Quality Management (QM) Program

MTM
Medical Transportation Management, Inc.

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I. Purpose

The purpose of the 2010 Quality Management Program (QMP) is to provide an organized schedule of objective and systematic monitoring, measurement, reporting, and evaluation of MTM's services. Data received from internal reports, audits and surveys will result in implementation of quality improvement activities based upon the findings. The goal is to support MTM's mission as we develop best practices in accessing non-emergency medical care, medical program management, information management, and new product development. In order to ensure continuing compliance with MTM's URAC (Utilization Review Accreditation Committee) accreditation, the focus of the quality management program centers upon addressing the needs of members/recipients, clients, and transportation providers.

II. Scope

The 2010 program builds upon the existing quality management program, with an added emphasis on measuring, reporting, evaluation, and implementation of process/outcome improvements. The focus will be the refinement of the external audit program and implementation of internal audit processes. Program activities include, but are not limited to, monitoring, analysis, reporting, and process/outcome improvement in transportation provider, client, and internal administrative services. Quality assessment of transportation provider services is completed through monitoring of transportation provider compliance, member/recipient complaints, transportation provider and member/recipient "no-shows", member/recipient satisfaction surveys, member/recipient safety and cancellation rates. This information is reported to the Quality Management Committee (QMC) for analysis and directive on a quarterly basis. Quality assessment of other services relating to paratransit eligibility, internal administrative functions, and continuing compliance with URAC standards is also completed and reported to the Quality Management Committee (QMC) for analysis and directives on a quarterly basis. This is accomplished through the results of internal audits, member/recipient complaints, and member/recipient satisfaction surveys.

The scope of the QMP includes:

1. Credentialing of transportation providers.
2. Audits and site reviews to ensure transportation provider compliance with MTM Provider Guidelines.
3. Addressing member/recipient, client, and transportation provider complaints.
4. Addressing fraud, waste, and abuse issues.
5. Internal audits to ensure compliance with company policies and client protocols.

MTM became certified and accredited by URAC in March 2010. Becoming URAC accredited makes MTM available for participation in a wide range of quality benchmarking programs and services that keep pace with the rapid changes in the healthcare system. Additionally, URAC accreditation provides a symbol of excellence for organizations to validate their commitment to quality and accountability.

III. MTM's Mission and Vision

Mission Statement

MTM's mission is to be the premier manager of non-emergency transportation services, providing safe, reliable transportation for passengers and the best value for clients.

Vision Statement

MTM strives 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, information management and new product development. To achieve its vision, MTM develops best practices for managing transportation access to healthcare and social services for the disabled, underserved and elderly; providing reduced cost to clients and increased participant satisfaction.

IV. Resources

The following staff are dedicated to the accomplishment of Quality Management:

- Executive Staff
- Satellite office program managers, directors and staff
- Director/manager and staff - Customer Services Center
- Director and staff- Quality Management
- Manager and staff - Care Management
- Manager and staff - Network Management
- Manager and staff - Data Management
- Manager and staff - Business Solutions
- Vice President - Safety, Training and Security

V. Objectives

Objectives of the QM program are to:

- Improve quality of MTM services provided to members/recipients through comprehensive and continuous monitoring of performance indicators, evaluating results of data, and acting to promote improvement.

- Comply with standards established by relevant regulatory agencies, client contracts, corporate policies & procedures, and URAC accreditation standards.
- Promote communication with clients, transportation providers, members/recipients and MTM's service departments and programs by providing feedback on results of specific performance assessments and collaboratively developing improvement strategies.
- Document and report results of monitoring activities, analysis of performance indicators, and recommendations for internal and external improvement.
- Investigate, track, and resolve complaints.
- Ensure appropriate utilization of services by members.
- Promote safe, cost-effective transportation services to members/recipients.
- Ensure that all transportation providers are properly credentialed.
- Prevent fraud, waste, and abuse by members/recipients or transportation providers.
- Conduct internal audits and support MTM departments in providing optimal delivery of services.

VI. Strategies

The following strategies are employed to achieve QMP objectives:

A. Oversight of Customer Service Centers

The customer service center quality program has developed specific criteria designed to work with the Cisco Quality Management System database. The program outlines each of the sections within the Observation Form and provides a description of how to score each component within each of those sections.

The quality support coaches have an objective of 15 scored observations per Customer Service Representative (CSR) per month. The observation scores are used as a guide of the overall performance of the CSR in the area of Quality. The CSR is scored on all components of the call intake process. The Quality Management System database compiles the CSR's scores.

The Call Center Managers have access to each CSR's scores in the Quality Management System. The Call Center Managers will be responsible for sharing individual and center results to their Team Leads for coaching, training and performance improvement purposes.

Performance measures include, but are not limited to:

1. Proper verification of member information, such as address and phone number.
2. The tone, manner, and efficiency of the Customer Service Representative during trip intakes, including inquiring if the member has special needs that must be accommodated.
3. Reading back the entire trip to the member/recipient to ensure correctness.

The workflow processes and policies are reviewed for compliance to the MTM Customer Service criteria.

Method	Audit Schedule
Quality Support Coaches – compilation of scores	Customer Service Representatives - monthly

B. Transportation Provider Site Reviews

The purposes of transportation provider site reviews are to ensure transportation provider compliance with the MTM Transportation Provider Guidelines. The Network Liaison completes transportation provider site reviews for 100% of transportation providers in the network. With on-site review, the On-Site Visit Worksheet form is completed. The outcomes of the site visit and recommendations are reported to the transportation provider, the Credentialing Committee, and the QMC.

Method	Audit Schedule
On-site Visit	Annually or per contract

C. Credentialing/Re-credentialing

The credentialing process ensures that appropriate and complete information is collected and verified for all drivers. The decision to include a transportation provider and/or an individual driver in the MTM transportation provider network is based on a thorough review and evaluation of the driver's credentials. This includes reviewing a background check, DMV records, license status, proof of insurance, and any other appropriate sources that may confirm a driver's ability to provide high quality, safe transportation services. 100% of new transportation providers are required to complete MTM credentialing before joining the MTM network. In addition, all transportation providers are required to be re-credentialed annually.

Method	Audit Schedule
Recredentialing	Annually or per contract

D. External Fraud & Abuse Review

1. Entry Focus and Exit Audits

Periodic audits of transportation provider processes are conducted to determine that appropriate conduct and practices are being followed. The Director of Quality Management oversees and assigns file reviews and audits to the Compliance Coordinator. Audits are conducted as follows:

a. Audits may be completed when a transportation provider leaves the MTM Transportation Provider network. The transportation provider's trip records from the last three months of service are reviewed. The audit must be completed within 30 days of the receipt of requested information.
b. Audits are conducted immediately upon receipt of a fraud alert, or in the order they are received.
c. Follow up audits are completed 30 days after a transportation provider signs a Corrective Action Plan (CAP). The follow up audit reviews the provider's trip records for the two week period following the end of the 30 day CAP.

Method	Schedule
Trip record review for provider leaving network	30 days
Fraud Alert	Immediately
Trip record review	30 days after provider signs CAP
Trip record review	Two weeks following end of 30 day CAP

2. Attendance Verification

Attendance verification is conducted to detect member fraudulent activity by verifying the member's/recipient's medical appointment attendance for recurring reports. Faxed trip verification forms are sent to facilities daily to verify member/recipient attendance at the appointment. Trips may be suspended for those members/recipients who are identified as not attending and/or additional information may

be required for ongoing approval. The Care Management team reviews all scheduled recurrent trips every 90 days.

Method	Audit Schedule
Medical appointment attendance verifications	Daily

3. Fraud Alert Audits/Investigations – Members and Transportation Providers

A compliance coordinator investigates all fraud alerts. Upon receipt of a fraud alert, investigation begins by acquiring all pertinent documentation. If it appears to be a legitimate fraud alert, notification is sent to the Program/Account Manager for further action. A report is generated monthly that includes investigation and resolution for all valid fraud reports. This report is attached to the monthly complaint report for all clients.

E. Internal Audits

In addition to our daily monitoring of corporate standards, MTM's internal auditing process is designed to add value and improve operations. Its purpose is to accomplish MTM's objectives by bringing a systematic, disciplined approach to evaluate and improve the effectiveness of its corporate programs and departments. Internal audits of the following MTM departments are conducted as follows:

1. Customer Service Centers – random selection of calls (based on call volume) for each center location.
2. Network Management – transportation provider files.
3. All departments – policy and procedure compliance.
4. Health Insurance Portability and Accountability Act (HIPAA) compliance audits - conducted on an annual basis and a semi-annual basis for those departments failing the initial HIPAA audit.
    a. MTM places confidentiality and compliance with HIPAA regulations as its highest priority
    b. Once audits are completed, results are discussed with Department Directors and Managers and training is provided as needed. Areas audited include:
        i. Physical security of Personal Health Information (PHI) and other confidential information.

ii. Electronic security of PHI and other confidential information.
iii. Member/Recipient requests.

5. Care Management - appropriate application of LONs (level-of-need assessments)

Method	Audit Schedule
Internal Site Audits	Annually or Semi – annually (if department fails audit)

F. HIPAA Training

All MTM departments and staff are trained in current HIPAA standards and regulations. The purpose of HIPAA training is to ensure compliance with HIPAA regulations. All MTM staff participate in an initial HIPAA training during orientation and ongoing HIPAA training on an annual basis or as needed in the event of new or changing HIPAA regulations.

Method	Schedule
Education, testing and signing confidentiality statements	Orientation – all new MTM employees
HIPAA Retraining	Annually
Continuing Education	As needed

G. Satisfaction Surveys

MTM utilizes surveys for purposes of identifying areas needing improvement in order to increase the quality of care and services provided to members/recipients and clients. An external vendor has traditionally administered member surveys. Beginning in 2010, all other surveys are conducted by an external vendor.

1. Member/Recipient Satisfaction Survey

To ensure MTM's members/recipients are receiving the highest quality of service, a statistically valid random sample of all trips is selected for a follow-up satisfaction survey. The survey includes evaluation of the intake process, driver and vehicle performance, and timeliness of the service. Member/Recipient Satisfaction Surveys will be reported on a monthly basis.

Method	Audit Schedule
Random Telephone Surveys	Monthly

2. Transportation Provider Satisfaction Survey

The Transportation Provider Satisfaction Survey is a tool developed and used by MTM to monitor its own performance and relationship with its contracted transportation providers. MTM looks for a return rate of at least 20% and a satisfaction rate of at least 85% from the transportation providers. The Transportation Provider Satisfaction Survey is conducted on an annual basis and reported to the appropriate clients.

Method	Audit Schedule
Mass Mailing	Annually

3. Client Satisfaction Surveys

Annual client satisfaction surveys are conducted as one method of maintaining excellence in delivery of services. Additionally, the survey is a tool to monitor MTM's response to client needs and concerns and to identify areas needing improvement. MTM looks for a return rate of at least 50%.

Method	Audit Schedule
Mass Mailing	Annual

4. Care Management Satisfaction Survey

A survey of facility satisfaction provides feedback in several service components, including transportation provider performance for facility patients. The survey is a tool to monitor MTM's ability to provide effective delivery of transportation services and to accommodate the special needs of patients attending the facility. MTM looks for a return rate of at least 40%.

Method	Audit Schedule
Mass Mailings	Annual

H. Complaints/Grievance Management

All complaints/grievances are managed by the Quality Management Department (unless protocols state otherwise). The purpose of the complaints/grievances process is to establish a mechanism and reporting system allowing MTM to address key issues and problems in an effort to improve quality of care and services. The process includes documentation, investigation, resolution, corrective action plans, and reporting.

MTM offers a toll-free number through which any program stakeholder (member/recipient, transportation provider, medical provider, representative, advocate, and client) can file a complaint. Quality Service Representatives (QSRs) follow an established script to collect uniform and complete information. Complaints may also be filed in writing. If the call is received after standard business hours, a Quality Service Coordinator (QSC) will return the call within 24 hours. The same timeframe applies to complaints received via fax or email.

Once the complaint is received, a QSC investigates the circumstances surrounding the complaint. This includes a review of the complaint issue, the member's/recipient's trip history, and the nature of complaint (internal or transportation provider). Complaints relating to a transportation provider are forwarded directly to the transportation provider. The transportation provider must respond to the complaint within 24-48 hours, or depending upon health plan requirements. Internal complaints are addressed with the relevant department and are subject to the same 24-48 hour response time.

The response is reviewed and a determination is made whether or not further action is necessary. All complaints are tracked from initial intake through resolution in the complaint tool. The complaint tool is a means of tracking and trending complaint issues and will be used to improve quality of services.

I. Grievance and Appeals

A healthcare provider, an MTM member/recipient, an MTM transportation provider, or an MTM client may originate grievances and appeals. All records of grievances and appeals shall be maintained for ten years following a final decision of closure of the grievance and/or appeal. All records shall be maintained in accordance with HIPAA guidelines 45CFR 164.530.

Members/Recipients have the right to file a grievance about any matter related to their services, without concern of reprisal from MTM, its employees, or providers. MTM provides written notice of the grievance procedures upon denial of services or at the member's/recipient's request.

Grievances can be placed via phone, voicemail, or in writing. Responses are provided within 24 hours and resolution accomplished within 72 hours. Final decisions are mailed within five business days.

Expedited grievances are resolved as quickly as possible, but in no event more than the appropriate timeframe required by the state. Standard grievances shall also be resolved within the appropriate state requirement timeframe. The decision notice shall include the reason, and in cases where the decision has a clinical or level of need basis, the clinical rationale for the decision.

Complaints may include both grievances and appeals. Complaints can be processed under the appeal procedure, under the grievance procedure, or both. This is determined by the extent to which the issues wholly or partially contain elements that are organization determinations. If a member addresses two or more issues in one complaint, then each issue shall be processed separately and simultaneously (to the extent possible) under the proper procedure. Cases involving an appeal complaint shall be forwarded to the Appeals Department for processing and resolution.

Appeals are handled proactively. All appeals are managed, as set forth in the following flow chart, within a specified timeframe involving documentation, investigation, follow-up and resolution.

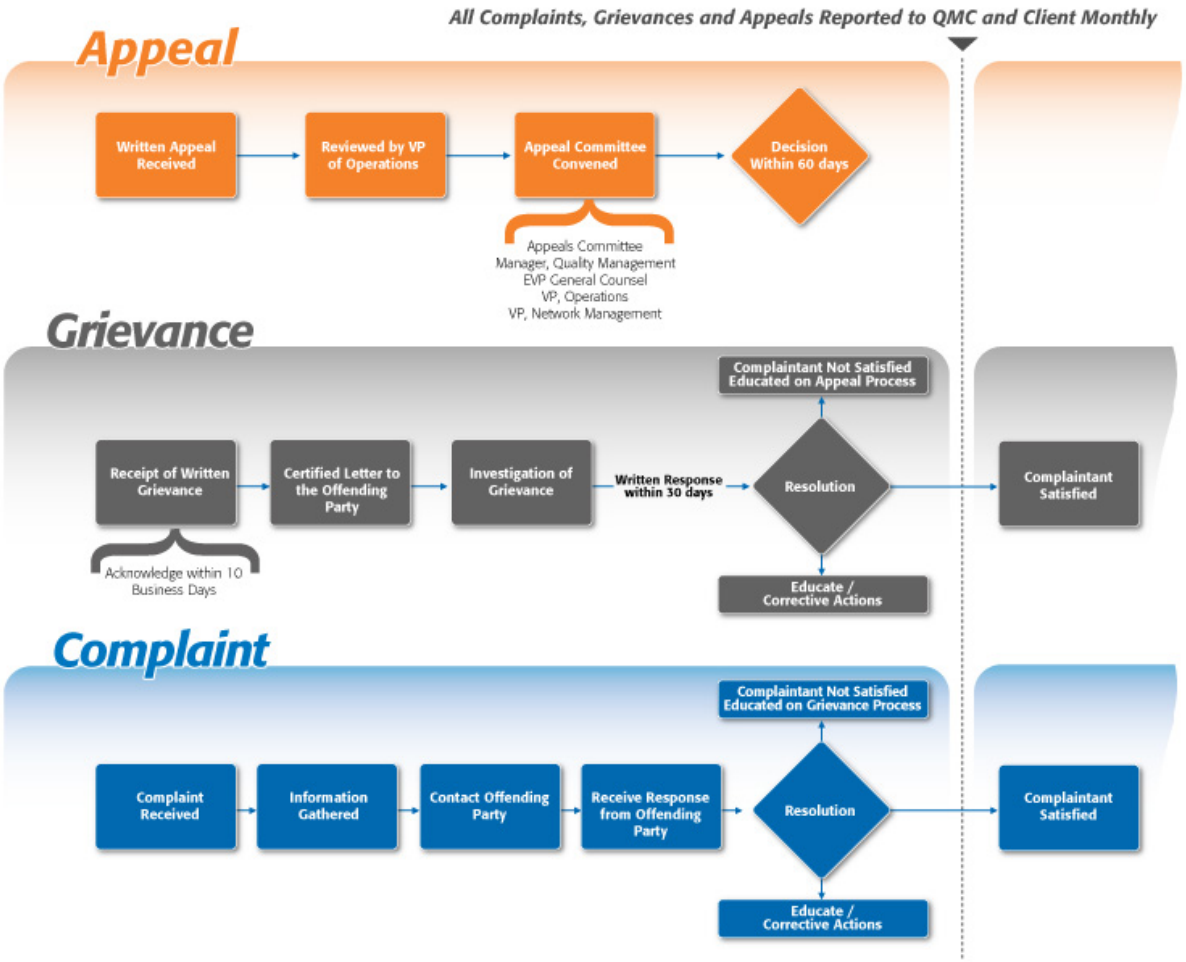

Figure 1 Complaint, Grievance, and Appeal Flowchart

J. Service Denials

When a requested service is denied, the following information is sent on company letterhead by certified mail to the individual. It explains the right to an appeal and how to contact MTM to begin the process.

Notice of Action

We have decided to deny approval of:

Requested on:

We made this decision because:

You Have the Right to File an Appeal
If you think this decision is wrong, you can file an appeal in writing or verbally with Medical Transportation Management Inc. You can represent yourself or include a relative, a friend, a provider, or a legal representative such as an attorney or guardian. You have thirty (30) calendar days from the date of this notice to do this. If the filing is verbal, you must also file a written, signed appeal within thirty (30) calendar days of the verbal filing.

To File an Appeal:
Call Medical Transportation Management Inc at 1-866-436-0457 and tell them you want to file an appeal.

Or you can write:

Medical Transportation Management
Attn: Grievance/Appeal Coordinator
16 Hawk Ridge Drive
Lake Saint Louis, Mo 63367

Medical Transportation Management, Inc. must make a decision on your appeal within 45 calendar days from the day of the initial appeal request.

Could your health suffer if you wait for our decision? If so, ask for an expedited review. Call the QM Grievance/Appeal Coordinator at 1-866-436-0457 and tell what might happen if you don't get a quick decision. The expedited review must be completed within 72 hours from the received request.

To ask for a State Fair Hearing:
A request for a State Fair Hearing must be written and signed by the requestor. The request should be submitted to:

Office of Administrative Hearings
Local Address (Fax) 785-296-4848
City, State, Zip [ ]

You have the right to ask for a State Fair Hearing within 30* days of the date of the resolution from the Grievance/Appeal Coordinator.

*subject to health plan

Figure 2 Sample Denial letter

All grievances are tracked and trended and results are reported both internally and to the appropriate state regulators and stakeholders. Grievance reports are sent to the applicable client plan pursuant to the terms of the plan.

K. Incident/Accident Reports

Incident/Accident processes are in place to ensure that all information is documented and addressed appropriately and within the required timeframes. The Compliance Auditor manages all accident/incident reports to ensure action, closure, and communication to the appropriate stakeholders.

Transportation providers are educated and contractually bound to notify MTM of any incident/accident preferably immediately, but minimally within 24 hours. MTM staff members are educated to forward all calls reporting any accident or incident to the Quality Management Department. A Compliance Auditor escalates the report to Network Management for review, recommendation, and resolution. Transportation Network Management will escalate accident/incidents of a more serious nature to MTM's general counsel.

Definition:

Accident– Any mishap involving a Sub-Contracted Transportation Provider's vehicle and a member/recipient.

Incident – Any non-vehicular mishap involving a member/recipient while in the care of a MTM transportation provider.

Serious Accident/Incidents - Any report of death, allegation of abuse or neglect, serious physical injury, improper use of restraints, suicide attempt, threat of suicide, and/or missing person.

All incident/accidents are fully investigated internally and information from all parties involved is gathered, including the police report if applicable.

Incident/Accident Reports

MTM's reporting system includes documentation of all incidents and accidents including, but not limited to, member/recipient/transportation provider abuse, harassment, assault, injuries, and motor vehicle accidents.

Method	Schedule
Incident/Accident Reports	Per client contract

VII. Process for Program and Policy Approval

Policies are necessary to:

- Document business processes.
- Assign personnel responsibilities.
- Describe departmental operations.
- Promote uniformity in executing and recording metrics.

The Quality Management Department maintains the most current electronic directory of policies and procedures on the intranet and operations drive. Management staff is responsible for developing and maintaining operational policies and procedures applicable to their functional areas. On an annual basis, or more frequently as needed, departmental policies and procedures are evaluated and approved by the QMC. The President/CEO, Executive management, and managing staff sign the policies and procedures. Management staff is responsible for advising their staff regarding new and revised policies and procedures.

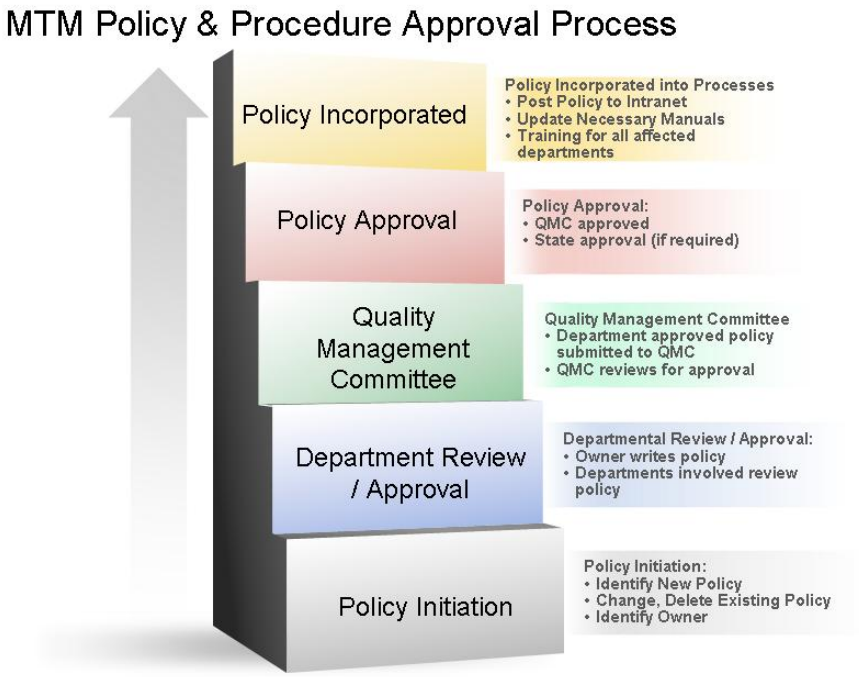

Figure 3 Policy and Procedure Development

MTM adheres to the following practices for policies and procedures:

- Maintain accurate, complete, and current policies/procedures.
- Review and approve all policies and procedures at least annually and revise/update as indicated.
- Communicate significant changes to all affected personnel immediately to ensure they are aware of any revisions to their daily duties and responsibilities. In the event that there are changes in personnel, documented policies and procedures will facilitate training and provide guidelines for the respective positions.
- Compliance with applicable URAC standards.
- All policies are posted on the intranet for employee access.

Reviews and Approvals - When a process is performed within a department, there should be:

- Another level of review and approval performed by a knowledgeable person who is independent of the process.
- Documentation to verify that a review and approval were completed.
- Available electronic approval to enable rapid documentation of approvals.
- Assurance that approval alerts and escalations are within the workflow.
- Approvals documented in a repository to ensure compliance with internal and external audits.

VIII. MTM Committee Infrastructure

A. Quality Management Committee (QMC)

The QMC is an advisory committee that is granted authority by MTM's Board, President/CEO and Executive Management staff. The committee consists of following members:

- Director of Quality Management
- VP of Operations
- VP of Network Management
- VP of Client Services
- VP of Safety, Training and Security
- Director of Marketing
- Director of Call Center
- Director of Data Management
- Rotating Program Managers

The QMC meets quarterly and is responsible for:

- Providing on-going reporting to MTM's Board of Directors.
- Maintaining minutes of all committee meetings.
- Providing guidance to MTM staff on quality management priorities and projects.
- Approval of all quality improvement projects.
- Monitoring quality improvement goals.
- Evaluating the QMP annually.
- Informing department staff of QMC activities/results.

Meeting minutes reflect all committee decisions and actions and are signed and dated by the Director of Quality Management who serves as the Committee Chair.

The QMC, which oversees the quality functions for MTM, has three internal subcommittees:

- Risk Management and Appeals Committee (RMAC)
- Credentialing Committee
- Provider Advisory Committee

B. Risk Management and Appeals Committee

The Risk Management and Appeals Committee (RMAC) ensures that risk is mitigated and avoided by evaluating processes that may potentially create risk or a threat of risk. The RMAC meets on an as-needed basis.

Membership of the RMAC Committee:
Executive Vice President, General Counsel – *Chair*
Vice President of Operations
Director, Human Resources
Manager, Quality Management
Fraud and Abuse Quality Auditor
Rotating Chair - Vice President of Sales, Contracting and Network Management or Vice President of Client Services

C. Credentialing Committee

The Credentialing Committee reviews multiple aspects of transportation provider performance and compliance. The committee, which meets as needed, evaluates new transportation providers and drivers for compliance with MTM's credentialing standards and reviews transportation provider and driver performance for continuation in the MTM network (re-credentialing). Re-credentialing takes place annually per provider. The Credentialing Committee reviews the Provider Performance File and documents the outcome of the review. This committee makes recommendations to the QMC for transportation provider and driver approval.

Members of the Credentialing Committee:
Manager, Network Management – *Chair*
Executive Vice President, General Counsel
Supervisor, Quality Management
Manager, Care Management
Director, Call Center
Supervisor, Network Management

D. Provider Advisory Meetings

The MTM QMP developed a Transportation Provider Advisory Meeting structure (Stakeholder Meetings) in each state of operation. Meetings are held with MTM representatives annually or semi-annually as needed. All transportation providers in each state are invited and encouraged to attend the annual meeting. The purpose of these meetings is to increase communication with transportation providers in the respective states and for the group to act as a liaison between the transportation providers and MTM. The Advisory Meeting provides a forum for transportation providers to present ideas, concerns, and suggestions to MTM. In addition, it allows MTM a forum to introduce new processes or strategies. Each meeting has an agenda and notes are taken so if any follow-up needs to be done, it is recorded in the meeting notes.

MTM members of the Advisory Committee:
Program Director/Manager

Transportation Provider Area Liaisons
Manager, Network Management
Vice President of Contracting
Network Management Representative
Transportation Provider Area Liaisons
Quality Management Representative – ad hoc

IX. Quality Improvement Program (QIP)

MTM's Quality Improvement Committee addresses priority program-related issues in connection with key indicators that require further study and intervention. MTM conducts a minimum of two quality improvement projects per year. At least one of these projects is to focus on client services or member/recipient services/safety. Quality improvement projects exemplify the process of continuous quality improvement, allowing MTM to refine and maintain quality member/recipient and client services. The committee utilizes survey results, outcome results, accessibility surveys, and other operational reports to identify opportunities for quality improvement projects. Each quality improvement project includes the following:

- Reports of changes in implementation strategy(s) together with a description of why strategy(s) were changed.
- Notes regarding the onset and end dates of the project.
- Decision as to whether or not MTM will continue to periodically measure performance after project completion.

Project results are disseminated to MTM departments, board members, and applicable clients.

Current Projects:

One of the current projects focuses on improvement to the Credentialing of Drivers and reduction of Liquidated Damages process and the Trip Reconciliation process. The Data Management Group, Network Management, and Quality Management determined the need for collaboration in order to ensure that all issues related to non-credentialed drivers and vehicle monitoring were adequately being addressed by the current process. The taskforce has been implemented and monthly meetings are underway to discuss trends of non-compliance and related key measurements. The anticipated outcome will be the reduction in the number of complaints, incidents/accidents, corrective action plans, liquidated damages, and fraud alerts.

Baseline measurements includes those relating to liquidated damages, accident/incidents, complaints about transportation providers, and audit findings. Data is being collected with regards to transportation provider trip logs, Fraud & Abuse Reports, Liquidated Damages Reports, Complaint Reports, Transportation Provider Database, Driver Background and Vehicle Information, Audit results, and Corrective Action Plans. Actions and interventions is implemented based upon these findings.

The Quality Management Committee is currently reviewing a second quality improvement project that will focus on assuring that MTM's members are utilizing the appropriate level of transportation.

X. QM Work Plan

MTM's QMP oversees the design and structure of MTM's quality assurance and improvement process. The quality assurance and improvement process includes, but is not limited to:

- Identification of indicators and initiatives for ongoing monitoring.
- Utilizing feedback regarding quality related issues as an opportunity for improvement.
- Collection, analysis, and reporting of data.
- Establishing and applying priorities for assessment and improvement methods.
- Communicating quality related information throughout MTM and to clients, transportation providers, and stakeholders, as indicated.

Priorities for Assessment and Improvement

Priorities for assessment and improvement are based on findings from ongoing monitoring and review, and other information/observations that indicate an opportunity to improve quality of care and services exists.

Findings

Findings are reported on a monthly or quarterly basis. The timing of the reports depends upon the specific indicator. The indicators are reported monthly, bimonthly, quarterly, semi-annually, or annually.

If analyses of findings identify an opportunity for improvement, further action is recommended to the QMC. The QMC may refer the issue to the Quality Improvement Program (QIP) for further study and action.

Assessment of Effectiveness

The QMC determines whether the action(s) actually improved care or service.

Review of subsequent findings and recommendation for further action: the findings from continued monitoring (or from special follow-up monitoring for areas not subject to ongoing monitoring) provide evidence to determine whether the actions were effective and what the barriers are to achieving a desired outcome. Data from more than one monitoring period may be necessary to make determinations. If the indicator(s) measured does not improve within the expected time, further evaluation and/or action may be required.

The QMC reports conclusions, recommendations, actions, and follow-up to the Board of Directors, President/CEO, Executive staff, transportation providers as necessary, clients, and MTM departments.

XI. Indicators of Care and Service

All services provided by MTM are considered when setting indicators for ongoing monitoring. All MTM departments contribute to the identification of these key indicators. Key indicators are those with the greatest impact on the quality of care/services a member/recipient or client receives.

Quality Management

#	INDICATOR	GOAL	REPORT FREQUENCY
001	Complaint Rate	3% or less.	Monthly
002	Resolution Rate	92% of all complaints will be resolved per Client contract timeframes.	Monthly
003	Compliance Audit Rates	90% of Compliance Audits will indicate 85% or better compliance.	Monthly
004	Complaints by Reason Code	Tracking and trending delivered to client per contract specifications.	Monthly
005	Risk Management	Tracking by type, transportation provider, and client.	Quarterly
006	HIPAA Disclosure	90% compliance with HIPAA Disclosure Policy.	Quarterly
007	Member/Recipient Satisfaction Survey	95% satisfaction with Customer Service Center performance.	Monthly
008	Member/Recipient Survey Results- Overall	92% satisfaction with network transportation provider performance.	Monthly

#	INDICATOR	GOAL	REPORT FREQUENCY
	Satisfaction		

Network Management

#	INDICATOR	GOAL	REPORT FREQUENCY
001	Transportation Provider Non-Compliance	5% or less transportation providers are closed for non-compliance.	Monthly
002	Transportation Provider Satisfaction	85% or better transportation providers satisfaction, 20% survey return rate.	Semi-annually
003	Transportation Provider Complaint	3% or less complaint rate.	Monthly
004	Transportation Provider No-Show	3% or less No-Show rate.	Monthly
005	Transportation Provider Cancellation	3% or less cancellation rate.	Monthly
006	Transportation Provider On time Performance	90% of transportation providers are on-time.	Quarterly

Customer Service

#	INDICATOR	GOAL	REPORT FREQUENCY
001	Abandon Rate	The quarterly average for abandonment is 5% or less for all Customer Service Centers.	Monthly
002	Speed to Answer	The quarterly average for answering the telephone by a non-recorded voice is within 30 seconds.	Monthly
003	Operator Errors	2% or less.	Monthly
004	Customer Service Center Audits	95% or better average on CSR performance evaluation	Quarterly

Care Management

#	INDICATOR	GOAL	REPORT FREQUENCY
001	RTP verification of eligibility, closest, and most cost effective transportation	90% accuracy of RTP documentation.	Monthly

#	INDICATOR	GOAL	REPORT FREQUENCY
	provider		
002	Consistency in mode of transport determination (LON's)	90% accuracy of LON documentation.	Monthly

Client Services

#	INDICATOR	GOAL	REPORT FREQUENCY
001	Member/Recipient No Show	5% or less.	Monthly
002	Client Satisfaction	90% Excellent or Good.	Annually

Summary

The 2010 Work Plan is built upon the monitoring and evaluation process. Modifications within the QM Work Plan include but are not limited to:

- Placing emphasis on leadership's role in improving quality.
- Expanding the scope of assessment and improvement activities.
- Utilizing other sources for feedback such as community/client responses to surveys.
- Organizing assessment and improvement activities around services, with specific attention to how the member/recipient, client, and transportation provider relationships can be improved.
- Emphasizing continuous improvement in addition to resolving identified problems.
- Maintaining quality improvement over time.

XII. Evaluation and Accountability to the Governing Body

The QMP is accountable to the governing body of MTM, which includes both the Executive Management team and the Board of Directors. Achievements of the QMP are reflected in results of audits, the QM Work Plan, and Quality Initiatives. Several parameters indicate the success of the QMP's efforts in improving quality of care and services:

- Significant reduction in costs.
- Increase in member/client satisfaction.
- Development of sustainable quality of care and services.
- Increases in MTM's book of business.

- Services of well-known quality.
- Increased collaboration and commitment to MTM's mission by personnel.

Approved: _____

Director, Quality Management Date

Approved: _____

Vice President, Operations Date

Approved: _____

President/CEO Date

Approved: _____

Chairperson of the Board Date