Access2Care
Transportation Solutions

Master Part IA - Technical Response to the

RFP 1948

State of Nevada

Non-Emergency Transportation Brokerage Services

November 30, 2011 2:00 PM

Access2Care, Inc.
6200 S. Syracuse Way Ste. 200
Greenwood Village, CO 80111

Access2Care

November 30, 2011

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

Dear Ms. Miller:

Access2Care is pleased to submit our proposal in response to the State of Nevada, Purchasing Division, on behalf of the Department of Health and Human Service, Division of Health Care Financing and Policy's (DHCFP), request for proposal for non-emergency transportation (NET) brokerage services. We are prepared to deliver the greatest value for your investment and to perform the work with the highest degree of focus and quality.

Access2Care will be a valued partner to DHCFP in the effectiveness of the NET Program in Nevada. By providing the key transportation services to help recipients access medical providers in a non-emergent manner, we will play a key role in reducing costs and supporting the goals of the Division. We understand that a well-coordinated transportation program is critical to the delivery of the preventive and non-emergent care that keeps recipients healthier and reduces the cost of care. Access2Care currently manages over thirty non-emergency transportation contracts for state governments, health plans, and medical facilities throughout the country. As a proven provider of state-NET programs, A2C is experienced in assessing transportation programs and providing expert guidance and recommendations.

Access2Care is committed to the development of innovative solutions to ensure needed transportation services for medical care. Our solutions can assist the Division in delivering transportation to medically underserved areas, to recipients with complex medical conditions that require visits to multiple providers, and to recipients with conditions that require regular, frequent treatments. The goal of A2C's NET program is to ensure that transportation is never a barrier to any Medicaid recipient's care.

Sincerely,

Steven G. Murphy
President

6200 S. Syracuse Way, Suite 200 • Greenwood Village, CO 80111 • (303) 495-1200 • Fax (303) 495-1295

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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	Access2Care

V2	Street Address	6200 S. Syracuse Way Ste. 200

V3	City, State, ZIP	Greenwood Village, CO 80111

V4	Telephone Number		
	Area Code: 303	Number: 495-1212	Extension:

V5	Facsimile Number		
	Area Code: 303	Number: 495-1295	Extension:

V6	Toll Free Number		
	Area Code:	Number:	Extension:

V7	***Contact Person for Questions / Contract Negotiations, including address if different than above***
	Name: Gregg Chiasson
	Title: President, Vice President, Client Service
	Address: 6200 S. Syracuse Way Ste. 200
	Email Address: gregg.chiasson@emsc.net

V8	Telephone Number for Contact Person		
	Area Code: 303	Number: 495-1212	Extension:

V9	Facsimile Number for Contact Person		
	Area Code: 303	Number: 495-1295	Extension:

V10	***Name of Individual Authorized to Bind the Organization***	
	Name: Steven G. Murphy	Title: President

V11	Signature ***(Individual must be legally authorized to bind the vendor per NRS 333.337)***	
	Signature:	Date:11-18-11

Access2Care
Transportation Solutions

State Documents

Amendment 1

Amendment 2

Attachment A

Attachment C1

Attachment C2

Certificate of Insurance

Attachment L

URAC

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	Access2Care		
AUTHORIZED SIGNATURE			
TITLE	President	**DATE**	11-18-11

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	Access2Care		
AUTHORIZED SIGNATURE			
TITLE	President	**DATE**	11-18-11

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	X
Justification for Confidential Status			

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

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

Access2Care
Company Name

Signature

Steven G. Murphy, President — 11-18-11
Print Name — 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.

Access2Care
Vendor Company Name

Vendor Signature
Steven G. Murphy, President — 11-18-11
Print Name — 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: _____ 11-18-11
Signature of Official Authorized to Sign Application — Date

For: Access2Care
Vendor Name

RFP 1948 Non Emergency Transportation Service
Project Title

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

Access2Care
Transportation Solutions

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 11/18/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
MARSH USA INC.
1225 17TH STREET, SUITE 2100
DENVER, CO 80202-5534

850539-12345-GAWUP-11/12 Corp 0900

CONTACT NAME:
PHONE (A/C, No, Ext): FAX (A/C, No):
E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : ACE American Insurance Company	22667
INSURER B : Indemnity Insurance Co of North America	
INSURER C : Lexington Insurance Company	19437000
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
ACCESS2CARE, LLC
6200 S. SYRACUSE WAY, SUITE 200
GREENWOOD VILLAGE, CO 80111

COVERAGES CERTIFICATE NUMBER: SEA-002266402-01 REVISION NUMBER: 4

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR X SIR $250,000 GEN'L AGGREGATE LIMIT APPLIES PER: POLICY PRO-JECT LOC			XSLG25528281	03/31/2011	03/31/2012	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG	$ 2,750,000 $ 100,000 $ $ 2,750,000 $ 10,000,000 $ 2,750,000 $
A	AUTOMOBILE LIABILITY X ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS			ISAH08634658	03/31/2011	03/31/2012	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)	$ 5,000,000 $ $ $ $
C	X UMBRELLA LIAB X OCCUR EXCESS LIAB CLAIMS-MADE DED RETENTION $			6796605	03/31/2011	03/31/2012	EACH OCCURRENCE AGGREGATE	$ 25,000,000 $ 25,000,000 $
B A A A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N N If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		WLRC46478915 AOS SCFC46478939 WI WLRC46478903 AZ, CA, MA WCUC46478927 EX WC (OH/WA)*	03/31/2011 03/31/2011 03/31/2011 03/31/2011	03/31/2012 03/31/2012 03/31/2012 03/31/2012	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

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

EVIDENCE OF INSURANCE

CERTIFICATE HOLDER

ACCESS2CARE, LLC
6200 S. SYRACUSE WAY, SUITE 200
GREENWOOD VILLAGE, CO 80111

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
of Marsh USA Inc.
Sharon A. Hammer

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Access2Care
Transportation Solutions

AGENCY CUSTOMER ID: 850539
LOC #: Denver

ACORD

ADDITIONAL REMARKS SCHEDULE

AGENCY	NAMED INSURED
MARSH USA INC.	ACCESS2CARE, LLC 6200 S. SYRACUSE WAY, SUITE 200 GREENWOOD VILLAGE, CO 80111
POLICY NUMBER	
CARRIER / NAIC CODE	EFFECTIVE DATE:

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

*$1,000,000 SIR APPLIES TO EXCESS WC POLICY NO. WCUC46478927

INSURER: A - ACE AMERICAN INSURANCE COMPANY
POLICY #: ISA H08633101
COVERAGE: AUTOMOBILE LIABILITY (NY)
POLICY TERM: 01/01/11 TO 01/01/12
LIMIT: $50,000 COMBINED SINGLE LIMIT

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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: _____ 11-18-11
Signature of Official Authorized to Sign Application — Date

For: Access2Care
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

Access2Care
Transportation Solutions

URAC ACCREDITATION SUMMARY REPORT
for
AMR American Medical Response Access2Care

Accreditation Term: December 1, 2011–December 1, 2014

A summary of the Accreditation review conducted by URAC pursuant to URAC's CORE, Version 3.0

AMR American Medical Response Access2Care		
Application Score as of URAC Committee Review : 100.0%		
Total # of Mandatory Standard Elements with < Full (100%) compliance: 0		
CORE	**Score:**	100.0%
	# of Mandatory Standard Elements with < Full (100%) compliance:	0

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.

Access2Care
Company Name

Signature

Steven G. Murphy
Print Name

11-18-11
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)

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

Section 3: Scope of Work

This scope of work covers <u>non-emergency and scheduled emergency</u> services only.

3.1 QUALIFICATIONS

A. General Minimum Qualifications

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

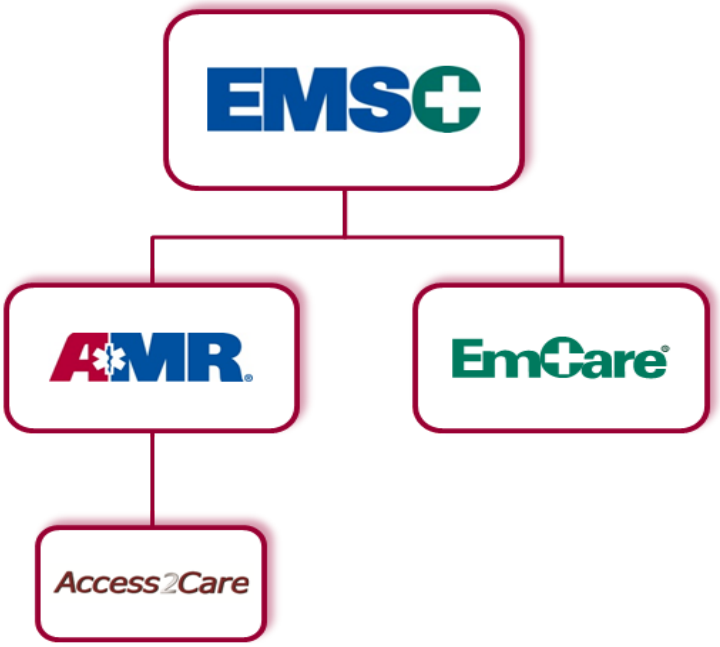
3.1.2 Vendor's response must be in compliance with all federal laws and regulations applicable to non-emergency transportation.

Access2Care's response complies with Chapter 1900 of the State of Nevada's Medicaid Services Manual (3.1.1) and is in compliance with all federal laws and regulations applicable to non-emergency transportation (3.1.2).

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.

We have provided below an organizational chart showing the relationships with parent and related companies or corporate entities. Access2Care's defined corporate structure is currently delivering services to Medicaid recipients under approval from the Centers for Medicare and Medicaid Services (CMS) in four (4) other states (3.1.3).

Figure 1: Corporate Organizational Chart

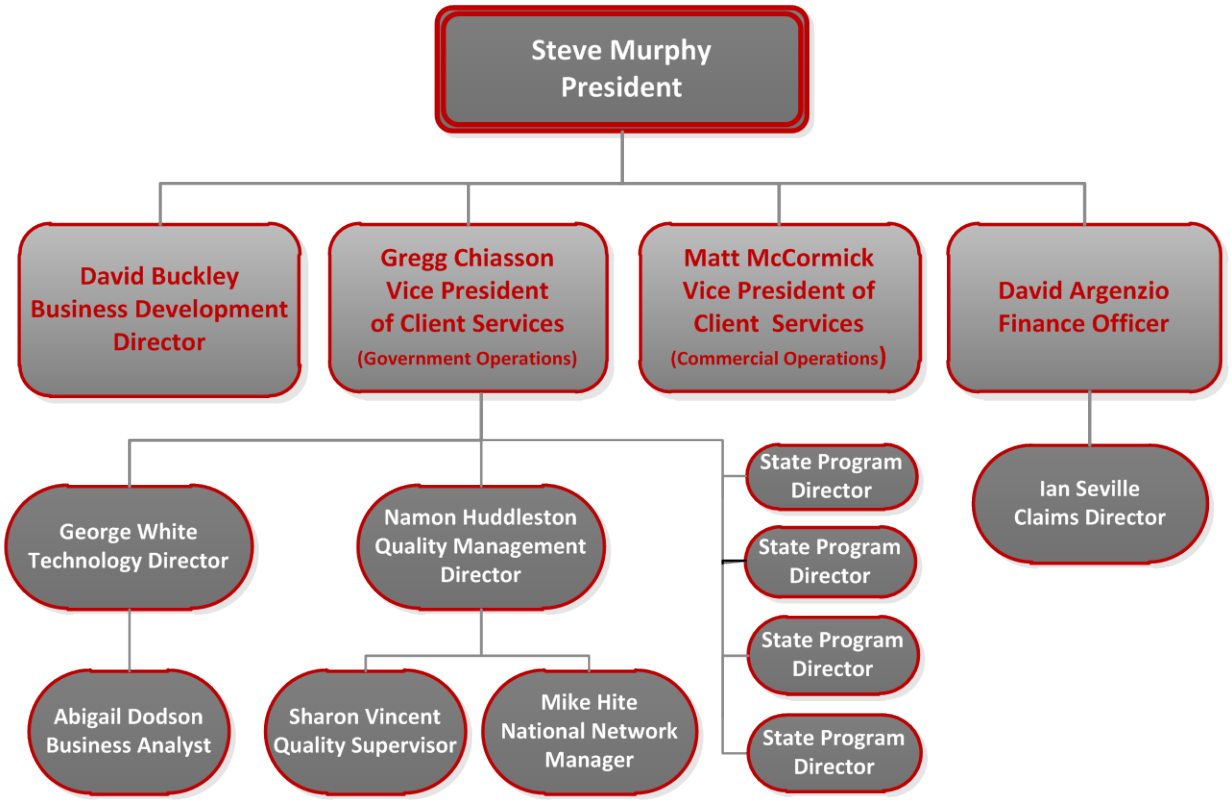


Access2Care, LLC is a wholly owned subsidiary of AMR, Inc., and Emergency Medical Services Corporation (EMSC) is the parent company for both AMR and Access2Care. The EMSC group of companies includes AMR and EmCare, which is the nation's largest hospital physician practice management company. Combined, Access2Care, AMR and EmCare account for more than 13 million patient encounters each year. EMSC, through its operating subsidiaries and their respective predecessor companies have provided continuous services for more than 100 years. Our ongoing and unprecedented success in the industries in which we work rests in our ability to continually fine-tune and upgrade our services to meet the evolving needs of our customers.

Access2Care has an organizational structure that provides appropriate oversight, quality assurance, and focus on continuous improvement. Access2Care maintains a quality management program that promotes objective and systematic monitoring of information management, privacy and security of personal health information (PHI), and regulatory compliance. Access2Care has established communication methods across all departments to promote collaboration, coordinate internal activities, and provide quality services.

The organizational chart provided in Figure 2 below, depicts the key roles in the Access2Care business operation. It also provides a clear understanding of the lines of authority within our organization.

Figure 2: Access2Care Organizational Chart



B. Technical Minimum Qualifications

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.

Communication is important for a program to be successful. Access2Care will have written materials in the form of recipient brochures and we will also develop a state specific website. All information will be available in English and Spanish. Access2Care will also make interpretation services available for any language if needed.

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.

All printed and website material will provide information on oral interpretation services available at the recipient request. Access2Care uses multiple strategies to address the oral communication needs of Limited English Proficiency (LEP) populations. To meet the language needs of this contract, Access2Care will use a combination of multilingual CSRs and the Language Line (formerly the AT&T Language Line). Using the Language Line, which provides translation services in over 170 languages 24 hours a day, seven days a week, the trip scheduling process will take place through a three-way-conference call between the LEP caller, the Language Line interpreter, and the CSR.

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.

Recipient materials will be at a sixth grade reading level and we will authenticate the reading level using the Flesch-Kincaid readability indicator. We will 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 will be informed that this information is available in alternative formats and told how to access those formats.

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:

Access2Care will provide informational materials about its services and access to services will be available upon request to recipients and potential recipients. The information will be provided for newly enrolled recipients and for all recipients once per year through the Medicaid District Offices, the Division of Welfare and Support Services offices, and the managed care organizations. Please see Attachment A for examples of Access2Care communications. We will ensure all materials meet the requirements of 3.2.4.1 through 3.2.4.14 and are approved by the State prior to being distributed. Because we understand that accessibility is critical, we will ensure that all materials and documents are translated and available in Spanish and, if necessary, any other language needed for a major section of recipients. We will notify all recipients and potential recipients that oral interpretation is available for any language and written information is available in prevalent languages.

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.

Access2Care will meet all requirements and conditions for written materials noted in items 3.2.4.1-3.2.4.14 with publications developed in cooperation with the Division during implementation and via a customized website for all stakeholders. All materials will be submitted to DHCFP for approval.

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.

Access2Care will make updates available on the Access2Care Nevada NET website and via recipient written notice of any significant change, as defined by the State, in any of the enumerations noted above.

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.

All materials printed and online materials will be reviewed annually and be made available to the State prior to use. Please see Attachment A, Sample Communication Materials for examples of these types of materials from our operations in other states.

Website

Access2Care will develop and maintain a website with information regarding the transportation program including frequently-asked-questions (FAQs) essential contacts, links to public transit websites, transportation program information, a glossary of transportation terms, and information on the modes of transport available for specific disabilities. Visitors to the site can also access information about the process to request transportation, register a complaint, file an appeal, or contact Access2Care staff.

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.

During implementation, Access2Care will notify all current recipients and providers of the changes in the transportation delivery system and the new toll-free number for requesting non-emergency transportation services. Initial education of recipients will happen at least 15 days prior to the start of transportation. Details regarding the plan to communicate the change in service to recipients are provided in our implementation work plan in Section 3.5.13. The recipient brochure provides details of the pending changes and how to access services through Access2Care. Access2Care's marketing department will mail the brochure via U.S. Mail. Preferred method is mailing to Head of Households – First Class pre-sorted. The brochure will be provided to Medicaid District Offices, the Division of Welfare and Supportive Service and MCOs (see Attachment A) and can be downloaded from the Access2Care Nevada web site www.NV-access2care.com.

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.

Access2Care understands and agrees that we will receive and process all requests for non-emergency transportation services for all eligible Title XIX Medicaid program recipients residing in the state; arrange transportation into and out of the state as appropriate; and that this may include arranging transportation service for those recipients being treated outside of the state. Access2Care has experience processing requests and providing services for standard requests and trips into and out of a region or state to obtain necessary services. In the third quarter of 2011, Access2Care provided 600 out of state transports in a single state program.

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.

Access2Care will load the eligibility data into our automated system, A2C, utilizing the DHCFP-provided eligibility file. Access2Care will utilize this information to build a recipient profile with as much data as is available from the Division feed (identification number and pertinent demographic data such as address and contact information). We will also enter the associated business rules for this contract into the A2C system to ensure we uphold Division protocols for eligibility, including the exceptions provided in Chapter 1900. Our A2C system has a proven eligibility process to ensure that only eligible recipients receive authorized services; however, in the event that a recipient is showing as not eligible for services, our CSRs are educated to refer the recipient to their Medicaid District office.

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.

Written policies and procedures govern our internal operations and the operations of our network of transportation providers. During implementation we will finalize and update all written plans, processes, and manuals. We will submit all written policies and procedures to the Division prior to use or distribution. This will include the Policies and Procedures manual as well as the guides for requests for initial and continuing authorizations of service and any other identified requirements. Our A2C system will ensure that all protocols are consistent and compliant with the requirements of Medicaid Manuals and Nevada requirements.

Building an automated system allows us to ensure that all program requirements are applied fairly and equitably.

Access2Care will not deny an elevated level of service without first checking with the recipient's medical provider. The decision to deny a service authorization request (SAR) or to authorize a service in amount, duration, or scope that is less than requested will be made by a healthcare professional who has appropriate clinical expertise in treating the recipient's condition or disease. See section 3.4.5 for more information on the denial process.

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.

Access2Care will ensure that employee or subcontractor compensation for utilization management activities under this contract are not structured to provide incentives for the individual or entity to deny, limit, or discontinue medically necessary services to any recipient. As a healthcare company, we operate from the perspective of cost savings through the improved health and safety of individuals. With true health care in mind, we broaden our focus beyond transportation to how other healthcare costs are affected by transportation. Because of our experience in healthcare we do not control our cost by denial methods that are used by other brokerages. We only transport eligible recipients to their needed health care.

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.

Assessments will 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. Access2Care understands that any recipient requesting higher services than those approved for previously must be referred to the District Medicaid offices and that we must keep track of all referrals per Chapter 1904 C. Access2Care has already begun to customize our Policy and Procedure manual to ensure that we follow all processes and requirements in Medicaid Service Manual.

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.

Each recipient's program eligibility for non-emergency transportation will be verified on the date of service (3.4.4.1). Following eligibility verification, the CSR will verify that transportation is to and/or from a Nevada Medicaid service provider and that the service(s) are medically necessary (3.4.4.2). The CSR asks the recipient a series of questions to test for other transportation resources, such as the availability of a vehicle, family member, or friend who could provide transport to the appointment. If the recipient indicates an available vehicle, friend, or family member who could provide the transport, the CSR will enter the information in the recipient's profile of the A2C system for reference on subsequent trip requests (3.4.4.3). The CSR will also ask the caller a number of questions that will help determine or confirm the least costly, most appropriate level of service per Chapter 1904 C.1.b. (3.4.4.4); and that the recipient is using the closest provider (3.4.4.5). We will submit all CSR scripts to the Division for prior approval during implementation.

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.

All authorizations or denials will be based on Nevada's program requirements. Access2Care will authorize or deny based upon the criteria in 3.4.4.1 -3.4.4.5, and will not deny an elevated level of service without first checking with the recipient's medical provider. The decision to deny a service authorization request (SAR) or to authorize a service in amount, duration, or scope that is less than requested will be made by a healthcare professional who has appropriate clinical expertise in treating the recipient's condition or disease. Appropriate reasons for denial will be loaded into the application's business rules during implementation and will be in compliance with the Division's policies. Denial reasons are at the discretion of the Division and all denial letters will contain Division-approved language. If a service is denied, reduced, or terminated, the system will automatically generate a Notice of Decision Letter containing the recipient's appeal rights, which we will send to the recipient the following business day. The reason for a denial will be documented in the A2C system.

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.

The Clinical Case Manager and Public Transit Coordinators will work closely with all paratransit agencies in Nevada. All adult day care riders, adult day health care riders, renal dialysis riders, behavioral health riders and recipients with regularly recurring rides will be referred to the appropriate transit agency for paratransit eligibility. We will educate the recipients that they must cooperate with the process to ensure appropriate services. If they do not cooperate the Clinical Case Manager will inform the recipient they are only eligible for bus passes. Depending on the outcome of the assessments, trips will be scheduled as either "curb-to-curb" or "door-to-door", whichever service is necessary for the recipient. Access2Care will ensure that network providers understand that they are responsible for assisting riders in-to and out-of vehicles, but are not responsible for lifting wheelchair or gurney patients up or down stairs.

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.

During the call intake process the CSRs will inquire about any special needs the recipients may have during transport including wheelchairs, walkers and other special assistance needed. The CSR will educate the caller that they are responsible to provide all car seats, wheelchairs or similar devices and that the transportation provider will not provide transport without the proper items, including, if necessary, an escort to attend the appointment with them. During credentialing and contracting with our network providers they will be educated on their responsibilities. Access2Care understands and will follow the instructions and ongoing training on Medicaid policy regarding specific Medicaid programs and covered services. Transportation providers will be educated about their responsibilities during contracting.

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.

During the call intake process the CSR is presented a screen that displays the recipient's authorized mode of transportation. The CSR is also presented with a series of questions to ask the caller that will help determine or confirm the least costly, most appropriate level of service. This is particularly necessary for wheelchair service to ensure that mobility assistance is still required and not just a convenience. Although Access2Care will be rigorous in its application of policy, Access2Care will not deny an elevated level of service without first checking with the recipient's medical provider.

We couple the efficiencies of the Access2Care solution with robust transportation networks comprised of diverse modes including public transit and human services programs. A strong network ensures we provide the most cost effective transport for each request. Access2Care has successfully employed the following tactics for delivering quality services efficiently, resulting in streamlined processes and reduced costs:

- ***Efficient Process for Appropriate Level of Service Screening: Access2Care's efficient processes alleviate the administrative burden and associated costs for the Division while ensuring appropriate mode assignment based on the recipient's current level of mobility and functional independence.***
- ***Maximizing Personal Mileage Reimbursement: (Personal vehicle and volunteer driver) – Introducing and expanding mileage reimbursement is an effective way to increase independence and control for the recipient while reducing transportation cost. Recipients utilizing mileage reimbursement are more in control of their transportation and appreciate the benefits.***
- ***Consistency Through Proven Processes and Automation: Automated systems and proven processes quickly and accurately gather all data related to a trip, including the eligibility of the recipient, covered service, appropriate mode/level of service, and distance traveled, providing adherence to eligibility and authorization protocols, administrative and transportation cost efficiencies, and collection of important raw data for the program. Having automated systems in place reduces the risk of human error and supports a more efficient call intake.***
- ***Public Transport Assignment: We have successfully increased public transport utilization in other states by educating recipients about the possibility of unlimited transportation usage of a bus or rail pass for any of their transportation needs.***
- ***Fraud and Abuse Detection and Mitigation: The ability to quickly flag fraudulent claims and/or trip requests reduces transportation costs. To detect fraud and inappropriate use, we may conduct pre-trip appointment verification, especially in cases of long distance trips, 100% post-trip attendance verification for all mileage***

reimbursement, 10% of all other trips, and require recipient signatures on 100% of all trip manifests. Access2Care maintains a diligent corporate culture of fraud detection and mitigation, and provides new-hire and ongoing training on prevention and identification methods.

- ***<u>Call Center Efficiency and Expertise</u>: Proven staffing models and our interactive voice response (IVR) system provide high quality customer service while maintaining cost-effectiveness. After the caller enters the recipient's Medicaid number into the IVR, the IVR routes the call to the appropriate CSR based upon the caller's needs. This reduces wait time and allows callers to quickly access the specific function needed (i.e. standard trip request, change a trip request, schedule a hospital discharge pickup, general program questions, etc.).***
- ***<u>Innovative Technology</u>: Using state-of-the-art telephony systems and our A2C system, Access2Care will provide administrative and transportation cost efficiencies through automated eligibility verification, appropriate mode assignment, documentation storage and retrieval, reporting, data collection, workforce management, and call routing.***

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.

Once the purpose for the trip is validated, our CSRs will ensure that the trip being requested is to and from a Nevada covered provider. Our CSRs will also validate that the recipient has no other transportation available by asking questions such as, "How do you shop for your groceries?" and "How do you get to the pharmacy for necessary medicines?" If it is determined that they recipient has no free options the system will automatically move to public transit options if appropriate (based on pick up and drop off address and physical/cognitive needs). If public transportation is available and appropriate, a public transportation pass will be mailed to the recipient. Access2Care will have passes on hand for quick distribution to recipients and will mail recipients transportation passes for their authorized medical appointments. We will verify 100% of monthly bus passes with medical providers and will verify 10% of all other public transit trips.

We have experience in assigning and overseeing the use of public transit for NET. We work with local public transit authorities to efficiently provide pre-paid trips to recipients at discounted bulk rates. Our Access2Care system has key integration capabilities in order to

better coordinate and provide guidance to recipients during their request about the availability and access of public transport.

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.

CSRs will work closely with the clinical case manager to ensure that all exceptions to Nevada program requirements are allowed. Access2Care understands that recipients must use the most appropriate, lowest cost transportation and use the closest medical provider. We also understand the need for exceptions to meet the needs of the recipient. When an exception is appropriate and allowed all documentation and notes will be stored in the A2C system.

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).

Access2Care acknowledges and affirms rules and regulations for funding of transportation services.

3.5 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.

Access2Care will receive calls and schedule transportation required by the RFP through our proven NET processes and our A2C system. Our A2C system efficiently and consistently facilitates call intake, eligibility verification, scheduling, and assigning transportation requests for eligible Medicaid recipients. The A2C system integrates our Syntellect Customer Interaction Management (CIM), Interactive Voice Response (IVR) and call distribution systems into a single, comprehensive tool for service coordination and data collection.

The highly configurable A2C system contains a rules-based engine and contract management system programmed with the Division's program protocols and covered services. The contract management system defines the specific reasons a trip can be authorized, while the business rules engine manages exceptions or special protocols and assigns the most appropriate mode of transportation. We designed the A2C solution to facilitate appropriate mode assignment for all trip requests including urgent, single and subscription trip scheduling. The system will allow advanced reservations up to 6 months in advance. Access2Care's system automatically tracks and archives every transportation request, and stores the information gathered during each call or portal visit for easy reference during subsequent requests.

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.

Urgent and Unscheduled Trips

All hospital discharges will be scheduled within three (3) hours of the request and are not required to be verified by the medical provider. Not all trips can be scheduled within the 5-day window and Access2Care understands that there are other situations when the required 5-day notice cannot be given. In these cases, we will verify with the medical provider that the appointment is medically urgent and the trip will be scheduled with an available provider. Often these trips will require the CSR to call the transportation provider directly to ensure they can pick up the recipient on short notice. These trips are often more expensive due to the fact that we may not be able to use the lowest cost, most appropriate mode of transportation. Access2Care has the capability to schedule last-minute requests from recipients including scheduling changes. When a trip is assigned to a provider with less than 24 hours notice, Access2Care staff will call the transportation provider with a notification that a "short lead time" trip has been assigned. Access2Care will provide additional education via

telephone to those recipients who habitually request transportation less than 48 hours in advance of the appointment date. In all cases deemed not medically urgent we will make every reasonable effort to accommodate the recipient's request for transportation; however, if we cannot accommodate the trip request, we will deny the trip, educate the recipient on the parameters of "urgent" and "routine" requests, and ask the recipient to re-schedule the appointment; making the transportation request in the appropriate time frame. We will mail the auto-generated Notice of Decision no later than the next business day.

Late Running Vehicles and Missed Pickups

Transportation providers are educated to call Access2Care immediately if they are running late for pickups. All network providers are required to have the appropriate back up vehicles to assist them in their scheduling. When the transportation provider notifies Access2Care that they are late we will assess the issue and if necessary call another transportation provider to pick up the recipients that may be affected, or we may call the recipient to notify them that the vehicles are running late. In the event it is the recipient who notifies Access2Care that the transportation provider is late in picking them up via our "where is my ride" line, the CSR will contact the provider for an ETA. If the provider is not able to confirm that a vehicle is en route or can immediately dispatch another vehicle, the CSR will contact another transportation provider for immediate dispatch to the recipient. Access2Care will then notify the recipient of the status. If Access2Care identifies a late-running or no-show pattern with a provider, we will conduct a thorough review and Performance Improvement Plan (PIP) with the provider.

Recipient No Shows

Transportation providers will wait at least ten (10) minutes after the scheduled pick-up time before identifying a recipient as a no-show at the pick-up location. Transportation providers will be educated to the appropriate wait times before indicating a recipient as a no-show for their ride. In order to help reduce recipient no-shows, our network of transportation providers are required to call the recipient 24 hours before their scheduled pickup times to remind them of their upcoming appointment. At no time will a recipient be charged for not showing up for a scheduled transportation request.

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.

Access2Care will accommodate and comply with all requirements for escorts. An escort provides necessary comfort or safety for the passenger as well as the driver. When an escort is indicated, Access2Care will adhere to DHCFP requirements as listed above. During the call intake process, Access2Care will assess the need for an escort based on the recipient's age, cognitive ability, or the specific request of the caller, through the A2C system. The A2C system will be programmed with appropriate rules-based edits according to the Nevada specific policies for escorts. We will educate transportation providers that an escort will ride along at no extra charge and in some instances, more than one escort may be allowed. Access2Care acknowledges the above potential scenarios and will train our staff and transportation providers to respond and accommodate appropriately to escorts and other passengers.

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.

Nevada transportation providers will receive training on the above on-time performance standards. It is the NET provider's responsibility to ensure that recipients arrive promptly for appointments and do not wait excessively for their transportation. Access2Care will monitor on-time performance through vehicle tracking devices, complaints processing, and on-street observation.

Our current reporting capability allows us to track on-time performance by transportation provider and/or by region, using the capabilities of our GPS systems. As needed, Access2Care will work with transportation providers individually or collectively to ensure compliance to the Division's on-time performance standards. This will include training, monitoring, remedial training, and corrective actions as needed.

Transportation will be scheduled to ensure the average waiting time for pick-up or drop-off (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.

Trip Segment	Standard
Pick-up	Initial pick-up within 15 minutes of scheduled pick-up time at 90% monthly Same day requests: within 3 hours of call request
Drop-off	Drop off time up to 15 minutes prior to the appointment and no later than the appointment time.
Return	Scheduled pick-up within 15 minutes Return trip pick-up within 30 minutes of notification that the recipient is ready

Table 1: Trip Performance Standards

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.

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

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.

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.

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

Arranging and Authorizing Transportation

3.5.5.1-5

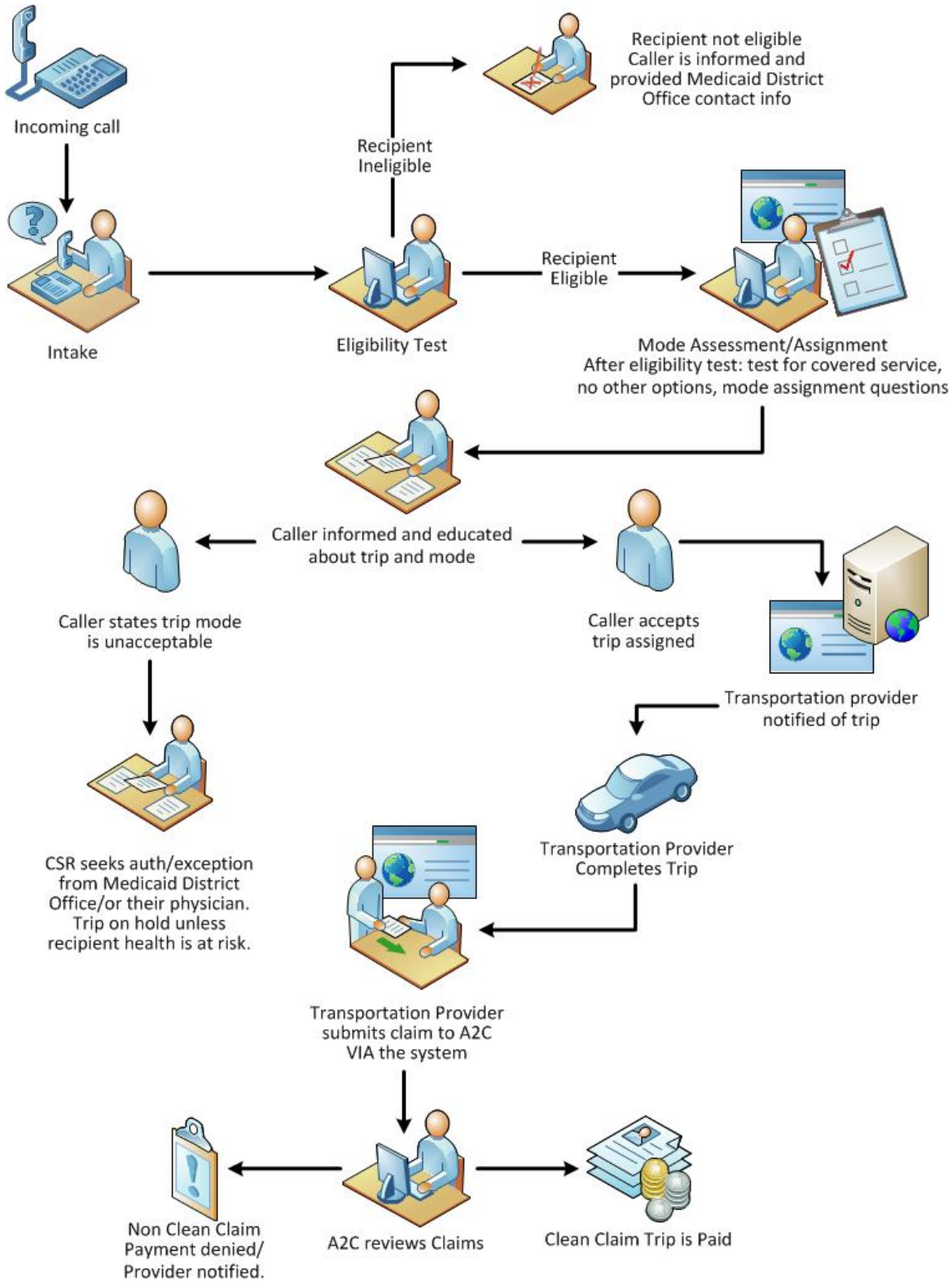


Figure 3: Call Intake Flow

Access2Care receives telephone calls from recipients and their representatives requesting non-emergency transportation services. The CSR reviews the trip request and verifies the recipient's Medicaid eligibility for the requested date of service. All trip information is collected and recorded including the date, time, name and address of the medical appointment. The CSR then assesses the recipient's eligibility for transportation services in accordance with current Medicaid transportation policy and verifies that the recipient has no other transportation available and that the trip is for a Medicaid covered service. Upon completion of the screening of an eligible recipient, Access2Care 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 SAR is denied or reduced 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 will be documented and logged. When appropriate, the CSR may verify the transportation need by confirming the appointment with the medical provider.

We have provided a sample call intake script below, to illustrate the progression of a typical SAR. As needed, Access2Care will modify our call intake script to meet Division requirements.

Sample NET Call Intake Script
Recipient Information
"Thank you for calling Nevada Non-Emergency Medical Transportation Services. This is (CSR's name). How may I help you?"
*If the call is of an emergent nature, inform the caller to immediately hang up and dial 911 or local emergency service provider
"May I please have the recipient's Medicaid number?"
If the number is not available, then ask for the recipient's name
If the number is correct and the recipient is shown to be eligible, then verify the recipient's name and demographic information (address, telephone number, etc.)
"May I please have your name?" (if not recipient)
"Can you please verify your telephone number?" (if not recipient)
If caller is NOT the recipient
"How are you related to the recipient?" (i.e. spouse, son, daughter, etc)
If caller is NOT related to recipient, determine caller type (i.e. MD, caretaker, friend)
Appointment Information
"Are you being picked up at your primary residence?"
If yes, verify address
If no, ask:
"May I please have the address where we will be picking you up?"
"May I please have the appointment date and time?"
"May I please have the address of where your appointment is scheduled?"
"What are you being seen for?"
i.e. primary care physician, dialysis, follow up and to determine whether the appointment is for a Medicaid covered service
Determine Mode of Transportation and Special Needs
"Are you able to walk?"
If yes, ask: "Are you able to utilize public transportation?"
If yes, to above inform caller that they will receive public transportation passes.

Sample NET Call Intake Script
If no, proceed with call interaction.
"Do you have access to an automobile?"
If yes, ask:
"Is it possible for you to drive yourself or do you have family or friends that can drive you?"
If yes, agent will follow policy and procedures for gas reimbursement or inform recipient that they may use this method of transportation with no reimbursement.
If no, proceed with call interaction.
"Do you use a wheelchair?"
If yes, ask: "Can you be transferred?"
If no, to above trip will be assigned to para-lift.
If yes, trip will be assigned to appropriate mode of transportation
"Do you use a walker, crutches, cane or have any other needs we need to know about?
"If recipient is female and between the ages of 16 and 40"
Has recipient been pregnant for greater than 6 months?

Table 2: Call Center Script

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.

After trip arrangements are made, the CSR will restate all trip information to ensure the caller understands the arrangements made. The CSR will inform the caller that the recipient will need to be ready one hour before the scheduled appointment. The CSR will then provide the number and queue prompt to call when the recipient is ready for a return ride, if not scheduled.

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.

Access2Care requires that the transportation providers re-confirm the pick-up with the recipient twenty-four (24) hours ahead of the scheduled medical appointment to reduce the possibility of a no-show.

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

Access2Care will ensure that transportation providers pick up the recipient no later than fifteen (15) minutes past the scheduled time.

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.

Access2Care will ensure that prompt payment to providers is completed on clean claims. Our reimbursement program surpasses industry and contractual standards for timeliness; under our management, transportation providers often receive payment in less than 21 days through a simple, web-based process.

Our reimbursement process is detailed in 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.

It is standard for authorizations to be made at the time of the call; however, if we need to consult with the medical provider we may place the trip in a hold status until we have the required documentation to justify the mode of service requested. All trips pending medical justification will be handled by a clinical case manager (CCM). The CCM will work closely with the medical provider to ensure that all trips are scheduled within Nevada's timeline of fourteen (14) days; however, Access2Care prefers to schedule trips within three (3) days. If additional time is required we will seek the approval of DHCFP before exceeding the required timeframes. If the recipient needs the requested transportation prior to us being able to validate the appropriate mode, we will authorize the request mode on a temporary basis until we consult with the medical provider. Overrides of protocols must be done by a supervisor or the CCM. Access2Care will comply with all Division requirements and timeframes for standard authorization decisions.

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.

Access2Care will work cooperatively with the State and the medical providers to ensure access to necessary health care. Access2Care will comply with all Division requirements and timeframes for urgent authorization decisions. Recipients will be allowed temporary approval of a higher mode if waiting would jeopardize their health. The CCM or supervisors will be able to override the system and ensure that transportation is available.

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.

Transportation providers are educated to notify Access2Care immediately if any recipient is difficult, has a pattern of no-shows or is abusive in any manner. CSRs will document the complaint in our A2C system and with our process improvement coordinators, and when appropriate, we will notify the recipient that their behavior may jeopardize their transportation resources. All education will be documented in the recipient's Access2Care file.

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 previously in Section 3.5.7.1, occasionally, a recipient's negative behavior requires intervention. To have a standardized method of addressing these issues in a formal and equitable manner, Access2Care has created Policy #220 Client intervention and Denial Policy. DHCFP will have final approval of the policy and all Access2Care policies prior to commencement of services. Our suggested process, pending DHCFP approval:

- ***Excessive No Shows/Failure to Cancel Transportation Services: three (3) missed consecutive appointments in a rolling one-month period. Neither Access2Care nor our transportation providers will charge a recipient for a no-show. We educate the recipient about the negative impact a no-show has on the program and their ability to access services in the future.***
- ***Unacceptable Recipient Behavior: three (3) validated instances of unacceptable, but non -violent behavior in a rolling one-month period.***

- ***Severe/Major Recipient Behavior Events*: such as a threat to life or safety that would cause risk of injury to a driver or other passengers.**

Access2Care will educate recipients during the call intake process and the full description will be on our Nevada specific website. Any recipient meeting the above criteria will be sent a letter notifying them of the issue and that if continued may affect the service available to them. The results of continued issues could involve in remedial education, reduced/suspended services for a DHCFP-approved period of time, and as a last resort, disenrollment from the program. Access2Care will work with transportation providers to collect all specific reasoning and documentation when seeking any of the above interventions. We will provide DHCFP with all details and related documentation when pursuing any of these recourses of action. Access2Care will not take adverse action with recipients based solely on their diagnosis, type or condition of illness.

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.

Our network coordinators monitor the local transportation providers to ensure they are compliant with all aspects of the program including State and Federal laws and requirements We have established detailed processes and procedures for ensuring the quality of transportation services including continuous monitoring, quality programs, and effective performance improvement plans. Our commitment to quality is further demonstrated by our recent perfect score in the Utilization Review Accreditation Commission's (URAC) review of our company's organizational and administrative practices. We have provided detail regarding monitoring of transportation providers in the responses below.

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.

Access2Care assumes responsibility for all services provided by subcontracted transportation providers and provides adequate oversight of subcontracted transportation providers. We engage in a number of other monitoring activities, including, but not limited to:

- ***On-street observations***
- ***Accident/incident reporting***
- ***Statistical reporting of trips***
- ***On-Time performance measures***
- ***Ride-Time performance measures***
- ***A detailed analysis of complaints***
- ***Driver licensure, driving record, experience and training compliance***
- ***Compliance with vehicle requirements***
- ***Member safety, assistance and courtesy***
- ***Completion of driver logs***
- ***Driver communication with dispatcher***
- ***Routine vehicle inspections, maintenance, emergency equipment and breakdowns***
- ***A detailed analysis of 're-routed' trips***
- ***Detailed analysis of cancelled trips***

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.

In the event we find that a transportation provider is non-compliant with contractual standards of federal and/or state laws, we initiate swift corrective action through a Performance Improvement Plan (PIP). The provider placed on a PIP will receive a bi-monthly Performance Report until the completion of the PIP and the correction of the infraction. Dependent on the severity and frequency of occurrence or re-occurrence of a specific offense, such action includes written warnings, formal corrective action planning, suspension, or as a last resort, termination from the network. The Business Manager is responsible for designing and approving corrective action required to resolve identified quality-related issues. A corrective action plan will identify:

- ***What must be changed***
- ***The intended outcome***
- ***When and how the corrective action will be implemented***
- ***Who is responsible for implementation of change***
- ***Issue reevaluation timeframe***

- ***Post-review timeline and desired outcome***

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.

Upon contract award, Access2Care will secure the required contract liability insurance coverage and will also require transportation providers to maintain appropriate liability coverage. Transportation providers will not be allowed to transport any DHCFP recipients without current and appropriate insurance coverage.

Accident/Incidents: Even with excellent driver training, accidents happen. When this occurs, we require transportation providers to report any accident in which a DHCFP recipient was present to Access2Care immediately. Access2Care will notify DHCFP within one (1) hour of notification. Every accident or incident in which a recipient is involved is entered into the complaint system for appropriate tracking and resolution.

Access2Care understands and agrees that DHCFP has the right make quality assurance reviews under this contract and that these reviews may be anonymous and unscheduled.

In addition to the above quality measures Access2Care has an established quality improvement program.

Quality Assurance

Our Quality Assurance Plan identifies Key Performance Indicators for call center, claims processing, and transportation provider/driver performance. We monitor key indicators at the specified interval to identify compliance and/or issues. The A2C system will provide exception reports that identify unmet standards. Our QA staff will use these reports to follow up with providers and/or internal staff to determine needed improvements or corrective actions. The Division will have access to all QA monitoring reports and data from the reports will be used by the Access2Care management team to spot operational trends and to identify areas for improvement. Trend reports in most of our projects focus on particular functional areas, such as call center performance, transportation provider performance, and complaints. As needed, we will add or modify key indicators to meet the Division's expectations.

URAC
ACCREDITED
CORE

In a further demonstration of our commitment to quality and best practices, Access2Care has attained accreditation from URAC (Utilization Review Accreditation Commission). The URAC Accreditation Committee reviewed Access2Care's Idaho Call Center according to 30 core standards for quality. Access2Care scored 100 out of a possible 100 points in all categories for accreditation.

Provider Performance

Dates: 3/1/09 to 3/30/09	Target	Weight	Actual	Target/Wt.	Score
Transports Scheduled	95%	20%	98.35%	100%	20
Transports Urgent	75%	5%	100%	100%	5
Vendor No-shows	.25%	20%	0%	100%	20
Vendor On-Time	95%	20%	98	100%	20
Complaints	1.75%	20%	0%	100%	20
Complaint resolution	100%	5%	100%	100%	5
Accept % of Trips (97%)	97%	10%	91.62%	94.45%	9.45
				Total Weight	100%
Compliant:		YES	NO X	Weighted Score	99.45%
Action Plan:					

Table 3: Sample Provider Performance Reports

We use the above tool to follow and evaluate transportation provider performance including no shows. The Division can access the Performance Report via their individual, password protected Access2Care Web portal. Access2Care requires transportation providers to maintain a monthly no-show rate of less than .5%. Providers who underperform in this area face corrective action.

The key quality indicators related to health and safety standards in trip delivery include timely pick-up and drop-off, recipient comfort and safety during transport, vehicle condition and driver appearance, and driver conduct and interaction with the recipient. The primary quality indicator that summarizes a recipient's overall level of satisfaction with the transportation provider is the percentage of complaints received.

The following table lists key indicators and standards of quality we have set for transportation providers. As needed, Access2Care will modify these indicators to meet the needs of this contract.

Provider Quality Indicators

Indicator	Standard
Pick-up, drop-off & return trip times	Initial pick-up within 15 minutes of scheduled pick-up time and 15 minutes for paratransit trips Drop off time up to 15 minutes prior to the appointment and no later than the appointment time. Scheduled pick-up within 15 minutes Return trip (unscheduled) pick-up within 30 minutes of notification
Vehicle condition	100% compliance with vehicle maintenance and safety requirements.
Driver appearance & conduct	100% compliance with operator appearance and conduct requirements.
Overall complaint rate	Less than 0.1% (One tenth of one percent)
Multi-load trip times	No recipient is to remain on a network transportation provider's vehicle more than 45 minutes longer than the average travel time from pick up point to destination.
Provider no-shows	No more than 0.5% per month

Table 4: Transportation Provider Indicators and Standards of Quality

We achieve these indicators and standards through the following practices:

- ***<u>Pick-Up and Drop-Off Times on Schedule</u>: It is our policy to pick up and drop off recipients at the time of their scheduled pick-up or drop-off. If, for reasons beyond our control, the provider is unable to meet that obligation, we can immediately dispatch another provider who may be able to complete the transport in a timely manner.***
- ***<u>Vehicle Condition:</u> The vehicle's initial inspection is followed by random spot checks to ensure the condition is up to standard. If a complaint is made against a transportation provider because of the condition of a vehicle, that vehicle undergoes an immediate inspection and will not be assigned further trips until full compliance is achieved.***
- ***<u>Driver Appearance and Conduct</u>: All drivers undergo both driver training and customer service training before they are allowed to drive for a provider for even a single trip. This training equips them with the skills necessary to interact with the recipients and healthcare workers with whom they come in daily contact.***

- ***Overall Complaint Rate*: Access2Care works proactively with providers to ensure they have all the tools necessary to make their businesses successful. We have found that if the providers' needs are being met, they will work harder to help us achieve and maintain a low complaint rate.**
- ***Provider No-Shows*: Transportation providers must contact Access2Care if the driver is running behind schedule or if the provider cannot complete a trip. This allows Access2Care the opportunity to re-assign the trip to an available provider.**

To further evaluate the performance of our transportation providers, we also monitor suspended claims, claims turnover, and complaints. Our Network, Quality, and Claims Departments work collaboratively with the Operations Manager to monitor, evaluate, and address issues for optimum performance and contract compliance. Our quality assurance efforts include monitoring Key Performance Indicators of various operational areas including customer service, network, claims processing, complaint management, etc. We then track and trend the indicators to monitor service levels and contract compliance.

Access2Care's Quality Improvement Team is comprised of Access2Care's corporate Quality Director and Quality Supervisor, Project Director, Business Manager, Call Center Manager, Lead CSR, Case Manager (who chairs the team), Network Coordinators, Claims Quality Assurance Lead, and a representative from the CSR staff. The team meets monthly. We also designate the additional positions to quality assurance measures and activities, including Complaint Handler, Process Improvement Coordinator, Data Analyst, and Network Coordinator

Sample Quality Assurance and Performance Monitoring Reports provided by Access2Care:

- ***Recipient eligibility***
- ***Appropriate provider assignment***
- ***Pick-up and delivery performance***
- ***Provider accidents/incidents***
- ***Accident report***
- ***Call auditing and live call monitoring***
- ***Satisfaction surveys***
- ***Customer satisfaction Survey***
- ***Complaints***

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.

Access2Care will establish an advisory committee whose members will represent a cross section of NET stakeholders. The advisory committee will, at minimum, consist of representatives from adult day healthcare facilities, dialysis centers, hospitals, or other medical services provider(s), transportation provider(s) and the recipient community. Members of the committee will be asked to commit to serving on the committee for a period of one (1) year and be able to meet at least quarterly. Access2Care, as the chair of this committee, will produce meeting agendas and meeting minutes that will be supplied to the Division.

These committees have historically served as a rich source of information for program and process improvements and represent a varied and balanced group of perspectives. Access2Care staff will meet quarterly with each committee and will provide information on program performance, issues and upcoming changes. During the quarterly meeting a short presentation will be made, sometimes from guest speakers, and information will be exchanged and ideas solicited. A question and answer period will follow. There will likely be two separate committees, one for transportation and medical providers and one for recipients, which will include advocacy groups. Access2Care will not present any information at these meetings without prior approval. We would encourage any member of the Division's staff to attend these meetings. This is a great forum to monitor NET progress, discuss issues and solicit feedback. Quarterly Reports, including outcomes, will be provided to DHCFP on these efforts.

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.

Upon notice of award, we will work with the Division to deliver all implementation tasks, including the policy and procedure manuals according to the required timelines and policies. The operations procedures manual is a combination of several manuals including the transportation provider manuals, facility manuals, and communication manuals. The complete operations manual is reviewed and updated annually and whenever changes in operation are made.

Access2Care will provide focused and professional day-to-day oversight of the DHCFP's NET program, including all necessary processes to manage the transportation program. We will provide the Nevada NET operations manual within the required timeframes above. We will use the DHCFP-approved manual as a foundation for all training activities associated with this contract. During implementation, Access2Care will submit a draft manual to DHCFP for review. Upon receipt of DHCFP's changes, the Nevada Business Manager will return the modified manual to the Division within 10 days of receipt. Access2Care will not use or distribute the manual until its content receives approval from DHCFP.

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.

Access2Care understands and agrees to the above requirement; however, Access2Care is proposing a risk-based capitation payment methodology.

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.

The operations manual includes policies and procedures on building networks. This includes the process used to select and retain transportation providers in the network. Transportation providers are provided a service agreement and a transportation provider manual. The service agreement has all the requirements to be included in the network, including required insurance minimums, vehicle and driver requirements and any special licenses. Access2Care keeps copies of all documents required during credentialing in the transportation provider file and are available upon request.

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.

Access2Care is experienced in maintaining the confidentiality of Medicaid program information and will comply with all federal, state and Division requirements regarding retention and disclosure of this information.

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.

Access2Care prudently safeguards and protects Medicaid recipient information while handling, processing, and using this protected health information. To ensure we maintain compliance with HIPAA requirements, Federal and State laws and regulations regarding confidentiality (including, but not limited to, 45 CFR Parts 160 and 164, Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH) of 2009) we developed a comprehensive PHI protection program. Compliance with HIPAA and other regulations to protect PHI are provided at no additional cost to the Division.

We train staff on PHI compliance and safeguards so that all personnel learn the practical applications of PHI protection within the context of their specific jobs as well as Access2Care's responsibilities. All Access2Care employees and transportation providers undergo initial and periodic PHI training and must sign compliance statements. Staff and transportation providers must release PHI only as permitted under applicable state or federal HIPAA regulations and with the written permission of the Division.

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.

We employ proven metrics to determine appropriate staffing levels based upon membership, previous utilization, performance standards, and contract requirements. Because our A2C software application and other technology drives efficient processes, our staffing models can be leaner. Based on the utilization data provided by the Division, we applied our proven staffing formula to arrive at the proposed staffing structure represented in Table 5 below.

Proposed Staffing Structure for the Nevada NET Program				
#	**Staff Member/Position**	**Named**	**Role**	**Type**
0	Project Director	Richard Eberle	Assist in operations of the Nevada implementation with the Business Manager and providing leadership for the business manager throughout the contract term.	Corporate/Administrative
1	Business Manager	Mark Baird	Locally based program oversight, attends local meetings with the Division, Counties Social Services, and assures quality and compliance of program management.	Key
2	Network Coordinator	TBD	Locally hired individuals will provide needed support to transportation providers to ensure safety and contract compliance, facilitates provider education, oversees claims processing, safety and quality.	Key
2	Public Transportation Coordinator	TBD	Responsible to work closely with the local public transit coordinator. The PTC will order and mail all token/passes	Key
.5	Call Center Manager	Rene Bonnett	Oversees all call center operations for the Idaho center. Ensures appropriate staffing to meet call center performs standards.	Key
1	Customer Service Center Representative Supervisor	TBD	Provides oversight and leadership of all call center operations ensuring excellent service, adherence to protocols and contract compliance. We are interviewing internal candidates for this position.	Key
12	Customer Service Center Representative	TBD	Veteran and new staff will provide friendly, professional customer service with every call. Serves as the public "face" of the Division and Access2Care.	Key
3	Pro re nata (PRN) Customer Service Representative	TBD	Same responsibilities as CSRs, providing PRN night and weekend coverage.	Key

1	Prior Authorization Coordinators	TBD	Responsible to work with clinical case manager and network coordinators for complicated trip scheduling.	Key
.25	Claims Director	Ian Saville	Oversees all responsibilities related to transportation provider payment, including quality control of all claims activities.	Corporate/Administrative
2	Claims Adjudicator	TBD	Review submitted documentation for personal mileage reimbursement and volunteer drivers	Key
1	Process Improvement Coordinator	TBD	Quality, complaints, and reporting	Key
1	Complaint Handler	TBD	Specially trained quality staff that handles all complaints from stakeholders; well-trained in complaint intake, investigations and the appropriate resolutions.	Key
1	Clinical Case Manager	TBD	Responsible for all recurring trips, long distance, level of service overrides and managing referrals to the District Offices.	Key
1	Case Coordinator	TBD	Specialized staff member that handles all long distance or out-of-state trips. Works closely with medical providers to ensure appropriate mode assignment.	Key
1	General Operational Support	TBD	General operating support will be provided by Access2Care's corporate office for administrative services, marketing and business development.	Corporate/Administrative

Table 5: Proposed Nevada NET Staffing Structure

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.

Access2Care is proposing Mark Baird as the Business Manager for the Nevada Program. Mr. Baird will be onsite at our local Las Vegas business office and available to the State from 8:00 am – 5:00 pm (PST) Monday – Friday and via cell phone afterhours.

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.

The Division will be notified within 7 business days of all key staff changes. All changes in key staff will be prior-approved before any offer is extended. Access2Care will establish our local operations in Las Vegas, at 1200 S. Martin Luther King Boulevard. This office will be open from 8:00 am to 5:00 (PST) Monday – Friday except for state holidays. The local office will house the Business Manager, Clinical Case Manager and Network Coordinators. Access2Care is proposing that all call center activities (transportation scheduling) be conducted in our URAC-accredited call center located in Boise, Idaho. The Idaho operation is a center of excellence for Access2Care demonstrated by our recent URAC accreditation score of 100 out of 100 points. An additional advantage to utilizing the Idaho call center is the ease of expansion in an existing center during a rapid implementation. The Idaho center can quickly expand with limited to no build-out of the existing space. We already have the core infrastructure in place and simply need to add the workstations and staff. To further ensure high quality customer service and ease of implementation, we can utilize our veteran staff to lead and staff the CSR team for Nevada.

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.

The Nevada business office and the Idaho call center will house sufficient technical and material equipment and supplies to meet contract needs. This includes voice mail, electronic mail, and fax capabilities. Access2Care uses Syntellect Call Distribution application, which provides a robust voice mail system that logs the times messages are received and when they are retrieved. The caller, phone number, and details of the voice mail message also shall be included in the log. Call documentation will include the voice mail received date and the date retrieved. The call log will include the time and date of the initial voice mail and the system will record when a return call was made, and what action was taken.

The call center will contain sufficient staff to answer the calls in a manner that will comply with all RFP requirements. Calls received outside the hours of call center operations will be

handled via the IVR system, which will contain both English and Spanish capabilities. The afterhours IVR will allow callers to leave a voice mail, which will be returned the following business morning; or to opt out to an on-call CSR for urgent requests or after-hours hospital discharges. DHCFP will have immediate access to the Business Manager via a direct office line and/or their mobile phone.

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.

All records pertaining to the contract will be stored, retained and available for review according to the terms of the RFP. The operations manual will include all record retention policies. A disaster recovery plan is in place to ensure business continuity in case of a catastrophic event. A copy of the plan is provided in* Attachment E*. The business continuity procedures cover all system services including the call center, scheduling and systems.

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.

Access2Care already completed the early stages of implementation following the previous intent to award. We have started customizing all of our manuals and policies and procedures based on the requirements within this RFP and the Medicaid Services Manual and related chapters. Many of the activities listed below in our implementation overview are already complete or in progress. We are in a unique position of being able to most efficiently complete the entire implementation in 60 days.

Transition and Operational Readiness Overview

The following narrative overview follows the progression of all proposed transition activities, in accordance with the RFP requirements and our best practices for NEMT implementation. Due to our extensive experience in medical transportation program management, we understand the tasks and activities required to transition a non-emergency transportation program to a new management model and will perform all necessary work to ensure operational readiness within sixty (60) days of contract award.

- ***Project Start Up: Develop and submit a Transition Work Plan for Division approval within five (5) days of the Contract Effective Date. This plan will include a list of all pre-implementation activities and schedule for completion. We will assemble the Implementation Team, establish a regular meeting schedule, and update the schedule as needed.***
    - ***Begin Recurring Task: Weekly written status reports on the progress of tasks against the approved Transition Work Plan will be submitted weekly. Throughout the transition, we will inform the Division of delays or setbacks to the critical path or project timeline no later than close of business on the day that any such issue or problem is identified.***
- ***Project Implementation Management: The designated Implementation Specialist and Program Manager will oversee day-to-day and weekly development of the project's status. Our Quality Manager will collaborate with the two leaders to ensure we build appropriate quality metrics and monitoring into the program during the implementation phase.***
    - ***Begin Recurring Task: We will conduct weekly progress meetings with the Division initially from Nevada via phone conference and move to in-person meetings as the "go-live" date approaches.***
- ***Personnel Recruiting and Training: Our Human Resources Generalist will begin the recruiting process for unfilled positions and local staff. As much as possible, we will seek to employ qualified, local workers. We will ensure sufficient staff to meet customer service and quality standards. We will recruit qualified individuals with appropriate experience and conduct employment screenings to ensure high performance. Staff will receive sufficient training using Division-approved manuals and training materials to begin taking calls at least two (2) weeks before the "go-live" date.***
- ***Establish Call Center: We will prepare the Call Center facility in Idaho to accommodate the additional staff needed to conduct operations and finalize the ordering and installation of all hardware, software, office equipment, furniture, and fixtures. We will utilize veteran staff to oversee a smooth operational cutover.***
- ***Establish Technical Infrastructure: We will finalize the various hardware requirements for the operations center and review utilization data to prepare for potential modifications. We will obtain data associated with all existing recipients, and transfer previous activities from the previous NEMT broker. We will also establish a test environment and prepare a disaster recovery plan specifying hardware backup and how software and master files will be restored if management information systems***

are disabled. The disaster recovery plan will include alternative methods for continuing all required services.

- ***Expand Telecommunication Systems: We will define, acquire, and install needed telecommunication components and toll-free lines. We will seek the Division's approval on all IVR scripts. We will test all phone lines, the Language Line, eligibility verification and test inbound and outbound exchange with the Division.***
- ***Customize Access2Care Software Modules: To ensure contract compliance from the very first call, Access2Care will enter the Division's protocols into our A2C system. The Web-based system supports demonstrations, prototyping, and modification, allowing us to make all necessary changes and completely test the system prior to conducting staff training. Customizations to the A2C system will include recipient eligibility verification, business rules, prior approval processes, trip assignment, complaint resolution and tracking, and reports modules. We will work with the Division to establish all project control and reporting systems and obtain Division approval. We will test each application to ensure full functionality.***
- ***Customize Policies and Procedures: Written policies and procedures govern our entire operation. Upon finalizing the system and operations, we will update all written plans, processes, and manuals. We will submit all written policies and procedures to the Division prior to use or distribution. This will include the Policies and Procedures manual as well as operational plans such as Complaint Resolution and Tracking, System and Data Security, Quality Assurance Plan, Disaster Recovery Plan, Transition Plan, Claims Review, and any other identified requirements.***
- ***Develop Communication and Written Materials: We will develop and submit to the Division for approval all communication and written materials including denial letters, brochures, and any other recipient correspondence requested. We will develop a distribution plan in collaboration with the Division. We will also prepare all forms, notices, documents, training manuals and training evaluation protocols that will be used for the program and obtain Division approval prior to use.***
- ***Prior Authorization and Claims Review Processes: We will establish processes and procedures for review of driver manifests and claims documentation to ensure accuracy of payment authorization. We will work with the Division and its designee to establish efficient and Health Insurance Portability and Accountability Act (HIPAA)-compliant processes.***
- ***Conduct Operational Readiness Review: The Quality Manager will prepare an extensive readiness review and develop a comprehensive checklist for approval by the Division. Once finalized and approved, we will conduct a formal Operational Readiness Review with the Division, demonstrating that all functional areas are ready, and that we have completed the Transition Activities. The Division will have final approval of all readiness review activities. As part of the Readiness Review, we will submit a report template for each report to the Division for review and approval.***
- ***Operational Cutover: Upon successful completion of the readiness review, Access2Care will request the Division's authorization to commence services, including taking live calls, prior to the actual cutover date. This has proven to be an exceptionally helpful***

strategy in recent Access2Care implementations. We will transition the entire program's operation to Access2Care at the Division's direction.

As needed, Access2Care will modify the proposed Transition Plan to meet the Division's requirements, recommendations, and timetable.

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.

During our preliminary implementation activity we have thoroughly reviewed the Medicaid Service Manual and have a solid understanding of the impact on the NET program. We understand that lower levels of ground transportation may be authorized without intervention from the Medicaid District Office, but for higher modes of transportation we must consult with the Medicaid District Office for pre-authorization. We also identified that Indian Health Services, while largely independent from the NET program, will require claims payment services. We are currently creating a process to handle these types of transportation post authorizations. Our thorough understanding of the challenges and opportunities in Nevada's NET program helps mitigate risk and provides the most efficient implementation process for the State.

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.

During implementation and throughout the life of the contract, Access2Care monitors the resources in a given area for adequacy in number and service scope. The initial demand analysis and System Status Management (SSM) plan for the program service area uses the current available data to determine the number of vehicles required in each area and the optimum size of the network. Following the implementation of the contract, our analysts will use actual trip data to refine the SSM plan and the network configuration to ensure that adequate resources are available to meet both peak and continuous demand transport volume. Access2Care will also conduct a demand analysis from trip data for a 20-week period segregated by geographic area, type (level) of transport for each day of the week and each hour of the day. This complete demand analysis allows Access2Care to determine the number of vehicles, by vehicle type, that are needed in each geographic area throughout any given day.

Access2Care has successfully integrated minority and women-owned businesses into our transportation provider networks. In some states up to 80% of all transportation providers are minority and women-owned.

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;

Access2Care agrees to comply with these standards in establishing and maintaining the provider network. Access2Care encourages our transportation providers to use GPS technology that has reporting capabilities. This type of system removes the doubt when recipients say a provider was late and the provider says the recipient was a no show. Access2Care can access the logs of where the driver/vehicles were at any given time.

3.6.1.3 Establish mechanisms to ensure compliance by providers;

Access2Care conducts re-credentialing annually to ensure all transportation providers continue to meet the requirements of the program.

3.6.1.4 Monitor providers regularly to determine compliance;

We utilize a number of methods to monitor compliance including:

- ***On-street observations***
- ***Accident/incident reporting***

- ***Statistical reporting of trips***
- ***On-Time performance measures***
- ***Ride-Time performance measures***
- ***A detailed analysis of complaints***
- ***Driver licensure, driving record, experience and training compliance***
- ***Compliance with vehicle requirements***
- ***Member safety, assistance and courtesy***
- ***Completion of driver logs***
- ***Driver communication with dispatcher***
- ***Routine vehicle inspections, maintenance, emergency equipment and breakdowns***
- ***A detailed analysis of 're-routed' trips***
- ***Detailed analysis of cancelled trips***

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

Access2Care develops a corrective action plan when we identify issues or opportunities for improvement in care, safety or compliance. The Business Manager will be responsible for designing and approving corrective action required to resolve identified quality-related issues.

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.

Access2Care will 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. Meeting the language needs of the people we serve improves customer satisfaction and is a demonstration of our cultural competency. To ensure we meet the communication needs of the recipients we serve, whether a recipient has limited English proficiency or is hearing or speech impaired, Access2Care recruits, hires, and retains call center staff and drivers with diverse language skills.

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.

Access2Care will recruit and maintain an adequate network of transportation providers to deliver NET transportation services to Medicaid recipients in the state. We have provided detail about our recruitment and adequacy of contracted commercial transportation providers in 3.6.1, above. We will also work with public transit, free and reduced cost services, and community agencies to meet all of the non-emergency transportation needs of the Medicaid recipients in the State. We will ensure our network is diverse and includes private vehicles, non-emergency ambulance and air, wheelchair vans, and public transportation including bus, rail, and taxicabs. Access2Care consistently provides a standardized level of quality service from a diverse group of transportation providers of varied size and scope including, but not limited to, the following:

- ***Recipient's personal vehicle***
- ***Volunteer drivers***
- ***Public transportation bus service***
- ***Ambulatory vehicle (Sedans, taxi)***
- ***Wheelchair van***
- ***Stretcher***
- ***Non-emergency ambulance services***
- ***Rail, air, and other forms of public and private conveyance***

Access2Care will also conduct a demand analysis from trip data for a 20-week period segregated by geographic area, type (level) of transport for each day of the week and each hour of the day. This complete demand analysis allows Access2Care to determine the number of vehicles, by vehicle type, that are needed in each geographic area throughout any given day. Based upon the utilization data provided, we have provided a preliminary assessment to determine the size and scope of the Nevada NET provider network in Table 7 on the next page.

Access2Care NET Network Assessment

County	Estimated Total Trips	Estimated Ambu-latory Trips	Estimated Ambu-latory Vehicles	Estimated W/C Trips	Estimated W/C Vehicles	Estimated Stretcher Trips	Estimated Stretcher Vehicles	Estimated ALS/BLS Trips	Estimated ALS/BLS Vehicles	Estimated Total Vehicles
Carson	836	730	3	99	1	6	1	2	1	6
Churchill	284	248	1	34	0	2	1	1	1	3
Clark	42,078	36,730	150	4,978	36	295	5	76	1	192
Douglas	295	258	1	35	1	2	1	1	1	4
Elko	344	300	1	41	1	2	1	1	1	4
Esmeralda	17	15	1	2	1	0	1	0	1	4
Eureka	2	2	1	0	1	0	1	0	1	4
Humboldt	81	71	1	10	1	1	1	0	1	4
Lander	98	86	1	12	1	1	1	0	1	4
Lincoln	74	65	1	9	1	1	1	0	1	4
Lyon	1,356	1,184	5	160	1	9	1	2	1	8
Mineral	116	101	1	14	1	1	1	0	1	4
Nye	715	624	3	85	1	5	1	1	1	5
Pershing	100	87	1	12	1	1	1	0	1	4
Storey	7	6	1	1	1	0	1	0	1	4
Washoe	6,091	5,317	22	721	5	43	1	11	1	29
White Pine	124	108	1	15	1	1	1	0	1	4
Totals	**52,618**	**45,930**	**195**	**6,225**	**54**	**368**	**21**	**95**	**17**	**287**

Table 6: Vehicle Analysis by County

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.

Access2Care has a long-standing policy against discrimination. This information is included and covered in our orientation of newly hired employees and new transportation provider training. Access2Care agrees to operate the network according to the requirements above.

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.

Access2Care agrees to provide documentation according to the requirements above.

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 NET brokerage work in other states of similar size and scope demonstrates our ability to meet all state requirements and to meet the transportation services of recipients in all parts of Nevada. Existing private commercial transportation providers, as well as other public, private, for-profit and not-for-profit organizations will be contacted and vetted for inclusion in our network. Access2Care proactively recruits minority and women-owned businesses into our transportation provider networks. In some states up to 80% of all transportation providers are minority and women-owned.

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.

Access2Care understands that Scheduled Emergencies not requiring additional monitoring or medically necessary services are a covered NET service. The Nevada Clinical Case Manager will handle all special transportation including scheduled emergency transportation.

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.

Access2Care will be responsible for transportation requiring escorts according to the DHCFP's requirements.

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.

Access2Care will utilize written policies and procedures for processing requests for initial and continuing authorizations of service for transportation requiring additional escorts or services. Our A2C system will be programmed with state guidelines and business rules to ensure consistent application of review criteria for authorization decisions. When appropriate, we will consult with the requesting provider to verify medical necessity and additional information.

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.

All transportation requests are received through the customer service center and follow the same basic process regardless of the type of trip. The highly-configurable A2C system contains a rules-based engine and contract management system programmed with the Division's program protocols and covered services. The contract management system defines the specific reasons a trip can be authorized, while the business rules engine manages exceptions or special protocols and assigns the most appropriate mode of transportation.

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.

We recruit, hire, and retain call center staff and drivers with diverse language and communication skills to meet the communication needs of the recipients we serve; whether a recipient has limited English proficiency or is vision, hearing or speech impaired. We process calls for hearing or speech impaired callers through Teletype (TTY) and Telecommunications Devices for the Deaf (TDD) services. We provide access to the Language Line to support our multi-lingual staff and use tele-interpreters when needed. In addition to meeting the language needs of Nevada, Access2Care is also sensitive to cultural needs. We assess when a unique cultural consideration should be measured when assigning transportation providers to ensure sensitivity to particular traditions or customs. We provide training to our staff and modify our processes to meet the needs of a particular group without compromising our recipients' or CMS regulations. All of our services are designed to accommodate the requirements of the Americans with Disabilities Act of 1990.

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.

Access2Care will not contract with providers who have been determined to have committed fraud or abuse by the Medicaid program.

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.

Access2Care will not contract with providers who are, or could be on a list of debarred individuals or excluded companies.

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.

Access2Care has read and understands the above requirement. In previous negotiations with the State of Nevada it was determined that Access2Care was in compliance with statute 42 CFR 440.170(a)(4)(ii) and is not prohibited from providing NET services.

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.

Access2Care has read and understands the above requirement. During our previous negotiations our relationship with our parent company AMR was approved by CMS and there was no concern about conflicts of interest.

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.

Provider Service Agreements (subcontracts for the provision of transportation services) will specify the minimum requirements listed above. We have provided a sample Nevada Provider Service Agreement as Attachment B. During implementation we will meet with your program or legal staff as necessary to ensure we have incorporated all necessary requirements into the model agreement (3.6.1.16).

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.

Access2Care will require the transportation provider drivers to maintain a daily paper or electronic log, containing, at a minimum, the information listed above. These logs are required to be

submitted to Access2Care upon request. In order to have a clean claim the transportation provider is required to upload this information into our web portal.

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.**

Access2Care agrees to maintain oversight and responsibility for any functions and responsibilities it delegates to any subcontracted provider including compliance with all of the items in 3.6.1.18.1 – 3.6.1.18.4. Our monitoring plan for transportation providers is detailed in Section 3.5.8.

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.

Access2Care has and will ensure that policies and procedures are in place to protect providers serving high-risk or conditions requiring costly treatment from discrimination.

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.

Access2Care will comply with all driver and vehicle requirements and will include the requirements in the Provider Service Agreements.

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 least 18 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.

Access2Care understands and agrees to all driver requirements. Transportation providers will be educated to the requirements of all drivers in their service agreement. Before any transportation

provider can be included in our network they must meet all minimum requirements. See* Attachment B *for a draft of the Nevada Service Agreement including driver requirements. We currently have a national network of over 600 transportation providers, each with a fleet of vehicles and drivers. Our compliance systems for driver qualifications are proven to ensure safe and appropriately qualified drivers.

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.

Access2Care understands and agrees to all vehicle requirements. Transportation providers will be educated to the requirements of all vehicles in their Service Agreement. Before any transportation provider can be included in our network they must meet all minimum requirements. See Attachment B for a draft of the Nevada Service Agreement including vehicle requirements. We perform 100% vehicle inspections prior to contract go live and continue ongoing support to ensure this compliance.

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;

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

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

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

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

3.6.3.6 Current provider agreements with Nevada Medicaid.

Access2Care understands and agrees to all subcontracted transportation provider requirements. Transportation providers will be educated to the requirements of all drivers and vehicles in their Service Agreement and will be offered ongoing education opportunities via classroom, website and written materials.

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.

Access2Care will ensure and verify that each provider maintains the required items listed above at all times. Access2Care will obtain an inventory of vehicles from each transportation provider to create an inventory in our system of every provider vehicle. We will use this inventory to manage our initial and ongoing review of transportation provider-vehicle documents and inspections. We will obtain copies of appropriate vehicle records, including registrations, insurance and annual inspections and will develop a process to maintain all the vehicle files. We will review each document to ensure that the record is current and meets DHCFP and state requirements. Our system will maintain tracking dates on all vehicle records and produce tickler reports to remind Access2Care and the transportation provider when it is time to renew specific licenses, insurance, and so on.

As part of our records review, we will review the maintenance records for each vehicle. We will verify that records are kept and that current scheduled routine maintenance is performed. We will periodically audit provider maintenance records as part of our overall audit process of transportation providers. We can and will provide transportation providers with appropriate maintenance record keeping forms, files and processes and ensure they are used.

Access2Care will provide an initial inspection of each vehicle to certify that it is safe and acceptable for transporting recipients. We will document any deficiencies noted during the inspection and provide a copy of the inspection form to the transportation provider with a timetable for correcting any deficiencies. We will update our system with a pass/fail flag for each vehicle. We will not schedule any failed vehicles for trips. Our system will produce exception reports of failed vehicles for follow-up by our Network Coordinators.

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.

Volunteer driver programs have great service characteristics such as supportive assistance, low cost services, the ability to cross jurisdictions and travel to multiple destinations and hard-to-serve areas, and customer-oriented service. Sponsors of volunteer driver programs include public transit agencies, paratransit services, community transit services, hospitals and health centers, aging and social services, volunteer and fellowship groups, churches and interfaith groups.

Access2Care will work with local agencies, individuals, and faith-based organizations to provide transportation services utilizing volunteer drivers using their personal vehicles or vehicles supplied by a provider organization. We will verify and reimburse mileage, parking, tolls and gas vouchers at Division-approved rates and amounts. We collect a copy of each volunteer driver's valid license and proof of appropriate insurance and vehicle registration for the vehicle used. In addition, all volunteer drivers must submit to criminal and child abuse background checks before transporting passengers on behalf of Access2Care and the Division. Access2Care will obtain prior Division approval for the reimbursement method and schedule for recipient vouchers and/or mileage reimbursement.

3.7 FISCAL REQUIRMENTS

3.7.1 Provide reimbursement for transportation services

Access2Care considers the reimbursement of our transportation providers to be as important as our internal payroll. We provide timely payment to each network transportation provider based on the authorized services rendered. It is important to note that our financial strength gives us the ability to maintain timely payments, regardless of when we receive monthly payment from the state. This is particularly important during the critical transition phase when some brokers may have trouble funding the start-up costs associated with projects of this size. We've learned through our experience that a fair and efficient claims payment process is essential to provider relations; as such, through our community outreach programs, we solicited provider feedback and developed a fair and mutually-agreed upon process. We have implemented a transportation network provider reimbursement program that surpasses industry and contractual standards for timeliness. Under our management, transportation providers often receive payment in less than 21 days through a simple, web-based process.

Our reimbursement process will comply with requirements set forth in this RFP, including 3.7.1.1 – 3.7.1.5 below:

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.

During recruiting activities Access2Care negotiates rates with transportation providers. Because of our fair treatment of transportation providers, including our quick payment schedule, ability to electronically assign trips and the fact that we do not apply penalties to our network, they are more willing to negotiate fair rates.

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.

Access2Care understands and agrees to the above requirements.

3.7.1.3 Balance billing by providers is prohibited.

Access2Care understands and agrees to the above requirements.

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.

At no time will a recipient be charged for any transportation services that have been prior approved by Access2Care.

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.

Access2Care understands and agrees to the above requirements.

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.

Access2Care will secure and maintain a performance security bond specific to the requirements listed in 3.7.1.6.

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.

Access2Care understands and agrees to the above requirements.

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.

Access2Care will include an offset for third party collections, as the capitated payment model is being utilized. We will follow all DHCFP and Fair Debt Collection practices and policies related to third party liability.

3.8 REPORTING

We designed the A2C system to collect, store, retrieve, and aggregate program data to provide necessary internal and external reports. Our system will meet all the reporting requirements of this contract related to program data including management reports, utilization data, and other program reporting, and will provide a secure file exchange. Our system can be configured to conduct daily, weekly, monthly, and quarterly reviews of the various data to evaluate the program's overall success and contract compliance. In addition, the Web Based Client Reporting component of the A2C system allows Division staff to generate reports from their computers at their convenience. These reports include, but are not limited to, the following:

- ***Call center report***
- ***Utilization report***
- ***Transportation provider report***
- ***Complaints report***
- ***Member usage report***

We can also supply any ad hoc reports for the state in most formats.

Delivery of reports can be provided through the Client portal, via e-mail, or FTP sites. Report formats include Microsoft Excel, Acrobat PDF, or HTML via the web. Please refer to Attachment C for sample reports.

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.

Access2Care will submit accurate and complete management reports to Division at requested intervals or on demand, to be determined at implementation. Access2Care will provide all reports listed in 3.8.1.1-3.8.1.13 to the Division in the frequency and the specified format indicated.

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.

Access2Care will provide encounter data, in the format required, on a monthly basis.

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.

Access2Care will conform to upgrades and revisions in formats to encounter data submission. Access2Care will adhere timeliness standards for corrections to encounter data.

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.

Access2Care will conduct a customer satisfaction survey on a random 5% sampling of Medicaid recipients that utilize our NET services and the medical providers the transportation was scheduled to see. We will conduct the survey on an ongoing basis and report findings every six (6) months in

accordance with this contract. We will submit the survey for prior approval of DHCFP before its use.

The customer satisfaction survey will assess the quality indicators listed in the RFP requirement quoted above. In addition, our QA staff will contact the medical provider the recipient visited and conduct a medical provider survey as described below. We will collect and analyze the results of the survey and report our findings to the DHCFP no later than 30 business days from the end of the six months of service surveyed.

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.

Access2Care will take action on a recipient's transportation service authorization request based on Medicaid guidelines set forth in Chapter 1900 of the Medicaid Services Manual and will follow the protocol outlined above for adverse actions. The Notice of Decision will be sent within five (5) business days and will inform the recipient of reasons for the denial of a service authorization request and their rights to an appeal and fair hearing. All items identified by the Division will be included in the NOD and a sample NOD letter will be submitted for approval to DHCFP during implementation.

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.

Access2Care will comply with all requirements for grievances. When Access2Care receives any written or verbal grievance/complaints from NET stakeholders including recipients, their representatives, advocates, transportation providers, or Division staff, it is logged in the A2C system to maintain accurate program records. Our highly visible complaint tracking and reporting provides the Division direct oversight to ensure that complaints are handled appropriately and that our complaint ratio does not exceed one complaint per 1,000 trips. Access2Care consistently maintains complaint rates as low as 0.0007 % (1 valid complaint per 2800 trips).

Access2Care's written grievance process will be submitted to DHCFP for review and approval at the time of contract implementation. We will also provide information about its grievance process to all providers and subcontractors, at the time they enter into a contract. The figure

below illustrates the process Access2Care has developed for the intake, processing and resolution of complaints. As needed, we will modify the process to meet Division requirements.

Process

Complaints or grievances are entered in the Access2Care system as they are received. The system utilizes a proven validation process to determine the information required to resolve each complaint. Feedback or additional information required is provided to appropriate parties as soon as possible. Once a problem is resolved, the resolution will be available in the Division's portal on the A2C system for review, and written notification will be supplied to the appropriate parties. The Division web portal allows the Division to review complaints at any time. Access2Care places a high priority on quickly responding to customer complaints. Staff will acknowledge verbal complaints within one (1) day while we will respond to written complaints within three (3) days. To ensure proper documentation and archival of electronic and hard copy complaint documents, the Quality Supervisor will manage the complaint process, including review of all complaints, before sending them to Division and/or any other entity. The chart below depicts the process flow for complaint resolution.

Documentation, Communication, Education- ***Upon written or verbal notification of dissatisfaction from any Nevada Medicaid Transportation program recipient, we will log the complaint into the A2C system. Access2Care will train all CSRs to properly record complaints and/or inquires into the A2C system, thus reducing the need to transfer calls from the original point of contact to another person. The receiving party will enter as much detail as available and notify the Complaint Handler. The Complaint Handler will then begin the investigation and notification process. This will include contacting the transportation provider, driver, recipient, witness involved, etc., to notify the party of the complaint and to obtain additional information surrounding the complaint. As the Complaint Handler collects information (date received and processed, source of complaint, recipient information, complaint date, appointment date/time, provider name, region, and complaint code/description), s/he will document the details into the system. Access2Care will keep the initiator of the complaint informed of the status of the research and resolution of the complaint.***

Access2Care will dispose of each grievance and provide notice as expeditiously as the recipient's health condition requires within the state's established time frames and will comply with all RFP requirements.

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.

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.

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.

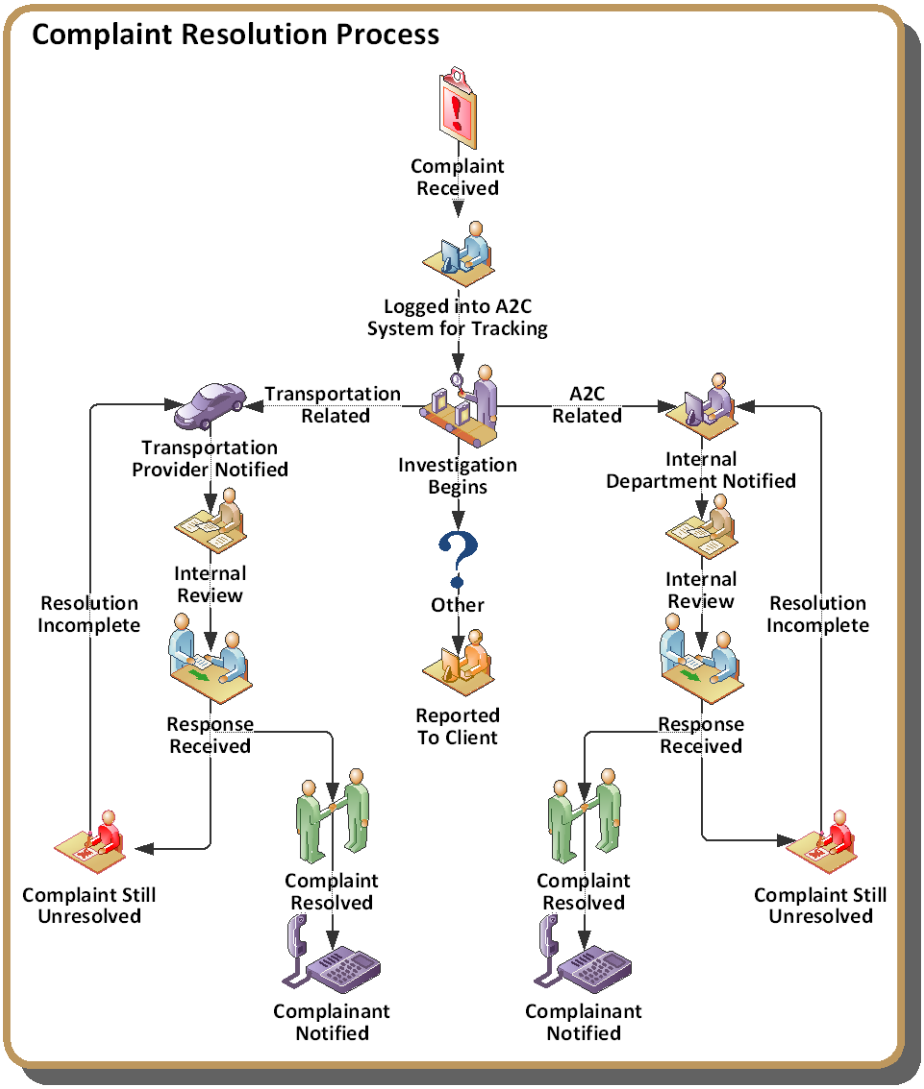
3.9.2.4 The vendor must establish a process to resolve any provider grievances that are separate from, and not a party to, grievances submitted by providers on behalf of recipients. Written grievance procedures must be included, for review and approval, at the time the vendor policies and procedures 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.***

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.

Access2Care will comply with all requirements in 3.2 for grievances. When Access2Care receives any written or verbal grievance/complaints from NET stakeholders including recipients, their representatives, advocates, transportation providers, or Division staff, it is logged in the A2C system to maintain accurate program records. Our highly visible complaint tracking and reporting provides the Division direct oversight to ensure that complaints are handled appropriately and that our complaint ratio does not exceed one complaint per 1,000 trips. Access2Care consistently maintains complaint rates as low as 0.0007 % (1 valid complaint per 2800 trips).

Figure 4: Complaint Resolution Process



Access2Care's written grievance process will be submitted to DHCFP for review and approval at the time of contract implementation. We will also provide information about our grievance process to all providers and subcontractors, at the time they enter into a contract. The figure to the right illustrates the process Access2Care has developed for the intake, processing and resolution of complaints. As needed, we will modify the process to meet the Division requirements.

Process

Complaints or grievances are entered in the Access2Care system as they are received. The system utilizes a proven validation process to determine the information required to resolve each complaint. Feedback or additional information required is provided to appropriate parties as soon as possible. Once a problem is resolved, the resolution will be available in the Division's portal on the A2C system for review, and written notification will be supplied to the appropriate parties. The Division web portal allows the Division to review complaints at any time. Access2Care places a high priority on quickly responding to customer complaints. Staff will acknowledge verbal complaints within one (1) day while we will respond to written complaints within three (3) days. To ensure proper documentation and archival of electronic and hard copy complaint documents, the Quality Supervisor will manage the complaint process, including review of all complaints, before sending them to Division and/or any other entity. The chart above depicts the process flow for complaint resolution.

Documentation, Communication, Education- ***Upon written or verbal notification of dissatisfaction from any Nevada Medicaid Transportation program stakeholder, we will log the complaint into the A2C system. Access2Care will train all CSRs to properly record complaints and/or inquires into the A2C system, thus reducing the need to transfer calls***

from the original point of contact to another person. The receiving party will enter as much detail as available and notify the Complaint Handler. The Complaint Handler will then begin the investigation and notification process. This will include contacting the transportation provider, driver, recipient, witness involved, etc., to notify the party of the complaint and to obtain additional information surrounding the complaint. As the Complaint Handler collects information (date received and processed, source of complaint, recipient information, complaint date, appointment date/time, provider name, region, and complaint code/description), s/he will document the details into the system. Access2Care will keep the initiator of the complaint informed of the status of the research and resolution of the complaint.

Access2Care will dispose of each grievance and provide notice as expeditiously as the recipient's health condition requires within the state's established time frames and will comply with all RFP requirements.

In addition to the above reporting requirements, Access2Care offers additional grievance tracking and reporting in our user-friendly, real-time complaint reporting module. Our complaint management system is fully integrated into the A2C system. The system maintains all data collected during the complaint resolution process, including scanned documents for the purpose of review and reporting. The A2C system allows the Division to compile real-time reporting on complaints by specific type, date range, complaint status (open/closed), category (transportation provider, call center, recipient-generated complaints), and timeframe. Access2Care will also produce the following complaint/resolution reports on weekly and monthly bases.

- *Total Number of Complaints*
- *Total Number Outstanding*
- *Total Number Sent to Provider*
- *Weekly Total Received*
- *Weekly Total Answered*
- *Total Number More than 5 Days Old*
- *Total Complaints More Than 10 Days Old*
- *Total Complaints — Provider Not In Network*
- *Percent of total trip volume*

A sample on-demand complaints report from the web portal is provided in Figure 4, below:

Figure 5: Complaints Report Screenshot

Complaints Report

Incident Report Date From: 1/1/2011 To: 8/31/2011 View Report

Plan:

1 of 1 Whole Page Find | Next Select a format Export

Report Created: 8/11/2011

Period: January, 2011 through August, 2011	**Jan 11**	**Feb 11**	**Mar 11**	**Apr 11**	**May 11**	**Jun 11**	**Jul 11**	**Aug 11**	**Total**
Total Transports	94,078	88,741	106,414	97,511	98,333	102,683	93,230	105,917	786,907
Total Transport Complaints	39	15	16	17	25	38	18	7	175
Complaints to Transports	0.04%	0.02%	0.02%	0.02%	0.03%	0.04%	0.02%	0.01%	0.02%
Total Calls	18,531	13,953	15,990	15,045	15,154	14,064	10,474	4,403	107,614
Total Call Complaints	4	1	1	0	2	2	5	0	15
Complaints to Calls	0.02%	0.01%	0.01%	0.00%	0.01%	0.01%	0.05%	0.00%	0.01%
Complaints Resolved within 5 Business Days	30	4	10	10	24	35	19	7	139
Complaints Deemed to be Invalid	30	19	21	21	29	20	27	11	178

3.9.3 Appeals

In the event we must deny a request (in whole or part), we will send the recipient a Notice of Decision explaining the reason for the denial and the recipient's right to appeal. If a party is unhappy with the results of the complaint investigation, they will be educated on their rights to file a grievance appeal and fair hearing procedures. We have provided the following flowchart to illustrate this process. We will comply with all State and Division requirements for appeals including 3.9.3.1-3 below:

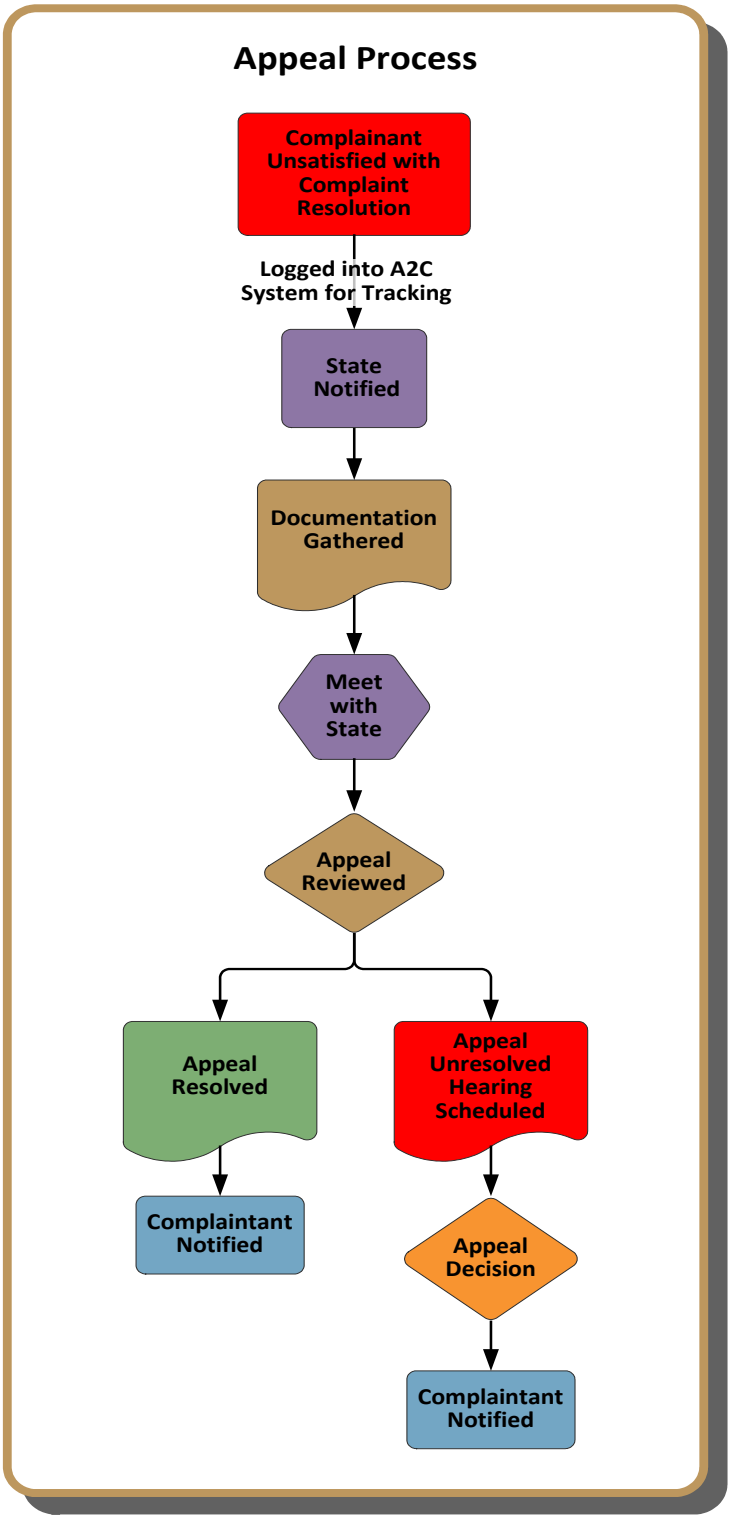


Figure 6: Appeal Process

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.***

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).

Access2Care will cooperate and participate in fair hearings as identified in the RFP and by state regulations.

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.

Access2Care will notify providers of their rights to fair hearings according to state and federal regulations.

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.

Access2Care will not discriminate against or mistreat recipients who exercise their right to register a grievance or an appeal.

3.10 INFORMATION SYSTEMS AND TECHNICAL REQUIRMENTS

3.10.1 Establish and maintain a transportation database

Our proprietary software solution facilitates call intake, eligibility verification, scheduling, and assigning transportation requests for eligible Medicaid recipients and integrates with our Syntellect Customer Interaction Management (CIM), Interactive Voice Response (IVR) and call distribution systems. We designed the A2C system to facilitate appropriate mode assignment, single and recurring trip scheduling, and trip assignment via our secure online web portal for single or standing order trips. We are able to collect data from all points of the SAR process and provider activity, providing the Division with key utilization and program performance information.

Automated Phone System

Our telephony solution, Syntellect, is a robust system that allows for a high number of simultaneous requests for service. Syntellect is a completely interactive management system that provides the most comprehensive set of tools in the industry integrating voice, IVR, e-mail, Web interactions, fax, and agent tasks. These systems work in concert with our Web-based trip assignment A2C system. The system also accepts telephonic or fax requests for transportation and allows for requests made up to six months (or any period required by the Division) in advance. The Syntellect system provides a robust voice mail system that logs the times of received and retrieved messages. The log includes caller phone number and details of the voice mail message. Call documentation includes the voice mail received/retrieved date. The call log also includes the time and date of the initial voice mail and when a return call was made, along with action taken. The integrated management information system (MIS) tool provides real-time phone system data reporting, and reporting for a longer period of time as specified by the report writer. We will use our Syntellect system to record and aggregate critical performance and quality-related call information on an hourly, daily, weekly, and monthly basis for the full call center, different queues, and for individual CSRs.

In order to reduce call processing time and increase customer satisfaction, the IVR System allows for key punch entering of information (i.e., Medicaid number or other) to populate the call intake screen prior to interaction with the CSR. The Syntellect system passes pertinent information about the incoming call to the A2C system, which allows the CSR to automatically receive relative recipient and transport information. The IVR component of the Syntellect solution captures the Medicaid number, but the CSR will capture the number if the IVR system is bypassed through the "opt out" prompt. The Syntellect ACD system is fully capable of capturing all of the data required by this contract.

Automated Reservation, Scheduling, and Routing System

We designed and built the A2C software system specifically for medical transportation program management. The system integrates call intake, Medicaid eligibility verification, the recipient's level of mobility/functional independence screening, cost-effective trip assignment, and quality

assurance functions into a single, Windows-based system. The A2C system design is based on web architecture, so scalability is only tied to the hardware and communication infrastructure. The system assigns public transit first where available, calculates mileage determination, identifies the county of origin, and provides significant system redundancy. To achieve cost efficiencies, the system automatically identifies public transit resources (where applicable) as the first option in mode assignment. The system uses a web-based mileage calculator to determine point-to-point distance for the transportation provider or personal mileage reimbursement.

Access2Care will establish and maintain a HIPAA compliant computer database sufficient to meet the needs of the transportation program. We will 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.***

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.

Access2Care exceeds the above core requirements for a transportation database and provides comprehensive data collection in the A2C system.

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.

Access2Care exceeds the above core requirements for a computerized trip log. The table below indicates where specific trip data is recorded in the system:

Trip Data	Collection Point
Recipient name	Member Information: Intake Screen
Nevada Medicaid ID number	Member Information: Intake Screen
Requester name (if different from recipient's)	Member Information: Intake Screen
Date and time of request	Member Information: Intake Screen
Date and time of medical appointment	Member Information: Intake Screen
Mode of transportation requested/mode authorized	Service Delivery: Intake Screen
Justification of mode authorized	Service Delivery: Intake Screen
Scheduled time of pickup or drop off	Member Information: Intake Screen
Actual time of pickup or drop off	Transportation Provider Trip log
Scheduled companions or escorts	Service Delivery Intake Screen
Pickup location	Pickup Location: Intake Screen
Drop off location	Destination Location: Intake Screen
Referral, approval or denial (w/reason)	Intake Screen
TP number assigned by Contractor	Intake Screen
Date/time of notification to TP	Intake Screen
Trip mileage	Transportation Provider Trip Log
Staff member referring/authorizing/denying request	System Auto-captures
Notes	Each screen provides a notes option
Driver name or ID#	Transportation Provider Trip Log
Drivers Insurance policy name and number	Transportation Provider Trip Log; Transportation provider database

Table 7: Trip Data Collection

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.

We designed and built the A2C software system specifically for medical transportation program management. When developing our trip routing solution we partnered with MapQuest to integrate their software into our system to automatically calculate accurate mileage. The system uses MapQuest's web-based mileage calculator to determine point-to-point distance for the transportation provider or personal mileage reimbursement.

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.

The transportation provider can use the Access2Care Web portal to route their trips to appropriate inspected vehicles. Once the trips are routed by the transportation provider, the provider has the capability of creating a driver log/manifest directly from the A2C system. The driver will use the log/manifest to complete his/her assigned trips. The driver will return the trip logs/manifests to the provider's administrative office at the end of their shift. Drivers must ensure accuracy of a trip's documentation including pick-up times, odometer readings, and recipient (or designee's) signature. All uncompleted trips must have an appropriate reason code. The transportation provider must reconcile the daily trip data and verify the completeness/accuracy before submitting to Access2Care electronically. Access2Care's system is backed up continuously and reports may be generated at any time.

3.10.1.5 The vendor shall be responsible for all programming functions and costs associated with the maintenance of this database.

Access2Care will maintain the database, including programming functions and associated costs.

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.

Access2Care's technology and implementation teams will work closely with DHCFP to creative seamless interfaces with the MMIS system.

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.

To ensure DHCFP's recipients and providers receive exceptional customer service, we have structured our customer service center toward employee success with sufficient training, support, and monitoring. We designed our Call Center Training Program to ensure competency in our employees and high customer satisfaction. Before answering the first phone call, new Access2Care CSRs must complete and pass the CSR Training Program. This program not only includes training for DHCFP requirements and basic telephony and computer functions, but also teaches soft skills such as empathy, communicating with the elderly, articulation, accuracy, and dealing with difficult situations. We also ensure all CSRs receive training on confidentiality, HIPAA compliance, performance standards, contractual obligations, and overall daily operational procedures.

We have proven staffing schematics and system capacity to ensure the automated voice response system answers calls within three rings and that queue time after initial automatic voice responses is three minutes or less. We will ensure we meet or exceed this standard for calls on at least 95% of calls each month.

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.

Access2Care will establish Nevada's Call Center at our Customer Service Center in Idaho. The call center will be open from 8:00 a.m. to 5:00 p.m. (PST), Monday through Friday. We are prepared to provide a sufficient number of toll-free and Voice/TTY telephone numbers for recipients, NET providers, facilities, and other service providers. The toll-free lines will include an IVR system that will prompt callers to various queues to schedule transportation, answer questions or register complaints. The IVR system is designed to create efficiencies within the call intake system by ensuring recipients get to the right person the first time. After regular call center hours, the IVR will provide an option for callers that need hospital discharge or urgent services to reach a live person and allow recipients with standard authorization requests to leave a message.

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.

We are prepared to provide a sufficient number of toll-free and Voice/TTY telephone numbers for recipients, NET providers, facilities, and other service providers. We have proven staffing schematics and system capacity to ensure the automated voice response system answers calls within three rings and that queue time after initial automatic voice responses is three minutes or less.

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.

Access2Care consistently exceeds these standards.

Access2Care will implement a series of quality specific measurements designed to monitor the performance of the call center. The Call Center Manager is responsible for meeting all call center related quality standards detailed in this plan. The Call Center Manager will monitor telephony performance requirements as described below.

Call Center Performance Requirements		
Call Center Item	**Quality Measure**	**Standard**
Unanswered (UA) calls	number of UA calls	0 – *all calls are answered*
Call-Answering Responsiveness	number of rings before (IVR) answers	3 rings
Call Hold Times	Hold time while CSR locates the required information.	2 minutes or less
Call Abandonment Rate	Number of customers that hang up before a call is answered by a CSR	<7%

Table 8: Call Center Performance Requirements

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.

Our Syntellect ACD system assists Access2Care in monitoring call center performance by providing automated and on-demand reports on call center responsiveness. We continuously monitor the following Key Performance Indicators (KPIs):

- ***Number of CSRs logged in to the system***
- ***Number of calls received***
- ***Number of calls answered (answer 95% of incoming calls each month < two minutes)***
- ***Number of calls abandoned***
- ***Percentage of calls abandoned(< 7 % per month)***
- ***Average time call abandoned***
- ***Average talk time of answered calls***
- ***Average time in queue***

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.

Access2Care has been successfully operating high-quality customer service centers for over 10 years. Our Idaho Customer Service Center recently received URAC Core Standards accreditation which verifies our commitment to best practices in operational procedures and quality assurance. By establishing the Nevada Call Center at our Boise location, we will leverage the operational expertise in our Idaho Center to benefit the Nevada program. We are able to quickly establish telephone and staffing capabilities by utilizing existing systems and veteran staff to quickly prepare for the readiness review.

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.

Access2Care's call-center staff reviews data collected on a daily basis to measure call-center performance. We monitor daily metrics to evaluate performance and contract compliance, identify training opportunities, bandwidth issues, and/or the need for staffing adjustments. Our quality-assurance staff takes a longer-term view of the data, looking for trends that indicate potential issues. QA staff will look at weekly, monthly, and quarterly data to identify an abandonment rate, that while within contractual requirements, may be increasing over time. QA staff will then meet with the appropriate management staff to isolate the issue and to take proactive steps to avoid the problem. We will maintain adequate staffing to perform all aspects of this contract, and will document compliance in this area upon DHCFP request. Our technology team will arrange for DHCFP to monitor calls on a random basis.

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.

Access2Care has a strong reputation ensuring recipients receive the lowest cost and most appropriate form of transportation. We are concerned that the health and safety of recipients is protected through the assignment of the most appropriate mode of transportation.

Section 4: COMPANY BACKGROUND AND REFERENCES

4.1 VENDOR INFORMATION

Vendors must provide a company profile in the table format below.

Question	Response
Company name:	*Access2Care, LLC*
Ownership (sole proprietor, partnership, etc.):	*Limited Liability Company*
State of incorporation:	*St. Louis*
Date of incorporation:	*2006*
# of years in business:	*5*
List of top officers:	*Steven G. Murphy, President* *William Sanger, CEO*
Location of company headquarters:	*6200 S. Syracuse Way Ste. 200* *Greenwood Village, CO 80111*
Location(s) of the company offices:	*Texas Office: 7509 S Freeway, Houston, TX 77021* *Idaho Office: 660 Franklin, Meridian, Idaho* *Colorado office: 6200 S Syracuse Way, Denver, CO 80111* *Nebraska office: 210. South 77th, Omaha, NE 68114* *South Carolina Office: 103. Trade Zone Dr, Columbia SC 29170*
Location(s) of the office that will provide the services described in this RFP:	*660 Franklin, Meridian, Idaho, Call Center Services* *1200 S. Martin Luther King Boulevard Las Vegas Nevada,*

Question	Response
	Business Office
Number of employees locally with the expertise to support the requirements identified in this RFP:	***Boise, Idaho - 17*** ***Las Vegas - 4*** ***Denver - 15***
Number of employees nationally with the expertise to support the requirements in this RFP:	***180***
Location(s) from which employees will be assigned for this project:	***Las Vegas – 4*** ***Idaho- 24*** ***Denver - 4***

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.

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.

Access2Care has registered and is licensed to do business in the State of Nevada. We have provided a copy of this certification in Attachment D.

Question	Response
Nevada Business License Number:	***NV20111711044***
Legal Entity Name:	***Access2Care, LLC***

Is "Legal Entity Name" the same name as vendor is doing business as?

Yes	***X***	No	

If "No", provide explanation.

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.

Has the vendor ever been engaged under contract by any State of Nevada agency?

Yes		No	X

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.

Question	**Response**
Name of State agency:	
State agency contact name:	
Dates when services were performed:	
Type of duties performed:	
Total dollar value of the contract:	

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	X

If "Yes", please explain when the employee is planning to render services, while on annual leave, compensatory time, or on their own time?

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.

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	X

If "Yes", please provide the following information. Table can be duplicated for each issue being identified.

Question	**Response**	
Date of alleged contract failure or breach:		
Parties involved:		
Description of the contract failure, contract breach, litigation, or investigation, including the products or services involved:		
Amount in controversy:		
Resolution or current status of the dispute:		
If the matter has resulted in a court case:	Court	Case Number
Status of the litigation:		

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.

History and Structure

Access2Care, LLC, founded in 2006 by experts in non-emergency transportation management is a wholly owned subsidiary of AMR and Emergency Medical Services Corporation (EMSC). The EMSC group of companies includes Access2Care, AMR and EmCare. EMSC, through its operating subsidiaries and their respective predecessor companies has provided continuous services for more than 100 years. Our ongoing and unprecedented success in the industries in which we work rests in our ability to continually fine-tune and upgrade our services to meet the evolving needs of our customers.

Access2Care has a wide breadth of successful experience in non-emergency transportation contract management. Nevada will benefit from the proven experience, processes, procedures, technology, and professional staff that we engage in every NET program. We have emerged as a national leader in medical transportation management due to our application of sophisticated technology, professional customer service center management, and an uncompromising commitment to quality. We currently provide transportation management services for over 2.6 million trips each year, serving over 8.1 million lives in 23 geographically and demographically diverse states. These services include contracts with state and local governments and managed care organizations.

Complementing our transportation management expertise, Access2Care represents the most experienced customer service center manager of any qualified bidder, managing customer service centers throughout the United States. Our Idaho Customer Service Center recently received URAC Core Standards accreditation which verifies our commitment to best practices in operational procedures and quality assurance. By establishing the Nevada Call Center at our Boise location, we will leverage the operational expertise in our Idaho Center to benefit the Nevada program. We are able to quickly establish telephone and staffing capabilities by utilizing existing systems and veteran staff to quickly prepare for the readiness review.

Strong, Capable Partner

Our unmatched organizational and financial strength allows us to provide the resources to ensure long-term program success and continuity, make the necessary investments in personnel and technology, and handle any future program expansion. Transitioning a Medicaid transportation management contract requires sizable working capital due to the initial investment required for startup prior to the broker receiving payment. As a privately-held company, we have the flexibility to assign capital where needed at start-up and throughout the life of the contract, including making investments in call center facilities, computer equipment, office automation, hiring and training of staff, and general support of the NEMT program during the interim between implementation and the state's payment cycle.

Access2Care Key Capabilities

Access2Care's Dedication to Quality

Our quality processes in our call center in conjunction with our claims and utilization analyses provides superior fraud prevention. Our own operational assessments ensure continuous improvement of our processes and procedures. Nationally, Access2Care maintains a complaint rate of less than one-half of a percent. Our credentialing program includes 100% vehicle inspections as well as stringent driver requirements to ensure recipient safety and comfort. Random audits are conducted on all claims submitted by recipients, 100% of all personal mileage claims are audited for appropriate miles, eligibility and medical attendance. Annual audits are conducted on the programs to ensure that the contract requirements are meet.

As a demonstration of our commitment to quality, we recently received Core Standards accreditation from URAC (Utilization Review Accreditation Commission). The URAC Accreditation process assessed Access2Care's organizational and administrative policies to ensure we meet established national standards and promote continuous quality improvement. The Core Standards accreditation addresses several critical areas of basic structure and process, including organizational structure, personnel management, quality improvement, oversight of delegated responsibilities, and consumer protection.

Ability to Implement Medicaid Rules and Regulations

A continuing strength of Access2Care is our ability to learn, apply, and comply with the rules and regulations of our state Medicaid recipients. Our executive leadership remains current on Medicaid regulations and trends. Our staff has extensive expertise in managing the interface of our client's MMIS, as well as programming our software's rules-based engine to uphold specific state policies.

Access to Key Utilization Data and Reports

We designed the A2C system to collect, store, retrieve, and aggregate program data to provide necessary internal and external reports. Our system provides program data including management reports, utilization data, and other program reporting, and can provide a secure file exchange protocol. Our system can be configured to conduct daily, weekly, monthly, and quarterly reviews of the various data to evaluate the program's overall success and contract compliance. In addition, the Web Based Client reporting component of the A2C system provides the utilization and service data needed to assess the performance of the NET program and the transportation providers. Agency staff may generate reports from their computers at their convenience.

Automated Systems to Support Coordination and Administration

Our state-of-the-art Syntellect call distribution system and the A2C system allow our agents to focus on providing excellent customer service. The Integrated IVR System allows for the entering of information such as Medicaid recipient identification number or other number into the call intake screen prior to the interaction with the CSR, thus reducing the call processing

time. Our recipient-friendly systems reduce the number of steps needed to complete a trip request, and hold recipient data in queue if more information is needed to complete the request.

Access2Care designed, built, and implemented our software system specifically for non-emergency transportation program management. We currently use the A2C system for 30 contracts, scheduling an estimated 2.6 million trips per year. The system's seven components provide comprehensive non-emergency transportation management support. The A2C system's components include:

- *Call Intake/Transportation Management System*
- *Web based NET Provider Assignment*
- *Trip Verification System*
- *Complaint Management System*
- *Web Based beneficiary Reporting*
- *Information Web site*
- *Contract Management*
- *Medical Provider Portal*

The Access2Care system provides a quick, simple process for callers. The highly-configurable system contains a rules-based engine and contract management system programmed with the Agency's program protocol and covered services. The contract management system defines the specific reasons a trip can be authorized while the business rules engine manages exceptions or special protocols and assigns the most appropriate mode of transportation. Access2Care's system automatically tracks and archives every transportation request, and stores the information gathered during each call or portal visit for easy reference during subsequent requests.

Recruitment and Management of Transportation Providers

Access2Care contracts with over 600 transportation providers across our national service area delivering over 2.6 million trips each year. We believe this success is a direct result of the relationships we've built with our transportation providers. Building upon a foundation of mutual trust we continually collaborate with the transportation providers to make certain we are maintaining fair and equitable contracting practices within the transportation provider community.

Access2Care has successfully recruited and credentialed entire transportation networks, within implementation timeframes, in states introducing a new NET program. Utilizing only local transportation resources (identified via Internet searches, media ads and input from medical

facilities) we contact providers and educate them about our company and requirements for inclusion in our network. Interested transportation providers provide detailed information about their operations, including business licenses, equipment and driver records (including background checks). We also visually inspect 100% of their vehicles to ensure compliance and safety. A review of each transportation provider's drivers, vehicles and business processes is conducted annually. In addition to our fair assessment and contracting practices, we have also developed automated tools that have improved our transportation provider's satisfaction. Through provider feedback we have learned our providers appreciate working with us not only because of our supportive staff, but our efficient tools and processes.

Access2Care views the reimbursement of our transportation providers as important as our internal payroll. We provide timely payment to each network transportation provider based on the authorized services rendered. It is important to note, our financial strength also gives us the ability maintain timely payments, regardless of when we receive our monthly payment from the state. Currently Access2Care's maximum time frame for processing claims or final adjudication is 99% in 21 days.

Length of time vendor has been providing services described in this RFP to the public and/or private sector. Please provide a brief description.

Access2Care has been providing NET services since 2006 to the public and private sector. The contract summaries below represent Access2Care customers with scope and objectives similar to those of the State of Nevada – to increase access to healthcare services in a safe, reliable, cost-efficient manner.

Name of Organization	Contract Description	Member-ship	Annual Call Volume	Annual Trip Volume	Geographic Area of Contract	Contract Start Date
State of Texas	NEMT Network development and reimbursement	1.2 million	500,000 calls	880,000 trips	Region 16 – Houston and surrounding counties Region 15 – Beaumont Region 1 – Amarillo Region 18 – San Antonio and surrounding areas	5/2006- Present
State of Idaho	NEMT Brokerage for Medicaid recipients throughout the entire State covering seven regions	223,241	1,260, 000	1,080,000	Entire State of Idaho	4/2010-Present
State of Nebraska	Non-Emergency Transportation Administrative Services	220,000	154,800	600,000 Projected	Entire State of Nebraska	11/2010 – Present
South Carolina	NEMT Brokerage Program for Medicaid	467,012	780,000	1,224,006	Two-thirds of the State	8/2011 - Present

Table 9: Summary of NET Contracts

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.

Per instructions, this information is in the Confidential Financial Proposal.

4.2 SUBCONTRACTOR INFORMATION

Does this proposal include the use of subcontractors? Check the appropriate response in the table below.

Per Amendment 1 to the RFP, this section does not apply to subcontracted transportation providers.

Yes		No	***X***

If "Yes", vendor must:

Identify specific subcontractors and the specific requirements of this RFP for which each proposed subcontractor will perform services.

Access2Care will not utilize subcontractors other than transportation providers.

If any tasks are to be completed by subcontractor(s), vendors must:
Describe the relevant contractual arrangements;
Describe how the work of any subcontractor(s) will be supervised, channels of communication will be maintained and compliance with contract terms assured; and
Describe your previous experience with subcontractor(s).
Vendors must describe the methodology, processes and tools utilized for:
Selecting and qualifying appropriate subcontractors for the project/contract;
Ensuring subcontractor compliance with the overall performance objectives for the project;
Ensuring that subcontractor deliverables meet the quality objectives of the project/contract; and
Providing proof of payment to any subcontractor(s) used for this project/contract, if requested by the State. Proposal should include a plan by which, at the State's request, the State will be notified of such payments.Provide the same information for any proposed subcontractors as requested in Section 4.1, Vendor Information. Business references as specified in Section 4.3, Business References must be provided for any proposed subcontractors. Vendor shall not allow any subcontractor to commence work until all insurance required of the subcontractor is provided to the vendor. 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.

Access2Care will not utilize subcontractors other than transportation providers so these items are not applicable.

4.3 BUSINESS REFERENCES

Vendors should provide a minimum of three (3) business references from similar projects performed for private, state and/or large local government clients within the last three (3) years. Vendors must provide the following information for every business reference provided by the vendor and/or subcontractor:
The "Company Name" must be the name of the proposing vendor or the vendor's proposed subcontractor.

Reference #:	***1***
Company Name:	***State of Idaho, Department of Health and Welfare***
Identify role company will have for this RFP project (check one): ✓ Vendor ☐ Subcontractor	
Project Name:	***Non-Emergency Medical Transportation Management***
Primary Contact Information	
Name:	***Matt Wimmer***
Street Address:	***650 State Street,***
City, State, Zip	***Boise, Idaho, 83702***
Phone, including area code:	***208-364-1989***
Facsimile, including area code:	
Email address:	***WimmerM@dhw.Idaho.gov***
Alternate Contact Information	
Name:	***NA***
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:	***Full Brokerage Model: Establish Call Center, Call intake, Establishing local network of transportation, eligibility screening, appropriate mode assignment, reconciliation of all invoices, payment to transportation providers***
Original Project/Contract Start Date:	***September 2010***
Original Project/Contract End Date:	***2015***
Original Project/Contract Value:	***Estimated at 20 Million***
Final Project/Contract Date:	***n/a***
Was project/contract completed in time originally allotted, and if not, why not?	***Yes***
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	***Yes***

Reference #:	***2***
Company Name:	***United Health Care***
Identify role company will have for this RFP project (check one): ✓ Vendor ☐ Subcontractor	
Project Name:	***MEDICAID NON- EMERGENCY TRANSPORTATION MANAGEMENT***
Primary Contact Information	
Name:	***Lisa Gray***
Street Address:	***26957 Northestern Hwy, Ste 400***
City, State, Zip	***Southfield, MI 48033***
Phone, including area code:	***248-331-4322***
Facsimile, including area code:	
Email address:	***lgray@glhp.com***
Alternate Contact Information	
Name:	
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:	***Full Brokerage Model: Establish Call Center, Call intake, Establishing local network of transportation, eligibility screening, appropriate mode assignment, reconciliation of all invoices, payment to transportation providers***
Original Project/Contract Start Date:	***2006***
Original Project/Contract End Date:	***On going***
Original Project/Contract Value:	***Estimated $2 million***
Final Project/Contract Date:	***n/a***
Was project/contract completed in time originally allotted, and if not, why not?	***yes***
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	***yes***

Reference #:	***3***
Company Name:	***STATE of NEBRASKA, Department of Health and Human Services, Division of Medicaid and Long-Term Care***
Identify role company will have for this RFP project (check one): ✓ Vendor ↑ Subcontractor	
Project Name:	***MEDICAID NON- EMERGENCY TRANSPORTATION MANAGEMENT***
Primary Contact Information	
Name:	***Courtney Miller, Transportation Program Specialist***
Street Address:	***301 Centennial Mall South, 1st Floor***
City, State, Zip	***Lincoln, Nebraska 68505***
Phone, including area code:	***402-471-9530***
Facsimile, including area code:	***Fax: 402.471.9092***
Email address:	***Courtney.miller@nebraska.gov***
Alternate Contact Information	
Name:	
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:	***Administration Brokerage Model: Establish Call Center, Call intake, Establishing local network of transportation, eligibility screening, appropriate mode assignment, reconciliation of all invoices, authorization of payment to transportation providers***
Original Project/Contract Start Date:	***November 2010***
Original Project/Contract End Date:	***December 2015***
Original Project/Contract Value:	***Estimated $3 million***
Final Project/Contract Date:	***n/a***
Was project/contract completed in time originally allotted, and if not, why not?	***Yes***
Was project/contract completed within or under the original budget/ cost proposal, and if not, why not?	***Yes***

Vendors must also submit Attachment G, Reference Questionnaire to the business references that are identified in Section 4.3.2. The company identified as the business references must submit the Reference Questionnaire directly to the Purchasing Division. 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. The State reserves the right to contact and verify any and all references listed regarding the quality and degree of satisfaction for such performance.

Reference questionnaires have been provided to the references noted above and will be directly submitted to the State of Nevada Purchasing Office.

Attachment H Proposed Staff Resumes

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.

PROPOSED STAFF RESUME

A resume must be completed for all proposed contractor staff and proposed subcontractor staff.

COMPANY NAME:	Access2Care		
☒ **Contractor**		☐ **Subcontractor**	
Name:	Mark Baird, BSM (proposed)	☐ Key Personnel	
Classification:	Business Manager	**# of Years in Classification:**	21
Brief Summary: of Experience:			
# of Years with Firm:	This position is a new hire pending the States approval		

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:***	2009-Present Trans Life Ambulance 7742 Gloria Ave, Van Nuys CA (818) 994-7755 **Operations Manager** • Responsible for the day-to-day management of a BLS ambulance service provider, including hiring, training, discipline, unit staffing, call response, contractual compliance. • Responsible for reviewing all PCRs prior to claims being submitted for billing in order to ensure proper documentation by field personnel. • Responsible for all aspects of Human Resources Management.. • Responsible for the development and implementation of a comprehensive implementing Blood Borne Pathogens, HIPAA, and Back Safety training programs to ensure compliance with local, state and federal requirements. • Responsible for ensuring compliance with all local, state and federal statutes, regulations and ordinances relating to Human Resources and personnel management. • Responsible for the implementation of a comprehensive corporate safety, health and risk management program. • Responsible for the development, bidding, and installation of radio system using an all digital radio system and CAD (computer aided dispatch) system. • During tenure, call volume increased by 400% and staffing increased by 200%. • During tenure, maintained a collection rate of over 85% on accounts and an 80%/20% Medicare/Medi-Cal payer mix. .

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:***	2008-2009 FIRSTMED Ambulance Services, Inc. 7451 Lankershim Blvd, North Hollywood (818) 982-8333 North Hollywood, CA **Director of Operations** • Responsible for the daily operations of a BLS/CCT ambulance service provider, including human resources, communications, call response, unit deployment, training, discipline, problem resolution, etc. • In this position, due to my billing expertise, I was able to reduce outstanding accounts by 35%. • Responsible for negotiating and finalizing several transportation provider agreements with insurance companies, IPAs, and hospitals. • Was responsible for preparing and submitting all Medicare appeals for claim denials, and was also the point person involving obtaining Medicare approval for the provision of SCT services. • Responsible for the implementation of a comprehensive corporate safety, health and risk management program.
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:***	2005-2008 General Home Pharmacy 755 Lakefield Rd Ste D, Westlake Village, CA (805) 777-7800 **Account Services / HIPAA Compliance Specialist** • Responsible for Medicare claims, insurance Audits and collections. • Increased revenue from billed insurance claims by 12%. • Decreased audit offsets and resulting revenue adjustments. • Decreased amount of accounts that necessitated write-offs. • Personally responsible for all Medicare claims, insurance audits, and appeals on denied claims.

EDUCATION

Description		***# of Years Experience***
Institution Name: ***City:*** ***State:*** ***Degree/Achievement:*** ***Certifications:***	2011-(Currently Attending) Kaplan University Ft. Lauderdale, FL **Masters in Management with an emphasis in Health Care Management**	

	2006-2010 Kaplan University Ft. Lauderdale, FL **BS Degree in Business Management with an Emphasis in Health Care Administration**	
	1989 Stanford University Medical Center Palo Alto, CA • Mobile Intensive Care Paramedic	

REFERENCES	
Minimum of three (3) required, including name, title, organization, phone number, fax number and email address	Rick Larson Regional Director AMR 619-203-5869 Joe Dolphin President, MedVac Ambulance 760-567-8600 David Molynex LA City Fireman (retired) 818-200-5314

PROPOSED STAFF RESUME

A resume must be completed for all proposed contractor staff and proposed subcontractor staff.

COMPANY NAME:	Access2Care		
☒ **Contractor**		☐ **Subcontractor**	
Name:	Gregg M. Chiasson	☐ Key Personnel	
Classification:	Non-Emergency Transport	**# of Years in Classification:**	33
Brief Summary: of Experience:	In the medical transportation industry for 30 years and has held various management roles with a focus on operations, business development and contracting. Has successfully managed the national contract with Kaiser Permanente and assists with national and multi-regional client development and contracting.		
# of Years with Firm:	14		

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:***	April 2010 to Ongoing Idaho NEMT Matt Swimmer, Manager of Medicaid Services 650 State Street, Boise, ID, 83702 Telephone: (208) 364-1989 Role: Corporate oversight Details: Responsible for ensuring adequate resources available for NEMT program as well as providing administrative oversight.
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 2006 to Ongoing Texas Medicaid Transportation Projects Cecile Young Texas Dept. of Health and Human Services 4900 N. Lamar Blvd., Austin, TX, 78751 Telephone: (512) 487-3407 Role: Corporate oversight Details: Responsible for ensuring adequate resources available for NEMT program. Responsible for overseeing project from contract signing through the operations phase.

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 2000 to Ongoing National NEMT Implementation for Kaiser Permanente Dan Frecks Kaiser Foundation Health Plan 393 East Walnut Street, 2nd Floor, Pasadena, CA, 91188 Telephone: (626)405-5695 Role: Responsible for ensuring adequate resources available for Kaiser program as well as provide administrative oversight. Responsible for overseeing project from contract signing through the operations phase. Details: Selected to operate Kaiser's nationwide NEMT program due to the quality of services already provided to Kaiser as well as AMR's vision of how the program could be integrated with technology and quality in mind.

EDUCATION

	Description	***# of Years Experience***
Institution Name:	University of LaVerne	30
City:	LaVerne	
State:	California	
Degree/Achievement:	Bachelors Degree Program in Health Care Management	
Certifications:		

REFERENCES

Minimum of three (3) required, including name, title, organization, phone number, fax number and email address	Matt Swimmer, Manager of Medicaid Services 650 State Street, Boise, ID, 83702 Telephone: (208) 364-1989 Cecile Young Texas Dept. of Health and Human Services 4900 N. Lamar Blvd., Austin, TX, 78751 Telephone: (512) 487-3407 Dan Frecks Kaiser Foundation Health Plan 393 East Walnut Street, 2nd Floor, Pasadena, CA, 91188 Telephone: (626) 405-5695

PROPOSED STAFF RESUME

A resume must be completed for all proposed contractor staff and proposed subcontractor staff.

COMPANY NAME:	Access2Care		
☒ **Contractor**		☐ **Subcontractor**	
Name:	Rene Bonnett		☐ Key Personnel
Classification:	Director Call Center	**# of Years in Classification:**	
Brief Summary: of Experience:	Ms. Bonnett's successful career has spanned 15 years as an effective leader in the call center and technical services environments. Educated and seasoned in a wide area of Customer Service and Project management practices will allow her to successfully manage programs that will ensure quality in all matters of this project. Ms. Bonnett is currently working as the call center manager for the Idaho NEMT program. Ms. Bonnett has also provided training and support to the new Nebraska NEMT program. Ms. Bonnett's call center in Idaho is the first in AMR to be URAC accredited. Ms. Bonnett recently played a pivotal role in the successful implementation of full brokerage nonemergency Medicaid transportation program for the State of Idaho. Her dedication to understanding the entire scope of this project and thorough training of staff led to AMR meeting all state-imposed time constraints. Ms. Bonnett also has an extensive background in Information Technology, Health Care and Training. The Idaho implementation consisted of protocol development, call center readiness, network development, documenting operational policies and procedures and conducting bi-weekly client/customer meetings. Ms. Bonnett's call center in Idaho from inception has met and exceeded all service levels and quality standards. Ms. Bonnett holds multiple certifications in Information Technology including CCNA and MCITP. Ms. Bonnett is currently completing her Masters Certificate in Project Management.		
# of Years with Firm:	1.5		

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:***	**Project One: Idaho NEMT** **Start Date:** June 2010/ End Date: Ongoing **Description:** Responsible for overseeing Implementation and Call Center Management of the Idaho NEMT program. Implementation consisted of work plan development and management, overseeing call center readiness and network development, documenting operational policies and procedures and conducting bi-weekly client/customer meetings. Staff oversight, provider network development, case management. Planning, contract management, performance and compliance monitoring, and maintaining a good working relationship with state of Idaho. **Role:** Call Center Manager **Relevance to Nevada FRB Project:** Business Manager
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:***	**Project Two : Nebraska NEMT** **Start Date: July** March - Ongoing **Description:** Management Support and Training **Role:** Implementation consisted of work plan development and management, overseeing call center readiness. Provide call center staff training and readiness testing for the state. Developed and trained the call center manager for this project. Provided oversight and input on the policies and procedures for the Operation. **Relevance to Nevada FRB Project:** Will provide continuous oversight and guidance to Implementation Team. Communicate to IT staff the needs for the project.
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:***	**Woodgrain Millwork INC** **Start Date: July** 2007, End Date: June 2010 **Description:** Technical Services Manager, Information Technology **Role:** Staff oversight, Planning, project management, performance and compliance monitoring, and Present to the executive team IT current/actual budget, present IT direction and recommendations for future IT project to Board of Directors. Create/present budget recommendations to the executive team annually. **Relevance to Nevada FRB Project:** Will provide continuous oversight and guidance to Implementation Team. Communicate to IT staff the needs for the project.

EDUCATION		
Description		***# of Years Experience***
Institution Name: ***City:*** ***State:*** ***Degree/Achievement:*** ***Certifications:***	CCNA – Certificate in Cisco	
	MCITP	
	Villanova – Current – Masters Certificate Project Management	
	URAC- Received 100% on Core Accreditation	

REFERENCES	
Minimum of three (3) required, including name, title, organization, phone number, fax number and email address	Name: Rem Fox Address: 1201 W Karcher Rd. Nampa, Id Telephone: 425-315-2617 Name: Matt Wimmer – Director – Idaho Department of Health and Welfare, Medicaid Division Address: 650 State Street, Boise, Idaho, 83702 Telephone: (208) 364-1989 Name: Jim Work Address: 210 S. 77th St. Telephone: 402-972-4002

PROPOSED STAFF RESUME

A resume must be completed for all proposed contractor staff and proposed subcontractor staff.

COMPANY NAME:	Access2Care		
☒ **Contractor**		☐ **Subcontractor**	
Name:	Richard Eberle	☐Key Personnel	
Classification:	Non-Emergency Transport	**# of Years in Classification:**	9.75
Brief Summary: of Experience:	Experience spans many states working with many companies to develop and maintain smart Medicaid transportation programs that reduce cost to the state as they provide more transportation service to the Medicaid population. Has led new start-up programs and developed them into highly successful, long-term operations serving the Medicaid participant.		
# of Years with Firm:	2.25		

RELEVANT PROFESSIONAL EXPERIENCE	
Required Information:	**Idaho NEMT**
MMYYYY to Present:	July 2010 to (Ongoing)
Vendor Name:	Idaho Health and Welfare
Client Name:	(same)
Client Contact Name:	Matt Wimmer, Bureau Chief, Medical Care
Client Address, Phone Number, Email:	650 State Street, Boise, Idaho, 83702, (208)364-1989, wimmerm@dhw.idaho.gov
Role in Contract/Project:	Idaho Project and Client Services Director
Details and Duration of Contract/Project:	Responsible for overseeing the Implementation Phase and operation of the Idaho NEMT program. This position is responsible for the entire Idaho NEMT operations of brokerage services and related contracts and the contact for brokerage center services for the Idaho Health and Welfare.

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:***	**MSAA/USDOT Intelligent Transportation Systems Research Initiative** September 2009 to July 2010 Lower Savannah Council of Governments (same) Lynda Bassham 2748 Wagener Road, Aiken, SC, 29081, (803)649-7981, lbassham@lscog.org Project Director Oversee project development and implementation, staff oversight, provider network development and relations, public relations and marketing associated with the Lower Savannah COG's Travel Management and Coordination Center (TMCC). Planning and oversight of the agency's 2 transit systems which includes working on project startup, contract management, performance and compliance monitoring, and maintaining a good working relationship with state and federal funding partners.
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:***	**State of Georgia Non-Emergency Medical Transportation** December 2008 to September 2009 **Georgia Medical Transportation** (same) Joseph Hale 3755 Harrison Rd, Lawrenceville, GA, 30052, **(**770)761-2322, jhale@gamedtransport.com Transportation Consultant Provided consultant services to medical transportation company that provided an average 14,000 trips per month in a 6 county area east of Atlanta, GA.

EDUCATION

	Description	***# of Years Experience***
Institution Name:	(no college)	
City:		
State:		
Degree/Achievement:		
Certifications:		

REFERENCES	
Minimum of three (3) required, including name, title, organization, phone number, fax number and email address	Moreland Adams – Chief Operations Officer Southeast Trans **(**678) 510-4600 / (f) (678) 510-1351 madams@southeastrans.com Robert Harrison – Corporate Operations Director LogistiCare **(**770) 907-7596 / (f) (770)907-7598 roberth@logisticare.com Joseph Hale – Owner Georgia Medical Transportation **(**770)761-2322 / (f) (770)761-7661 jhale@gamedtransport.com

PROPOSED STAFF RESUME

A resume must be completed for all proposed contractor staff and proposed subcontractor staff.

COMPANY NAME:	Access2Care		
☒ **Contractor**		☐ **Subcontractor**	
Name:	Namon J. Huddleston, Jr.	☐ Key Personnel	
Classification:	Non-Emergency Transport	**# of Years in Classification:**	21
Brief Summary: of Experience:	More than 16 years in the emergency medical services and managed care environments. Expertise to manage programs and ensure project quality. Implementation lead for NEMT projects in Idaho, Nebraska and South Carolina. Call center manager in New Orleans and manager of quality and training for the Access2Care call center in Wisconsin. Has provided consulting services to the Copenhagen Fire Brigade in Copenhagen, Denmark, and assisted the department in becoming the first internationally accredited fire brigade.		
# of Years with Firm:	15		

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:***	April 2010 to Ongoing Idaho NEMT Matt Swimmer, Manager of Medicaid Services 650 State Street, Boise, ID, 83702 Telephone: (208) 364-1989 Role: Implementation, Quality Assurance, Compliance Manager Details: Responsible for overseeing the implementation of the Idaho NEMT program, which included overseeing call center readiness, network development, and documenting operational policies and procedures.
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:***	August 2008 to April 2009 HealthSpring NEMT National Health Plan Beckie Croes 9009 Carothers Pkwy, Franklin, TN, 37067 Telephone: (832)553-3378 Role: Oversight of implementation phase of multi-state NEMT program for HealthSpring, one of the nation's largest Medicare Advantage programs. Details: Health care plan protocol development, documenting operational policies and procedures.

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 2000 to May 2002 Kaiser Permanente NEMT Colorado Health Plan Dr. Jay Goldman 800 Harrison Street, Oakland, CA Telephone: (510)625-2890 Role: Responsible for all call center training and quality assurance programs and processes. Details: New-hire training and continuing education programs held for all employees. This particular call center was awarded accreditation as a Center of Excellence by the National Academy of Emergency Medical Dispatch.

EDUCATION

Description		***16 Years Experience***
Institution Name:	University of Phoenix	
City:	Chicago	
State:	Illinois	
Degree/Achievement:	Master of Management	
Certifications:	none	

REFERENCES

Minimum of three (3) required, including name, title, organization, phone number, fax number and email address	Mr. Matt Swimmer, Idaho Manager of Medicaid Services TFN: (208) 364-1989 Fax: 208.364.1989 Email: wimmerm@dhw.idaho.gov Beckie Croes, VP Operations Health Springs Insurance TFN: 832.553.3378 Fax: Email: beckie.croes@healthspring.com Mrs. Courtney Miller, Nebraska Department of Health and Human Services Transportation Program Specialist TFN: 402.471.9530 Fax: 402.471.9092 Email: Courtney.miller@nebraska.gov

PROPOSED STAFF RESUME

A resume must be completed for all proposed contractor staff and proposed subcontractor staff.

COMPANY NAME:	Access2Care
X Contractor	☐ **Subcontractor**

Name:	Tish de la Bretonne	☐ Key**Personnel**	
Classification:	Quality Manager	**# of Years in Classification:**	1.5
Brief Summary: of Experience:	Extensive background in quality management and performance/process improvement. Proven skills in project management, workforce leadership, and curriculum design and development. Recently served as project coordinator for successful URAC Healthcare Accreditation (Core-Version 3.0).		
# of Years with Firm:	1.5		

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:***	June 2010 – Present American Medical Response / Access2Care Idaho Department of Health and Welfare Matt Wimmer, Bureau Chief 3232 W. Elder Street, Boise, ID 83720, 208-364-1989 wimmerm@dhw.idaho.gov Quality Manager Quality and Process Improvement for Idaho Medicaid Non-emergency Medical Transportation (NEMT) program.
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:***	February 2008 – April 2010 WDS Clients included Google, HTC, Vodafone, Verizon Wireless, T-Mobile, Tesco, MoneyLink Brad Stenhjem, Head of Operations, U.S. 456 N. Kimball Ave., Boise, ID 83704 425-307-3000 brad.stenhjem@wds.co Quality and Project Manager for global organization providing technical services to wireless carriers.
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:***	April 1999 – July 2006 DIRECTV DIRECTV Deb Wiest, Director of Performance Consulting 5800 N. Meeker St., Boise, ID 83713 208-363-6000 Instructional Designer and Project Manager for national satellite entertainment provider

EDUCATION		
Description		***# of Years Experience***
Institution Name:	University of Phoenix	
City:	Boise	
State:	ID	
Degree/Achievement:	Associate's Degree	
Certifications:		

REFERENCES	
Minimum of three (3) required, including name, title, organization, phone number, fax number and email address	Brad Stenhjem Head of Operations, U.S. WDS 206-852-6094 Mobile 425-307-3001 Fax brad.stenhjem@wds.co Kevin Hill Owner Kevin H ill Copy 208-891-6220 Mobile 208-639-2408 Fax kevin@kevinhillcopy.com Carmen Ver Steeg Administrative Sergeant City of Richland 871 George Washington Way Richland, WA 99352 509-942-7545 Office 509-942-7517 Fax cversteeg@ci.richland.wa.us

Other Informational Material

Attachment A: Sample Communication Material

Attachment B: Draft Nevada Service Agreement

Attachment C: Reporting Sample

Attachment D: Nevada Registration Certificate

Attachment E: Sample Implementation Plan