing recipients, then implementation runs very smoothly and satisfaction of recipients remains very high. We followed this model during implementation of several statewide NET programs, recruiting providers from the broker before us with great success.

Our dedicated Nevada Network Management staff has already made one-on-one contact with numerous local transportation providers to introduce ourselves and begin obtaining Letters of Intent. During this contact, Network Representative Danielle Porras educates the transportation provider on MTM's operations, our expectations, and the potential demand for their service. If the provider indicates that they are interested in becoming a contracted provider, Danielle informs them of the necessary documents and insurance they will need for acceptance into our network, detailed in the next phase. Also during this stage, we give the transportation provider a Service Agreement for their review; a sample of this document is provided in Attachment I. To alleviate any issues or concerns about rates, we will also work closely with providers to negotiate appropriate rate development, ensuring we obtain the most appropriate, least costly transportation services. Upon agreement with our expectations, rates, and demands, the transportation provider will move to the next level of the contracting process, credentialing.

Phase 2: Credentialing Process

Once the transportation provider has expressed an interest in proceeding with the contracting process, Network Management staff will work closely with the provider to ensure they provide us with all appropriate credentialing information. With our NET Provider Web Portal, transportation providers have the ability to enter all credentialing information online, enabling them to pass MTM's stringent credentialing process.

Credentialing information and the clearances included within it are governed by an established MTM policy. The credentialing information we require transportation providers to supply us with includes:

- ***Business contact information***
- ***Any and all licenses required by DHCFP and the State of Nevada***
- ***Standard operating hours and holidays***
- ***List of current drivers, including copies of licenses***
- ***Driver background checks, including criminal history, child abuse, and MMVR reports***
- ***Initial hire and random drug screening for drivers***
- ***Copies of Certificates of Insurance***
- ***Detailed vehicle information***
- ***Driver education and training certificates***
- ***Other additional information required by DHCFP***

At this point, MTM will also verify that each provider has not been excluded from participation by the Office of the Inspector General. As required by the RFP, Federal law, and our standards, we will not contract with transportation providers who have been terminated from Federal health care programs for fraud and abuse.

As part of the credentialing process, local Area Liaison Brittany Niedringhaus will visit each provider's operation. Brittany will conduct an on-site inspection of the provider's facilities and vehicles to ensure NET providers entering our network have safe, qualified vehicles. She will also work closely with the NET provider to make certain that s/he understands all contract requirements such as documentation, registration, insurance requirements, driver conduct, and training. Brittany will determine if the provider has the necessary technology, hardware, and software capabilities to provide and maintain accurate and timely records, as required by MTM. She will conduct scheduled and random site visits to verify contract compliance and conduct re-training of contract requirements as needed. After the transportation provider submits their credentialing information and passes an on-site inspection, they will move on to our training process

Phase 3: Training Process

Once the transportation provider has completed the credentialing process, Brittany conducts a training and orientation meeting with the provider. In this meeting, she thoroughly explains MTM's Transportation Provider Service Agreement, which clearly outlines the performance standards to which MTM will hold the provider. See Attachment I for a sample of this document. Next, she walks the provider through the Provider Manual, an example of which is provider Attachment H, which documents and explains:

- ***MTM's operations***
- ***The provider's key contacts***
- ***Operational aspects***
  - ***How MTM's trip award process works***
  - ***How to read a trip manifest***
  - ***How to properly record pick-up and drop-off information***
  - ***How to register a complaint***
  - ***How to bill MTM***
  - ***The payment schedule***
  - ***Recipient rights***

This introductory meeting is important in establishing a good working relationship between MTM and the provider. In addition to the introductory meeting, we require that drivers undergo a series of important training sessions that guide the process of transporting Nevada NET recipients. This training is detailed in our Transportation Provider Service Agreement, and includes:

- ***Customer service skills***
- ***Handling emergency situations***
- ***Diffusing tense situations***
- ***Handling special needs recipients***
- ***Basic first aid***
- ***Defensive driving***
- ***Working with MTM and our processes***

After the transportation provider and their drivers complete all required training sessions and submit proof to MTM, they will move onto our final phase, contracting.

Phase 4: Contracting Process

After the transportation provider has received proper training, MTM's Credentialing Committee, a subcommittee of the QMC, will conduct a detailed review of the provider for inclusion into the network. MTM's Executive Vice President and General Counsel chairs the Credentialing Committee, and Network Management staff and managers from other operational departments also serve on the committee. Following a review of the provider's file, the Committee will either approve or deny the transportation provider's inclusion to our Nevada network. The transportation provider will then sign our MTM Transportation Provider Service Agreement, contractually binding them to our standards and expectations. As previously outlined, this agreement meets all requirements set forth by the RFP.

3.6.1.8 The vendor shall not discriminate for the participation, reimbursement, or indemnification of any provider who is acting within the scope of his/her license or certification under applicable State or Local law, solely on the basis of that license or certification. If the vendor declines to include an individual or groups of providers in its network, it must give the effected network provider(s) written notice of the reason for its decision. 42 CFR 438.12 (a) may not be construed to require the vendor to contract with providers beyond the number necessary to meet the needs of its recipients; or, preclude the vendor from using different reimbursement amounts for different specialties or for different practitioners in the same specialty; or, preclude the vendor from establishing measures that are designed to maintain quality of services and control costs and are consistent with its responsibilities to recipients.

In all aspects of our operations, MTM is inclusive and supportive of varying cultures, ethnicities, and abilities. The same is true for our transportation provider network. We never discriminate against transportation providers who wish to become part of our network; in fact, we try to include every interested and qualified provider possible. We do, however, take provider certifications and actions seriously. Therefore, we do not allow transportation providers without inadequate licensing or a history of poor performance to become a part of our network. If this situation occurs in Nevada, we will send a Notice of Decision to the provider detailing our reasons for excluding him/her from our network. Also, if possible, staff from our Network Management department will work hand-in-hand with the provider to help them come into compliance with MTM's standards. By following these procedures, we will develop a Nevada network that meets all requirements set forth by 42CFR438.12.

3.6.1.9 Provide to the State supporting documentation, in a format specified by the State that demonstrates it has the capacity to serve the expected enrollment in its service area in accordance with the State's standards for access to care. Access to care is a recipient's ability to obtain transportation to medical care. The Vendor must give assurances to the State and provide supporting documentation that demonstrates that it has the capacity to serve the expected enrollment and maintains a network of providers that is sufficient in number, mix, and geographic distribution to meet the needs of the anticipated number of enrollees in the service area in a timely manner as defined in this RFP. Such documentation must demonstrate that the vendor offers an appropriate range of non-emergency transportation services and maintains a network of providers that is sufficient in number, mix, and geographic distribution to meet the needs of the anticipated number of recipients in the service area. The vendor must submit such documentation at the time it enters into a contract with the State and at anytime thereafter when there has been a significant change, as defined by the State, in the vendor's operations that would affect adequate capacity and services. A significant change includes but may not be limited to: changes in the vendor's services, benefits, geographic service area or payments, enrollment of a new population in the network, or a change in ownership of the vendor. Supporting documentation and formatting will be discussed upon acceptance of contract.

As shown in Section 3.6.1.1, MTM has provided DHCFP will preliminary information regarding the coverage of our Nevada network thus far. Upon contract award and following the completion of the recruiting and contracting process, we will develop documentation for DHCFP supporting our ability to provide enrolled recipients with appropriate access to care. Through our thorough contracting process, we will gather sufficient information demonstrating the number, mix, and geographic coverage of our transportation provider network. As necessary due to significant changes or instruction from DHCFP, we will provide updated capacity information throughout the life of this contract.

As previously mentioned, we have already received LOIs from eight transportation providers in various areas of Nevada, allowing us to meet rural, suburban, and urban transportation needs. Our ability to recruit and maintain coverage in diverse geographic areas is further discussed in the following Section 3.6.1.10.

3.6.1.10 Ensure transportation to Medicaid covered services shall be available to eligible recipients throughout the State. The vendor shall ensure the provision of service delivery to meet the needs of recipients under the provisions of this contract and the Medicaid Services Manual Chapter 1900. Whenever possible, the vendor shall establish subcontracts with existing Medicaid enrolled non-emergency transportation providers in the State. The vendor shall provide services through subcontracts with public, not-for-profit, and for-profit organizations, and individual qualified operators.

Our experience providing NET services in diverse regions has prepared MTM to deliver services in Nevada, which has a broad range of recipient population densities. For example, while there are many recipients living in the urban and suburban areas of Las Vegas, Reno, and Carson City, Nevada also features extremely rural areas throughout the remainder of the state with sparse recipient density. With MTM, DHCFP is ensured that eligible recipients living in all reaches of Nevada will receive NET coverage in compliance with the Medicaid Services Manual, even those living in the most remote rural areas. We will do so by recruiting public, for-profit, not-for-profit, and individual transportation providers who currently serve Nevada recipients under the incumbent, as well as new providers.

In the following Figure 18, MTM has given a high level overview of our experience serving urban, suburban, rural, and remote rural areas.

Geographic Experience	Urban	Suburban	Rural	Remote Rural
Missouri	✓	✓	✓	✓
Kansas			✓	✓
Minnesota	✓	✓	✓	
New York		✓		
South Carolina		✓	✓	
Arkansas			✓	✓
District of Columbia	✓			
Philadelphia	✓			

Figure 28: Diverse Geographic Experience. MTM serves and has served a variety of population densities throughout the country.

Experience in Urban Locations

Over the years, MTM has managed programs in urban areas with similar and/or higher populations than those included under this contract, including Philadelphia, St. Louis, Detroit, Kansas City, Minneapolis/St. Paul, Houston, Albany, and the District of Columbia. We are aware of the unique challenges and opportunities presented in large urban areas such as Las Vegas and Reno, and have repeatedly proven we can meet the challenges of concentrated populations with diverse cultures and language barriers. We use our skills and knowledge to increase proper utilization, particularly of public transit, and coordinate community outreach with large medical facilities. Working with these facilities, we ensure bus pass distribution to eligible recipients traveling to covered services.

Our system ensures that MTM is capable of processing large amounts of transportation requests, yet focuses on booking public transit where it is available. We often find that a major issue in large urban areas or regions with public transit is that recipients are not utilizing the lowest cost mode of transportation appropriate for their specific needs. To combat this in Nevada's urban locations, we will use our LON process to determine the appropriate mode of transportation for each recipient. In addition, we will augment our traditional LON process to accommodate in-person functional assessments, allowing us to more accurately determine each recipient's physical and cognitive needs. Travel training will also be a beneficial tool, as this will allow us to successfully transition recipients who previously did not have the skill set required to utilize public transit. We will also work with public transit agencies to promote utilization of public transportation through various programs such as reduced fares and reloadable transit cards.

Experience in Suburban Locations

Since our inception, we have found that the majority of our clients' recipients are located in suburban locations similar to those found in the areas surrounding Las Vegas, Henderson, Reno, and Carson City, as well as other locations throughout Nevada. As these types of trips are the core of our business, we understand the needs of these recipients and will provide Nevada's suburban populations with excellent transportation services.

In some cases, recipients living in suburban locations are able to utilize local public transit services. MTM has the ability to ensure recipients living near public transit routes but not actually on the route are able to access these services. For example, in our previous Orange

County, New York operations, we were able to geocode and map many recipients' homes on our routing software. From this, we introduced a feeder route that picked up recipients from their homes and took them to nearby fixed route public transit stops.

For recipients unable to access public transit in suburban locations, we develop adequate networks of transportation providers to conduct transportation. As previously mentioned, we will develop a diverse network of providers in Nevada consisting of various modes of transportation. With this credentialed network, we will ensure sufficient transportation resources for all recipients.

Experience in Rural and Remote Rural Locations

Across our book of business, an estimated 20% of our total trip volume consists of rural transportation. Because we have operated in sparsely populated settings since our inception, we know the challenges of developing and scheduling rural transportation. In these areas, transportation providers may drive considerable distances for one trip. Rural transportation's unique challenges require proactive planning and the ability to properly utilize assets for the best, most appropriate mode of service at the lowest cost. Recruiting providers for these areas requires the ability to build relationships.

Our NET contract successes indicate our ability to recruit a sufficient network in rural settings, as well as understand the many dynamics of transporting rural passengers to their appointments on time. To address rural transportation needs, MTM utilizes specific methods, including:

- *Using rural public transit systems*
- *Providing gas reimbursement to recipients*
- *Maximizing free volunteer services with our Provide a Ride program*
- *Recruiting independent subcontracted drivers*
- *Working with providers to station vehicles and drivers outside their normal zone of coverage*
- *Multi-loading and routing as many trips as possible*
- *Contracting with Native American tribes to provide transportation on reservations*

We also routinely partner with not-for-profit agencies to identify if the entity is interested in the additional funding source of providing transportation to the Medicaid population. Because these entities are more likely to take trips for less, this has worked well in many areas. For example, in rural Michigan we reached out to an agency known as the Hope Network and have had great results. The Hope Network hires subcontracted drivers in locations with unmet service needs, providing a win/win/win situation. Medicaid recipients in rural areas get to their appointments, local drivers earn a reasonable wage, and our client receives cost efficiencies.

Proving our success in providing transportation to rural recipients, we designed and implemented the first Missouri statewide NET program from the ground up. MTM was able to build a statewide network with a good rural and urban mix for a smooth transition. MTM managed over 77,000 trips per month for Missouri through a network of 125 transportation companies operating 1,600 vehicles. Even while MTM increased access to the transportation benefit for recipients, we still managed to cut the cost per trip in Missouri by 50% over the life of the contract. Additionally, we currently serve the statewide Kansas program, which is largely rural in nature.

3.6.1.11 The vendor shall develop resources for the transportation of recipients who do not meet the criteria for emergency or specialty care transportation. Scheduled Emergencies who do not need additional monitoring or medically necessary services are a covered NET service. Scheduled Emergencies who need additional escorts, additional monitoring or medically necessary services are defined as an emergency transport and does not require a prior authorization.

3.6.1.11.1 Vendor shall be responsible for all transportation that is not an emergency or specialty care transportation, but requiring additional escorts. Additional escorts must be approved by DHCFP.

3.6.1.11.2 The vendor and its network providers must have in place and follow written policies and procedures for processing requests for initial and continuing authorizations of service for transportation requiring additional escorts or services. The vendor must have in effect mechanisms to ensure consistent application of review criteria for authorization decisions and consult with the requesting provider when appropriate.

3.6.1.11.3 The vendor shall utilize a method to schedule transportation services requiring additional escorts or services, once the services

are authorized and shall ensure that trip assignment activities are performed efficiently. The scheduling method shall be capable of accommodating advanced reservations, subscription service, and requests for urgent service. Vendor shall also make an assessment of the recipient's need for transportation.

Because the purpose of this contract is to solely provide NET services for Nevada recipients, we prohibit CSRs from scheduling emergency transportation. When a CSR receives a call requesting emergency transportation, the CSR will refer him/her to 911 or another appropriate emergency service. We do, however, allow the scheduling of urgent or scheduled emergency transportation that occur with less than five days notice; please refer to Section 3.5.2 for details on this process.

Authorizing Additional Escorts

MTM has policies and procedures in place for authorizing escorts to recipients who request such services, as described in Section 3.5.3. These policies will be used for advance notice, subscription, routine, and urgent trips. If the recipient requests more than one escort due to extreme special needs, we will authorize the request with DHCFP prior to scheduling. Our LON process, described in Section 3.4.3, can be used to determine if a second escort is medically necessary, as well as to assess any other special needs the recipient may have. If any special needs or escorts are identified through the LON process, we will notify the transportation provider on the trip manifest.

3.6.1.12 Ensure that non-English speaking recipients can access transportation services. Where language barriers exist, the vendor must assure communication for the recipient by providing oral interpretation services. The vendor must also develop appropriate alternative methods for communicating with visually and hearing-impaired recipients, and accommodating physically disabled recipients in accordance with the requirements of the Americans with Disabilities Act of 1990.

MTM has several resources for ensuring non-English speaking recipients can access transportation services, including bi-lingual CSRs and Language Link services. Similarly, we also have tools such as TTY and TDD for communicating with hearing and speech impaired recipients. For more information on these processes, refer to Sections 3.2.1 and 3.2.3.

3.6.1.13 The vendor is prohibited from contracting with providers who have been determined to have committed fraud or abuse by the Medicaid program. The Division will provide the vendor with a list of currently enrolled ambulance companies and those transportation providers terminated by the State.

As required by the RFP, Federal law, and our standards, we will not contract with transportation providers who have been terminated from the Medicaid program for fraud and abuse. During the contracting process, we will check each provider against the DHCFP-provided list of enrolled and terminated transportation companies. We will check each provider against this list during annual re-credentialing as well.

3.6.1.14 The vendor is prohibited from contracting with providers who presently are on the list of debarred individuals by the Office of the Inspector General (OIG), or could be, debarred, suspended, proposed for debarment, declared ineligible, voluntarily excluded from participation in this transaction by any federal department or agency.

In addition to not contracting with transportation providers terminated for fraud and abuse, we never contract with providers who have been or could be debarred, suspended, declared ineligible, or excluded from participation by any Federal department or agency. Each transportation provider's name and information will be checked against the Office of Inspector General (OIG)'s list of debarred companies prior to signing our Service Agreement.

3.6.1.15 The vendor is prohibited from (1) being an owner, in full or in part, of any organization participating as a transportation provider in the Medicaid program, or (2) having an equity interest in or being involved in the management of the organization or entity. This prohibition applies as well to family members of vendor owners and managers, as well as to any administrative or management services subcontractors of vendor on this project.

3.6.1.15.1 The broker shall advise DHCFP in writing of all financial relationship and transactions between itself and a NET provider (for instance, loans, grants, etc.), specifying the nature of the relationship and the terms and conditions governing it. Such relationships and transactions are not permitted without written approval of the DHCFP administrator.

As a true transportation broker, MTM does not hold ownership or equity interests in any transportation providers in the networks we operate. None of our owners, managers, or family members of these individuals have or intend to have a financial relationship with a Nevada NET provider. Although unlikely, if such a relationship does develop in the future, we will immediately inform DHCFP in writing. Further, we will remove the potential for a conflict of interest by not contracting with the transportation provider.

3.6.1.16 All subcontracts for the provision of transportation services shall specify the following minimum requirements:

- responsibilities of the vendor and subcontracted transportation provider;
- scope of services required from the transportation provider;
- insurance requirements;
- how the services, activities, and tasks to be performed by the transportation provider will be carried out;
- pickup and delivery requirements;
- driver and vehicle requirements;
- training and orientation requirements for transportation providers and drivers;
- procedures the vendor will employ to monitor the transportation provider and how non-compliance will be addressed by the vendor;
- contract effective date and duration, termination, and renewal options;
- reporting requirements of the transportation providers and expectations regarding driver logs;
- financial terms of the agreement including billing schedules and terms of payment for the various modes;
- provider dispute procedures;
- staff, vehicle, and equipment requirements and service standards necessary to carry out the range of services covered;
- confidentiality relating to recipient data; and
- agreement by the transportation provider to be bound by the mandatory terms and conditions of the vendor contract.

To ensure our subcontracted transportation providers abide by all regulations set forth by MTM and DHCFP, we require each to review, agree to, and sign a comprehensive Service Agreement. During the recruiting and contracting process, described in Section 3.6.1.7, our Network Management Representatives will work with providers to ensure they understand all aspects of the agreement. While a sample Service Agreement has been provided in Attachment I, we will

modify it to meet all aspects set forth by DHCFP in the RFP. In the following Figure 19, we have outlined DHCFP's contractual specifications, and indicated whether our standard Service Agreement meets these requirements.

Does MTM's Service Agreement Meet This?	*RFP Requirement*
✓	*Vendor and transportation provider responsibilities*
✓	*Scope of services expected from transportation provider*
✓	*Insurance requirements*
✓	*How each service, activity, and task will be carried out*
✓	*Pick-up and delivery requirements*
✓	*Driver and vehicle requirements*
✓	*Training and orientation requirements*
✓	*Monitoring activities and how non-compliance will be addressed*
✓	*Contract effective date, duration, termination, and renewal options*
✓	*Reporting requirements (driver logs)*
✓	*Financial terms, including billing and payment*
✓	*Complaint, grievance, and dispute procedures*
✓	*Service standards*
✓	*Recipient confidentiality*
✓	*Transportation provider signature*

Figure 19: Service Agreement Requirements. As shown in this figure, our standard Service Agreement meets all RFP requirements, and will be customized upon contract award.

Within this document, transportation providers are made aware of all contractual arrangements, including liquidated damages and other corrective actions that may stem from non-compliance. Further information on how we supervise and monitor transportation providers to ensure compliance is described in the following Section 3.6.1.4.

3.6.1.17 The vendor shall require the transportation provider drivers to maintain a daily paper or electronic log, containing, at a minimum, the following information:

- Date;
- Driver's name;
- Driver's signature (or authenticated log-in ID);
- Vehicle ID number(s);
- Transportation provider name and number;
- Actual start time (from base station) in military time;
- Each authorized recipient with actual pick up time (in military time);
- Actual pick-up location;
- No-show indicator;
- Each actual drop off time (military time) for authorized recipient;
- Actual drop-off location;
- Authenticating recipient signature or ID card swipe;
- Actual number of companions, per trip;
- Actual return time (to base station) in military time;
- Odometer mileage at each pickup and drop-off;
- Authorized stamp and signature of transportation provider; and
- Other pertinent information regarding completion of the trips.

From the beginning of our relationship with transportation providers, we stress the importance of on-time performance. To ensure this level of performance, as well as have a documented record of NET services, we maintain computerized logs for each trip performed. When scheduling a trip for a recipient, the CSR will start this trip log by entering details such as recipient name, Medicaid ID, etc. Then, during the actual trip, we require drivers to record pick-up and drop-off information. This information is submitted to MTM via our Transportation Provider Web Portal, where it is transcribed into the trip log. By storing trip logs in our NET Management System, our staff and DHCFP can access information about any trip as necessary. As shown in Figure 20, MTM will maintain detailed trip logs for every NET transport in Nevada.

Information Collected on Trip Logs	
Date	***Driver's name and signature***
Vehicle ID number	***Transportation provider name and number***
Driver's start and return time	***Actual pick-up time and location***
No show indicator (if applicable)	***Actual drop-off time and location***
Recipient name/signature	***Number of escorts (if applicable)***
Odometer mileage at pick-up and drop-off	***Transportation provider signature***
Other notes and information	

Figure 20: Trip Log Information. Information collected for each Nevada NET transport will include a wide variety of data. All information requesting time will be tracked and shown in military hours.

Although MTM's existing procedure for collecting trip information requires drivers to handwrite data onto a paper log then transcribe it to the database at the end of the day, we are currently piloting an innovative process called MobiliNET that would allow drivers to utilize mobile notepad technology to perform this task. Through this process, the driver enters all information onto a handheld device, after which it is immediately stored within our database, thereby increasing efficiency for all parties. For more information on this pilot program, please refer to Section 3.6.1.4.

3.6.1.18 Subcontracts

The vendor must maintain oversight and is responsible for any functions and responsibilities it delegates to any subcontracted provider, (This applies to companies subcontracted as dedicated transportation providers. It does not apply to volunteer drivers, public transportation, persons receiving gas reimbursement or taxi cabs.) including:

3.6.1.18.1 All subcontracts must fulfill the requirements of 42 CFR Part 438 that are appropriate to the services or activity delegated under the subcontract;

3.6.1.18.2 The vendor must evaluate each prospective subcontractor's ability to perform any activities to be delegated;

3.6.1.18.3 The vendor must have a written agreement between the vendor and the subcontractor which specifies the activities and responsibilities delegated to the subcontractor and provides for

revoking delegation or imposing other sanctions if the subcontractor's performance is inadequate;

3.6.1.18.4 The vendor must monitor the subcontractor's performance on an ongoing basis and subject to formal review according to a periodic schedule established by the Division, consistent with industry standards or state laws and regulations;
The vendor must identify deficiencies or areas for improvement and must take, and require its subcontractor to take, corrective action. **All subcontract forms must be approved by DHCFP.**

Understanding the impact transportation providers have on a successful NET program, MTM's Network Management department has extensive policies, procedures, and activities for supervising providers, maintaining communication, and ensuring compliance. First and foremost, beyond mere numbers, the transportation providers we accept into our network must be quality business people with high standards of performance excellence. We understand that substandard, non-compliant transportation providers increase risk, liability, complaints, and, ultimately, cost. A poor provider increases costs because they require additional administrative oversight to control and monitor performance. Therefore, our Network Management staff works tirelessly to recruit, credential, contract, and monitor an efficient array of transportation providers with high performance standards like those maintained by MTM and DHCFP.

By working with quality providers, we are actually able to lower the cost of transportation services as they know how to better manage their operations. By ensuring DHCFP has a qualified transportation provider network, we will be able to minimize complaints from recipients about NET services. In response to the above Sections 3.6.1.18.1 through 3.6.1.18.4, MTM:

- ***Develops Service Agreements that meet the requirements of 42CFR Part 438—please refer to Section 3.6.1.16 for more information***
- ***Evaluates each provider's ability to perform transportation service through initial and annual credentialing—please refer to Sections 3.6.1.4 and 3.6.1.7 for more information***
- ***Has a written Service Agreement with transportation providers specifying responsibilities and other contractual details—please refer to Section 3.6.1.16 for more information***
- ***Monitors transportation provider performance through a variety of activities and institutes corrective action as needed—please refer to Section 3.6.1.4 for more information***

3.6.1.19 Non-Discrimination

Pursuant to 42 CFR 438.214(c), the Contractor must develop policies and procedures which strictly prohibit discrimination against particular providers that serve high-risk populations or specialize in conditions that require costly treatment.

Inclusion and non-discrimination of various cultures, ethnicities, and abilities are mandated by various MTM policies. Our employees are well educated on being sensitive to the needs of recipients and other stakeholders, including providers that serve high risk populations. In compliance with this contract and our own standards, MTM will never discriminate against these types of providers, or any other provider.

3.6.2 Ensure compliance with driver and vehicle requirements

These requirements shall be included in all subcontractor agreements with transportation providers. The vendor may establish additional requirements on vehicles including wheel chair vans and ambulances and drivers that are subject to prior approval from Division. The vendor shall ensure that the providers of wheelchair vans and ambulance providers adhere to these requirements as well any other applicable Federal and State requirements.

Within our Transportation Provider Service Agreement and Guidelines, provided as Attachment I and described in Section 3.6.1.16, MTM sets forth various driver, vehicle, and performance standards that our subcontracted transportation providers must meet. These requirements meet those set forth by DHCFP in the following sections, as addressed individually for driver and vehicle regulations. Each requirement in our Service Agreement abides by Federal and state requirements. If MTM intends to establish an additional requirement, we will receive DHCFP's approval prior to including it in our Service Agreement.

3.6.2.1 Requirements for Drivers

The vendor shall ensure that all drivers of vehicles transporting Medicaid program recipients meet the following requirements:

3.6.2.1.1 All drivers, at all times during their employment, shall be at least18 years of age and have a current valid driver's license from the State of Nevada to operate the transportation vehicle to which they are assigned and shall be competent in their driver habits.

3.6.2.1.2 Drivers shall have no more than one chargeable accident and/or two moving violations in the last three years. Drivers shall not have had their driver's license, commercial or other, suspended or revoked in the previous five years. Drivers shall not have any prior convictions for sexual abuse or crime of violence. Approval of any driver who has been convicted of a felony shall be obtained from Division before employment by the vendor.

3.6.2.1.3 All drivers shall be courteous, patient and helpful to all passengers and drivers shall be neat and clean in appearance.

3.6.2.1.4 No driver or attendant shall use alcohol, narcotics, medical marijuana, illegal drugs or drugs that impair ability to perform while on duty and no driver shall abuse alcohol or drugs at any time. The transportation provider shall not use drivers who are known abusers of alcohol or known consumers of narcotics or drugs/medications that would endanger the safety of recipients, whether those drugs are legally prescribed or not.

3.6.2.1.5 All drivers and attendants shall wear or have visible, easily readable proper organization identification.

3.6.2.1.6 At no time shall drivers or attendants smoke while in the vehicle, while involved in recipient assistance, or in the presence of any recipient.

3.6.2.1.7 Drivers shall not wear any type of headphones or use cell phones, except for dispatch purposes, at any time while on duty.

3.6.2.1.8 Drivers shall not use cell phones while operating vehicles.

3.6.2.1.9 Drivers shall assist passengers in the process of being seated and confirm that all seat belts are fastened properly and wheelchairs and wheelchair passengers are properly secured.

3.6.2.1.10 Drivers shall provide necessary assistance, support, and oral directions to passengers. Such assistance shall include assistance with recipients of limited mobility, and movement and storage of mobility aids and wheelchairs.

3.6.2.1.11 Vendor shall provide, or ensure that its subcontractors provide, classroom and behind-the-wheel training for all drivers within thirty (30) days of beginning service under this agreement. Driver training shall, at a minimum, include defensive driving techniques, wheelchair securement and lift operation, cultural and disability sensitivity training, passenger assistance techniques, first aid, and general customer service.

MTM ensures that the drivers our subcontracted transportation providers employ will transport recipients safely by establishing strict qualification and performance requirements. Our Service

Agreement and Guidelines set forth specific minimum driver qualifications; for example, drivers must:

- *Be at least 18 years old*
- *Have a current driver's license*
- *Be licensed to operate the vehicle to which they are assigned*
- *Have less than one chargeable accident or two moving violations in the past three years*
- *Be competent in their driving habits*
- *Not have had their license revoked in the past five years*
- *Not have any prior convictions of sexual abuse or violent crime*
- *Not be a convicted felon*

During the initial credentialing process, transportation providers must submit through our web portal system proof that their drivers meet these requirements. If the provider fails to submit information for a driver, that driver will not be allowed to transport Nevada recipients until s/he is proven to be in compliance with our standards. Additionally, this information must be updated for each driver on an annual basis.

MTM's experience upholding driver qualifications, as well as performance standards, means we are well prepared to implement and operate this program. In following Figure 21, we have compared DHCFP's driver requirements to those set forth in our existing Transportation Provider Service Agreement and Guidelines. As DHCFP will find, our standards already meet DHCFP's, removing the extra time other brokers may need to come into compliance.

DHCFP Driver Requirements	MTM Transportation Provider Guidelines
3.6.2.1.3: All drivers shall be courteous, patient and helpful to all passengers and drivers shall be neat and clean in appearance.	3.5: Drivers must maintain an acceptable standard of dress, personal grooming, and behavior in order to present a neat, clean, and professional appearance.
3.6.2.1.4: No driver or attendant shall use alcohol, narcotics, medical marijuana, illegal drugs or drugs that impair ability to perform while on duty and no driver shall abuse alcohol or drugs at any time. The transportation provider shall not use drivers who are known abusers of alcohol or known consumers of	3.10: Drivers must not use alcohol or drugs at any time and, if taking medication, must still be able to perform his/her duties in a safe manner. Any driver taking medication which may hinder his/her performance must report such use to his/her supervisor, and not transport MTM passengers.

DHCFP Driver Requirements	MTM Transportation Provider Guidelines
narcotics or drugs/medications that would endanger the safety of recipients, whether those drugs are legally prescribed or not.	
3.6.2.1.5: All drivers and attendants shall wear or have visible, easily readable proper organization identification.	*3.5: Transportation Provider shall provide drivers with visible employee picture identification card, picture ID badge and uniform with name for security and identification purposes.*
3.6.2.1.6: At no time shall drivers or attendants smoke while in the vehicle, while involved in recipient assistance, or in the presence of any recipient.	*3.6: Drivers must not smoke in the vehicle, or smoke in the presence of, or while assisting, any MTM passengers.*
3.6.2.1.7: Drivers shall not wear any type of headphones or use cell phones, except for dispatch purposes, at any time while on duty. *3.6.2.1.8: Drivers shall not use cell phones while operating vehicles.*	*3.24: Drivers shall not wear any type of headphones while on duty. Driver shall have the volume of the radio at a level acceptable to passengers.* *6.18.h: Cell phones are not to be used unless responding to a dispatcher call or making an emergency call; and use of cell phone must be in compliance with state and federal laws and regulations.*
3.6.2.1.9: Drivers shall assist passengers in the process of being seated and confirm that all seat belts are fastened properly and wheelchairs.	*3.14: Drivers must require passengers to use seat belts properly and assist in fastening seat belts where necessary, and must refuse to continue travel if passengers are non-compliant. Drivers must carry and be knowledgeable in the use of seat belt extensions for securing passengers of wide girth.* *3.26: Drivers must confirm that all wheelchairs and motorized scooters are properly secured to the vehicle and wheelchair and motorized scooter passengers are properly secured in the wheelchair before allowing the vehicle to proceed.*
3.6.2.1.10: Drivers shall provide necessary assistance, support, and oral directions to passengers. Such assistance shall include assistance with recipients of limited mobility,	*3.17: Drivers must exit the vehicle to open and close vehicle doors when passengers enter or exit the vehicle. Drivers must offer a helping hand or arm to assist passengers exiting the*

DHCFP Driver Requirements	MTM Transportation Provider Guidelines
and movement and storage of mobility aids and wheelchairs.	vehicle. Such limited assistance is included in curb-to-curb service as well as higher modes of service. Except where service is curb-to-curb, they must provide safe assistance to or from the main door or reception desk of the place of destination, when needed. 3.19: Drivers are required to store in the trunk of the vehicle, or properly secure for safety, folding wheelchairs, carry-on packages, and walking aids such as canes, walkers, etc.

Figure 21: Comparison Table. As shown above, driver requirements set forth by MTM's Transportation Provider Service Agreement and Guidelines align with DHCFP's expectations.

Extensive Required Training for Transportation Providers and Drivers

MTM requires various training for drivers to ensure they are able to respond appropriately to specific NET-related issues. Adequate driver training is a critical component to ensuring recipient satisfaction and safety. Our Network Management staff will help to facilitate training activities either in-person or via WebEx online sessions. Our driver training program, outlined in Section 4.0 of our Transportation Provider Service Agreement and Guidelines in Attachment I, includes:

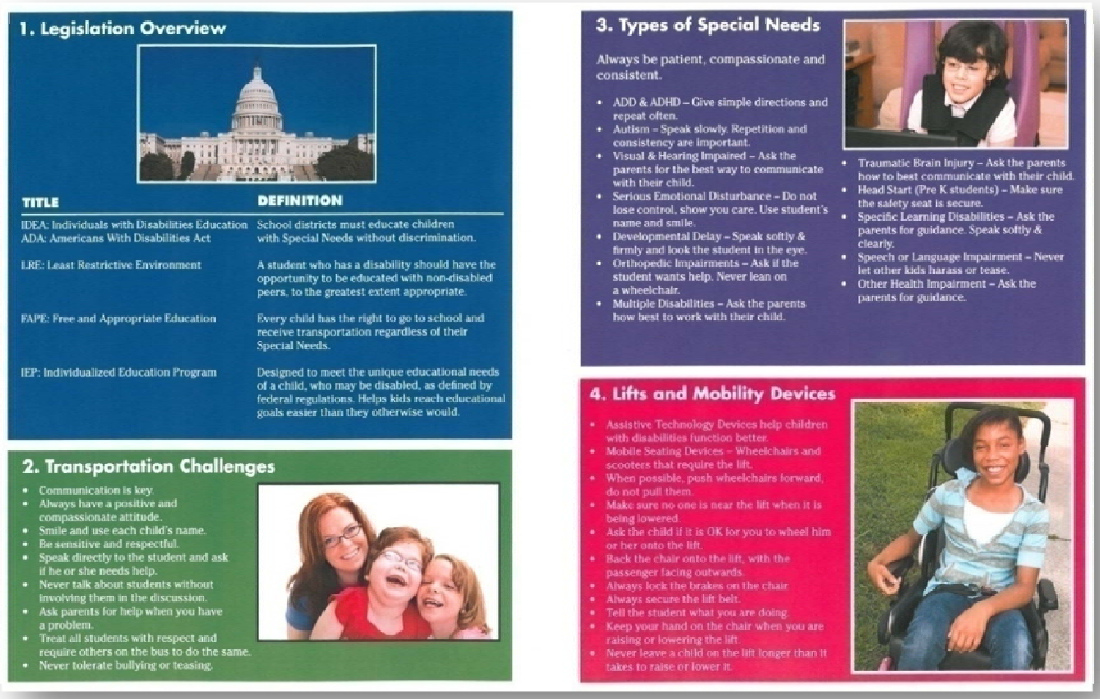
- ***Basic first aid and defensive driving***
- ***Overview of passenger assistance techniques, including sensitivity training; proper loading, unloading, and mobility device securement procedures; emergency procedures; proper passenger assistance techniques; sexual harassment, and general customer service***
- ***Techniques for diffusing tense situations***
- ***HIPAA guidelines and requirements***
- ***Orientation on client and MTM procedures***
- ***Tips on working with MTM and our processes***
    - ***Receiving trip assignments***
    - ***Calling in recipient no-shows***
    - ***Recording pick-up and drop-off information appropriately***
    - ***Billing and claims processing***
    - ***Collecting pick-up and drop-off information, including recipient signatures***

Upon training completion, the transportation provider must upload information pertaining to the specific training received, driver's signature, and date of completion. All required training must be completed 30 days before the go-live date, and providers are required to develop and maintain an annual Driver In-Service Schedule to ensure ongoing training of drivers.

<u>Providing Training for Dealing with Special Needs Recipients</u>

Because special needs recipients tend to require extra care, MTM is dedicated to ensuring our drivers understand how to handle these recipients. As a demonstration of this understanding, in our current District of Columbia services we determined that some drivers did not possess the skills to handle special needs recipients appropriately. To help reduce occurrences of mishandling, we worked with various local agencies to develop a proper special needs training program to supplement our standard training program.

This program has become a success in effectively training drivers to provide quality transportation services with regard to recipients' individual needs. Drivers now have the etiquette skills required to handle behavioral needs and other special needs recipients with compassion and care. We will bring this training program to Nevada NET drivers, ensuring every recipient receives the highest level of quality care during their trips with our subcontracted transportation providers. An example of the training material used in this program is shown in Figure 22.



1. Legislation Overview

TITLE	DEFINITION
IDEA: Individuals with Disabilities Education ADA: Americans With Disabilities Act	School districts must educate children with Special Needs without discrimination.
LRE: Least Restrictive Environment	A student who has a disability should have the opportunity to be educated with non-disabled peers, to the greatest extent appropriate.
FAPE: Free and Appropriate Education	Every child has the right to go to school and receive transportation regardless of their Special Needs.
IEP: Individualized Education Program	Designed to meet the unique educational needs of a child, who may be disabled, as defined by federal regulations. Helps kids reach educational goals easier than they otherwise would.

2. Transportation Challenges

- Communication is key.
- Always have a positive and compassionate attitude.
- Smile and use each child's name.
- Be sensitive and respectful.
- Speak directly to the student and ask if he or she needs help.
- Never talk about students without involving them in the discussion.
- Ask parents for help when you have a problem.
- Treat all students with respect and require others on the bus to do the same.
- Never tolerate bullying or teasing.

3. Types of Special Needs

Always be patient, compassionate and consistent.

- ADD & ADHD – Give simple directions and repeat often.
- Autism – Speak slowly. Repetition and consistency are important.
- Visual & Hearing Impaired – Ask the parents for the best way to communicate with their child.
- Serious Emotional Disturbance – Do not lose control, show you care. Use student's name and smile.
- Developmental Delay – Speak softly & firmly and look the student in the eye.
- Orthopedic Impairments – Ask if the student wants help. Never lean on a wheelchair.
- Multiple Disabilities – Ask the parents how best to work with their child.
- Traumatic Brain Injury – Ask the parents how to best communicate with their child.
- Head Start (Pre K students) – Make sure the safety seat is secure.
- Specific Learning Disabilities – Ask the parents for guidance. Speak softly & clearly.
- Speech or Language Impairment – Never let other kids harass or tease.
- Other Health Impairment – Ask the parents for guidance.

4. Lifts and Mobility Devices

- Assistive Technology Devices help children with disabilities function better.
- Mobile Seating Devices – Wheelchairs and scooters that require the lift.
- When possible, push wheelchairs forward, do not pull them.
- Make sure no one is near the lift when it is being lowered.
- Ask the child if it is OK for you to wheel him or her onto the lift.
- Back the chair onto the lift, with the passenger facing outwards.
- Always lock the brakes on the chair.
- Always secure the lift belt.
- Tell the student what you are doing.
- Keep your hand on the chair when you are raising or lowering the lift.
- Never leave a child on the lift longer than it takes to raise or lower it.

Figure 22: On-the-Job Reference Guide. Drivers will receive this reference guide during training. This guide provides key points to the seven main aspects of working with special needs recipients.

<u>Highest Quality Driver Training in the Industry</u>

With MTM's comprehensive driver training program, we can ensure that we provide more oversight of driver training than any other broker in the industry. Our continuous education and training assists our providers in achieving the highest quality customer service available. Our practices have resulted in MTM having achieved a reputation for having the highest quality network of transportation providers in the industry. With this, DHCFP can remain assured of our ability to achieve customer satisfaction through quality transportation.

3.6.2.2 Requirements for Provider Vehicles

The vendor shall ensure that all transportation providers maintain all vehicles adequately to meet the requirements of this RFP and resultant contract. Vehicles and all components shall comply with or exceed State, Federal, and manufacturer's safety and mechanical operating and maintenance standards for the vehicles. Vehicles shall comply with the Americans with Disabilities Act (ADA) regulations.

All vehicles shall meet the following requirements:

- The transportation provider shall provide and use a two-way communication system linking all vehicles used in delivering the services under this contract with the transportation provider's major place of business. Pagers are not an acceptable substitute.
- All vehicles shall be equipped with adequate heating and air-conditioning.
- All vehicles shall have functioning, clean and accessible seat belts for each passenger seat position pursuant to NRS 484.641. Each vehicle shall utilize child safety seats when transporting children under age six (6). Child safety seats shall meet standards and be used in a manner prescribed in NRS 484.474
- All vehicles shall have a functioning speedometer and odometer.
- All vehicles shall have two exterior rear view mirrors, one on each side of the vehicle.
- All vehicles shall be equipped with an interior mirror for monitoring the passenger compartment.
- The interior and exterior of the vehicle shall be clean and the exterior free of broken mirrors or windows, excessive grime, major dents or paint damage that detract from the overall appearance of the vehicles.
- The vehicle shall have passenger compartments that are clean, free from torn upholstery or floor or ceiling covering, damaged or broken seats, protruding sharp edges and shall also be free of dirt, oil, grease or litter.
- All vehicles shall have the transportation provider's name, vehicle number, and the vendor's toll free and local phone number prominently placed within the interior of each vehicle. This information and the complaint procedures shall be available in written form in each vehicle for distribution to recipients on request.
- Smoking is prohibited in all vehicles while transporting Medicaid program recipients. All vehicles shall have the following signs posted in all vehicle interiors, easily visible to the passengers:

"NO SMOKING"

"ALL PASSENGERS MUST USE SEAT BELTS"

- All vehicles shall include a vehicle information packet containing vehicle registration, insurance card and accident procedures and forms.
- All vehicles shall be provided with a fully equipped first aid kit.
- Each vehicle shall contain a current map of the applicable State(s) with sufficient detail to locate recipients and medical providers.

- In compliance with NAC 706.191, all vehicles shall have a minimum of $1,500,000 combined single limit insurance coverage for vehicles at all times during the contract period.
- Any vehicle or driver found out of compliance with this RFP, resultant contract Requirements, or any State or Federal regulations shall be removed from service immediately until the vendor verifies correction of deficiencies. Any deficiencies and actions taken shall be documented and become a part of the vehicle's and the driver's permanent records.
- The vendor shall develop and implement an annual inspection process in addition to the applicable State vehicle inspection requirements to verify that vehicles used by transportation subcontracted providers meet the above requirements and that safety and passenger comfort features are in good working order (e.g., brakes, tire, tread, signals, horn, seat belts, air conditioning/heating, etc.). Prior to execution of this Contract and the service agreement between the vendor and each transportation provider, the vendor shall complete an initial inspection of all the transportation provider's vehicles. Records of all inspections shall be maintained.
- All vehicles must carry at all times a copy of the Letter of Exemption issued by DHCFP to the vendor certifying that the vehicle is exempt from the need to obtain a Certificate of Public Convenience and Necessity pursuant to NRS 706.158 and NRS 706.745.

To ensure the safety of all recipients, we will make sure the vehicles used to transport Nevada NET recipients meet all DHCFP requirements, Federal and state regulations, and manufacturer standards. Much like the above noted driver requirements, our Transportation Provider Service Agreement and Guidelines establishes stringent vehicle requirements for providers. This extensive set of guidelines details minimum vehicle requirements, many of which directly align with DHCFP's expectations.

In fact, as shown in the following Figure 23, nearly every aspect mentioned by DHCFP in the above requirements is covered within our guidelines. As necessary to address the few requirements not already covered, MTM will modify the guidelines for Nevada. We will ensure all providers maintain vehicles, vehicle equipment, and insurance to meet the requirements of this RFP and state, federal, and manufacturer guidelines.

DHCFP Vehicle Requirements	MTM Transportation Provider Guidelines
Vehicles shall comply with the Americans with Disabilities Act (ADA) regulations.	*6.10: For all vehicles used for paralift operations, the overhead clearance between the top of the door opening and the raised lift platform, or highest point of ramp, shall be a minimum of 56 inches, or such other distance as may be required by ADA or other federal or state laws or regulations.* *6.12: All ramps used for the loading and unloading of passengers must meet ADA Accessibility Guidelines.* *6.13: All tie-downs or other securement devices used for paralift operations must meet the ADA Accessibility Guidelines.*
The transportation provider shall provide and use a two-way communication system linking all vehicles used in delivering the services under this contract with the transportation provider's major place of business. Pagers are not an acceptable substitute.	*6.16: Vehicles are required to have a form of two-way communication, which enables a central dispatch to contact the driver at any time.*
All vehicles shall be equipped with adequate heating and air-conditioning.	*6.6: All vehicles must be equipped with operable heating, air conditioning and ventilation systems so as to ensure the comfort of the passenger.*
All vehicles shall have functioning, clean and accessible seat belts for each passenger seat position pursuant to NRS 484.641. Each vehicle shall utilize child safety seats when transporting children under age six (6). Child safety seats shall meet standards and be used in a manner prescribed in NRS 484.474	*6.2: All seat belts must be in proper working order and accessible to the passenger.* *3.15: Drivers understand infants/children are to be in proper infant/child restraint seats as required by State or Federal law. In the event a proper seat is not available, or the use of proper child restraint seat is refused, the driver must deny transportation.*
All vehicles shall have a functioning speedometer and odometer. *All vehicles shall have two exterior rear view mirrors, one on each side of the vehicle.*	*6.18: All vehicles in use for MTM service must have:* *a) Functional door handles* *b) Accurate speedometers and odometers* *c) Functioning interior lighting*

DHCFP Vehicle Requirements	MTM Transportation Provider Guidelines
All vehicles shall be equipped with an interior mirror for monitoring the passenger compartment.	*d) Adequate side-wall padding and ceiling covering* *e) One interior rearview mirror* *f) Two exterior rearview mirrors – one on each side of the vehicle* *g) Passenger compartments that are clear and free from unsightly and potentially hazardous, torn upholstery, torn floor covering or dangling seat belts* *h) Cell phones are not to be used unless responding to a dispatcher call or making an emergency call; and use of cell phone must be in compliance with state and federal laws and regulations.* *i) Vehicles must have tire tread-life meeting manufacturer's minimum specifications*
The interior and exterior of the vehicle shall be clean and the exterior free of broken mirrors or windows, excessive grime, major dents or paint damage that detract from the overall appearance of the vehicles. *The vehicle shall have passenger compartments that are clean, free from torn upholstery or floor or ceiling covering, damaged or broken seats, protruding sharp edges and shall also be free of dirt, oil, grease or litter.*	*6.19: All vehicles in use for MTM service must <u>not</u> have:* *a) Damaged or broken seats* *b) Protruding or sharp edges* *c) Dirt, oil, grease or litter in the vehicle* *d) Broken mirrors or windows (other than small rock chips)* *e) Excessive grime, rust, chipped paint or major dents*
All vehicles shall have the transportation provider's name, vehicle number, and the vendor's toll free and local phone number prominently placed within the interior of each vehicle. This information and the complaint procedures shall be available in written form in each vehicle for distribution to recipients on request.	*6.4: All vehicles must prominently display Transportation Provider's name, and phone number in the interior of the vehicle.*
Smoking is prohibited in all vehicles while transporting Medicaid program recipients. All vehicles shall have the following signs posted in	*6.7: All vehicles in use for MTM services must have:* *a) emergency first-aid kit*

DHCFP Vehicle Requirements	MTM Transportation Provider Guidelines
all vehicle interiors, easily visible to the passengers: "NO SMOKING" "ALL PASSENGERS MUST USE SEAT BELTS" All vehicles shall include a vehicle information packet containing vehicle registration, insurance card and accident procedures and forms. All vehicles shall be provided with a fully equipped first aid kit.	b) fire extinguisher – (A,B,C) c) three reflective triangles or similar emergency warning devices d) blood borne pathogen spill kits e) extra electrical fuses f) flashlight g) ice scraper h) current insurance card i) current vehicle registration j) MTM or Transportation Provider Accident/Incident forms k) Transportation Provider Accident Procedure l) such other equipment as may be required by MTM m) no-smoking sign n) seatbelt sign
Each vehicle shall contain a current map of the applicable State(s) with sufficient detail to locate recipients and medical providers.	N/A: MTM will alter our guidelines to meet this requirement.
All vehicles must carry at all times a copy of the Letter of Exemption issued by DHCFP to the vendor certifying that the vehicle is exempt from the need to obtain a Certificate of Public Convenience and Necessity pursuant to NRS 706.158 and NRS 706.745.	N/A: MTM will alter our guidelines to meet this requirement.

Figure 23: Comparison Table. As shown above, vehicle requirements set forth by MTM's Transportation Provider Service Agreement and Guidelines align with nearly all of DHCFP's expectations.

Initial and Annual Vehicle Inspections

To ensure all vehicles within a provider's fleet meet safety standards, including those in the above Figure 23, our local Area Liaison Brittany Niedringhaus will inspect each vehicle prior to the start date of the contract as part of our credentialing process. Through these inspections, Brittany must validate the vehicle to be safe and mechanically roadworthy, and determine that it meets or exceeds all DHCFP, MTM, state, Federal, and manufacturer standards. Sample inspection forms and protocols are provided in Attachment J. If Brittany deems a vehicle unsafe or not satisfactory to the requirements, the vehicle will not be allowed to transport recipients

and other corrective actions may be implemented. These actions will be documented in the transportation provider's record kept in our NET Management System. MTM will keep records of vehicle inspections at our local Las Vegas office, where DHCFP will have access to all files as needed.

Upon passing our inspection, each vehicle will be issued an MTM inspection sticker, an example of which is shown at right. During their on-street observations, our employees will check to ensure each vehicle transporting Nevada recipients is appropriately adorned with this sticker in the rear window. If the employee discovers that a provider is using a non-MTM approved vehicle to transport recipients, we will immediately take corrective action. Certification stickers on each vehicle will be updated each year following the vehicle's annual inspection to ensure all vehicles remain in compliance with our enforced standards.

3.6.3 The NET broker shall ensure adequate oversight of subcontracted transportation providers and ensure that providers comply with all applicable Local, State and Federal laws, regulations and permit requirements. This duty includes, but is not limited to verification that each provider maintains at all times:

3.6.3.1 Insurance which complies with the standards at 49 C.F.R. 387 subpart B, N.A.C. §706.191(1-3), and which provide for notice of the status of the policy to the Administrator of Nevada Medicaid upon expiration, termination, or at any time requested by the Administrator;

MTM will require all transportation providers to maintain adequate insurance coverage at all times throughout the life of this contract. Proof of insurance will be kept within our database at all times.

3.6.3.2 An alcohol and substance abuse testing program which complies with standards at 49 C.F.R. Part 382;

Drivers employed by the transportation providers within our Nevada network will undergo initial and annual alcohol and substance abuse tests. If a driver is found to be under the influence of any substance, s/he will be immediately removed from our network.

3.6.3.3 Criminal background checks conducted periodically that assure criteria at MSM §103.12A are met;

As permitted, all drivers must undergo initial and annual criminal, child abuse and neglect, and elderly abuse background checks with a state law enforcement agency. We will document the results of these background checks within our database. If a driver's background check produces unacceptable results, s/he will not be allowed to transport recipients.

3.6.3.4 Signage on all vehicles identifying those operating under any exemption from Nevada Transportation Authority (NTA) regulation;

MTM will require transportation providers to display signage stating that they are exempt from NTA regulations as appropriate.

3.6.3.5 Documentation in each vehicle of any exemption from NTA regulation;

All vehicles exempt from NTA regulation will also keep documentation stating so within the vehicle at all times.

3.6.3.6 Current provider agreements with Nevada Medicaid.

Upon signing MTM's Service Agreement, each transportation provider will receive a copy for their records. MTM and each transportation provider will maintain a hard copy of the agreement, and MTM will also maintain an electronic copy. As requested, we will provide copies of Service Agreements to DHCFP.

As a contracted agent of the Director of the Department of Health and Human Services (DHHS), subject to the requirements of NRS § 422.2705 and NRS § 706.745. The NET broker may utilize the services of motor carriers that are exempt from certain certification requirements of the NTA of the Department of Business and Industry. Prior to exercising this option, the NET broker shall, with the assistance of the NTA, establish and utilize an inspection program designed to ensure that vehicles used by these motor carriers, and their operations, are safe. The NET broker shall also require these same motor carriers to submit proof of a liability insurance policy, certificate of insurance or surety which is substantially equivalent in form and is in the same amount or in a greater amount than the policy, certificate or surety required by the Department of Motor Vehicles (DMV) pursuant to NRS 706.291 for a similar situated motor carrier. The NET broker shall certify the transportation providers meet insurance requirements, vehicle safety standards, and driver background and drug tests cited in this chapter before a letter of exemption will be issued by DHCFP for that transportation provider.

MTM understands that we can utilize transportation providers and vehicles that are exempt from certain NTA requirements. If we choose to do so, we will follow the appropriate measures, including conducting inspections, collecting insurance policies, completing background and drug tests, and any other requirements specified by DHCFP. As we already complete these tasks for every other provider within our transportation networks, MTM can easily meet this requirement.

3.6.4 Volunteer Drivers

The vendor is encouraged to use recipient vouchers and/or volunteer programs to provide the most cost efficient transportation service to the recipient if such transportation is appropriate to meet the needs of the recipient. The vendor shall have procedures in place to verify and document vehicles and drivers used in reimbursement and volunteer programs that comply with appropriate State operating requirements, driver's licensure, vehicle registration and insurance coverage. The vendor shall obtain prior Division approval for the reimbursement method and schedule for recipient vouchers and/or mileage reimbursement.

Establishing a strong volunteer program is a key factor in augmenting and enhancing a NET brokerage such as this program with rural coverage. Across our book of business, we use our Provide a Ride program to coordinate volunteer drivers from non-profit organizations and community resources who utilize their personal vehicles or organization-owned vehicles to transport Medicaid recipients. We hold volunteer drivers in our Provide a Ride network to strict standards.

To aid in the proper development and operation of Provide a Ride networks in our service areas, we have developed processes to specifically address the use and oversight of volunteer drivers. Volunteer services must have the ability to provide recipients with the appropriate mode of service determined by MTM. Volunteers are required to have a valid driver's license and pass a criminal background check, and their vehicles must be appropriately licensed and insured. In order to provide the most comprehensive, reliable Provide a Ride network possible in Nevada, we will work with existing volunteer providers in the area, and where feasible, work to develop new volunteer programs.

Accommodating Personal Mileage Reimbursement

In addition to comprehensive volunteer programs, MTM has developed one of the most successful, fraud-free mileage reimbursement programs in the industry. This is extremely important to Nevada NET because a strong mileage reimbursement program gives recipients independence and control over their healthcare. Our mileage reimbursement program has been successful in curtailing NET program costs, and is unmatched by our competitors.

When an eligible recipient requests transportation, the CSR will first determine if public transit is an option. If the recipient is not eligible for public transit, MTM will offer him/her personal mileage reimbursement for the trip if s/he has a personal vehicle, or a friend or family member who can transport the recipient to the appointment but cannot afford gas. From here, our NET Management System will automatically calculate the mileage from the recipient's pick-up location to their drop-off location using pre-loaded GIS technology. MTM will then send the recipient a form that they will use to request mileage reimbursement from MTM after the appointment.

Prior to issuing a check for personal mileage reimbursement, MTM must receive the request for reimbursement form from the recipient. Upon receiving this form, which should include a signature from the recipient's physician verifying that the appointment took place, we will issue

a check within two weeks. Our system will document all verifications and denials of service, and any information on potentially fraudulent trips will be forwarded to the appropriate department. After verification, we will issue a check and mail it directly to the recipient.

As an augmentation to the traditional reimbursement process, we are also successfully piloting a reloadable debit card program for recipients who consistently use mileage reimbursement. This allows the recipient to have the funds immediately without waiting for a reimbursement check. If approved by DHCFP, we will use this method in Nevada.

3.7 FISCAL REQUIREMENTS

3.7.1 Provide reimbursement for transportation services

3.7.1.1 The vendor may negotiate individual service delivery rates through competitive bidding or utilize other strategies to ensure the least costly and most appropriate transportation services are provided. The vendor shall provide reasonable reimbursement of subcontracted transportation providers to ensure adequate transportation service capacity and accessibility to meet the transportation needs of Medicaid program recipients within the timeframes and standards specified in this RFP.

Upon contract award, our Network Management team will apply its expertise to negotiate and develop equitable, competitive rates with Nevada transportation providers. By negotiating fair rates, we are able to ensure the lowest cost, highest quality service for local recipients in accordance with Medicaid and RFP guidelines. As previously mentioned, we have already begun recruiting and discussing our contracting process with local transportation providers, including rate negotiation.

Appropriate rate development requires an understanding of the various issues that can cause inefficiencies with the transportation system. One prominent example is deadhead mileage, or mileage traveled without a passenger. Comprehensive network coverage, including adequate

after hours and weekend coverage, can help reduce this, thereby reducing per-trip costs. MTM can also incorporate multi-loading discounts and assign sole source providers to certain facilities to maintain a low per-trip cost. Our experience conducting similar negotiations with transportation providers in other contracts will prepare us for successful negotiations in Nevada.

3.7.1.2 Vendor shall provide timely payment to each contracted transportation provider based on the authorized services rendered. Full payment of all authorized trips shall be made to the transportation provider within forty-five (45) calendar days of receipt of a valid invoice. The vendor's payment procedures shall ensure that transportation provider claims for reimbursement match verification of authorized trips. These procedures shall include one hundred percent (100%) verification of appointments with medical providers on recipient mileage reimbursement and when otherwise appropriate. The vendor shall validate that all transportation services paid for under this RFP are properly authorized and actually rendered. The vendor shall also have adequate safeguards in place against fraudulent activity by transportation providers and recipients.

In the event a network provider bills a liable third party or other health care (OHC) coverage for non-emergency transportation services prior to submitting a claim to the vendor, the provider shall submit a claim to the vendor for reimbursement of any remaining co-payments. The provider shall be required to attach the Explanation of Benefits (EOB) to the claim submitted to the vendor and the vendor shall reimburse the claim up to the Medicaid maximum allowable, if any. No prior authorization is required under these circumstances. This claims submission policy must be included in the vendor's network provider policies and procedures.

In order to maintain transportation provider satisfaction with MTM, we understand how imperative it is to ensure transportation provider reimbursement is made in a timely, accurate, and efficient manner. Whether a large or small operation, transportation providers are entrepreneurial and must be able to meet their business expenses. Knowing when they will be paid and trusting that it will be accurate and on time is important to transportation providers. It is equally important to DHCFP that transportation providers receive payment only for services actually rendered. MTM works diligently to ensure that funds are used for the intended purpose. This is especially important when paying transportation providers as they constitute the major cost portion of NET programs.

To ensure accurate payment, MTM reconciles 100% of trips submitted. In addition, although not covered by our traditional claims process, we verify 100% of trips completed via mileage reimbursement with the medical provider. For more information on the mileage reimbursement process, please refer to Section 3.6.4. Nevada transportation providers will be responsible for completing the claims adjudication process, which includes verification of supporting documentation, the format of which will be approved by DHCFP prior to the go-live date. Only when the claim is reconciled will payment be completed, efficiently protecting against fraudulent activity.

Better Technology
MTM's network of transportation providers have the ability to claim completed trips online via a secure web portal.

Throughout our book of business, our dedicated claims staff members work to ensure timely, accurate payment to hundreds of providers on a weekly basis. MTM hears routinely that our practices are the timeliest in the industry. Transportation providers prefer working with MTM because they know they will receive fair and accurate payment.

Based upon our 16 years of experience reimbursing providers, we have developed a proven process for paying transportation providers for services rendered, shown in Figure 24. In the narrative that follows, we describe how transportation providers will submit claims and how we will process and verify the accuracy of claims prior to rendering payment.

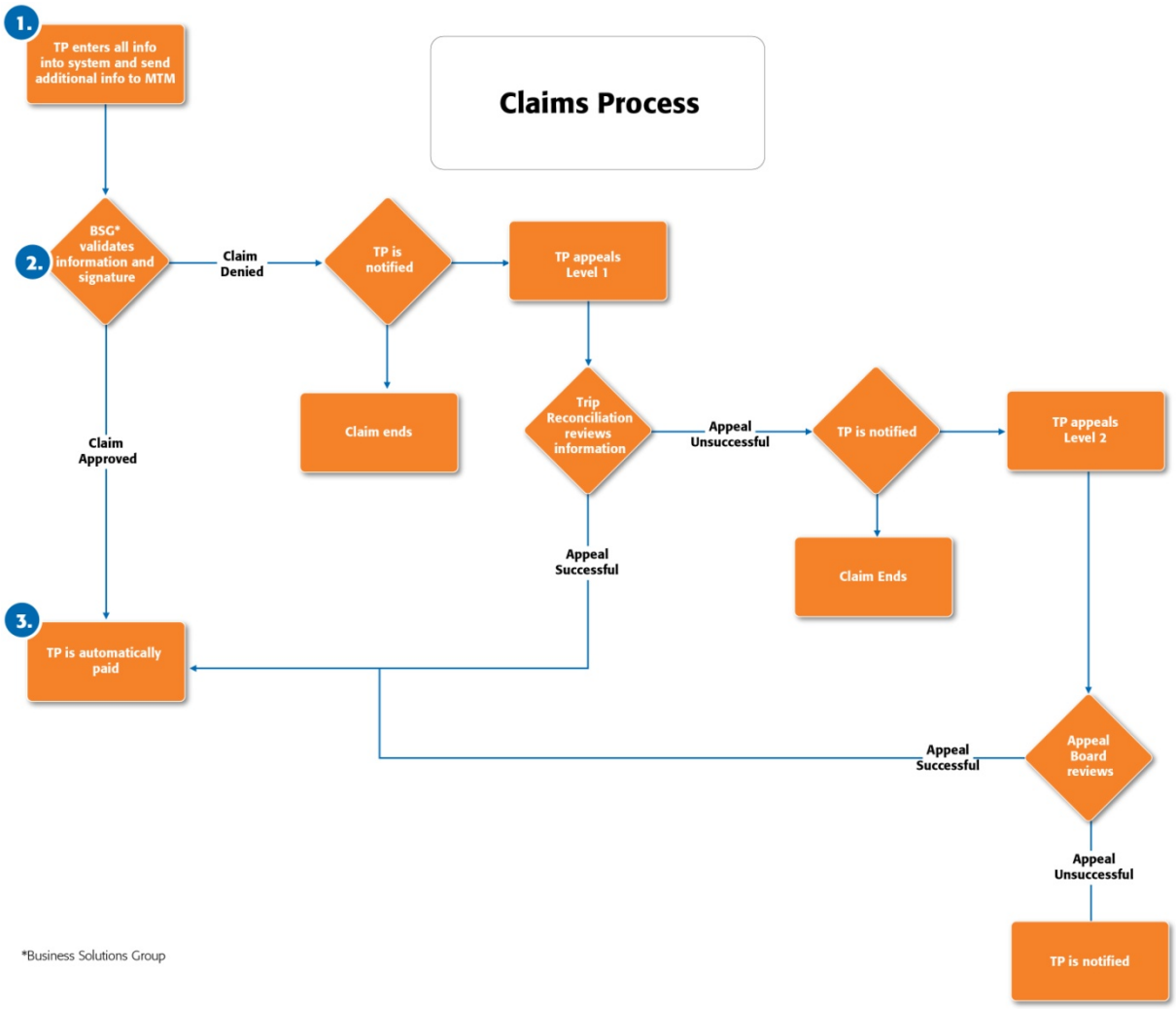


Figure 24: MTM's Claims Process. Providers appreciate the timely payment MTM provides.

Uploading Claims Online

The processes described in this section will be driven by industry-leading technology supported by our web portal system. When MTM dispatches a trip, it includes the trip mileage and subsequent reimbursement rate, calculated from the base and mileage rates. After MTM dispatches the trip request to the transportation provider and the trip has been completed, the claims process can begin. The provider can then submit a claim for the trip online and MTM staff will review the documentation for the original recipient signatures. MTM retains these documents in compliance with federal timelines so that subsequent reviews can be conducted if any fraudulent activities are suspected.

Nevada transportation providers can submit billing information and review payment details electronically via our secure online system. This online system streamlines and expedites the manual billing process. A comprehensive online training guide is available in addition to personalized online interactive training sessions via WebEx.

Transportation providers will upload claimed trips via a batch file upload or through single trip entry. Actual pick-up and drop-off times, driver's license number, vehicle identification number, and other items required to approve payment are communicated to MTM through these processes. Results are available online for review and include summary information regarding how many records were accepted in whole, in part, or entirely rejected. Clear and detailed information is also provided for individual claims to explain any rejections, as well as the steps to correct them.

When a file is uploaded, the system automatically validates that:

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

It is important to note that MTM's system will collect all valid information regarding a transportation claim when received, even if it results in an incomplete request. Empty fields are allowed, but a claim for payment will not be approved for payment until all required data elements have been received.

Claims Processing Narrative

We have developed a user-friendly claims process, shown above in Figure 24, supported by automated systems and tested with a focus group of NET providers. The following narrative describes the claims process we propose for this contract, which every transportation provider across our book of business has access to.

1. ***<u>Online Trip Information Entry</u>: Using the secure online portal, the transportation provider will submit pick-up and drop-off information, vehicle identification number, and driver's license number. When entering this information, the transportation provider must also***

submit any third party billing information to MTM, along with an Explanation of Benefits. We will follow all DHCFP policies regarding third party billing, and will include these processes in the Transportation Provider Guidelines. The screen shot in Figure 25 depicts how the transportation provider will enter this information in user-friendly screens custom designed for efficient and accurate data entry.

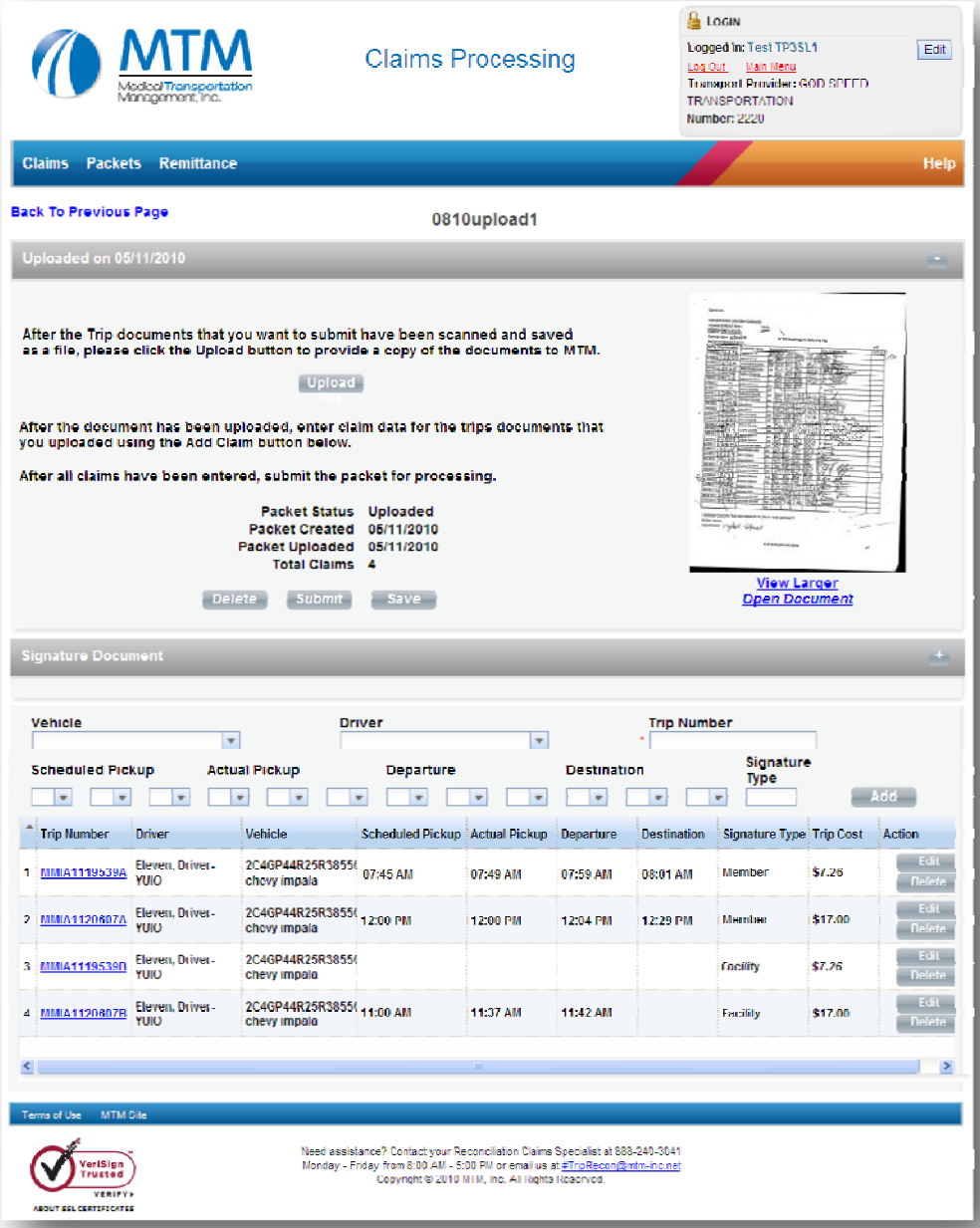


Figure 25: Manual Trip Entry Screen. NET providers can input trip information manually for claims purposes, if they choose not to upload trips electronically.

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

2. ***Validation of Signatures and Information: Our Business Solutions Group will review all documentation for completeness and compliance.***
    a. ***Claim Approved: Upon the receipt of a clean claim and following successful review of all supporting documentation, the trip claim moves to step three of this process.***
    b. ***Claim Denied: Reasons for denial may include lack of supporting documentation, discrepancy of information in our system vs. provider claim, or usage of a non-credentialed driver/vehicle.***
        i. ***Transportation Provider Notified: The online tool keeps the provider informed of the status of each claim throughout the claims process.***
        ii. ***Transportation Provider Appeals (First Level): If the NET provider does not agree with the automatic adjudication, then s/he may request an appeal online. We strive to resolve all disputes within two weeks. Because most of the information is supplied directly by the transportation provider, appeals should be limited in nature and quantity. Our claims staff will address the appeal and work with the provider to resolve the issue. The transportation provider must follow a structured online process identifying the grounds for the appeal and supply supporting evidence, if applicable. If the transportation provider does not make an appeal by the appeal deadline, the trip will close out and no appeals will be allowed after that date.***
        iii. ***Appeal Review Approved: The Claims Department will review supplementary information. Following evaluation, this department will annotate the trip as approved and the trip claim moves to step four. This will occur within two weeks of receiving additional information. As needed, we will request additional information.***

iv. ***Appeal Review Rejected**: The review does not justify making payment for a trip. Our online tool will update the provider on the status of the trip claim, and inform the provider of their right to submit a Second Level Appeal.*

c. ***Second Level Appeal**: If the provider is not satisfied with the result of the initial Appeal, s/he may escalate the issue to a Second Level Appeal. An Appeals Board reviews all Second Level Appeals. As in the initial appeal, the provider must follow a structured online process clearly identifying the reason for the appeal. The transportation provider cannot request a Second Level Appeal until one of the grounds listed below is reached. Any adjudication resulting from a Second Level Appeal is final. A Second Level Appeal will not be reviewed by the individual who processed the initial appeal. Instead, it will be reviewed by our Appeals Committee. Grounds for a Second Level Appeal may include:*

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

3. ***Payment Authorized**: Upon the successful completion of the above process, the transportation provider will receive payment for approved trips. In accordance with this RFP, all authorized and valid claims will be paid within 45 days of receipt of an accurate invoice.*

3.7.1.3 Balance billing by providers is prohibited.

MTM does not permit balance billing with our transportation providers in any area, and will prohibit this method in Nevada.

3.7.1.4 Vendor Liability:

The vendor must ensure that its recipients are not held liable for any of the following:

3.7.1.4.1 The vendor's debts, in the event of the vendor's insolvency;

3.7.1.4.2 For services provided to the recipient in the event of the provider failing to receive payment from the vendor for such services;

3.7.1.4.3 For services provided to a recipient in the event a transportation provider with a contractual, referral, or other arrangement with the vendor (such as an out of network provider) fails to receive payment from the State or the vendor for such services;

3.7.1.4.4 For services provided to the recipient in the event of the vendor failing to receive payment from the State for such services;

In the event of the vendor's insolvency, the vendor must cover continuation of services to recipients for duration of period for which payment has been made.

The requirements set forth in 3.3.1.4.1 through 3.3.1.4.4 above shall be included in all subcontracts.

As a responsible NET broker, MTM takes accountability for our own debts, as well as all services provided to recipients. We will never hold recipients liable for these actions, and we will never charge recipients for services they receive from a Nevada NET transportation provider. These standards will be included within the Service Agreements signed by subcontracted transportation providers in Nevada. In the unlikely event of MTM's insolvency, we will continue to provide service through the period for which we have been paid.

3.7.1.5 When a service is provided by a Medicaid provider, which is not a Medicaid covered service, the recipient is only responsible for payment if a signed written agreement is in place prior to the service being rendered.

While MTM has no involvement in the payment for medical services covered by Medicaid, our NET Management System prevents us from scheduling trips to non-covered services. During implementation, we will upload specific codes into our system for each covered service. When scheduling trips for Nevada recipients, CSRs must enter an eligible trip reason code; if the code is not recognized, the trip cannot be scheduled. Therefore, DHCFP will not have to worry about MTM authorizing inappropriate transportation to services that are not covered by Medicaid.

3.7.1.6 Performance Security Deposit

The vendor is required to provide a performance security deposit –in the form of a bond furnished by a surety company authorized to do business in the State of Nevada - to DHCFP in order to guarantee payment of the vendor's obligations under this contract. Other types of security may be considered with the approval of the State's Risk Management Division. The performance security deposit may be utilized by DHCFP to remedy any breach of contract or sanctions imposed on the vendor and shall meet the following criteria:

3.7.1.6.1 The amount of the performance security deposit shall be equal to one hundred and ten percent (110%) of highest month's total capitation amount in the first quarter or five hundred thousand dollars ($500,000.00), whichever is greater. This must be deposited with the State Treasurer within fifteen (15) calendar days after the end of the first quarter of the contract. The total capitation amount is the sum of all capitation payments for all enrollees for the month; and

3.7.1.6.2 After the initial year of the contract DHCFP will require the vendor to increase the performance security deposit amount to reflect an amount equal to one hundred and ten percent (110%) of the preceding year's highest month's total capitation payment or five hundred thousand dollars ($500,000.00), whichever is greater.

3.7.1.6.3 Vendors submitting performance security to the State of Nevada in the form a surety bond must utilize a company that meets the below listed requirements:

- A.M. Best A-VII rated insurance company
- Certified by the Department of Treasury, Financial Management Services for Nevada
- Licensed by the Nevada Department of Business and Industry, Insurance Division

The vendor must maintain the performance security deposit after the contract term for a length of time to be determined by DHCFP in order to cover all outstanding liabilities.

Because performance security bonds are typical for large NET contracts like Nevada's, MTM understands and will comply with DHCFP's bond requirement. Within 15 days of the end of the first quarter covered under this contract, MTM will obtain and maintain a performance security deposit from a DHCFP-approved entity worth 110% of the highest month's capitation rate, or

$500,000. As necessary, we will increase the value of our performance deposit on an annual basis to reflect the highest monthly capitation rate from the previous year.

3.7.2 Third-Party Liability and Subrogation

3.7.2.1 Third-party liability (TPL) refers to any individual, entity (e.g., insurance company) or program (e.g., Medicare), including group health plans, as defined in Section 607(1) of the Employee Retirement Income Security Act of 1974 (29 USC and 1167 (1)) service benefits plans, and vendors that are or may be liable for all or part of a recipient's health coverage. Under Section 1902(a)(25) of the Social Security Act, DHCFP and its contractors are required to take all reasonable measures to identify legally liable third parties and treat verified TPL as a resource of the Medicaid. The possibility exists that a recipient has another insurance plan that covers air ambulance or other transportation. The State can provide a list of recipients known to have third party coverage.

One of the most important specifications of Medicaid-provided NET services is that Medicaid should always be the payor of last resort. As part of our standard eligibility verification process, MTM's NET Management System determines if a recipient receives NET coverage from a TPL source, including Medicare, group health plans, or other insurance plans.

During the implementation period, MTM will upload all DHCFP-provided information about recipients with third party coverage to our system. When a recipient with third party coverage requests NET service, the system will alert the scheduling CSR that a TPL entity exists and may be liable for all or part of his/her coverage. As applicable, this information will then be used to seek payment from the TPL, as described in the following Section 3.7.2.2.

3.7.2.2 The vendor shall act as the State's authorized agent for the limited purpose of TPL collection, within the limitation of the Fair Debt Collection Practices Act, 15 USC § 1692, of all third-party liability (TPL) pursuant to 42 CFR § 433.135 et seq and 42 CFR 433.147. If a capitated payment model is used, the contracted vendor's capitated payments shall include an offset in the rates for these collections. The contracted vendor shall vigorously pursue and bill prior TPL resources as these amounts are considered part of their risk based capitation payment. The contracted vendor is prohibited from delegating this responsibility to its providers and/or members of its provider network. The vendor shall reimburse provider claims regardless of any TPL

or subrogation resource and shall not pend, deny, or hold in abeyance any provider claim for the sole purpose of awaiting or pursuing a TPL or subrogation collection or payment. The vendor must utilize the EVS eligibility system to determine if casualty claims are filed and recover costs through subrogation on behalf of Medicaid recipients. The vendor must determine the third party and seek payment; the vendor is prohibited from delegating this responsibility to its providers and/or members of its provider network. All information on the third party, including collections and collection attempts are to be reported to DHCFP in a format prescribed by the State.

With our NET Management System, MTM has an efficient, reliable resource for determining if a recipient receives third party coverage. When our system identifies a recipient with such coverage, we will continue with our regular scheduling process. However, following trip completion, our Claims department will contact the third party to collect any outstanding fees for their portion of the NET service. We understand that this is solely our responsibility, and we will never delegate collection duties to our network of transportation providers. Further, we will not deny a transportation provider payment for NET if we are waiting on reimbursement from the TPL.

MTM will comply with all DHCFP requirements for billing entities with TPL, and will develop a report for each occurrence. This report will detail the third party, each collection attempt, the amount of money collected, and any other requested information. As part of our monthly capitation rate, our monthly bill will include an offset for payment collected from third parties.

3.7 REPORTING

3.8.1 Submit management reports

The vendor shall submit accurate and complete management reports to Division at requested intervals or on demand. The vendor shall provide the following management reports, at a minimum, to Division on the frequency and in the specified format indicated below:

3.8.1.1 Transportation Summary Report summarizing all adverse actions and authorizations for transportation services by type of transportation. This information is to be provided in electronic media to Division within ten (10) business days after the close of the month in format prescribed by Division. Report must show utilization by Medicaid.

3.8.1.2 Call Center Report summarizing call volume, nature of calls, number of calls abandoned, and information listed in Section 3.6 of this RFP within ten (10) business days after the close of each month in format prescribed by Division.

3.8.1.3 Recipient Satisfaction Survey Report summarizing the results of the surveys described in Section 3.8.2.3 to be submitted to Division timely, pursuant to Section 3.8.2.3 of this RFP.

3.8.1.4 Grievance Log summarizing complaints received and their resolution including any corrective action taken. The Grievance Log shall be delivered to the Division within twenty (20) business days of the close of each month.

3.8.1.5 Annual Transportation Report describing the project and contracted services, major problems and issues and how they were addressed, and future plans. Also, a statistical summary of services provided and other pertinent information. A draft of the report shall be submitted to Division within sixty (60) business days after the close of each year of operation and the final report shall be submitted to Division within thirty (30) business days of receipt of Division comments.

3.8.1.6 High Cost Users Report: summarizing the monthly miles, level of service, cost, cost per mile, recipient ID number, location, and the name of the transportation provider. The report is due 45 days from the end of each fiscal quarter.

3.8.1.7 Monthly Cost Report: shows costs associated with providing NET by the type of transportation and by the amount spent per recipient.

3.8.1.8 Other operational, management and/or ad hoc reports as required by Division, with reasonable notice or upon demand.

3.8.1.9 Any other reports the vendor produces, which may be of value to the Division.

3.8.1.10 Fraud and Abuse Reporting: Pursuant to 42 CFR 455.1(a)(1), the vendor must report fraud and abuse information to the state. Minimum reporting requirements include the number of complaints of fraud and abuse made that warrant preliminary investigation by the State. For each report which warrants investigation, the vendor must provide to the State:

3.8.1.10.1 The provider name/recipient name and ID number;

3.8.1.10.2 The source of the complaint;

3.8.1.10.3 The type of provider;

3.8.1.10.4 The nature of the complaint;

3.8.1.10.5 Approximate dollars involved; and

3.8.1.10.6 Legal and administrative disposition of the case.

3.8.1.11 Upon project implementation, monthly reports must be delivered via e-mail to the current transportation program manager no later than the twentieth (20th) business day of each month. The e-mail address may be obtained by contacting the contract monitor.

3.8.1.12 Timely receipt of reports shall be a prerequisite for authorization of monthly payment to the vendor. Therefore, failure to provide accurate and complete

management reports by reporting deadlines may result in delay or suspension of payment to the vendor until the reports are received and approved by Division. Failure to provide accurate and complete reports by reporting deadlines may also result in contract suspension or termination.

3.8.1.13 Vendor shall provide utilization data as requested to the State's contracted actuary. Utilization data must be separated by Medicaid and Nevada Check-up.

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

MTM's Nevada Program Manager Nathan Mueller will ensure DHCFP receives all reports within the specified times and in the approved formats, verifying reports are complete and accurate prior to release. We understand that if our reports are submitted past the established deadline, payment for MTM's services may be delayed. Nathan will analyze reports, scrutinizing data for any conditions out of tolerance, unusual activity, and opportunity for improvement. If such conditions are identified, he will make appropriate, timely recommendations to DHCFP. In addition, report analysis will be integrated into regular meetings with DHCFP. With Nathan keeping a close eye on Nevada NET data, report analysis will be extremely beneficial to DHCFP, this program, and its recipients.

<u>Meeting Monthly Reporting Requirements</u>

MTM provides each of our programs with a reporting package full of useful, detailed information on a monthly basis. Although many of these reports are similar from contract to contract, these packages are customized for each program based on specific needs. Based on the requirements of the RFP, MTM is proposing a Nevada-specific monthly reporting package made up of the reports detailed in Figure 26; in addition, during contract negotiations, we can discuss a variety of other reports that may be beneficial to Nevada NET. Monthly reports will be submitted to DHCFP's transportation program manager via email by the 20th business day of each month, or other specified date. Please see Attachment L for a sample monthly reporting package for examples of reports we can create. Upon contract award, we will develop report templates for DHCFP's review and approval.

Proposed Monthly Reporting Package for Nevada NET	
Report Title	***Report Description***
Transportation Summary	***Summarizes adverse actions, authorizations for service, and Medicaid utilization by type of transportation.***
Call Center	***Summarizes call volume, nature of each call, number of abandon calls, and other ACD data gathered throughout the month. Refer to Section 3.10.2.5 for additional details.***
Recipient Satisfaction Survey	***Summarizes results of various satisfaction surveys completed throughout the month.***
Grievance Log	***Summarizes complaints received, resolution, and any corrective actions taken.***
Monthly Cost	***Delineates costs associated with NET by mode of transportation and dollars spent per recipient.***
Fraud and Abuse	***Summarizes the number of suspected cases of fraud and abuse, including details such as provider or recipient name and ID number; source of complaint; type of provider; nature of incident; approximate dollars involved; legal and administrative disposition.***
Other Reports	***MTM will work with DHCFP during contract negotiations to identify any other recommended reports for the Nevada NET program.***

Figure 26: Monthly Reports Package. MTM will provide DHCFP with a customized, comprehensive monthly reports package.

Meeting Quarterly Reporting Requirements

In addition to the monthly reporting package detailed previously, MTM understands that we must meet quarterly reporting requirements. These reports will provide a more broad perspective of the NET program, including a high cost user report summarizing monthly miles, service levels, cost per mile, overall cost, recipient ID number, location, and transportation provider name for each high cost utilize. MTM will submit this report, and any other quarterly reports, to DHCFP with 45 days of the end of each quarter.

Meeting Annual Reporting Requirements

Outside of detailed monthly and quarterly reports, we will also provide DHCFP with an annual Transportation Report. This report will provide a written and statistical summary of NET utilization over the year, as well as any identified transportation issues and how they were addressed. Further, this report will detail recommended solutions for overall program

improvement over the following year. From this report, DHCFP will gain detailed knowledge on program successes and achievements. We will compile and submit the annual report to DHCFP within 60 days of the close of each fiscal year, with final revisions being made within 30 days of receiving recommended changes from the Division.

On-Demand, Ad Hoc Reporting

In addition to standard reports developed within specified deadlines, we can also provide ad hoc reports as directed by DHCFP. We will develop ad hoc reports as quickly as possible, normally within 24 hours. Custom reports in real time are available online via our web portal. DHCFP can submit report requests or pick up previously requested reports utilizing easy-to-use drop down menus. On-demand reports allow DHCFP to use multiple search criteria and select the desired report on topics such as trip details, recipient activity, recipient no-shows, and complaints. DHCFP will have the ability to refer to a brief description of each report right from the home screen. Recipient and trip data that can be customized includes any combination of date range, vehicle type, transportation provider, recipient, and other selection criteria.

Better Technology
On-demand reporting allows for complete transparency of Nevada NET services. DHCFP will have 24/7 access to various reports and raw data, ensuring it can get up-to-the-minute program details and trends.

When the report is ready for retrieval, the report requestor will receive an e-mail notification. We will provide DHCFP with a user manual and conduct training on creating on-demand reports to ensure we answer all questions about using the tool. Further, raw data that supports all summarized reports will be available at the request of DHCFP, and utilization data will be sent to the State's actuary.

3.8.2 Report encounter data on a monthly basis

3.8.2.1 Electronically transmit monthly Encounter Data on all completed transportation services authorized by the vendor. The data elements shall be based on the CMS 1500 format and include recipient's name, Medicaid ID number, date of service, transportation service provider, service type, pick-up point, destination, and miles. CMS' specifications are subject to change, and other data elements may be specified by Division. The submission format to the Division shall be in ANSI X12 837 format for transportation services, or what format may supplant that specification at a future date.

In nearly every contract we operate, MTM is required to gather and submit encounter data. Many of our clients have consistently said MTM provides cleaner, more reliable encounter data than our competitors. With our staff of experienced business analysts who can immediately recognize any anomalies in data, we have less data kick back than other brokers. In fact, throughout our book of business, our encounter data return rate is a mere 0.1%, ensuring that DHCFP will receive accurate encounter data input and submission with MTM.

Each month, we will submit a monthly aggregate file of completed transportation services in ANSI X12 837, the standard submission format. The file we submit to DHCFP will include encounter data that complies with CMS 1500 regulations, such as:

- ***Recipient name***
- ***Recipient Medicaid ID number***
- ***Date of service***
- ***Transportation provider***
- ***Service type***
- ***Pick-up and drop-off points***
- ***Total mileage***

As required in the future by DHCFP or CMS, we will supplant the current encounter data format with additional information.

3.8.2.2 The vendor shall upgrade to subsequent versions of this Format as specified by Division. Division will provide the vendor with a minimum sixty (60) calendar day advance notice prior to the date of implementation of the revision. The data are to be provided to Division within ten (10) business days after the close of the month using a mode of transmission and format specified by Division. In the event the data submission contains erroneous data as determined by Division, the vendor has thirty (30) days to correct the errors and resubmit to Division.

If and when CMS or DHCFP upgrades or changes current encounter data submission requirements, MTM will comply with the changes within the 60-day implementation period. We will submit all encounter data to DHCFP by the tenth business day of each month. Although we do not expect errors to occur, we will correct erroneous data within 30 days of identification.

3.8.2.3 Independent Customer Satisfaction Survey

As part of the QA Monitoring Plan, the vendor shall conduct recipient satisfaction surveys regarding Medicaid transportation in the State every six (6) months. The initial six-month period shall be the first six months the vendor delivers services under this RFP. The survey shall be in a format and use sampling strategies that are provided or approved by Division. Periodic sampling issues may include, but are not be limited to:

- confirmation of scheduled trip;
- driver and vendor staff courtesy;
- driver assistance when required;
- overall driver behavior;
- driver safety and operation of the vehicle;
- condition, comfort and convenience of the vehicle; and
- punctuality of service.

The purpose of the survey is to verify the availability, appropriateness and timeliness of the trips provided and the manner in which the vendor's and transportation provider's staff interacted with recipients. The vendor shall allow recipients to respond to surveys within sixty (60) days of mailing. Upon receipt of the survey sample response, surveys shall be collected and compiled by the vendor into a reporting format with the original surveys attached. These reports are to be submitted to the Division no later than ninety (90) days following the mailing of the survey.

MTM is one of the only major transportation brokers to monitor customer satisfaction through weekly recipient satisfaction surveys, far exceeding DHCFP's biannual expectation. In addition,

we also perform satisfaction surveys with other stakeholders, including medical facilities, transportation providers, and DHCFP.

Recipient Satisfaction Surveys

To ensure recipient satisfaction surveys remain completely bias-free, MTM utilizes an independent third party organization to survey a statistically random number of trips each week. Representatives from a nationally recognized organization ask recipients a variety of questions during these surveys, such as those shown in Figure 27.

Recipient Satisfaction Survey Questions	
Questions Regarding Phone Service	*Questions Regarding Transportation Providers*
Was your call answered promptly?	*Was the driver's conduct professional and courteous?*
Was the operator helpful?	*Did the driver have identification?*
Did the operator explain how to change or cancel your trip?	*For your return ride, did the driver pick you up within one hour?*
Was your trip scheduled while you were on the phone?	*Was the vehicle clean?*
Did the operator remind you to be ready 15 minutes prior to your appointment?	*Did the vehicle have working seat belts?*
	Did you arrive to your appointment on time?
January-June 2011 Customer Service Satisfaction Results: 96.18%	*January-June 2011 Transportation Provider Satisfaction Results: 96.40%*

Figure 27: Recipient Satisfaction Survey. By asking recipients the above questions on a weekly basis, MTM can stay in tune with overall satisfaction.

The representative conducting the survey will input all gathered data from the call into our database for reporting, trending, and tracking. The results are trended quarterly in MTM's QMC meetings. In the rare circumstance that a survey shows an unsatisfactory result, the QMC will institute an appropriate corrective action plan to resolve the issue. In addition, we utilize satisfaction survey results to develop two Quality Improvement Programs (QIPs) each year,

further improving service quality. We will provide DHCFP with a recipient satisfaction survey report as part of our standard monthly reports package; see Attachment L for a sample report. As requested, we will attach the actual surveys to the summary report.

By conducting weekly satisfaction surveys with recipients, MTM can make accurate, timely changes to the program. Soliciting this feedback gives DHCFP a positive image while proactively making program improvements. MTM's goal is to achieve a recipient satisfaction rating of 95% of better, which we have exceeded to date in 2011. Prior to using our standard satisfaction survey, we will submit the survey to DHCFP for approval and modification.

Medical Facility/Provider Satisfaction Surveys

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

Transportation Provider Satisfaction Surveys

Outside of recipient and medical facility satisfaction, MTM also conducts an annual satisfaction survey among the transportation provider community. By having our third party surveyor conduct these surveys, we are able to identify areas in which we can help transportation providers work with MTM in a more efficient manner. These surveys also provide feedback on the performance of our Network Representatives and Area Liaisons. Questions asked during this survey will pertain to satisfaction with the trip scheduling process, satisfaction with the claims process, and responsiveness of our staff to the provider's needs. Our overall goal for transportation satisfaction is 90%.

DHCFP Satisfaction Survey

An additional important satisfaction survey that MTM offers to this program is that of DHCFP itself. Each year, we will solicit formalized feedback from DHCFP using a third-party surveyor.

This survey is used for internal purposes to improve our client services processes, and ask questions about DHCFP's satisfaction with each MTM department, response times, usefulness of reports, and services provided. The survey will also ask specific questions about Program Manager Nathan Mueller's performance. Results will be reviewed by our Vice President of Client Services, and will be reported to the QMC and Board of Directors.

3.9 GRIEVANCES, APPEALS, AND FAIR HEARINGS

3.9.1 Notice of Decision

The vendor may take action on a recipient's transportation service authorization request based on Medicaid guidelines set forth in Chapter 1900 of the Medicaid Services Manual (MSM). The service authorization request may be denied or limited (i.e. denied in part, or reduced) based on MSM policies. The vendor shall notify each recipient in writing of the reason for the adverse action on their transportation service authorization request within five (5) business days of the adverse action. Pursuant to 42 CFR 438.10 (h), the Notice of Decision (NOD) shall include information regarding the recipient's right to a State Fair Hearing, the method for obtaining a State Fair hearing, and the rules that govern the recipient's right to representation. The vendor must provide a Notice of Decision (NOD) to the recipient written notice of any decision to deny a service authorization request or to authorize a service in an amount, duration, or scope that is less than requested.

The notice of Decision must include the following information:

3.9.1.1 The action the Contractor or its network provider has taken or intends to take;

3.9.1.2 The reasons for the action (including the MSM section that calls for the action);

3.9.1.3 The recipient's right to request a State Fair hearing;

3.9.1.4 The method of obtaining a State Fair Hearing;

3.9.1.5 The rules that govern representation at a State Fair Hearing;

3.9.1.6 The right of the recipient to request a state fair hearing and how to do so;

3.9.1.7 The right to request to receive benefits while the hearing is pending and how to make this request;

3.9.1.8 That the recipient may be held liable for the cost of those benefits if the hearing decision upholds the vendor's action; and

3.9.1.9 The Contractor is required to maintain records of grievances and NODs, which the State will review as part of the State's contract monitoring and management oversight.

MTM ensures that recipients are notified when we deny, terminate, or reduce their transportation service through detailed Notice of Decision letters. As described in depth in

***Section 3.4.5*, these letters are automatically produced by our NET Management System and sent to the recipient immediately. We will develop Notices of Decision that comply with all requirements set forth by DHCFP, and keep detailed records of our decisions.**

3.9.2 Grievances

The vendor is responsible for receiving and responding to all grievances with regard to the delivery of non-emergency transportation services under this contract, verbal or written, from recipients, providers, Division or other sources. A complaint is defined as a verbal or written expression of dissatisfaction with some aspect of NET services. The vendor should encourage those with verbal complaints to submit them as written complaints.

3.9.2.1 The vendor shall attempt to respond verbally to the recipients, authorized representative, Division or provider grievances within twenty-four (24) hours of receipt of the grievance. The vendor shall respond to written grievances in writing within seventy-two (72) hours.

To ensure all stakeholders have a path of recourse, MTM has an equitable, fair process for managing complaints, grievances, and appeals. MTM will meet all requirements of the grievance process and State Fair Hearings as detailed in this RFP. With MTM, Nevada stakeholders will receive a QSC dedicated solely to this contract. This individual will handle all grievances, monitoring for any trends and building relationships with program stakeholders. The Nevada QSC will offer reasonable assistance to stakeholders filing grievances or appeals, including:

- ***Recipients***
- ***Transportation providers***
- ***DHCFP***
- ***Medical providers***
- ***Other sources such as social workers and case managers***

If one of these stakeholders wishes to express dissatisfaction with the service they receive from MTM or a transportation provider, s/he may express their concern verbally or in writing. However, as requested by DHCFP, we will encourage stakeholders who submit a verbal grievance to also submit it in writing. In addition, we also accept complaints via our website,

***www.mtm-inc.net*, as shown in the screenshot in Figure 28. Through this feature, stakeholders may also submit compliments about MTM's service. This online entry allows stakeholders sufficient space to express their comments and/or concerns.**

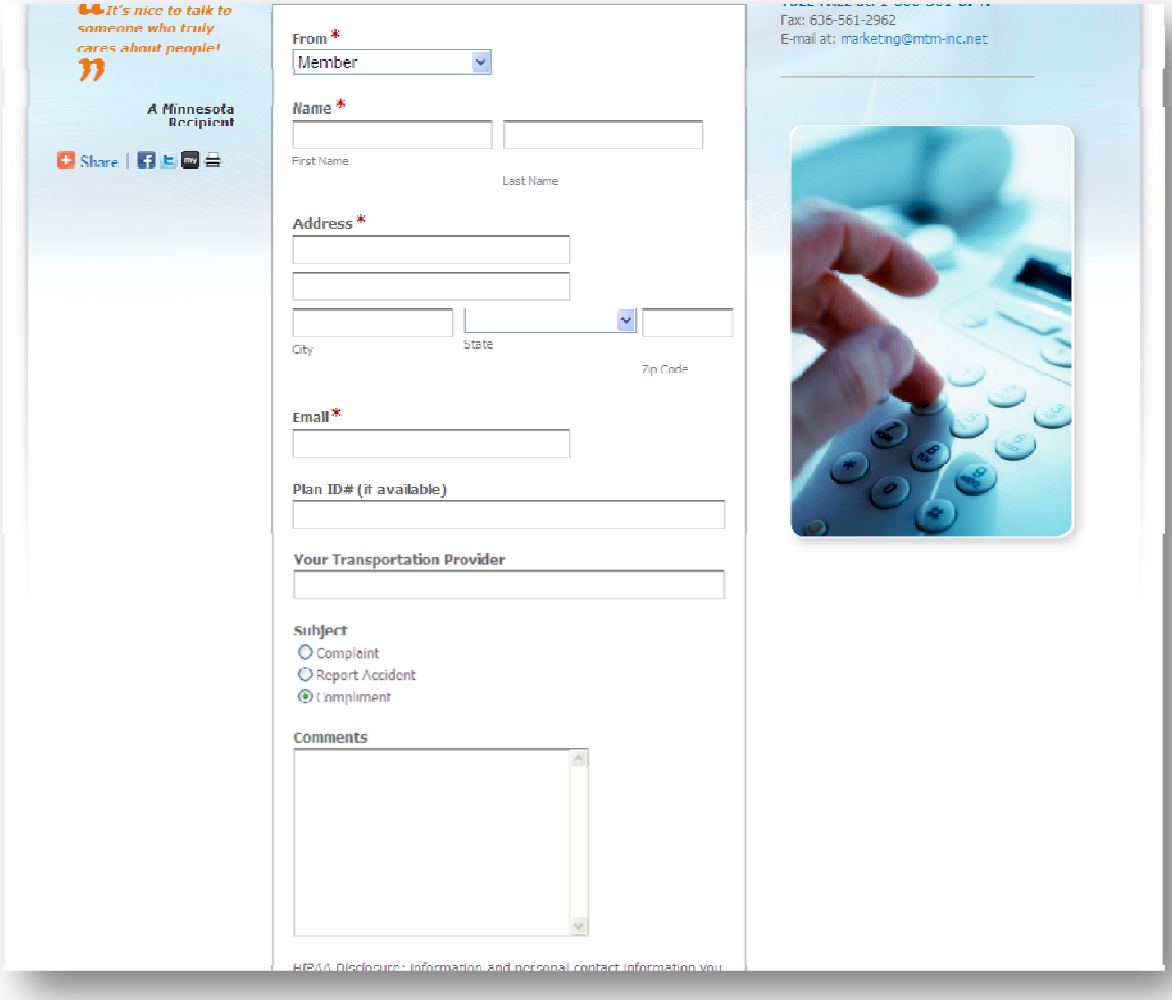


Figure 28: Online Complaints Entry. With our online complaints and compliments entry system, stakeholders can conveniently submit comments quickly and easily.

When the QSC receives the grievance, s/he will initiate the investigation and resolution process. This individual will acknowledge grievances verbally within 24 hours of receipt, and in writing within 72 hours.

3.9.2.2 The vendor must have a process with which to address recipient authorized representative, Division or provider grievances. The vendor's grievance process must be in writing and submitted to DHCFP for review and approval at the time of contract implementation. DHCFP will refer all recipient grievances to the vendor for resolution. The vendor must provide information about its grievance process to all providers and subcontractors, at the time they enter into a contract.

MTM maintains written policies and procedures for all aspects of our operation, including a process for addressing stakeholder grievances. Prior to implementing this process in Nevada, we will receive DHCFP's review and approval. As part of our initial ETO Program, we will provide information to recipients and other stakeholders describing the grievance process, ensuring all stakeholders know how to formally express any dissatisfaction they may incur.

3.9.2.3 The vendor is required to dispose of each grievance and provide notice as expeditiously as the recipient's health condition requires within the State's established time frames which allows the vendor no more than ninety (90) days from the date the grievance is received by the vendor or a network provider. In addition, the vendor must:

3.9.2.3.1 Provide recipients any reasonable assistance in completing forms and taking other procedural steps. This includes but is not limited to providing interpreter services and toll-free numbers that have adequate TTY/TTD and interpreter capability;

3.9.2.3.2 Acknowledge receipt of each grievance;

3.9.2.3.3 Ensure that the individuals who make decisions on grievances were not involved in any previous level of review or decision-making; and,

3.9.2.3.4 The vendor shall notify the recipient of the disposition of grievances in written format. The written notice must include the results of the resolution process and the date it was completed.

In each of our contracts, MTM strives to greatly reduce complaints and grievances. In fact, our 2011 complaint rate to date is a mere 0.16%, well below the industry-standard goal of 3%. Although MTM maintains this low rate and thoroughly trains transportation providers and our staff on acceptable conduct, we have an established process for resolving grievances should a recipient receive service that does not meet their expectations. These processes comply with DHCFP's requirements and allow us to solve the issue as quickly as possible.

MTM's grievance process encompasses receipt, research, communication, and education to achieve satisfactory resolution. See Attachment C for a sample Operations Manual, which includes all policies and procedures related to the operation of NET, including rights, complaints, grievances, appeals, and State Fair Hearings. The QMC reviews our processes annually to ensure that MTM remains current with emerging trends and/or changes in Medicaid.

As mentioned in Section 3.9.2.1, recipients can issue a grievance verbally, in writing, or through our website. Our Nevada-dedicated QSC will provide reasonable assistance during the entire process, which encompasses receipt, research, communication, and education to achieve satisfactory resolution within 90 days. Upon receiving the grievance, the QSC will verbally acknowledge receipt within 24 hours. Then, the QSC will document all circumstances surrounding the grievance, working with all involved parties to reach a resolution. All grievances will receive review from the QSC and any other applicable party, depending on which department the grievance applies to. Once resolution has been completed, the QSC will notify the aggrieved in writing of their ongoing appeal rights if they deem the resolution unsatisfactory. DHCFP is ensured that the QSC will not be involved in any previous situations that led to the grievance being filed, as handling grievances and appeals is the QSC's sole responsibility.

3.9.2.4 The vendor must establish a process to resolve any provider grievances that are separate from, and not a party to, grievances submitted by providers on behalf of recipients. Written grievance procedures must be included, for review and approval, at the time the vendor policies and procedures are submitted to the DHCFP and at anytime thereafter when the vendor's provider grievance policies and procedures have been revised or updated.

3.9.2.4.1 The vendor must accept written or oral grievances that are submitted directly by the provider as well as those that are submitted from other sources, including the DHCFP. The vendor must keep a written or electronic record of each provider grievance to include a description of the issue, the date filed, the dates and nature of actions taken, and the final resolution. The vendor must issue a final decision, in writing, no later than ***Ninety (90) days after a grievance is filed.***

In addition to maintaining a thorough process for responding to and resolving recipient grievances, MTM has a similar process for solving transportation provider grievances. We value our relationships with transportation providers and want to keep them as satisfied as possible.

Therefore, as outlined in the Operations Manual in Attachment C, this process is fair and equitable, and ensures we thoroughly review grievances of action taken by MTM. DHCFP will approve this procedure prior to implementation and following any update.

Like with our recipient grievance process, MTM will accept provider grievances verbally, in writing, and through our website. The QSC will follow the same process outlined in Section 3.9.2.3, documenting all circumstances surrounding the grievance and working with all parties to reach a resolution within 90 days of filing. Upon resolution, the QSC will maintain detailed records of the grievance in our NET Management System. In addition, s/he will notify the provider of the resolution and provide an explanation of the appeals process should they remain unsatisfied.

Transportation Provider Inquiries

Along with our formal grievance process, we have appropriate resources to which transportation providers can make inquiries. Providers will have access to Network Representative Danielle Porras and Area Liaison Brittany Niedringhaus, who will be dedicated to Nevada and ensuring local transportation provider satisfaction. Brittany will meet with the transportation provider at least annually but is also available for on-site meetings as requested. The transportation provider can also access MTM's toll-free "Vendor Hotline" to make an inquiry. If the inquiry relates to billing issues, the transportation provider can call MTM's Help Desk.

3.9.2.5 The vendor shall establish and maintain standardized written procedures for handling all grievances, including documentation requirements. Investigation shall entail obtaining as much factual information about the grievance as is made available during the course of the investigation. The vendor shall attempt to resolve the grievance, if possible. The vendor shall maintain a log of all grievances, verbal and written, with documentation of the grievance and action taken to resolve the grievance. The vendor shall compile a summary report and analyze grievances received on a monthly basis to determine quality of services to recipients and noting patterns or trends of grievances received. This summary report shall be submitted to the Division by the 20th working day following the close of the reporting month. The vendor shall analyze the grievance data for quality improvement as an integral part of its QA Monitoring Plan.

As previously mentioned, MTM has established proven processes for investigating, responding to, and solving grievances. These procedures are in compliance with DHCFP's requirements, and are outlined in our Operations Manual, provided as Attachment C.

Grievance Record Keeping and Reporting

MTM will maintain accurate records of all grievances, responses, and resultant corrective action plans, which will be made available to DHCFP upon request. In addition, we will send DHCFP a summary report of grievances, appeals, and State Fair Hearings each month, as described in Section 3.8.1. This monthly report will include the number of complaints received, how complaints were received (by phone, written communication, or website), dates received, date of resolution, and a description of the resolution. See Attachment L for a sample complaints report.

Having access to grievance information will help DHCFP and MTM identify opportunities for program improvement. In addition to submitting the monthly complaint report to DHCFP, we will send our QMC a summary of Nevada NET complaints. The QMC, along with Nevada's dedicated QSC and Program Manager, will carefully examine each instance to determine where program improvements can be made. If these parties do identify a possible improvement, we will make every effort to incorporate changes quickly. In addition, if we notice a deficiency resulting from complaints in another contract, we will incorporate the necessary changes in this program to ensure the same problems do not occur in Nevada.

3.9.3 Appeals

3.9.3.1 The vendor must establish an appeals process to review any decision denying, terminating or reducing services and any decisions resulting from a grievance from a provider or a recipient. The review shall be performed by parties other than those making the original decision and who possess the authority to uphold, modify, or reverse the original decision. The Written Appeals procedures must be included, for review and approval, at the time the vendor policies and procedures are submitted to the DHCFP and at anytime thereafter when the vendor's provider appeals policies and procedures have been revised or updated.

The vendor must accept written or oral appeals that are submitted directly by the provider as well as those that are submitted from other sources, including the DHCFP. An oral appeal must be followed by a written, signed appeal; however, the oral appeal must count as the initial date of appeal. The vendor must keep a written or electronic record of each provider appeal to include a description of the issue, the date filed, the dates and nature of actions taken, and the final resolution. The vendor must issue a final decision, in writing, no later than ***Thirty (30) days after an appeal is filed.***

As part of our grievance decision, MTM informs stakeholders of their right to appeal. If a recipient, transportation provider, or other stakeholder remains unsatisfied at the conclusion of the grievance process, MTM has an appeals procedure that allows us to review our original grievance decision. This process, included as Attachment M, will be approved by DHCFP prior to implementation and any time a change is made.

Although we accept oral appeals, the stakeholder must also submit a written, signed appeal. Upon receiving the request for appeal, MTM will contact the stakeholder in writing within 72 hours. As required, the QSC will not be responsible for the appeals process; instead, we will utilize another employee from our Quality department who was not involved in the grievance decision. MTM will make a final decision within 30 days and alert the stakeholder of the decision. At the conclusion of the appeals process, MTM will provide a resolution, implement corrective action steps, and maintain an accurate record of the appeal in our NET Management System. Corrective action may result in a change of policy or procedures regarding the delivery of services.

3.9.3.2 The state fair hearing process is described in Chapter 3100 and Chapter 1900 of the Medicaid Services Manual. The vendor is required to provide access to state fair hearings in the event an action is taken by the vendor on a recipient's service authorization request. A recipient, recipient's representative or the representative of a deceased recipient's estate has the right to request a state fair hearing. The vendor will participate in the state fair hearing process, at the vendor's expense, in each circumstance in which a recipient for whom the vendor has made an adverse determination requests a state fair hearing. The vendor is bound by the decision of the Fair Hearing Officer. Recipient grievances eligible for the State Fair Hearing process include:

- Denial or limited authorization of a requested service;
- Reduction, suspension or termination of a previously authorized service; and
- Failure of the vendor to meet specified timeframes (e.g., authorization, claims processing, appeal resolution).

As necessary following the grievance and appeal process, MTM will facilitate the State Fair Hearing process in compliance with the Medicaid Services Manual. If a recipient or their representative remains unsatisfied with the decision made regarding his/her denial, reduction, suspension, or termination of NET service, we will work cooperatively with DHCFP to complete the State Fair Hearing. The Nevada Program Manager, our Vice President of Operations, and our Legal Council will provide all pertinent documentation of the incident and its processing. This includes any documentation deemed necessary to justify our decisions. MTM understands that the decision of the Fair Hearing Officer is final, and we will comply with his/her decision.

3.9.3.3 Pursuant to Nevada Revised Statute 422.306, when a provider has exhausted the vendor's internal appeals process, the provider has the right to submit a written request to the DHCFP for a State Fair Hearing. It is the vendor's responsibility to notify the provider of this right at the time the provider enters into a contract with the vendor and when the outcome of an appeal is not wholly in favor of the provider pursuant to 42 CFR 431.200(b); 42 CFR 431.220(5); 42 CFR 438.414; and 42 CFR 438.10(g)(1). Provider grievances eligible for the State Fair Hearing process include:

3.9.3.3.1 Denial or limited authorization of a requested service;

3.9.3.3.2 Reduction, suspension or termination of a previously authorized service;

3.9.3.3.3 Denial, in whole or in part, of payment for a service;

3.9.3.3.4 Demand for recoupment; or

3.9.3.3.5 Failure of the vendor to meet specified timeframes (e.g., authorization, claims processing, appeal resolution).

The DHCFP will not accept requests for State Fair Hearings that address provider enrollment, termination or other contract disputes between the vendor and its providers and/or subcontractors.

Just as we maintain a thorough State Fair Hearing process for recipients, transportation providers and other stakeholders will have the right to a hearing after they have exhausted MTM's internal appeals process. During contract implementation and at the end of the appeals process, we will inform stakeholders of the process for requesting a State Fair Hearing. We will accommodate and facilitate Fair Hearings for the reasons specified in Sections 3.9.3.3.1 through 3.9.3.3.5 above. When providers or other stakeholders request a State Fair Hearing, we will follow the process outlined in Section 3.9.3.2 in reference to recipient requests to ensure a smooth, equitable hearing.

3.9.4 Recipient Rights

Pursuant to 42 CFR 438.100(c), the vendor shall ensure that each recipient is free to exercise his or her rights and that by the exercise of those rights, no adverse effect will result in the way the vendor treats the recipient.

MTM treats all recipients with dignity and respect, and allows each to exercise their rights. We will never base our actions toward a recipient on his/her previous filings of grievances, appeals, or requests for Fair Hearings.

3.10 INFORMATION SYSTEMS AND TECHNICAL REQUIREMENTS

3.10.1 Establish and maintain a transportation database

3.10.1.1 The vendor shall establish and maintain a HIPAA compliant computer database sufficient to meet the needs of the transportation program. The vendor shall maintain person level computerized data on recipients that contain the following data elements, at a minimum:

- Recipient's name;
- Date of birth/age;
- Sex;
- Medicaid ID number;
- Address;

- Telephone/e-mail;
- Directions to home;
- Program eligibility;
- Managed care program status;
- Name of primary care provider (PCP);
- Telephone of PCP;
- Third party liability status;
- Special needs (medical condition, language);
- Required mode of transportation (wheel chair);
- Verification of medical appointment, if applicable;
- Notes (abusive behavior, complaint history, etc);
- Existence of a legally responsible individual; and
- Authorized assessed level of needs.

Important to the success of every contract MTM operates is the ability to collect and analyze program data. MTM's NET Management System is a state-of-the-art, HIPAA-compliant system capable of processing thousands of trip requests daily. Our system collects and stores all required data elements during and after the trip request process as required by this RFP. Our system can meet and exceed the minimum data collection elements required by the RFP, including those shown in Figure 29.

MTM's System Meets All Data Collection Requirements	
Does MTM's System Meet This?	***RFP Data Collection Requirement For Each Recipient***
✓	***Recipient's name***
✓	***Date of birth/age***
✓	***Sex***
✓	***Medicaid ID number***
✓	***Address***
✓	***Telephone/email address***
✓	***Directions to the recipient's home***
✓	***Managed care program status***
✓	***Name of primary care provider***
✓	***Telephone number of primary care provider***

MTM's System Meets All Data Collection Requirements	
✓	***Third party liability status***
✓	***Special needs (if any)***
✓	***Required/authorized mode of transportation***
✓	***Verification of medical appointment (as necessary)***
✓	***Individual legally responsible for recipient***
✓	***Any notes about abusive behavior, complaint history, etc.***

Figure 29: Data Collection. MTM's system meets all data collection requirements set forth by DHCFP.

As noted throughout Section 3.8, MTM's NET Management System readily generates reports as trip requests, complaints, and claims are entered into the system, immediately transmitting them to our database where they are stored permanently. This process will allow us to provide meaningful monthly and on-demand reports for DHCFP.

3.10.1.2 The vendor shall also maintain a daily-computerized Trip Log (excludes public transportation) that documents the following data elements, at a minimum:

- Recipient name;
- Medicaid ID number;
- Requester name (if different);
- Date/time of request;
- Date/time of medical appointment;
- Mode of transportation requested/mode authorized;
- Justification of mode authorized;
- Scheduled time of pickup/drop off;
- Actual time of pickup/drop off;
- Scheduled companions or escorts;
- Pickup location;
- Drop off location;
- Referral, approval, or denial (include reason) of transportation;
- Ancillary expenses authorized (parking, tolls, etc);
- Transportation provider number, assigned by Vendor;
- Date/time of notification to transportation provider;
- Trip Mileage;
- Staff member referring/authorizing/denying request;
- Notes (cancellation, incomplete request, no-show, abusive behavior occurrence);

- Driver name or ID#; and
- Drivers insurance policy name and number.

The drivers' insurance policy name and number on a trip log is required for immediate access for various liability reasons. NET Transportation is provided during various times of the day; before and after office hours including weekends, thus requiring quick access to the driver's insurance policy name and number.

MTM's proprietary NET Management System allows us to keep accurate, detailed records for each trip. As described in Section 3.6.1.17, we require transportation providers to keep detailed logs about the trips they take, which they then upload to our system via their independent web portal. We are also developing an innovative application called MobiliNET that will allow drivers to utilize mobile technology to immediately transmit information from a handheld device to MTM's system, as detailed in Section 3.6.1.4. During the trip scheduling process, our CSRs will begin the trip log by entering general information about the recipient, transportation provider, and transportation arrangements. Then, the transportation provider will complete the log by uploading the information s/he collected during the actual trip.

In addition to the information outline in Section 3.6.1.17, we will maintain trip logs for each recipient and trip that details the following information:

- ***Recipient Medicaid ID number***
- ***Requestor name, if different from recipient***
- ***Date and time of the request and the medical appointment***
- ***Mode of transportation requested and authorized, along with justification***
- ***Staff member authorizing or denying request***
- ***Denial reason (if applicable)***
- ***Scheduled pick-up and drop-off times and locations***
- ***Trip mileage***
- ***Driver insurance policy name and number***
- ***Authorized ancillary expenses***
- ***Date/time of notification to transportation provider***
- ***Any notes or comments***

3.10.1.3 The vendor shall utilize a computer software package for trip planning, which includes the accurate determination of the mileage from the recipient's residence to the medical service site and the return trip. The vendor shall maintain electronic and hard copy files on completed transportation trips, by transportation provider.

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

Our experience authorizing, scheduling, and dispatching NET services informed the programming of this system, and continues to inform changes made to the software. Our configurable system automates the call intake and trip planning processes, provides secure information exchange of recipient eligibility files, allows us to store trip records, and virtually eliminates the possibility of authorizing services to a non-covered service or medical provider.

As shown in Figure 30, MTM's NET Management System supports a variety of functions. In addition, it serves as a repository for information linked to a recipient's permanent file; examples include special needs, approved mode of transportation, and special instructions to our CSRs.

The NET Management System Supports:	
Call intake and scheduling process	Eligibility screening
LON screening	Records repository of each scheduled trip
Quality assurance	Complaints management
Denial and appeals process	Reporting requirements (internal and external reports)
Accounting functions	Claims processing
Invoicing	Transportation provider network management
Credentialing	Monitoring on-time performance
Dispatching trip assignments	Fraud alerts

Figure 30: NET Management System Functionality. MTM's NET Management System supports a variety of program functions relevant to Nevada NET.

MTM's software is designed to be portable and scalable, and is therefore platform independent. Portability means that each application is platform independent and, unlike other systems, is not constrained to the technology in place when developed. Accordingly, MTM can take advantage of emerging technology with minimal impact to the existing system, so benefiting from the opportunities, cost savings, and efficiencies that are continually presented to the industry. Scalability means that additional capacity may be added as required with minimal, if any, impact to infrastructure. The combination of portability and scalability provides unlimited potential to increase volume and add new functionality and technology while maintaining system response times. This, combined with web-based access, means that an infinite number of users may access the system simultaneously with no degradation in performance. All that is required is access to the internet. Thus, DHCFP will always be in a position to deliver new innovative services to its recipients without the restrictions and constraints associated with systems that are not web-based, platform independent, and scalable.

MTM's system is hosted in a secure environment, architected in accordance with the industry-standard layered security model. Online access to the services and data provisioned by the NET Management System is provided to various stakeholders via secure web portals. This overall architecture of the system is illustrated in Figure 31.

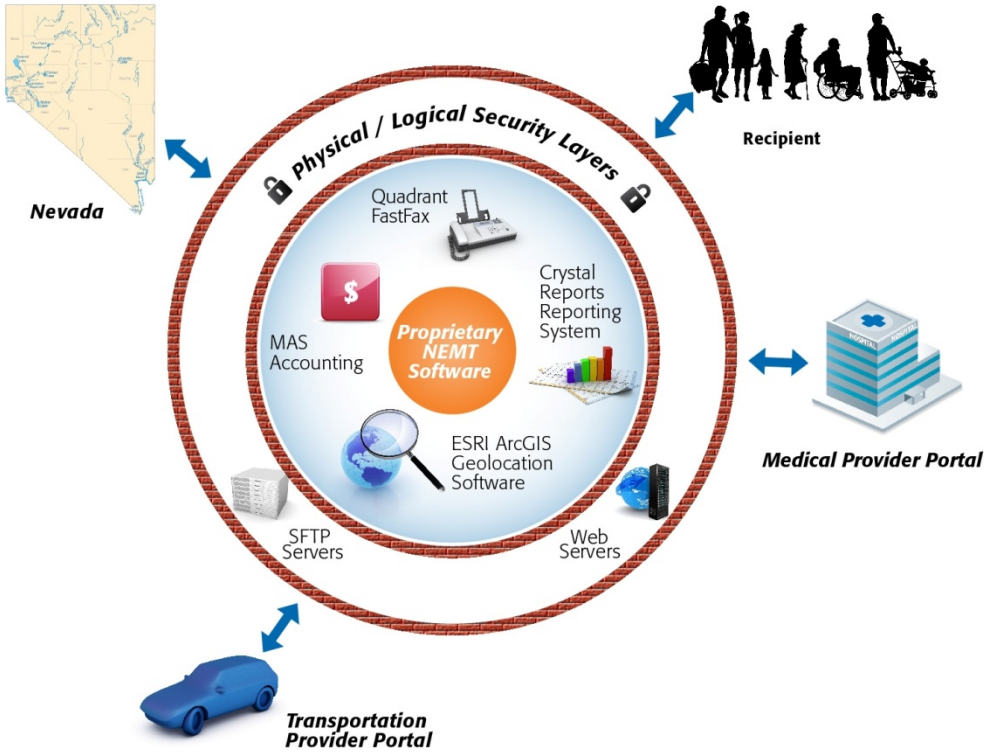


Figure 31: MTM's NET Management System. This figure describes the overall architecture of our NET Management System, including online portal access for DHCFP, transportation providers, medical providers, and recipients.

Scheduling Trips

During the call intake process, after the appropriate mode of transportation has been determined, our system allows the CSR to pick the transportation provider closest to the pick-up location of the trip. In addition, it identifies the exact mileage of each leg of the trip. This helps to promote multi-loading and routing on behalf of the transportation provider. Once the provider has been selected, the CSR faxes the trip to the transportation provider or the provider electronically downloads the trip information. Our system employs an internal fax capability that allows us to transmit thousands of trip requests daily. To ensure trip requests are received in a timely manner, the system faxes the most urgent trips first followed by the trips furthest out.

Routing Trips

To ensure MTM is getting the most cost-effective transportation for trips that can be routed, we routinely review all trips to the same destination and request bids from transportation providers

to be the sole-source provider for these trips. These providers must adhere to performance standards to ensure not only cost-effective transportation, but also quality transportation. MTM also reviews recurring trips for the ability to route and multi-load. MTM uses a routing software package from StrataGen to analyze recurring trips to see if a provider can multi-load and route the trips. We then solicit bids from providers capable of administering these routes and adhering to the required performance standards.

Secure Web Portals for Online Features

Unique to the industry, four independent web portals deliver a complete range of NET services and data. Each portal provides an intuitive interface independently designed to meet the specific needs of the four major stakeholders: DHCFP, local transportation providers, local medical providers, and recipients. The recipient portal is a forthcoming feature, and will meet this population's online scheduling needs.

DHCFP Portal

The DHCFP portal provides the online ability to:

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

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

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

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

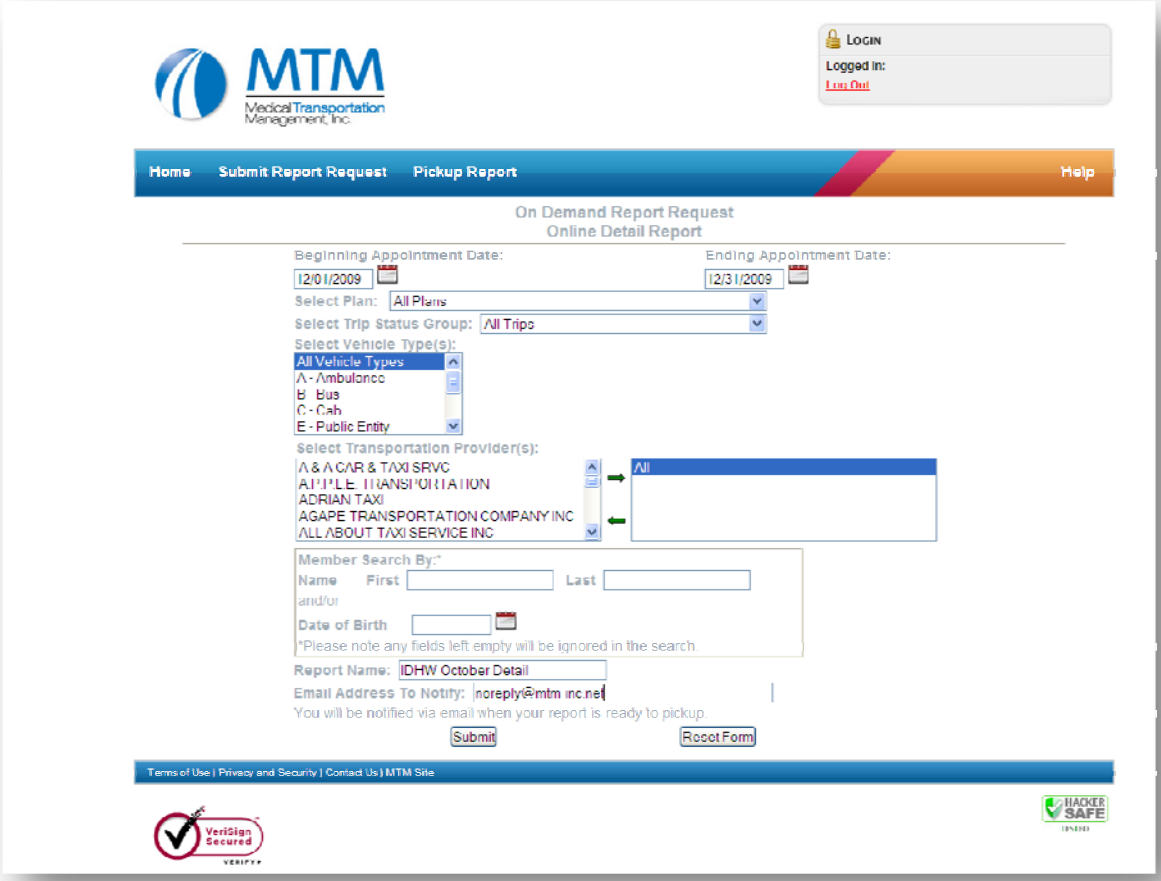


Figure 33: On-Demand Report Screen. DHCFP can create custom reports showing real-time data.

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

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

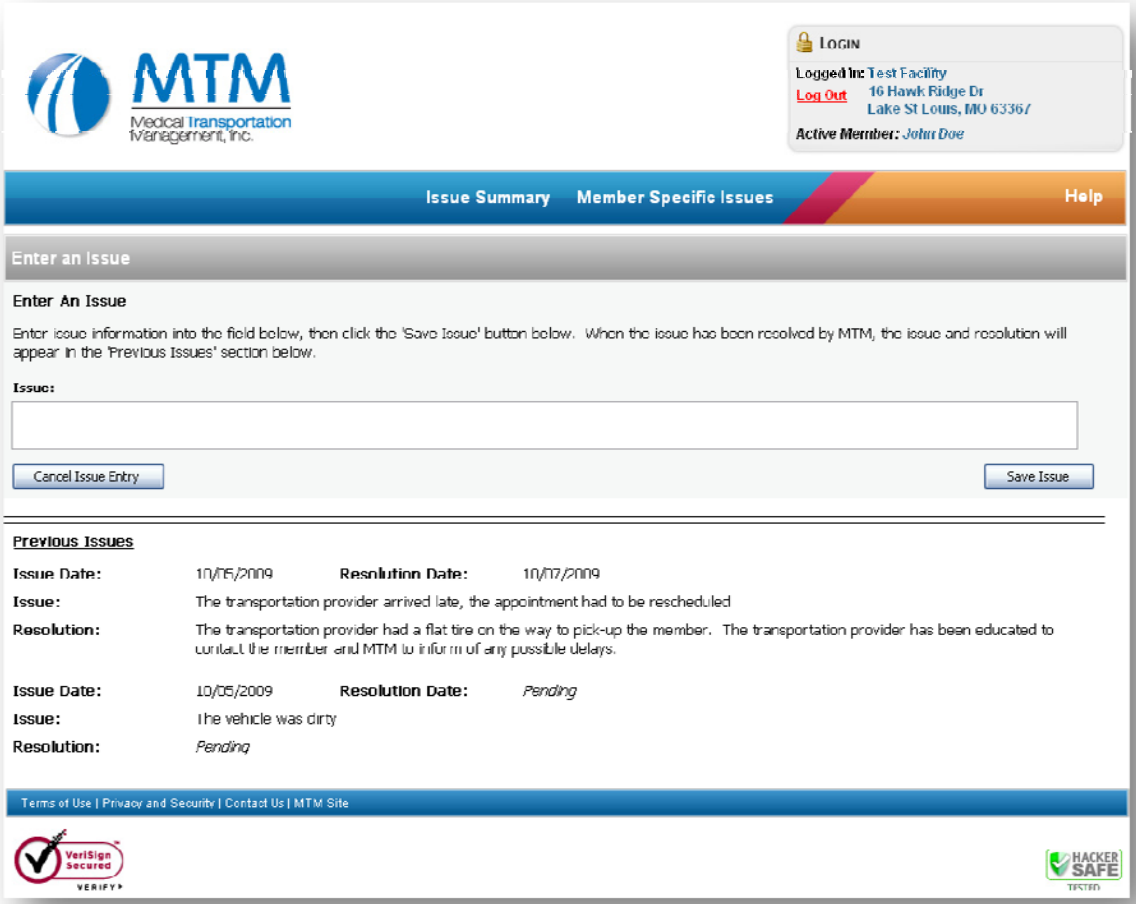


Figure 34: Manual Complaint Entry Screen. Complaints and resolutions can be entered and tracked online.

DHCFP staff will have read-only access to transportation provider data. This will include the ability to view business, driver, and vehicle credentials, as well as scheduling, dispatch and tracking information, and claims data.

Figure 35 illustrates how driver credentialing information will be presented to DHCFP staff.

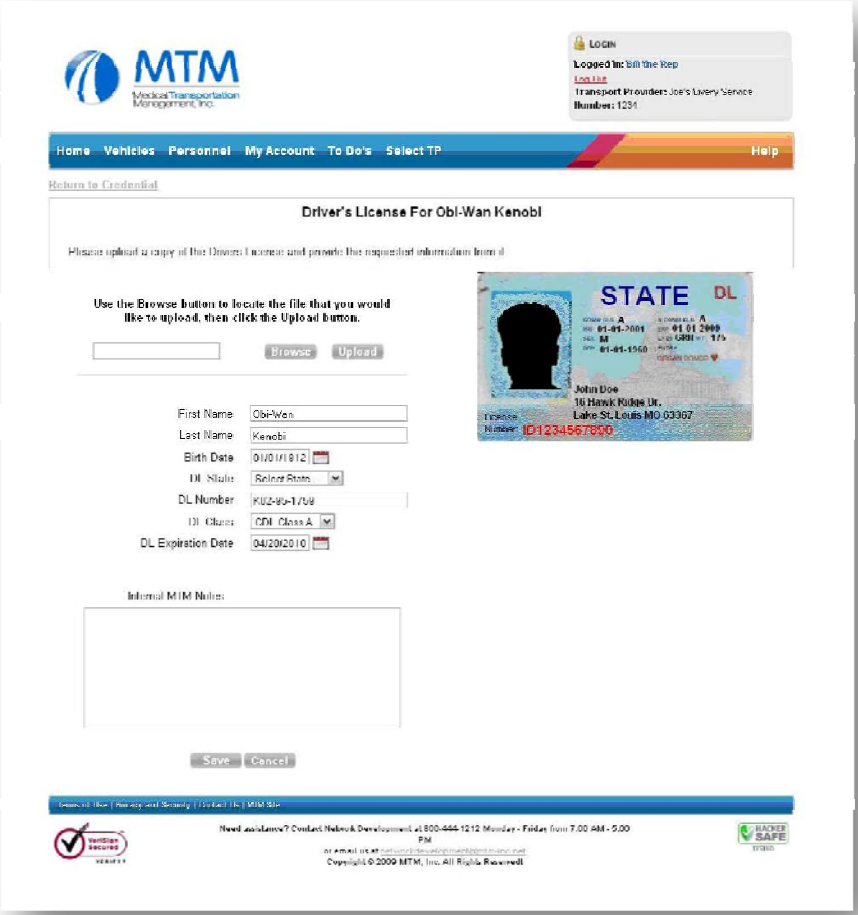


Figure 35: Driver Credential Detail Screen. DHCFP can view driver and transportation provider credentials in a read-only format to monitor compliance.

In summary, the DHCFP portal provides DHCFP staff with full transparency of the NET operations, providing complete and independent oversight capability.

<u>Transportation Provider Portal</u>

The transportation provider portal gives providers the online ability to:

- ***Electronically download assigned trips***
- ***Create and customize reports***
- ***Enter pick-up and drop-off information, Vehicle Identification Numbers, and Drivers License data***
- ***Manage credentials***
- ***Update service parameters and business information***

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

Figure 36 illustrates how a Nevada NET provider will download assigned trip data into Excel.

Figure 36: Trip Download Screen. Transportation providers can download trip assignments from the web portal. They can also view previously scheduled trips.

Standard and customized reports may be viewed and/or downloaded in Microsoft Excel format. Reports are also stored online by MTM for a limited period of time. Reports may be customized by date range, vehicle type, and other criteria. In accordance with HIPAA regulations the data available to transportation providers will be restricted to that required to perform the services assigned to that transportation provider.

Transportation providers can reconcile trips online. Pick-up and drop-off times, Vehicle Identification Number, and Drivers License data may be automatically uploaded in Microsoft Excel format, and/or manually entered via screens custom designed for efficient and accurate data entry. In both cases, immediate feedback on the validity of the information is provided. Corrections may be made at any time convenient to the transportation provider. Figure 37 illustrates how transportation providers can manually enter pick-up and drop-off times, Vehicle Identification Number, and Driver License data.

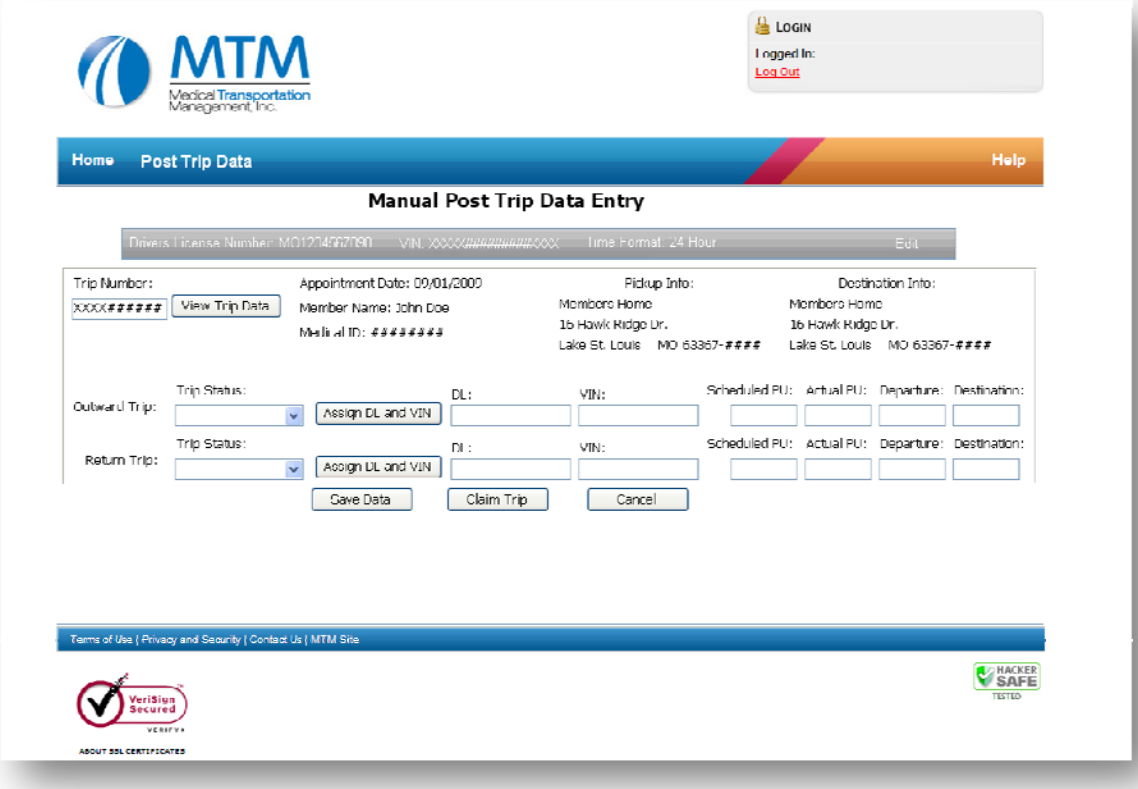


Figure 37: Manual Trip Entry Screen. Transportation providers can input trip information manually for claims purposes, if they choose not to upload trips electronically.

Credentialing information is submitted, reviewed, and stored electronically. All interaction between the transportation provider and MTM is online and/or via e-mail. Transportation providers start the process by entering credentialing data online and uploading digital images of the associated documentation. The portal supports industry standard file and image formats including, but not limited to, Microsoft Word, Microsoft Excel, Adobe PDF, JPEG, and GIF formats. Immediately after a credential is submitted, MTM staff is notified online and by e-mail of the need to review the credential. As soon as the credential has completed the review process, the results are available online to transportation providers. If a credential is not approved, detailed information and instruction on the next steps are provided online to assist the transportation provider in completing the process. If all credentials are in order, the driver or vehicle is approved for use. Transportation providers will receive advance notice of any credential that is set to expire. The portal will provide multiple notices of increasing severity, and if a credential is allowed to expire, the driver, vehicle, or company will be automatically removed as an approved entity. Each time the transportation provider accesses the online system they will be notified of all outstanding actions with due dates for completion. Detailed information on all credentials, drivers, attendants, and vehicles is available in formats that allow the transportation provider to easily search and sort information. Figure 38 illustrates how transportation providers are presented with detailed information for each driver.

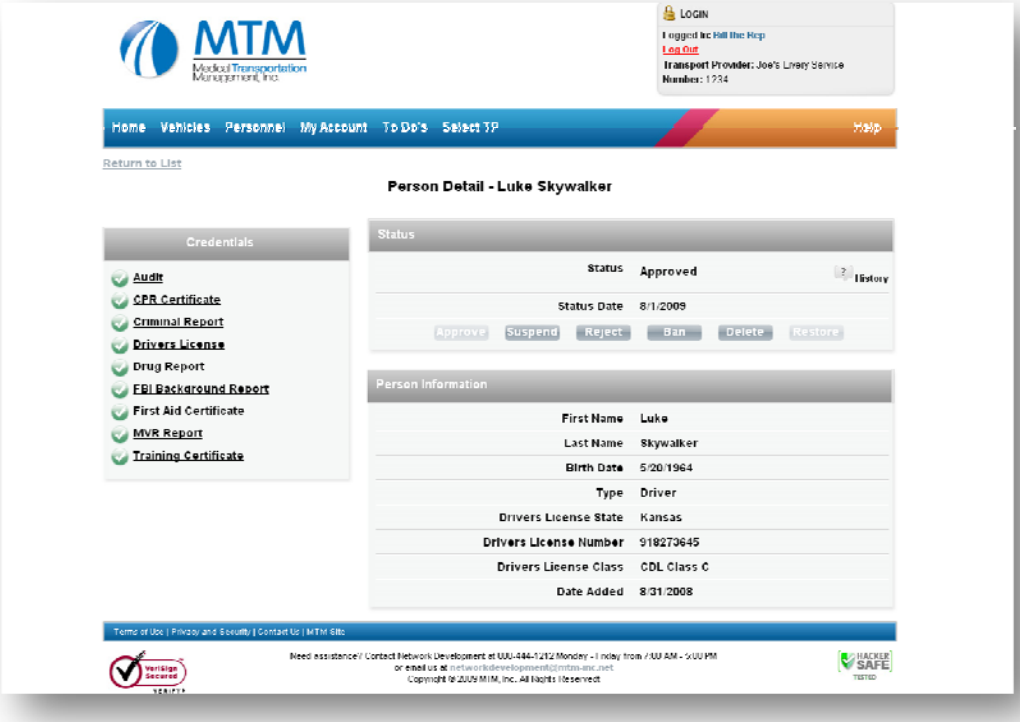


Figure 38: Driver Credentials Detail Screen. Transportation providers can easily view the credentialing information of their drivers, update information, and identify any areas that are not in compliance.

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

In summary, this portal provides transportation providers the ability to go paperless and seamlessly integrate the business applications of their choice with the NET Management System. The transportation provider also benefits from streamlined processes provisioning rapid credentialing of drivers and vehicles, automated management of expiration dates, and the cost savings associated with maintaining credentialing data online. Transportation providers appreciate the benefit of being able to expedite the billing process by submitting data online and viewing the status of payments in real time. This means DHCFP is assured of having a fully compliant network of credential drivers and vehicles.

Medical Provider Portal

The medical provider portal provides the online ability to:

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

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

Figure 39 is a sample of the screens that Nevada medical facilities will use to schedule transportation arrangements.

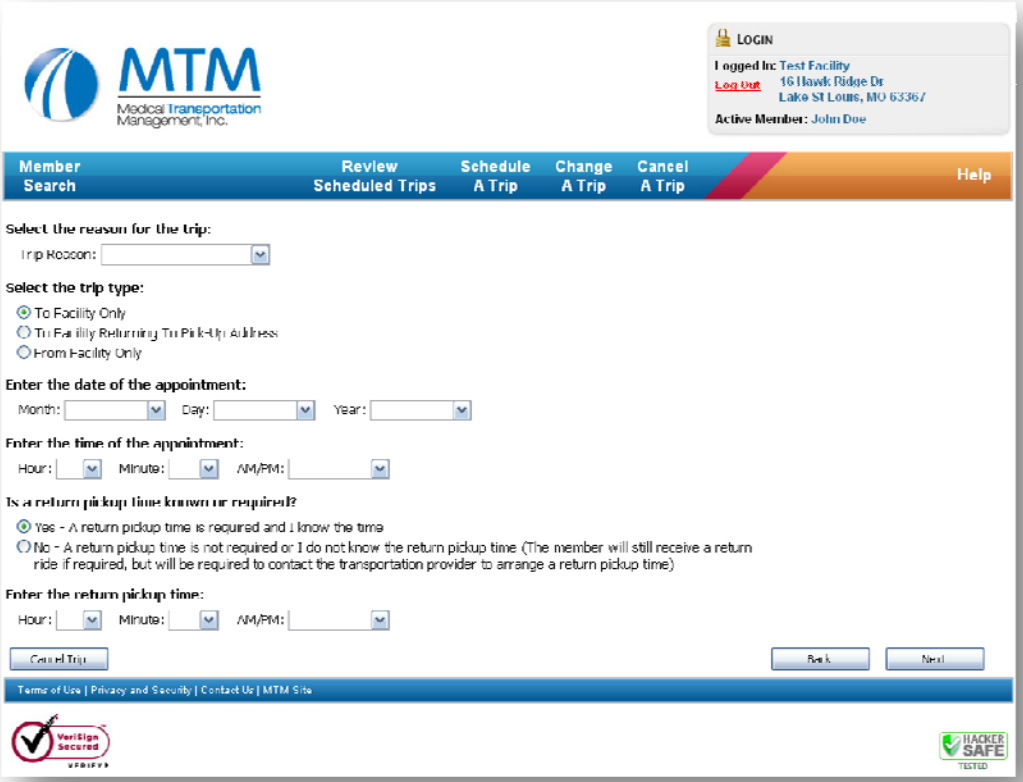


Figure 39: Online Trip Scheduling Screen. Medical providers will be able to schedule trips conveniently online, facilitated by easy-to-use dropdown boxes.

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

<u>Recipient Portal</u>

As a forthcoming feature of our online system, MTM is currently in the process of developing a portal for recipients. This portal is the last of our stakeholder portals to be developed and implemented. If the DHCFP would like, Nevada recipients will have the ability to logon to the Recipient Portal to:

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

In accordance with HIPAA regulations, recipients will be able to review and research only their own transportation arrangements. This portal will give recipients the option of completing their transportation arrangements conveniently online, in lieu of calling MTM. When a recipient schedules their own trip online, we will automatically include the trip in our 100% verification process.

In summary, this portal will give recipients the ability to verify that their transportation arrangements are appropriately arranged, thus ensuring that the recipient has appropriate access to the care required.

3.10.1.4 The vendor's computer system shall accommodate the following functions for daily operations, service authorization, trip scheduling, provider reimbursement, and Division monitoring:

3.10.1.4.1 Record recipient and trip log data and store it in a designated database format;

3.10.1.4.2 Back up the database on a daily basis; and,

3.10.1.4.3 Be able to pull data by recipient ID number, name, date or other identifier to create a history of approvals and denials for at least a 24-month period. This file shall be available to Division within 24 hours of the request.

As mentioned by DHCFP, the successful broker's computer system should have the ability to accommodate a variety of functions that support the daily operation of the Nevada NET contract. MTM's NET Management System, as noted throughout the previous Section 3.10.1.3, accommodates all aspects of our transportation management model, including service authorization, trip scheduling and assignment, transportation provider claims processing, and DHCFP monitoring. Within the following paragraphs, MTM has described how our system meets the requirements set forth by this section.

Storing Recipient and Trip Data

In Sections 3.6.1.17, 3.10.1.1, and 3.10.1.2 of this response, MTM set forth the various data points our system collects and stores for each trip and recipient. When the information is entered in by MTM staff and transportation providers, the NET Management System stores it permanently in a DHCFP-approved format. As requested, we will also keep hard copies of recipient and trip logs.

Saving Nevada NET Data

When trip requests, complaints, claims, and other program data is entered into our system, the information is automatically saved and transmitted to our database, where it is stored permanently. All data is then backed up each night and sent to our back-up system to ensure that complete and accurate data is available at all times. In addition, our policy of record retention includes the collection, retention, and storage of all MTM contracts, subcontractor agreements, provider records which include vehicle, driver, and insurance information, claims processing forms, complaints, and computer database storage for a period of six years or more.

Pulling and Reporting Data Points

As described throughout Section 3.8, our NET Management System is comprehensive in its reporting capabilities. While standard monthly reports will always be made available to DHCFP, we can also provide on demand access to raw data through the DHCFP Web Portal. Using this technology, DHCFP staff can log in and request reports based on recipient ID number and name, date, or other identifiers for any period of time. The request for approval and denial history, or other reports, will then be completed by MTM and be made available to DHCFP within 24 hours. Through this process, DHCFP can obtain up-to-the-minute information about the Nevada NET program.

3.10.1.5 The vendor shall be responsible for all programming functions and costs associated with the maintenance of this database.

MTM understands that we will be responsible for all programming functions, costs, and maintenance associated with our NET Management System.

3.10.1.6 The vendor shall be responsible for developing the necessary interfaces with the MMIS system, including but not limited to the delivery of encounter data.

Through our various contracts, MTM has programmed our NET Management System to be a successful, intuitive interface for interacting with our clients' MMIS systems. Our Information Technology staff have developed the appropriate tools and resources necessary for exchanging information such as encounter data, eligibility information, and reports through this interface, ensuring we can easily do the same for the Nevada NET program.

3.10.2 Establish and maintain a telephone call center

3.10.2.1 Professional, prompt, and courteous customer service shall be a high priority. The vendor shall establish and maintain an adequately staffed telephone call center and shall ensure that the telephone staff treat all callers with dignity and respect the caller's right to privacy and confidentiality. The vendor shall process all incoming telephone inquiries for non-emergency transportation services in a timely, responsive, and courteous manner. Telephone staff shall greet the caller and identify themselves by name when answering. The vendor shall have capabilities to

ensure that the communication and language needs of recipients in the State are addressed. The vendor shall also ensure that recipients with emergency requests are referred or transferred to 911 or an appropriate local emergency (ambulance) service.

One of MTM's greatest strengths as a transportation broker comes from our background in managing customer service center operations. With four customer service centers across the country that operate under the highest standards, MTM has proven that we have the capabilities necessary to manage call intake for NET services.

Depending on which call center/business office option DHCFP chooses, MTM will either establish a new local customer service center in Las Vegas or utilize our existing location in Lake St. Louis, Missouri to receive transportation requests from Nevada recipients. With either option, DHCFP is ensured professional, prompt, and courteous customer service from Nevada-dedicated CSRs. These employees will utilize the call flow and trip scheduling process outlined previously in Section 3.5.5 to ensure NET arrangements are made in a timely and responsive manner.

Recruiting and Hiring Call Center Staff

MTM will ensure that we have sufficient, appropriate staff to handle all calls from Nevada NET recipients by hiring 20 personnel for our customer service activities. Using data provided by DHCFP in the RFP and during the question and answer process, along with our Workforce Management Tools, we have determined the following call center staff shown in Figure 40 will be necessary for this program.

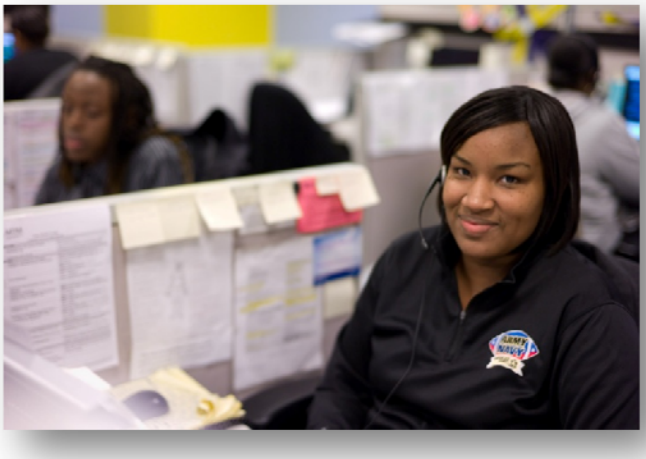
Title	Name	Full Time Employees
Call Center Manager	Stephanie Boschenreither	1
Customer Service Trainer	Stacy Whittington	1
Customer Service Team Lead	TBH	1
Customer Service Representative	TBH	17
Total Call Center Employees		20

Figure 40: Projected Call Center Employees. Based on the provided data and our industry-leading resources, MTM has determined the approximate number of call center staff we will need to efficiently serve Nevada recipients.

To recruit able, experienced staff for these positions, we will post job listings on local and national internet employment resources, job banks and fairs, and community colleges and universities. We will also work with the incumbent to identify existing employees who would be interested in working with MTM under this new contract. Existing employees from the incumbent contractor will be given hiring preference. All candidates will be pre-screened to ensure they meet our minimum requirements and qualifications; please see the provided job descriptions in Attachment K for further details regarding qualifications for each position.

Training Staff to Ensure Compliance

Beginning on day one of service commencement and continuing through the life of the contract, Nevada NET recipients will receive excellent customer service from MTM's staff due to our comprehensive training program. For this contract, like throughout our book of business, we will train all CSRs to provide high quality customer service to recipients with our proven training program. All callers will be treated with dignity and respect, and CSRs will be trained to greet callers and identify themselves by name.



We have developed a standardized training program and applied it to our entire book of business as served by our four customer service centers. We will customize aspects of the training to meet Nevada NET protocols and ensure program excellence. We have devised a training timeline for Nevada-dedicated staff that will meet all requirements of this program. With this training program, we will ensure that there is an abundance of trained staff members available to serve Nevada recipients at all times. See Attachment A for the Implementation Plan, which provides greater detail of all timeline activities, and Attachment G for sample CSR training materials.

Four Weeks Before the Go-Live Date

All customer service center staff will receive a minimum of 80 hours of instruction that includes classroom time, online demonstrations, electronic training manuals, hands-on, and side-by-side

training. Our training objective is for staff to provide an outstanding customer service experience while strictly adhering to Nevada NET protocols. Training subjects include:

- *Background on the transportation management industry, Medicaid, and medical terminology*
- *Cisco system and call center equipment*
- *MTM's NET Management System*
- *Confidentiality, including HIPAA safeguards and compliance*
- *Cultural diversity, sensitivity, and CLAS standards*
- *Using the Language Link and TTY/TDD services*
- *Customer service (soft-skills), phone etiquette, and professionalism, especially when working with persons with special needs or managing difficult behavior*
- *Handling recipients that are threatening or abusive*
- *Active listening, documentation, and restating trip details before concluding the call*
- *Referring recipients to 911 and local emergency services for emergency transportation requests*
- *Nevada NET-specific contract requirements, protocols, and MTM policies and procedures through the Operations and Customer Service Training manuals*

Innovative Training Practices to Promote Empathy

MTM recently arranged for our Minnesota CSRs to have the experience of walking in the recipient's shoes. Each CSR was driven to work or to a medical appointment using an MTM subcontracted transportation provider. We arranged the trips without cost to our client and without the transportation provider knowing that an MTM employee was in their vehicle. The training exercise was a resounding success. CSRs experienced empathy for the recipients we serve. Simultaneously, transportation providers were reminded of the importance of providing quality service for every trip. At MTM, we want CSRs and transportation providers alike to handle each call or trip as if it were for a member of their own family.

Prior to completing training, our trainer will use tests to challenge staff understanding and comprehension of training topics, as well as to determine the readiness of the trainee to move forward. All training and testing material will be submitted to DHCFP for approval. To ensure flexibility in managing the workforce, especially during peak-call volume times, MTM will cross train various positions.

Two Weeks Before the Go-Live Date

MTM will begin processing Nevada NET calls two weeks before the commencement of services. Typically, these calls include inquiries about program changes, the booking of advance notice trips, and requests for LON screening. Nevada-dedicated CSRs will process the live calls while the trainer and supervisor monitor the call; assess adherence to protocols, policies, and procedures; and provide immediate feedback. The trainer and supervisor will conduct daily reviews of scheduled trips to ensure process compliance and accuracy.

Self-Paced, Online Training Tools

A demonstration of MTM's commitment to the success of our employees is realized in our investment into our online business training library. The library has over 600 training videos for staff to develop their job skills and earn certifications. Training covers communication, management, and organizational skills, among many other topics. After completing each video, the employee completes a quiz on the covered material and must score an 80% or higher to earn the Certificate of Achievement. HR staff receives an automatic alert when an employee earns a certificate and a copy is placed in the employee's file. Supervisors can select specific subjects for team training. Participation in the online training library is a part of our employees' annual evaluation as it enhances current skills and promotes professional and personal growth.

Ongoing Training to Maintain High Quality Service

With MTM, CSR training does not stop with initial training; it continues throughout employment. CSRs receive notification of changes in contract and MTM protocols. In addition, CSR skill levels are maintained through regular monitoring and reviews and by returning to periodic training sessions. Training emphasizes efficiency and accuracy, as well as handling difficult calls and cultural diversity. We provide ongoing training one hour each week conducted by each Team Lead. As with initial training, we will test the employee prior to completion to ensure s/he fully understands the topic.

> *"I have worked in many different positions and been trained by 'experts,' but I have never had anyone train me with the patience that [my Supervisor] has."*
>
> **Laurie**, *Missouri Customer Service Representative, Aug 2009*

Telephone Assessments and Monitoring Provide Additional Training

MTM also maintains and updates CSR skill levels through regular live and/or recorded call monitoring and retrospective review of trip intake and scheduling outcomes. Through these activities, we audit the timeliness of answering and completing calls; accuracy of information acquired on intake; CSR professionalism, sensitivity, courtesy and responsiveness to the recipient's needs; and trip-scheduling accuracy. More information about our assessment and monitoring process is provided in Section 3.10.2.7.

Meeting Communication and Language Needs through Training and Tools

As described in Sections 3.2.1 and 3.2.1, MTM takes several steps to ensure NET services are available to all recipients, including those with specific communication and language needs. First and foremost, we provide our CSRs with the training necessary to handle culturally diverse populations with sensitivity and active listening. In addition, we:

- ***Abide by CLAS standards***
- ***Hire bilingual CSRs***
- ***Utilize the Language Link for all languages not spoken by our CSRs***
- ***Use TTY and TDD services for the hearing and speech impaired***

3.10.2.2 The call center shall be staffed to receive telephone calls from recipients during the hours of 8:00 AM to 5:00 PM (Pacific time) Monday-Friday except national holidays. A voice mailbox shall be available after hours with a call back the next day. The vendor must make available 24-hour, 7 days per week access by telephone to a live voice (an employee of the vendor or an answering service) or an answering machine that will immediately page an on-call employee of the vendor so information may be given to handle a transportation problem that may arise during non-office hours (such as after-hours emergency room discharges or after hours transport to PCPs or

urgent care centers). The vendor may need to educate recipients who habitually call after regular working hours and leave messages requesting transportation.

To ensure optimum service for Nevada NET recipients, call intake will be performed during regular business hours of 8 a.m. to 5 p.m. Pacific Time, Monday through Friday. By calling our Nevada-dedicated toll-free telephone line, recipients or their representatives will have the ability to schedule transportation services with advanced notice or short notice, in the case of urgent care. In addition to maintaining sufficient, appropriate staffing to handle calls during regular business hours, we will give recipients access to an emergency telephone number that they can utilize to arrange urgent after-hours trips such as hospital discharges. If the after-hours situation is not urgent, the recipient will be prompted to leave a message on our voicemail system and a CSR will call them back the following business day.

During the implementation process, we will inform recipients of our regular operating hours. While they will be told that voicemails can be left after hours, we urge recipients to call during regular hours if possible. As necessary, we will conduct additional educational efforts for recipients who habitually call after hours.

3.10.2.3 The vendor shall have a properly functioning toll free telephone number for recipients and other individuals or organizations to call to request transportation services, obtain information about transportation services, and register complaints. Recipients shall not incur a charge for placing a call, other than those applicable for local calls. The vendor shall have sufficient and appropriate staff to handle all calls and act as troubleshooters and problem solvers for transportation related questions and problems that may rise.

To ensure optimal service for Nevada recipients, MTM will establish a dedicated toll free telephone number that will be used solely for the operation of this contract. By calling this number, recipients and their representatives will reach a CSR from our adequately staffed call center that will aid them in scheduling transportation services. Because this is a toll-free line, we will never charge recipients for placing calls to our customer service center. In addition to scheduling services, our CSRs can help recipients and other stakeholders obtain information about the NET program and troubleshoot any problems they may have.

3.10.2.4 The telephone staffing shall be adequate to fulfill the following standards of promptness and quality:

3.10.2.4.1 Ninety percent (90%) of telephone calls shall be answered within five (5) rings during live voice answering times;

3.10.2.4.2 A call pick-up system that places the calls in queue shall be used;

3.10.2.4.3 Blocked call rate (busy signal received) of five percent (5%) or less on an average daily basis; and,

3.10.2.4.4 Ninety percent (90%) of calls in the queue shall be answered by a live operator in less than two (2) minutes, measured on a daily basis.

Every day, MTM's staff thoroughly tracks our customer service center statistics to monitor for contract compliance and call center promptness for our more than 40 contracts nationwide. Our telephone system has the capacity to ensure our customer service centers meet the required standards for this contract on an ongoing basis. We will meet all responsiveness specifications of this contract by obtaining an adequate number of T-1 lines for inbound and outbound traffic, as well as lines needed for local calling.

In addition to having the appropriate systems and technology in place, we ensure responsiveness by training our CSRs to meet all contract requirements, as well as MTM and National Committee for Quality Assurance (NCQA) standards for call center operations. If at any time our customer service supervisors notice a deficiency with any call center statistic, we take immediate action to return our performance to the accepted standards. We hold our customer service centers to the highest standards, including goals of less than 5% abandonment rate and less than 30 seconds average speed to answer, and we continually meet these objectives. For our Nevada call center operations, we will ensure our staff meet the outlined quality standards 90% of calls answered by a live voice within five rings, or within two minutes if the call is placed in the queue. Because we maintain a "P.01 or better" standard, meaning that less than 0.01% of calls are blocked or answered by a busy signal, we can far exceed DHCFP's requirement of less than 5% of calls being blocked on a daily basis.

MTM's experience managing large customer service centers, coupled with our phone and computer intake systems, will ensure call center responsiveness for this program and its Nevada recipients. Our CallManager software has the capacity to handle high call volumes, and provide extensive monitoring and reporting as outlined in the following Section 3.10.2.5. Through this

system, we have the ability to monitor call center operations and provide minute-by-minute data for trending, analysis, and staffing adjustments, ensuring quality call center responsiveness. To further ensure our ability to meet customer service objectives, we utilize Workforce Management tools to forecast and monitor staffing numbers and help ensure we always have adequate personnel on hand to answer recipient calls. In addition, because each of our call centers are linked, we can route calls to back-up operators in other locations as necessary due to high volume.

3.10.2.5 The vendor shall install and maintain a functioning automatic call distribution system (ACD) and call reporting system that records and aggregates the following information, at a minimum, on an hourly, daily, weekly, and monthly basis, for the call center as a whole and for individual operators:

- Total number of incoming calls;
- Number of answered calls by Vendor staff;
- Average call wait time;
- Maximum call wait time;
- Percentage of calls answered by a live operator in under two (2) minutes;
- Average talk time;
- Number of calls placed on hold and length of time on hold;
- Number of abandoned calls and length of time until call is abandoned;
- Number of outbound calls; and
- Number of available operators by time.

This system should have the capability of automatically routing calls to back-up, part-time operators when target wait times are exceeded.

Throughout the life of this contract, MTM will demonstrate our call center responsiveness to DHCFP via monthly ACD reports. However, because our system collects call data on a minute-by-minute basis for individual CSRs and the call center as a whole, it can aggregate the information into hourly, daily, weekly, or monthly formats. Our Cisco CallManager system will automatically generate ACD reports, which will include data such as:

- ***Total number of incoming calls***
- ***Number of calls answered by staff member***
- ***Average call wait time***

- ***Maximum call wait time***
- ***Average speed-to-answer***
- ***Percentage of calls answered in under two minutes***
- ***Average talk time***
- ***Number of calls placed on hold/length of time on hold***
- ***Number of abandoned calls/length of time until call was abandoned***
- ***Number of outbound calls***
- ***Number of available operators by time***

MTM provides each of our clients with similar reports, ensuring our system is capable of producing this data summary. In Figure 41, we have provided a screenshot of a sample ACD report.

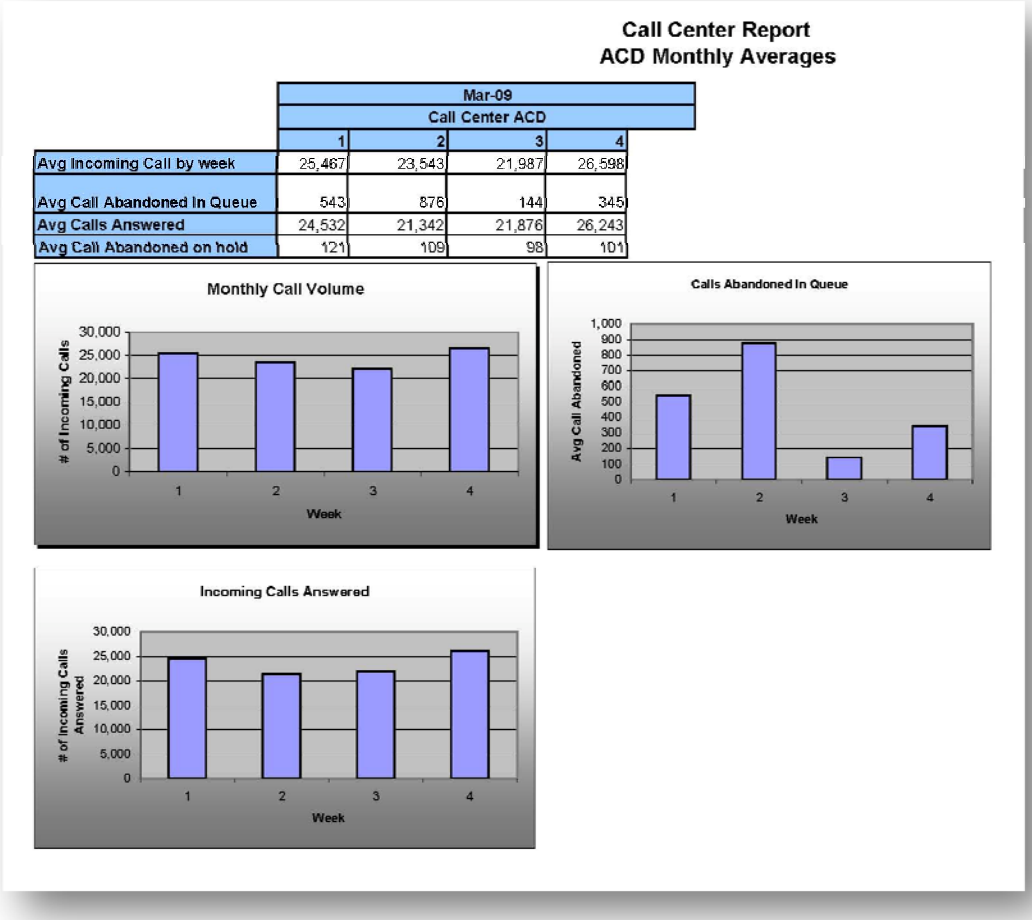


Figure 41: Sample ACD Reports. MTM continuously tracks our performance against key metrics, such as abandonment rate.

3.10.2.6 The vendor shall develop operational procedures, manuals, forms, and reports necessary for the smooth operation of the Telephone Call Center. A demonstration of the vendor's telephone system and staffing capability will be required as part of the readiness review prior to the effective date of implementation.

Within each aspect of our NET management process, MTM develops policies, procedures, manuals, forms, reports, and other materials for smooth, successful program operation. For example, our Nevada customer service operations will be governed by Nevada-specific requirements and protocols set forth in the Operations Manual and the CSR Training Manual. Examples of each are provided in Attachments C and G, which DHCFP will review and approve during the readiness review. Similarly, we understand that DHCFP will assess our telephone system and call center staffing during this review. We are confident DHCFP that will be pleased with all aspects of our Nevada NET program prior to the go-live date.

3.10.2.7 The vendor shall develop a complete monitoring, supervision, and enforcement plan to ensure that call center performance and customer service standards are maintained. The Division should have the ability to monitor calls on a random basis to ensure quality service is being offered. Callers will be notified that calls may be monitored.

To ensure quality customer service is always provided and that CSRs meet all contractual requirements, MTM will provide a Call Center Manager, Customer Service Supervisor, and Customer Service Team Leads at our customer service center. These individuals will be responsible for monitoring CSRs for proper performance and duty execution, and will be on the floor to answer questions and solve any potential problems CSRs may have. In addition, we have a thorough live and recorded call monitoring review process, in which a supervisor will audit the following:

- ***Timeliness of answering and completing calls***
- ***Accuracy of information acquired during intake***
- ***CSR professionalism, sensitivity, courtesy, and responsiveness to the recipient's needs***
- ***Accuracy of trip scheduling***

During live call monitoring, the supervisor will listen to the call intake process as it occurs and document the CSR's adherence to protocols and soft skills using a call monitoring evaluation form, a sample of which is provided in Attachment G. We use the information gathered during the audit to provide feedback to the CSR on performance and as an opportunity for additional training. Call monitoring results go into the CSR's file and are used during annual and periodic employee reviews, and to develop training programs.

When answering a call from a Nevada recipient, the CSR will inform the caller that the call may be recorded or monitored. We store all recorded calls and evaluation forms in our NET Management System, searchable by date, time, CSR name, and other criteria. DHCFP will have access to this information through the web portal system, and we can also arrange to allow Division staff to sit in on the monitored call as requested.

Based on the call monitoring and review outcomes, each CSR receives a monthly quality rating, on which they are expected to score 95% or higher. The quality rating indicates areas of excellence, satisfactory performance, and areas needing improvement. With our expansive methods of staff monitoring, MTM ensures DHCFP that Nevada NET recipients will always receive industry-leading call intake services.

3.10.2.8 The vendor must ensure that recipients receive the appropriate form of transportation in every instance. While the least expensive mode of transportation is preferred, the vendor must ensure the recipients medical needs are met through the most appropriate form of transportation for each individual.

Through our innovative LON and functional assessment processes, MTM ensures DHCFP that each recipient will be assigned to the most appropriate, least costly mode of transportation. As outlined in Section 3.4.3, these processes allow us to accurately determine the mode of transportation that best meets each recipient's physical and cognitive abilities. Based on the results of the LON or functional assessment, we can assign the recipient to public transit, paratransit, sedan, wheelchair van, and stretcher van services as appropriate to meet his/her individual needs.

9.2.2.7 Section 4 – Company Background and References

4.1 VENDOR INFORMATION

4.1.1 Vendors must provide a company profile in the table format below.

In the following Figure 42, MTM has provided the requested company profile information.

Question	Response
Company name:	***Medical Transportation Management, Inc. (MTM)***
Ownership (sole proprietor, partnership, etc.):	***Sole Proprietor***
State of incorporation:	***Missouri***
Date of incorporation:	***June 27, 1995***
# of years in business:	***16***
List of top officers:	***Alaina Maciá, President and CEO; Donald Tiemeyer, Executive VP and General Counsel; Gary Richardson, CFO; Patrick McNiff, VP of Paratransit Operations; Alison Whitelaw, VP of Business Solutions; Aaron Crowell, VP of Business Development; Kim Matreci, VP of Client Services***
Location of company headquarters:	***Lake St. Louis, Missouri***
Location(s) of the company offices:	***Topeka, Kansas; St. Paul, Minnesota; Pulaski, Virginia; The District of Columbia; Stuart, Florida; Raleigh, North Carolina; Cincinnati, Ohio; Portland, Oregon***
Location(s) of the office that will provide the services described in this RFP:	***Las Vegas and Reno, with support from the Lake St. Louis, Missouri headquarters***
Number of employees locally with the expertise to support the requirements identified in this RFP:	***28***
Number of employees nationally with the expertise to support the requirements in this RFP:	***Approximately 400***
Location(s) from which employees will be assigned for this project:	***Las Vegas and Lake St. Louis, Missouri***

Figure 42: Company Profile. MTM's overall experience and diverse locations will allow us to successfully administer the NET services requested by this RFP.

4.1.2 **Please be advised**, pursuant to NRS 80.010, incorporated companies must register with the State of Nevada, Secretary of State's Office as a foreign corporation before a contract can be executed between the State of Nevada and the awarded vendor, unless specifically exempted by NRS 80.015.

MTM fully understands that we must register as a foreign corporation with the State of Nevada Secretary of State's Office prior to the execution of this contract. We agree with and will comply with this requirement.

4.1.3 The selected vendor, prior to doing business in the State of Nevada, must be appropriately licensed by the State of Nevada, Secretary of State's Office pursuant to NRS76. Information regarding the Nevada Business License can be located at http://sos.state.nv.us.

As with any contract we are awarded, MTM understands that we must be appropriately registered with and licensed by the State of Nevada Secretary of State's Office prior to contract execution. MTM is already licensed to do business in Nevada, as demonstrated by our Corporate Business Entity ID Number provided in the following Figure 43.

Question	*Response*
Nevada Business License Number:	***E0463752007-9***
Legal Entity Name:	***Medical Transportation Management, Inc.***

Figure 43: Business License Information. MTM will be able and ready to perform this contract starting on day one.

Is "Legal Entity Name" the same name as vendor is doing business as?

Yes	✓	No	

If "No", provide explanation.

This question is not applicable to MTM, as our legal entity name is the same name in which we do business as.

4.1.4 Vendors are cautioned that some services may contain licensing requirement(s). Vendors shall be proactive in verification of these requirements prior to proposal submittal. Proposals that do not contain the requisite licensure may be deemed non-responsive.

In our research and preparation for this proposal, which included conversations with the Nevada Transportation Authority, MTM came to the conclusion that the only licensure required for this specific contract was a Nevada business license. As given in the previous Section 4.1.3, Corporate Business Entity ID Number for Nevada is E0463752007-9. In addition to proof of this license, MTM would like to ensure DHCFP that we are licensed by Medicaid as an approved provider, as demonstrated by our National Provider ID Number, 1134260078.

While these are the only licenses MTM feels we need to conduct this contract, DHCFP should be aware that with its direction, we will pursue and/or present additional qualifications as necessary. We understand the importance of being appropriately qualified and licensed, and will commit to obtaining these items upon contract award.

4.1.5 Has the vendor ever been engaged under contract by any State of Nevada agency?

Yes		No	✓

If "Yes", complete the following table for each State agency for whom the work was performed. Table can be duplicated for each contract being identified.

MTM has not included or completed the table provided in the RFP, as we have never been under contract with any agency in the State of Nevada.

4.1.6 Are you now or have you been within the last two (2) years an employee of the State of Nevada, or any of its agencies, departments, or divisions?

Yes		No	✓

If "Yes", please explain when the employee is planning to render services, while on annual leave, compensatory time, or on their own time?

This question is not applicable to MTM.

If you employ (a) any person who is a current employee of an agency of the State of Nevada, or (b) any person who has been an employee of an agency of the State of Nevada within the past two (2) years, and if such person will be performing or producing the services which you will be contracted to provide under this contract, you must disclose the identity of each such person in your response to this RFP, and specify the services that each person will be expected to perform.

MTM does not intend to employ any staff who are current employees of a State of Nevada agency, or who have been employed by a State of Nevada agency within the past two years. If at any time throughout the life of this contract we do employ a staff member who meets these criteria, we will immediately inform DHCFP of his/her name and the services they will perform.

4.1.7 Disclosure of all alleged prior or ongoing contract failures, contract breaches, any civil or criminal litigation or investigation pending which involves the vendor, the vendor's parent company or in which the vendor has been judged guilty or liable within the past six (6) years.

Yes		No	✓

If "Yes", please provide the following information. Table can be duplicated for each issue being identified.

As is typical for any large transportation management firm with numerous ongoing contracts, MTM is occasionally subject to claims regarding accident damage and workers compensation. All of these matters are of a size and scope that would not impact this contract, as we work diligently to resolve all legal matters quickly and in a fair manner, ensuring our clients are never subject to any consequences stemming from legal action. MTM has, at all times, sufficient liability insurance to cover vehicle accident and workers compensation claims.

While we have not been a part of any contract failure or breach within the past six years, MTM is, from time to time, involved in litigation with transportation providers. For example, such litigation might pertain to providers not meeting MTM contract requirements, including not providing trip verification, failure to prove recipient signatures, or not paying liquidated damages for noncompliance.

The financial stability of MTM, as well as our ability to perform contractual obligations, is not threatened by current litigation should an adverse judgment be entered against MTM. The providing by MTM, and the subsequent reviewing by DHCFP, of all litigation details for a company such as MTM with a national scope and numerous large contracts, is impractical since much of this information is subject to attorney-client privilege or privacy/confidentiality considerations. Therefore, we have not completed the RFP-provided tables for each current case. MTM is hopeful that the submittal of this summary statement will suffice. Should DHCFP require information on any specific litigation or claim, MTM will supply that information which can be released without jeopardizing attorney-client privilege or privacy/confidentiality considerations incident to litigation.

4.1.8 Company background/history and why vendor is qualified to provide the services described in this RFP. Limit response to no more than five (5) pages.

Established in 1995 for the sole purpose of managing NET programs for the medically fragile, disabled, underserved, elderly, and other transportation disadvantaged populations served by state and local governments and managed care organizations (MCOs), MTM is the most qualified vendor to serve DHCFP and its recipients. Our first client, Healthcare USA, joined us the same year of our establishment and remains a satisfied client to this day. Since our inception 16 years ago, we have grown to become one of the largest transportation brokers in the country and a nationally recognized leader in the NET industry.

Our book of business consists of more than 40 contracts spanning 28 states and the District of Columbia. These contracts include state and local governments, departments for the aging, and MCOs. The map shown in Figure 44 demonstrates our presence throughout the country and shows our various customer service center and office locations.

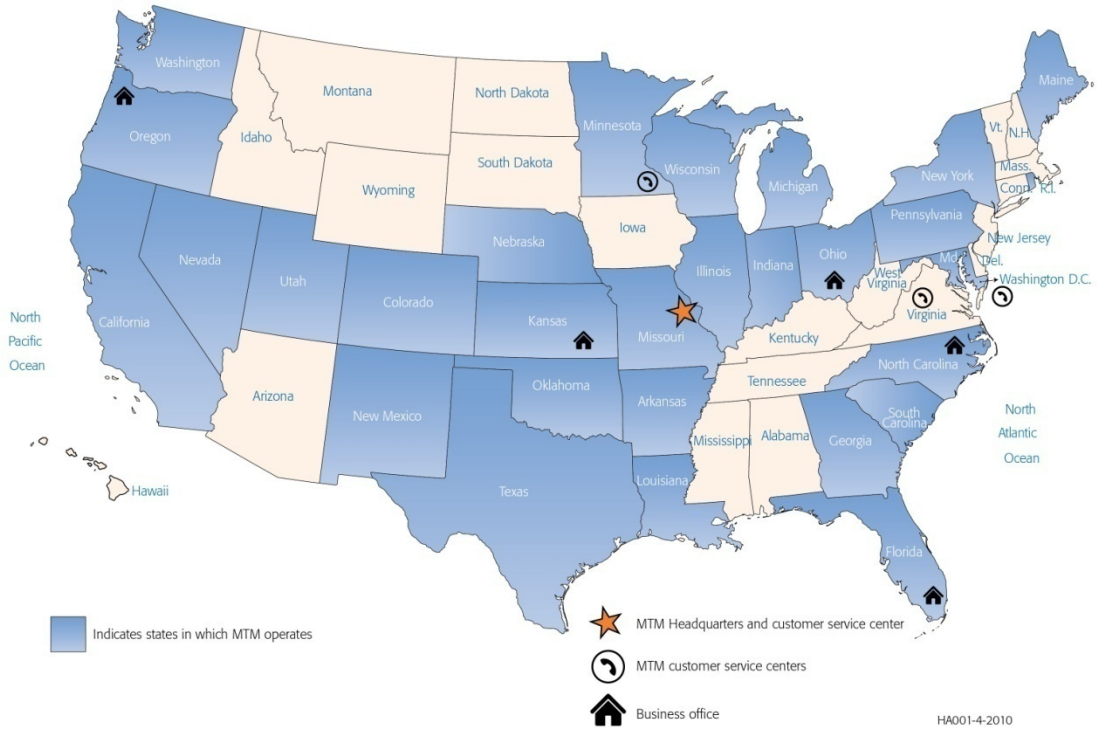


Figure 44: U.S. Map. This map shows MTM's area of operations, denoting customer service centers and satellite offices.

In every contract we hold, we maintain our mission of being the premier manager of NET services, providing safe, reliable transportation for recipients and the best value for clients. We strive to bring a direct and honest approach to the creation of innovative solutions for today's health and social concerns, particularly in accessing medical care, medical program management, and new product development. To achieve this vision, we develop best practices for managing transportation access to healthcare and social services for the disabled, underserved, and elderly while providing cost efficiencies and increased satisfaction.

As a true pioneer in the industry, we began one of the first NET brokerages of its kind in Missouri. Our commitment to our clients consistently saves programs under our management 10-25% in program costs. At comparable rates to our competitors, we provide better service and more effective management. What is truly different about our approach to management is our flexibility in creating programs customized to meet each client's unique needs. This flexibility allows us to be successful in urban areas such as Minneapolis/St. Paul, the District of Columbia, Cincinnati, St. Louis, and Kansas City, as well as rural areas. We also benefit from our staff's

expertise in direct transportation operations. Senior management staff members have joined us from First Transit, Laidlaw, and MV Transportation. This benefits clients by increasing our ability to coordinate with fixed route and ADA paratransit providers to maximize public transit. We have also helped clients expand their existing service routes by providing valuable trip data showing areas of demand. We are the only broker with this valuable experience.

MTM has Experience with Similar Programs

Perhaps the most important thing DHCFP should look for in a NET broker is one with experience operating similar programs. MTM has managed and currently manages several large-scale programs with scopes of service similar to DHCFP's, making us a qualified vendor for this program. Many of these programs are either statewide or cover multiple states under a single contract. For all programs under our management, we provide over seven million trips to three and a half million recipients while fielding over three million calls each year. While we may not be the biggest brokerage, we know we are the best. We can state this confidently based on feedback from our clients, a few of whom have returned to us due to our high quality services after a brief departure to competitors. Other positive feedback comes from clients whose programs involve working concurrently with multiple brokers.

Each of the clients shown in the following Figure 45 shares a similar scope of service as described in the RFP, including building and monitoring a network of transportation providers, paying providers in an accurate and timely manner, screening for recipient eligibility, reserving trips, assigning the appropriate mode of transportation, delivering transportation services safely and efficiently, and more. We offer DHCFP proven experience in each of these areas, as described further in the following Section 4.1.9 and throughout Section 4.3, Business References.

State/County Contracts	Members	Calls Received (Annual)	Trips Scheduled (Annual)	Dates of Operation	Payment Structure
Washington DC	42,000	80,500	944,700	Oct, '07 - Present	Capitated
Minnesota	620,200	29,100	825,900	July '04 - Present	Fee for Service
Kansas	32,800	48,300	99,900	Nov, '09 - Present	Capitated
Hamilton County, Ohio	43,000	5,200	26,500	Jan, '10 - Present	Fee for Service
Martin County, Florida	1,050	20,200	35,700	Jan, '09 - Present	Fee for Service

Figure 45: Government Program Highlights. MTM's current work with several large government NET programs will be extremely beneficial to DHCFP.

4.1.9 Length of time vendor has been providing services described in this RFP to the public and/or private sector. Please provide a brief description.

With MTM, DHCFP will receive the services of a quality, expert NET broker with more than 16 years of experience providing transportation management services to clients in both the private and public sectors. As described in detail in the previous Section 4.1.8, under our current book of business of more than 40 similar contracts across 28 states and the District of Columbia, MTM provides our clients with the most innovative, state-of-the-art services available in the industry. In many cases, we provide these clients with the same services sought by DHCFP through this solicitation, including:

- ***Managing subcontracted transportation companies, including monitoring and oversight activities***
- ***Documenting and ensuring on-time performance***
- ***Managing customer service center operations***
- ***Ensuring high standards of customer service center responsiveness***
- ***Performing Medicaid transportation eligibility functions and authorizing transportation***
- ***Assigning the least costly, most appropriate mode of transportation for recipients***
- ***Training call center employees, management staff, and drivers employed by subcontracted transportation providers***
- ***Educating recipients and other stakeholders on NET availability***
- ***Inspecting transportation provider vehicles and enforcing vehicle and driver standards***
- ***Reimbursing transportation providers for service***

- ***Recording and responding to complaints, grievances, and appeals***
- ***Developing and implementing cost effective strategies***
- ***Creating informative and meaningful monthly reporting packages***
- ***Implementing large statewide NET programs in a timely manner***

As demonstrated by our experience and overall success with NET programs across the country, DHCFP can be assured of our ability to effectively perform its scope of work. MTM can provide DHCFP and its Nevada recipients with invaluable industry expertise and innovation for a well-rounded, quality NET program. For more information on our success with similar programs, please refer to Section 4.3, Business References.

4.1.10 Financial information and documentation to be included in Part III, Confidential Financial of vendor's response in accordance with ***Section 9.5, Part III – Confidential Financial***.

4.1.10.1 Dun and Bradstreet Number
4.1.10.2 Federal Tax Identification Number
4.1.10.3 The last two (2) years and current year interim:
A. Profit and Loss Statement
B. Balance Statement

NOTE: Failure to supply the requested financial information will result in the disqualification of the Vendors proposal.

As requested, MTM has provided the above financial information and documentation in its entirety in the separate binder labeled Part III, Confidential Financial.

4.2 SUBCONTRACTOR INFORMATION

4.1.1 Does this proposal include the use of subcontractors? Check the appropriate response in the table below.

Yes	✓*	No	

****MTM will only subcontract with transportation providers, not with entities to perform administrative duties.***

If "Yes", vendor must:

4.2.1.1 Identify which specific subcontractors and the specific requirements of this RFP for which each proposed subcontractor will perform services.

As with any major NET broker, MTM primarily subcontracts with companies that provide transportation services to recipients. This model will be followed in our Nevada operations, where we will recruit an adequate number of transportation providers to fulfill the projected number of annual trips. MTM does not intend to utilize subcontractors for administrative duties.

4.2.1.2 If any tasks are to be completed by subcontractors, vendors must:

A. Describe the relevant contractual arrangements;

During our recruiting, credentialing, training, and contracting period, MTM requires subcontracted transportation providers who complete all four phases to sign a Transportation Provider Service Agreement tying them to MTM and DHCFP's regulations and expectations. This agreement addresses all aspects of the subcontract relationship. In Section 3.6.1.16, MTM has responded to each of DHCFP's expectations for subcontracts with transportation providers; however, because we will not subcontract for administrative duties, we have not outlined such contractual arrangements.

B. Describe how the work of any subcontractor(s) will be supervised, channels of communication will be maintained and compliance with contract terms assured; and

As mentioned and demonstrated throughout our proposal, MTM is dedicated to the quality provision of transportation services. To ensure this quality, we institute a thorough DHCFP-approved Service Agreement with our network of transportation providers, the only subcontractors we intend to use in Nevada. These subcontracts allow us to supervise of transportation providers and meet the expectations of our clients. We also have detailed procedures for overseeing these subcontractors; please refer to Section 3.6.1.4 for more information.

C. Describe your previous experience with subcontractors.

Important to the delivery of high quality NET service is the establishment and management of a subcontracted transportation provider network sufficient in size and scope to administer the transportation demand. As this is a major strength of MTM's, we have successfully managed subcontracted transportation companies in every contract we've held over the past 16 years. Beginning with only a handful of transportation providers in 1995, our total network has since grown to more than 560 subcontracted providers representing nearly 5,000 vehicles and 6,000 drivers, and covers the full range of transportation modes. This comprehensive network provides more than seven million trips per year while continuing to maintain a low complaint rate and high satisfaction rate. As described throughout Tab VI—Section 3, Scope of Work, we have several methods for monitoring transportation provider performance, which continually results in high quality service for our clients and their recipients.

4.2.1.3 Vendors must describe the methodology, processes and tools utilized for:

A. Selecting and qualifying appropriate subcontractors for the project/contract;

Because MTM will not subcontract with companies for administrative duties, we have not described our methodology for selecting and qualifying subcontractors. We have, however, outlined our four-phase process for recruiting transportation providers; please refer to Section 3.6.1.7 for more details.

B. Ensuring subcontractor compliance with the overall performance objectives for the project;

Beyond selecting, recruiting, and credentialing qualified providers, our ongoing methods for supervising and ensuring subcontracted transportation provider compliance and performance include:

- ***Initial, annual, and random on-site visits to each provider's business operations***
- ***On-street observations and field monitoring***
- ***Initial and ongoing driver training activities***
- ***Innovative mobile notepad technology***
- ***Periodic audits***

- ***Monthly performance monitoring***
- ***Monthly Report Card document performance***
- ***Established relationships with dedicated Network Management Representatives and Area Liaisons***

These processes are discussed in further detail in Section 3.6.1.4.

C. Ensuring that subcontractor deliverables meet the quality objectives of the project/contract; and

MTM firmly believes that quality objectives are directly interlinked with meeting performance standards. Therefore, the monitoring activities described in the previous Section 3.6.1.4 will be utilized to measure transportation provider quality and performance.

D. Providing proof of payment to any subcontractor(s) used for the project/contract, if requested by the State. Proposal should include a plan by which, as the State's request, the State will be notified of such payments.

For every aspect of our operations, MTM maintains detailed records throughout the life of the contract and beyond. These records include those verifying payment for services to subcontracted transportation providers. As described previously throughout Section 3.7 in Tab VI—Section III, Scope of Work, MTM has thorough processes for ensuring accurate, timely payment to providers, and is happy to share proof of payment to DHCFP as necessary. All details regarding payment are stored in our NET Management System database. If at any time DHCFP would like to see payment records for a particular provider or for each provider, we can immediately pull electronic or hard copy records for review.

Because we routinely hear that our subcontractor payment practices are the timeliest in the industry, we know that DHCFP will be satisfied with our performance. In addition to providing DHCFP will specific payment records, we can also develop a monthly report detailing all payments to transportation providers, allow DHCFP to oversee the entire payment process.

4.2.1.4 Provide the same information for any proposed subcontractors as requested in ***Section 4.1., Vendor Information***.

MTM has not provided this information for our subcontracted transportation providers, as DHCFP stated in the question and answer document that we were not expected to do so unless we were subcontracting with companies to provided administrative duties.

4.2.1.5 Business references as specified in ***Section 4.3, Business References*** must be provided for any proposed subcontractors.

As mentioned in the previous section, MTM has not submitted business references for our subcontractors, as they are not required for transportation providers.

4.2.1.6 Vendor shall not allow any subcontractor to commence work until all insurance required of the subcontractor is provided to the vendor.

MTM requires that our subcontracted transportation providers meet high standards to be accepted into and remain in our network of approved providers. Among these standards are various documentation, certification, and licensure requirements, including appropriate insurance. In compliance with this contract and our standard operating procedures, transportation providers will not be allowed to transport recipients until proof of adequate insurance is submitted to MTM through our Transportation Provider Web Portal. This information must be resubmitted annually to ensure transportation providers remain in compliance with insurance requirements, therefore ensuring the safety of Nevada NET recipients.

4.2.1.7 Vendor must notify the using agency of the intended use of any subcontractors not identified within their original proposal and provide the information originally requested in the RFP in ***Section 4.2, Subcontractor Information***. The vendor must receive agency approval prior to subcontractor commencing work.

MTM does not intend to utilize administrative subcontractors at any time throughout this contract. However, if due to an unforeseen circumstance this changes, we will complete the required information and receive DHCFP approval prior to allowing them to perform service.

4.3 BUSINESS REFERENCES

4.3.1 Vendors should provide a minimum of three (3) business references from similar projects performed for private, state and/or large local government clients with the last three (3) years.

With more than 16 years in the industry and approximately 40 current contracts, MTM has a broad variety of experience with large private, state, and local government clients. As a testament to our commitment to providing quality NET services to each of these clients, DHCFP may contact the following references, each of which are current MTM clients:

1. ***The District of Columbia Department of Health Care Finance (DCHF)***
2. ***Healthcare USA***
3. ***Omnicare***
4. ***Children's Mercy Family Health Partners (CMFHP)***

Although DHCFP requested three client references, MTM has provided four to ensure at least three completed reference forms are returned to the Division by the due date.

4.3.2 Vendors must provide the following information for ***every*** business references provided by the vendor and/or subcontractor:
The "Company Name" must be the name of the proposing vendor or the vendor's proposed subcontractor.

In the following Figures 46, 47, 48, and 49 MTM has completed the requested information tables for the business references mentioned in Section 4.3.1.

Reference #:	***1***
Company Name:	***MTM***
Identify role company will have for this RFP project (check one): ☒ ***Vendor*** ☐ ***Subcontractor***	
Project Name:	***DCHF NET management/brokerage***
Primary Contact Information	
Name:	***Juan (Alex) Peralta, Program Analyst***
Street Address:	***825 North Capitol Street, NE, Suite 500***
City, State, Zip	***Washington, DC 20001***
Phone, including area code:	***(202) 698-2008***

Reference #:	1
Company Name:	MTM
Facsimile, including area code:	(202) 442-4799
Email address:	juan.peralta@dc.gov
Alternate Contact Information	
Name:	None—Alex Peralta is the contact for this contract. Please contact him with any questions.
Street Address:	
City, State, Zip	
Phone, including area code:	
Facsimile, including area code:	
Email address:	
Project Information	
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	Prior to our management, the District of Columbia NET program suffered from a non-compliant transportation provider network as identified through numerous Office of Inspector General (OIG) audits. Additionally, the program was without adequate record maintenance and accountability measures, which left significant opportunity for fraud, abuse, and waste of program funding. Specifically, the program lacked important data collection such as the number of recipients transported, recipient personal information, updated addresses/schedules, and verification of services for payments rendered. Combined, these deficiencies caused the program to be unsafe, inefficient, and costly. DHCF (formerly the Department of Health, Medical Assistance Administration) awarded MTM the NET contract with the objective of improving the quality of the program at all levels. MTM began operating the program in October 2007. Since then, we have corrected and improved all of the issues and concerns identified in the OIG report. MTM brought the network of transportation providers into compliance through our screening and credentialing processes. This included driver FBI background checks, insurance verification, vehicle inspections, and driver training. To eliminate fraud and abuse, MTM reconciles 100% of the trips

Reference #:	1
Company Name:	MTM
	prior to payment. We added an additional layer of payment verification by processing daily attendance reports for all recurring transportation appointments such as day treatment, physical therapy, and dialysis directly with the medical provider. In August 2008, the NET contract underwent modifications due to a shift in available funding. The shift required more aggressive utilization of the public transportation system, which required an extensive and swift education campaign for recipients, medical facilities, and transportation providers. MTM successfully implemented the upgrade by distributing educational material and fielding calls about the changes. Since taking over the program, MTM has reduced the costs of the program by $5 million dollars, which is a 25% savings. Due to the variety of populations being served—special needs children, individuals with mental illness, and intellectually and developmentally delayed adults—MTM developed a thorough driver training program to instruct drivers how to properly handle recipients. This mandatory training, conducted by MTM personnel, has increased the quality of services provided. MTM recently introduced a travel training program to the District to successfully transition capable recipients to fixed route systems. To date, over 200 recipients have gone through the program and 100 facilities have attended our education and training seminars. This is just another example of the type of services MTM is able to provide beyond other brokers. The District's program is now well-documented, with historical data collected and reported monthly. This provides the District with clear, concise, and easy access to program activities, which helps to determine program successes. This, in turn, supports future budgeting considerations, enhancements, and identification of required improvements.
Original Project/Contract Start Date:	October 2007

Reference #:	1
Company Name:	MTM
Original Project/Contract End Date:	October 2008, with four optional one-year renewals
Original Project/Contract Value:	Approximately $20 million
Final Project/Contract Date:	Ongoing
Was project/contract completed in time originally allotted, and if not, why not?	This program is ongoing, with the contract being successfully renewed for each optional year
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	During the four years that we have operated this contract, MTM has reduced program expenses by over 25% and contained future years' cost growth by reducing fraud and abuse and shifting recipients appropriately to public transportation. The project has been extremely successful. Not only have costs been decreased, but transportation issues have become virtually non-existent.

Figure 46: DCHF Reference Information. DHCFP may contact DCHF for a reference to the quality NET management services we continually provide.

Reference #:	2
Company Name:	MTM
Identify role company will have for this RFP project (check one): ☒ Vendor ☐ Subcontractor	
Project Name:	Healthcare USA NET management
Primary Contact Information	
Name:	Gene Poisson
Street Address:	10 South Broadway, Suite 1200
City, State, Zip	St. Louis, MO 63102
Phone, including area code:	(314) 444-7914
Facsimile, including area code:	(866) 609-8143
Email address:	GJPoisson@cvty.com
Alternate Contact Information	
Name:	None—Gene Poisson is the contact for this contract. Please contact him with any questions.
Street Address:	

Reference #:	*2*
Company Name:	*MTM*
City, State, Zip	
Phone, including area code:	
Facsimile, including area code:	
Email address:	
Project Information	
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	*Healthcare USA has been a client of MTM's since 1995, and was our first client. We have expanded with them as they grew to encompass different regions throughout Missouri. To serve Healthcare USA efficiently, we developed a number of innovative programs including provider education, bus ticket distribution, high risk OB identification, sickle cell anemia transportation, and no-show reduction.* *Through community outreach programs, we have helped Healthcare USA improve its Healthcare Effectiveness Data and Information Set (HEDIS) scores, as well as arrange Early Periodic Screening, Diagnosis, and Treatment (EPSDT). To ensure quality transportation services, we work collaboratively with the client to improve the subcontractor oversight grid required by the State.* *Each year, recipients express the utmost satisfaction with MTM. In fact, we continually maintain a 95% satisfaction rate with a complaint rate of just 0.35%. Other accomplishments we have achieved with this project include:* • *Creating uniformity throughout the service regions* • *Applying quality improvement measures to increase satisfaction* • *Developing a range of reports for better control and management* • *Significantly reducing response time for transportation* • *Producing significant cost savings that were not initially anticipated*
Original Project/Contract Start Date:	*September 1995*

Reference #:	2
Company Name:	MTM
Original Project/Contract End Date:	September 1998, with successful renewals/competitive bids since
Original Project/Contract Value:	Approximately $1.3 million
Final Project/Contract Date:	Ongoing
Was project/contract completed in time originally allotted, and if not, why not?	This program is ongoing, with the contract being successfully renewed or re-awarded each year.
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	Year after year, Healthcare USA maintains its contract with MTM because of our ability to contain program costs and ensure customer satisfaction through high quality transportation services.

Figure 47: Healthcare USA Reference Information. DHCFP may contact Healthcare USA for a reference to the quality NET management services we continually provide.

Reference #:	3
Company Name:	MTM
Identify role company will have for this RFP project (check one): ☒ Vendor ☐ Subcontractor	
Project Name:	Omnicare Health Plan of Michigan NET management
Primary Contact Information	
Name:	Sandra McGriff
Street Address:	1333 Gratiot, Suite 400
City, State, Zip	Detroit, Michigan 48207
Phone, including area code:	(313) 465-1552
Facsimile, including area code:	(866) 602-1251
Email address:	srmcgriff@cvty.com
Alternate Contact Information	
Name:	None—Sandra McGriff is the contact for this contract. Please contact her with any questions.
Street Address:	
City, State, Zip	
Phone, including area	

Reference #:	3
Company Name:	MTM
code:	
Facsimile, including area code:	
Email address:	
Project Information	
Brief description of the project/contract and description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	As the NET broker for Omnicare, MTM arranges transportation services for recipients in the Michigan counties of Wayne, Oakland, Kalamazoo, Cass, St. Joseph, Allegan, and Barry. Since beginning our work with Omnicare, MTM has been in extremely successful in meeting and exceeding the client's expectations. For example, we have established and maintained call response and abandonment rates that far exceed the stringent requirements of the NCQA. Additionally, we helped Omnicare create a uniform, state-of-the-art quality management program. Through this program, all transportation providers must undergo on-site inspections twice a year and selectively participate on an MTM Advisory Committee. Further, each provider receives a quarterly performance report showing their progress in service quality compared to their peers. Through these programs, we have been able to effectively increase the quality of services transportation providers give to recipients. In addition to these achievements, we expanded the local transportation provider network to more than double the number of companies available to serve recipients. We also developed a strong partnership with local public transit entities to reduce the overall transportation costs of the program.
Original Project/Contract Start Date:	October 2005
Original Project/Contract End Date:	This contract automatically renews for a one-year period every October 1
Original Project/Contract Value:	Approximately $1.8 million
Final Project/Contract Date:	Ongoing
Was project/contract	This program is ongoing, and has so far been successfully

Reference #:	3
Company Name:	MTM
completed in time originally allotted, and if not, why not?	renewed
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	MTM has contained the cost of this program each year by increasing public transportation utilization, improving the quality of the transportation network, and working collaboratively with the client on their recipient outreach forums.

Figure 48: Omnicare Reference Information. DHCFP may contact Omnicare for a reference to the quality NET management services we continually provide.

Reference #:	4
Company Name:	MTM
Identify role company will have for this RFP project (check one): ☒ Vendor ☐ Subcontractor	
Project Name:	CMFHP NET management
Primary Contact Information	
Name:	Cindy Mense
Street Address:	2420 Pershing, Suite G10
City, State, Zip	Kansas City, Missouri 64108
Phone, including area code:	(816) 559-9472
Facsimile, including area code:	(816) 277-0217
Email address:	cmense@fhp.org
Alternate Contact Information	
Name:	None—Cindy Mense is the contact for this contract. Please contact her with any questions.
Street Address:	
City, State, Zip	
Phone, including area code:	
Facsimile, including area code:	
Email address:	
Project Information	
Brief description of the project/contract and	As CMFHP's NET manager since 1996, MTM arranges transportation for more than 50,000 recipients in 13 western

Reference #:	4
Company Name:	MTM
description of services performed, including technical environment (i.e., software applications, data communications, etc.) if applicable:	Missouri counties. In this timeframe, we have helped this client achieve key accomplishments, such as maintaining call response times and abandonment rates that exceed the stringent requirements set forth by NCQA. Additionally, we created a uniform, state-of-the-art quality management program to review the business locations, operations, and performance of each transportation provider that serves CMFHP recipients. To enhance the network, we also expanded to include more than 65 local transportation providers that are able to meet the needs of all recipients. These partnerships have allowed us to reduce the overall transportation cost of the program. MTM also helped to improve overall operations. For example, we reduced fraudulent trip billing and error rates from an estimated 15-20% to less than 1%. Further, we reduced the overall no-show rate from an excess of 9% to less than 4%, thus increasing access to healthcare services and overall community outreach. As one of our first clients, CMFHP has remained a satisfied customer for more than 15 years. This commitment to MTM demonstrates our dedication to satisfying our clients and their NET recipients.
Original Project/Contract Start Date:	January 1996
Original Project/Contract End Date:	January 1999, with successful renewals/competitive bids each year since
Original Project/Contract Value:	Approximately $675,000
Final Project/Contract Date:	Ongoing
Was project/contract completed in time originally allotted, and if not, why not?	This program is ongoing, and has so far been successfully renewed
Was project/contract	For a short period of time, CMFHP left MTM for a marginally

Reference #:	4
Company Name:	MTM
completed within or under the original budget/ cost proposal, and if not, why not?	lower rate with our largest competitor, only to come back to MTM due to our ability to provide cost control mechanisms in a customer service-oriented and friendly manner.

Figure 49: CMFHP Reference Information. DHCFP may contact CMFHP for a reference to the quality NET management services we continually provide.

4.3.3 Vendors must also submit ***Attachment G, Reference Questionnaire*** to the business references that are identified in ***Section 4.3.2***.

As instructed by DHCFP, MTM submitted the provided Attachment G, Reference Questionnaires to DCHF, Healthcare USA, Omnicare, and CMFHP during the RFP response process.

4.3.4 The company identified as the business references must submit the Reference Questionnaire directly to the Purchasing Division.

In multiple conversations with the four aforementioned clients, MTM reminded our contacts that the Reference Questionnaire must be returned to the Purchasing Division no later than November 29. Prior to receiving our proposal, DHCFP should have received four completed Reference Questionnaires from our clients.

4.3.5 It is the vendor's responsibility to ensure that completed forms are received by the Purchasing Division on or before the deadline as specified in ***Section 8, RFP Timeline*** for inclusion in the evaluation process. Reference Questionnaires not received, or not complete, may adversely affect the vendor's score in the evaluation process.

As mentioned in the previous question, MTM spoke with each of our clients about the process for returning the Reference Questionnaires. Each client informed us that they had sent the completed questionnaire to the Purchasing Division as requested. We understand that if the Reference Questionnaires were not received by the Purchasing Division by November 29, it could adversely affect our evaluation; however, we are confident that this will not be the case.

4.3.6 The State reserves the right to contact and verify any and all references listed regarding the quality and degree of satisfaction for such performance.

We welcome and encourage DHCFP to contact DCHF, Healthcare USA, Omnicare, and CMFHP as deemed appropriate to garner further intelligence and verification regarding the quality and degree of satisfaction with our performance. Because we work so closely with these clients on a continual basis, we are positive DHCFP will be pleased with any comments that our clients may have during the interview.

4.4 VENDOR STAFF RESUMES

A resume must be completed for each proposed individual on the State format provided in ***Attachment H,*** for key personnel to be responsible for performance of any contract resulting from this RFP. Key staff is defined as corporate or company officers charged with the executive oversight of the contract and the lead employees of the corporation or company in charge of the day to day operations.

As requested, MTM has completed resumes for our key staff members in the format specified within the RFP. These resumes, including those for our corporate officers and Nevada-dedicated lead employees, are included later in this proposal under Tab VIII—Attachment H, Proposed Staff Resume(s).

PROPOSED STAFF RESUME

A resume must be completed for all proposed contractor staff and proposed subcontractor staff.

COMPANY NAME:	Medical Transportation Management, Inc.		
X Contractor		☐ **Subcontractor**	
Name:	Nathan Mueller	**X Key Personnel**	
Classification:	Program Manager	**# of Years in Classification:**	1
Brief Summary: of Experience:	With nine years of experience in the medical transportation industry at MTM, Nathan has participated in numerous transportation program implementations, including several large managed care plans. His implementation of our mode assessment process provides cost savings and ensures recipients receive the appropriate mode of transportation. Nathan has a Bachelor's degree in Communication with a minor in Business Administration.		
# of Years with Firm:	9		

RELEVANT PROFESSIONAL EXPERIENCE	
Required Information: ***MMYYYY to Present:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	May 2011 – October 2011 Mo HealthNet Division Theresa Valdes P.O. Box 6500 Jefferson City, MO 65102-6500 573-526-4274 Theresa.A.Valdes@dss.mo.gov Program Director Primary business contact for Mo HealthNet and responsible for the overall client satisfaction. Consults with client on services and contractual requirements, define needs, research data, analyze data to recommend solutions. May 2011-October 2011
Required Information: ***MMYYYY to MMYYYY:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	May 2009 – October 2011 Mo Omnicare Health Plan, Inc. Sandra R. McGriff 1333 Gratiot, Suite 400 Detroit, MI 48207, 313-465-1552, SRMcGriff@cvty.com Senior Account Manager Track, trend and analyze data providing clients with additional opportunities and solutions. Advise client on procedures, changes in processing methods and practices, and redesign of operational protocols. May 2009 – October 2011

Required Information: ***MMYYYY to MMYYYY:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	May 2011 – October 2011 UnitedHealthcare Community Plan Kimberly Gray 9200 Worthington Rd Westerville, OH 43082 614-410-7876 kimberly.gray@uhc.com Senior Account Manager Track, trend and analyze data providing clients with additional opportunities and solutions. Advise client on procedures, changes in processing methods and practices, and redesign of operational protocols. May 2011 – October 2011

EDUCATION

	Description	***# of Years Experience***
Institution Name:	William Woods University	
City:	Fulton	
State:	Missouri	
Degree/Achievement:	B.F.A., Communications; Minor: Business Administration	
Certifications:		

REFERENCES

Minimum of three (3) required, including name, title, organization, phone number, fax number and email address	Theresa Valdes Director, Program Operations MO HealthNet Division Phone: 573-526-4274 Email: Theresa.A.Valdes@dss.mo.gov Sandra R. McGriff Vice President Operations OmniCare Health Plan, Inc. Phone: 313-465-1552 Fax: 866-602-125 Email: SRMcGriff@cvty.com Kimberly Gray Manager, Delegation Relations & Oversight UnitedHealthcare Community Plan Phone: 614-410-7876 Fax: 866-791-0271 Email: kimberly.gray@uhc.com

PROPOSED STAFF RESUME

A resume must be completed for all proposed contractor staff and proposed subcontractor staff.

COMPANY NAME:	Medical Transportation Management, Inc.		
X Contractor		☐ **Subcontractor**	
Name:	Alaina Macia	**X Key Personnel**	
Classification:	President & CEO	**# of Years in Classification:**	9
Brief Summary: of Experience:	During Alaina's time with MTM, she has overseen the implementation of numerous large government contracts, including Missouri, Kansas, Minnesota, New York, South Carolina, and Washington D.C. For these clients, she has pushed MTM to continually improve and generate significant savings, generally between 10-25% over previous costs.		
# of Years with Firm:	9		

RELEVANT PROFESSIONAL EXPERIENCE	
Required Information: ***MMYYYY to Present:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	October 2007 to Present District of Columbia Department of Health Care Finance (DHCF) Juan (Alex) Peralta, Program Analyst 825 North Capitol Street, NE, Suite 500 Washington, DC 20001 (202) 698-2008 juan.peralta@dc.gov Provides over site as President and CEO Establish network, negotiate rates, perform eligibility checks, provide call intake services, screen for covered services, assign appropriate mode of transportation, perform trip reconciliation, pay transportation providers, provide extensive reporting, and perform ETO activities. October 1, 2007 – September 30, 2008; Four Optional One-Year Renewals
Required Information: ***MMYYYY to MMYYYY:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	June 2004 to Present Minnesota Metro Counties Consortium (MCC) -- Previously Minnesota Department of Human Services (DHS) Cindy Towe, Sr. Contract Analyst MCC 1800 Chicago Avenue S Minneapolis, MN 55404 (612) 348-6711 cindy.towe@co.hennepin.mn.us Provides over site as President and CEO Establish network, negotiate rates, perform eligibility checks, provide call intake services, screen for covered services, assign appropriate mode of transportation, perform trip reconciliation, pay transportation providers, provide extensive reporting, and perform ETO activities June 2004 to Present

Required Information: ***MMYYYY to MMYYYY:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	July 2009 to Present Kansas Health Policy Authority (KHPA) Tracy Conklin, Transportation and PACE Manager Landon State Office Building 900 SW Jackson Street- 900 North Topeka, KS 66612 (785) 296-7788 Tracy.conklin@khpa.ks.gov Provides over site as President and CEO Establish network, negotiate rates, perform eligibility checks, provide call intake services, screen for covered services, assign appropriate mode of transportation, perform trip reconciliation, pay transportation providers, provide extensive reporting, and perform ETO activities July 2009 to Present

EDUCATION

Description		***# of Years Experience***
Institution Name:	Washington University	
City:	St. Louis	
State:	Missouri	
Degree/Achievement:	Master of Business Administration	
Certifications:		
Institution Name:	Washington University	
City:	St. Louis	
State:	Missouri	
Degree/Achievement:	Bachelor of Science in Biological Engineering	
Certifications:		

REFERENCES

Minimum of three (3) required, including name, title, organization, phone number, fax number and email address	Alex Peralta, Program Analyst District of Columbia Department of Health Care Finance (DHCF) Phone: (202) 698-2008 Fax: (202) 442-4790 Email: juan.peralta@dc.gov Beverly G. Hamilton Community Health Solutions of America Phone: (803)-629-1013 Email: bhamilton@chsamerica.com David Jolly, Commissioner Department of Social Services, Orange County, NY Phone: (845) 291-4311 Email: djolly@co.orange.ny.us

PROPOSED STAFF RESUME

A resume must be completed for all proposed contractor staff and proposed subcontractor staff.

COMPANY NAME:	Medical Transportation Management, Inc.		
X Contractor		☐ **Subcontractor**	
Name:	Gary Richardson	**X Key Personnel**	
Classification:	Chief Financial Officer	**# of Years in Classification:**	3 1/2
Brief Summary: of Experience:	Since joining in 2008, Gary has quickly implemented significant improvements in Financial Management and Human Resources efficiency. These aspects of MTM allow us to offer a more competitive price because our overhead is low and profit requirements are less than a publicly traded company. Gary also has experience in NET programs working with MV Transportation prior to joining MTM.		
# of Years with Firm:	3 1/2		

RELEVANT PROFESSIONAL EXPERIENCE	
Required Information: ***MMYYYY to Present:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	October 2007 to Present District of Columbia Department of Health Care Finance (DHCF) Juan (Alex) Peralta, Program Analyst 825 North Capitol Street, NE, Suite 500 Washington, DC 20001 (202) 698-2008 juan.peralta@dc.gov Provides financial oversight Establish network, negotiate rates, perform eligibility checks, provide call intake services, screen for covered services, assign appropriate mode of transportation, perform trip reconciliation, pay transportation providers, provide extensive reporting, and perform ETO activities. October 1, 2007 – September 30, 2008; Four Optional One-Year Renewals
Required Information: ***MMYYYY to MMYYYY:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	June 2004 to Present Minnesota Metro Counties Consortium (MCC) -- Previously Minnesota Department of Human Services (DHS) Cindy Towe, Sr. Contract Analyst MCC 1800 Chicago Avenue S Minneapolis, MN 55404 (612) 348-6711 cindy.towe@co.hennepin.mn.us Provides financial oversight Establish network, negotiate rates, perform eligibility checks, provide call intake services, screen for covered services, assign appropriate mode of transportation, perform trip reconciliation, pay transportation providers, provide extensive reporting, and perform ETO activities June 2004 to Present

Required Information: ***MMYYYY to MMYYYY:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	July 2009 to Present Kansas Health Policy Authority (KHPA) Tracy Conklin, Transportation and PACE Manager Landon State Office Building 900 SW Jackson Street- 900 North Topeka, KS 66612 (785) 296-7788 Tracy.conklin@khpa.ks.gov Provides financial oversight Establish network, negotiate rates, perform eligibility checks, provide call intake services, screen for covered services, assign appropriate mode of transportation, perform trip reconciliation, pay transportation providers, provide extensive reporting, and perform ETO activities July 2009 to Present

EDUCATION		
Description		***# of Years Experience***
Institution Name: ***City:*** ***State:*** ***Degree/Achievement:*** ***Certifications:***	University of California Santa Barbara California Bachelor of Science Degree in Economics with Accounting CPA	

REFERENCES	
Minimum of three (3) required, including name, title, organization, phone number, fax number and email address	Kevin Klika, Chief Operations Officer MV Transportation Phone: 707-803-5900 Fax: 707-863-8944 Email: kklika@mvtransit.com Hugh Tama, Partner Marcum Phone: 415-981-9400 Fax: 415-391-2310 Email: hugh.tama@hotmail.com Ben Greene, President 2g Transit Solutions Phone: 417-846-0221 Email: ben@2gtransit.com

PROPOSED STAFF RESUME

A resume must be completed for all proposed contractor staff and proposed subcontractor staff.

COMPANY NAME:	Medical Transportation Management, Inc.		
X Contractor		☐ **Subcontractor**	
Name:	Donald Tiemeyer		**X Key Personnel**
Classification:	Executive Vice President, General Counsel	**# of Years in Classification:**	9
Brief Summary: of Experience:	Don has served as corporate counsel to MTM from its inception in 1995, and has served as MTM's General Counsel since joining MTM in 2003. He has overseen the execution of numerous contracts, been involved in risk management, and defended the interests of MTM and our clients.		
# of Years with Firm:	16		

RELEVANT PROFESSIONAL EXPERIENCE

Required Information: ***MMYYYY to Present:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	October 2007 to Present District of Columbia Department of Health Care Finance (DHCF) Juan (Alex) Peralta, Program Analyst 825 North Capitol Street, NE, Suite 500 Washington, DC 20001 (202) 698-2008 juan.peralta@dc.gov Provides legal counsel Establish network, negotiate rates, perform eligibility checks, provide call intake services, screen for covered services, assign appropriate mode of transportation, perform trip reconciliation, pay transportation providers, provide extensive reporting, and perform ETO activities. October 1, 2007 – September 30, 2008; Four Optional One-Year Renewals
Required Information: ***MMYYYY to MMYYYY:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	June 2004 to Present Minnesota Metro Counties Consortium (MCC) -- Previously Minnesota Department of Human Services (DHS) Cindy Towe, Sr. Contract Analyst MCC 1800 Chicago Avenue S Minneapolis, MN 55404 (612) 348-6711 cindy.towe@co.hennepin.mn.us Provides legal counsel Establish network, negotiate rates, perform eligibility checks, provide call intake services, screen for covered services, assign appropriate mode of transportation, perform trip reconciliation, pay transportation providers, provide extensive reporting, and perform ETO activities June 2004 to Present

Required Information: ***MMYYYY to MMYYYY:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	July 2009 to Present Kansas Health Policy Authority (KHPA) Tracy Conklin, Transportation and PACE Manager Landon State Office Building 900 SW Jackson Street- 900 North Topeka, KS 66612 (785) 296-7788 Tracy.conklin@khpa.ks.gov Provides legal counsel Establish network, negotiate rates, perform eligibility checks, provide call intake services, screen for covered services, assign appropriate mode of transportation, perform trip reconciliation, pay transportation providers, provide extensive reporting, and perform ETO activities July 2009 to Present

EDUCATION

Description		***# of Years Experience***
Institution Name:	University of Missouri – Columbia Law School	
City:	Columbia	
State:	Missouri	
Degree/Achievement:	Juris Doctorate	
Certifications:	Member of the Missouri Bar Association	
Institution Name:	St. Louis University	
City:	St. Louis	
State:	Missouri	
Degree/Achievement:	Bachelor of Science in Commerce	
Certifications:		

REFERENCES

Minimum of three (3) required, including name, title, organization, phone number, fax number and email address	Charles W. Hatfield, Partner Stinson Morrison Hecker LLP Phone: (573) 636-6827 Fax: (573) 556-3632 Email: CHatfield@stinson.com John J. Hathway, Esq, Partner Whiteford, Taylor & Preston LLP Phone: (202) 659-6800 Fax: (202) 331-0573 Email: JHathway@wtplaw.com E. Wade Mullins, Esq. Bruner Powell Robbins Wall & Mullins Phone: (803) 252-7693 Fax: (803) 254-5719 WMullins@bprwm.com

PROPOSED STAFF RESUME

A resume must be completed for all proposed contractor staff and proposed subcontractor staff.

COMPANY NAME:	Medical Transportation Management, Inc.		
X Contractor		☐ **Subcontractor**	
Name:	Alison Whitlaw	**X Key Personnel**	
Classification:	VP, Business Solutions	**# of Years in Classification:**	8
Brief Summary: of Experience:	Alison has led the MTM technology team to provide the secure and robust technology infrastructure and applications necessary to support NET operational needs in a HIPAA-compliant environment. Alison has developed modular technology seamlessly blending each client's unique NET requirements with industry-leading technology to create a best-in-class system. Alison was part of the team that implemented the state-of-the-art VoIP telephony system and is currently actively involved in integrating routing and scheduling technology to further enhance MTM's systems capability. Alison's understanding of NET needs was a key factor in development of the industry-leading online credentialing system.		
# of Years with Firm:	8		

RELEVANT PROFESSIONAL EXPERIENCE

Required Information: ***MMYYYY to Present:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	October 2007 to Present District of Columbia Department of Health Care Finance (DHCF) Juan (Alex) Peralta, Program Analyst 825 North Capitol Street, NE, Suite 500 Washington, DC 20001 (202) 698-2008 juan.peralta@dc.gov Provides oversight of all technology systems Establish network, negotiate rates, perform eligibility checks, provide call intake services, screen for covered services, assign appropriate mode of transportation, perform trip reconciliation, pay transportation providers, provide extensive reporting, and perform ETO activities. October 1, 2007 – September 30, 2008; Four Optional One-Year Renewals
Required Information: ***MMYYYY to MMYYYY:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	June 2004 to Present Minnesota Metro Counties Consortium (MCC) -- Previously Minnesota Department of Human Services (DHS) Cindy Towe, Sr. Contract Analyst MCC 1800 Chicago Avenue S Minneapolis, MN 55404 (612) 348-6711 cindy.towe@co.hennepin.mn.us Provides oversight of all technology systems Establish network, negotiate rates, perform eligibility checks, provide call intake services, screen for covered services, assign appropriate mode of transportation, perform trip reconciliation, pay transportation providers, provide extensive reporting, and perform ETO activities June 2004 to Present

Required Information: ***MMYYYY to MMYYYY:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	July 2009 to Present Kansas Health Policy Authority (KHPA) Tracy Conklin, Transportation and PACE Manager Landon State Office Building 900 SW Jackson Street- 900 North Topeka, KS 66612 (785) 296-7788 Tracy.conklin@khpa.ks.gov Provides oversight of all technology systems Establish network, negotiate rates, perform eligibility checks, provide call intake services, screen for covered services, assign appropriate mode of transportation, perform trip reconciliation, pay transportation providers, provide extensive reporting, and perform ETO activities July 2009 to Present

EDUCATION

Description		***# of Years Experience***
Institution Name:	University of Strathclyde	
City:	Glasgow	
State:	United Kingdom	
Degree/Achievement:	Master of Business Administration	
Certifications:	PMP Certification (2002)	
Institution Name:	University of Strathclyde	
City:	Glasgow	
State:	United Kingdom	
Degree/Achievement:	Bachelor of Science, Computer Science	
Certifications:		

REFERENCES

Minimum of three (3) required, including name, title, organization, phone number, fax number and email address	Matt Wheeler, Executive Vice President of Operations Berlin-Wheeler Inc. Phone: 785-271-1000 ext 5212 Fax: 785-271.1117 Email: mattw@berlinwheeler.com Tony French, President Tony French Systems Phone: 785-442-3303 Fax: 785-442-3405 Email: tony@tonyfrenchsystems.com Name: Dave Copas, Partner IT21 Solutions or CLevel Partners Phone: 816-547-1036 Email: dcopas@it21solutions.com

PROPOSED STAFF RESUME

A resume must be completed for all proposed contractor staff and proposed subcontractor staff.

COMPANY NAME:	Medical Transportation Management, Inc.		
X Contractor		☐ **Subcontractor**	
Name:	Patrick McNiff	**X Key Personnel**	
Classification:	VP, Paratransit Operations	**# of Years in Classification:**	3
Brief Summary: of Experience:	With MTM, Patrick has assisted providers in our network to increase efficiency in their operations, as well as identify ways for MTM to further coordinate with public transit options. Patrick plays an integral role in a number of MTM operations, including our Hamilton County, Ohio contract, which accounts for 20,000 trips per month. In past roles, he was responsible for managing all of Laidlaw Transit's NET operations through their Safe-Ride division. This division had operations throughout seven states in 14 locations, including statewide operations in Arizona and New Mexico.		
# of Years with Firm:	3		

RELEVANT PROFESSIONAL EXPERIENCE

Required Information: ***MMYYYY to Present:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	October 2007 to Present District of Columbia Department of Health Care Finance (DHCF) Juan (Alex) Peralta, Program Analyst 825 North Capitol Street, NE, Suite 500 Washington, DC 20001 (202) 698-2008 juan.peralta@dc.gov Oversees Network Management Establish network, negotiate rates, perform eligibility checks, provide call intake services, screen for covered services, assign appropriate mode of transportation, perform trip reconciliation, pay transportation providers, provide extensive reporting, and perform ETO activities. October 1, 2007 – September 30, 2008; Four Optional One-Year Renewals
Required Information: ***MMYYYY to MMYYYY:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	June 2004 to Present Minnesota Metro Counties Consortium (MCC) -- Previously Minnesota Department of Human Services (DHS) Cindy Towe, Sr. Contract Analyst MCC 1800 Chicago Avenue S Minneapolis, MN 55404 (612) 348-6711 cindy.towe@co.hennepin.mn.us Oversees Network Management Establish network, negotiate rates, perform eligibility checks, provide call intake services, screen for covered services, assign appropriate mode of transportation, perform trip reconciliation, pay transportation providers, provide extensive reporting, and perform ETO activities June 2004 to Present

Required Information: ***MMYYYY to MMYYYY:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	July 2009 to Present Kansas Health Policy Authority (KHPA) Tracy Conklin, Transportation and PACE Manager Landon State Office Building 900 SW Jackson Street- 900 North Topeka, KS 66612 (785) 296-7788 Tracy.conklin@khpa.ks.gov Oversees Network Management Establish network, negotiate rates, perform eligibility checks, provide call intake services, screen for covered services, assign appropriate mode of transportation, perform trip reconciliation, pay transportation providers, provide extensive reporting, and perform ETO activities July 2009 to Present

EDUCATION

Description		***# of Years Experience***
Institution Name:	Cypress College	
City:	Cypress	
State:	California	
Degree/Achievement:	Business Management and Marketing coursework	
Certifications:		
Institution Name:	George Mason University	
City:	Fairfax	
State:	Virginia	
Degree/Achievement:	Transit Leadership Development Program	
Certifications:		

REFERENCES

Minimum of three (3) required, including name, title, organization, phone number, fax number and email address	Kevin Holt, Section Chief Hamilton County Phone: 513-946-1840 Fax: 513-946-4335 Email: HOLTK@jfs.hamilton_co.org Tyler Kent, Transit Manager City of Valparaiso Phone: 219-462-1161 Fax: 219-464-4273 Email: tkent@valpo.us Carrie Woody, Transit Administrator City of Lancaster Phone: 740-687-6858 Fax: 740-681-5088 Email: cwoody@ci.lancaster.oh.us

PROPOSED STAFF RESUME

A resume must be completed for all proposed contractor staff and proposed subcontractor staff.

COMPANY NAME:	Medical Transportation Management, Inc.		
X Contractor		☐ **Subcontractor**	
Name:	Natasha Boekholt		**X Key Personnel**
Classification:	Director, Operations	**# of Years in Classification:**	1
Brief Summary: of Experience:	Natasha has worked with MTM's NET clients since 2003 and has over 12 years of experience in the transportation management industry. She is keenly aware of CMS and transportation rules and regulations, and helps to implement our various statewide programs.		
# of Years with Firm:	8		

RELEVANT PROFESSIONAL EXPERIENCE

Required Information: ***MMYYYY to Present:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	October 2007 to Present District of Columbia Department of Health Care Finance (DHCF) Juan (Alex) Peralta, Program Analyst 825 North Capitol Street, NE, Suite 500 Washington, DC 20001 (202) 698-2008 juan.peralta@dc.gov Oversees client relationships Establish network, negotiate rates, perform eligibility checks, provide call intake services, screen for covered services, assign appropriate mode of transportation, perform trip reconciliation, pay transportation providers, provide extensive reporting, and perform ETO activities. October 1, 2007 – September 30, 2008; Four Optional One-Year Renewals
Required Information: ***MMYYYY to MMYYYY:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	June 2004 to Present Minnesota Metro Counties Consortium (MCC) -- Previously Minnesota Department of Human Services (DHS) Cindy Towe, Sr. Contract Analyst MCC 1800 Chicago Avenue S Minneapolis, MN 55404 (612) 348-6711 cindy.towe@co.hennepin.mn.us Oversees client relationships Establish network, negotiate rates, perform eligibility checks, provide call intake services, screen for covered services, assign appropriate mode of transportation, perform trip reconciliation, pay transportation providers, provide extensive reporting, and perform ETO activities June 2004 to Present

Required Information: ***MMYYYY to MMYYYY:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	July 2009 to Present Kansas Health Policy Authority (KHPA) Tracy Conklin, Transportation and PACE Manager Landon State Office Building 900 SW Jackson Street- 900 North Topeka, KS 66612 (785) 296-7788 Tracy.conklin@khpa.ks.gov Oversees client relationships Establish network, negotiate rates, perform eligibility checks, provide call intake services, screen for covered services, assign appropriate mode of transportation, perform trip reconciliation, pay transportation providers, provide extensive reporting, and perform ETO activities July 2009 to Present

EDUCATION

Description		***# of Years Experience***
Institution Name:	University of Missouri	
City:	Columbia	
State:	Missouri	
Degree/Achievement:	Bachelors of Arts – English	
Certifications:		

REFERENCES

Minimum of three (3) required, including name, title, organization, phone number, fax number and email address	Walter Fishlinger, Program Analyst Albany County, NY Phone: 518-447-7405 Fax: 518-447-7722 Email: walter.fishlinger@albanycounty.com David Jolly, Commissioner Department of Social Services, Orange County, NY Phone: (845) 291-4311 Email: djolly@co.orange.ny.us Judy Glassanos, Commissioner Albany County Department For Aging Phone: 518-447-7196 Fax: 518-447-7722 Judy.Glassanos@albanycounty.com

PROPOSED STAFF RESUME

A resume must be completed for all proposed contractor staff and proposed subcontractor staff.

COMPANY NAME:	Medical Transportation Management, Inc.		
X Contractor		☐ **Subcontractor**	
Name:	Kim Matreci		**X Key Personnel**
Classification:	VP, Client Services	**# of Years in Classification:**	10
Brief Summary: of Experience:	Kim has established solid relationships with our program holders and participating program facilities throughout the country providing solutions to transportation needs and working collaboratively to enhance the benefit. Kim currently oversees all of MTM's large government programs, including the statewide Kansas contract, a regional Minnesota contract, and the contract with Washington D.C. and the surrounding areas.		
# of Years with Firm:	10		

RELEVANT PROFESSIONAL EXPERIENCE

Required Information: ***MMYYYY to Present:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	October 2007 to Present District of Columbia Department of Health Care Finance (DHCF) Juan (Alex) Peralta, Program Analyst 825 North Capitol Street, NE, Suite 500 Washington, DC 20001 (202) 698-2008 juan.peralta@dc.gov Oversees client relationships Establish network, negotiate rates, perform eligibility checks, provide call intake services, screen for covered services, assign appropriate mode of transportation, perform trip reconciliation, pay transportation providers, provide extensive reporting, and perform ETO activities. October 1, 2007 – September 30, 2008; Four Optional One-Year Renewals
Required Information: ***MMYYYY to MMYYYY:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	June 2004 to Present Minnesota Metro Counties Consortium (MCC) -- Previously Minnesota Department of Human Services (DHS) Cindy Towe, Sr. Contract Analyst MCC 1800 Chicago Avenue S Minneapolis, MN 55404 (612) 348-6711 cindy.towe@co.hennepin.mn.us Oversees client relationships Establish network, negotiate rates, perform eligibility checks, provide call intake services, screen for covered services, assign appropriate mode of transportation, perform trip reconciliation, pay transportation providers, provide extensive reporting, and perform ETO activities June 2004 to Present

Required Information: ***MMYYYY to MMYYYY:*** ***Vendor Name:*** ***Client Name:*** ***Client Contact Name:*** ***Client Address, Phone Number, Email:*** ***Role in Contract/Project:*** ***Details and Duration of Contract/Project:***	July 2009 to Present Kansas Health Policy Authority (KHPA) Tracy Conklin, Transportation and PACE Manager Landon State Office Building 900 SW Jackson Street- 900 North Topeka, KS 66612 (785) 296-7788 Tracy.conklin@khpa.ks.gov Oversees client relationships Establish network, negotiate rates, perform eligibility checks, provide call intake services, screen for covered services, assign appropriate mode of transportation, perform trip reconciliation, pay transportation providers, provide extensive reporting, and perform ETO activities July 2009 to Present

EDUCATION

Description		***# of Years Experience***
Institution Name:	Columbia College	
City:	Columbia	
State:	Missouri	
Degree/Achievement:	Bachelors of Arts – Business Administration	
Certifications:		
Institution Name:	Barnes Hospital School of Nursing	
City:	St. Louis	
State:	Missouri	
Degree/Achievement:	RN Program	
Certifications:		

REFERENCES

Minimum of three (3) required, including name, title, organization, phone number, fax number and email address	Gene Poisson Vice President, Network Contracting HealthCare USA Phone: 314-444-7914 gjpoisson@hcusa.com Krissy Ziegler Vice President, Operations NurseWise/Nurse Response Centene Corporation Phone: 314-725-4477, ext. 25931 Fax: 314-558-2424 kziegler@centene.com Tina Gallagher CEO Molina Healthcare of Missouri Phone: 314-819-5300 Tina.gallagher@molinahealthcare.com

9.2.2.9 Other Informational Material (Attachments)

Attachment A	***Implementation Plan***
Attachment B	***Letters of Intent (LOIs)***
Attachment C	***Nevada Operations Manual DRAFT***
Attachment D	***Facility Training Manual***
Attachment E	***Quality Management (QM) Plan***
Attachment F	***Disaster Recovery Plan***
Attachment G	***Customer Service Representative (CSR) Training Manual***
Attachment H	***Transportation Provider Manual***
Attachment I	***Transportation Provider Service Agreement and Guidelines***
Attachment J	***Sample Vehicle Inspection Sheets***
Attachment K	***Job Descriptions***
Attachment L	***Sample Reports***
Attachment M	***Policies***
Attachment N	***Sample Educational Brochure and On the Move Brochure***

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