Corporate Procedure

Subject:	Credentialing: Provider Audit and Vehicle Inspection	**Procedure No:**	100.012
Authorized By:	Director, Provider Network	**Date:**	9/6/2013
Department:	Network Management	**Last Revised:**	5/1/2014
Applicability:	Network Management		

PURPOSE:
To ensure each transportation provider is fully audited by the Provider Network staff annually to confirm full compliance with all of MTM's contractual requirements and other obligations.

POLICY:
Policy 100 – Provider Contracting

RESPONSIBILITY

A. Transportation provider audit (via on-site or desk-top) and vehicle inspections forms are completed annually to conduct a full review of all credentialing items submitted by the transportation provider.
B. When a Transportation Provider Audit (on-site) is preformed, the Provider Network staff will set up a meeting at the provider's facility to review the credentialing items. Both parties (MTM and the transportation provider) review and agree to the results/terms/conditions of the audit form and both parties are required to sign/date the form.
C. Provider Network staff will perform a vehicle Inspection on every vehicle providing (or will be providing) service for MTM. Transportation providers are required to provide a copy of a valid vehicle license registration for each vehicle they intend to utilize while providing services to MTM.
D. Once considered satisfactory/approved (based on contractual requirements) by the Provider Network staff, the vehicle Inspection will be retained within the Credentialing application website. Both the vehicle Inspection and vehicle registration must be in an approved status prior to vehicle being utilized and/or approved.

E. Transportation providers are required to submit renewed documentation for all renewable items prior to their individual expiration dates on the Credentialing application website.
F. Transportation providers cannot use a vehicle which has not been approved or has reached the expiration date on its registration and/or approval by MTM.
G. When a Transportation Provider Audit is performed by a (desk top audit), Provider Network staff will review the credentialing items (Appendix B) on the Credentialing application website. If fully compliant, the Provider Network staff will sign/date the form.
H. If there are discrepancies, the transportation provider will receive the audit form to review and correct. Once all discrepancies have been corrected, the transportation provider will notify the Provider Network staff and an additional desktop audit or an on-site audit will be performed for final review to ensure the corrections have been made.
I. A final copy of the audit form (once fully approved) is placed on the Credentialing application website.
J. The process repeats annually unless a serious concern would require the Provider Network staff to perform an ad-hoc audit immediately to satisfy the concern of the health plan.

NOTE: MTM will verify all documentation before approving transportation providers, drivers and vehicles

This procedure is reviewed by the appropriate department manager on an annual basis for appropriateness and effectiveness.

APPROVED BY:

_____ _____

Director, Provider Network Date

Vehicle Inspection Sheet

Inspection Date:		State/Regulatory Authority Inspection Date:	
Transportation Provider:		State/Regulatory Authority #:	
Year/Make/Model:		Vehicle Color:	
VIN:		Capacity:	
License Plate #:		W/C Lift Type:	
License Expiration Date:		Lift Location:	
Fleet #:		Odometer:	

Exterior Safety	Approved	Service Notes
Horn		
2 Exterior Rearview Mirrors		
Brake Lights		
Headlights		
Hazard Lights		
Reverse Lights		
Turn Signals		
Parking Brake		
Tire Condition		
Spare Tire & Jack		
Windshield Condition		
Wipers Operational		

Interior Safety Equipment	Approved	Service Notes
Seat Belts		
Seat Belt Extensions		
Seat Belt Cutter		
Step Stool (if applicable)		
Operable Speedometer/Odometer		
Blood Borne Pathogen Kit		
First Aid Kit		
Mounted Fire Extinguisher		
3 Emergency Triangle Reflectors		
Interior Lights		
Interior Rear View Mirror		
Upholstery Condition		
Clean Interior		
Operable Windows		
Operable AC / Heat / Ventilation		
Extra Electrical Fuses		
Operable Flashlight		
Ice Scraper (if applicable)		

Communication	Approved	Service Notes
2 Way Radio or Cellular Phone		

Information Package	Approved	Service Notes
Current Vehicle Registration		
Valid Insurance ID Card		
Incident /Accident Forms		
Maps or GPS Applications		

Signs	Approved	Service Notes
Exterior Company Placard (both sides)		
Interior Company Placard / MTM Contact Info		
"No Smoking / Eating / Drinking"		
"All Passengers Must Wear Seatbelts"		

Structural	Approved	Service Notes
Wall Panel / Headliner		
Vehicle Body Integrity		
Operational Doors		

Wheel Chair Vehicle	Approved	Service Notes
Operable Wheelchair Lift/Ramp		
Hand Rails		
Lift Controls Inside Vehicle & Secure		
Shoulder Restraint		
Lap Belt		
4 Floor Straps - Forward Facing Position		
Lift/Ramp Lock		
Parking Brake & Engine Interlock System		
Metal / Mesh / Non-skid Plate		
Emergency Manual Lift		
Lift Reflector Tape		

Stretcher	Approved	Service Notes
Mattress: non-porous fabric, at least 3" thick		
Restraining straps (chest, hip & knee)		
Restraint for upper torso		
Straps have metal-to-metal quick-release		
Clean Linen, Blankets, Pillows		
Exit / Entry Area Clear		
Oxygen Tank Retention System		
Waterless Antiseptic Hand Wash		
Disinfection Supplies / Soiled Linen Bag		
Stretcher Anchorages, Center Mounting		

Comments:

Inspection Result:

Inspection Sticker Applied:

Next Inspection Date:

Inspector Signature

MEDICAL TRANSPORTATION MANAGEMENT, INC.
Site Visit Worksheet

REASON FOR VISIT

Initial Credentialing ☐

Annual / Re-credentialing ☐

Vendor Relations ☐

Special Visit / Follow Up ☐

No Show ☐

Cancellation By Vendor Less Than 24 Hours From Appointment Time ☐

Pre-Visit Checklist

_____ 1) Schedule appointment with Vendor.

_____ 2) Obtain Driver and Vehicle Listings

_____ 3) Review data from previous visit(s) for follow up.

_____ 4) Review Vendor Report Card information

Post-Visit Checklist

_____ 1) Driver List has been updated and signed by Vendor.

_____ 2) Copies of background checks have been obtained as needed.

_____ 3) Vehicle List has been updated and signed by Vendor.

_____ 4) Report Card has been reviewed with Vendor.

AS400 Code _____

Vendor Name: _____ Date of Visit: _____

Address: _____ Number of Drivers: _____

City: _____ State: _____ Zip: _____ Number of Vehicles: _____

MTM Representative: _____

Vendor Representative and title in meeting: _____

INSURANCE POLICY REVIEW

	Compliant? Yes	No	N/A	Vendor Guideline Ref.	Comments
Is MTM named as a "Certificate Holder"?				7.1	
Is MTM named as "Additional Insured"?				7.1	
Does auto liability coverage meet State and MTM required minimums?				7.2	
Are subcontracted and owner/operator drivers covered per MTM guidelines?				7.6	
Auto liability coverage is for which of the following?					
Any Auto					
All Owned Autos					
Scheduled Autos					
Hired autos					
Non-Owned Autos					
Does the vendor have appropriate Workmen's Comp. insurance?					
*Does the Vendor meet **ALL** insurance requirements?*	YES	NO	N/A		
Does the Vendor have a current and valid business license?				1.12	
Does the vendor have the appropriate limousine certificate of authority?					
Does the Vendor have a fully executed contract?					
Does the vendor have a copy of the current MTM Vendor handbook?					

VENDOR PERSONNEL DOCUMENTATION

Training Documentation

	Compliant? Yes	No	N/A	Vendor Guideline Ref.	Comments
Have drivers received Defensive Driver training?				4.3, 4.8	
Have drivers received Basic First Aid training?				4.3, 4.8	
Have drivers received Emergency Procedures training?				4.3, 4.8	
Have drivers received Passenger Assistance Techniques (PAT) training?				4.3, 4.8	
Have drivers received Wheelchair Securement training?				4.4, 4.8	
Does the Vendor meet all MTM driver training requirements?	YES	NO	N/A		

Driver Eligibility Documentation

	Yes	No	N/A	Ref.	Comments
Does the vendor have a copy of Current Drivers Licenses?				2.1, 2.2, 5.2	
Has vendor performed periodic Driver Evaluations?				5.2, 5.20	
Has Vendor obtained State Criminal Background Checks?				5.2, 5.10	
Has Vendor obtained Child Abuse or Neglect Background Checks?				5.2, 5.11	
Has Vendor obtained Elder Abuse Background Checks?				5.2, 5.12	
Has Vendor obtained drivers' records checks? (Within the past year)				5.2,5.8, 5.9	
Has the driver signed the company Drug Free Workplace policies?				5.2, 5.5	
Is all Driver Eligibility Documentation complete?	YES	NO	N/A		
Are drivers identifiable? (Badges, uniforms, etc.)				1.11	
Are all drivers at least 21 years of age?				2.3	

	Compliant? Yes	No	N/A	Vendor Guideline Ref.	Comments
WRITTEN POLICIES					
Has vendor implemented a Driver's Training policy?				4.1, 4.2, 4.3, 4.4	
Has vendor implemented an annual In-Service Driver Training policy?				4.7	
Has vendor implemented a Driver Orientation policy and procedure?				5.3	
Has vendor implemented a Driver Performance and Evaluation policy?				5.21	
Has vendor implemented a Accident Investigation procedure?				8.19, 8.20	
Has Vendor established all required written policies?	YES	NO	N/A		
TRIP RECORDS					
Does Vendor understand that records must be maintained for 5 years?				8.2	
Is vendor maintaining records for five (5) years? (Including but not limited to Driver's logs, Trip Sheets, and Billing Reports)				8.2	
Does Vendor contact Passengers prior to trip? (Within a 24 hour window)				9.11	
Has Vendor obtained passenger signatures for all trips?				10.13	
Does Vendor use a trip log or voucher for all trips?				10.12	
Do Vendor's trip logs reconcile to MTM records? (Previous three months verification is recommended)					
Does Vendor follow all trip guidelines?	YES	NO	N/A		

	Compliant? Yes	No	N/A	Vendor Guideline Ref.	Comments
VEHICLES					
Current Odometer Reading				Capacity?	
Are seatbelt accessible and in working order?				6.2, 6.3	
Are vehicles clearly marked with Vendor's company name?				6.5	
Do vehicles meet appearance and mechanical requirements?					
Are heating and air conditioning operational? ____				6.6	
Is the vehicle free of safety hazards? ____				6.19	
Are the vehicle interior and exterior clean? ____				6.20	
Does the vehicle have right and left rearview mirrors? ____				6.21, 6.22	
Does the vehicle appear to be mechanically safe and road-worthy? ____				6.18	
"No Smoking" & Vendor's name and phone number signs____				3.8, 6.4	
Are the interior and exterior in an acceptable condition? ____					
Are daily Pre-Trip Inspections performed and documented?				6.25	
Is regular maintenance performed and documented?				6.26	
Is the vehicle equipped with the required safety equipment?					
First Aid Kit & Fire extinguisher (10 B,C) ____				6.7	
Triangle/Flare kits or Glowsticks ____				6.7	
Blood borne pathogen spill kits ____				6.7	
Vehicle Registration & Motor Vehicle Inspection Sticker____				6.7, 1.16	
Accident Procedure and Accident/Incident forms ____				6.7	
Current Insurance Card____				6.7	
Do the Vendor's vehicles meet MTM requirements?	YES	NO	N/A		

	Compliant? Yes	No	N/A	Vendor Guideline Ref.	Comments
MINORITY/WOMAN OWNED BUSINESS INFORMATION					
Is Vendor a minority owned business?				If answer is YES, documentation is to be provided.	
Is Vendor a woman owned business?				If answer is YES, documentation is to be provided.	

Vendor understands all Vendor Guidelines as outlined in the MTM Medical Transportation Services Agreement , Attachment I and agrees to adhere to those guidelines.

HIPAA info reviewed? _____ (Y/N)

Billing issues reviewed? _____ (Y/N)

Name _____

Title _____

Signature: _____

Time In: _____

Time Out: _____

MTM Representative: _____

Comments: _____

_____

_____